



Conclusions: Psychiatric symptoms may be the first and/or only manifestation of an organic lesion in some cases. Neuroimaging tests (CT and MR) may be useful in the differential diagnosis. It is important to carry out an individualized treatment based on the patient's pathology, which may include surgery and/or drugs.

Disclosure: No significant relationships.

Keywords: Neuroimaging; bipolar disorder; Meningioma; Neurosurgery

EPP0268

Depression among Endometrial Cancer hospitalizations - Preliminary results of a nationwide retrospective study

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doi: 10.1192/j.eurpsy.2022.560

Introduction: Uterine cancer is the most common gynecologic malignant neoplasm in developed countries. While depression is up to 3-5 times more common in patients with cancer than in the

general population, literature is still limited regarding the relation between Endometrial Cancer and depression.

Objectives: To analyze Depression among Endometrial Cancer hospitalizations in mainland Portuguese public hospitals (2008-2015).

Methods: A retrospective observational study was conducted using administrative data from all hospitalizations in Portuguese mainland public hospitals between 2008-2015. All women's hospitalizations (≥ 18 years) with a primary diagnosis of Endometrial Cancer (ICD-9-CM 182.x) were selected. Secondary diagnosis of depression was identified with ICD-9-CM 296.2x, 296.3x and 311x codes. Surgical procedures codes 68.4x, 65.6x, 40.3x, 40.5x, 68.6x, 68.9x and 68.8x were used to divide the hospitalizations into surgical vs non-surgical. Groups were compared with Pearson Chi-square test and crude odds ratio(OR) was used to estimate the association between surgery and depression.

Results: From 10227 hospitalizations with a primary diagnosis of Endometrial Cancer, 533 had a registry of depression(5.2%). Annual depression frequency rose from 2.0% (2008) to 8.3% (2015). Among patients with a record of depression, 73.2% had surgery. Women who had surgery were significantly more likely to have registered depression ($p < 0.001$). The OR for depression in surgical vs non-surgical patients was 1.73 (95%IC:1.42-2.10).

Conclusions: Patients hospitalized due to Endometrial Cancer and submitted to surgery had almost two-fold more risk of having a registry of depression. This trend reinforces the importance of early depression screening of these patients, enabling the implementation of timely therapeutic strategies before and after surgery.

Disclosure: No significant relationships.

Keywords: Endometrial Cancer; surgery; Depression; Administrative data

EPP0269

Barriers to access cancer screening and treatment services in Germany

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doi: 10.1192/j.eurpsy.2022.561

Introduction: individual attitudes and structural inadequacies act as major barriers towards non-utilization of cancer screening and treatment offers in many high-income countries with subsidized public healthcare.

Objectives: Our interdisciplinary research group at Heidelberg University is studying the underlying individual perceptions, attitudes and experiences of age- and gender-specific barriers against cancer-related medical and psychosocial offers available in Germany.

Methods: We designed a mixed-methods, sequential explanatory study using two quantitative instruments to determine the most important age- and gender-specific barriers for non-patients and cancer patients and survivors. In the second phase, semi-structured interviews will be conducted via selective sampling to record participant opinions, experiences and expectations of using cancer-related health services.

Results: We expect to identify and explain important personal barriers and facilitators related to the use of cancer screening and treatment offers. Further interviews with stakeholders in cancer healthcare, such as physicians, nurses and self-help groups will be conducted to complement data from the service-providers' point of view. The results will be analyzed with behavioral and sociocultural theories to gain a deeper understanding of perceived and experienced barriers in accessing cancer care in Germany and to formulate recommendations for prospective targeted approaches and interventions.

Conclusions: Our findings will be useful for facilitating knowledge transfer and policy dissemination to increase public awareness about cancer offers and improve participation rates. The results will be also used to develop an interprofessional teaching module in the medical curriculum as well as prepare and implement advanced training courses for medical professionals certified by the State Medical Association.

Disclosure: This study is funded by Strube Stiftung Stuttgart.

Keywords: oncology; psychiatry; mental healthcare; masculinity

EPP0270

Manic episode secondary to single right cerebellar metastasis in context of ovarian tumor: report of clinical case

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doi: 10.1192/j.eurpsy.2022.562

Introduction: The cerebellum is often overlooked when evaluating neuropsychiatric disorders. Lately, evidence has increased for the existence of cerebellar connections -generally in relation to vermis and posterior lobe- with cortical areas related to pathophysiology of psychiatric disorders. The cerebellar affective cognitive syndrome, also known as Schmahmann syndrome, has even been described with an evaluation scale.

Objectives: Case report of a patient suffering a manic episode in context of single right cerebellar metastasis derived from ovarian tumor.

Methods: A non-systematic literature review was conducted on PubMed database on cerebellum pathology related to psychiatric disorders. The clinical case report was prepared through the review of the patient's clinical record.

Results: The authors introduce the case of a 50-year-old woman, diagnosed with high-grade serous ovarian tumor, with single right cerebellar metastasis of 42mm, who was admitted to oncology due to behavioral alteration, with no prior psychiatric history. The patient showed hyperthymic mood, with speech scanned but fluid, manifesting intense well-being and ideation of mystical-religious and megalomaniac content. Haloperidol up to 7.5mg/8 hours and clonazepam 2 mg/8 hours were prescribed, switching haloperidol to olanzapine up to 25mg/day after several days, since the symptoms did not improve. Valproic acid 500 mg/24 hours was also added. Progressive improvement was seen, without worsening of motor symptoms or instability. The CCAS scale (Cerebellar Cognitive Affective/Schmahmann syndrome) was performed, with a positive result (10/10) being > 3 definitive CCAS.

Conclusions: The relationship between cerebellum and neuro-psychiatric disorders is still partly unknown, requiring more research to be able to carry out specific diagnoses and treatments for patients.

Disclosure: No significant relationships.

Keywords: cognitive affective cerebellar syndrome; metastasis; mania; cerebellum

Psychopathology / Migration and Mental Health of Immigrants

EPP0271

The prevalence of post-traumatic stress disorder in Syrian refugees increased after long-distance migration

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doi: 10.1192/j.eurpsy.2022.563

Introduction: Refugees are forced migrants but there is a large variation in the distance that refugees cover and there is a knowledge gap on how this may affect refugees' health and health care needs.

Objectives: Herein, we investigate the association between long-distance migration and post-traumatic stress disorder (PTSD), a serious psychiatric disorder associated with deteriorating mental and somatic health and highly prevalent in refugees.

Methods: Included were 712 adult Syrian refugees and asylum seekers in Lebanon and Denmark arriving no more than 12 months prior to inclusion. The Harvard Trauma Questionnaire was used to assess PTSD and the estimate of association was obtained by multiply imputing missing data and adjusting for confounding by propensity score-weighting with covariates age, sex, socioeconomic status, trauma experience, and WHO-5-score, reporting the bootstrap 95-percentile confidence interval (95% CI). Additionally, a number of sensitivity analysis were carried out.

Results: The prevalence of PTSD was high in both Lebanon (55%) and Denmark (60%) and long-distance migration was associated with a 9 percentage point (95% CI [-1; 19]) increase in the prevalence of PTSD among newly arrived Syrian refugees and asylum-seekers.

Conclusions: In the present study the prevalence of PTSD increased after long-distance migration which may support considering "long-distance migration" in refugee health screenings and in particular when assessing the risk of post-traumatic stress disorder. This is a first step in examining the health effects of migration on refugee health.

Disclosure: No significant relationships.

Keywords: Refugees; cross-sectional; Human migration; Post-traumatic stress disorder