

psychiatric disorder: The median time from symptom onset to immunotherapy in adults is 28 days (IQR 14–49), and from symptom onset to surgery in tumor-associated cases 1.4 months (IQR 0.7–2.6). Steroids, intravenous immunoglobulins (IVIG), or plasmapheresis are recommended as first-line immunotherapies.

Objectives: To highlight a case with improved outcome after very early combined first-line immunotherapy (steroids plus IVIG) and surgery in tumor-associated anti-NMDA-R encephalitis.

Methods: Workup of the clinical case followed by a review of the literature.

Results: We present the case of a 33-year-old woman with sudden onset of anxiety and jealousy ideas, which within a few days, developed a manifest psychosis with formal thought disorders, paranoid and guilt delusions, distrust, and orientation disorders in the absence of additional neurological deficits. A lower abdominal tumor suspicious of an ovarian tumor was detected sonographically five days before the onset of the first symptoms. Lumbar puncture and abdominal computer tomography were performed within 30 hours after hospital admission, confirming the diagnosis of tumor-associated anti-NMDA-R encephalitis with autoantibodies in CSF and serum at a very early clinical stage. First-line immunotherapy with steroids (methylprednisolone 1000mg, day 6 to 10 after symptom onset) was started immediately and combined with IVIG therapy (0.35g/kg, day 9 to 13 after symptom onset). Surgery of the ovarian tumor was performed on day 14 after admission, with histology revealing an immature teratoma. The neuropsychiatric examination on day 1 after surgery showed complete remission of clinical symptoms, which persisted during clinical follow-up after 1 and 4 months.

Conclusions: The present case highlights the role of early CSF diagnostic and tumor assessment if autoimmune encephalitis is suspected. Very early first-line immunotherapy with steroids and IVIG, complemented by tumor surgery, was associated with improved outcome in this case with anti-NMDA-R encephalitis. Further studies are warranted to evaluate the generalizability of the finding.

Disclosure of Interest: None Declared

EPP0481

Diagnostic announcement among children with leukemia

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Introduction: Announcing a diagnosis of leukemia is a difficult process, especially for a vulnerable population of children.

Objectives: Determine the attitude of caregivers in the announcement of diagnosis of leukemia among children.

Methods: A cross-sectional study was conducted at Aziza Othmana hospital department of haematology in Tunisia between June and July 2021.

We have questioned the mothers about the announcement of the diagnosis of leukemia to their children.

Results: We included 31 children with leukemia, 71% of these children were male. Their average age was 10 years ± 4.5 with extremes from 4 to 17 years of age.

The majority of the children (80.6%) were of school age. The three children who were six years old were not able to integrate into a school and fifteen children stopped their studies because of their disease.

Acute lymphoblastic leukemia was the most frequent type of cancer (94%).

Fifty five per cent (55%) of these children were not informed of their disease according to their mothers.

Conclusions: The provision of adapted information, through individualized assessments of each child's needs, can contribute to the improvement of the child's experience of the disease.

Disclosure of Interest: None Declared

EPP0482

A mobile-based mental health improvement program for non-muscle invasive bladder cancer patients: Program development and feasibility protocol

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Introduction: Bladder cancer, which is primarily a non-muscle invasive bladder cancer (NMIBC), is prevalent worldwide and its incidence is increasing. NMIBC shows a high recurrence rate of 50-70%, and in 25% of cases, progresses to muscle-invasive disease (Saginala K *et al.* Med Sci 2020; 15) (Fernandez-Gomez, J *et al.* J Urol 2009; 182(5) 2195-2203). Frequent recurrence and consecutive medical interventions in patients with NMIBC lead to psychological problems such as anxiety, fear of recurrence, depression, and stress, resulting in reduced quality of life (Chung *et al.* Support Care Cancer 2019; 27(10), 3877-3885). It is expected that the increased accessibility and convenience of mobile health (mHealth) will be effective in providing a mobile-based psychological intervention program to promote the mental health of patients with NMIBC.

Objectives: This study aims to develop a mobile-based mental health improvement program for NMIBC patients, design a protocol for evaluating feasibility, and provide preliminary evidence of the efficacy of the developed program.

Methods: The program content was developed based on the results of a needs assessment conducted among patients with NMIBC through a cross-sectional study. The draft program was prepared by referring to the guidelines of the National Comprehensive Cancer Network and publications of the International Continence Society. Based on the developed draft, two professors of nursing, a professor of counseling psychology, a registered nurse, and a counseling practitioner verified the validity of the content before finalizing the program. The final version of the developed program consisted of one session on NMIBC knowledge and symptom management and five sessions on mental health improvement. Researchers sent an online link to the YouTube video comprising lecture materials and voice recordings of health professionals weekly using a mobile messenger (Kakao Talk) (Image 1). The

topics of each session were as follows: Session 1 (Understanding of bladder cancer and treatment), Session 2 (Understanding and respecting myself), Session 3 (Maintaining reasonable thoughts and positive emotions), Session 4 (Benefits of positive emotions and healthy communication), Session 5 (Living in a healthy way through stress management), and Session 6 (Finding happiness and meanings in daily life).

