

to 4.46], group based counseling (SMD 1.36, CrI 0.40 to 3.17) had significantly greater effects than usual care. Participants assigned to all assessed interventions had a significantly improvement in depression compared with usual care, except for those assigned to psychoeducational therapy (SMD 0.02, 95% CrI -0.11 to 0.15).

Conclusion This review shows that cognitive behavioral therapy, group based counseling and exercise may have significant beneficial effects considering SF-36 and HADS when compared with usual care. However, additional well-done research studies are necessary to establish the role of psychosocial interventions in men with PCa.

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EW0430

Suicides and cancer mortality in Russia: A comparative analysis of trends

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Introduction The association between suicide and cancer is complex. Hopelessness and depression are the common risk factors for both suicide and cancer. There is also evidence that suicide rate in cancer patients are higher than in the general population. However, the real occurrence of suicide in cancer patients is considered to be underreported. This is a good reason to expect a positive relationship between cancer mortality and suicide rates at the population level.

Aims The present study aims to test the hypothesis of the close aggregate level link between cancer mortality and the suicide rates in Russia.

Methods Trends in sex-specific cancer mortality and the suicide rates from 1956 to 2010 were analyzed employing a distributed lags analysis.

Results The results of analysis indicate the presence of a statistically significant association between trends in suicides and cancer of the upper digestive tract (mouth, oral cavity and pharynx), larynx, bronchus and lungs, stomach, colorectal, ureter and leukemia for male. There is also a statistically significant association between trends in suicides and cancer of the upper digestive tract (mouth, oral cavity and pharynx), larynx, bronchus and lungs, stomach, colorectal, ureter, breast, cervix, uterus and leukemia for female.

Conclusions Common confounding variables, including binge drinking and psychosocial distress, may explain positive aggregate-level association between the cancer mortality and suicides time series in Russia.

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EW0431

Clinical and psychological confirmation of stabilizing effect of neurofeedback in migraine

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Introduction Neurofeedback in migraine aims to improve neurophysiological state, which is linked to psychosomatic, emotional and cognitive regulation. Objective and complex evaluation of neurofeedback effects is feasible.

Methods A single case design cross-over placebo-controlled study with blinded evaluator included 3 females with frequent migraine (N., E., T.), 1 of whom (T.) also had TTH. Study had 4 phases: evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), evaluation (≥ 2 weeks). Treatment 1 and 2 included 10 infra-low frequency neurofeedback and 10 sham-neurofeedback sessions at T3T4 site in randomized order. Detailed psychological assessment was performed a baseline, at phase switch and in the end. Every day participants filled a computerized diary about pain, aura, mood, stress, copings. Before each session they received questionnaires "well-being, activity, mood" (rating of the current state between antonym adjectives, in Russian).

Results The main finding was reduction of migraine (but not TTH) frequency during real, but not sham neurofeedback phase: 11% vs. 31% days in N. ($P=0.1$), 15% vs. 30% days in E. ($P=0.046$), T. After the start of neurofeedback had only TTH. Another detected phenomena was reduction of day-to-day shifts in cognitive function domains of "well-being, activity, mood" (easy/difficult to think, attentive/distracted). In N. and E these domains had co-dynamic with mood (good/bad mood, happy/sad), while in T. – with anxiety (tensed/relaxed, nervous/calm).

Conclusion Infra-low frequency neurofeedback from interhemispheric site resulted in decrease in migraine frequency and in reduction of shifts in psychological state. Thus, the treatment had multimodal stabilizing effect.

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EW0432

Sham-neurofeedback as an intervention: Placebo or nocebo?

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Introduction Sham-controlled studies of neurofeedback are aimed to provide evidence-based data regarding its efficacy. However, a sophisticated sham procedure may turn out to be an intervention rather than a neutral control.

Methods Data from a single-case cross-over sham-controlled study of NF in migraine were analyzed to assess the effects of sham-NF. The study included 5 females with chronic migraine and was divided into 4 phases: pre-evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), post-evaluation (≥ 2 weeks), where treatment 1 and 2 included 10 infra-low frequency NF and 10 sham-NF sessions at T3T4 site in randomized order. Participants filled out a computerized diary about headache and emotions.

Results Sham-NF resulted in some reduction of the level of tension (0.8 ± 0.7 vs. 1.1 ± 0.5 , $P=0.1$) and anxiety (0.56 ± 0.5 vs. 0.95 ± 0.4 , $P=0.07$) as measured by the mean value in the diary (rating from 0 - no emotion, to 3 - very intense). While the total frequency of headache was not influenced by sham-NF ($40 \pm 11\%$ vs. $40 \pm 7\%$ days, $P=1$), a tendency towards an increase in quantity of severe headaches ($42 \pm 18\%$ vs. $20 \pm 18\%$ days, $P=0.07$) and in the need for drug intake ($74 \pm 27\%$ vs. $44 \pm 30\%$ days, $P=0.07$) was observed. We supposed that expectation of feedback and failure to receive it during sham sessions may have possible negative effects, while frequent visits to the clinic and contact with the therapist may explain reduction in anxiety.

