

**Objectives:** AIM: To explore and interpret how anguish experienced by physicians and nurses are mobilized regarding to the clinical and psychosocial peculiarities of patients with HNC.

**Methods:** Strategies: Clinical-qualitative design; semi-directed interview with open-ended questions in depth. Trigger question: "Tell me about the management of the patient with ...". Ten interviewees (06 nurses and 04 resident doctors) from a university oncology outpatient. Intentional sample. Clinical-Qualitative Content Analysis with psychodynamic concepts. Findings validated by peers at the Laboratory of Clinical-Qualitative Research at the University of Campinas, Brazil.

**Results:** Topics: the treatment of the speeches resulted in three emerging categories: (1) Cancer is literally on the face: self-perception of peculiarities; (2) An appalling illness: dealing with the 'deteriorated'; (3) To naturalize without trivializing: handling with their own anguish.

**Conclusions:** Final considerations: The anguish of health professionals who deals with the HNC patient consists of the feelings, which are not exposed, because they are not organized and neither understood as natural feelings. It is up to them to seek neutrality to minimize the anguish present in the conflict of not manifesting thoughts considered inadequate by the patient, avoiding moral judgments and conflicts. Balint groups are recommended to attend emotional demands of health professionals.

**Keywords:** distress; Qualitative Research; medical psychology; head neck cancer

## EPP0882

### Concern about chemotherapy in oncological patients first referred to this treatment predicts negative emotions

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**Introduction:** Treatment representation is an important factor of motivation and well-being during treatment (Horne, 2002).

**Objectives:** The aim was to reveal the relationship between treatment representation and well-being in oncological patients first referred to chemotherapy.

**Methods:** 40 oncological patients (10 males, 20-72 years old, mean age 50.49±13.75 years old, localizations included gastrointestinal tract and genitourinary system) first referred to chemotherapy filled Satisfaction with Life Scale (Diener et al., 1985), Scale for Positive and Negative Experiences (Diener et al., 2009), Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983) and Beliefs about Medication Questionnaire (Horne, 2002) that was slightly modified for the situation of chemotherapy. Disturbance of functioning was assessed in the interview as an opportunity to cope with job, home responsibilities or self-care (1-5-point Likert scale).

**Results:** Cronbach's alphas for Necessity and Concern scales were .69 and .76. Despite high appraisals of necessity of chemotherapy (mean 4.24±.53 on 1-5 Likert scale), concern about it was rather high (2.83±.82). Hierarchical regression analyses revealed that, after adjusting for disturbances in social functioning, concern about chemotherapy (but not its subjective necessity) predicted more severe negative emotions ( $\beta=.32$ ,  $p<.05$ ,  $\Delta R^2=10.0\%$ ). After control

for general level of anxiety and depression, this relationship became weaker but marginally significant ( $\beta=.32$ ,  $p<.10$ ,  $\Delta R^2=8.4\%$ ).

**Conclusions:** Concern about chemotherapy in patients first referred to this treatment could be important predictor of well-being demanding for interventions aimed at stabilization of emotional reaction to chemotherapy regardless belief in its necessity.

**Keywords:** chemotherapy; treatment representation; emotions

## EPP0883

### Subjective perception of treatment in patients first referred to radiotherapy and its relationship to their well-being

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**Introduction:** There are wide-spread fears and expectations about radiotherapy in people referred to it that are not only unrealistic (Shaverdian et al., 2018) but also lead to poorer compliance with doctors and poorer satisfaction with treatment (Dong et al., 2014).

**Objectives:** The aim was to reveal relationship between different aspects of subjective perception of radiotherapy in patients and their well-being.

**Methods:** 34 patients first referred to radiotherapy, 23-70 years old (mostly females with breast cancer) filled modified version of Beliefs about Medication Questionnaire including items about radiotherapy (Horne et al., 1996), Satisfaction With Life Scale (Diener et al., 1985), Scale of Positive And Negative Experience (Diener et al., 2009).

**Results:** Six scales were revealed by factor analysis in the structure of beliefs about radiotherapy (Cronbach's alphas .74-.85): confidence in the effectiveness of radiation therapy, subjective need for it, lack of understanding of it, concern and general negative attitudes towards radiotherapy, doubts about the effectiveness of radiation therapy. Elder patients reported higher need for radiotherapy but also higher concerns about it ( $r=.35-.37$ ). Concerns about radiotherapy were related to lower satisfaction with life and positive emotions ( $r=-.44$  -  $-.34$ ) while subjective need of radiotherapy was related to higher health anxiety ( $r=.71$ ) and lower positive emotions ( $r=-.41$ ).

**Conclusions:** Subjective concerns of patients regarding radiotherapy are related to poorer well-being and could be addressed in psychotherapy.

**Keywords:** radiotherapy; treatment representation; well-being

## EPP0885

### Breast cancer: The level of stress correlated with the type of surgery and the instructive level of patients

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