preceding 12 months in elderly with cardiovascular/cerebrovascular disease, or major cardiovascular risk factors. Vascular Depression isn`t described in DSM-V, and that difficults clinical recognition and affects clinically informed systematic studies.

Objectives: Regarding a clinical case, we enphasize the clinical impact of Vascular Depression`s hypothesis.

Methods: We present a qualitative review of this topic using the Pubmed Central database.

Results: 74 years old male patient, with major depressive disorder about ten years. Depressive and cognitive symptoms didn`t respond to antidepressive treatment and his functional state has gradually declined.

Conclusions: Vascular depression develops after the 60 – 65 years in the absence of personal and family history of affective disorder. The key symptoms are low energy, anhedonia, deficits in selfinitiation, psychomotor retardation, reduced processing speed and lack of insight into mood symptoms. Clinical assessment includes a review of history of vascular risk factors or/and disease, but also an imagiological evidence demonstrating subcortical white matter abnormalities. Insidious and chronic course tends to delay its recognition and management. This becomes critical because Vascular Depression is associated with poor response to antidepressant treatment and persistent depressive symptoms. It`s also associated with poor selfmanagement of comorbidities and impairment in daily function. Increased mortality from all causes is widely documented.

Keywords: Vascular Depression; Geriatric depressive syndromes; Cardiovascular disease; Subcortical white matter abnormalities

Oncology and psychiatry

EPP0866

The impact of life hardiness, attachment style and personality profile on ptsd vulnerability manifestation in breast cancer patients undergone successful surgical treatment.

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Introduction: PTSD manifestation is determined by facing extreme life threatening experience going beyond our stress coping skills. The diagnosis of the serious illness like cancer or SARS-2 COVID 19 can be considered as one of the PTSD risk factors. In our clinical practice we have to distinguish the patients groups vulnerable to comorbid PTSD as well as define the psychological factors like good life hardiness, adaptive internal illness image or specific personality profile that can help to cope with disease stress and should be strengthen with psychosocial interventions.

Objectives: After screening with PTSD Trauma Screening Questionnaire and an expert clinical interview aimed to verify the PTSD diagnosis according to ICD-10 criteria 97 breast cancer patients were enrolled in the study, 46 with comorbid PTSD, 51 well coped with stress

Methods: Semi-structured interview, Hardiness Survey questionnaire,Experiences in Close Relationships-Revised (ECR-R) Adult Attachment questionnaire,Impact of Event Scale-R – IES-R, the questionnaire of the internal disease model, Ego-structure test by G. Ammon(ISTA),.

Results: The correlation analysis revealed negative correlation between PTSD diagnosis and hardiness, especially its Involvement, Control, Risk acceptance sub-scales and with the Traumatic event impact score. Deficient-destructive ISTA personality profile had a positive correlation with PTSD and traumatic Impact scores, the strongest correlation were with deficient aggression(r=0,698, p=0.01), destructive anxiety (r=0,674, p=0,01), and deficient internal and external demarcation (r=0,678, p=0,01). The adaptive internal illness image types had a negative correlation with PTSD

Conclusions: Hardiness, maladaptive illness images types and destructive-deficient personality dimension should be the main targets for psychotherapy in comorbid PTSD treatment and prevention

Keyword: life hardiness ptsd breast cancer internal image of the illness construct anxiety social support

EPP0867

The role of self-compassion in the relationship between pain and depression in palliative patients

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Introduction: In palliative care, depression and pain are prevalent variables with a reciprocal and controversial relationship. Depression is common in people with chronical diseases. In the last decades, self-compassion has been pointed as a protective psychological process to negative affect.

Objectives: The current study aimed to test the role of self-compassion in the relationship between pain and depression in palliative patients.

Methods: Sample was composed of 33 patients in palliative care, with a mean of 74.12 years of age (SD = 12.76). Participants completed self-report questionnaires and data was analyzed using SPSS.

Results: From the descriptive analysis of the results of the Geriatric Depression Scale, 22 patients were depressed (66.6%), 9 of them in severe depression (27.7%). Self-compassion presented a negative and moderate correlation with depression. Depression was positively correlated with pain. A hierarchical regression to predict depression was conducted. Firstly, pain was entered as a predictive variable with a significant effect. Secondly, self-compassion was entered, and the model was significantly incremented, explaining 41% of depression. Only self-compassion was significant in this model.

Conclusions: Discussion and conclusion: The association between pain and depression in palliative care corroborate previous research. Results seemed to show that self-compassion has a significant effect in the relationship between pain and depression. Cultivating a compassion self-to-self relationship might have an