

1991, therefore, This translates into an increasing number of cancer survivors (CS) worldwide.

During the survivorship seasons, CS face several short-term, long-term, persistent, and late-emerging health and psychosocial problems, including cancer-related pain, fatigue, menopausal symptoms, anxiety, depression, distress associated with the risk of cancer recurrence, chronic uncertainty, social disruption, alterations of sleep, sexual and cognitive dysfunctions.

Since 2002 that some researchers and clinicians argued that it is important to de-velop and implement rehabilitation programs for cancer patients that integrate both psychosocial and physical rehabilitation.

Objectives: With the scarcity of studies on the effectiveness of combined interventions in this population, despite the strong recommendation to perform and study it, and aiming to contribute to a greater knowledge on the theme, the present work aims to build, implement, and evaluate a combined intervention program, which integrates psychoeducational intervention with physical exercise to cancer survivors and relatives, through the following indicators: psychopathological symptoms (anxiety and depression), self-concept, coping strategies, personal growth and QoL.

Methods: A non-probabilistic convenience sample of 70 cancer survivors was assigned to: control (without intervention: n=32), combined intervention (n=21) and psychoedu-cation intervention (n=17) groups. Both intervention groups were 9 consecutive weeks duration. The combined intervention group benefited from 2 weekly exercise sessions additionally. It was administered before and after intervention the following questionnaires: demographic; Hospital Anxiety and Depression Scale (HADS); Clinical Self-concept Inventory (ICAC); Cancer Coping Questionnaire (CCQ); sub-scale of Personal Growth of the Psychological Well-being Scale (EBEP) and the World Health Organization Quality of Life Questionnaire (WHOQOL-Bref).

Results: It was observed a statistically significant reduction of anxiety and depression symptoms from the beginning to the end of the intervention, as well as a significative improvement of overall and all do-mains of self-concept and personal growth. It was not observed a significative difference on quality of life.

Conclusions: The findings of this study contribute to support of the beneficial effect of combined intervention on psychological functioning of cancer survivors. Positive effects of the psychological program were observed but not into the same extent as in the combined intervention.

Disclosure of Interest: None Declared

O0029

Do psychiatric decision units make a difference? An analysis from a liaison psychiatry service in Greater London

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Introduction: CAU (Clinical assessment unit) was developed at Croydon University Hospital (CUH) in conjunction with the South

London and Maudsley (SLaM) mental health trust in response to the Covid19 pandemic to relieve pressure on services in A&E (Accident and Emergency) and to support the already existing need to provide a more clinically appropriate space for patients presenting to A&E with acute mental health concerns. The clinical model for the unit was developed with input from service users, SLaM, CUH and CCG (Clinical Commissioning Group); and was fully established in October 2021 within a month of conception. CAU is located within close proximity to A&E which is convenient and incurs no transfer cost. Similar units have been developed internationally to address similar concerns (*Goldsmith et al 2021, Wiley online library 2021 12849*)

Objectives: To evaluate the financial and clinical impact of the clinical assessment unit after one year in operation

Methods: This is a cross sectional study, data was collected from EPJs Reports (SLaM's patient data reporting system), excel spread sheet collecting data based on referrals to the service over the one-year period from 8/9/2021 – 5/10/2022. This included a trial period from September 2021 – October 2021 where the service was running at half capacity.

CAU is open to capacitous adults aged 18-65 presenting to A&E. Exclusion criteria: individuals conveyed by the police, those under MHA, on-going physical health concerns, diagnosis of learning disability with no primary mental health need, diagnosis of dementia and homelessness

Results: 3,322 patients were referred to the Liaison service and of those 402 or 12% of those patients to A&E were transferred to CAU The 402 service users over the period of one year spent a total of 11, 351 hours in CAU

The main diagnosis of patient admitted to CAU fell into the diagnostic categories F30-39 43.5 %, and F60-69 27%.

The majority of patients were admitted awaiting informal admission and 1/3 of plans for discharge destination were made on CAU. 10 % of patient were discharged on a least restrictive outcome, which has cost benefits for acute mental health trust. This one-year period showed cost saving of £462,112 for 24 hours stay in ED with support staff.

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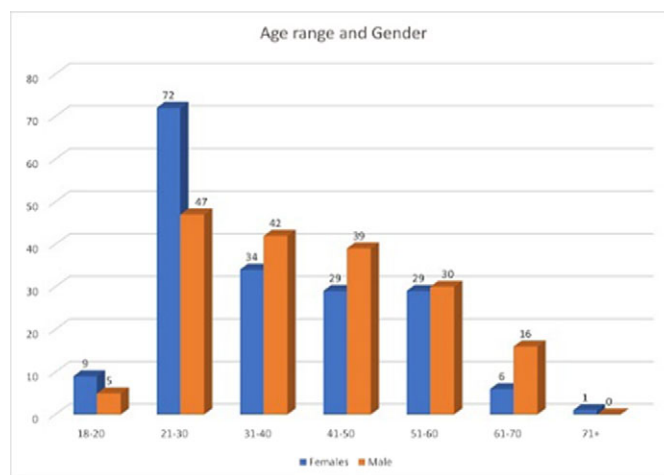
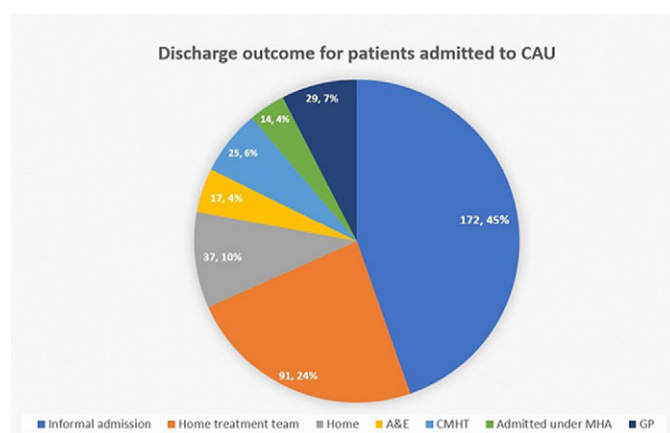


