

also discuss means of improving service delivery in groups for this sample.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1835>

#### EV851

### **Influence of family dynamics in the development and recovery of patients with cancer diagnosis. Report of two cases**

L. Leon-quismondo\*, M.F. Dieguez-porres  
 "Principe de Asturias" University Hospital, Psychiatry, Alcala de Henares, Spain

\* Corresponding author.

**Introduction** Nowadays, it is well known that a cancer diagnosis has an important impact on the patient and his family. Given a stressful life event, such as cancer, the family is in crisis, so it is crucial how they facing the process. Two families with different adaptation process at the time of diagnosis are presented and the differences are analyzed.

**Cases** Family 1: Woman, diagnosis of breast cancer. She lives with her husband and she has two children. Troubled family relationships before the diagnosis. Following the cancer diagnosis, family conflicts increase, both with their children and with her husband. The family is not able to adapt to the new situation and the patient perception is that her family do not care what is happening to her.

Family 2: Woman, diagnosis of breast cancer. She lives with her boyfriend, she has no children. She has a good relationship with her family before the diagnosis, without unresolved conflicts in the past. Since cancer diagnosis the whole family has turned to the patient, being more available for her needs, physically and emotionally. She is feeling supported by them and this is making the adaptation process and family adjustment easier, feeling the patient stronger to cope with illness.

**Conclusions** In families with unresolved crisis before the disease, the psychological stress increases after diagnosis. The family finds it difficult to react and adapt to the changes caused by the disease and the relationships between its members deteriorate. Conversely, if the family dynamic is good, it is a positive factor in the recovery.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1836>

#### EV852

### **Psychiatric presentations of central nervous system tumors**

L. Maia<sup>1,\*</sup>, A. Sofia Coutinho<sup>2</sup>, G.C. Irina<sup>2</sup>, L. Carneiro<sup>2</sup>

<sup>1</sup> Vila Nova de Gaia, Portugal

<sup>2</sup> Hospital Center of Vila Nova de Gaia e Espinho, Mental Health Service, Vila Nova de Gaia, Portugal

\* Corresponding author.

**Introduction** For the most part, central nervous system (CNS) tumors present themselves with focal neurologic signs or manifestations resulting from increased intracranial pressure. However, in particular cases, these tumors may present exclusively psychiatric symptoms.

**Objective** This communication explores importance of CNS tumors as differential diagnosis of various psychiatric disorders.

**Aims** Highlight the need of acknowledging this important differential diagnosis (CNS tumors) in current psychiatry practice, while presenting a clinical case as an example of the subject.

**Methods** It is exposed a bibliographic review of the topic, followed by the description of a clinical case regarding a patient

with pituitary adenoma and simultaneous installation of psychotic symptoms namely delusional paranoid ideation.

**Results** The authors present a case report of a 66-year-old patient admitted compulsively in a Psychiatric ward in the context of behavioral changes associated with delusional ideation of paranoid content. Multidisciplinary assessed by specialties of Psychiatry, Neurology, Neurosurgery, Endocrinology and Psychology, concluded by the presence of nonfunctioning pituitary adenoma associated with cognitive major disturbance.

**Conclusions** The tumors of the CNS can be associated with a whole variety of psychiatric symptoms such as psychosis, anxiety, depression or cognitive impairment, even in the absence of organic/neurological symptoms. Its role in the genesis of psychiatric symptomatology makes these neoplasias an important differential diagnosis, whose clinical approach should include different medical specialties integrated as a multidisciplinary team.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1837>

#### EV853

### **Pancreatic cancer associated with psychotic depression – A case report**

M.E. Perfene-Banu\*, A.M. Cristache, I.A. Andrei, M.C. Tudorache, R.E. Popa, M. Manea

Psychiatry Clinical Hospital "Prof. Dr. Alexandru Obregia", IV, Bucuresti, Romania

\* Corresponding author.

Pancreatic cancer is an aggressive form of cancer with increasing incidence and a 5-year survival rate of 4% for all stages. Depression and anxiety have a higher prevalence than the general population in all cancer types. Also, rates of depression in patients with pancreatic cancer are higher than in patients with other types of gastrointestinal neoplasms. Depression in pancreatic cancer has also been shown to impair quality of life, so early and adequate antidepressant treatment is an essential component of comprehensive supportive care.

We would like to report the case of a 67-year-old female patient, with no previous psychiatric history, brought to the psychiatry emergency unit by her husband for psycho-motor agitation, persecutory delusions, delusional jealousy and bizarre behavior. According to her husband, the symptoms started insidiously over the last few weeks and that she attempted suicide by drug overdose three days before admission to our clinic, which she denies. Three years prior to her hospitalization the patient received surgical, radiotherapy and chemotherapy treatment for a base of tongue tumor and 6 months prior to her psychiatric admission, the was diagnosed with cephalic pancreatic neoplasm for which she received seven cycles of chemotherapy. Treatment with mirtazapine, risperidone, and lorazepam was initiated. The evolution was favorable and the patient was discharged one week later.

Early recognition and treatment of mood disorders associated with cancer are important because, left untreated, they may lead to difficulty in managing symptoms, increased demand for health services and low adherence to treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1838>

#### EV854

### **Characterization of a referral to psycho-oncology liaison consults in a general hospital**

J. Ramos\*, A. Oliveira

Centro Hospitalar Tondela-Viseu, Psychiatry, Viseu, Portugal

\* Corresponding author.