

subpopulation that features high levels of fragility, such as oncology patients, represent a pivotal strategy to reduce illness burden and suicidality in these subjects

Objectives: The aim of the present project is to assess the characteristics of MxD in oncology outpatients and to compare them with those of outpatients without oncological comorbidity.

Methods: Forty-two oncology outpatients with MxD (ONC-MxD); 34 oncology outpatients and inhibited depression (ONC-inhib); 187 outpatients with MxD without oncological comorbidity (MxD); 224 outpatients with inhibited depression without oncological comorbidity (Inhib) and 168 healthy controls (HC) have been recruited. Analyses made include comparisons of demographic and clinical variables, depression severity, excitatory symptoms, suicidality and functional impairment.

Results: Oncology outpatients with depressive disorder showed greater severity of depressive symptoms and greater functional impairment than those without oncological comorbidity ($F=187.08$; $p<.001$; $F=54.08$; $p<.001$, respectively). ONC-inhib showed greater inhibition than Inhib ($p<.001$), whereas no differences in levels of excitatory symptoms are present between MxD e ONC-MxD ($p=.159$). ONC-DMX have a more recent diagnosis of cancer than ONC-inib ($F=13.39$, $p<.001$) and higher rates of suicidal ideation ($\chi^2=11.89$; $p=.008$).

Conclusions: Cancer might worsen depression severity, especially in its inhibitory component. Relationships between onset of cancer, excitatory symptoms and suicidality suggest that the period following the diagnosis of cancer is the one at higher risk for suicide. Strategies aiming to treat excitatory symptoms in such period might help reduce risk of suicide in oncology patients.

Disclosure of Interest: None Declared

EPP0479

Body image and sexuality in a sample of 112 of moroccan women with breast cancer

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Introduction: According to the WHO, breast cancer is the number one cancer in women worldwide, and its treatment can have serious effects on the bodies of young women. Surgical treatment can be disfiguring, and chemotherapy can cause an early and abrupt menopause. Each of these treatments can also affect a patient's sexuality in the short or long term.

Objectives: The aim of our study is to evaluate sexuality and body perception in women with breast cancer after treatment.

Methods: A quantitative descriptive study was carried out among 112 patients followed for breast cancer, majority in sexual activity, met at the consultation of gynecology of the hospital IBN ROCHD Casablanca, Morocco. The data collection was carried out by an information sheet and with the help of two validated scales: BIS (Body image scale) and FSFI (Female sexual function index) in order to evaluate body image and sexuality as well as the HADS (Hospital Anxiety and Depression Scale)

Results: In our sample, 30.6% were older than 50 years, 40.2% were married, 52.2% of the patients came from urban areas, 20.7% of the patients were illiterate, 22.2% had given up their work due to the

disease. In terms of family support, 49.4% of the patients were accompanied to the hospital, 52.8% received financial support and 43.8% received moral support. Regarding the relationship of the couple, there is an increase in the frequency of disputes in 49.5% of cases, a change in behavior in 44.9%. The sexual relationship was marked by a decrease in frequency in 36.7%. Concerning the type of treatment received by the 46.8% of the patients had a mastectomy, 20.9% had chemotherapy, 65.5% had radiotherapy and 45.5% had hormone therapy. The prevalence of depression was 54.1%. Its mean score on the HAD scale was 11.46 ± 3.95 ; that of anxiety was 52.3% with a mean HAD of 11.41 ± 4.04 . The prevalence of sexual dysfunction was 100% with a mean FSFI of 14.26 ± 3.68 . Body image disturbance was noted in was noted in 83.8% of cases. The factors associated with a body image disorder in the univariate study were marital status ($p=0.035$; OR = 0.245), educational level ($p=0.029$; OR = 0.245), depression ($p=0.019$; OR = 3.76), and anxiety ($p=0.029$; OR = 3.44).

Multivariate analysis of predictors of body image disorder in women with breast cancer

	Beta	OR ajusté	[IC à 95%]	P-value
education level	2,229	9,28	[1,89 - 45,60]	0,006
Marital status	2,268	9,66	[1,88 - 49,51]	0,007
Anxiety	-1,838	0,159	[0,04 - 0,637]	0,009
Decreased in the quality of sexual relations	1,368	3,92	[1,08 - 14,17]	0,037
FSFI scale	-0,237	0,78	[0,657 - 0,948]	0,011

Conclusions: In total, 4 factors were significantly associated. Given the importance of the subject and the harmful psychological impact on patients further research is needed, also an adequate, emphasized training on the management of women with cancer and their sexual problems and a multidisciplinary work will help improve the psychological state of the women

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EPP0480

Case presentation: Very early combined first-line immunotherapy and surgery in tumor-associated anti N-methyl-d-aspartate (NMDA) receptor encephalitis associated with improved outcome

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Introduction: Anti N-methyl-d-aspartate receptor (anti-NMDA-R) encephalitis is a potentially reversible cause of psychosis. Nearly all patients (>95.5%) quickly develop additional neurological symptoms, and only about 50 percent fully recover, often with latency. At symptom onset, patients commonly present with isolated psychosis, making it challenging to distinguish the disease from a primary

psychiatric disorder: The median time from symptom onset to immunotherapy in adults is 28 days (IQR 14–49), and from symptom onset to surgery in tumor-associated cases 1.4 months (IQR 0.7–2.6). Steroids, intravenous immunoglobulins (IVIG), or plasmapheresis are recommended as first-line immunotherapies.

