

Oncology and Psychiatry

EPV1183

Insomnia and psychological distress in lung cancer

M. Abdelkefi^{1*}, I. Gassara¹, R. Jbir¹, S. Omri¹, B. Abderrahmane², R. Khemakhem², R. Feki¹, N. Smaoui¹, J. Ben Thabet¹, M. Maalej¹, M. Maalej¹, S. Kammoun², N. Charfi¹ and L. Zouari¹

¹Psychiatry C department and ²Department of pneumology, Hedi Chaker university hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1770

Introduction: The high symptom burden of lung cancer, coupled with the emotional strain of diagnosis and treatment, often leads to disrupted sleep patterns and heightened levels of anxiety and depression.

Objectives: The aim of this study was to assess the prevalence and severity of insomnia in patients with primary bronchopulmonary cancers, and to explore its relationship with anxiety and depression.

Methods: This was a cross-sectional, descriptive and analytical study conducted among patients followed up for bronchopulmonary cancer at the palliative care unit in the pneumology and allergology department of the Hedi Chaker University Hospital in Sfax. The questionnaire used included patients' sociodemographic characteristics, clinical and treatment data. Sleep disturbance was assessed using the insomnia severity index (ISI) and psychological distress using the Hospital Anxiety and Depression Scale (HADS).

Results: A total of 49 patients participated, with a mean age of 61,8 years, the majority being male (85,7%). The disease duration was less than one year in 61,2% of cases, and 59,2% of patients had stage IV lung cancer, with tumor progression observed in 32,7%. Mild to moderate insomnia affected 49% of the patients.

The mean anxiety score was 7,08 (SD = 3,6), with a prevalence of anxiety observed in 4,1% of patients. The mean depression score was 6,92 (SD = 3,4), and 34,7% of patients exhibited signs of depression.

A significant association was found between insomnia and depression ($p=0,005$), but no significant relationship was observed between insomnia and anxiety ($p=0,14$).

Conclusions: The relationship between sleep disturbance and psychological distress highlights the need for comprehensive management that addresses both physical symptoms and mental health in this population. Early identification and intervention for insomnia and depression in lung cancer patients may enhance their overall well-being and quality of life.

Disclosure of Interest: None Declared

EPV1184

Assessment of quality of life in lung cancer patients undergoing chemotherapy

M. Abdelkefi^{1*}, I. Gassara¹, R. Jbir¹, R. Feki¹, B. Abderrahmane², R. Khemakhem², N. Charfi¹, N. Smaoui¹, S. Omri¹, J. Ben Thabet¹, M. Maalej¹, S. Kammoun², M. Maalej¹ and L. Zouari¹

¹Psychiatry C department and ²Department of pneumology, Hedi Chaker university hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1771

Introduction: Lung cancer remains one of the leading causes of cancer-related morbidity and mortality worldwide. Despite being a crucial treatment, chemotherapy often brings a range of side effects that can significantly impact the overall quality of life of the patients.

Objectives: To evaluate the quality of life (QoL) in lung cancer patients undergoing chemotherapy.

Methods: The sample consisted of 49 lung cancer patients undergoing chemotherapy at the Pneumology and Allergology Department of the Hedi Chaker University Hospital in Sfax. The questionnaire used included patients' sociodemographic characteristics, cancer and treatment data, and the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire 30-item version (EORTC QLQ-C30).

Results: The mean age of the patients surveyed was 61,8 years, with a male predominance (85,7%). The most frequently reported functional signs of lung cancer were dyspnea (36,7%), cough (34,7%) and chest pain (20,4%). Disease duration was less than 1 year in 61,2% of the cases, and 59,2% were classified as stage IV. Tumor progression occurred in 32,7% of cases. Of the patients, 20,4% were on a single chemotherapy agent, while 79,6% were on a combination regimen.

According to QLQ-C30, the mean global QoL score was $61,24 \pm 24,5$ for the entire sample. Physical functioning and role functioning were the most affected on the functional scale, while fatigue and appetite loss were the most frequent symptoms.

Conclusions: The findings indicate that lung cancer patients undergoing chemotherapy experience significant challenges to their quality of life, particularly in physical functioning and symptom management. These results highlight the critical need for integrating routine QoL assessments into clinical practice to better address patients' needs and improve supportive care.

Disclosure of Interest: None Declared

EPV1185

Delusional parasitosis secondary to vascular pathology in an oncological patient: case study

M. Garza¹, A. Alcorta^{1*}, C. Martinez¹, A. Cantú¹ and S. Reyes²

¹Psicooncología, Medicina de Enlace y Cuidados Paliativos and ²Psychiatry, Hospital Universitario Dr José Eleuterio González, Monterrey, Mexico

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1772

Introduction: Delusional parasitosis is a psychotic disorder where individuals firmly believe they are infested with parasites despite no medical evidence. It can be primary or secondary, the latter being a symptom of other medical conditions like neurological diseases. Effective management requires collaboration between psychiatry and other specialties.

Objectives: The evaluation of each patient with an interdisciplinary team increases adherence to treatment in patients with cancer and psychiatric illness.

