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Introduction: Breast cancer is a severe pathology that once detected completely changes the patient's perception of life.

Objectives: Evaluating the relationship that is established between the level of stress, the type of surgery applied and, the instructive level of women.

Methods: We selected 67 patients which were divided into 2 groups: group I(31) women who benefited from immediate reconstruction and group II(36) subjects who benefited from a late reconstruction. We split each group into two subgroups: women with secondary education and women with higher education. A socio-demographic questionnaire and the DASS-21 scale were applied.

Results: Comparing the two groups we noticed that stress level was more present in group I(38,7%) than in group II(25%). The differences were not statistically significant($p>0,05$). In the subgroup of women with higher education in group I, high levels of stress were observed at 23,08% and, in the subgroup of patients with secondary education, 50% had high levels of stress. The differences were not statistically significant ($p>0,05$). We also analyzed the two subgroups of group II and we identified increased levels of stress in 20% of patients with higher education compared to those with secondary education where 26,93% had high levels of stress. Also, the differences were not statistically significant($p>0,05$). A statistically significant difference($p<0,05$) was found when we compared the level of stress between women with secondary education of group I and those of group II.

Conclusions: The study revealed that stress levels tend to be higher in women with immediate breast reconstruction and secondary education.

Keywords: BREAST-CANCER; surgery; stress; Education

EPP0886

Cancer-related cognitive impairment in cancer: Examining portuguese cancer survivors' acceptability and expectations regarding cognitive telerehabilitation interventions

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Introduction: Cancer-related cognitive impairment (CRCI) is one of the most frequent and worrying side effects experienced by non-central nervous system (CNS) cancer survivors, generally related to cancer treatments. Considering its detrimental impact on quality of life, including work-related outcomes, it is necessary to identify effective intervention options. Cognitive rehabilitation is considered the first-line intervention to address CRCI, being effective at improving cognitive functioning. Internet-based interventions are emerging as important means of intervention in the field of cognitive rehabilitation (known as cognitive telerehabilitation), considering the potential to overcome accessibility issues and being cost-effective.

Objectives: To assess the acceptability and expectations regarding such interventions, considering the scarce literature.

Methods: A nationwide online survey was disseminated to Portuguese non-CNS cancer survivors, aged 18-65 years, who had finished active treatments, with no metastases/history of neurological or psychiatric disease/alcohol or drug abuse. Preexisting knowledge about CRCI, expectations for support to cognitive difficulties, Internet use for health and support purposes, and intervention needs and preferences in the context of cognitive telerehabilitation were examined; sociodemographic and clinical variables (e.g., age, education, employment status, cancer treatments), as well as cognitive complaints (Portuguese version of the Functional Assessment of Cancer Therapy-Cognitive, FACT-Cog), were also assessed.

Results: Findings from this study are important to help health professionals and researchers understand and identify cancer survivors' needs regarding cognitive telerehabilitation interventions.

Conclusions: This information could be used as a support and guide for the development and delivery of these interventions for non-CNS cancer survivors.

Keywords: Cancer-related cognitive impairment; Portuguese cancer survivors; Acceptability and expectations; cognitive telerehabilitation interventions

Pain

EPP0887

Current pharmacological treatment of fibromyalgia- a literature review

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Introduction: Fibromyalgia is a chronic condition, with a high degree of psychiatric comorbidity and an insufficiently explained pathogenesis. Therefore, its therapeutic management is challenging, with both pharmacological and non-pharmacological approaches being suggested as treatment options.

Objectives: To analyze the current level of evidence in favour of pharmacological treatment for fibromyalgia.

Methods: A literature review was performed through the main medical databases using the search paradigm “fibromyalgia” AND “pharmacological therapy” OR “antidepressants” OR “moodstabilizers” OR “anxiolytics”. All papers published between January 2000 and August 2020 were included in the primary analysis.

