

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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doi: 10.1192/j.eurpsy.2021.1163

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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doi: 10.1192/j.eurpsy.2021.1164

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

EPP0890

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

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doi: 10.1192/j.eurpsy.2021.1165

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 physiopathological 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: schizophrénia; pain threshold; nociceptors; Pain

EPP0891

Acceptance and commitment therapy for chronic pain: A systematic review

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doi: 10.1192/j.eurpsy.2021.1166

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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doi: 10.1192/j.eurpsy.2021.1167

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 there 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.