

field of intervention. The Health Belief Model allows a careful description of the patient's perceived vulnerability, perceived disease severity, self-efficacy, and change motivation. The identification of social variables is critical since they correlated with poor health outcomes, particularly in chronic diseases. Temperament and character traits can have a strong influence on the difficulty of changing habitual behavior. Psychopathology, if present, must be addressed because it can be a notable factor of behavior instability and correlates negatively to health outcomes. Assertive and efficient communication skills in the clinical context are imperative. Motivational interviewing skills can allow effective behavioral change.

Conclusions: Interventions addressing behavior change require careful, thoughtful work that leads to a deep understanding of the nature of what motivates people. Intervention based strategies focused on behavioral change must undergo further investigation in the future.

Disclosure: No significant relationships.

Keywords: behavioral change; behavior; habitual behavior

EPV0133

Medical consultations for the patients with severe mental illness: An evaluation in psychiatry inpatient service

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Introduction: Patients with severe mental illness die 10-20 younger from general population. In addition to suicide, preventable physical diseases cause most deaths. The mental illness itself and stigma keep the patients from adequate treatment for physical illnesses.

Objectives: We aimed to investigate medical consultations for inpatients with severe mental illness.

Methods: We retrospectively evaluated medical records of patients diagnosed by schizophrenia, schizoaffective disorders, bipolar disorder, and depression between 1st February 2018 and 30th January 2020. We excluded routine consultations before electroconvulsive treatment. Local ethics committee approved the study.

Results: Among total 475 consultations, %41.3 (n=196) was for male, and %58.7 (n=279) was for female patients. Mean age and standard deviation were 48.9 ± 13.9 for male, and 50.1 ± 13.7 for female ($p > 0.05$). Comparing sexes in terms of primary psychiatric diagnoses, the higher proportion was psychotic disorders for male, and for female it was mood disorders ($p < 0.05$). The most consulted departments with percentage and number were: internal medicine %44.0 (n=209), neurology and neurosurgery %15.2 (n=72), physical medicine and rehabilitation %8.2 (n=39), dermatology %7.8 (n=37), cardiology %6.7 (n=32). We compared the proportions of consulted department between male and female. Male patients were consulted to dermatology more than female, and female patient were consulted to gynecology or urology more than male ($p < 0.05$).

Conclusions: Awareness about physical diseases in patients with severe mental illness between healthcare workers, carries the potential to increase the patients' quality of life and lifespan. For future interventions the focus should involve healthcare worker in internal medicine and neurology, as well as in psychiatry.

Disclosure: No significant relationships.

Keywords: medical comorbidity; psychiatry inpatient service; Severe mental illness

EPV0134

Breast cancer and post-traumatic growth: A systematic review study

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Introduction: Breast cancer is a serious threat to people's health. In addition to negative psychological disorders including depression, anxiety, and post-traumatic stress symptoms, positive changes such as post-traumatic growth (PTG) can be experienced.

Objectives: The aim of this systematic review was to determine the variables related to PTG in people with breast cancer.

Methods: We searched five database (SCOPUS, Cochrane, Medline, Science Direct, and Pubmed) starting from 1990, by guidance of PRISMA criteria, using the keywords "breast cancer", "post traumatic growth", "stress related growth", and "benefit finding".

Results: There were conflicting findings regarding the relationship between PTG and following variables: sociodemographic variables such as age, education level, marital status, disease-related variables such as cancer stage, time since diagnosis, type of treatment. We observed that these variables may have a low effect on PTG. In addition, personality characteristics such as optimism, spirituality, and hope were found to be associated with PTG. Functional or problem-focused coping such as positive restructuring, acceptance, and religious coping, and ruminative thoughts predict PTG as a part of cognitive processing. Besides, social support has an important role in experiencing PTG.

Conclusions: Psychosocial interventions for cancer patients are increasing day by day, but the scarcity of interventions which aims increase PTG is noteworthy. With this review, we recommend developing intervention programs that include functional coping strategies such as stress management, social skills training, cognitive techniques focused on ruminative thoughts, and positive restructuring.

Disclosure: No significant relationships.

Keywords: post-traumatic growth; personality characteristics; breast cancer; coping

EPV0135

When years of many different diagnosis may turn into one – a case of munchausen syndrome

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Introduction: The term Munchausen syndrome was first used in 1951 after Baron von Münchhausen, a German nobleman known

for his exaggerated storytelling. DSM-5 refers to it as factitious disorder imposed on self: “falsification of physical or psychological signs or symptoms, or induction of injury or disease, (...) in the absence of obvious external rewards”.