Results: The protocol for evaluating the feasibility of the developed program is outlined in Image 2.

Image:

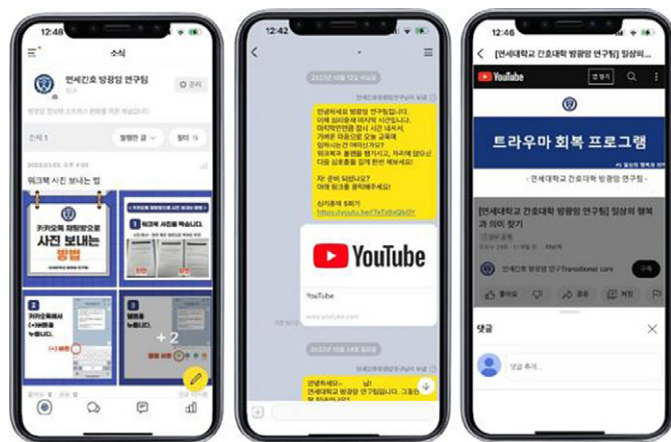
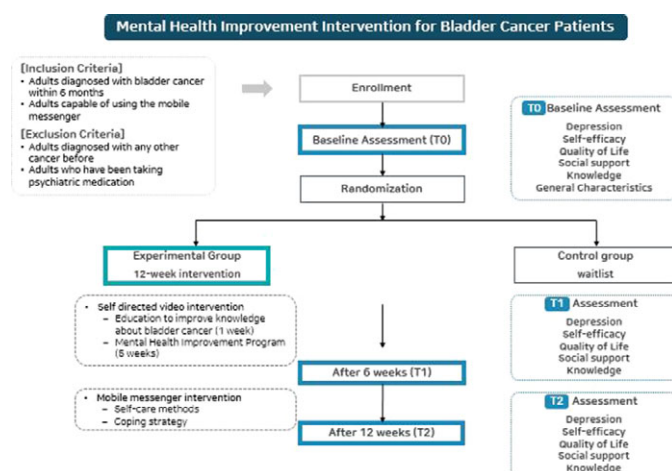


Image 2:



Conclusions: The feasibility of the mental health improvement program for patients with NMIBC based on mobile messenger (KakaoTalk) will be evaluated through the developed protocol. Moreover, by introducing a program that reflects the feasibility of test results into practice, the results of this study can contribute to improving the quality of life of patients with NMIBC.

Disclosure of Interest: None Declared

Personality and Personality Disorders 02

EPP0483

The first German evidence-based clinical guidelines on borderline personality disorder

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Introduction: Though the evidence regarding the psychotherapeutic and drug treatment of borderline personality disorder (BPD) is rapidly accumulating, with more than 120 randomised controlled trial on the clinical treatment being available currently, no evidence-based guidelines existed as yet in Germany. This talk will present the first German evidence-based clinical guidelines for BPD.

Objectives: In this talk the German evidence-based clinical guidelines for borderline personality disorder will be presented, and focuses and important recommendations highlighted.

Methods: A diverse, multidisciplinary panel, including members with research and clinical expertise in the treatment and care of individuals with BPD as well as representatives of persons with lived experience and their relatives, has developed the first evidence-based German treatment guidelines for BPD. The Australian NHMRC and the British NICE guidelines were used as source guidelines and adapted, based on the findings of updated literature searches. All recommendations were consented in an independently moderated, formalised consensus process. Special attention was paid to the management of financial and non-financial conflicts of interest.

Results: The guidelines support the early detection and treatment of BPD and recommend that the diagnosis be made in adolescents from the age of twelve years on. Disorder-specific psychotherapies, i.e. structured psychological therapies that are specifically designed for people with BPD, are recommended as the first-line treatment for BPD. If the primary focus is the treatment of self-harm, Dialectical Behaviour Therapy or Mentalisation-Based Treatment are recommended. Drug treatment should only be considered if in crisis psychological interventions do not suffice and should be withdrawn as early as possible. Besides, drug treatment may only have a role if required for the treatment of comorbid psychic disorders. The guidelines also recommend educating significant others of the person concerned about the disorder and including them in the development of crisis plans. It is also recommended to offer support to relatives, especially if they are children or adolescents. Also, the role of individuals with BPD who are parents is considered, and early support to foster parenting skills and attachment relationships is recommended.

Conclusions: The first evidence-based German guidelines on BPD are now available and will help to ameliorate the health care of persons with a diagnosis of BPD. The publication of an English version is impending.

Disclosure of Interest: None Declared