

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  $11.46\pm 3.95$ ; that of anxiety was 52.3% with a mean HAD of  $11.41\pm 4.04$ . The prevalence of sexual dysfunction was 100% with a mean FSFI of  $14.26\pm 3.68$ . 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