[2] "Rebro" University Hospital Center- Psychiatric Clinic, Center for Crisis Intervention, Zagreb, Croatia
* Corresponding author.

Introduction About 15–20% of the population suffering from the chronic pain. Over time, chronic pain can result in different emotional problems, social isolation, sleep disturbances, which reduce the quality of life. Chronic pain syndrome (CPS) indicates persistent pain, subjective symptoms in excess of objective findings, associated dysfunctional pain behavious and self-limitation in activities of daily living. Duloxetine is a potent antidepressant approved by the Food and Drug Administration for the chronic musculoskeletal disorder, diabetic neuropathic pain, fibromyalgia, generallized anxiety disorder and major depressive disorder.
Objective To determine the effect of duloxetine on the reduction of pain and psychosocial suffering.
Aims The goal of the treatment should be to effectively reduce pain while improving function and reducing psychosocial suffering.
Methods Thirty-six adult, nondepressed patients, already on tramadol therapy were included. Patients with VAS (visual analogue scale) ≥ 4were treated with duloxetine for 13 weeks. We measured pain intensity with the McGill Pain Questionnaire-Short Form (MPQ-SF) and compared VAS before starting the treatment with duloxetine and weekly for 13 weeks.
Results Pain response was defined as a 30%decrease in the MPQ-SF. A total of 62.5% of the sample met these criteria for response. Among them, 13.8% of patients were discontinued because of adverse effects. Duloxetine significantly improved functioning and the quality of life in patients with CPS.
Conclusions Because of it is analgesic properties, duloxetine in the lower antidepressant doses (60 mg taken ones daily) combined with tramadol (another analgesic agent) can be useful in CPS for patients who do not respond satisfactory to monotherapy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1844

EV860

Prevalence of different pain categories based on pain spreading in older adults in Sweden: A multilevel association with socio-demographic characteristics, comorbidities and drug consumption (Pain S65+)

E. Dragioti*, B. Larsson, L. Bernfort, L.Å. Levin, B. Gerdle
Linköping University, Department of Medical and Health Sciences, Linköping, Sweden
* Corresponding author.

Introduction Understanding of factors related to chronic pain in elderly is limited.
Objectives and aims To estimate the prevalence of pain categories based on spreading of pain on the body and to investigate how such spreading is related to demographic variables, pain intensity, comorbidities and medication in an elderly general population in southeastern Sweden.
Methods A total of 6611 adults aged ≥ 65 years participated (mean age = 76.2; SD = 7.4). Pain categories were assessed by a self-reported postal questionnaire covering 45 anatomical predefined pain regions along with demographics, pain intensity during previous seven days, comorbidities and medication. Poisson regression models with robust error variance were used for data analyzing.
Results The prevalence of pain spreading categories was: chronic local pain (CLP) 16%; chronic regional pain medium (CRP-Medium) 17%; chronic regional pain heavy (CRP-Heavy) 5% and chronic widespread pain (CWSP) 2%. Overall, increased prevalence for CRP-Heavy and CWSP in subjects 75–79 years old compared to those 65–69, 70–74, 80–84 and ≥ 85 years were revealed. In men, 75–79 years old, CRP-Heavy was more common than in the other pain categories. In women, 75–79 years old CWSP, was more common than in the other pain categories. Pain intensity was strongly associated with all pain categories ($P < 0.001$). CLP was associated with trauma, rheumatoid arthritis, cancer, prescribed and non-prescribed analgesics. CRP-Medium was associated with rheumatoid arthritis, CRP-Heavy with rheumatoid arthritis and lung diseases and CWSP with rheumatoid arthritis and prescribed analgesics ($P < 0.001$).
Conclusions Our findings elucidate heterogeneity of pain in elderly which has to be further investigated.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1845

EV861

Distinct subgroups derived by cluster analysis based on pain characteristics and anxiety-depression symptoms in Swedish older adults with chronic pain (PainS65+)

E. Dragioti*, B. Gerdle, B. Larsson, L. Bernfort, L.Å. Levin
Linköping university, department of medical and health sciences, Linköping university, Sweden
* Corresponding author.

