

**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

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## EV863

### Psychiatric disorders in patients with atypical facial pain

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**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.

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### Psychosemantics of pain in patients with coronary artery disease

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**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.

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