Objectives: To illustrate two approaches for cancer accompaniment in patients with schizophrenia.
Methods: We present two case-report and literature research of the topic.
Results: Case A. A 49 y.o. woman diagnosed with a schizoaffective disorder. In the last years she had difficulties to manage her selfcare, so her mental health providers linked her to an individualized community nurse, who later played a crucial role in helping the patient during the diagnosis and treatment of a breast cancer. Case B. A 37 y.o. man diagnosed with schizophrenia, who was very integrated in a peer-support organization. After being diagnosed with a Lymphoma, he continued participating in all the group activities (theatre, collaborative radio, painting) until his decease. Sharing the process with other patients not only improved his quality of life but also helped the group to manage the grief.
Conclusions: - Individualized support with a mental health nurse could enhance the communication between the oncologist and mental health providers, improve the symptoms management, and allow psychological support. - Peer-support can prevent social isolation, improve the quality of life and the management of the oncologic treatment.

Disclosure: No significant relationships.
Keywords: peer-support; schizophrénia; oncology

EPV0434

Cancer and the threat of death

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Introduction: Fear of death is somehow a normal sensation. Though for those having a cancer, it could increase the burden of the disease and have negative psychological impacts. This death anxiety isn't easily verbalized by patients, thus it's important for caregivers to manage it to improve those patients' quality of life.
Objectives: Assess death anxiety in cancer patients and to identify factors that may influence it
Methods: Our study was a cross-sectional descriptive study with an analytical focus on quantitative specifications. It targeted patients hospitalized at the oncology department or consultant at the day hospital of the regional hospital of Gabes, Tunisia. Participants completed a questionnaire including sociodemographic and clinical data, using HADS scale for anxious and depressive symptoms and DAS scale for death anxiety.
Results: One hundred and twenty patients were enrolled in the study. The average age of participants were 54, 9 ±11, 8 years. The majority of patients were married (68.3%) and had an average socioeconomic level (74, 2%). Our results showed that 43, 3% of patients had a high death anxiety score. Higher level of threat of death, were found in older patients(p=0.028), females (p=0.018) and for those having children (p=0,01). Death anxiety were also higher in patients having anxiety (p=0.007) and those having depression (p=0.033).
Conclusions: The degree of death anxiety among cancer patients seems important. Its assessment and resolution by the caregivers remains paramount. The identification of this death anxiety should optimize the overall care of the patient.

Disclosure: No significant relationships.
Keywords: cancer; death anxiety; mental health

EPV0435

Personal resources providing stress resistance of hospice medical workers

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Introduction: The functional approach to the study of stress resistance allows us to distinguish two blocks of resources – the "active" one, which includes the analysis of the content, conditions, subject and means of labor, and the "personal" one, which considers values, motivation and the expressiveness of personal qualities that contribute to the stress resistance (Granek, Buchman, 2020; Cross, 2019; Powell et al., 2020; Hernández-Marrero, Fradique, 2019).
Objectives: The objective of our work was to study the relationship between the personal and motivational characteristics of hospice employees with the different symptoms of professional burnout as an indicator of a reduced stress resistance.
Methods: 62 hospice medical employees with an average work experience of 4,5 years took part in the survey. They were asked to fill out questionnaires to diagnose the burnout symptoms, a motivational personality profile and to assess themselves by the personal semantic differential.
Results: By the means of the procedure for determining the extreme groups ($M \pm \sigma$), two groups of respondents were identified, which are characterized by different degrees of burnout symptoms. The results of the comparative analysis showed that the less advantaged respondents from the burnout perspective are focused on the life support, comfort, social status, which indicates a certain rationality in the choice of this job.
Conclusions: The portrait of a professionally successful hospice employee includes an orientation towards communication, social and creative activity, which is complemented with independence, confidence and decisiveness – the features that allow carrying out their work in stressful conditions and mainly in uncertain situations.

