

toms than those with OCD alone but not than those with comorbid Cluster B PDs ($F = 3.12, P < 0.05$).

Conclusions OCD with Cluster C PDs could be a subtype with more severe anxiety and depression. These findings could be explained with the fact that Cluster C PDs are characterized by behaviours, which can be seen as maladaptive attempts to cope with anxiety and depression. Tailored treatment strategies for OCD with comorbid Cluster C PDs are discussed to target co-occurring anxiety and depression.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.482>

EW365

Group cognitive behavioural therapy for outpatients with obsessive-compulsive disorder in a psychiatric service in Italy

A. Pozza^{1,*}, S. Domenichetti², A. Tanini², E. Ruggieri², D. Dettore³

¹ University of Florence, Department of Experimental and Clinical Medicine, Florence, Italy

² Healthcare Services of Florence, Department of Mental Health, Florence, Italy

³ University of Florence, Department of Health Sciences, Florence, Italy

* Corresponding author.

Introduction Group Cognitive Behavioural Therapy (GCBT) is a cost-effective modality of treatment alternative to individual Cognitive Behavioural Therapy (CBT). Despite several well-controlled trials demonstrated the efficacy of GCBT for Obsessive Compulsive Disorder (OCD), few studies evaluated the effectiveness of GCBT on outpatients attending routine psychiatric services, and in Italy this topic appears understudied.

Objectives The current study evaluated the effectiveness of a GCBT protocol on OCD symptoms and comorbid depression and anxiety in a group of outpatients attending a psychiatric service in Italy.

Method Twenty outpatients with a diagnosis of OCD were included in the study and received 20 sessions of GCBT, consisting of psychoeducation on anxiety and OCD, relaxation training, in vivo/imaginal exposure and response prevention, cognitive restructuring for obsessive beliefs, cognitive defusion, and assertiveness training. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI) were administered at pre- and post-treatment.

Results Two outpatients had a comorbid bipolar disorder, eight had a concurrent personality disorder. Ten outpatients were on concurrent antidepressants, five on antipsychotics. Three outpatients prematurely dropped out from treatment. Among completers, GCBT produced significant changes on OCD symptoms, anxiety and depression from pre- to post-treatment. The GCBT protocol was feasible and the outpatients reported high satisfaction judgements.

Conclusions Future studies should investigate clinical predictors of best response after GCBT and assess maintenance of symptom changes at long-term follow-up.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.483>

EW366

Cognitive behavioral therapy in pharmacoresistant obsessive-compulsive disorder

J. Vyskocilova¹, J. Prasko^{2,*}

¹ Charles University Prague, Faculty of Humanities, Prague, Czech Republic

² University Hospital Olomouc, Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

* Corresponding author.

Background The aim of the study was to determine whether patients with OCD resistant to drugs may improve using intensive, systematic CBT lasting six weeks and whether it is possible to predict the therapeutic effect using demographic, clinical and psychological characteristics at baseline.

Method There were 66 patients included in the study. Fifty-seven patients completed the program. The diagnosis was confirmed by a structured interview MINI. Patient were rated before the treatment using Y-BOCS (objective and subjective form), CGI (objective and subjective form), BAI, BDI, DES (Dissociative Experiences Scale), SDQ 20 (Somatoform Dissociation Questionnaire), and SDS (Sheehan Disability Scale), and at the end of the treatment using subjective Y-BOCS, objective and subjective CGI, BAI, and BDI. Patients were treated with antidepressants and daily intensive group cognitive behavioral therapy for the period of six weeks.

Results During the 6-week intensive cognitive behavioral therapy program in combination with pharmacotherapy, there was a significant improvement in patients suffering from OCD formerly resistant to pharmacotherapy. There were statistically significant decreases in the scales assessing the severity of OCD symptoms, anxiety, and depressive feelings. The lower treatment effect was achieved specifically in patients who:

- showed fewer OCD themes in symptomatology;
- showed a higher level of somatoform dissociation;
- with poor insight;
- with a higher level of overall severity of the disorder in the beginning.

The remission of the disorder was achieved more probably in patients with:

- good insight;
- the lower level of initial anxiety;
- without comorbidity with the depressive disorder.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.484>

EW367

Investigation of affective temperaments and chronobiology in patients with obsessive-compulsive disorder

A. Sakalli Kani^{1,*}, C. Aksoy Poyraz², B.C. Poyraz², M.R. Bayar²

¹ Sivas Numune State Hospital, Psychiatry, Sivas, Turkey

² Istanbul University, Medical School of Cerrahpasa, Psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction Comorbid mood disorders affect negatively the prognosis of obsessive-compulsive disorder (OCD). Affective temperaments are assumed to be subsyndromal symptoms and precursors of mood disorders but its effects on OCD outcome remain unclear. There is a body of evidence, which supports the association between circadian rhythm disturbances and mood disorders in literature. In contrast, there is limited data concerning

the effects of chronobiological preference among the patients with OCD and OCD comorbid mood disorders.

Objective The aim of this study is to assess the clinical effects of affective temperaments and chronotype differences in patients with OCD.