Objectives: To report a case of Munchausen syndrome and highlight the impact on its physical and psychiatric approaches.

Methods: Description of a clinical case based on medical records and a brief review on Munchausen syndrome.

Results: A 57-year-old female, with no previous psychiatric history, was evaluated by Psychiatry for complaints of depression with suicidal ideation. She reported family conflicts and a list of medical conditions and surgical interventions. According to the patient she was waiting for a cardiac transplant and said she had type 1 diabetes, myasthenia gravis, hepatic steatosis, dyslipidemia, hyperuricemia, mitral valve prolapse and was submitted to a thymectomy and cervical herniated disc surgery. She was on many different prescription pills. Even though she had blocked the access to her clinical records in other institutions, at our hospital she had multiple admissions to the emergency room, numerous follow-up appointments of different specialties and several allergies documented. She displayed many incoherencies throughout the interview, had a circumstantial speech and exuberant appearance.

Conclusions: Munchausen syndrome remains a challenging diagnosis to physicians. This condition is not only associated with significant morbidity and mortality, but also with unnecessary tests and procedures, iatrogenesis, prolonged hospitalizations and increased health costs.

Disclosure: No significant relationships.

Keywords: Munchausen syndrome; factitious disorder imposed on self

EPV0136

Psychological profile of the bariatric surgery candidates in a spanish hospital in 2020: a descriptive study

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Introduction: Previous research has found that candidates for bariatric surgery usually present anxiety, depression, personality disorders and/or a tendency to binge eating. The situation related with the pandemic and the lockdowns during the 2020 are possible aggravating factors for these characteristics.

Objectives: To study the more important psychological characteristics presented by candidates for bariatric surgery.

Methods: 40 people between 29 and 65 years old (M=46.4, SD=9.1; 37.5% male, 62.5% female) were evaluated between July and December of 2020. The assessment consisted in an interview carried out by a clinical psychologist, and a pool of questionnaires to

evaluate depression and anxiety symptoms (Beck Depression Inventory, BDI; and the Goldberg Anxiety and Depression Scale, GADS) the existence of a binge eating pattern (the Binge Eating Scale; BES) and personality traits (the Salamanca Screening Test).

Results: The 25% of the sample had previous mental health antecedents. Eight people disclosed to feel stress in relation with the COVID-19, and 18 presented an emotional regulation strategy using food during the lockdown. 62.5% scored above the cut-off point on the BDI (mild=27.5%, moderate=20%, severe=15%) and a 40% and a 47.5% did it for the anxiety and the depression (respectively) GADS subscales. 20% presented a binge eating pattern according with the BES. Most common personality traits were histrionic (50%), emotionally unstable impulsive type (45%), and anxious (42.5%).

Conclusions: These findings support the previous scientific literature. Psychological intervention programs may be considered to guarantee the surgery's success, especially when adverse contextual circumstances are presented.

Disclosure: No significant relationships.

Keywords: obesity; Bariatric surgery; PSYCHOLOGICAL PROFILE; psychiatric comorbidity

EPV0137

Mind the gap! the lack of concordance in diagnostic in liaison psychiatry in a portuguese hospital

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Introduction: Neurosciences evolved very rapidly in last few years and helped the establishment of Liaison Psychiatry as a fundamental part of the general hospitals functioning. However, the use of this department by the other specialties still needs to be refined, as it is common to find wrong assessments in the referral of the patients.

Objectives: We aim to study the concordance between the referral motives and the assessment by the psychiatry team.

Methods: Data was collected through the informatic registry. Contains patient data observed by a liaison psychiatrist in the period between 1st of July and 30th of September of 2020. In this period there were 80 requests, of which, 6 were refused for various reasons. We decided to study the concordance when one of these symptoms were in the request: anxious symptoms, depressive symptoms, psychotic symptoms and psychomotor agitation. 46 requests met this criteria.

Results: The mean age was 63,3yo and 46% were older than 65yo. Most were women (54%) and 68% had history of psychiatry disorder. About 50% were requests from the Medicine wards. The concordance between the medical request and the psychiatry assessment was higher for psychomotor agitation (n=11; 64%) and depressive symptoms (n=23; 57%), but it was lower in anxious symptoms (n=3; 33%) and in psychotic symptoms (n=9; 33%). Most common diagnosis was delirium.

Conclusions: Non-psychiatrist doctors appear to have more difficulty when assessing anxious and psychotic symptoms. Those concordance percentages are in line with recent research. Actions should be taken to improve this, like academic training and standardization of referral.