

EPP0537

Differences in clinical variables of cervical cancer in women with schizophrenia

F. Casanovas^{1,2*}, F. Dinamarca³, S. Oller¹, A. Trabsa^{1,4}, L. Martínez-Sadurni^{1,4}, R. Rodríguez-Seoane¹, N. Zabaleta¹, L. M. Martín¹, V. Perez-Sola^{1,2} and A. I. Ruiz¹

¹Institut de Salut Mental, Hospital del Mar, Barcelona; ²Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Madrid; ³Department of Psychiatry, Hospital de la Santa Creu i Sant Pau and ⁴Programa de doctorat en psiquiatria i medicina legal, Universitat Autònoma de Barcelona, Barcelona, Spain

*Corresponding author.

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Introduction: Schizophrenia is associated with a reduced life expectancy, not only because of suicide, but also medical causes such as cancer. Standardized mortality for cancer is higher in patients with schizophrenia, specially for lung, breast and colorectal locations (Ni et al, 2019). Other less frequent tumor locations have not been deeply studied.

This mortality gap could be related to a delayed diagnosis due to several reasons, such as lower inclusion in screening programs (Solmi et al, 2019). Since cervical cancer has a very efficient screening technique, women with schizophrenia and cervical cancer could have a worse prognosis because of a delayed diagnosis. However, there is a lack of research in this tumor location.

Objectives: To analyze clinical differences in women with cervical cancer with and without a diagnosis of schizophrenia.

Methods: We carried out a retrospective cohort analysis with adult patients from the cancer registry of Hospital del Mar diagnosed between 1997 and 2021. The information was crossed with the Minimum Basic Data Set (MBDS) to identify those cancer patients with a diagnosis of schizophrenia using International Classification of Diseases (ICD) 9 codes 295*. The socio-demographic variables were age and sex. The clinical oncological variables included tumor location, place of first consultation, stage, first treatment intention, vital status and place of decease. We used t-student for continuous data and Chi-squared test for categorical variables. We performed a post-hoc analysis using Bonferroni correction for multiple comparisons to identify specifically which categories were significantly different between groups.

Results: We identified 13 women with schizophrenia and cervical cancer, and 1354 women with cervical cancer without schizophrenia. The proportion of this location was higher in the schizophrenia group (8% of all cancers vs. 4.4%; $p=0.03$). The proportion of diagnoses through screening program was significantly lower (7.7% vs 14.6%; $p=0.04$). There was a trend of fewer diagnoses in situ in patients with schizophrenia (30.8% vs 55.6%) and less radical intention as first treatment option (15.4% vs 3.5%) but without statistical significance in both cases. There was a higher proportion of deceased patients in the group with schizophrenia (46.2% vs 15% $p=0.002$), and also a higher proportion of deaths outside hospital facilities (30.8% vs 6.6%; $p=0.003$).

Image:

		Schizophrenia		Non-schizophrenia		Uy2	p value
		n (13)	%	n (1354)	%		
Age (mean; SD)		47 (11)		42 (15)		1.19	0.23
Age	49 or less	8	61.5%	1024	75.6%	8.03	0.091
	50 to 59	2	15.4%	137	10.1%		
	60 to 69	3	23.1%	80	5.9%		
	70 to 79	0	0%	61	4.5%		
	80 or more	0	0%	52	3.8%		
First consultation	Emergencies	5	38.5%	189	14.0%	6.43	0.04
	Outpatient clinics	7	53.8%	967	71.4%		
	Screening programs	1	7.7%	198	14.6%		
Stage	In situ	4	30.8%	753	55.6%	6.64	0.157
	I	2	15.4%	70	5.2%		
	II	1	7.7%	67	4.9%		
	III	1	7.7%	29	2.1%		
	IV	1	7.7%	55	4.1%		
	Unknown	4	30.8%	380	28.1%		
Treatment	Radical	11	84.6%	1220	90.1%	5.98	0.113
	Oncologic not radical	0	0%	36	2.7%		
	Palliative/Symptomatic	2	15.4%	47	3.5%		
	Unknown	0	0%	51	3.8%		
Vital status at last contact	Alive	7	53.8%	1151	85.0%	9.65	0.002
	Deceased	6	46.2%	203	15.0%		
Place of death	Palliative care	1	7.7%	35	2.6%	13.91	0.003
	Out-of-hospital	4	30.8%	89	6.6%		
	In-hospital	1	7.7%	79	5.8%		

Table 1. Characteristics of cervical cancer cases with and without schizophrenia (1997-2021)

Conclusions: Women with schizophrenia receive less diagnoses of cervical cancer through screening programs and more in emergency facilities, which could lead to more advanced stages and fewer indication of radical treatments. This ultimately leads to a higher proportion of deaths, and more frequently outside of hospital facilities.

Our data supports the idea that the increased mortality for cancer is related to a delayed diagnosis. Women with schizophrenia need special care to ensure their inclusion in early detection programs for cancer.

Disclosure of Interest: None Declared

EPP0538

Family caregivers of patients with Head and Neck Cancer seen at an oncologic outpatient service of a Brazilian public university: A qualitative study on reports regarding interpersonal emotional handling

S. A. Silva¹, E. R. Turato^{1*}, C. S. P. Lima¹, R. S. E. Sant'Ana¹, L. S. Valladão¹, A. C. O. Bispo¹, C. G. Santos¹, J. R. P. D. L. Rodrigues¹ and M. R. Suedt¹

¹Lab of Clinical-Qualitative Research, University of Campinas, Campinas, Brazil

*Corresponding author.

