consisting: Beck's Depression Inventory and IMB-Q - The Information-Motivation-Behavioural Skills Questionnaire. IMB test includes three subcategories as a basis for tailoring of the model to an individual health-related behavior – a) information about disease and treatment, b) motivation and c) behavioral skills to comply with treatment. Additionally, in all patients weight gain between dialysis session was analyzed.
Results: Seventeen patients (47.5%) fulfilled depression criteria, out of which 5 (12.5%) had moderate or severe grade disease. Depression symptoms were inversely correlated with behavioral skills to comply with treatment measured by IMB-Q test in men (r= -0,416; p=0,034). There was no significant correlation between results of Beck Depression Inventory and body mass change between dialysis sessions. There was also no significant difference in the interdialytic weight gain between patients with and without depression.
Conclusions: Depression is frequently found in male patients with end stage kidney disease treated with chronic hemodialysis. Male hemodialysis patients with depression are less likely to be compliant to medical recommendations because of weaker behavioral skills. Improvement of the compliance in hemodialysis patients may play an important role in the prolongation of life in these group.

Disclosure of Interest: None Declared

EPV0486

Prevalence and types of psychological distress in breast cancer patients: An analysis of consultation delay

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Introduction: Breast cancer is the leading cancer among women, and its early diagnosis is vital for improving survival rates. However, many women delay seeking medical attention after noticing symptoms. Factors such as lack of awareness, fear of diagnosis, financial constraints, and family responsibilities often contribute to these delays. In addition to the physical burden of cancer, psychological distress is a common but often overlooked aspect of the patient experience.
Objectives: To identify the prevalence and causes of delayed consultation as well as the different types of psychological distress (practical, familial, emotional, spiritual, and physical) among patients with breast cancer.
Methods: We conducted a descriptive and analytical study over a one-year period (June 2021 - May 2022) in the oncology department of the Maternity and Neonatology Center of Monastir. Data were collected using information sheets, interviews, and medical records. Psychological impact was assessed using the Distress Thermometer (DT), a visual scale from 0 to 10, accompanied by a questionnaire on practical, familial, emotional, spiritual, and physical issues. The median consultation delay and reasons for the delay were also examined.
Results: Among the 150 patients diagnosed with breast cancer who received treatment and follow-up at the Maternity and Neonatology Center of Monastir, the median consultation delay was 28 days, with delays ranging from 1 to 912 days. Thirty-five patients (23.3%) experienced late consultations, defined as a delay of more than 90 days. The main reasons for the delay included 62.2% of patients not suspecting cancer after the first functional signs, 11.1% fearing the diagnosis, and 8.9% facing financial issues or family and professional responsibilities. Among the 104 patients who completed the Distress Thermometer questionnaire, 31.7% had a distress level below 4, while 68.3% had a distress level of 4 or above. The most frequently reported practical problems were child care (26.92%) and meal preparation (18.26%). Familial problems mainly concerned relationships with children (26.92%). Emotional issues included fear (50%), nervousness (50.96%), and sadness (50%). Regarding spiritual concerns, 32.6% of patients had spiritual or religious concerns, and 67 patients reported physical problems.
Conclusions: The results show that the majority of patients experience high psychological distress, particularly in emotional and practical domains. The median consultation delay is 28 days, with a significant delay in 23.3% of patients. It is therefore crucial to improve awareness and psychological support to reduce consultation delays and optimize breast cancer management and patient well-being.

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EPV0488

What's in a question-Using patterns in language to correctly identify psychiatric consultation requests

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Introduction: In consultation-liaison work, oftentimes the "consult question" is elusive. Primary teams can sense that there is a need for psychiatric consultation, but may not be able to formulate those concerns into the "right question." Therefore, when the consult team receives the question, the presenting problem may be very different from the reason for consultation. This is never more true than in the case of delirium. Studies have shown that delirium often goes unrecognized by medical and surgical services. (Armstrong et al. Psychosomatics 1997;38:433-439).
Objectives: This study sought to determine the reasons for consultation when a diagnosis of delirium was given by the consulting psychiatrist.
Methods: A retrospective chart review of one year of consecutive consults to the Psychiatry Consult & Liaison service was done for three hospitals comprising the majority of consults to the University of Pittsburgh Medical Center C&L service originating from other teaching services. This yielded approximately 3000 new consults. Each consult was coded for the following variables: the exact quotation from the referring team, the summary statement of what the consultant felt were the most relevant issues, and the DSM-V F-code. We analyzed the consults that were either specific requests for help managing delirium or that resulted in a diagnosis of delirium by the C&L service.
Results: We found that a large majority of consults for "agitation" were ultimately aimed at helping to manage a patient with low cognitive reserve, in the form of dementia, delirium or traumatic brain injury. "AMA" consults were typically involving a patient

