

EPP0892

Pain perception in schizophrenia: A neglected phenomenon with a great impact

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Introduction: A decrease in pain sensitivity has been observed in patients with schizophrenia since the beginning of the twentieth century. This hypothesis further emerged during the last decades due to many clinical findings.

Objectives: To study pain responsiveness in patients with schizophrenia and explore its pathophysiological mechanism through a review of the literature.

Methods: We searched the Medline database with no time restrictions, and we hand searched the references of all retrieved reviews. After removing duplicates, we selected Full-text articles in both French and English languages. Keywords: “schizophrenia”, “pain”, “pain threshold”, “nociceptors”, “opioid receptors”, “opioid peptides”

Results: We have collected 399 references, we finally included 50 Articles only. Many case reports with heterogeneous types of pain concluded that despite the high prevalence of somatic comorbidities in patients with schizophrenia, there was no significant difference in pain complaints between patients with schizophrenia and controls. There was a positive correlation between the decrease in pain sensitivity and schizophrenia. Experimental studies supported a decrease in pain perception and a high pain threshold in those patients. The neurobiological hypothesis suggested the lack of pain transmission by the dysfunctional glutamatergic system and the involvement of the opioid system. These findings have been reported in patients even before starting treatment. The psychopathology theory pointed to the impact of psychotic defenses such as denial and cleavage in the phenomenon of pain insensitivity.

Conclusions: The meticulous research of pain symptoms should be systematic in patients with schizophrenia and the hypoalgesia should be considered when dealing with somatic conditions in this specific population.

Keywords: schizophrenia; pain threshold; nociceptors; Pain

EPP0891

Acceptance and commitment therapy for chronic pain: A systematic review

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Introduction: Chronic pain is common, costly, and associated with significant disability and negative effects on well-being and mental health. The treatment is challenging, requiring a multidisciplinary approach. Acceptance and commitment therapy (ACT) aims to help patients in engaging in a flexible and persistent pattern of values-directed behavior while in contact with continuing pain and discomfort.

Objectives: To provide an updated review on the efficacy of ACT for the management of chronic pain.

Methods: We conducted a systematic review based on the PubMed® and EBSCO databases up to April 2020.

Results: Fifteen trials were included. The results were in favour of ACT in pain acceptance, functioning and pain intensity with small to large effect sizes. Few studies evaluated quality of life, but half of those were favourable to ACT. We also focused our analysis on ACT online interventions, considering the current demands due to the COVID-19 pandemic.

Conclusions: The current systematic review points in favour of ACT for the management of chronic pain conditions, though the studies included suffered from methodological limitations, which may have led to overestimated effects. Methodologically robust trials are required to further understand the clinical efficacy of ACT for chronic pain and which patients most benefit from this intervention.

Keywords: ACT; Chronic Pain

EPP0892

Prescribing of adjuvant analgesics among patients in primary care and specialized pain clinic

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Introduction: Chronic low back pain (CLBP) is one of the most resistant pain conditions and is often combined with psychoemotional disorders [1].

Objectives: To analyze the frequency of prescribing adjuvant analgesics among patients with CLBP by specialists of the outpatient department and specialized pain clinic.

Methods: The prospective study included 269 patients (group 1) with CLBP treated in an outpatient department and 253 patients (group 2) of specialized pain clinic. We analyzed gender, age, duration, and severity of pain (using the visual analogue scale-VAS), frequency of prescribing anticonvulsants and antidepressants, as well as their combination in both groups. The data were analyzed with IBM SPSS Statistics.

Results: Among the patients of both groups, women predominated (65.3% in group 1 and 57.2% in group 2). The average age was 61.8±14.5 and 58.9±12.7, in the first and second groups, respectively. The disease duration was longer in group 2 (6.8±3.9 years, and 4.5±2.7 in group 1, p<0.05). Pain intensity was comparable in both groups (4.3±2.8 and 5.1±2.5, p<0.067 on VAS). Antidepressants were prescribed 16.1% and 52.9%, p<0.05, anticonvulsants - 18.8% and 33.2 %, p<0.05, their combination - 2.2% and 13.8%, p<0.05 in the first and second groups, respectively.

