

*Corresponding author.
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Introduction: Studies indicated that breast cancer cause alexithymia that having adverse effect on resilience. Recognizing and expressing emotions are very crucial to cope with the difficulties.

Objectives: This study aimed to examine the role of alexithymia on psychological resilience and related variables in women with breast cancer.

Methods: In this descriptive study, 70 women with breast cancer who apply to a medical oncology outpatient between June 2019-February 2020 were included. 9-questions questionnaire was used to determine the sociodemographic and cancer related characteristics of the participants. The Multidimensional Scale of Perceived Social Support (MSPSS), Toronto Alexithymia Scale (TAS-20), Psychological Resilience Scale (PRS) were used to determine perceived social support, alexithymia and psychological resilience levels. Descriptive statistics, correlations, ANOVA and t-test were used for data analysis.

Results: The MSPSS (20.07 ± 10.54) and TAS-20 were found low (47.71 ± 11.96) and PRS were high (132.24 ± 16.47). A negative, weak, significant relationship was found between the alexithymia ($r=-0.370$, $p=0.02$) and perceived social support ($r=-0.496$, $p=0.01$) with psychological resilience. There was no significant difference between the psychological resilience and age, education level, marital status, having children, profession, employment status, duration of illness, type of treatment, having metastases, and becoming caregiver ($p > 0.05$).

Conclusions: The psychological resilience of women with breast cancer was negatively related to their alexithymia and perceived social support levels. It indicates that being able to recognize the emotions and having social support systems would positively affect the recovery process.

Disclosure: No significant relationships.

Keywords: psychological resilience; perceived social support; alexithymia; women with breast cancer

EPV0438

Psychiatric aspects of the end of life in oncologic patients

M. Trigo

Psychiatry, Centro Hospitalar Universitário do Algarve, Faro, Portugal
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Introduction: Patients with life-limiting oncologic conditions should be approached by multidisciplinary teams that contribute to improve their quality of life, including support from mental health dedicated professionals. It is the role of the psychiatrist to understand the relationship between mental health and general health outcomes, specific of this type of patients. Terminally ill and dying patients benefit from psychiatric support, and it seems to have real effects in terms of patient care and medical staff education.

Objectives: To identify approaches and mental health professionals' practices regarding end-of-life issues in terminally ill cancer patients.

Methods: Review of the most recent literature regarding end-of-life issues in terminally ill cancer patients. The research was carried out through the Cochrane, UptoDate, PubMed, MedLine, LILACS and

SciELO databases, using the terms "oncology", "psychiatry" and "end of life", until December 2020.

Results: While symptoms of anxiety and depression are common in palliative care settings, generally related to feelings of helplessness and fear of death, they should not be assumed to be an inevitable part of it. For terminally ill patients, anxiety and trauma-related disorders can manifest in various ways and it is important to establish personalized treatment approaches, based on a supportive clinical team, and, if necessary, psychotherapy and psychopharmacologic or complementary treatments.

Conclusions: It is extremely important to assess terminally ill patients from the mental health point of view. It is required that psychiatrists take part in clinical care and research on the treatment of these patients with severe medical conditions, in order to increase their quality of life.

Disclosure: No significant relationships.

Keywords: Antidepressants; oncology; psychiatry; end of life

EPV0439

Therapy of breast cancer patients with disorders of the anxiety-depressive spectrum

T. Shushpanova^{1*} and O. Shushpanova²

¹Clinical Psychoneuroimmunology And Neurobiology Lab, Mental Health Research Institute, Tomsk, Russian Federation and ²Child Psychiatry, Mental Health Scientific Center, Moscow, Russian Federation

*Corresponding author.

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Introduction: Breast cancer (BC) is one of the leading causes of cancer death worldwide. The problem of mental health and quality of life of patients is currently particularly relevant. Most patients with breast cancer in the process of adapting to the disease experience certain mental disorders: depressive, anxiety-phobic and psychosomatic disorders.

Objectives: To study the severity of anxiety-depressive disorders in the clinical picture in patients with breast cancer and evaluate the effectiveness of specialized pharmacotherapy using antidepressants in combination with antitumor therapy.

Methods: The study included 30 patients with a first established diagnosis of breast cancer and 52 patients with a follow-up history of 3-17 years. The main method of work was the clinical, psychopathological, and statistical research methods (a method using contingency tables and the Fechner coefficient, a method - Chi-square test).

Results: To assess the severity in the clinical picture of anxiety-depressive tendencies and the effectiveness of treatment, special scales were used: hospital scale of anxiety and depression (HADS); general clinical impression scale (CGI) for assessing disease severity (CGI-S "severity") and improvement (CGI-I "improvement"). High antidepressant therapy efficacy indicators were obtained in combination with benzodiazepine drugs and hypnotics in a group of patients with anxiety-depressive nosogenia (15 patients, 88% of respondents with reduction in starting anxiety and depression scores HADS more than 50%, CGI 85%), in the group with chronic hypochondriac dysthymia and cyclothymic endoform depression.

