EPV1340

Pain and Attention-Deficit/Hyperactivity Disorder: A Closer Look at the Relationship

F. Lobo[1]*, A. M. Fernandes[1], C. Eusébio[1], F. Agostinho[1], L. Figueiredo[1], M. J. Amaral[1], R. Avelar[1] and M. J. Heitor[1]

[1]Departamento de Psiquiatria e Saúde Mental, Hospital Beatriz Ângelo, Loures, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1894

Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity. Recent research highlights a significant comorbidity between ADHD and pain, suggesting that individuals with ADHD may experience altered pain perception and a higher prevalence of pain conditions.
Objectives: This review aims to explore the possible link between pain and ADHD, specifically examining the relationship between ADHD and pain perception, the effects of methylphenidate (MPH) on pain thresholds, and the potential underlying mechanism connecting these two conditions.
Methods: A non-systematic review of the literature was conducted, focusing on key studies published in the last 15 years. The search terms included "pain," "ADHD," and "methylphenidate."
Results: Based on this review, several key findings emerged:

- **Dopamine's Role in Pain:** Accumulating data suggest that dopamine is implicated in pain processing. Many regions of the CNS involved in pain processing have high dopamine receptor density, whose activation can be analgesic.
- **Increased Prevalence of Chronic Pain:** Individuals with ADHD show a higher prevalence of chronic pain conditions, indicating a significant comorbidity between ADHD and pain.
- **Altered Pain Perception:** Individuals with ADHD are more likely to exhibit lower pain thresholds and increased pain sensitivity, particularly in untreated individuals.
- **Impact of Methylphenidate:** Methylphenidate, a common treatment for ADHD, partially reverses altered pain responses, suggesting its potential role in normalizing pain perception through dopaminergic modulation.
- **Neuroinflammation as a Link:** Neuroinflammation has been suggested as a potential factor linking ADHD and pain, particularly through dopaminergic dysregulation.

Conclusions: This review underscores the need for increased awareness of the pain-ADHD comorbidity. Understanding altered pain perception in ADHD is crucial for improving patient care and developing targeted treatments. While current evidence suggests treatments like methylphenidate may help modulate pain sensitivity, further research is essential to clarify the mechanisms and establish guidelines for managing pain in ADHD patients.

Disclosure of Interest: None Declared

EPV1343

Alcohol Use Disorder and Chronic Pain – Our experience

S. Momirović[1]*, L. Ilić[1], J. Đokić[1] and I. Nikolić[1,2,3]

[1]Special Psychiatric hospital "Dr Slavoljub Bakalović", Vršac; [2]Clinic for Neurosurgery, University Clnical Center of Serbia and [3]Medical Faculty, University of Belgrade, Belgrade, Serbia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1895

Introduction: Chronic painful conditions in alcohol use disorder (AUD) are often seen and represent a significant problem in their therapy. Its incidence is higher than in the general population and is often associated with AUD relapse. Often, they are very manipulative.
Objectives: The aim of our study was the intersection of the state of therapy and therapeutic response in patients with chronic pain and AUD.
Methods: This cross-sectional study includes 25 patients treated at the Department for male alcoholism in the SPH "Slavoljub Bakalovic" in Vršac during their hospitalization. The covered period was from April 1st to August 31st 2024.
Results: During our research, 48 male patients with AUD were treated at our department, and 25 (52.01%) had horonic pain. The average age of the patients was 52 years (24-80), and the duration of symptoms was from 7 months to 20 years (average 8 years and 4 months). Localization was mainly in the area of the lower back (10), lumboischialgia (9) and only in the extremities (6). According to the type of pain, the majority (23) had predominantly neuropathic pain. The average value of pain intensity on the VAS scale was 4 (4.2). All patients were treated with non-steroidal analgesics and benzodiazepines. Along with the mentioned therapy, 9 (36%) patients received a coanalgetic from the group of anticonvulsants and 12 (48%) from the group of antidepressants. Few patients (7) used before and during the hospitalizations supplement based on Mg and vitamin B complex. A good therapeutic response was achieved in 17 patients (reduction of pain on the VAS scale by 2 or more points), partial in 6 patients (reduction of pain on the VAS scale by 1 point). In 2 patients, the prescribed therapy did not reduce pain.
Conclusions: Chronic pain syndromes in AUD is more frequent than in general population, and early detection and good therapy protocol is very important to reduce symptoms. Pain treatment protocol for AUD patients must be made individually for each patient in order to achieve an adequate therapeutic response and avoid interaction with other drugs in the therapy of AUD. With a well-balanced therapy, a good therapeutic response in pain reduction can be achieved.

Disclosure of Interest: None Declared

EPV1344

Trigeminal Neuralgia – rethinking the "suicide disease" label

R. Neto[1]*, B. Fonseca Silva[1], M. Remelhe[1] and R. Araujo[1]

[1]ULSGE, Vila Nova de Gaia, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1896

Introduction: Trigeminal Neuralgia (TN) is a rare condition characterized by recurrent brief episodes of unilateral and excruciating facial pain, typically triggered by innocuous stimuli. It is historically known as the "suicide disease", emphasizing the severity of the attacks and its impact on patients' mental health.

https://doi.org/10.1192/j.eurpsy.2025.1895 Published online by Cambridge University Press