Results: A gradually increasing interest for the treatment of fibromyalgia has been observed in the last decade, and the number of clinical trials for this indications has almost doubled in this period, when compared to the previous decade. Pregabalin, duloxetine, and milnacipran are the most supported by evidence pharmacological treatments for fibromyalgia, especially for the pain component. Amitriptyline, gabapentin, cyclobenzaprine, and tramadol have also been studied in various clinical trials, but there are less evidence to support their use. Cognitive dysfunctions, sleep disorders, and mood disturbances benefit from far less investigation in clinical trials, therefore no clear recommendation can be made regarding the superiority of an agent over another.

Conclusions: The pain component of fibromyalgia benefits from treatment with pregabalin, duloxetine, and milnacipran, while the affective component and the cognitive dimension still need more research from the psychopharmacological perspective.

Keywords: fibromyalgia; gabapentinoids. serotonin and norepinephrine reuptake inhibitors; pain disorders

EPP0888

Therapeutic approaches in chronic fatigue syndrome

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Introduction: Chronic fatigue syndrome (CFS) is a complex condition, with an insufficiently known pathophysiology, that raises multiple challenges to the treating physicians. Due to its yet mostly unknown underlying mechanisms, there is no consensus treatment recommendation for CFS. The risk to associate major depression, anxiety disorders or substance use disorders is frequently reported, and this co-morbidity further complicates the evolution of CFS.

Objectives: To search the existing literature for pharmacological and psychotherapeutic recommendations in CFS.

Methods: A literature search was performed using the main electronic databases using the paradigm „chronic fatigue syndrome” AND „psychopharmacological treatment” OR „psychotherapy”. All papers published between January 2000 and August 2020 were included in the primary analysis.

Results: Anti-inflammatory drugs (corticosteroids and non-steroidal drugs), antidepressants, moodstabilizers, anxiolytics, immunomodulatory drugs, and antivirals have been investigated for CFS, but the trials had low-quality designs, used various definition of CFS, and different criteria for monitoring the efficacy of treatment. Cognitive behavioral therapy (CBT) may be promising for decreasing the fatigue severity, but larger trials are needed. Graded exercise therapy (GET) also may be of some use for improving patients ability to engage in activities, but caution should be in order because

of the risk of over-exercising that may exacerbate the core CFS symptoms.

Conclusions: Larger trials are needed in order to validate pharmacological and psychotherapeutic recommendations for CFS. No drug may be considered first line treatment for this indication, while CBT and GET may be useful, although they do not address all the central symptoms of CFS.

Keywords: chronic fatigue syndrome; major depressive disorder; antidepressants; psychotherapy

EPP0889

Can interoceptive attentiveness modulate the brain correlates of observation of pain in others? A fNIRS study

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Introduction: Empathizing with others' pain appears to recruit the whole pain matrix, including a collection of frontal regions involved in the affective, motivational, cognitive, and attentional dimension of pain.

Objectives: This research explored how the modulation of interoceptive attentiveness (IA) can influence the frontal (dorsolateral prefrontal cortex -DLPFC- and somatosensory cortices) activity related to the emotional regulation and sensory response of observing pain in others.

Methods: 22 healthy participants were required to observe face versus hand, painful/non-painful stimuli in an individual versus social condition while brain hemodynamic response (oxygenated [O₂Hb] and deoxygenated hemoglobin [HHb] components) was measured by functional Near-Infrared Spectroscopy (fNIRS). The sample was divided into experimental (EXP) and control (CNT) groups and the EXP group was explicitly required to focus on its interoceptive correlates while observing the stimuli.

Results: In the individual condition, higher brain responsiveness was detected for painful confronted to non-painful stimuli, and a left/right hemispheric lateralization was found for the individual and social condition, respectively. Besides, both groups showed higher DLPFC activation for face stimuli displayed in the individual condition compared to hand stimuli in the social condition. However, face stimuli activation prevailed for the EXP group, suggesting the direct interoceptive phenomenon has certain features, namely it manifests itself in the individual condition and for pain stimuli.

Conclusions: We can conclude that IA modulation promoted the recruitment of internal adaptive regulatory strategies engaging both DLPFC and somatosensory regions towards emotionally relevant stimuli (painful faces displayed in the individual condition). Therefore IA could be trained for promoting emotion regulation and empathic response.

Keywords: interoceptive attentiveness; Pain; empathy; fNIRS