

CHT-PX application. The assessment was made by 100 mm visual analogue scale (VAS), which assessed physical symptom severity and Hamilton Anxiety Rating Scale (HAMA) on the first day after CHT-PX application, on the 7th, 14th and 21th day. Effective PG dose was 300 mg/day with EST, KLO and TRA previously taken. On the first day after CHT-PX, patient rated pain level as 9 according to VAS. During TRA and KLO treatment, pain level on VAS was 6 from the 7th till 14th day after CHT-PX, on 21th day deceased to 2. HAMA score was 49. After PG augmentation, according to VAS, pain level was 3 on the 7th day and 0 on 14th day. HAMA score was 20. Tapering off the dose of TRA and KLO started till discontinuation of both medications. Pregabalin efficiency in pain and anxiety control increase compliance of oncological patient and reduce harm of drug abuse.

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EV0815

Severe mental illness and cancer – A program for psychiatric patients in a cancer center

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Introduction The prevalence of severe mental illness (SMI) is estimated to be 4%. There are increased risk factors for cancer in SMI patients. People with SMI have deficient access and referral to routine cancer screening and psychiatric illness is often associated to late oncological diagnosis.

Objectives Characterize the population of SMI patients that undergoes oncological treatment; establish a comparison with the general population in terms of stage at the time of diagnosis and the type of follow-up that ensued; characterize the psychiatric care available to these patients; propose the necessary changes to ensure adequate healthcare for SMI patients.

Aims To assess and improve the quality of oncological care for SMI patients in our hospital.

Methods We analyzed the data from SMI patients suffering from SMI observed by our group during a 12 month period.

Results Low percentage of SMI patients being treated in our center regarding general rates; surprisingly high referral time to psychiatry unity; good compliance with treatments and appointments; have mostly been submitted to the standard oncological protocols of treatment.

Conclusion In spite of serious psychiatric co-morbidity and psychosocial deficits, our SMI patients are able for standard cancer treatment and present sufficient compliance. We value the help of family members and social workers. We have to insist in educational sessions and psychiatric screening procedures for oncological teams. It is also fundamental to implement educational programs for mental health centers in Lisbon in order to sensitize for cancer risks among SMI and alert for the pivotal role of mental health staff, namely the psychiatrists.

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Clinical personality patterns in patients with acute lymphoblastic leukemia waiting for bone marrow transplantation

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Introduction Personality disorders are rather widespread in oncology settings demanding special attention of clinician. Serious illness threatening person's life as well as severe treatment and side effects lead to specific self-regulatory emotional and cognitive efforts. Personality could both play an important role in this process predicting adjustment and survival and change in line with illness pathogenesis.

Objectives The personality patterns could be important predictors of operation success and further adjustment for patients with acute lymphoblastic leukemia (ALL) waiting for bone marrow transplantation.

Aim To reveal personality patterns specific for patients with ALL. *Methods* Twenty-five patients with ALL (11 males, 37.4 ± 9.5 years old) filled Millon Clinical Multiaxial Inventory–III and Big Five Questionnaire–2. Comparison group included 180 people of the same age and gender without history of mental or severe somatic disorders.

Results Male patients comparing to healthy males were lower on emotional control and higher in negativistic personality pattern ($P < .05$). Female patients were higher on dynamism but lower in openness to culture and antisocial pattern ($P < .05$). They rarely expressed patterns of borderline disorder and drug dependence but reported more compulsive traits ($P < .05$).

Conclusions Severe illness could increase likelihood of emotion regulation difficulties and passive-aggressive coping in male patients while stimulate activity and compulsive behaviour in females. These patterns should be taken into account in psychological support of patents to bone marrow transplantation.

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EV0817

Low income deteriorates quality of life in early breast cancer survivors

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Background Patients who have survived cancer and have lower socio-economic status, are more likely to leave the workforce. Financial problems are widespread among many of the breast cancer survivors, but their effect on the quality of life are not sufficiently explored. The aim of this study is to assess the effect of low income onto quality of life in early breast cancer survivors.

Methods In this study, 214 consecutive early female breast cancer patients, with mean age of 60 years (range 30–90), were interviewed for psycho-social aspects, depression (MINI) and quality of life (EORTC QLQ-Core 30 and BR-23). All patients were cancer free at the moment of interview and all initial oncological treatments were

completed. Monthly net family income distribution was: ≤ 150 euro 58 patients (27.1%); income between 150–500 euro 116 patients (54.2%); ≥ 500 euro 40 patients (18.7%).

