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Abstract

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ECP Programme

ECP001

Mental health disorders and the risk of abuse of prescribed opioids

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Abstract: Chronic (non-cancer) pain is a rising problem within Western population. Importantly, people with mental illness have disproportionally high levels of (chronic) pain. Prescription opioid medications are frequently initiated for the treatment of chronic pain. This, despite the growing evidence showing a lack of effectivity and an increased risk of complications such as the development of substance use disorders. Specifically, people with MH problems appear to be more vulnerable to lose control and develop opioid use disorders.

Disclosure of Interest: None Declared

ECP002

Intersecting paths: exploring the link between neurodevelopmental disorders and chronic pain

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Abstract: Individuals with neurodevelopmental disorders, such as ADHD and autism spectrum disorder, often experience higher rates of chronic pain compared to the general population. Potential shared mechanisms could be central sensitization, muscular dysregulation and altered pain experiences. Individuals with ADHD and chronic pain frequently have a lower health-related quality of life, including higher pain interference and depressed symptoms. Psychological inflexibility, insomnia and hypermobility are identified as mediators in the relationship between neurodevelopmental symptoms and chronic pain. Understanding these connections can aid in developing targeted interventions to improve the quality of life for individuals with neurodevelopmental disorders experiencing chronic pain.

Disclosure of Interest: None Declared

ECP003

Psychiatric management of fibromyalgia

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Abstract: Fibromyalgia is not a primarily psychogenic disorder, however due to high levels of comorbidity with psychiatric disorders and shared therapeutic targets, psychiatrists can play an important role in the diagnosis and treatment of fibromyalgia.
Fibromyalgia is a chronic pain syndrome affecting around 2-5% of the general population. Fibromyalgia's core symptom is the persistent generalized pain, its other symptoms include fatigue, stiffness, depressed mood, anxiety and sleep disturbance. Although some psychiatric symptoms are an integral part of fibromyalgia clinical presentation, in a significant part of patients their severity warrants a specific psychiatric diagnosis and management. Available data shows high rates of psychiatric comorbidity in fibromyalgia, with lifetime prevalence reaching 9-33% for anxiety disorders, 16% for post traumatic stress disorder, 63% for depression, 26% for bipolar disorders. Psychiatric comorbidity in fibromyalgia is associated with the severity of fibromyalgia, its impact on