

**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.

**Disclosure of Interest:** None Declared

## 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.

**Disclosure of Interest:** None Declared

## 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).