Introduction There is a lack of research on subtypes of chronic pain (CP) characteristics in the elderly.
Objective To scrutinize major subgroups based on pain aspects and psychological factors on an elderly population.
Aims To determine possible differences between the derived subgroups with respect to pain aspects and anxiety-depression symptoms, health aspects and health care costs.
Methods A cross-sectional study was implemented. A large sample of 2300 individuals (M = 75.9 years, SD = 7.4) participated. Self-reported postal measurements regarding pain intensity, spreading of pain, anxiety and depression (General well-being schedule [GWBS]), and pain catastrophizing [PCS]) were used as classification variables. A two-step cluster analysis was employed. We further investigated whether the derived subgroups experienced different quality of life and general health. Calculations regarding health care costs were also performed.
Results Two major subgroups were identified: one low symptom severity subgroup (Cluster 1; $n = 1326$; 58%) and one high symptom severity subgroup (Cluster 2; $n = 974$; 42%). There were statistical significant differences on pain intensity, spreading of pain, anxiety, depression and pain catastrophizing between the two subgroups ($P < 0.001$). Significant lower levels for quality of life and general health ($P < 0.001$) were found for the high symptom severity subgroup. Health care costs in the high symptom severity subgroup were significantly higher than those of the low symptom severity subgroup ($P < 0.001$).
Conclusions Our findings exhibit the necessity for subgroup-specific treatment services for improving pain management and reducing health care costs in the elderly.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1846

EV862

Ziconotide and amnesia: A case report

S. Marini[1,*], V. Lalli[2], A. Costantini[2], F. Gambi[1]
[1] *University G. d'Annunzio, neurosciences and imaging, Chieti, Italy*
[2] *SS Annunziata hospital, health urgent and emergency care, Chieti, Italy*
* Corresponding author.

https://doi.org/10.1016/j.eurpsy.2016.01.1847 Published online by Cambridge University Press

Introduction Ziconotide is a new class of non-opioid analgesic that selectively blocks the neuron-specific (N-type), voltage-gated calcium channels, preventing the release of substance P and calcitonin gene-related peptide.
Methods A literature search was conducted in September 2015 using Pubmed and Scopus databases. No articles speaking about the direct correlation between ziconotide and amnesia were found.
Discussion A 56-year-old female patient, in treatment with ziconotide for chronic phantom pain syndrome, reported amnesia and dysgeusia symptoms. No psychiatric pathologies were diagnosed except for the high anxiety state correlated to the amnesia for recent events. The ziconotide treatment was reduced from 2,4 μg/day to 1,5 μg/day. Clonazepam was prescribed to treat the anxiety state. The subject clinical conditions did not require hospitalization.
Conclusions It is recommended that patients in treatment with ziconotide be monitored for changes in mood, suicidality ideation, thoughts or consciousness. Ziconotide could have serious neurological or psychiatric signs/symptoms (Table 1). Amnesia is a rare side effect of intrathecal administration of ziconotide. Severe psychiatric adverse effects may require ziconotide discontinuation, treatment with psychotropic agents and/or acute hospitalization.

Table 1

Psychiatric disorders	Nervous system disorders
Hallucinations	Dysgeusia
Delusions	Dizziness
Confusional state	Dysarthria
Anxiety	Ataxia
Insomnia	Nystagmus
Cognitive disorder	Areflexia
Mood disorder	Burning sensation
Suicidality ideation	Hypoaesthesia, paraesthesia

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1847

EV863

Psychiatric disorders in patients with atypical facial pain

V. Medvedev[1,*], V. Frolova[1], Y. Fofanova[1], A. Drobyshev[2]
[1] *People's Friendship university of Russia, Chair of psychiatry-psychotherapy and psychosomatic pathology, Moscow, Russia*
[2] *Moscow State university of medicine and dentistry, Chair of maxillofacial and plastic surgery, Moscow, Russia*
[*] *Corresponding author.*

