

**Objectives** Can see the alterations of the executive functions in a case of frontal affectation, for future cases know where to focus our attention and develop concepts associated with frontal lobe.

**Method** Thirty-year-old patient without relevant medical history. Go to the emergency department with major episode of agitation. After performing cranial CT abnormality, it is detected in the front area. Sign up study. It presents amnesia episode before admission, whereupon shown stunned and worried. The patient describes a change in your life 12 months ago, when it begins to be more nervous, increasing their impulsiveness, she has episodes of binge eating, purging behavior with subsequent occasional alcohol abuse. Jealousy. The patient is informed as much as your family of the possible impact of the injury on the behavioral sphere and impulse control when it is still unknown origin.

**Conclusions** From a neuropsychological point of view the frontal lobes represent a system of planning, regulation and control of psychological processes; coordination and allow selection of multiple processes and various behavioral options and strategies available to the human being. Tumour research is important as it provides enough information we cognitive impairment. These patients exhibit symptoms that are easily confused as psychiatric rather than neurological.

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#### EV0812

### Changes of emotional status and quality of life of early stomach cancer patients after endoscopic submucosal dissection (ESD)

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**Introduction** Cancer patients may encounter psychological distress, change of emotional status, and lowered quality of life. It is predicted that similar changes will be shown during the Endoscopic Submucosal Dissection (ESD) of early stomach cancer. The objective of this study is to evaluate changes of emotional status and quality of life over time depending on baseline level of psychological distress.

**Method** Ninety-seven patients indicated with ESD who visited National Health Insurance Service Ilsan Hospital in Korea between May 2015 and June 2016 were evaluated. Psychological distress, emotional status, and quality of life were evaluated at the day before ESD. Follow-up evaluations of them were done at the day after ESD, 2 and 10 weeks later.

**Result** The group with high psychological distress showed higher female ratio, more depressive and anxiety symptoms than those of the group with low psychological distress. Psychological distress was related to stress level and lowered quality of life. Repeated measures ANOVA analysis showed that significant differences of depression (MADRS), anxiety (HAM-A), level of stress (GARS), and quality of life (EORTC QLQ-C30) were sustained over time, but the decreasing tendency of the differences between the groups was also noticed.

**Conclusion** The study revealed that patients who feel more psychological distress may experience more depressive and anxiety symptoms, increased level of stress, and lowered quality of life. We recommend screening of patients with early stomach cancer for psychological distress before ESD, which may improve subjective life satisfaction of patients during ESD.

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#### EV0813

### Psychological effect of semi-permanent tattooing rehabilitation in patients with mastectomy in 12 months period

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**Introduction** Breast cancer is the most common cancer type in Greek women as more than 4000 new cases are diagnosed every year. Seventy percent of those patents performs a type mastectomy. The breast has a societal and social connotation of femininity, motherhood, and sexuality.

**Background** Several studies support the existence of the relationship between psychological problems and mastectomy surgery. Body image and feminine self-concept also seems to influence quality of life of those women, considering the breast association of femininity, motherhood, and sexuality. During this study, we try to investigate how a non-psychiatric intervention might influence the mental state and the quality of life of those women.

**Material** A clinical interview was performed in 53 women with partial or total mastectomy before 3 and 52 weeks after the rehabilitation with the method of semi-permanent tattooing.

**Methods** Data were collected during the personal interviews, using Hamilton anxiety rating scale (Ham-A), body image scale and sexual activity questionnaire.

**Results** Moderate levels of anxiety were identified before the rehabilitation, associated with poor body image scale scores and sexual difficulties. Both Ham-A and body image score ameliorated after 3 weeks with unchanged sexual behaviour. One year after rehabilitation, anxiety scale score raises close to initial values, body image remains unchanged, comparing with the 3rd week interview and significant improvement noticed in sexual activity.

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#### EV0814

### Pregabalin pain and anxiety treatment in oncological patient–Case report

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Severe side effects of chemotherapy during treatment of malignant disease significantly disrupt patient's mental and physical state. Seventy five-years-old female patient was treated for breast cancer by protocol (operation, radiotherapy, chemotherapy-paclitaxel (CHT-PX) every tree weeks) and for dysthymia and generalized anxiety disorder with escitalopram (ESC). Tramadol (TRA) and clonazepam (KLO) given by oncologist due to severe side effects of CHT-PX: muscle cramps, lower back pain, walking difficulties, had partial results, increased anxiety and drug abuse (TRA doses increase from 100 to 300 mg/day and KLO from 4 to 6 mg/day). Efficiency of pregabalin (PG) in pain and anxiety control during