Conclusions: The data obtained in the study confirm the effectiveness of psychopharmacotherapy with antidepressants in breast

cancer patients with identified disorders of the anxiety-depressive spectrum.

Disclosure: No significant relationships.

Keywords: oncology; breast cancer; anxiety-depressive spectrum

Pain

EPV0440

Experience of a multi-component therapy group for patients with chronic pain

P. Marco Coscujuela¹, A. Hernández Mata^{1*}, A. Sotillos Gómez¹, C. Rodríguez Sabaté² and A. Fernández Rodríguez²

¹Psychiatry, Hospital Universitario de Getafe, Getafe, Spain and

²Psychology, Hospital Universitario de Getafe, Getafe, Spain

*Corresponding author.

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Introduction: Chronic pain has an impact that goes beyond the physical plane and, over the years, it ends up deteriorating the emotional, working and social life of people who suffer it.

Objectives: Since we are working with patients who suffer a chronic pathology that cannot be cured, the objective of the group is to create a safe space in which these patients can feel understood, facilitating emotional expression and promoting an active attitude. Accepting pain and its limitations allows the person to regain their ordinary life.

Methods: A multicomponent group therapy with a cognitive-behavioural orientation was carried out. The group was formed by 12 patients, all of them women with chronic pain. Eleven sessions were established on a weekly basis of one and a half hours of duration.

Results: In each session a specific aspect was worked on, favouring the learning of techniques, tools and strategies of coping. A global approach was made, including behavioural, cognitive and emotional elements. At the end of the process, the patients reported benefits in their ability to manage anxiety and depression symptomatology, and they reflected a lower impact of pain in their daily life.

Conclusions: Given the complexity of the symptomatology in chronic pain, it is important to approach the treatment from a multidimensional perspective that envisages every component of pain in order to being able to give a response to the physical and psychosocial impact that it implies, favouring a better confrontation and adaptation.

Disclosure: No significant relationships.

Keywords: Pain; Therapy group

EPV0441

Reflex therapy in patients with chronic tension-type headaches: Effectiveness via sensory and affective McGill pain questionnaire descriptors

G. Shevtsova^{1*}, E. Malenkova² and O. Zagorulko²

¹Department Of Nervous Diseases And Neurosurgery, I.M. Sechenov First Moscow State Medical University (Sechenov University), Moscow, Russian Federation and ²Pain Clinic, Russian Scientific Centre of Surgery named after B.V.Petrovsky, Moscow, Russian Federation

*Corresponding author.

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Introduction: Tension-type headaches is the most common type of headache among adults and it rises a challenge in finding an effective and safe treatment method.

Objectives: The study aims to evaluate the corporal acupuncture therapy efficacy in patients with chronic tension-type headaches undergoing a complex treatment plan.

Methods: The study involved 132 patients (74% female and 26% men) aged 18-65 years, who were divided into two groups. Patients reported their pain lasted 0.4-12 years. All the patients received conventional treatment (central muscle relaxants and antidepressants). The study group additionally received classical corporal acupuncture 3 times per week, a course of 12 sessions. Treatment effectiveness was evaluated by measuring pain intensity using a subjective visual analogue scale (VAS) and McGill Pain Questionnaire (MPQ).

Results: Most of the patients (79% and 88% of study and control groups respectively) demonstrated moderate cervical musculoskeletal dysfunctions. At admission pain intensity was 4.2 ± 1.5 and 3.8 ± 1.7 VAS points in the control and study groups respectively, MPQ sensory rank pain index (RPI) was 5.92 ± 1.49 points, affective RPI 3.41 ± 0.84 , the total RPI – 7.12 ± 2.56 in the control group, and 6.22 ± 1.74 ; 2.98 ± 0.62 and 7.14 ± 1.65 points in the study group. 4 weeks after treatment measurements showed following pain intensity changes: 4.21 ± 0.74 vs 3.1 ± 0.95 points in the control and study groups respectively. 3- and 6-month period revealed 3.1 ± 0.57 , 2.4 ± 0.74 points and 2.1 ± 0.62 , 1.1 ± 0.49 points in the control and study groups respectively.

Conclusions: Classical corporal acupuncture course may benefit chronic tension-type headaches patients providing an effective treatment in a safe way.

Disclosure: No significant relationships.

Keywords: acupuncture; Chronic Pain; headache; chronic tension-type headaches

Personality and personality disorders

EPV0443

Depressive disorder vs histrionic personality disorder. Report of a case

F. Cartas Moreno^{1*} and M. ValverDe Barea²

¹Hospital De Úbeda, Unit Mental Health, Úbeda, Spain and ²Jaén, Complejo Hospitalario Jaén, Jaén, Spain

*Corresponding author.

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Introduction: In daily clinical practice we use to make diagnoses in first consultations, but sometimes it is more complicated, requiring a cross-sectional study of the evolution of the case. In daily clinical