Objectives: To highlight a case with improved outcome after very early combined first-line immunotherapy (steroids plus IVIG) and surgery in tumor-associated anti-NMDA-R encephalitis.

Methods: Workup of the clinical case followed by a review of the literature.

Results: We present the case of a 33-year-old woman with sudden onset of anxiety and jealousy ideas, which within a few days, developed a manifest psychosis with formal thought disorders, paranoid and guilt delusions, distrust, and orientation disorders in the absence of additional neurological deficits. A lower abdominal tumor suspicious of an ovarian tumor was detected sonographically five days before the onset of the first symptoms. Lumbar puncture and abdominal computer tomography were performed within 30 hours after hospital admission, confirming the diagnosis of tumor-associated anti-NMDA-R encephalitis with autoantibodies in CSF and serum at a very early clinical stage. First-line immunotherapy with steroids (methylprednisolone 1000mg, day 6 to 10 after symptom onset) was started immediately and combined with IVIG therapy (0.35g/kg, day 9 to 13 after symptom onset). Surgery of the ovarian tumor was performed on day 14 after admission, with histology revealing an immature teratoma. The neuropsychiatric examination on day 1 after surgery showed complete remission of clinical symptoms, which persisted during clinical follow-up after 1 and 4 months.

Conclusions: The present case highlights the role of early CSF diagnostic and tumor assessment if autoimmune encephalitis is suspected. Very early first-line immunotherapy with steroids and IVIG, complemented by tumor surgery, was associated with improved outcome in this case with anti-NMDA-R encephalitis. Further studies are warranted to evaluate the generalizability of the finding.

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EPP0481

Diagnostic announcement among children with leukemia

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Introduction: Announcing a diagnosis of leukemia is a difficult process, especially for a vulnerable population of children.

Objectives: Determine the attitude of caregivers in the announcement of diagnosis of leukemia among children.

Methods: A cross-sectional study was conducted at Aziza Othmana hospital department of haematology in Tunisia between June and July 2021.

We have questioned the mothers about the announcement of the diagnosis of leukemia to their children.

Results: We included 31 children with leukemia, 71% of these children were male. Their average age was 10 years \pm 4.5 with extremes from 4 to 17 years of age.

The majority of the children (80.6%) were of school age. The three children who were six years old were not able to integrate into a school and fifteen children stopped their studies because of their disease.

Acute lymphoblastic leukemia was the most frequent type of cancer (94%).

Fifty five per cent (55%) of these children were not informed of their disease according to their mothers.

Conclusions: The provision of adapted information, through individualized assessments of each child's needs, can contribute to the improvement of the child's experience of the disease.

Disclosure of Interest: None Declared

EPP0482

A mobile-based mental health improvement program for non-muscle invasive bladder cancer patients: Program development and feasibility protocol

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Introduction: Bladder cancer, which is primarily a non-muscle invasive bladder cancer (NMIBC), is prevalent worldwide and its incidence is increasing. NMIBC shows a high recurrence rate of 50-70%, and in 25% of cases, progresses to muscle-invasive disease (Saginala K *et al.* Med Sci 2020; 15) (Fernandez-Gomez, J *et al.* J Urol 2009; 182(5) 2195-2203). Frequent recurrence and consecutive medical interventions in patients with NMIBC lead to psychological problems such as anxiety, fear of recurrence, depression, and stress, resulting in reduced quality of life (Chung *et al.* Support Care Cancer 2019; 27(10), 3877-3885). It is expected that the increased accessibility and convenience of mobile health (mHealth) will be effective in providing a mobile-based psychological intervention program to promote the mental health of patients with NMIBC.

Objectives: This study aims to develop a mobile-based mental health improvement program for NMIBC patients, design a protocol for evaluating feasibility, and provide preliminary evidence of the efficacy of the developed program.

Methods: The program content was developed based on the results of a needs assessment conducted among patients with NMIBC through a cross-sectional study. The draft program was prepared by referring to the guidelines of the National Comprehensive Cancer Network and publications of the International Continence Society. Based on the developed draft, two professors of nursing, a professor of counseling psychology, a registered nurse, and a counseling practitioner verified the validity of the content before finalizing the program. The final version of the developed program consisted of one session on NMIBC knowledge and symptom management and five sessions on mental health improvement. Researchers sent an online link to the YouTube video comprising lecture materials and voice recordings of health professionals weekly using a mobile messenger (Kakao Talk) (Image 1). The