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Purpose Sleep disturbance in cancer patients is common. The aim of this study is to investigate the risk of sleep disorders in cancer patients compared to patients with other diseases using the national registry data.
Method Using data from the Korean National Health Insurance Research Database between 2002 and 2013, the cancer group was composed of patients with an initial diagnosis of cancer in 2004 ($n = 3358$). The remaining people were considered as comparison group ($n = 493,577$) after excluding patients with any cancer or psychiatric disorder from 2002 to 2003 and from 2005 to 2013. Each sampled subject was tracked until 2013. Cox proportional hazard regressions were used to calculate the overall rate for sleep disorder development after adjusting for age, gender, and socio-economical confounders.
Results Cancer patients were associated with an increased risk of sleep disorder in both sexes (male hazard ratio [HR]: 1.319; 95% confidence interval [CI]: 1.232–1.413; female HR: 1.289; 95% CI: 1.198–1.386) after adjusting for potential confounders. Both results were statistically significant ($P < 0.001$). In terms of age, the effect size of the HR was largest among elder adults, aged ≥ 70 years (male HR: 1.748; female HR: 1.820). The HR tended to increase consistently.
Conclusion Initial diagnosis of cancer was significantly associated with sleep disorder development after adjusting for potential confounders. This result suggests that thorough screening and intervention for sleep disorders are required for the newly diagnosed cancer patients to improve their quality of life.
Keywords Cancer patients; Sleep disorder; Hazard ratio; National registry data
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW373

Interdisciplinary rehabilitation of a patient with right brain injury and recurrent depression

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Introduction Rehabilitaton of concurrent psychiatric disorder and brain injury is a major challenge. E. underwent neurosurgery for right fronto-parietal astrocytoma. Before illness he was managing automatization of big companies, but was fired after the operation. E. felt into severe depression and anxiety with catastrofization of his illness, suicidal ideation. He resisted multiple prescriptions for SSRI, admitting a sect pretending to “treat” oncology by “psychological” methods. Half a year after operation he attended our center.
Objectives and aim To help E. return to paid employment.
Methods E. was evaluated by neurologists, psychiatrist, neuropsychologists. Current depressive episode appeared to be the second one with underlying schizoid and perfectionist characteristics. He had moderate text comprehension difficulties, confabulations, slight executive dysfunction. Neuropsychologist educated patient on his difficulties and developed compensatory strategies – an alternative to catastrofisation. After psychoeducational session E. agreed to receive fluvoxamine. However, he deformed the received information due to brain injury, so psychotherapy had only minor effects. Infra-low frequency neurofeedback at T4P4 and T4Fp2 sites was started to promote restoration of right brain functions. E. gradually did better, and 3 months later was able to complete CBT course along with relaxation training.
Results Improvements in emotional status along with ability to cope with cognitive difficulties allowed E. to return to a job similar to the previous. Six month after the start of treatment medications are tapered off, E. has no signs of depression and only slight anxiety.
Conclusions Interdisciplinary holistic rehabilitation may be effective in concurrent psychiatric disorder and brain injury.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Pain and treatment options

EW374

The fibromyalgia patients would present higher levels of magnification that controls pain: A pilot study

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Catastrophism is a variable of great importance in the study of pain. Catastrophism refers to a negative and exaggerated compared to the experience of pain, both real and anticipated mental perception (Sullivan, Bishop and Pivik, 1995; Sullivan et al., 2001). The current study to compare the levels of catastrophism in patients with and without fibromialgia. This study is cross-cutting and comparative. Twenty participants (M: 47.20; SD: 12.11) distributed as the following way:
– group 1: patients with fibromyalgia previously diagnosed through the American College of Rheumatology criteria ($n = 10$);
– group 2: Clinical depression, defined according to the DSM-5 ($n = 5$);
– group 3: healthy patients ($n = 5$) paired by age with the group of Fibromyalgia.
The PCS, a self-administered, was used to measure Catastrophism. Responses were summed to yield three different subscales: Rumination, Magnification and Helplessness. This instrument is validated in both experimental and clinical population (Van Damme, Crombez, Bijttebier, Gouber and Van Houdenhove, 2002; Edwards et al., 2006). A comparison among the three groups was established using one-way factor ANOVA. The results point out that patients with fibromyalgia have higher levels of magnification controls with depression and healthy group ($P < 0.05$). In contrast, although the average level of Catastrophism total presented a greater tendency in fibromyalgia patients no statistically significant differences were found. This is discussed in relation to the literature, a higher level of magnification to explain pain and maintaining the chronicity of the disease. It is important to consider the component catastrophism to have a multidimensional view of pain.

