

EV0808**Invisible effects of chemotherapy**D. Brandão^{1,4}, T. Assunção^{2,4}, H. Almeida^{3,4,*}¹ *Interna Psiquiatria ULSAM, Departamento de Psiquiatria e Saúde Mental da ULSAM, Braga, Portugal*² *IPO-Porto, Porto, Portugal*³ *Hospital Magalhães Lemos, B, Porto, Portugal*⁴ *University of Porto, Department of Clinical Neurosciences and Mental Health Faculty of Medicine, Porto, Portugal** *Corresponding author.*

Introduction Chemotherapy is an essential component in the treatment and alleviation of oncological diseases. To your application are associated, as well as systemic effects, cognitive impairment in patients. These changes have received increasing attention due to the impact on quality of life of cancer survivors.

Objectives This study aims to evaluate the current evidence on the association between chemotherapy and cognitive impairment in cancer patients, especially in the areas affected cognitive function, possible mechanisms of action and consequences on the quality of life of these patients and the importance of identifying strategies intervention in order to minimize these effects.

Methods We conducted a literature review from literature articles addressing this topic with use of databases: Medline and Pubmed. The following keywords were used: “chemobrain”, “cognitive dysfunction”, “chemotherapy”.

Results Although some states have not found differences, several studies have shown that chemotherapy has implications cognitively. Underlying etiology remains unknown, and proposed several mechanisms to explain these changes: neurotoxicity, microvascular damage and inflammatory response. Cognitive impairment has significant implications in the daily life of patients both personally, socially and labour. The therapeutic approach focuses on the patient and family education, coping strategies, cognitive rehabilitation and cognitive behavioural therapy.

Conclusions It is vital to educate patients about the possibility of cognitive change as effect of chemotherapy as well as health professionals in the early identification of these changes. It is essential developing specific intervention strategies to improve the quality of life of the oncologic patient during and after treatment.

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EV0809

The study and comparison of the severity of coping strategies and defense mechanisms in prostate cancer patients, healthy individuals and patients with similar localization oncology

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This project deals with the problem of emotional response to their disease in prostate cancer patients compared with healthy people and patients with similar localization of oncology diseases. As a result, it was found that in patients with prostate cancer pronounced such defense mechanisms as repression, denial and reaction formation, which may lead to psychosomatic disease. The coping strategies of the system in patients with prostate cancer is most pronounced, such a mechanism as a “distancing”. The results may contribute to the creation of a

specific psychological rehabilitation for this group of patients the program.

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EV0810

Bruxism as a consequence of chemotherapy?

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Introduction Bruxism is a syndrome with uncertain etiology but with proposed factors: psychosocial, peripheral and central. Treatment is also controversial and one of the options focuses in GABA theory and regularization of ion channels. Xelox (capecitabine + oxaliplatin) and bevacizumab is indicated for metastatic colorectal cancer, being oxaliplatin the most neurotoxic agent (acute syndrome and/or a chronic sensory neuropathy). Acute neurotoxicity is very frequent and it is a sensory and/or a motor toxicity (as tongue tingling or jaw spasms). The proposed pathogenesis – neuronal hyperexcitability due to alterations of voltage-gated ion channels – is supported by mechanism of action of some treatments.

Objectives and Aims Review different causes of bruxism.

Methods Description of a clinical case.

Results This is a story of 76-years-old man in treatment for metastatic colon cancer that developed toxicity: nausea (treated with haloperidol), bruxism and gingival atrophy. He was referred to psycho-oncology by involuntary movements of mouth and trunk. The patient complained of sadness, anhedonia and insomnia since recurrence of cancer and related the movements with CT. At observation he was anxious, tearfulness and agitated. He was treated for a depressive episode, but the doubt remained about involuntary movements: haloperidol was a confounding factor for oxaliplatin acute neurotoxicity, also aggravated by psychic and peripheral factors.

Conclusions The authors believe that bruxism is linked to CT in a very complex relation that includes psychic, peripheral and central factors. Psychiatrists need to keep attention to the patient as a whole, not being seduced by easy answers like psychosocial factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0811

I was not so

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Introduction The frontal lobes are the brain structures of latest development and evolution in the human brain. It is considered that the frontal lobes represent the “executive center of the brain”. The frontal tumors represent 16% of all supratentorial tumors. Symptoms are easily confused as psychiatric rather than neurological.