

**Objectives:** In this work, we aimed to illustrate the modalities of care of bipolar disorder in a patient receiving tamoxifen.

**Methods:** Presentation of a clinical case of a patient treated by Tamoxifen for her breast cancer and who was admitted in our department for acute mania with psychotics features, followed by a literature review.

**Results:** A 53-year-old woman with past history of breast cancer diagnosed in 2018, treated with lumpectomy and radiation, followed by tamoxifen. She has been admitted in 2019 in our department for an acute mania with psychotics features. Olanzapine was prescribed with good clinical evolution. The psychiatric and oncologic status of the patient was stable after one year under tamoxifen and olanzapine.

**Conclusions:** Psychiatrists must be aware that some of the prescribed medications co-administered with tamoxifen interfere with the CYP2D6 function, which may potentially increase the risk of breast cancer recurrence. A close collaboration between psychiatrists and oncologists is required to adapt therapeutic protocols.

**Keywords:** tamoxifen; Antipsychotics; interaction

## EPP0879

### Acute mania in patient under tamoxifen

H. Ghabi<sup>1,2\*</sup>, M. Karoui<sup>1,3</sup>, S. Ben Salem<sup>1</sup>, R. Kamoun<sup>1</sup> and F. Ellouz<sup>1</sup>

<sup>1</sup>Department Of Psychiatry G, Razi hospital, Manouba, Tunisia;

<sup>2</sup>Department Of Psychiatry G, razi hospital, manouba, Tunisia and

<sup>3</sup>Department Of Psychiatry G, Razi hospital, manouba, Tunisia

\*Corresponding author.

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**Introduction:** Tamoxifen is an antioestrogen agent used in breast cancer treatment. According to some guidelines, this molecular was also proposed for the treatment of acute mania. In fact, Tamoxifen inhibits the intracellular action of the protein kinase C (PKC), which is the direct target in the treatment of mania episodes. Lithium and valproate have also the same action.

**Objectives:** We aimed to show the case of an acute mania under an inhibitor PKC treatment and insisted that other studies are recommended.

**Methods:** Case report description and research on medline, pubmed with the keywords: Tamoxifen, Bipolar disorder, protein kinase C, mania.

**Results:** We reported a case of a 53-year-old woman with past history of unipolar depression. In 2018 when she was diagnosed with breast cancer. She received antidepressant drugs but she interrupted the treatment after a few months. She was treated for her breast cancer with mastectomy, radiotherapy, and 20 mg per day of Tamoxifen prescribed since Mars 2018. She had been admitted in June 2019 in our department for acute mania. The patient received Tamoxifen as it was prescribed. She was not taking any concomitant medications. No history of drug abuse was reported. Medical examination, laboratory, and radiological investigations did not indicate any medical pathology.

**Conclusions:** In our case, Tamoxifen had not ovoid the acute mania in spite of its Known anti-manic properties as reported in the literature. Possible neurobiological effect of tamoxifen on the nervous system should be studied to evaluate the safety of this treatment mainly in patients with bipolar disorder.

**Keywords:** tamoxifen; bipolar disorder; protein kinase C; mania

## EPP0880

### Which antidepressant agent can be used in patients receiving tamoxifen?

A. Maamri<sup>1,2</sup>, H. Ghabi<sup>3\*</sup> and H. Zalila<sup>1,2,3</sup>

<sup>1</sup>Faculty Of Medicine Of Tunis, RAZI HOSPITAL, TUNIS, Tunisia;

<sup>2</sup>Psychiatry, Outpatient Service, Razi Hospital, Manouba, Tunisia and

<sup>3</sup>Outpatients Ward Of Psychiatry, Razi hospital, Manouba, Tunisia

\*Corresponding author.

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**Introduction:** Depression is frequently observed in carcinology. Many patients with breast cancer, receiving Tamoxifen, may need antidepressants to treat depression. Tamoxifen is a synthetic non-steroidal antioestrogen metabolized by the cytochrome P450 2D6 (CYP2D6) to endoxifen which is the active metabolite of this drug. It was reported that the concomitant prescription of Tamoxifen and some antidepressant agents such as paroxetine and fluoxetine may decrease the anticancer effect of tamoxifen as they may inhibit the CYP2D6 pathway.

**Objectives:** The objective of this case was to highlight the particularity of management of depression in patients under tamoxifen.

**Methods:** Case report description of a patient treated with Tamoxifen for her breast cancer and who was admitted for major depression, followed by a literature review.

**Results:** A 36-year-old woman, had breast cancer and she underwent a mastectomy followed by chemotherapy. Since September 2016, she received 20 mg per day of Tamoxifen as an antihormonal treatment. In November 2018, she was referred to our psychiatry department for depressive symptoms. The patient was sad, she reported social withdrawal, insomnia, anhedonia, and low self-esteem. She had no history of mania or hypomania. A major depressive episode was diagnosed. We prescribed Escitalopram 10 mg per day with clinical improvement. The psychiatric and oncologic status of the patient was stable after two years under tamoxifen and Escitalopram.

**Conclusions:** The choice of the adequate antidepressant agent in patients under Tamoxifen remains a challenge and requires a thorough knowledge of drug interactions.

**Keywords:** tamoxifen; antidepressant agent; Depression

## EPP0881

### Distresses reported by physicians and nurses toward peculiarities of patients with head and neck cancer at a university general hospital in Brazil: A qualitative study

E. Turato\*, A.C. Bispo, J.R. Rodrigues and C.S. Lima

Medical Psychology And Psychiatry, University of Campinas, Campinas, Brazil

\*Corresponding author.

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**Introduction:** Contextualization: health professionals' anguish towards the patient with head and neck cancer (HNC) permeates clinical issues: the location of the tumour, if advanced diagnosis, the psychosocial features of the patient. The perception, coming from patients as undesirable, refers to the conflict of how to deal with one's own anguishes.