

2019), Satisfaction with Life Scale (Diener et al., 1985) and Scale of Positive and Negative Experiences (Diener et al., 2009).

**Results:** Compared to radiation therapy, with chemotherapy, patients tend to be more doubtful about the effectiveness of treatment and more anxious about the need for it ( $p < .05$ ). Moderated mediation analysis demonstrated that lack of understanding, doubts about the effectiveness and anxiety about radiation and chemotherapy are associated with subjective ill-being indirectly - through a higher level of health anxiety ( $\beta = -.79$ -.35,  $SE = .17$ -.26, 95% CI [-1.42 - -.75 - -.37 - -.08]). Feelings of helplessness regarding treatment mediated the relationship between doubts and confidence about treatment effectiveness and well-being in both groups.

**Conclusions:** Results demonstrated that some fears and expectations about chemo- and radiotherapy could provoke health anxiety and helplessness regarding treatment that is related to poorer well-being.

**Disclosure:** No significant relationships.

**Keywords:** oncology; radiotherapy; chemotherapy

### EPV0963

#### Psychological impact of pediatric cancer : a cross-sectional study among thirty parents

A. Zouari<sup>1\*</sup>, W. Homri<sup>1</sup>, A. Mokrani<sup>2</sup>, K. Meddeb<sup>2</sup>, A. Mezelini<sup>2</sup> and R. Labbane<sup>1</sup>

<sup>1</sup>Razi Hospital, Psychiatry C, manouba, Tunisia and <sup>2</sup>salah azaeiz hospital, Medical Oncology, tunis, Tunisia

\*Corresponding author.

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**Introduction:** The diagnosis of pediatric cancer is a traumatic event that is considered to be one of the most adverse situations the child and his family can experience. The psychological impact of this diagnosis on the parents has triggered a great scientific attention in these recent years.

**Objectives:** Estimate the prevalence of depression and post-traumatic stress among parents of children with cancer.

**Methods:** Our study was cross-sectional over a period of 1 month in the medical carcinology department at the Salah Azaeiz Institute. We used the Beck Depression Scale II and the Post Traumatic Stress Disorder Checklist-Civilian assessments.

**Results:** Thirty parents participated in our study. Most of whom were mothers (73%). The educational level was primary in 63% of cases and socio-economic level was average in 60% of parents. 40% of parents were assessed within six months after diagnosis. Prevalence of depressive disorder and post-traumatic stress disorder were 73% and 57% respectively. The low educational level was correlated to the presence of these two disorders. Similarly, the low educational level was correlated to the presence of depressive disorders ( $p = 0.008$ ). The number of children in the family was also associated to the presence of post-traumatic stress disorder ( $p = 0.029$ ).

**Conclusions:** The prevalence of depressive and post-traumatic stress disorders was high among parents of children diagnosed with cancer. The low socio-economic and educational level and the large number of children in the family are risk factors for psychological distress. Psychosocial support should be offered to parents of children with cancer to optimize the management of this disease.

**Disclosure:** No significant relationships.

**Keywords:** cancer; PTSD; Child; Depression

### EPV0965

#### Coping strategies among mothers of children with leukemia in Tunisia

S. Dhakouani<sup>1\*</sup>, M. Karoui<sup>2</sup>, S. Jammeli<sup>2</sup>, R. Kammoun<sup>2</sup> and F. Ellouz<sup>2</sup>

<sup>1</sup>Razi hospital, G, Tunis, Tunisia and <sup>2</sup>Razi Hospital, Psychiatry G, manouba, Tunisia

\*Corresponding author.

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**Introduction:** The diagnosis of leukemia in a child is traumatic life experience that negatively affects parents and especially the mother which is the "caregiver" who assists and coordinates all stages of treatment.

**Objectives:** To determine the prevalence of psychological distress among mothers of tunisian children with leukemia and to investigate their coping strategies.

