

EPV0692

Emotional meanings attributed to sexual experiences reported by Brazilian Men with Head and Neck Cancer seen at a Public University Oncological Outpatient Service: A Qualitative Study

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Introduction: "What can and what cannot I do in a sexual relationship?" [In this way, a middle-aged man with HNC - Head and Neck Cancer, under chemotherapy or radiotherapy, asks. This doubt is raised to the oncologist, radiotherapist, nurse or psychotherapist. Apparently, his concern is objective, considering he has a severe diagnosis and important treatments. However, underlying the manifest doubt, there are symbolic constructions in his mind that generate anguish. The health professionals' response must go beyond information. They also must understand the symbolic emotional meanings associated with the patient's speech. This attitude will bring a psychotherapeutic effect to the ill man.

Objectives: To interpret symbolically sexual and emotional experiences reported by male patients diagnosed with HNC under outpatient treatment in a public specialized clinical unit.

Methods: We used the CQM - Clinical-Qualitative Method (Turato. Portuguese Psychos. J, 2000 2(1): 93-108). For data collection, the main researcher used the Semi-Directed Interview with Open-ended Questions In-Depth and Field Notes. The employ of the Seven Steps of the CQCA - Clinical-Qualitative Content Analysis (Faria-Schützer et al. Cien Saude Colet. 2021; 26(1): 265-274) brings us to discussion categories. The sample was closed with 12 patients according to the information saturation strategy (Fontanella et al. Cad Saude Publica. 2008; 24(1): 17-27). The interviews were conducted by the first author of this abstract, a male nurse, as part of his master's research at a postgraduate course in Oncology. The findings were validated by peer reviewers from the Lab of Clinical-Qualitative Research at the State University of Campinas.

Results: Two categories were chosen for this presentation: 'The dyad perceived in the felt body and the experienced body', and 'The body re-signified between the sexual and affective dimensions'. The body symbolized before and after the illness experiences a movement in phenomenological consciousness that leads to external changes in its attitudes. The patient needs now to ask himself and others what this body can - or cannot - do. The severely ill body imposes new meanings for life and sexuality. It does not cancel the wish but asks for a new channelling of your psychic/sexual energies.

Conclusions: These findings indicate that patients with HNC want to talk about sexuality and ask about the risks of sexual activity, contrary to what the common view supposes. Traditional Balint groups met with the multidisciplinary team can be beneficial for doctors and nurses to deal with their own emotional limitations. Furthermore, the Consultation-Liaison Psychiatry, under the approach of psychosomatic medicine, focuses on the care of patients with behavioural and emotional manifestations, together with the work of the oncologists.

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EPV0696

Neuropsychiatric manifestations in oncological patients: A clinical case of manic syndrome in a patient with pancreatic adenocarcinoma

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Introduction: Neuropsychiatric manifestations in the context of medical illnesses, particularly oncological conditions, pose unique challenges. Pancreatic carcinoma is known to present a high rate of psychiatric comorbidity, with its association with major depressive disorder documented in up to 75% of patients. This poster focuses on the case of a 51-year-old patient recently diagnosed with stage IV pancreatic adenocarcinoma, who exhibited manic symptoms without any prior psychiatric history.

Objectives: To describe the clinical presentation of a patient with previous diagnosis of advanced pancreatic cancer who is admitted in the ER with a maniform episode and review in literature its possible etiology and its clinical management.

Methods: Clinical case report and brief literature review.

Results: 51-year-old male was admitted at the emergency department with subacute behavioral changes in the previous weeks which included growing irritability, aggressive attitudes (which resulted in a restraining order from his mother), excessive spending, insomnia and inappropriate life plans. He had no psychiatric history, substance misuse of any kind or family history of mental disorders. Medical evaluations including a cranial CT scan, an MRI, blood and serological tests, were all within normal parameters. The patient had been recently diagnosed with pancreatic adenocarcinoma stage IV and was undergoing treatment that included corticosteroids, immunotherapy and chemotherapy (FOLFIRINOX).

During the hospitalization, the patient was assessed by the oncology team, who based on the normality of the imaging and laboratory findings, initially discounted an organic or metastatic cause for the symptoms. Pharmacological treatment with Sodium Valproate, up to 1000 mg/day and Quetiapine up to 450 mg/day was initiated, resulting in a progressive improvement in irritability and related symptoms. While the normality of medical tests initially suggested a non-organic cause, the atypical onset of psychiatric symptoms at this age in a patient with no prior psychiatric history raised the hypothesis of a potential link with his medical condition. The final diagnosis was mania secondary to pancreatic adenocarcinoma.

Conclusions: This case underscores the complexity of neuropsychiatric manifestations in oncological patients, particularly when presented without a prior psychiatric history. Upon reviewing the existing literature, it is clear that manic symptoms are relatively rare in patients with pancreatic adenocarcinoma. Furthermore, the underlying mechanisms behind these symptoms remain poorly studied. Potential contributors may include the effects of treatment modalities such as corticosteroids, immunotherapy and chemotherapy. Additionally, the manifestation of paraneoplastic syndromes and immunodysregulation could play a role in the context.

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