

**Objectives:** In this work, we aimed to illustrate the modalities of care of bipolar disorder in a patient receiving tamoxifen.

**Methods:** Presentation of a clinical case of a patient treated by Tamoxifen for her breast cancer and who was admitted in our department for acute mania with psychotics features, followed by a literature review.

**Results:** A 53-year-old woman with past history of breast cancer diagnosed in 2018, treated with lumpectomy and radiation, followed by tamoxifen. She has been admitted in 2019 in our department for an acute mania with psychotics features. Olanzapine was prescribed with good clinical evolution. The psychiatric and oncologic status of the patient was stable after one year under tamoxifen and olanzapine.

**Conclusions:** Psychiatrists must be aware that some of the prescribed medications co-administered with tamoxifen interfere with the CYP2D6 function, which may potentially increase the risk of breast cancer recurrence. A close collaboration between psychiatrists and oncologists is required to adapt therapeutic protocols.

**Keywords:** tamoxifen; Antipsychotics; interaction

## EPP0879

### Acute mania in patient under tamoxifen

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**Introduction:** Tamoxifen is an antioestrogen agent used in breast cancer treatment. According to some guidelines, this molecular was also proposed for the treatment of acute mania. In fact, Tamoxifen inhibits the intracellular action of the protein kinase C (PKC), which is the direct target in the treatment of mania episodes. Lithium and valproate have also the same action.

**Objectives:** We aimed to show the case of an acute mania under an inhibitor PKC treatment and insisted that other studies are recommended.

**Methods:** Case report description and research on medline, pubmed with the keywords: Tamoxifen, Bipolar disorder, protein kinase C, mania.

**Results:** We reported a case of a 53-year-old woman with past history of unipolar depression. In 2018 when she was diagnosed with breast cancer. She received antidepressant drugs but she interrupted the treatment after a few months. She was treated for her breast cancer with mastectomy, radiotherapy, and 20 mg per day of Tamoxifen prescribed since Mars 2018. She had been admitted in June 2019 in our department for acute mania. The patient received Tamoxifen as it was prescribed. She was not taking any concomitant medications. No history of drug abuse was reported. Medical examination, laboratory, and radiological investigations did not indicate any medical pathology.

**Conclusions:** In our case, Tamoxifen had not ovoid the acute mania in spite of its Known anti-manic properties as reported in the literature. Possible neurobiological effect of tamoxifen on the nervous system should be studied to evaluate the safety of this treatment mainly in patients with bipolar disorder.

**Keywords:** tamoxifen; bipolar disorder; protein kinase C; mania

## EPP0880

### Which antidepressant agent can be used in patients receiving tamoxifen?

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**Introduction:** Depression is frequently observed in carcinology. Many patients with breast cancer, receiving Tamoxifen, may need antidepressants to treat depression. Tamoxifen is a synthetic non-steroidal antioestrogen metabolized by the cytochrome P450 2D6 (CYP2D6) to endoxifen which is the active metabolite of this drug. It was reported that the concomitant prescription of Tamoxifen and some antidepressant agents such as paroxetine and fluoxetine may decrease the anticancer effect of tamoxifen as they may inhibit the CYP2D6 pathway.

**Objectives:** The objective of this case was to highlight the particularity of management of depression in patients under tamoxifen.

**Methods:** Case report description of a patient treated with Tamoxifen for her breast cancer and who was admitted for major depression, followed by a literature review.

**Results:** A 36-year-old woman, had breast cancer and she underwent a mastectomy followed by chemotherapy. Since September 2016, she received 20 mg per day of Tamoxifen as an antihormonal treatment. In November 2018, she was referred to our psychiatry department for depressive symptoms. The patient was sad, she reported social withdrawal, insomnia, anhedonia, and low self-esteem. She had no history of mania or hypomania. A major depressive episode was diagnosed. We prescribed Escitalopram 10 mg per day with clinical improvement. The psychiatric and oncologic status of the patient was stable after two years under tamoxifen and Escitalopram.

**Conclusions:** The choice of the adequate antidepressant agent in patients under Tamoxifen remains a challenge and requires a thorough knowledge of drug interactions.

**Keywords:** tamoxifen; antidepressant agent; Depression

## EPP0881

### Distresses reported by physicians and nurses toward peculiarities of patients with head and neck cancer at a university general hospital in Brazil: A qualitative study

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**Introduction:** Contextualization: health professionals' anguish towards the patient with head and neck cancer (HNC) permeates clinical issues: the location of the tumour, if advanced diagnosis, the psychosocial features of the patient. The perception, coming from patients as undesirable, refers to the conflict of how to deal with one's own anguishes.

**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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