Methods: Clinical history, complementary studies, and review of the literature on the case of a 66-year-old woman subjected to multiple dermatological treatments due to a sensation of body infestation. History of type 2 diabetes and diabetic neuropathy since 2021. In 2022, she was diagnosed with stage IIIA luminal B

breast cancer and treated with surgery, chemotherapy, and radiotherapy. She is currently on adjuvant treatment with Anastrozole. The oncologist referred her due to the presence of psychotic symptoms. The General Health Questionnaire (GHQ-28), Functional Assessment of Cancer Therapy—General (FACT-G), and Positive and Negative Syndrome Scale (PANSS) were applied.

Results: The patient presents with a psychotic disorder secondary to vascular pathology, manifested by delusions of infestation and sudden-onset hypodermic tactile hallucinations. Test results show a GHQ-28 score of 10/84, FACT score of 24/108, and PANSS score of 49 points. Although denying affective symptoms, anxiety, or cognitive impairment, neurological findings indicate decreased brain parenchyma, suggesting small vessel disease. Treatment includes Risperidone 1 mg once daily, along with therapeutic interventions such as psychoeducation and continued multidisciplinary monitoring by neurology for comprehensive disease management.

Conclusions: Evaluating psychotic symptoms requires assessing organic and non-organic factors. Neuroimaging aids diagnosing delusional parasitosis, improving treatment through interdisciplinary collaboration.

Disclosure of Interest: None Declared

EPV1187

Somatic Genetic Predictive Testing for Therapeutic Decision-making in Women at Early Stage of Breast Cancer: What is The Role of Geneticists in Psychological Support?

N. Bouayed Abdelmoula^{1*} and B. Abdelmoula¹

¹Genomics of Signalopathies at the Service of Precision Medicine LR23ES07, Medical University of Sfax, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1773

Introduction: Somatic genomic variation testing has become an integral part of breast cancer management. Genetic tests based on gene expression profiles in cancer cells (biopsy or surgical specimen) are used for diagnostic, prognostic and theranostic purposes, helping to make therapeutic decisions: selection of adjuvant therapy, prediction of therapeutic responses and of breast cancer recurrence, in patients with early-stage breast cancer. The currently used gene expression assays including MammaPrint, Oncotype DX, Prosigna, etc..

Objectives: The aim of this study was to collect, through a recent review of the literature, the guidelines concerning psychological support before and after predictive genomic exploration in order to situate the role of the geneticist in this mental care.

Methods: We conducted a comprehensive review of the scientific literature with the following keywords: genomic predictive diagnosis, breast cancer and mental health. Through the papers emerging from this research, we assessed guidelines concerning mental health care and genetic counselling.

Results: There is not any guidelines or frameworks concerning the psycho-management of the new predictive genomic tests of breast cancer. Our review show that psychological support is systematically offered in oncology (psycho-oncology) and that the American Society of Clinical Oncology (ASCO) has established guidelines for the management of anxiety and depression in adult survivors of cancer. Moreover, the most recent ASCO guidelines recommend

the use of each genomic assay according to the level of evidence available for specific clinical conditions, in breast cancer. There are few papers dealing with genetic counselling and psychological support during the oncotype Dx and MammaPrint tests that are the incorporated into in everyday practice and recommended in clinical guidelines for women with node-negative, hormone-receptor-positive breast cancer. While, in pre-test genetic counselling is well established in breast cancer genetic predisposition, the frameworks in predictive tests and their emotional and psychological impact during prescription, testing and discussion of results as well as the therapeutic choices, are not clear until now.

Conclusions: Genetic counseling includes both informative and educational aspects, as well as advice on personal decisions that may affect the rest of the patient's life. During next-generation predictive testing, the objectives would also be to provide the patient with the ability to gain a sense of control by reducing uncertainty, to determine her own level of risk of recurrence and her therapeutic chances and to receive psychological support during the shared therapeutic decision. Thus, the role of the genetic counsellors must be an essential key in the recent era of mainstreaming of genomic sequencing.

Disclosure of Interest: None Declared

EPV1188

Resilience among male laryngeal cancer patients treated with 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.2025.1774

Introduction: Laryngeal cancer patients who undergo total laryngectomy (TL) face significant physical, emotional, and psychological challenges. This group of patients often struggle with feelings of social isolation, depression, and anxiety, as the surgery alters both their appearance and daily interactions. Despite these difficulties, patients can experience remarkable resilience in adapting to life post-surgery, with important individual differences though. Understanding factors associated with resilience among laryngeal cancer patients who had TL is crucial for improving mental health interventions and enhancing rehabilitation efforts.

Objectives: The objective of this study was to examine the resilience of patients who had TL for laryngeal cancer and identify the associated factors.

Methods: We carried-out a descriptive cross-sectional study including 30 patients treated for laryngeal cancer with TL in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute. The operations took place during the period 2019-2022. All patients completed the Arabic versions of the Brief Resilience Scale (BRS) and the Arabic Multidimensional Scale of Perceived Social Support (MSPSS).

Results: The study involved 30 male participants with a mean age of 62 years (± 10 years). The mean BRS score was 17.6 ± 3.6 . Patients from urban areas had lower BRS scores ($P=0.005$). Additionally, a