Methods The research was performed in patients with OCD which have been under treatment at least for 12 weeks ($n = 76$) and healthy controls ($n = 55$). Yale Brown Obsession Compulsion Scale, TEMPS-A, Morningness and Eveningness Questionnaire, Hamilton Anxiety Rating Scale and Hamilton Depression Rating Scale were used in the study.

Results There were higher scores in depressive, cyclothymic, irritable and anxious temperaments in patients with OCD compared to the healthy group. There were significant differences between patients with remission and not remission in depressive, cyclothymic, irritable and anxious temperaments. Compared to healthy group eveningness chronotype was more frequent in patients; however the difference was not statistically significant. The OCD patients did not differ from comorbid anxiety, depression and remission levels according to the chronotype.

Conclusion Understanding the effects of affective temperaments and chronotype differences on the outcome of patients with OCD, may provide developing new treatment approaches in especially treatment resistant OCD patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.485>

Oncology and psychiatry

EW369

Psychiatric comorbidities in patients with brain tumors after radiotherapy – An intermediate report

M. Bran^{1,*}, M. Ladea², D. Stanculescu³, T. Purnichi³

¹ Coltea Clinical Hospital, Bucharest, Romania

² University of Medicine and Pharmacy “Carol Davila”, Psychiatry, Bucharest, Romania

³ Clinical Hospital of Psychiatry “Prof. Dr. Al Obregia”, Psychiatry, Bucharest, Romania

* Corresponding author.

Introduction Primary or secondary CNS tumors are among the most difficult to manage forms of cancer. Treatment of these tumors remains a challenge in oncology and the success rates for treatment of brain tumors are much lower than in extracerebral localizations. Because most chemotherapeutic agents do not cross the blood-brain barrier effectively and surgery is sometimes only palliative, radiotherapy remains the main method of treatment of these lesions. Both localized and generalized brain radiotherapy have numerous psychiatric complications.

Objectives The objective of the study was to assess the psychiatric comorbidities in patients with brain tumors receiving radiotherapy.

Aims This is an intermediate report of a larger study that assesses comorbidities in patients with brain tumors after radiotherapy.

Methods Twenty-five patients with different localization brain tumors were included in this observational study before receiving radiotherapy. All patients were assessed using Hospital Anxiety and Depression Scale (HADS) for anxiety and depressive symptoms, Montreal Cognitive Assessment (MOCA) for cognitive impairment and Quality of Life Enjoyment and Satisfaction Questionnaire–Short Form (Q-LES-Q-SF) at inclusion and after 3 months from finishing the radiotherapy sessions.

Results Twenty-two patients completed the study. Nine patients received antidepressant treatment (sertraline, tianeptine) during the study for depressive symptoms or anxiety. Patients receiving antidepressants showed better scores on HADS, MOCA and Q-LES-Q-SF scales.

Conclusions Antidepressant use in patients receiving radiotherapy for brain tumors could be neuroprotective and could improve quality of life.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.487>

EW370

Defence mechanisms and coping skills in oncology patients

C. Bredicean^{1,*}, C. Giurgi-Oncu¹, I. Papava¹, R. Romosan¹,

A. Jurma¹, M. Cristanovici², M. Hurmuz³, A. Popescu³

¹ “Victor Babes” University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

² South London and Maudsley NHS Foundation Trust, Mental Health Learning Disabilities–Bethlem Royal Hospital Psychiatric, Mental Health Learning Disabilities, London, United Kingdom

³ “Eduard Pamfil” Psychiatric Clinic Timisoara, Psychiatry, Timisoara, Romania

* Corresponding author.

Introduction Oncology-related illnesses have become quite frequent in our lives. Lately, medical progress in the field of oncology has led to an increase in the survival rates of people diagnosed with cancer. The minimisation of disturbances in the lives of these people is done by each on their own, by using defence mechanisms and coping skills.

Objectives To identify the coping and defence mechanisms of subjects diagnosed with cancer compared with non-clinical subjects.

Aims To increase quality of life of subjects diagnosed with cancer through psychotherapy interventions.

Method Nineteen subjects diagnosed with cancer who were receiving chemotherapy were recruited to the study. For comparison, a control group of non-clinical participants were also recruited. Participants were included into the study according to particular inclusion/exclusion criteria. The evaluation was conducted during 2014 and consisted of the analysis of the following parameters: socio-demographic data, clinical data, defence mechanisms (DSQ-60) and coping mechanisms (COPE scale).

Results The group of subjects diagnosed with cancer demonstrated the presence of defence mechanisms of the following type: passive aggressiveness, projection and coping mechanisms that were characterised by an emphasis on social support. The control group had defence mechanisms of the following types: repression, denial and coping mechanisms that focused on emotions.

Conclusions There are differences in defence and coping mechanisms between subjects with cancer compared to the non-clinical group. It may be that defence and coping mechanisms can be optimized through psychotherapy interventions to increase quality of life.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.488>

EW371

The risk of sleep disorders in Korean cancer patients

H. Lee^{1,2,*}, S.T. Oh¹, D.W. Kim³, W.J. Choi^{1,2,3}

¹ NHIS Ilsan Hospital, Department of Psychiatry, Goyang, Republic of Korea