

EPV1340

Pain and Attention-Deficit/Hyperactivity Disorder: A Closer Look at the Relationship

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity. Recent research highlights a significant comorbidity between ADHD and pain, suggesting that individuals with ADHD may experience altered pain perception and a higher prevalence of pain conditions.

Objectives: This review aims to explore the possible link between pain and ADHD, specifically examining the relationship between ADHD and pain perception, the effects of methylphenidate (MPH) on pain thresholds, and the potential underlying mechanism connecting these two conditions.

Methods: A non-systematic review of the literature was conducted, focusing on key studies published in the last 15 years. The search terms included “pain,” “ADHD,” and “methylphenidate.”

Results: Based on this review, several key findings emerged:

- **Dopamine’s Role in Pain:** Accumulating data suggest that dopamine is implicated in pain processing. Many regions of the CNS involved in pain processing have high dopamine receptor density, whose activation can be analgesic.
- **Increased Prevalence of Chronic Pain:** Individuals with ADHD show a higher prevalence of chronic pain conditions, indicating a significant comorbidity between ADHD and pain.
- **Altered Pain Perception:** Individuals with ADHD are more likely to exhibit lower pain thresholds and increased pain sensitivity, particularly in untreated individuals.
- **Impact of Methylphenidate:** Methylphenidate, a common treatment for ADHD, partially reverses altered pain responses, suggesting its potential role in normalizing pain perception through dopaminergic modulation.
- **Neuroinflammation as a Link:** Neuroinflammation has been suggested as a potential factor linking ADHD and pain, particularly through dopaminergic dysregulation.

Conclusions: This review underscores the need for increased awareness of the pain-ADHD comorbidity. Understanding altered pain perception in ADHD is crucial for improving patient care and developing targeted treatments. While current evidence suggests treatments like methylphenidate may help modulate pain sensitivity, further research is essential to clarify the mechanisms and establish guidelines for managing pain in ADHD patients.

Disclosure of Interest: None Declared

EPV1343

Alcohol Use Disorder and Chronic Pain – Our experience

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Introduction: Chronic painful conditions in alcohol use disorder (AUD) are often seen and represent a significant problem in their therapy. Its incidence is higher than in the general population and is often associated with AUD relapse. Often, they are very manipulative. **Objectives:** The aim of our study was the intersection of the state of therapy and therapeutic response in patients with chronic pain and AUD.

Methods: This cross-sectional study includes 25 patients treated at the Department for male alcoholism 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, 48 male patients with AUD were treated at our department, and 25 (52.01%) had chronic pain. The average age of the patients was 52 years (24–80), and the duration of symptoms was from 7 months to 20 years (average 8 years and 4 months). Localization was mainly in the area of the lower back (10), lumboschialgia (9) and only in the extremities (6). According to the type of pain, the majority (23) had predominantly neuropathic pain. The average value of pain intensity on the VAS scale was 4 (4.2). All patients were treated with non-steroidal analgesics and benzodiazepines. Along with the mentioned therapy, 9 (36%) patients received a coanalgetic from the group of anticonvulsants and 12 (48%) from the group of antidepressants. Few patients (7) used before and during the hospitalizations supplement based on Mg and vitamin B complex. A good therapeutic response was achieved in 17 patients (reduction of pain on the VAS scale by 2 or more points), partial in 6 patients (reduction of pain on the VAS scale by 1 point). In 2 patients, the prescribed therapy did not reduce pain.

Conclusions: Chronic pain syndromes in AUD is more frequent than in general population, and early detection and good therapy protocol is very important to reduce symptoms. Pain treatment protocol for AUD patients must be made individually for each patient in order to achieve an adequate therapeutic response and avoid interaction with other drugs in the therapy of AUD. With a well-balanced therapy, a good therapeutic response in pain reduction can be achieved.

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EPV1344

Trigeminal Neuralgia – rethinking the “suicide disease” label

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Introduction: Trigeminal Neuralgia (TN) is a rare condition characterized by recurrent brief episodes of unilateral and excruciating facial pain, typically triggered by innocuous stimuli. It is historically known as the “suicide disease”, emphasizing the severity of the attacks and its impact on patients’ mental health.

Objectives: We aim to highlight the risk of psychiatric comorbidities following TN diagnosis and discuss the potential burden depicted by the phrase “suicide disease”.

Methods: We presented a case report and conducted a non-systematic review of the literature.

