

Objectives: To analyze the current level of evidence in favour of pharmacological treatment for fibromyalgia.

Methods: A literature review was performed through the main medical databases using the search paradigm “fibromyalgia” AND “pharmacological therapy” OR “antidepressants” OR “moodstabilizers” OR “anxiolytics”. All papers published between January 2000 and August 2020 were included in the primary analysis.

Results: A gradually increasing interest for the treatment of fibromyalgia has been observed in the last decade, and the number of clinical trials for this indications has almost doubled in this period, when compared to the previous decade. Pregabalin, duloxetine, and milnacipran are the most supported by evidence pharmacological treatments for fibromyalgia, especially for the pain component. Amitriptyline, gabapentin, cyclobenzaprine, and tramadol have also been studied in various clinical trials, but there are less evidence to support their use. Cognitive dysfunctions, sleep disorders, and mood disturbances benefit from far less investigation in clinical trials, therefore no clear recommendation can be made regarding the superiority of an agent over another.

Conclusions: The pain component of fibromyalgia benefits from treatment with pregabalin, duloxetine, and milnacipran, while the affective component and the cognitive dimension still need more research from the psychopharmacological perspective.

Keywords: fibromyalgia; gabapentinoids. serotonin and norepinephrine reuptake inhibitors; pain disorders

EPP0888

Therapeutic approaches in chronic fatigue syndrome

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Introduction: Chronic fatigue syndrome (CFS) is a complex condition, with an insufficiently known pathophysiology, that raises multiple challenges to the treating physicians. Due to its yet mostly unknown underlying mechanisms, there is no consensus treatment recommendation for CFS. The risk to associate major depression, anxiety disorders or substance use disorders is frequently reported, and this co-morbidity further complicates the evolution of CFS.

Objectives: To search the existing literature for pharmacological and psychotherapeutic recommendations in CFS.

Methods: A literature search was performed using the main electronic databases using the paradigm „chronic fatigue syndrome” AND „psychopharmacological treatment” OR „psychotherapy”. All papers published between January 2000 and August 2020 were included in the primary analysis.

Results: Anti-inflammatory drugs (corticosteroids and non-steroidal drugs), antidepressants, moodstabilizers, anxiolytics, immunomodulatory drugs, and antivirals have been investigated for CFS, but the trials had low-quality designs, used various definition of CFS, and different criteria for monitoring the efficacy of treatment. Cognitive behavioral therapy (CBT) may be promising for decreasing the fatigue severity, but larger trials are needed. Graded exercise therapy (GET) also may be of some use for improving patients ability to engage in activities, but caution should be in order because

of the risk of over-exercising that may exacerbate the core CFS symptoms.

Conclusions: Larger trials are needed in order to validate pharmacological and psychotherapeutic recommendations for CFS. No drug may be considered first line treatment for this indication, while CBT and GET may be useful, although they do not address all the central symptoms of CFS.

Keywords: chronic fatigue syndrome; major depressive disorder; antidepressants; psychotherapy

EPP0889

Can interoceptive attentiveness modulate the brain correlates of observation of pain in others? A fNIRS study

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Introduction: Empathizing with others' pain appears to recruit the whole pain matrix, including a collection of frontal regions involved in the affective, motivational, cognitive, and attentional dimension of pain.

Objectives: This research explored how the modulation of interoceptive attentiveness (IA) can influence the frontal (dorsolateral prefrontal cortex -DLPFC- and somatosensory cortices) activity related to the emotional regulation and sensory response of observing pain in others.

Methods: 22 healthy participants were required to observe face versus hand, painful/non-painful stimuli in an individual versus social condition while brain hemodynamic response (oxygenated [O₂Hb] and deoxygenated hemoglobin [HHb] components) was measured by functional Near-Infrared Spectroscopy (fNIRS). The sample was divided into experimental (EXP) and control (CNT) groups and the EXP group was explicitly required to focus on its interoceptive correlates while observing the stimuli.

Results: In the individual condition, higher brain responsiveness was detected for painful confronted to non-painful stimuli, and a left/right hemispheric lateralization was found for the individual and social condition, respectively. Besides, both groups showed higher DLPFC activation for face stimuli displayed in the individual condition compared to hand stimuli in the social condition. However, face stimuli activation prevailed for the EXP group, suggesting the direct interoceptive phenomenon has certain features, namely it manifests itself in the individual condition and for pain stimuli.

Conclusions: We can conclude that IA modulation promoted the recruitment of internal adaptive regulatory strategies engaging both DLPFC and somatosensory regions towards emotionally relevant stimuli (painful faces displayed in the individual condition). Therefore IA could be trained for promoting emotion regulation and empathic response.

Keywords: interoceptive attentiveness; Pain; empathy; fNIRS