assessing the effects of doxycycline monotherapy on 480 subjects, as well as five observational studies exploring the use of doxycycline with first-line anti-epileptic drugs (AEDs) on 640 subjects.
Seizure frequency reduction
Doxycycline administration on its own reduced seizure frequency by 30% relative to the placebo (relative risk [RR] = 0.70, 95% confidence interval [CI]= 0.60 to 0.85, p < .001), whereas, added to AEDs, reduced seizure frequency by 45% (RR = 0.552, 95% CI = = 0.42 to 0.73, p < 0.001; I^2 = 22%, considered low heterogeneity).
Lower severity of symptoms
The overall results suggest improvements in motor functions and cognitive assessments of -0.82 (standardized mean difference, 95% CI = -1.12 to -0.52, p < .001), which may indicate an improvement in motor symptoms.
AED add-on and impact on quality of life
Doxycycline with AED smear resulted in a reduction in seizure frequency of 45% (SMD = -0.68, 95% CI = -0.94 to -0.42, p < .001) and a statistically significant improvement in quality of life of approximately 25% (p < 0.01); effect estimates presented moderate heterogeneity (I^2 = 45%).
Conclusions: Doxycycline has potential for extended use since our findings support a safe and potentially beneficial intervention in nodding syndrome. Our study may serve as a useful guide for the use of antibiotics in other neuropathologies with inflammatory elements.

Disclosure of Interest: None Declared

Pain

EPV1336

Postpartum Depression, Pain Catastrophizing, and Coping Strategies in Early Postpartum Women

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Introduction: The postnatal period is a time of great vulnerability in terms of mental health, with depression being one of the most common complications. This condition can significantly affect how women perceive and process the pain and stress associated with childbirth. Pain experienced during pregnancy and postpartum is linked to psychological distress, often influenced by pain catastrophizing a cognitive tendency to dwell on, magnify, or feel helpless in the face of pain. To manage these challenges, many women rely on coping mechanisms to navigate the significant stressors of this period.
Objectives: The aim of this study is to explore the relationship between postpartum depression, pain catastrophizing, and coping mechanisms in the postnatal period.
Methods: We conducted a cross-sectional descriptive and analytical study targeting women in their first week postpartum who had been admitted to the gynaecology-obstetrics department of the Hedi Chaker University Hospital in Sfax, Tunisia. The study was conducted over a three-month period (October, November and December 2023). We used the Tunisian Arabic version of the Edinburgh Postnatal Depression Scale (EPDS). Pain catastrophisation was assessed using the pain catasrophizing scale (PCS). We used the French version of the coping scale Ways of coping checklist revised (WCC) to evaluate coping strategies.
Results: The study included 220 postpartum women with a mean age of 31.1 ± 6.6. Psychiatric history was recorded in 5.5% of participants, predominantly bipolar disorders (4.1%). Medical or surgical history was reported by 14.1% of women. Among the participants, 28.6% were primiparous, and 71.4% were multiparous. A history of child loss was noted in 4.5% of cases. Spontaneous labor occurred in 65.5% of women, while 17.7% underwent induced labor. Vaginal deliveries were performed in 56.4% of cases, with forceps used in 8.2%. Postpartum recovery was uncomplicated for 86.4% of participants, while complications occurred in 13.6% of cases. Postnatal care was provided by family members for 55% of women. Postpartum depression was observed in 20.9% of participants.The average score of Pain Catastrophizing Scale (PCS) was 24 ± 11, and problem-focused coping was the most frequently employed strategy, with a mean score of 26.51 ± 6.3.
Women with postpartum depression had significantly higher PCS scores (p<0,001). Emotion-focused coping was the predominant strategy used by this group (p=0.003). Conversely, women without postpartum depression were more likely to use problem-focused coping (p<0.001) and social support-based coping (p=0.011).
Conclusions: This study reveals that postpartum depression is associated with higher pain catastrophizing and a greater use of emotion-focused coping. In contrast, women without depression tended to use problem-focused and social support-based coping, suggesting that these strategies may help mitigate postpartum psychological distress.

Disclosure of Interest: None Declared

EPV1337

Psychosis and Spinal Chronic Pain – Our experience

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Introduction: Most common pain in psychosis is headache. On the second place are spinal syndromes. Often patients have chronic spinal pain, and the treatment of neuropathic component is difficult because polymedication and possible drug interaction.
Objectives: The aim of our study was the intersection of the state of therapy and therapeutic response in patients with spinal chronic pain and psychosis.
Methods: This cross-sectional study includes 25 patients treated at the Department for woman chronic psychosis in the SPH "Slavoljub Bakalovic" in Vršac during their hospitalization. The covered period was from April 1st to August 31st 2024.
Results: During our research, 60 female patients with psychosis were treated at our department, and 25 (41.67%) had spinal hronic pain. The average age of the patients was 60 years (41-75), and the duration of symptoms was from 6 months to 11 years (average 2 years and 2 months). Localization was mainly in the area of the lower back (12), cervicobrachialgia (7), lumboischialgia (5) and only in the lower extremities (1). According to the type of pain,

