

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