Objective Maxillofacial surgeons and dentists often (up to 10%) deal with the phenomenon of atypical facial pain (AFP) – painful condition of maxillofacial area without clear organic pathology. Psychiatric studies of this disorder are almost lacking.
Aim The aim of this study was to define psychopathological disorders in patients with AFP and to set up psychopharmacological treatment strategies.
Methods The study used clinical psychopathological and psychometric (Pain measurement scales: Brief Pain Inventory, VAS, Pain Catastrophizing Scale) methods. We included patients with AFP examined in the clinic in December 2014 - September 2015.
Results Study sample consists of 54 patients with AFP: 45 women (83.3%), 9 men (16.7%), 18-70 years old (39.5 ± 14.7 years). In 67.8% of patients (33 women, 4 men), AFP was associated with affective disorders; among them, recurrent major depressive disorder was verified in 9.2% (4 women, 1 men), single depressive episode – in 33.6% (15 women, 3 man), bipolar II depression – in 3.6% (2 women), cyclothymic disorder – in 7.1% (4 women), dysthymia – in 14.3% (8 women). In 10.8% of patients (6 women), AFP was considered as a symptom of somatoform pain disorder. In 21.4% (6 women, 5 men), AFP was related with schizotypal personality disorder. Psychopharmacological agents used were SSRIs (fluvoxamine, escitalopram), SNRIs (venlafaxine, duloxetine), agomelatine and antipsychotics (quetiapine, amisulpride, alimemazine). The pain subsides in 87,04% of patients and the severity of pain decreased in 12.96% of patients.
Conclusion Patients with AFP should be examined by psychiatrist in order to determine psychopathological disorders and to elaborate psychopharmacological treatment strategies.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1848

EV864

Psychosemantics of pain in patients with coronary artery disease

E. Pervichko[1,*], Y. Zinchenko[1], L. Pak[2]
[1] *Lomonosov Moscow State university, faculty of psychology, Moscow, Russia*
[2] *Moscow State university of medicine and dentistry, faculty of general medicine, Moscow, Russia*
[*] *Corresponding author.*

Introduction It is known for a fact that a number of psychological factors may affect heart pain perception in patients with coronary artery disease (CAD). However, psychosemantics of pain in CAD patients was hardly ever explored.
Objective To study the features of pain psychosemantics in CAD patients.
Methods There were applied McGill Pain Questionnaire (Melzack, 1975); the psychosemantic technique "Classification of sensations" (Tkhostov, Efremova, 1989); the 20-item Toronto Alexithymia Scale (Bagby, Taylor, Parker, 1994); and State-Trait Anxiety Inventory (Spielberger et al., 1983). Fifty-four CAD patients took part in the study, the mean age was 55.9 ± 7.6 years. CAD duration was 5.8 ± 2.6 years.
Results CAD patients with the high level of trait anxiety (28%) choose greater variety of descriptors for pain definition, revealing an impaired ability to differentiate between emotional states and physical sensations. They show higher scale values for McGill Pain Questionnaire. Patients with high indices of alexithymia (31%) require significantly fewer words for description of painful and dangerous perceptions within the "Classification of sensations". This may testify to a certain bafflement in verbal description of the pain. With that, intensity of alexithymia does not correlate significantly with the high level of state and trait anxiety ($P > 0.05$). The method of "Classification of sensations" revealed that patients with trait anxiety, as well as those with alexithymia, define the pain with significantly more numerous metaphorical and affective descriptors (Pervichko, Zinchenko, 2013).
Conclusions Received results prove an important role of psychological factors in etiology of chest pain in CAD patients with the high level of trait anxiety and alexithymia, which supports the urgency of psychotherapy for them.
References not available.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1849