

Secondly, patient outcomes in response to DART will be measured using the Patient Experience Survey (PES)¹⁹ for satisfaction with care in the emotional support domain, at the end of the 6-month implementation period in each clinic. **CLINICAL IMPLICATIONS:** Next steps will include implementation of DART into all the other cancer clinics at Kuwait Cancer Centre. Conversion of DART into an electronic version which will ensure better screening and capture of all patients attending the OPD department. **ACKNOWLEDGEMENT OF FUNDING:** Kuwait Foundation for the advancement of Science.

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Screening for Psychologic Distress in Ambulatory Cancer Patients: Experience of an University Hospital in Brazil

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BACKGROUND: Following the guidelines of the literature, an assessment of the level of distress is performed at the University Hospital of Brasilia. Once a week is carried out a multidisciplinary activity to receive the new patients, which includes participation in group educational and evaluation of their initial needs, and the psychology team assesses the level of distress. After the assessment, the patients with high levels of distress are referred for psychological counseling. **METHOD:** The aim of this study is to present the psychosocial characteristics of patients assessed by the psychology service between September 2012 and May 2014, using the factor that evaluates distress of Psychological Screening Tool for Cancer Patients (PSSCAN) adapted and validated for the Brazilian population. This factor consists of 8 items, assessed by Likert five-point scale, with scores ranging from 8 to 45. Simultaneously, we use a separate issue to verify suicidal ideation. The results were analyzed using descriptive and inferential statistics for non-parametric data with SPSS 20 software. **RESULTS:** Over half of patients were in marital union (59.4%) and had low level of education (63.6%). Of all patients, 14.3% confirmed that they have a history of mental health treatment. Regarding the prevalence of psychological problems, 39.7% presented a high level of distress and 7.7% reported suicidal ideation. Statistical analyzes showed significant correlations ($p < 0.01$) between high level of distress with female gender, younger age, not be in a marital relationship, prior history of mental health treatment and suicidal ideation. **CONCLUSIONS:** The screening protocol was adequate for the identification of cancer patients with high levels of distress and facilitated the referral to specialized care. However, the adherence rate after referral is still low

(35–40%). As pointed out in literature, women, younger age and unmarried people were associated with a higher level of distress at the beginning of treatment. **RESEARCH IMPLICATIONS:** Identify patients with a high level of distress enables assist patients only when emotional damage become present, but does not enable the prevention of adjustment difficulties. Strategies to identify patients at risk of poor adaptation, which have not yet developed high level of distress, could facilitate the implementation of preventive interventions. **CLINICAL IMPLICATIONS:** The development of strategies to increase adherence to the psychological counseling should take into account the variables associated with high level of distress - women, younger age and unmarried people. **ACKNOWLEDGEMENT OF FUNDING:** None.

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Distress, Attachment Styles and Psychophysiological Indicators of Stress Reactivity in Breast Cancer Patients

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BACKGROUND: According to literature on the impact of stress in health, negative emotions, or its suppression, can be adverse factors in disease outcomes. Attachment styles, relatively stable throughout life, seem to influence how individuals respond to stress in adulthood and how they acquire emotion regulation strategies through development. The aim of this research is to characterize and relate emotional distress, attachment styles, cortisol and psychophysiological reactivity, in recently diagnosed breast cancer patients compared to control subjects. **METHOD:** Breast cancer patients and controls were evaluated after their informed consent. Assessment included socio-demographic and medical data, the Distress Thermometer (DT), the Adult Attachment Scale, the Brief Symptom Inventory and the State Trait Anger Inventory (STAXI). In what concerns psychophysiological measures, heart rate, respiratory frequencies and electrodermic activity (EDA) were recorded during the interview, including neutral and activation moments. Salivary cortisol samples were collected at five different times during a 24 hours period. **RESULTS:** Preliminary results in 86 females, (51 patients and 35 control subjects) showed that patients mean age was 41.9 years, and the majority of the subjects had no family history of breast cancer. Patients mean value of DT was significantly higher than controls and cortisol levels at waking, 1 hour after and at

4 pm were higher in patients, but not significantly facing controls. Insecure attachment patterns seem to be related to less effective emotion regulation strategies and increased physiological reactivity and to negative adjustment outcomes. **CONCLUSIONS:** These results highlight the association between psychological distress, cortisol and autonomic measures, pointing to the relevance of emotion regulation in biological reactivity and probably in disease evolution and prognosis. **RESEARCH IMPLICATIONS:** Facing breast cancer, the characterization of the impact of the diagnosis and the relationship between psychological and biological dimensions, may reinforce a psychosomatic approach in current investigation. **CLINICAL IMPLICATIONS:** A better knowledge of the processes involved in disease adaptation can assume relevant implications in clinical intervention, promoting the identification of the most vulnerable patients and improving the quality of care, in a multidisciplinary perspective. **ACKNOWLEDGEMENT OF FUNDING:** This work was funded by Fundação Bial, under the grant No. 119/10.

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Mr. and Mrs. Patient Speaking: Patients' Preferences on Psychosocial Screening and their Impression of the CARES

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BACKGROUND: Screening for psychosocial distress is considered key in cancer care. Screening, however, should be an element in a stepped care approach. Patient centeredness is an important dimension of quality of care. This study therefore examines patients' experiences and preferences on the content of the CARES and on a stepped screening approach. **METHOD:** Participants are recruited in intramural and extramural cancer care. They are asked to complete the CARES and to participate in focus group interviews. The group discussions are facilitated with several key questions on the construct validity of the CARES and on patients' experiences and preferences on psychosocial screening. The moderator and observer conduct and follow the discussion while it is audiotaped with prior consent. The audio file is transcribed ver-

batim and afterwards thematically analyzed. **RESULTS:** Preliminary results indicate that the content of the CARES reflects experiences and concerns relevant to patients dealing with cancer. The questionnaire gives them an impulse to consider their overall well-being and to express their care needs. The focus groups reveal the do's and don'ts on psychosocial screening from patient-perspective. Patients prefer a screening instrument assessing their well-being on a broad range of life domains. According to them screening should be repeated several times in the transmural care trajectory. Patients want to discuss the screening results with an involved caretaker in order to be easily referred to the desired support. **CONCLUSIONS:** The CARES seems to be a reliable, all-round and feasible measure to capture patients' overall well-being. The questionnaire appears valuable as an assessment tool for screening in stepped care and resulting in an efficient approach for health care workers. The gained insights from these focus groups on screening will be of value for the development of guidelines and indicators in the organization of good qualitative psychosocial cancer care in Belgium. **RESEARCH IMPLICATIONS:** International researchers, health care professionals and policymakers argue on the feasibility, effectivity and usefulness of psychosocial screening as potential part of standard cancer care. With the gathered experiences and preferences of patients on this topic a stepped screening approach seems more efficient. Several interventions, including screening, will be combined to facilitate a continuous cross-boundary integral cancer care. Alongside a screening tool, the CARES seems an optimal tool for the assessment in a stepped screening approach. **CLINICAL IMPLICATIONS:** Every patient with cancer follows his/her own trajectory of physical and psychological adjustment, demanding a flexible and individually adopted patient centered care. Actively querying patients experiences and needs with the use of routine psychosocial screening stimulates patients to express their overall wellbeing and to fulfill a more active role in their care management. This is an important and necessary step towards an efficient and patient centered care. **ACKNOWLEDGEMENT OF FUNDING:** None.

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Psychotropic Medication and Past History of Psychiatric Disorder in Patients Referred to a Psycho-Oncology Service

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BACKGROUND: To investigate the use of psychotropic medication and past history of psychiat-