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Oncologists' beliefs about people with psychotic disorders : a qualitative studyA. Le Glaz^{1*}, C. Lemey¹, M. Walter¹, C. Lemogne² and C. Flahault³¹Brest Medical University Hospital, Psychiatry, Bohars, France; ²AP-HP, Assistance Publique - Hôpitaux de Paris, Adult Psychiatry, Paris, France and ³Université de Paris – INSTITUT DE PSYCHOLOGIE, Laboratoire De Psychopathologie Et Processus De Santé (ur 4057), Boulogne Billancourt, France

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Introduction: Cancer is the second major cause of death among people with psychotic disorders. With the same incidence, mortality in these patients remains higher than in the general population. As stigma has been identified as a risk factor for excess mortality, we focused on oncologists' beliefs and attitudes towards people with psychotic disorders.

Objectives: The aim of this study was to uncover physicians' representations about the impact of psychosis on oncological care.

Methods: In this qualitative study, individual semi-structured interviews were conducted with 20 physicians working in oncology in the University Hospital of Brest (France). Transcribed interviews were thematically analyzed. This study meets the COREQ criteria.

Results: Psychosis is described as a broad-spectrum condition whose severity ranges from the "mild" patient with imperceptible abnormality to the "severe" patient with cognitive and affective deficits. Oncologists identified behavioral and emotional symptoms which may modify the patient-physician relationship with difficulties to interact. Some of them consider that these patients are not interested in their health and will not get involved in oncological care. While the psychotic disorder is not considered as a limiting factor per se, oncologists felt concerned about being stigmatizing. They mentioned different aspects (like anticipation of non-compliance or inability to get help) that lead to changes in conventional treatment regimens and may result in a loss of opportunity.

Conclusions: Oncologists' beliefs may lead to stigmatizing attitudes towards people with psychotic disorders who may not be given the best possible chances. Thus, these specific elements should be the basis for collaboration between psychiatrists and oncologists.

Disclosure: No significant relationships.

Keywords: Oncologists; beliefs and attitudes; PSYCHOTIC DISORDERS; stigma

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Psychiatric manifestations of paraneoplastic syndromes

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Introduction: Paraneoplastic syndromes (PS) result from indirect effects of neoplasms. In 50% of the cases the symptoms precede the diagnosis and run independently. PS may involve the peripheral or central nervous system, resulting in symptoms from sensory neuropathies to several neuropsychiatric manifestations.

Objectives: To review the psychiatric manifestations of paraneoplastic syndromes affecting the nervous system.

Methods: Selective literature review via PubMed search, using the keywords "paraneoplastic syndromes", "endocrine paraneoplastic syndromes", "neuropsychiatric manifestations", "limbic encephalitis".

Results: The prevalence of PS varies with the type of cancer (<1% for breast and ovarian cancers; 3-5% for small cell lung cancer; 20% for thymomas). The general mechanisms behind PS are related to the production of substances by the tumor that directly or indirectly cause distant symptoms, the depletion of substances or the host response to the tumor. Frequently there are autoimmune phenomena involved, with the production of antineuronal antibodies that recognise various antigens at the nervous system. Paraneoplastic neurological disorders include limbic encephalitis that can present subacutely with symptoms of depression, irritability, hallucinations, cognitive impairment associated with sleep alterations, confusion and seizures. Others include opsoclonus-myoclonus ataxia syndrome, neuromyotonia and cramp fasciculation syndrome. Metabolic and endocrine paraneoplastic syndromes (hypercortisolism, carcinoid tumors, pancreatic cancer) can result from the production of cytokines and hormones by the tumor and produce mood disorders, confusional states and psychosis.

Conclusions: PS can be related to various neuropsychiatric manifestations affecting consciousness, cognition, mood and perception. The recognition of this association can alert for the possibility of a cancer diagnosis specially when facing a patient with unusual clinical presentation.

Disclosure: No significant relationships.

Keywords: endocrine paraneoplastic syndromes; neuropsychiatric manifestations; limbic encephalitis; paraneoplastic syndromes

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A Qualitative Research to Examine Experiences of Turkish Women with Breast CancerC. Yastibaş¹, G. Dirik¹ and İ.G. Yilmaz-Karaman^{2*}¹Dokuz Eylül University, Psychology Department, İzmir, Turkey and²Eskişehir Osmangazi University, Faculty of Medicine, Psychiatry Department, Eskişehir, Turkey

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Introduction: Breast cancer is a serious public health problem and one out of every 4 women diagnosed with cancer is breast cancer. Although the survival rate has increased due to advances in diagnosis and treatment, getting a cancer diagnosis is a highly stressful life event and seriously affects the lives of patients.

Objectives: Therefore, the aim of this qualitative study is to explore the experiences of women with breast cancer.

Methods: Data were gathered using semi-structured forms, in-depth interviews with 7 patients aged between 29 and 64 who had been diagnosed with breast cancer in 2017 and after. All interviews were tape-recorded and the themes have resulted in analyzing the content of the recorded data.

Results: It has been determined that women have difficulties in getting information from healthcare professionals, emotional supports from their partners and family members, dealing with losses in roles and femininity, and coping with intrusive thoughts. However, it has been highlighted that women have experienced some