

EPV0430

The bed smells like oil: About a case with diagnosis of epilepsy

M. Suárez-Gómez^{1*}, P. Rodrigues¹ and A. Suárez Gómez²

¹Psychiatry, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal and ²Community Health, Unidade de Cuidados Continuados, Borba, Portugal

*Corresponding author.

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Introduction: Olfactory hallucinations have been described since the 19th century as a particular, often unpleasant smell at the beginning or during the spell. The olfactory cortex are involved in temporal lobe epilepsy.

Objectives: The aim was analyze the relationship between the olfactory hallucinations and the previous diagnosis of epilepsy.

Methods: In this study, we present a clinical case and review the current literature showing the relationship between smell and epilepsy.

Results: A 69-years-old woman, with a medical history of epilepsy, went to the emergency department describing a recent episode of seizure, self-limited in time, after a sensation of an unpleasant smell in bed. A medical history of osteoarthritis, cholecystectomy and essential tremor is described. No unknown drug allergies. The neurological examination shows dysarthric speech, tremor in the right upper limb, isochoric and reactive pupils, preserved sensitivity and strength, and a positive Romberg's sign. The physical examination, blood test and vital signs were normal. The head CT scan showed signs of ischemic leukoencephalopathy, without acute ischemic or hemorrhagic lesions. The patient was medicated with 1000 mg of valproate daily, which was suspended a month ago due to an alteration in liver transaminases. Treatment with diazepam 10 mg daily was prescribed and referred for consultation. The sense of smell changes over time for anormal aging process, affecting ability to detect, identify and discriminate odors. Several neurodegenerative diseases present certain alterations that help us determine their origin and progression (Vaughan and Jackson, 2014).

Conclusions: Olfactory auras occur before a seizure of the temporal lobe. Repeated stimuli in limbic regions can produce changes in the piriform cortex, with increased excitability and in epileptic discharges.

Disclosure: No significant relationships.

Keywords: old age psychiatry; Epilepsy; olfactory hallucinations; neuropsychiatry

Oncology and psychiatry

EPV0431

The practice of sedation in palliative care for oncologic patients: Fantasies reported by a nursing team in a specialized hospital in Brazil: A qualitative study

E. Turato^{1,2*}, C. Santos¹, J.R. Rodrigues¹, A.C. Bispo¹ and C.S. Lima¹

¹Medical Psychology And Psychiatry, University of Campinas, Campinas, Brazil and ²Lpcq - Laboratory Of Clinical-qualitative Research, University of Campinas, Campinas, Brazil

*Corresponding author.

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Introduction: CONTEXTUALIZATION: Palliative sedation is a resource used to control symptoms of terminal patients in general. It is considered that it should be discussed by the professionals involved in the process, based on the competence of each one, as well as with family members and patients when possible.

Objectives: AIM: To understand symbolic meanings attributed by nursing professionals who provide assistance to the terminal patient regarding to the act of the palliative sedation.

Methods: Strategies: Clinical-qualitative design, semi-directed interview of open questions in depth. Nine oncologist nurses participated in the study; sample closed by the criterion of theoretical information saturation. Interviews were audio recorded, transcribed fully, categorized by qualitative content analysis. The results were discussed by colleagues of the Laboratory of Clinical Qualitative Research at the University of Campinas.

Results: FINDINGS: The treatment of the data led to 6 emerging categories: (1) death maintains its ambivalent values in our culture; (2) serving the death symbolically on a tray; (3) the act of sedation and its "unfortunate coincidences"; (4) palliative sedation: agent of a pious death; (5) late sedation: cause for distress to the professional; (6) the professional's self-comfort considering certain psychological strength from the patient and family.

Conclusions: Final considerations: palliative sedation takes a general and individual meanings for the professional and even in case of experienced professionals regard to palliative sedation, the death phenomenon conduct them to express multiple and peculiar emotional issues, not ever perceived.

Disclosure: No significant relationships.

Keywords: nursing psychology; palliative care; sedation in oncology; Qualitative Research

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Paving the way for the oncological process in patients with schizophrenia

F. Casanovas*, J.I. Castro, C. Masferrer, L. Martínez, V. Gallardo, M.D.L.Á. Sotomayor, F. Dinamarca, O. Orejas, S. Oller and V. Pérez-Solà

Institut De Neuropsiquiatria I Addiccions (inad), Hospital del Mar, Barcelona, Spain

*Corresponding author.

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Introduction: Oncologic patients with schizophrenia have a higher mortality, which could be explained by a delayed diagnosis and a poor quality of the oncologic treatment (1). Some of the potential reasons are related with patient's psychopathology, stigma, and barriers in access to medical care. An structured support during the oncologic treatment has been proposed to solve the difficulties that patients with schizophrenia can experience when handling with an oncologic process. (2).