all of them had predominantly neuropathic pain. The average value of pain intensity on the VAS scale was 4 (3.92). All patients were treated with non-steroidal analgesics and 16 of them had benzodiapines in therapy. Along with the mentioned therapy, 9 (36%) patients received a coanalgetic from the group of anticonvulsants and 5 (20%) from the group of antidepressants. Only 4 patients used during the hospitalization supplement based on vitamin B complex. A good therapeutic response was achieved in 20 (80%) patients (reduction of pain on the VAS scale by 2 or more points), partial in 1 patient (reduction of pain on the VAS scale by 1 point). In 4 patients, the prescribed therapy did not reduce pain.
Conclusions: Chronic pain of spinal origin occurs in an approximate percentage as in the general population, but the problem of its treatment is the primary disease and polymedication in the therapy of the primary disease.With a well-balanced therapy, a good therapeutic response in pain reduction can be achieved.

Disclosure of Interest: None Declared

EPV1338

The Effects of an Online Behavioral Activation Program with Informational Support Messages on Patients with Complex Regional Pain Syndrome

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Introduction: Complex Regional Pain Syndrome (CRPS) is a chronic neuropathic pain condition that significantly reduces patients' quality of life. Few studies have examined the application of short-term Behavioral Activation (BA) programs for patients with CRPS, and studies that include informational support messages are scarce.
Objectives: This study is intended to investigate the effects of an online BA program, accompanied by informational support messages, on pain intensity, pain interference, pain catastrophizing, depression, life satisfaction, and behavioral patterns in patients with CRPS.
Methods: Two patients with CRPS participated in an eight-session online BA program using a multiple-baseline design. After the first session, participants completed daily activity monitoring sheets, and the baseline was measured. The BA intervention began in the third session, and from that point until the eighth session, participants received immediate informational support messages once they completed their monitoring sheets. The informational support messages consisted of graphs comparing the previous day's pain intensity, depression levels, and activity levels, as well as linear trendline graphs based on recorded data. Additionally, questionnaires were used to measure pain intensity, pain interference, pain catastrophizing, depression, life satisfaction, and behavioral patterns pre-intervention, post-intervention, and at a four-week follow-up, and effect sizes (Cohen's d) were calculated.
Results: Daily activity monitoring sheets indicated that activity levels significantly increased during the intervention phase and were maintained or further increased at follow-up. Depression levels gradually decreased from the intervention phase, but pain intensity showed no significant change.
Questionnaires revealed that pain catastrophizing and depression decreased post-intervention and at follow-up compared to baseline, while life satisfaction increased, and pain avoidance behaviors decreased. However, pain intensity increased compared to baseline, and pain interference decreased at follow-up. Effect sizes, measured by Cohen's d, indicated large effects for all variables except behavioral patterns and pain interference post-intervention, and for all variables except behavioral patterns at follow-up.
Conclusions: These findings suggest that an online BA program with informational support may be effective for patients with CRPS.

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EPV1339

A Systematic Review of Chronic Pain in People with Schizophrenia

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Introduction: Previous research has shown chronic pain to be more prevalent in individuals with psychiatric disorders, compared to the general population.
Objectives: We performed a systematic review of studies relating to chronic pain in patients with schizophrenia (PWS), to explore its cause, prevalence and presentation.
Methods: Our search strategy yielded 4963 studies. Once duplicates were removed, and studies were screened according to our inclusion/exclusion criteria, 15 studies on chronic pain and quality of life (QOL) in PWS remained.
Results: Our results showed that the prevalence of chronic pain in PWS was equal to, or greater than, healthy controls. Studies assessing chronic headaches specifically, found headaches to be more prevalent. Studies that compared chronic pain in PWS to individuals with other psychiatric disorders, such as depression or bipolar disorder, found PWS to have lower levels of pain. Pain intensity ranged from mild to moderate and was most frequently reported in the abdomen and head. The presence of pain was associated with anxiety, depression, psychotic symptoms, and older age. No clear links were found between chronic pain and patient gender, education, or wealth. QOL, particularly health-related QOL, was lower in patients with higher levels of pain, and such patients experienced greater functional impairment. However, when PWS performed self-assessments of QOL and health satisfaction, no difference was seen between individuals with and without pain.
Conclusions: These variations in pain perception may be due to disturbances in somatosensation, with PWS being internally more preocccupied. Specifically, computational models suggest this may be due to aberrant salience, where PWS attribute meaning or value to innocuous stimuli. Understanding the link between chronic pain and schizophrenia is essential as this may contribute to premature death. Further research is required to explore the link between comorbidities as a cause of chronic pain in PWS.

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