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EW375

Women that present fibromyalgia have higher levels in all scales of catastrophism

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Fibromyalgia patients value their pain as modern high and they perceive it more as a threat than as a challenge (Ayan, 2011). There is a relative consensus related to catastrophic thoughts that seems to play an important role in the maintenance of chronic pain (Esteve, Ramírez and López, 2001). The objective of the present study was to explore the level of catastrophism in women with and without fibromyalgia. Adult women ($n=39$) with an average of 47 years old (TD: 12.14) and more than 12 years schooling, paired with healthy controls ($n=39$) with similar characteristics. Patients with fibromyalgia were previously diagnosed according to ACR (American College of Rheumatology). This was a cross-sectional study, comparative and quantitative cut. An ANOVA was used to compare both groups. The level of catastrophism was measured through the Pain Catastrophizing Scale (Sullivan, Bishop and Pivick, 1995). Scale composed of 13 questions and three subscales: rumination, magnification and hopelessness. This instrument has been tested in both clinical and non-clinical populations (Osman et al., 2000; Sullivan et al., 1995). Rumination, magnification and hopelessness were trend significantly higher in the women group with Fibromyalgia. [Rumination: $F\,(1.36)=6.22$; $P=0.00$]; [Magnification: $F\,(1.36)=17.66$; $P=0.00$]; [Hopelessness: $F\,(1.36)=6.53$; $P=0.00$]. These results allowed that the total catastrophism level was higher in the women group with Fibromyalgia and that the statistical significance level was reached [$F(1.36)=9.89$; $P=0.00$). This type of studies will allow to study the pain as a multidimensional entity comprised of physical, cognitive and affective aspects.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW376

Chronic non-malignant pain (CNMP) and substance use disorders

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Introduction Chronic non-malignant pain (CNMP) is defined as pain lasting a minimum of three months. In general, chronic pain affects 20% adult worldwide population. Moreover, pain is more common in patients with depression, anxiety, and substance-use disorders and with low socioeconomic status. We aimed to better understand the influence of pain on substance use and treatment use patterns of individuals who experienced clinically recognized pain and have substance use disorder.
Methods Patients with pain disturbances were identified in Electronic Health Records (EHR) through ICD-9 code 338[*], medical written diagnoses, or diagnoses of fibromyalgia. A patient was considered to have a substance use disorder if he received treatment for illicit drug or alcohol abuse or dependence. We combined 2010–2012 (EHR) data from primary care and specialty mental health setting in a Boston healthcare system ($n=131{,}966$ person-years) and a specialty mental health care setting in Madrid, Spain ($n=43{,}309$ person-years).
Results We identified that 35.3% of individuals with clinically recognized pain also report substance use disorder, compared to only 10.6% of individuals without clinically recognized pain ($P<0.01$). Those with co-morbid pain and substance use disorder were significantly more likely than their specialty care counterparts without co-morbid pain and substance disorders to be seen in the emergency room (56.5% vs. 36.6%, respectively, $P<0.01$).
Conclusion The findings suggest that CNMP is associated with an increase risk of substance abuse disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW377

Exploring the factorial structure of the revised Fibromyalgia Impact Questionnaire (FIQR) in a Portuguese sample of fibromyalgia patients

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Introduction The Revised-Fibromyalgia Impact Questionnaire (FIQR), composed by 21 items, is one of the most used tools to measure the impact of fibromyalgia both in clinical and research settings. Although it has demonstrated good psychometric properties (Bennet et al., 2009; Costa et al., 2015), little is known about its factorial structure.
Objective/Aims To explore FIQR's factorial structure and examine its association with several psychological constructs.
Methods Hundred and three women with fibromyalgia (mean age 47.32 ± 10.63) filled in the Portuguese validated versions of the FIQR, Perceived Stress Scale, Perseverative Thinking Questionnaire, Beck Depression Inventory-II and Profile of Mood States. A principal components analysis with varimax rotation was carried out. The number of factors to extract was based on Cattel's scree plot and eigenvalues' magnitude. The associations between FIQR dimensions and psychological constructs were examined via Pearson correlations and multiple linear regressions.
Results Three factors were extracted [F1/Function = Items 1–9, $\alpha=0.92$; F2/Symptoms = Items 12, 16–21, $\alpha=0.83$; F3/Impact = Items 10, 11, 13–15, $\alpha=0.83$] explaining 58.57% of the variance. FIQR symptoms were the best and, nearly in all analyses, the only significant predictor.
Conclusions The factorial structure of the Portuguese version of FIQR partially overlaps with the proposed theoretical domains (Bennet et al., 2009). Similarly to Luciano et al.'s study (2013), factorial analysis also evidenced the multidimensionality of some items. Fibromyalgia symptoms seem to play the most deleterious effect, being associated with poor mental health indicators. Future studies are needed to confirm the factorial structure found, due to sample size, items subjectivity and study's exploratory nature.

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