Results Patients with income ≤ 150 euro, compared to patients with income ≥ 500 euro, had statistically significant worse global health status (60.2 ± 27.9 vs. 80.2 ± 19.2 ; $P=0.0007$); worse physical functioning (80.3 vs. 69.1 ; $P<0.001$); worse role functioning (92.9 vs. 78.7 ; $P=0.009$); worse sexual functioning ($P=0.019$); more severe fatigue (38 vs. 23 ; $P=0.01$), nausea/vomitus ($P=0.041$), appetite loss (18.4 ± 7.5). Major depression was diagnosed in 35 patients. Depressed patients have less income than not depressed patients (23.3% vs. 14.41%), but the difference did not reach statistical significance.

Conclusions Lower income negatively affects many aspects of quality of life. Specific interventions are needed for cancer survivors with lower socio-economic status to preserve and improve the quality of life.

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EV0818

Mental disorders in patients breast cancer: Differentiated approach to the study Nozogeny

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Objective The problem of mental disorders in patients with breast cancer is relevant due to the high prevalence of pathological changes in the mental health patients, insufficient development of clinical typology of psychosomatic correlations of the contribution of constitutional features.

Methods Nozogeny disorders are clinically heterogeneous and are represented by two nosologic categories: reaction and nosogenic patho-characterological personal development. The basic method of work was a clinical follow-up and statistical research methods (method using contingency tables and Fechner coefficient method using the χ^2 – test).

Results The manifestation of a nozogeny reaction is closely correlated with his premorbid personality characteristics. Anxious-depressive nozogeny reaction was recorded in 17 patients of the first sample with high direct correlation (coefficient Fechner $F=0.76$, $P<0.01$) with respect to accentuation of personality in the alarm type, and the weak direct link to the personal characteristics of the affective (bipolar) range ($F=0.22$, $P<0.01$). Anxious-nozogeny dissociative response was detected in 9 patients with hysterical (55.5%) and expansive schizotypal (vershrobene) (44.4%) lung cancer with a significant ($F=0.65$, $P<0.01$) a direct correlation with constitutional hyperthymia, anxiety-hypomaniac nozogeny response was observed in patients c schizotypal RL ($n=4$) paired with symptoms of persistent hyperthymia ($F=0.39$, $P=0.012$).

Conclusion Patho-characterological development of personality are formed on the remote catamnestic stage breast cancer and show the clinical heterogeneity of differentiation into 4 types: (1) the type of hypochondriacal dysthymia, (2) the type of “paranoia struggle”, (3) in an “aberrant hypochondria” and (4) the type of “new life”.

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EV0819

Chemobrain and anxiety in a patient with Hodgkin's Lymphoma: Case report and literature discussion

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Impaired cognitive function is a common complaint among oncologic patients. Chemotherapy-induced cognitive impairment (CICI), also called “chemobrain” or “chemofog” is currently recognized as a relatively common adverse effect of chemotherapeutic agents and is defined as the impairment of patients' memory, learning, concentration, reasoning, executive function, attention, and visuospatial skills during and after discontinuation of chemotherapy. In particular, it is apparent that a subset of chemotherapy-treated haematological malignancy survivors experience cognitive impairment. On the other hand, the emotional distress associated with the disclosure of cancer diagnosis and/or the administration of chemotherapy represents a strong reason for psychosomatic manifestations in patients with cancer. The authors report a case of a patient with Hodgkin's lymphoma, cognitive impairment and symptoms of anxiety and they propose to discuss the controversies around the factors implicated on cognitive impairment in oncological patients.

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Carry on: Study of psychosocial needs of oncological patients of the Azores—Proposal for a support model

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The number of new cases of cancer in Azores and the transfer of oncological patients to mainland Portugal for specialized treatment raise concerns about psychological adaptation and suitable support care. Further studies regarding the lack of support interventions available to meet the needs of Azorean oncological patients and survivors are required. The main objectives of this study are: (1) to evaluate psychosocial needs and other psychological adaptation variables among adult oncological survivors from the Azores; and (2), ensuing from objective (1), to develop a pilot study to test a model of support with a group of oncological patients from the Azores. Two studies will be performed. The first deals with objective (1) as described. Based on results obtained, a randomized control trial assessment will be run to test a support model based on the patient advocacy movement with oncological patients. The assessment protocol will be administrated three times: before and after the model's implementation and, again, as a follow-up. Results should enhance knowledge of assessing psychological adaptation variables involved in disease trajectory while testing a support model addressing this study major concerns. These, as suggested, relate to lack of support interventions to meet the psychosocial needs of oncological patients and survivors from the Azores. Given the peculiar experience of Azorean oncological patients', while away from their homes, there is a need to ensure adequate health care services on their behalf. Hence, the importance of devising