

of survivorship care. Screening for mental health morbidity should be better integrated into active cancer treatment and survivorship and it should be provided mental health later interventions.

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EW0427

The impact of the type of surgical treatment on the quality of life of Portuguese women with breast cancer

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Introduction Breast cancer significantly impacts dimensions of quality of life such as mental health, one's level of activity, family well-being, physical concerns (symptoms and pain), treatment satisfaction, emotional well-being, sexual intimacy, and social functioning.

Aim The aim of this study is to evaluate the impact of the type of surgery on the quality of life of women being treated for breast cancer, based on the comparison of samples of women who have undergone different types of surgery.

Method Our sample consists of 90 Portuguese women divided into three groups of 30 participants each. The first group underwent radical surgery in order to treat their breast cancer. The second group of women had conservative surgery as a breast cancer treatment. Finally, the last group of women did not have any type of surgical intervention. We use a socio-demographic questionnaire and the Portuguese version of the EORTC QLQ-30 as measurement instruments. The sample consists of patients from a central hospital in Lisbon, Portugal, and the data were collected anonymously.

Results We find that in all dimensions of quality of life measured, including general health, physical functioning, social roles, and all emotional, cognitive, and social dimensions, the group of women who underwent radical surgery shows lower scores when compared to the other two groups. This indicates that this group has lower levels of quality of life.

Conclusion The use of surgery for the treatment of breast cancer leads to a diminished quality of life following surgical intervention.

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EW0428

Quality of life and anxious-depressive symptoms in cancer patients undergoing mindfulness-based interventions: Feasibility and preliminary outcomes on prospective single-centre case-control study (MIND4ME St.)

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Background Mindfulness based interventions (MBIs) have shown efficacy in improving psychological symptoms including depression and anxiety in cancer patients (pts). The study aimed to explore feasibility and reproducibility of MBIs in an Italian Cancer Centre measuring biochemical and psychological parameters.

Methods In this pilot prospective case-control study, we recruited newly diagnosed pts receiving adjuvant chemotherapy (CT). A MBIs program was designed consisting of 2.5 hours weekly for 8 weeks and, including meditation, yoga and body scan. Material for 45 minutes (mn) home daily practice was provided. Primary endpoint was to evaluate feasibility. Secondary endpoints were assessment of quality of life (QoL), psychological and biochemical outcomes of stress, tested at baseline (W0), W4, W8, W24, W48. PSS (Perceived Stress Reduction), POMS (profile of mood states scores), EuroQoL (EQ-5D-3L) were administered.

Results Ten pts underwent MBIs program arm. We present preliminary results, while data of control arm are being collected. All pts were female, two pts (20%) dropped out. Median age was 56 years. All received adjuvant CT, 5/8 received radiotherapy and hormone therapy. Mean of sessions attending was 6.8 (76%). Median daily practice was 30 mn. EQ-5D item for depression and anxiety showed decreasing trend in mean score from moderate to light ($P=0.15$) and significant improvement of auto-perceived QoL was observed comparing W0 and W8 ($P=0.02$)

Conclusions In a sensitive setting such as start CT, we found high pts compliance to MBIs. Improvement in self-perceived QoL after starting program was found and comparing anxious-depressive symptoms outcomes with control arm is still needed.

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EW0429

Psychosocial interventions to improve the quality of life for men with prostate cancer: A network meta-analysis of 31 randomized controlled trials

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Background The treatment of prostate cancer (PCa) can trigger a sequence of life-altering decisions that can induce depression and effects on health-related quality of life. We aimed to simultaneously compare all available psychosocial interventions using both direct and indirect data.

Methods In this systematic review and network meta-analysis, we searched the Embase, Medline, PsycINFO, and the Cochrane central register of controlled trials for randomized controlled trials (RCT) published before Oct, 2016, that compared active treatments dealing with psychosocial problems in PCa patients after treatment. The primary outcome was health-related quality of life improvement as measured by the 36-Item Short-Form Health Survey (SF-36). Psychological morbidity was assessed with the Hospital Anxiety and Depression Scale (HADS). This study is registered with PROSPERO, number CRD42016049621.

Results We screened 113 potentially eligible studies and identified 31 RCTs, that examined 7 psychosocial interventions in 3643 PCa participants. In terms of SF-36, cognitive behavioral therapy [standard mean difference (SMD) 2.48, credible interval [CrI] 0.23

to 4.46], group based counseling (SMD 1.36, CrI 0.40 to 3.17) had significantly greater effects than usual care. Participants assigned to all assessed interventions had a significantly improvement in depression compared with usual care, except for those assigned to psychoeducational therapy (SMD 0.02, 95% CrI -0.11 to 0.15).