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withdrawing from alcohol or opioids. "Lack of engagement with the treatment team" corresponded to many patients who were delirious. Of the consults that resulted in the diagnosis of delirium the most common reasons for consultation were: delirium/altered mental status (AMS) (21%), depression/adjustment (16%), agitation (11%), psychosis (11%), substance use or overdose (10%), and previously existing psychiatric disorder (26%). Often more than one reason was given for consultation. When only one reason was given previously existing psychiatric disorder (18%), depression (11%), and delirium/AMS (10%) were the most likely reasons for consultation.
Conclusions: The role of the psychiatric team is often to help primary teams figure out which question to ask, and this is then the first step towards getting the patient the help they need. This work adds to the literature because shows patterns between consultation requests and ultimate diagnoses. If we can notice patterns in the diagnoses based on the types of questions that are asked, this may help teach the teams to broaden their differential to include patterns that we have noticed.

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EPV0489

From neuroleptic malignant syndrome to malignant catatonia: The impact of ciprofloxacin in a chronic psychiatric patient

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Introduction: We present the case of a 58-year-old male patient with a history of bipolar disorder, schizoaffective disorder, renal insufficiency and diabetes insipidus who developed malignant catatonia (MC), possibly related to the administration of ciprofloxacin. In a first admission to our care facility, the patient presented a neuroleptic malignant syndrome (NMS) due to antipsychotic medication, with partial remission following the discontinuation of these drugs and introduction of benzodiazepine (BZD) and dantrolene treatment. However, after this first hospital discharge, the patient required a second hospitalization due to a worsening of his general condition, apparently related to a urinary tract infection (UTI). During this last admission, antibiotic therapy with ciprofloxacin was administered, resulting in the worsening of his neuropsychiatric condition and developing clinical symptoms compatible with catatonia. The clinical presentation of his condition eventually requires treatment with BZD and electroconvulsive therapy (ECT).
Objectives: The aim of this work is to describe the course and therapeutic approach of a case of MC possibly induced by ciprofloxacin, clarifying the differential diagnosis between NMS and MC.
Methods: A thorough review of the patient's clinical history was performed from the onset of symptoms in the care facility through his ICU and inpatient hospitalizations. Pharmacological changes were documented, including antipsychotic interruption and BZD administration. Treatment with ECT was initiated after an insufficient response to BZD. Finally, a literature review was conducted to explore the relationship between MC and ciprofloxacin.
Results: Initially, the patient showed a partial remission of the catatonic symptoms with BZD and dantrolene after discontinuing antipsychotics, achieving a temporary stabilization. However, after the introduction of ciprofloxacin, he developed a severe catatonic symptoms characterized by central fever, extreme rigidity, mutism, and withdrawal from the environment. Despite BZD treatment, the catatonic symptoms persisted, leading to the decision to initiate ECT. After multiple sessions, the patient experienced a significant improvement on autonomic, motor and cognitive symptoms of catatonia, as well as a more robust clinical stabilization.
Conclusions: This case suggests a possible association between the administration of ciprofloxacin and the onset of MC in a chronic psychiatric patient with a history of NMS. The favorable response to ECT highlights the utility of this therapeutic option in the management of severe catatonia when other treatments are not fully effective. The chronology on this case suggests a neurotoxic effect of ciprofloxacin, emphasizing the importance of considering interactions between antibiotics and psychiatric pathologies in vulnerable patients.

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EPV0490

Specificity of anxiety-phobic states in the structure of psychosomatic relations of hypertension as a criterion for differentiation of psychotherapeutic approaches

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Introduction: The study of anxiety-phobic states as an integral part of psychosomatic relationships in cardiovascular pathology allows us to detail the pathogenetic mechanisms of formation, develop approaches to early diagnostics, psychotherapy and psychoprophylaxis, which is of unconditional medical and social importance in solving this problem.
Objectives: Improving the effectiveness of therapy for patients with hypertension, including in combination with ischemic heart disease (IHD), with anxiety states based on the personalization of psychotherapy.
Methods: The survey included the use of clinical, sociodemographic, instrumental, clinical-psychopathological, psychodiagnostic and statistical methods.
Results: The study sample consisted of 120 patients who were treated at the Kharkiv Clinical Hospital on Railway Transport No. 1, JSC Ukrzaliznytsia. It was revealed that the main psychopathological variants of anxiety states in patients with hypertension are anxiety and combined fears (biological, situational and social, enhanced by psychotraumatic events related to war). The intensity and spectrum of anxiety states have a direct correlation with the duration, severity of the somatic disease and the severity of psychopathological symptoms.
For patients with hypertension with IHD, the dominant fear is typically focused on their own biological well-being (90.5%), for