

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 catastrophizing was assessed using the pain catastrophizing 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 Bakalović” 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 chronic 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), lumboschialgia (5) and only in the lower extremities (1). According to the type of pain,