

completed. Monthly net family income distribution was: ≤ 150 euro 58 patients (27.1%); income between 150–500 euro 116 patients (54.2%); ≥ 500 euro 40 patients (18.7%).

Results Patients with income ≤ 150 euro, compared to patients with income ≥ 500 euro, had statistically significant worse global health status (60.2 ± 27.9 vs. 80.2 ± 19.2 ; $P=0.0007$); worse physical functioning (80.3 vs. 69.1 ; $P<0.001$); worse role functioning (92.9 vs. 78.7 ; $P=0.009$); worse sexual functioning ($P=0.019$); more severe fatigue (38 vs. 23 ; $P=0.01$), nausea/vomitus ($P=0.041$), appetite loss (18.4 ± 7.5). Major depression was diagnosed in 35 patients. Depressed patients have less income than not depressed patients (23.3% vs. 14.41%), but the difference did not reach statistical significance.

Conclusions Lower income negatively affects many aspects of quality of life. Specific interventions are needed for cancer survivors with lower socio-economic status to preserve and improve the quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1147>

EV0818

Mental disorders in patients breast cancer: Differentiated approach to the study Nozogeny

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Objective The problem of mental disorders in patients with breast cancer is relevant due to the high prevalence of pathological changes in the mental health patients, insufficient development of clinical typology of psychosomatic correlations of the contribution of constitutional features.

Methods Nozogeny disorders are clinically heterogeneous and are represented by two nosologic categories: reaction and nosogenic patho-characterological personal development. The basic method of work was a clinical follow-up and statistical research methods (method using contingency tables and Fechner coefficient method using the χ^2 – test).

Results The manifestation of a nozogeny reaction is closely correlated with his premorbid personality characteristics. Anxious-depressive nozogeny reaction was recorded in 17 patients of the first sample with high direct correlation (coefficient Fechner $F=0.76$, $P<0.01$) with respect to accentuation of personality in the alarm type, and the weak direct link to the personal characteristics of the affective (bipolar) range ($F=0.22$, $P<0.01$). Anxious-nozogeny dissociative response was detected in 9 patients with hysterical (55.5%) and expansive schizotypal (vershrobene) (44.4%) lung cancer with a significant ($F=0.65$, $P<0.01$) a direct correlation with constitutional hyperthymia, anxiety-hypomaniac nozogeny response was observed in patients c schizotypal RL ($n=4$) paired with symptoms of persistent hyperthymia ($F=0.39$, $P=0.012$).

Conclusion Patho-characterological development of personality are formed on the remote catamnestic stage breast cancer and show the clinical heterogeneity of differentiation into 4 types: (1) the type of hypochondriacal dysthymia, (2) the type of “paranoia struggle”, (3) in an “aberrant hypochondria” and (4) the type of “new life”.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1148>

EV0819

Chemobrain and anxiety in a patient with Hodgkin's Lymphoma: Case report and literature discussion

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Impaired cognitive function is a common complaint among oncologic patients. Chemotherapy-induced cognitive impairment (CICI), also called “chemobrain” or “chemofog” is currently recognized as a relatively common adverse effect of chemotherapeutic agents and is defined as the impairment of patients' memory, learning, concentration, reasoning, executive function, attention, and visuospatial skills during and after discontinuation of chemotherapy. In particular, it is apparent that a subset of chemotherapy-treated haematological malignancy survivors experience cognitive impairment. On the other hand, the emotional distress associated with the disclosure of cancer diagnosis and/or the administration of chemotherapy represents a strong reason for psychosomatic manifestations in patients with cancer. The authors report a case of a patient with Hodgkin's lymphoma, cognitive impairment and symptoms of anxiety and they propose to discuss the controversies around the factors implicated on cognitive impairment in oncological patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1149>

EV0820

Carry on: Study of psychosocial needs of oncological patients of the Azores—Proposal for a support model

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The number of new cases of cancer in Azores and the transfer of oncological patients to mainland Portugal for specialized treatment raise concerns about psychological adaptation and suitable support care. Further studies regarding the lack of support interventions available to meet the needs of Azorean oncological patients and survivors are required. The main objectives of this study are: (1) to evaluate psychosocial needs and other psychological adaptation variables among adult oncological survivors from the Azores; and (2), ensuing from objective (1), to develop a pilot study to test a model of support with a group of oncological patients from the Azores. Two studies will be performed. The first deals with objective (1) as described. Based on results obtained, a randomized control trial assessment will be run to test a support model based on the patient advocacy movement with oncological patients. The assessment protocol will be administrated three times: before and after the model's implementation and, again, as a follow-up. Results should enhance knowledge of assessing psychological adaptation variables involved in disease trajectory while testing a support model addressing this study major concerns. These, as suggested, relate to lack of support interventions to meet the psychosocial needs of oncological patients and survivors from the Azores. Given the peculiar experience of Azorean oncological patients', while away from their homes, there is a need to ensure adequate health care services on their behalf. Hence, the importance of devising