

higher level of education, particularly secondary or higher, was associated with lower BRS scores ($P=0.001$). Similarly, a higher socio-economic status correlated with lower BRS scores ($P=0.02$). Furthermore, greater resilience was significantly associated with higher perceived social support ($P=0.001$).

Conclusions: This study reveals that patients who have undergone total laryngectomy may experience varying levels of resilience based on socio-demographic factors and perceived social support. Higher social support is linked to greater resilience, emphasizing the need for robust support systems to aid in recovery. Further research is needed to refine support strategies for these patients.

Disclosure of Interest: None Declared

EPV1189

Exploring psychological distress in Tunisian patients with laryngeal cancer after total laryngectomy

L. S. Chaibi^{1,1*}, A. Amri², O. Feki², M. Cheour³, S. Hallit⁴ and F. Fekih-Romdhane³

¹Department of Psychiatry, Razi Hospital, Mannouba; ²Head and Neck Carcinologic Surgery, Salah Azaiez Institute, Tunis; ³Department of Psychiatry, University of Mannouba, Mannouba, Tunisia and ⁴School of Medicine and Medical Sciences, Holy Spirit University of Kaslik, Jounieh, Lebanon

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1775

Introduction: Approximately 450,000 new cases of head and neck cancers are diagnosed annually worldwide, with laryngeal cancer representing a significant proportion. In Tunisia, these cancers account for approximately 7.3% of all cancers diagnosed. Among those receiving surgical treatment, total laryngectomy is performed in nearly 50% of cases. Total laryngectomy (TL) is regarded as one of the most emotionally challenging surgical procedures due to its profound psychological and functional impacts.

Objectives: This study aimed to investigate psychological distress (i.e. depression, anxiety, and stress) in Tunisian patients who had TL for laryngeal cancer.

Methods: A descriptive cross-sectional study was conducted among 30 patients treated with TL in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute. The operations took place during the period 2019-2022. Socio-demographic and clinical data were gathered. All patients completed the Arabic version of Depression, Anxiety and Stress scale (DASS-21).

Results: The study involved 30 male participants with a mean age of 62 years (± 10 years). All patients were married and tobacco users, and 53% lived in urban areas. Regarding the Tumor, Node and Metastasis (TNM) staging: 63% were classified as T3, 83% as N0, and 100% as M0. The therapeutic modalities include primary total laryngectomy (TL) followed by radiotherapy, an organ preservation protocol (OPP) followed by TL, partial laryngectomy (PL) followed by TL, and primary TL followed by both radiotherapy and chemotherapy. A total of 67%, 100% and 3% patients had moderate to severe levels of depression, anxiety, and stress respectively. In addition, our study found that a higher level of education was significantly associated with lower levels of depression and anxiety ($P=0.001$ and $P=0.012$, respectively). Urban living was linked to reduced anxiety ($P=0.05$). Stage N1 was associated with higher

depression levels ($P=0.013$). Finally, previous conservative treatments, such as partial laryngectomy or organ preservation protocol were associated with higher depression scores ($P=0.001$).

Conclusions: Our findings showed high levels of psychological distress in patients with laryngeal cancer after total laryngectomy. Some factors correlated to distress in this group have been identified, enabling the identification of at-risk groups and effective prevention approaches.

Disclosure of Interest: None Declared

EPV1190

How do patients with laryngeal cancer perceive their quality of life following total laryngectomy? Insights from a Tunisian cross-sectional study

L. S. Chaibi^{1*}, A. Amri², S. Hallit³, M. Cheour⁴, O. Feki² and F. Fekih-Romdhane⁴

¹Department of Psychiatry, Razi Hospital, Mannouba; ²Head and Neck Carcinologic Surgery, Salah Azaiez Institute, Tunis, Tunisia; ³School of Medicine and Medical Sciences, Holy Spirit University of Kaslik, Jounieh, Lebanon and ⁴Department of Psychiatry, University Tunis El Manar, Mannouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1776

Introduction: Quality of life is a subjective evaluation that individuals make of the various aspects of their lives in relation to their health. Head and neck cancers and their surgical treatments, such as total laryngectomy (TL), change some of the most basic and important vital functions and can affect patients' lives in many ways. The patient's altered appearance, loss of their normally used voice, difficulty swallowing, and certain complications from this kind of surgery, all contribute to impaired quality of life by imposing daily limitations. Despite these considerable impacts, there is no or only very limited research addressing the quality of life of patients post-TL, highlighting the need for further exploration into this critical aspect of patient care.

Objectives: The purpose of this study was to assess self-perceived quality of life in Tunisian male patients who underwent TL for laryngeal cancer.

Methods: A descriptive cross-sectional study was conducted in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute. Socio-demographic and clinical data were gathered. All patients completed the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Head and Neck Module (EORTC QLQ-H&N35), Depression, Anxiety and Stress scale, and Voice Handicap Index.

Results: The study involved 30 male participants with a mean age of 62 years (± 10 years). The mean EORTC QLQ-H&N35 total score was 60 ± 9.8 . The areas of EORTC QLQ-H&N35 score most affected are shown in Figure 1.

Our results indicated that younger patients ($P=0.002$) and those from rural areas ($P=0.04$) tended to report better quality of life scores. Additionally, higher socioeconomic status was linked to a reduced quality of life ($P=0.006$). Patients who were classified as (N+) according to the Tumor, node and metastasis (TNM) staging, showed significantly better quality of life ($P=0.004$). A higher quality of life was significantly correlated with primary TL ($P=0.004$), while a lower quality of life was significantly associated with TL