European Psychiatry S943

'unexplained' or 'problem' while it can better be seen as 'signal' behavior (van Dongen et al., 2022). Adding observational research to the diagnostic process in people with dementia can give insight into underlying causes of neuropsychiatric symptoms. The TRADE-interview can be helpful in diagnosing PTSD. The value of using validated tests is emphasized.

Disclosure of Interest: None Declared

EPV0684

Social robots in care for older adults: a nonpharmacological option for the improvement of mental functioning?

S. Tobis¹*, J. Piasek², K. Wieczorowska-Tobis³ and A. Suwalska⁴

¹Department of Occupational Therapy, Poznan University of Medical Sciences; ²Institute of Robotics and Machine Intelligence, Poznan University of Technology; ³Geriatrics Unit, Chair of Palliative Medicine and ⁴Department of Mental Health, Chair of Psychiatry, Poznan University of Medical Sciences, Poznan, Poland *Corresponding author.

doi: 10.1192/j.eurpsy.2023.1997

Introduction: With the rapid ageing of societies in Europe and worldwide, the issues of social functioning and mental well-being of older adults gain importance and call for effective care solutions. Among the non-pharmacological options, modern technologies are a promising direction. The use of humanoid social robots, at least in selected areas of care for community-dwelling older people, is one of the possibilities to cope with both their mental problems and the increasing shortage of qualified caregivers.

Objectives: We thus investigated which prospective areas of care are scored best by older subjects and their professional caregivers. **Methods:** Opinions of older people (60+; no severe cognitive impairment), living in the community, and their professional caregivers about a robot in care for older adults were collected using the mixed-methodology Users' Needs, Requirements and Abilities Questionnaire (UNRAQ), after a 90-150 minute interaction with the TIAGo robot (PAL Robotics, Spain).

Results: The robot as a companion of an older person was scored better by older adults than caregivers (p<0.01). Similar results were obtained for the statements *The robot could decrease the sense of loneliness and improve the mood of the elderly person* (p<0.01), *The robot should detect the owner's mood* (p<0.05), and *The robot should accompany the owner in everyday activities* (p<0.01).

Conclusions: Our results, reflecting the opinions and preferences of various stakeholders, indicate a high general acceptance of a robot in care for older people. The indication of best-scored areas provides clues for the robot's designers as well as those involved in the implementation of robotic solutions in care and their introduction into the lives of older adults.

Disclosure of Interest: None Declared

EPV0685

ANTIPSYCHOTIC PRESCRIPTION AMONGST THE ELDERLY : DESCRIPTIVE AND ANALYTICAL STUDY

W. BOUALI¹*, R. OMEZZINE GNIWA², S. YOUNES¹, M. KACEM¹ and L. ZARROUK¹

¹Psychiatrie and ²Family medicine, Faculty of Medicine of Monastir, Mahdia, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1998

Introduction: Antipsychotics are frequently used to treat certain delusional, psychotic and behavioral symptoms in the elderly. However, the data in the literature show a great variability in the practices of different teams as well as numerous misuses in the use of this therapeutic class.

Objectives: The aims of this work were to evaluate the prescription of antipsychotics in the elderly admitted in a psychiatric department and to compare them with the Information in the literature. Methods: This was a retrospective and descriptive study carried out in the Psychiatry Department at Mahdia Hospital. We included all patients aged 65 years and older, admitted between January 2016 and December 2021 and having received antipsychotic treatment. **Results:** Our sample consisted of 53 patients with a mean age of 69.8 years with a standard deviation of 4.2. The sex ratio (M/W) was 2.7. The most common diagnoses in our sample were schizophrenia and dementia with rates of 31.8% and 27.3% of cases respectively. Regarding antipsychotic treatment, 34.1% received first generation oral antipsychotic treatment (AP1G), 31.8% received secondgeneration oral antipsychotic treatment (AP2G), 27.3% received a combination of AP1G and AP2G and 6.8% received a long-acting injectable antipsychotic. More than a quarter of our patients (34.1%) reported adverse events due to antipsychotic treatment. Conclusions: The results of our study highlighted various indica-

tions for which an antipsychotic treatment was prescribed in an elderly person despite an often poor and multi-medicated health status, to which side effects were added.

Disclosure of Interest: None Declared

Oncology and Psychiatry

EPV0686

Factors influencing quality of life and well being in metastatic prostate cancer patients

K. Bouassida¹, A. Loghmari¹*, M. Ben Othmen¹, G. Tlili¹, E. Acacha¹, W. Ben Abdallah¹, M. Kahloul², W. Hmida¹ and M. Jaidane¹

¹Urology and ²Anesthesiology department, Sahloul teachin Hospital Sousse, Sousse, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1999

Introduction: Improving health-related quality of life (HRQL) is the main goal of palliative care. It requires consensual management

S944 E-Poster Viewing

strategies and specific measures targeting modifiable factors that could affect the quality of life.

Objectives: The aim of this study was to identify factors influencing the quality of life of patients with metastatic prostate cancer in a limited resources country.