Conclusions: Adjuvant analgesics are more often prescribed to patients of specialized pain clinics. It may be associated with more severe descriptions of chronic pain syndrome, as well as insufficient awareness of modern approaches to the management in this category of patients by specialists in primary health care. References: 1.Zagorulko, Medvedeva Russ Pain J. 2019

Keywords: Antidepressants; Pain; chronic low back pain; Chronic Pain

EPP0895

Gender peculiarities of pain syndrome in older age patients

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Introduction: The study of gender-related peculiarities of vertebral pain syndrome course in older age patients appears to be highly relevant.

Objectives: Study population included 46 female patients and 38 male patients in the age between 60 and 75 years old; mean age was 67,4±6,6 years old.

Methods: Pain syndrome intensity was assessed using the visual analogue scale (VAS), vegetative disfunction was assessed using A.M. Wayne Questionnaire; the Toronto Alexithymia Scale

Results: The conducted comparative study showed that the male patients perceived the pain syndrome as more intense as compared to the female patients in lumbar spine: 4,5 ±0,8 vs 3,6±0,5 scores (p <0,001) and in thoracic spine: 4,1 ±1,0 vs. 3,4±1,0 (p <0,05). On the other hand, in vegetative dysfunction assessment, the male patients demonstrated generally lower score: 43,3±7,5 scores vs. 59,6±10,3 in female patients, p <0,001. The results of correlation analysis of interrelations between alexithymia and pain intensity revealed the differences between the study groups in emotion recognition accuracy (Mann-Whitney U-test = 109,00, p = 0.09): female patients showed lower scores (60,7 ±3,5) as compared to the male patients (74,2 ±2,1).

Conclusions: Therefore, the vertebral pain syndrome tends to be more pronounced in older age male patients as compared to the similar population of older age female patients. Therefore, vertebral pain syndrome correction requires multidisciplinary approach, including psychotherapeutic support.

Keywords: pain; gender; vegetative disfunction; alexithymia.

Personality and personality disorders

EPP0897

Psychogenic non-epileptic seizures and personality disorders

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Introduction: Epilepsy and its psychiatric comorbidities have been studied frequently over the course of the last years. However, few studies have aimed to establish the relationship between psychogenic non-epileptic seizures (PNES) and personality disorders.

Objectives: The aim of the current study is to discuss the relationship between different personality disorders and PNES in comparison to patients diagnosed of epilepsy but no PNES.

Methods: A case of a 48 year old female patient who attends an intensive following unit at a psychiatric day hospital is presented. The patient was diagnosed with epilepsy at 25 years old. In the last 10 years she has grown completely dependent on her family, presenting at least one epileptic seizure or PNES during the day. She attends the psychiatric unit after neurologists diagnose highly frequent PNES with interference in her day to day routine. During her follow-up at the psychiatric unit different personality disorders are considered. Furthermore, PubMed, Web of Science and PsycInfo databases were searched, using a pre-established strategy in order to identify recent related studies. Afterwards, studies were selected in a systematized manner.

Results: According to different studies up to 75% of patients with PNES have a comorbid personality disorder. Borderline personality disorder seems to be the most frequently simultaneous axis II diagnosis.

Conclusions: Psychiatric disorders are more frequent in patients with psychogenic non-epileptic seizures than patients with only epileptic seizures

Keywords: personality disorder; psychogenic seizures

EPP0899

Pilot study testing the emotional response to physical exercise following a negative emotional induction in adults with borderline personality disorder

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Introduction: Physical exercise is a well-documented treatment for individuals with mental disorder. It helps improve symptoms and functioning of these individuals. Moreover, recent studies indicated that exercise improve emotional regulation which is one of the main target in borderline personality disorder (BPD) treatment. Therefore, exercise might have important benefits in this population. However, no previous study examined this effect.