**Methods:** A cross-sectional study was conducted at Aziza Othmana hospital department of pedo-oncology in Tunisia between June and July 2021. HADS scale was used to estimate the prevalence of anxiety and depression and coping strategies were measured via arabic version of the brief cope scale.

**Results:** We included 31 mothers, their middle age was 41 years old. In this study we didn't include mothers with psychiatric history. Acute lymphoblastic leukemia was the most frequent type of cancer in our sample (94%). The middle age of the children was 10 years old and all of them were under chemotherapy. Clinically significant levels of anxiety and depression were reported by 58% and 49% of mothers, respectively. In our study, 81% of the participants practiced prayer and all mothers turned to religion as a coping strategy. Approach coping styles (especially acceptance and planning) were more frequently used than avoidant coping styles (especially substance use and denial).

**Conclusions:** Mothers are profoundly affected by a child's cancer diagnosis, they should have early assessment of their mental health needs to have access to appropriate interventions.

**Disclosure:** No significant relationships.

**Keywords:** coping; psychooncology; leukemia; mothers

### EPV0966

#### Is the Living Will an interesting way to determine themselves? Qualitative research about considerations said by oncologists in a university service care in Southeast Brazil.

E. Turato\*, J.R. Rodrigues, C. Santos, A.C. Bispo and C.S. Lima  
State University of Campinas, Medical Psychology And Psychiatry, Campinas, Brazil

\*Corresponding author.

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**Introduction:** What does the physician think in his/her intimacy about clinical care for when his/her death would be near? Living Will is a type of advance directive with the aim to guarantee the testator's autonomy when faced with death. Particularly oncologists are often faced with human finitude. Their delicate work does not protect them from the possible anguish of thinking and preparing for their own death. It is pertinent to know the psychic mechanisms normally present in the management of this expectation.

**Objectives:** To explore symbolic representations of oncologists such as referred to the possible elaboration of their own Living Will.

**Methods:** Qualitative design. Eight participants, clinicians, sample closed by theoretical saturation of information. Semidirected interviews in-depth were conducted online during the pandemic, fully transcribed. Technique of Clinical-Qualitative Content Analysis used for data treatment to generate categories of discussion. The authors search for core meanings in the corpus of interviews, after free-floating readings.

**Results:** Three categories emerged from the material: Living Will: postponing the decision in order to not anticipate death; From Rationalization Mechanism to Intellectualization: a more sophisticated defensive strategy; Loss of Autonomy: the doctor's belief while to feel him/herself patient.

**Conclusions:** (1) Even with all scientific knowledge, respondents have archaic thoughts on defining advance directives as healthy individuals would mean rushing time of their death. (2) Resistance of these professionals to an imagined scenario of end reveals underlying anguish in writing of living will. (3) There is fear of losing autonomy when they do not know how their Living Will can be seen.

**Disclosure:** No significant relationships.

**Keywords:** Qualitative research; Living Will; defense mechanisms; Oncologists

#### EPV0967

### Exploratory study on the effectiveness of integrative neurocognitive remediation therapy (iNCRT) for cancer survivors.

A. Rogiers<sup>1,2\*</sup>, D. Kyndt<sup>1</sup>, S. Van Eycken<sup>1</sup>, J.-C. Le Febvre<sup>1</sup>, M. Brohee<sup>1</sup>, C. Degols<sup>1</sup>, C. Fontaine<sup>2</sup>, B. Neyns<sup>2</sup> and C. Kornreich<sup>1</sup>

<sup>1</sup>CHU Brugmann, Psychiatry, Brussels, Belgium and <sup>2</sup>UZ Brussels, Oncology, Brussels, Belgium

\*Corresponding author.

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**Introduction:** Cancer survivors frequently report suffering from neurocognitive impairment, that persists after physical recovery from their disease. Cognitive impairment is associated with important emotional disturbances, socio-professional consequences and diminished quality of life.