Methods: This is a retrospective and analytical study enrolling all patients with metastatic prostate cancer who were managed at medical oncology and urology consultations of two Tunisian teaching hospital. HRQL was measured using UCLA prostate cancer index and SF-36 SCALE. The influence of demographic and medical characteristics on HRQL was determined using t tests and analysis of variance, with Tukey's correction for multiple comparisons.

Multivariate linear regression was used to determine independent predictor

Results: This study enrolled 244 patients. The mean age was 72 years. The strongest determinants of overall HRQL after univariate analysis were: increased age (p = 0.006), lower income (p = 0.009), sexual function problems (p = 0.004), urinary function problems (p = 0.002) and symptoms such as pain (p = 0.001) and asthenia (p = 0.001).

Conclusions: Age, income, sexual and urinary functions are important determinants of HRQL in patients with metastatic prostate cancer that may require specific interventions.

Disclosure of Interest: None Declared

EPV0687

Quality of life of women with breast cancer: A cross sectional study in a regional hospital

F. Zaouali¹*, I. Abbes¹, A. Ben Slama² and I. Belhaj Youssef³

¹Outpatient Medical Oncology consultation, Haj Ali Soua regional hospital, Ksar Hellal, Monastir; ²Family Medicine Department, University of Monastir, Monastir and ³Outpatient Physical Medicine and Rehabilitation consultation, Haj Ali Soua regional hospital, Ksar Hellal, Monastir, Tunisia

*Corresponding author. doi: 10.1192/j.eurpsy.2023.2000

Introduction: The assessment of quality of life is an essential complement to medical care. Some studies have shown that young women are more vulnerable to the disease impact and have a greater worsening of their quality of life.

Objectives: The aim of our study was to assess the quality of life of patients with breast cancer.

Methods: Cross-sectional descriptive study including patients followed for breast cancer at the outpatient medical oncology consultation of Hadj Ali Soua regional hospital from January to March 2021. We applied the 36-Item Short Form Survey SF-36.

Results: Fifteen patients were included with a mean age of 49.87 ± 8.48 years and a mean age at diagnosis of 46.73 ± 7.55 years. At the TNM classification, 66.6% of the patients had a T1 or T2 at the time of diagnosis and 80% had an N0. All patients received a surgical intervention, which was conservative in 53.3% of cases. No patient underwent breast reconstruction. Chemotherapy and hormone therapy were prescribed in 86.7% of patients. There was unequal impairment of different areas of the SF-36 questionnaire. The

physical component was the most affected with a mean physical score (PCS) of 62.64; the RP score (limitations due to physical condition) was the lowest with a mean of 45 and the score of the item "Life and relations with others" was the best with a mean of 77.5.

Conclusions: The quality of life in relation to breast cancer in our population was at the medium rating, with moderately high scores. Sustainable improvement of the quality of life of women with breast cancer is a priority issue among the treatment objectives. Further studies are needed to assess the impact on the spouse, which is inseparable from the couple.

Disclosure of Interest: None Declared

EPV0688

manent.

Anxiety and depression among breast cancer patients

F. Zaouali¹*, I. Abbes¹, A. Ben Slama² and I. Belhaj Youssef³

¹Outpatient Medical Oncology consultation, Haj Ali Soua regional hospital, Ksar Hellal, Monastir; ²Family Medicine Department, University of Monastir, Monastir and ³Outpatient Physical Medicine and Rehabilitation consultation, Haj Ali Soua regional hospital, Ksar Hellal, Monastir, Tunisia

*Corresponding author. doi: 10.1192/j.eurpsy.2023.2001

Introduction: Neoplastic disease affects all aspects of life. People with cancer may experience a variety of emotions and reactions to their new reality that may be mild or intense, transitory or per-

Objectives: The aim of our study was to assess the psychological distress of patients with breast cancer.

Methods: Cross-sectional descriptive study including patients followed for breast cancer at the outpatient medical oncology consultation of Hadj Ali Soua regional hospital from January to March 2021. We used the "Hospital Anxiety and Depression Scale (HADS)" for the assessment of anxiety and depression.

Results: Fifteen patients were included with a mean age of 49.87 \pm 8.48 years and a mean age at diagnosis of 46.73 \pm 7.55 years. At the TNM classification, 66.6% of the patients had a T1 or T2 at the time of diagnosis and 80% had an No. All patients received a surgical intervention which was conservative in 53.3% of cases. No patient underwent breast reconstruction. Chemotherapy and hormone therapy were prescribed in 86.7% of patients. The mean anxiety and depression scores according to the HAD-S were 9.53 and 4.93, respectively. The majority of our patients had no depressive symptoms (80%) against only 2 patients (13.33%) with depressive symptoms. On the other hand, most of our patients were anxious: 6 patients (40%) showed probably clinically relevant levels of anxiety (score of 11 or higher) and 5 patients showed possibly clinically relevant levels of anxiety (scores of 8 or higher) (33,33%). Conclusions: Our study revealed a high prevalence of psychological distress. The presence of clinical psychologists in the medical oncology department and the training of nursing staff in psychooncology are essential for the overall care of patients with cancer.

Disclosure of Interest: None Declared