Conclusion Sham-NF seems to have both placebo and nocebo effects, which should be considered during interpretation of results of the studies.

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EW0433

Pain perception in children with autism (prospective study of 40 cases)

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Introduction Recent studies show a different mode of expression of pain associated with disorders of verbal and nonverbal communication, body schema and some cognitive impairment in autistic children.

The aim of our study was to evaluate the reactivity of an autistic child in a slightly painful stimulation in a standardized situation where there is a dual relationship with an adult.

Methods We conducted a study, on 40 children with autism. The diagnosis of autism was established following a multidisciplinary assessment including scale ADIR (Autism Diagnostic Interview Revised) and ADOS (Autism Diagnostic Observation Schedule). Severity of autism was assessed by the CARS (Childhood Autism Rating Scale). All subjects were submitted to a pinch with a clothespin camouflaged by the palm of the hand of the examiner. The reactivity to pain was assessed by the NCCPC (Non-communicating children's pain checklist).

Results All children have responded to pain, 57.5% had moderate to severe pain and 42.5% had mild pain. The evaluation of the expression of pain according to the items of the NCCPC showed that 95% of children responded with motor responses, 90% responded with vocal productions, only half of the children (55%) presented facial expressions and 12.5% of the children showed physiological indices. The analysis of the type of motor and vocal reactions was not moving toward pain in almost all children (removal or protection of the area of the body affected, the precise location of the painful area are almost absent in our sample).

Conclusion These results are in favor of a different mode of expression of pain in children with autism.

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

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EW0434

Mental disorders in patients with temporomandibular pain-dysfunction syndrome

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Introduction Maxillofacial surgeons and dentists often deal with the phenomenon of temporomandibular pain-dysfunction syndrome—painful condition of maxillofacial area without clear organic pathology. Psychiatric studies of this disorder are almost lacking. The aim of this study was to determine the prevalence of psychiatric disorders in patients with temporomandibular pain-dysfunction syndrome and to define the psychiatric diagnosis (ICD-10).

Methods Study sample consists of 57 patients (44 women and 13 men) with temporomandibular pain-dysfunction syndrome aged older than 18 years, who gave inform consent. The study used clin-

ical psychopathological, psychometric (HADS, HDRS, State-Trait Anxiety Inventory, Hypochondria Whitley Index, Visual Analog Scale for Pain).

Results Psychiatric disorders were revealed in 48 patients (84.2%) with temporomandibular pain-dysfunction syndrome—39 women and 9 men aged 18–65 years (mean age 39.6 ± 15.4 years). Affective disorders were diagnosed in 56.3%, personality disorders in 20.8%, schizotypal personality disorder in 12.5% and schizophrenia in 10.4%. Among affective pathology mild and moderate depressive episodes prevailed (59.3%). The severity of pain (VAS) in patients with affective disorders was higher than in patients with other psychiatric conditions.

Conclusion This study shows high prevalence of psychiatric disorders in patients with temporomandibular pain-dysfunction syndrome and proves the feasibility of a psychiatrist participate in the complex treatment of these patients. The use of psychometric method allows to improve the timeliness of the detection of patients who require further clinical psychopathological examination in order to determine the need of pharmacotherapy.

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EW0435

Burning mouth syndrome: Problem in the mouth?

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Introduction Burning mouth syndrome (BMS) is characterized by an intraoral burning sensation for which no medical or dental cause can be found. Sporadic evidence suggests that drug induced conditions may evoke BMS. Intriguingly, we observed a patient who developed BMS after induction of citalopram.

Objectives & aims A case report of patient with BMS from our psychiatric ward will be presented here, followed by a literature review on drugs induced BMS.

Methods Based on a recent literature search, we present a first case report of BMS that was apparently induced in patient shortly after beginning of citalopram. We performed a systematic search through PubMed, EMBASE and Cochrane's Library to find more cases of psychotropic induced BMS.

Results Ms. A. was a 72-year old woman meeting DSM-IV diagnostic criteria for melancholic depression, who was observed in a clinical setting. We started citalopram 10 mg, 1dd1, with 10 mg, 1dd1 increase over 7 days to 20 mg, 1dd1. The following day, she displayed a persistent burning painful sensation in the mouth. Other than BMS oropharyngological syndromes were excluded after consultation with qualified medical specialists. Citalopram therapy was discontinued, and nortriphen treatment was initiated. BMS symptoms resolved over four days. Twelve case reports have linked BMS to the use antidepressants and anxiolytics.

Conclusion Contrasting the statement that no medical cause can be found for BMS, we found that psychotropics may evoke the syndrome. Compared to other psychotropic drugs, antidepressant medication has the strongest association with BMS.

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