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**Introduction:** Studies indicated that breast cancer cause alexithymia that having adverse effect on resilience. Recognizing and expressing emotions are very crucial to cope with the difficulties.

**Objectives:** This study aimed to examine the role of alexithymia on psychological resilience and related variables in women with breast cancer.

**Methods:** In this descriptive study, 70 women with breast cancer who apply to a medical oncology outpatient between June 2019-February 2020 were included. 9-questions questionnaire was used to determine the sociodemographic and cancer related characteristics of the participants. The Multidimensional Scale of Perceived Social Support (MSPSS), Toronto Alexithymia Scale (TAS-20), Psychological Resilience Scale (PRS) were used to determine perceived social support, alexithymia and psychological resilience levels. Descriptive statistics, correlations, ANOVA and t-test were used for data analysis.

**Results:** The MSPSS ( $20.07 \pm 10.54$ ) and TAS-20 were found low ( $47.71 \pm 11.96$ ) and PRS were high ( $132.24 \pm 16.47$ ). A negative, weak, significant relationship was found between the alexithymia ( $r=-0.370$ ,  $p=0.02$ ) and perceived social support ( $r=-0.496$ ,  $p=0.01$ ) with psychological resilience. There was no significant difference between the psychological resilience and age, education level, marital status, having children, profession, employment status, duration of illness, type of treatment, having metastases, and becoming caregiver ( $p > 0.05$ ).

**Conclusions:** The psychological resilience of women with breast cancer was negatively related to their alexithymia and perceived social support levels. It indicates that being able to recognize the emotions and having social support systems would positively affect the recovery process.

**Disclosure:** No significant relationships.

**Keywords:** psychological resilience; perceived social support; alexithymia; women with breast cancer

## EPV0438

### Psychiatric aspects of the end of life in oncologic patients

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**Introduction:** Patients with life-limiting oncologic conditions should be approached by multidisciplinary teams that contribute to improve their quality of life, including support from mental health dedicated professionals. It is the role of the psychiatrist to understand the relationship between mental health and general health outcomes, specific of this type of patients. Terminally ill and dying patients benefit from psychiatric support, and it seems to have real effects in terms of patient care and medical staff education.

**Objectives:** To identify approaches and mental health professionals' practices regarding end-of-life issues in terminally ill cancer patients.

**Methods:** Review of the most recent literature regarding end-of-life issues in terminally ill cancer patients. The research was carried out through the Cochrane, UptoDate, PubMed, MedLine, LILACS and

SciELO databases, using the terms "oncology", "psychiatry" and "end of life", until December 2020.

**Results:** While symptoms of anxiety and depression are common in palliative care settings, generally related to feelings of helplessness and fear of death, they should not be assumed to be an inevitable part of it. For terminally ill patients, anxiety and trauma-related disorders can manifest in various ways and it is important to establish personalized treatment approaches, based on a supportive clinical team, and, if necessary, psychotherapy and psychopharmacologic or complementary treatments.

**Conclusions:** It is extremely important to assess terminally ill patients from the mental health point of view. It is required that psychiatrists take part in clinical care and research on the treatment of these patients with severe medical conditions, in order to increase their quality of life.

**Disclosure:** No significant relationships.

**Keywords:** Antidepressants; oncology; psychiatry; end of life

## EPV0439

### Therapy of breast cancer patients with disorders of the anxiety-depressive spectrum

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**Introduction:** Breast cancer (BC) is one of the leading causes of cancer death worldwide. The problem of mental health and quality of life of patients is currently particularly relevant. Most patients with breast cancer in the process of adapting to the disease experience certain mental disorders: depressive, anxiety-phobic and psychosomatic disorders.

**Objectives:** To study the severity of anxiety-depressive disorders in the clinical picture in patients with breast cancer and evaluate the effectiveness of specialized pharmacotherapy using antidepressants in combination with antitumor therapy.

**Methods:** The study included 30 patients with a first established diagnosis of breast cancer and 52 patients with a follow-up history of 3-17 years. The main method of work was the clinical, psychopathological, and statistical research methods (a method using contingency tables and the Fechner coefficient, a method - Chi-square test).

**Results:** To assess the severity in the clinical picture of anxiety-depressive tendencies and the effectiveness of treatment, special scales were used: hospital scale of anxiety and depression (HADS); general clinical impression scale (CGI) for assessing disease severity (CGI-S "severity") and improvement (CGI-I "improvement"). High antidepressant therapy efficacy indicators were obtained in combination with benzodiazepine drugs and hypnotics in a group of patients with anxiety-depressive nosogenia (15 patients, 88% of respondents with reduction in starting anxiety and depression scores HADS more than 50%, CGI 85%), in the group with chronic hypochondriac dysthymia and cyclothymic endoform depression.

**Conclusions:** The data obtained in the study confirm the effectiveness of psychopharmacotherapy with antidepressants in breast