Results: A 72-year-old female patient with history of diabetes, hypertension, dyslipidemia, recurrent thrombophlebitis but no previous relevant psychiatric history, presents with depressive mood, anhedonia, insomnia, reduced appetite and feelings of hopelessness, which began 3 months prior. These symptoms started shortly after she began experiencing paroxysms of intense electric shock-like pain in the right hemiface, allodynia (specially triggered by the wind, talking, chewing and light touch) and lacrimation of the right eye. The patient had multiple consultations with neurology and psychiatry physicians. TN was presumed and the patient initiated treatment with pregabalin and intravenous infusions of lidocaine, as well as antidepressants. Magnetic resonance angiography revealed neurovascular compression of the right trigeminal nerve, supporting the diagnosis. Depressive symptoms aggravated and she experienced recurrent suicidal thoughts as she became aware of the TN diagnosis and experienced debilitating symptoms due to initial suboptimal pain relief. Oxcarbazepine was later introduced in the treatment plan and pain relief was slowly achieved. Suicidal ideation waned despite maintenance of depressive mood. Evidence shows there is a higher risk of newly diagnosed depressive, anxious and sleep disorders following TN diagnosis, most likely due to its deleterious effect at a psychological, behavioral and social level. Currently, however, the phrase “suicide disease” may be an ill-suited one as the lack of information on suicide rates among patients with TN and the availability of new and more efficient therapeutic options do not support its present use.

Conclusions: This case exemplifies the increased risk of new psychiatric comorbidities following TN diagnosis, further aggravating patients' quality of life. Despite its historical significance, the label “suicide disease” seems to lack current applicability and may not only harm patients' understanding and acceptance of the diagnosis, but also exacerbate fear and stress concerning its prognosis.

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EPV1345

Psycho-social profile of patients with chronic neuropathic pain and spinal cord stimulation outcome: preliminary finding from an Italian sample recruited at the University Hospital of Verona (Italy)

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Introduction: Spinal cord stimulation (SCS) is used to treat chronic neuropathic pain (CNP) resistant to other therapies and procedures. The treatment involves implanting a device that delivers electrical stimulation along the ascending nerve pathways. According to the bio-psycho-social model of pain, the success of SCS is influenced by more than just the technical aspects of the procedure. Psychological and context-related factors also play a crucial role.

Objectives: To profile a sample of Italian patients with CNP in the pre-implant phase from a psycho-social perspective, using such data to predict the SCS outcome.

Methods: Candidates for SCS at the Pain Therapy Center of the University Hospital of Verona (Italy) undergo a psychological assessment at the Clinical Psychology unit before the implantation. This assessment includes an interview to evaluate the impact of pain, coping strategies, and family support, as well as any history of traumatic experiences, psychiatric conditions, and lifetime use of alcohol or substances. Additionally, a series of questionnaires are administered to assess pain (Brief Pain Inventory, BPI), psychopathology (Symptom Checklist 90, SCL-90), personality (Minnesota Multiphasic Personality Inventory, MMPI-2), coping style (Coping Strategies Questionnaire, CSQ), the tendency to catastrophize (Pain Catastrophizing Scale, PCS), family and social support (Multidimensional Scale for Perceived Social Support, MSPSS), and self-efficacy (General Self-Efficacy Scale, G-SES). Patients are evaluated at 6 months follow-up (now ongoing).

Results: To date, 131 patients (mean age 62.6±13.8; 56% females) have been evaluated at baseline. Overall, they show high percentages of somatization (71% of the sample), sleep disturbances (70%), depressive (40%), and obsessive-compulsive (38%) symptoms, together with moderate levels of catastrophizing (18.4±9.4 on the 0-36 range of the catastrophizing CSQ subscale), and a personality profile characterized by health worries (26%), somatic complaints (19%), and cynicism (26%). Overall, they perceive a moderate level of self-efficacy (30.83±4.9 on the 0-40 range of the G-SES) and good family or social support (84%).

Conclusions: Patients with CNP who are candidates for SCS show a peculiar psycho-social profile in terms of personality traits, coping strategies, and psychopathology. Using a pre-implant psycho-social assessment has significant implications for clinical practice since it allows to identify patients at a higher risk of SCS failure. It also enables the early detection of individuals who may benefit from psychological support before or after the SCS procedure.

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EPV1346

Mental health and disability among patients with chronic sciatica

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Introduction: Sciatica pain represents a typical symptom of spinal radicular syndromes. Disability due to this pain can affect mental health of patients.

Objectives: Our study aims to assess the relationship between mental health and disability among patients with chronic sciatica.

Methods: We conducted a descriptive, analytical and cross-sectional survey among patients suffering from documented common sciatic pain evolving for more than 3 months. We collected socio-professional data. We used the Hospital Anxiety and Depression Scale (HADS) and the Oswestry Disability Index (ODI).