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Introduction: Humanistic studies applied to the health-illness clinic go beyond explaining cause-effect relationships among disease phenomena, treatments, and preventions. Qualitative research aims to understand symbolic relationships built in life experiences among the manifestations and the people. How to act in front of a person whose physical appearance and odour can be unpleasant, such as in the HNC - Head Neck Cancer? Or whose life history may have been marked by deviant behaviours and negligence in self-care?

Objectives: To interpret emotional meanings attributed through open interviews conducted with relatives about the domestic care of patients with HNC under clinical treatment.

Methods: Sample composed of family caregivers of patients with HNC, sent sequentially by colleagues from the clinical service who were informed of the research. The study used the Clinical-Qualitative Method (Turato. Portuguese Psychos. J, 2000 2(1): 93-108). Semi-Directed Interview with Open-ended Questions In-Depth and Field Notes was used for data collection. The employ of the Seven Steps of the Clinical-Qualitative Content Analysis (Faria-Schützer et al. Cien Saude Colet. 2021; 26(1): 265-274) has permitted the understanding of the topics. Sample closed with 12 persons according to the information saturation strategy (Fontanella et al. Cad Saude Publica. 2008; 24(1): 17-27), conducted by the first author, a female psychologist. To interpret the empirical material, we use Medical/Health Psychology, the psychodynamics of relationships of the Balintian framework, disease and illness while modes of un-health, psychic defence mechanisms against anguish. Validation by peers from the Lab of Clinical-Qualitative Research Laboratory, at the State University of Campinas.

Results: For this presentation, we listed three categories from the free-floating re-readings: (1) Certain need to recognize the care provided as a handling strategy with effort, putting in this 'validation' their relief regarding natural suffering of the care process; (2) Caregiver's psychological fantasies of omnipotence in the care process, frequently perceiving the reality a phenomenologically and necessarily distorted by the caregiver. (3) Moments of impotence feeling in front of the finitude reality that it knows will arrive.

Conclusions: The family caregivers can present certain emotional defences, such as subtle magical thinking, in which they distort the reality experienced as a management strategy and validation of their care. They act so to alleviate their psychological and existential suffering. Group meetings with family members to talk openly about the difficulties on the psychological management of patients with HNC, coordinated by a psychotherapist, are effective as a space for creativity in daily management at home and a space for catharsis.

Disclosure of Interest: None Declared

Others

EPP0539

Severe Hyperhidrosis Secondary to Bupropion Use and Treatment. A case report.

A. Oliva Lozano^{1*}, J. Garde Gonzalez¹, M. A. Morillas Romerosa¹ and P. Herrero Ortega¹

¹Psychiatry, Hospital La Paz, Madrid, Spain

*Corresponding author.

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Introduction: Hyperhidrosis, the excessive and uncontrollable sweating, is a well-documented side effect of various medications. Among these, bupropion, a commonly prescribed antidepressant and smoking cessation aid, has been associated with the development of severe hyperhidrosis in a subset of patients. This clinical report aims to shed light on a compelling case of severe hyperhidrosis induced by bupropion use and the subsequent treatment strategies employed.

The patient under discussion is a 42-year-old female with a history of recurrent major depressive disorder and a previous favorable response to selective serotonin reuptake inhibitors (SSRIs). Due to side effect concerns and a desire to quit smoking, she was transitioned to bupropion, a norepinephrine-dopamine reuptake inhibitor (NDRI), at a standard therapeutic dose of 150 mg daily.

Approximately four weeks after initiating bupropion therapy, the patient began experiencing debilitating symptoms of excessive sweating, particularly affecting her palms, soles, and axillae. The profuse sweating episodes occurred throughout the day and night, significantly impairing her quality of life, social interactions, and occupational functioning. No previous history of hyperhidrosis was reported, and physical examinations revealed no underlying medical conditions or dermatological issues.

Objectives: To acknowledge the importance of recognizing and addressing medication-induced side effects within the realm of psychiatry and an early implementation of patient-centered treatment.

Methods: Clinical case report and a brief literature review.

Results: The treatment of hyperhidrosis secondary to bupropion use presents a challenging clinical scenario that requires a delicate balance between managing the distressing side effect and ensuring the continued efficacy of psychiatric therapy. Given the rarity of severe hyperhidrosis as a side effect of bupropion, there is a limited body of evidence guiding treatment strategies. Gradual withdrawal in the dose of bupropion was initiated, with careful monitoring of depressive symptoms to prevent relapse, switching to Duloxetine 90mg daily, with adequate effectiveness. In this particular case, the combination of medication adjustment and psychological support led to a significant reduction in hyperhidrosis symptoms. The patient reported improved social interactions, enhanced self-esteem, and restored occupational functioning. Importantly, her depressive symptoms remained well-managed, underscoring the success of the treatment strategy.

Conclusions: This clinical report highlights the importance of a patient-centered approach when addressing rare medication-induced side effects within the field of psychiatry. Bupropion withdrawal and regular follow-up showed effective in the treatment of the symptoms. Future research may provide additional insights and treatment options for cases like this, further enhancing patient care and outcomes.

Disclosure of Interest: None Declared

EPP0540

Fecal Microbiota Transplantation in the treatment of mood disorders : A literature review

F. ASKRI^{1*}, K. MAHFOUDH¹, K. BEN YOUNES², E. HERELLI², U. OUALI¹ and A. AISSA¹

¹PSYCHIATRY A and ²PSYCHIATRY C, RAZI HOSPITAL, MANOUBA, Tunisia

*Corresponding author.

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