severe disabilities. Certain populations of newborns, particularly premature infants, are at higher risk for developing such disorders; identifying them enables the establishment of preventive monitoring and screening.
Objectives: to evaluate the frequency of neurodevelopmental disorders (NDD) in preterm children seen at the outpatient Neonatology department
Methods: Our study was a descriptive cross-sectional study conducted on 193 premature infants hospitalized in the Neonatology service. All children underwent at least two psychiatric assessments evaluating child development, early interactions, and behavioral problems. These assessments were conducted at the Neonatology outpatient department by a child psychiatrist in the presence of at least one parent, from 2016 to June 2024. Sociodemographic and clinical data were collected from their medical records.
Results: In our sample, the average age of infants was 2 years, with a range from 10 months to 3 years. The sex ratio was 1:1. According to the psychiatric interview and clinical examination, we found that 74.1% of children exhibited psychomotor developmental delays, 15% of them have global developmental delays, 11.4% of children have language delays, and 6.7% of them have been diagnosed with autism spectrum disorder, according to DSM-5 criteria. Among the assessed children, 6.7% showed behavioral issues, and 2.5% presented with reactive attachment disorders. Among the examined children, 24.4% were referred for regular follow-up at the outpatient child psychiatry clinic.
Conclusions: Our study indicates that preterm infants are at a high risk of developing neurodevelopmental disorders due to the immaturity and vulnerability of their brains during critical developmental periods. These findings underscore the importance of Child Psychiatry examination for this population.

Disclosure of Interest: None Declared

EPV0484

A Case of Iatrogenic Panhypopituitarism: Exploring Psychological Symptoms and Psychiatric Interventions

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Introduction: Panhypopituitarism is a rare and life-threatening endocrine condition characterized by the loss of pituitary hormone function. Literature mentions the very rare occurrence of iatrogenic panhypopituitarism caused by neurosurgical operations, radiotherapy, and pharmacotherapy – long-term use of corticosteroids can suppress the HPA axis, leading to secondary cortisol insufficiency, which, in very rare cases, progresses to global panhypopituitarism. Psychological symptoms are often present but are unfortunately rarely recognized.
Objectives: A case of a patient with psychological symptoms due to panhypopituitarism is presented.
Methods: A case report is presented with a literature review.
Results: A 37-year-old patient, has experienced fatigue, tremors, loss of sexual desire, blood pressure and glucose fluctuations, and impaired temperature and pain sensation. Endocrinological testing revealed insufficiency of all pituitary hormones. Multiple MRI scans of the brain showed a normal appearance of the pituitary gland. It was discovered that he had a severe car accident with a head injury 10 years ago. Since then, he has been taking high doses of corticosteroids on his initiative due to severe spinal pain. It is believed that the condition developed iatrogenically due to corticosteroid medication. His psychological condition significantly worsened after one of the adrenal crises. He describes an experience of "encountering death" during one of the adrenal crises. Furthermore, he describes that after this adrenal crisis, his corticosteroid dosage was significantly increased, resulting in feelings of excessive energy, worse anxiety, insomnia, and irritability. Because of this, he began self-reducing the corticosteroid dose, leading to a "vicious cycle" where he fears another crisis. In complex patients like this one, it is crucial to develop a comprehensive treatment plan and ensure good collaboration with somatic physicians. This patient presents with depressive and anxiety symptoms within the context of an adjustment disorder. Additionally, corticosteroid therapy contributes to emotional instability, and the patient also exhibits symptoms of PTSD due to a near-death experience. Also, the patient's complex psychodynamic profile presents significant challenges to treatment. The therapeutic goals for this patient are: mood stabilization and anxiety reduction, sleep regulation, and breaking the "vicious cycle". CBT is the treatment of choice for addressing the patient's anxiety, fear of adrenal crisis, and self-reduction of corticosteroid doses. The patient's complex psychodynamics and high cognitive functioning make him an excellent candidate for long-term psychodynamic psychotherapy.
Conclusions: The psychiatrist plays a crucial role in treating such complex patients, and close collaboration with somatic physicians, along with an adequate and thorough therapeutic treatment plan, is necessary.

Disclosure of Interest: None Declared

EPV0485

Depression and compliance in hemodialysis patients: pilot study

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Introduction: Lack of compliance is well-known limiting factor in achievement of the therapeutic targets in medical care. The frequency of noncompliance as well as the factors contributing to this condition are currently not well understood. In hemodialyzed patients lack of precise adherence to medical recommendations is particularly important for long time survival. Depression occurrence may have an adverse impact on the medical compliance of these patients.
Objectives: The aim of this study was to analyze prevalence of depression symptoms and its impact on compliance to medical recommendations in patients on chronic hemodialysis.
Methods: Forty (M=26;F=14) patients undergoing routine hemodialysis session have taken part in a two-part survey

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.

Disclosure of Interest: None Declared

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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