Conclusion This review shows that cognitive behavioral therapy, group based counseling and exercise may have significant beneficial effects considering SF-36 and HADS when compared with usual care. However, additional well-done research studies are necessary to establish the role of psychosocial interventions in men with PCa.

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EW0430

Suicides and cancer mortality in Russia: A comparative analysis of trends

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Introduction The association between suicide and cancer is complex. Hopelessness and depression are the common risk factors for both suicide and cancer. There is also evidence that suicide rate in cancer patients are higher than in the general population. However, the real occurrence of suicide in cancer patients is considered to be underreported. This is a good reason to expect a positive relationship between cancer mortality and suicide rates at the population level.

Aims The present study aims to test the hypothesis of the close aggregate level link between cancer mortality and the suicide rates in Russia.

Methods Trends in sex-specific cancer mortality and the suicide rates from 1956 to 2010 were analyzed employing a distributed lags analysis.

Results The results of analysis indicate the presence of a statistically significant association between trends in suicides and cancer of the upper digestive tract (mouth, oral cavity and pharynx), larynx, bronchus and lungs, stomach, colorectal, ureter and leukemia for male. There is also a statistically significant association between trends in suicides and cancer of the upper digestive tract (mouth, oral cavity and pharynx), larynx, bronchus and lungs, stomach, colorectal, ureter, breast, cervix, uterus and leukemia for female.

Conclusions Common confounding variables, including binge drinking and psychosocial distress, may explain positive aggregate-level association between the cancer mortality and suicides time series in Russia.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0431

Clinical and psychological confirmation of stabilizing effect of neurofeedback in migraine

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Introduction Neurofeedback in migraine aims to improve neurophysiological state, which is linked to psychosomatic, emotional and cognitive regulation. Objective and complex evaluation of neurofeedback effects is feasible.

Methods A single case design cross-over placebo-controlled study with blinded evaluator included 3 females with frequent migraine (N., E., T.), 1 of whom (T.) also had TTH. Study had 4 phases: evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), evaluation (≥ 2 weeks). Treatment 1 and 2 included 10 infra-low frequency neurofeedback and 10 sham-neurofeedback sessions at T3T4 site in randomized order. Detailed psychological assessment was performed a baseline, at phase switch and in the end. Every day participants filled a computerized diary about pain, aura, mood, stress, copings. Before each session they received questionnaires "well-being, activity, mood" (rating of the current state between antonym adjectives, in Russian).

Results The main finding was reduction of migraine (but not TTH) frequency during real, but not sham neurofeedback phase: 11% vs. 31% days in N. ($P=0.1$), 15% vs. 30% days in E. ($P=0.046$), T. After the start of neurofeedback had only TTH. Another detected phenomena was reduction of day-to-day shifts in cognitive function domains of "well-being, activity, mood" (easy/difficult to think, attentive/distracted). In N. and E these domains had co-dynamic with mood (good/bad mood, happy/sad), while in T. – with anxiety (tensed/relaxed, nervous/calm).

Conclusion Infra-low frequency neurofeedback from interhemispheric site resulted in decrease in migraine frequency and in reduction of shifts in psychological state. Thus, the treatment had multimodal stabilizing effect.

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EW0432

Sham-neurofeedback as an intervention: Placebo or nocebo?

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Introduction Sham-controlled studies of neurofeedback are aimed to provide evidence-based data regarding its efficacy. However, a sophisticated sham procedure may turn out to be an intervention rather than a neutral control.

Methods Data from a single-case cross-over sham-controlled study of NF in migraine were analyzed to assess the effects of sham-NF. The study included 5 females with chronic migraine and was divided into 4 phases: pre-evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), post-evaluation (≥ 2 weeks), where treatment 1 and 2 included 10 infra-low frequency NF and 10 sham-NF sessions at T3T4 site in randomized order. Participants filled out a computerized diary about headache and emotions.

Results Sham-NF resulted in some reduction of the level of tension (0.8 ± 0.7 vs. 1.1 ± 0.5 , $P=0.1$) and anxiety (0.56 ± 0.5 vs. 0.95 ± 0.4 , $P=0.07$) as measured by the mean value in the diary (rating from 0 - no emotion, to 3 - very intense). While the total frequency of headache was not influenced by sham-NF ($40 \pm 11\%$ vs. $40 \pm 7\%$ days, $P=1$), a tendency towards an increase in quantity of severe headaches ($42 \pm 18\%$ vs. $20 \pm 18\%$ days, $P=0.07$) and in the need for drug intake ($74 \pm 27\%$ vs. $44 \pm 30\%$ days, $P=0.07$) was observed. We supposed that expectation of feedback and failure to receive it during sham sessions may have possible negative effects, while frequent visits to the clinic and contact with the therapist may explain reduction in anxiety.

Conclusion Sham-NF seems to have both placebo and nocebo effects, which should be considered during interpretation of results of the studies.