**Objectives:** This observational study aims to assess the effectiveness of an integrative neurocognitive remediation therapy (iNCRT), offered as a 12-week program (1day/week), organized within our Cognitive Remediation Clinic. The iNCRT combines personalized computerized cognitive training and neurocognitive strategy training, with group sessions of physical exercise, mindfulness, and cognitive behavior therapy (CBT).

**Methods:** The assessment before and after NCRT includes neuropsychological testing (10 subtests), assessment of daily functioning and subjective neurocognitive function (NCF).

**Results:** Out of 16 eligible cancer survivors, 12 patients were recruited and 11 completed the iNCRT; median age 53 years [range, 41-71]; 3 patients had a prior history of a central nervous system tumor, 5 patients of breast cancer, 2 patients of stage-IV melanoma, and 1 patient of gastric cancer. After iNCRT subjective NCF did not improve significantly ( $p=0.13$ ) according to the Cognitive Failure Questionnaire. However neuropsychological assessment revealed an improvement on  $\geq 1$  impaired subtest in all patients; 6 patients improved on  $\geq 4$  impaired subtests. Improvement was most

prominent in long-term verbal and visual memory, working memory and executive function. All patients reported a clinical benefit in their daily function after completion of iNCRT.

**Conclusions:** Our iNCRT, which combines personalized neurocognitive training with physical exercise, mindfulness and CBT can be an effective therapeutic model for treating neurocognitive impairment in cancer survivors, with a clinically relevant impact on their daily function.

**Disclosure:** No significant relationships.

**Keywords:** cancersurvivor; cognitive remediation therapy; cognitive impairment; Neurocognitive function

#### EPV0968

### BREAST CANCER: the educational level of patients correlated with the level of procrastination

C.D. Tabugan<sup>1\*</sup>, A.-C. Bredicean<sup>2</sup>, C. Giurgi-Oncu<sup>3</sup>, O. Cristina<sup>4</sup>, P. Zsolt<sup>5</sup> and L. Hoge<sup>6</sup>

<sup>1</sup>"Victor Babes" University of Medicine and Pharmacy, Neurosciences, TIMISOARA, Romania; <sup>2</sup>University of Medicine and Pharmacy "Victor Babes" Timisoara, 5. neuroscience Department, Timisoara, Romania; <sup>3</sup>Victor Babes University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania; <sup>4</sup>ONCOHELP, Oncologie, Dumbravita, Romania; <sup>5</sup>ARAD COUNTY EMERGENCY CLINICAL HOSPITAL, Neurosciences, Arad, Romania and <sup>6</sup>"Victor Babes" University of Medicine and Pharmacy, Department Of Neurosciences, Timisoara, Romania

\*Corresponding author.

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**Introduction:** Even if breast cancer is a severe pathology that can cause the death of a person, nowadays there are effective screening methods that could help us to discover in due time the tumor formation and thus be able to benefit from conservative breast surgery.

**Objectives:** Evaluating the feasible relationship between the noted levels of procrastination and the educational level of subjects

**Methods:** The analyzed group comprises a number of 152 female subjects ( $n=152$ ). They were divided in three subgroups: subgroup I(26) composed of women with lower education, subgroup II(66), women with medium education level and subgroup III(60), women with higher education. A socio-demographic questionnaire and the Tuckman Procrastination Scale have been applied.

**Results:** Comparing the three subgroups, the levels of procrastination were similar. Low levels of procrastination were most common in all three subgroups: in the subgroup I 57,69%, in the subgroup II 56,06% and in the subgroup III 53,33%. Average procrastination levels were observed in 34,61% of women in subgroup I, 42,42% of women in subgroup II and 45% of women in subgroup III. Concerning high levels of procrastination we can affirm that they involve a small number of subjects. Measuring the degree of connection between the two variables, we obtained as a result  $r=0.13$ , which means a very weak, non-existent correlation.

**Conclusions:** The study revealed that there is no relationship between the level of education and the levels of procrastination that include postponing the presentation to the doctor.

**Disclosure:** No significant relationships.

**Keywords:** PROCRASTINATION EDUCATION BREAST CANCER