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Purpose Sleep disturbance in cancer patients is common. The aim of this study is to investigate the risk of sleep disorders in cancer patients compared to patients with other diseases using the national registry data.

Method Using data from the Korean National Health Insurance Research Database between 2002 and 2013, the cancer group was composed of patients with an initial diagnosis of cancer in 2004 ($n = 3358$). The remaining people were considered as comparison group ($n = 493,577$) after excluding patients with any cancer or psychiatric disorder from 2002 to 2003 and from 2005 to 2013. Each sampled subject was tracked until 2013. Cox proportional hazard regressions were used to calculate the overall rate for sleep disorder development after adjusting for age, gender, and socio-economical confounders.

Results Cancer patients were associated with an increased risk of sleep disorder in both sexes (male hazard ratio [HR]: 1.319; 95% confidence interval [CI]: 1.232–1.413; female HR: 1.289; 95% CI: 1.198–1.386) after adjusting for potential confounders. Both results were statistically significant ($P < 0.001$). In terms of age, the effect size of the HR was largest among elder adults, aged ≥ 70 years (male HR: 1.748; female HR: 1.820). The HR tended to increase consistently.

Conclusion Initial diagnosis of cancer was significantly associated with sleep disorder development after adjusting for potential confounders. This result suggests that thorough screening and intervention for sleep disorders are required for the newly diagnosed cancer patients to improve their quality of life.

Keywords Cancer patients; Sleep disorder; Hazard ratio; National registry data

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Interdisciplinary rehabilitation of a patient with right brain injury and recurrent depression

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Introduction Rehabilitation of concurrent psychiatric disorder and brain injury is a major challenge. E. underwent neurosurgery for right fronto-parietal astrocytoma. Before illness he was managing automatization of big companies, but was fired after the operation. E. fell into severe depression and anxiety with catastrophization of his illness, suicidal ideation. He resisted multiple prescriptions for SSRI, admitting a sect pretending to "treat" oncology by "psychological" methods. Half a year after operation he attended our center.

Objectives and aim To help E. return to paid employment.

Methods E. was evaluated by neurologists, psychiatrist, neuropsychologists. Current depressive episode appeared to be the second one with underlying schizoid and perfectionist characteristics. He had moderate text comprehension difficulties, confabulations, slight executive dysfunction. Neuropsychologist educated patient on his difficulties and developed compensatory strategies – an alternative to catastrophisation. After psychoeducational session E. agreed to receive fluvoxamine. However,

he deformed the received information due to brain injury, so psychotherapy had only minor effects. Infra-low frequency neurofeedback at T4P4 and T4Fp2 sites was started to promote restoration of right brain functions. E. gradually did better, and 3 months later was able to complete CBT course along with relaxation training.

Results Improvements in emotional status along with ability to cope with cognitive difficulties allowed E. to return to a job similar to the previous. Six month after the start of treatment medications are tapered off, E. has no signs of depression and only slight anxiety.

Conclusions Interdisciplinary holistic rehabilitation may be effective in concurrent psychiatric disorder and brain injury.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Pain and treatment options

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The fibromyalgia patients would present higher levels of magnification that controls pain: A pilot study

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Catastrophism is a variable of great importance in the study of pain. Catastrophism refers to a negative and exaggerated compared to the experience of pain, both real and anticipated mental perception (Sullivan, Bishop and Pivik, 1995; Sullivan et al., 2001). The current study to compare the levels of catastrophism in patients with and without fibromyalgia. This study is cross-cutting and comparative. Twenty participants (M: 47.20; SD: 12.11) distributed as the following way:

- group 1: patients with fibromyalgia previously diagnosed through the American College of Rheumatology criteria ($n = 10$);
- group 2: Clinical depression, defined according to the DSM-5 ($n = 5$);
- group 3: healthy patients ($n = 5$) paired by age with the group of Fibromyalgia.

The PCS, a self-administered, was used to measure Catastrophism. Responses were summed to yield three different subscales: Rumination, Magnification and Helplessness. This instrument is validated in both experimental and clinical population (Van Damme, Crombez, Bijttebier, Gouber and Van Houdenhove, 2002; Edwards et al., 2006). A comparison among the three groups was established using one-way factor ANOVA. The results point out that patients with fibromyalgia have higher levels of magnification controls with depression and healthy group ($P < 0.05$). In contrast, although the average level of Catastrophism total presented a greater tendency in fibromyalgia patients no statistically significant differences were found. This is discussed in relation to the literature, a higher level of magnification to explain pain and maintaining the chronicity of the disease. It is important to consider the component catastrophism to have a multidimensional view of pain.