CHT-PX application. The assessment was made by 100 mm visual analogue scale (VAS), which assessed physical symptom severity and Hamilton Anxiety Rating Scale (HAMA) on the first day after CHT-PX application, on the 7th, 14th and 21th day. Effective PG dose was 300 mg/day with EST, KLO and TRA previously taken. On the first day after CHT-PX, patient rated pain level as 9 according to VAS. During TRA and KLO treatment, pain level on VAS was 6 from the 7th till 14th day after CHT-PX, on 21th day deceased to 2. HAMA score was 49. After PG augmentation, according to VAS, pain level was 3 on the 7th day and 0 on 14th day. HAMA score was 20. Tapering off the dose of TRA and KLO started till discontinuation of both medications. Pregabalin efficiency in pain and anxiety control increase compliance of oncological patient and reduce harm of drug abuse.

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#### EV0815

### Severe mental illness and cancer – A program for psychiatric patients in a cancer center

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*Introduction* The prevalence of severe mental illness (SMI) is estimated to be 4%. There are increased risk factors for cancer in SMI patients. People with SMI have deficient access and referral to routine cancer screening and psychiatric illness is often associated to late oncological diagnosis.

*Objectives* Characterize the population of SMI patients that undergoes oncological treatment; establish a comparison with the general population in terms of stage at the time of diagnosis and the type of follow-up that ensued; characterize the psychiatric care available to these patients; propose the necessary changes to ensure adequate healthcare for SMI patients.

*Aims* To assess and improve the quality of oncological care for SMI patients in our hospital.

*Methods* We analyzed the data from SMI patients suffering from SMI observed by our group during a 12 month period.

*Results* Low percentage of SMI patients being treated in our center regarding general rates; surprisingly high referral time to psychiatry unity; good compliance with treatments and appointments; have mostly been submitted to the standard oncological protocols of treatment.

*Conclusion* In spite of serious psychiatric co-morbidity and psychosocial deficits, our SMI patients are able for standard cancer treatment and present sufficient compliance. We value the help of family members and social workers. We have to insist in educational sessions and psychiatric screening procedures for oncological teams. It is also fundamental to implement educational programs for mental health centers in Lisbon in order to sensitize for cancer risks among SMI and alert for the pivotal role of mental health staff, namely the psychiatrists.

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#### EV0816

### Clinical personality patterns in patients with acute lymphoblastic leukemia waiting for bone marrow transplantation

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*Introduction* Personality disorders are rather widespread in oncology settings demanding special attention of clinician. Serious illness threatening person's life as well as severe treatment and side effects lead to specific self-regulatory emotional and cognitive efforts. Personality could both play an important role in this process predicting adjustment and survival and change in line with illness pathogenesis.

*Objectives* The personality patterns could be important predictors of operation success and further adjustment for patients with acute lymphoblastic leukemia (ALL) waiting for bone marrow transplantation.

*Aim* To reveal personality patterns specific for patients with ALL. *Methods* Twenty-five patients with ALL (11 males, 37.4 ± 9.5 years old) filled Millon Clinical Multiaxial Inventory–III and Big Five Questionnaire–2. Comparison group included 180 people of the same age and gender without history of mental or severe somatic disorders.

*Results* Male patients comparing to healthy males were lower on emotional control and higher in negativistic personality pattern ( $P < .05$ ). Female patients were higher on dynamism but lower in openness to culture and antisocial pattern ( $P < .05$ ). They rarely expressed patterns of borderline disorder and drug dependence but reported more compulsive traits ( $P < .05$ ).

*Conclusions* Severe illness could increase likelihood of emotion regulation difficulties and passive-aggressive coping in male patients while stimulate activity and compulsive behaviour in females. These patterns should be taken into account in psychological support of patents to bone marrow transplantation.

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#### EV0817

### Low income deteriorates quality of life in early breast cancer survivors

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*Background* Patients who have survived cancer and have lower socio-economic status, are more likely to leave the workforce. Financial problems are widespread among many of the breast cancer survivors, but their effect on the quality of life are not sufficiently explored. The aim of this study is to assess the effect of low income onto quality of life in early breast cancer survivors.

*Methods* In this study, 214 consecutive early female breast cancer patients, with mean age of 60 years (range 30–90), were interviewed for psycho-social aspects, depression (MINI) and quality of life (EORTC QLQ-Core 30 and BR-23). All patients were cancer free at the moment of interview and all initial oncological treatments were