EPP0892

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

N. Faouel[1], B. Ben Mohamed[2]*, M. Bejar[1], F. Zaafrane[1] and L. Gaha[1]

[1]Research Laboratory, R05es10, Faculty Of Medicine Of Monastir, Tunisia, Psychiatry Department, Fattouma Bourguiba University Hospital, Monastir, Tunisia, monastir, Tunisia and [2]Psychiatry, Faculty of medicine of Monastir, Monastir, Tunisia

*Corresponding author.
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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

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Acceptance and commitment therapy for chronic pain: A systematic review

S. Freitas Ramos[1]* and A. Dias[2]

[1]Department Of Psychiatry And Mental Health, Local Health Unit of Guarda, Guarda, Portugal and [2]Department Of Anesthesiology, Hospital Center Tâmega e Sousa, Penafiel, Portugal

*Corresponding author.
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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

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Prescribing of adjuvant analgesics among patients in primary care and specialized pain clinic

E. Malenkova* and O. Zagorulko

Pain Clinic, Russian Scientific Centre of Surgery named after B.V. Petrovsky, Moscow, Russian Federation

*Corresponding author.
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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.

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