

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

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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  $49.87 \pm 8.48$  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 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

### Anxiety and depression among breast cancer patients

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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 permanent.

**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 (HAD-S)" 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 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. 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 psycho-oncology are essential for the overall care of patients with cancer.

**Disclosure of Interest:** None Declared