Disclosure: No significant relationships.
Keywords: hospice medical workers; personal resources; stress resistance; professional burnout

EPV0436

The role of alexithymia on psychological resilience in women with breast cancer

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Introduction: Studies indicated that breast cancer cause alexithymia that having adverse effect on resilience. Recognizing and expressing emotions are very crucial to cope with the difficulties.
Objectives: This study aimed to examine the role of alexithymia on psychological resilience and related variables in women with breast cancer.
Methods: In this descriptive study, 70 women with breast cancer who apply to a medical oncology outpatient between June 2019-February 2020 were included. 9-questions questionnaire was used to determine the sociodemographic and cancer related characteristics of the participants. The Multidimensional Scale of Perceived Social Support (MSPSS), Toronto Alexithymia Scale (TAS-20), Psychological Resilience Scale (PRS) were used to determine perceived social support, alexithymia and psychological resilience levels. Descriptive statistics, correlations, ANOVA and t-test were used for data analysis.
Results: The MSPSS (20.07 $\pm$ 10.54) and TAS-20 were found low (47.71 $\pm$ 11.96) and PRS were high (132.24 $\pm$ 16.47). A negative, weak, significant relationship was found between the alexithymia (r=-0.370, p=0.02) and perceived social support (r=-0.496, p=0.01) with psychological resilience. There was no significant difference between the psychological resilience and age, education level, marital status, having children, profession, employment status, duration of illness, type of treatment, having metastases, and becoming caregiver (p> 0.05).
Conclusions: The psychological resilience of women with breast cancer was negatively related to their alexithymia and perceived social support levels. It indicates that being able to recognize the emotions and having social support systems would positively affect the recovery process.

Disclosure: No significant relationships.
Keywords: psychological resilience; perceived social support; alexithymia; women with breast cancer

EPV0438

Psychiatric aspects of the end of life in oncologic patients

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Introduction: Patients with life-limiting oncologic conditions should be approached by multidisciplinary teams that contribute to improve their quality of life, including support from mental health dedicated professionals. It is the role of the psychiatrist to understand the relationship between mental health and general health outcomes, specific of this type of patients. Terminally ill and dying patients benefit from psychiatric support, and it seems to have real effects in terms of patient care and medical staff education.
Objectives: To identify approaches and mental health professionals' practices regarding end-of-life issues in terminally ill cancer patients.
Methods: Review of the most recent literature regarding end-of-life issues in terminally ill cancer patients. The research was carried out through the Cochrane, UptoDate, PubMed, MedLine, LILACS and SciELO databases, using the terms "oncology", "psychiatry" and "end of life", until December 2020.
Results: While symptoms of anxiety and depression are common in palliative care settings, generally related to feelings of helplessness and fear of death, they should not be assumed to be an inevitable part of it. For terminally ill patients, anxiety and trauma-related disorders can manifest in various ways and it is important to establish personalized treatment approaches, based on a supportive clinical team, and, if necessary, psychotherapy and psychopharmacologic or complementary treatments.
Conclusions: It is extremely important to assess terminally ill patients from the mental health point of view. It is required that psychiatrists take part in clinical care and research on the treatment of these patients with severe medical conditions, in order to increase their quality of life.

Disclosure: No significant relationships.
Keywords: Antidepressants; oncology; psychiatry; end of life

EPV0439

Therapy of breast cancer patients with disorders of the anxiety-depressive spectrum

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Introduction: Breast cancer (BC) is one of the leading causes of cancer death worldwide. The problem of mental health and quality of life of patients is currently particularly relevant. Most patients with breast cancer in the process of adapting to the disease experience certain mental disorders: depressive, anxiety-phobic and psychosomatic disorders.
Objectives: To study the severity of anxiety-depressive disorders in the clinical picture in patients with breast cancer and evaluate the effectiveness of specialized pharmacotherapy using antidepressants in combination with antitumor therapy.
Methods: The study included 30 patients with a first established diagnosis of breast cancer and 52 patients with a follow-up history of 3-17 years. The main method of work was the clinical, psychopathological, and statistical research methods (a method using contingency tables and the Fechner coefficient, a method - Chi-square test).
Results: To assess the severity in the clinical picture of anxiety-depressive tendencies and the effectiveness of treatment, special scales were used: hospital scale of anxiety and depression (HADS); general clinical impression scale (CGI) for assessing disease severity (CGI-S "severity") and improvement (CGI-I "improvement"). High antidepressant therapy efficacy indicators were obtained in combination with benzodiazepine drugs and hypnotics in a group of patients with anxiety-depressive nosogenia (15 patients, 88% of respondents with reduction in starting anxiety and depression scores HADS more than 50%, CGI 85%), in the group with chronic hypochondriac dysthymia and cyclotymic endoform depression.
Conclusions: The data obtained in the study confirm the effectiveness of psychopharmacotherapy with antidepressants in breast