Image 2:



Conclusions: CAU offers the opportunity to engage and re-assess service users to allow consideration of least restrictive options for on-going care. CAU has financial benefits in way of saving cost on time spent in ED awaiting review and cost for agency staff to provide 1:1 support.

The success of CAU has led to collaboration in the development of other acute services in London including that of the Recovery Space which offers community support for service users following discharge from hospital after an acute mental health crisis. Service user feedback has been positive and reflects the importance of the service and its suitability for its target group.

Disclosure of Interest: None Declared

O0030

Eating cognitions, emotions and behaviour under treatment with second generation antipsychotics: A systematic review and meta-analysis

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Introduction: Weight gain and metabolic disturbances are frequent in people treated with second generation antipsychotics (SGA).

Objectives: We aimed to investigate the effect of SGAs on eating behaviors, cognitions and emotions, as a possible contributor to weight gain and metabolic disturbances.

Methods: A systematic review and meta-analysis was conducted following the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. Original articles measuring outcomes relating to eating cognitions, behaviours and emotions, during treatment with SGAs were included in this review. A total of

92 papers with 11,274 participants were included from three scientific databases (PubMed, Web of Science and PsycInfo). Results were synthesized descriptively except for the continuous data where meta-analyses were performed and for the binary data where odds ratios were calculated.

Results: Hunger was increased in participants treated with SGAs with an odds ratio for appetite increase of 1.51 (95% CI [1.04, 1.97]; $z=6.40$; $p<0.001$) (see Figure 1.). Compared to controls, our results showed that craving for fat and carbohydrates are the highest among other craving subscales. There was a small increase in dietary disinhibition (SMD=0.40) and restrained eating (SMD=0.43) in participants treated with SGAs compared to controls and substantial heterogeneity across studies reporting these eating traits (See figure 2 and 3). There were few studies examining other eating-related outcomes such as food addiction, satiety, fullness, caloric intake and dietary quality and habits.

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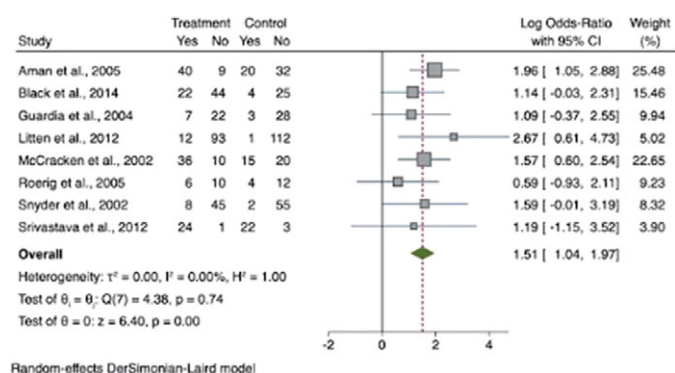


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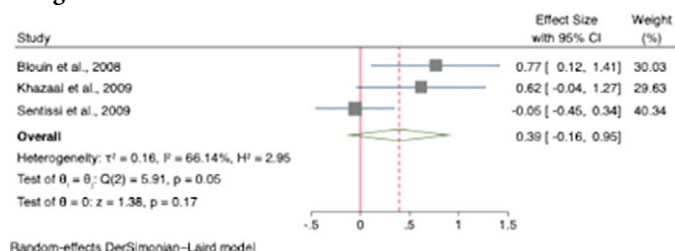
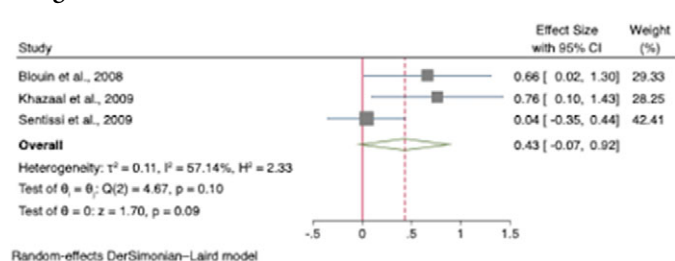


Image 3:



Conclusions: Understanding the mechanisms associated with appetite and eating-related psychopathology changes in patients treated with antipsychotics is needed to reliably inform the development of effective preventative strategies.