

all of them had predominantly neuropathic pain. The average value of pain intensity on the VAS scale was 4 (3.92). All patients were treated with non-steroidal analgesics and 16 of them had benzodiazepines in therapy. Along with the mentioned therapy, 9 (36%) patients received a coanalgetic from the group of anticonvulsants and 5 (20%) from the group of antidepressants. Only 4 patients used during the hospitalization supplement based on vitamin B complex. A good therapeutic response was achieved in 20 (80%) patients (reduction of pain on the VAS scale by 2 or more points), partial in 1 patient (reduction of pain on the VAS scale by 1 point). In 4 patients, the prescribed therapy did not reduce pain.

Conclusions: Chronic pain of spinal origin occurs in an approximate percentage as in the general population, but the problem of its treatment is the primary disease and polymedication in the therapy of the primary disease. With a well-balanced therapy, a good therapeutic response in pain reduction can be achieved.

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EPV1338

The Effects of an Online Behavioral Activation Program with Informational Support Messages on Patients with Complex Regional Pain Syndrome

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Introduction: Complex Regional Pain Syndrome (CRPS) is a chronic neuropathic pain condition that significantly reduces patients' quality of life. Few studies have examined the application of short-term Behavioral Activation (BA) programs for patients with CRPS, and studies that include informational support messages are scarce.

Objectives: This study is intended to investigate the effects of an online BA program, accompanied by informational support messages, on pain intensity, pain interference, pain catastrophizing, depression, life satisfaction, and behavioral patterns in patients with CRPS.

Methods: Two patients with CRPS participated in an eight-session online BA program using a multiple-baseline design. After the first session, participants completed daily activity monitoring sheets, and the baseline was measured. The BA intervention began in the third session, and from that point until the eighth session, participants received immediate informational support messages once they completed their monitoring sheets. The informational support messages consisted of graphs comparing the previous day's pain intensity, depression levels, and activity levels, as well as linear trendline graphs based on recorded data. Additionally, questionnaires were used to measure pain intensity, pain interference, pain catastrophizing, depression, life satisfaction, and behavioral patterns pre-intervention, post-intervention, and at a four-week follow-up, and effect sizes (Cohen's d) were calculated.

Results: Daily activity monitoring sheets indicated that activity levels significantly increased during the intervention phase and were maintained or further increased at follow-up. Depression levels gradually decreased from the intervention phase, but pain intensity showed no significant change.

Questionnaires revealed that pain catastrophizing and depression decreased post-intervention and at follow-up compared to baseline, while life satisfaction increased, and pain avoidance behaviors

decreased. However, pain intensity increased compared to baseline, and pain interference decreased at follow-up. Effect sizes, measured by Cohen's d, indicated large effects for all variables except behavioral patterns and pain interference post-intervention, and for all variables except behavioral patterns at follow-up.

Conclusions: These findings suggest that an online BA program with informational support may be effective for patients with CRPS.

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A Systematic Review of Chronic Pain in People with Schizophrenia

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Introduction: Previous research has shown chronic pain to be more prevalent in individuals with psychiatric disorders, compared to the general population.

Objectives: We performed a systematic review of studies relating to chronic pain in patients with schizophrenia (PWS), to explore its cause, prevalence and presentation.

Methods: Our search strategy yielded 4963 studies. Once duplicates were removed, and studies were screened according to our inclusion/exclusion criteria, 15 studies on chronic pain and quality of life (QOL) in PWS remained.

Results: Our results showed that the prevalence of chronic pain in PWS was equal to, or greater than, healthy controls. Studies assessing chronic headaches specifically, found headaches to be more prevalent. Studies that compared chronic pain in PWS to individuals with other psychiatric disorders, such as depression or bipolar disorder, found PWS to have lower levels of pain. Pain intensity ranged from mild to moderate and was most frequently reported in the abdomen and head. The presence of pain was associated with anxiety, depression, psychotic symptoms, and older age. No clear links were found between chronic pain and patient gender, education, or wealth. QOL, particularly health-related QOL, was lower in patients with higher levels of pain, and such patients experienced greater functional impairment. However, when PWS performed self-assessments of QOL and health satisfaction, no difference was seen between individuals with and without pain.

Conclusions: These variations in pain perception may be due to disturbances in somatosensation, with PWS being internally more preoccupied. Specifically, computational models suggest this may be due to aberrant salience, where PWS attribute meaning or value to innocuous stimuli. Understanding the link between chronic pain and schizophrenia is essential as this may contribute to premature death. Further research is required to explore the link between comorbidities as a cause of chronic pain in PWS.

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