Objectives: To demonstrate that these manifestations of disrupted regulation, as observed among individuals with posttraumatic stress disorder (PTSD) and borderline personality disorder (BPD) are also reflected in patterns of pain modulation.
Methods: Three studies using self-report questionnaires and psychophysical tests, assessing sensitivity to pain, as reflected by pain thresholds, and reactivity to suprathreshold noxious stimuli, as implicated in their rating
Results: Study 1 Included 32 PTSD outpatients, 29 anxiety disorder outpatients, and 20 healthy controls. PTSD patients reported higher rates of chronic pain (83.3%) than anxiety patients (42.0%) and controls (5.0%). PTSD severity correlated with chronic pain severity ($r = 0.61$, $p < 0.01$). PTSD patients displayed a unique paradoxical pain profile, according to which their pain thresholds were significantly *higher* than those of the anxiety patients and controls ($p < 0.01$), but they perceived suprathreshold stimuli as being much *more intense* ($p < 0.01$).
Study 2 included 32 PTSD outpatients and 43 healthy controls. Findings replicated the paradoxical pain profile among PTSD patients. Pain thresholds were positively associated with dissociation level ($b = 0.49$; $p < 0.05$) and negatively associated with anxiety level ($b = -0.63$, $p < 0.01$). Pain ratings were positively associated with anxiety ($b = 0.52$, $p < 0.05$) and negatively related to dissociation levels ($b = -.51$, $p < 0.05$).
Study 3 included 46 women diagnosed with BPD and 47 healthy controls. Women with BPD reported higher levels of childhood trauma ($p < 0.05$) than the controls. They also demonstrated higher pain thresholds ($p < 0.05$). Among subjects with high levels of body dissociation, implicated by reduced body awareness, those with BPD demonstrated *hyposensitivity* to pain, manifested in higher pain thresholds, lower suprathreshold pain ratings, and pain evoked by higher temperature, than the controls. Among those with low levels of body dissociation, BPD subjects demonstrated *increased reactivity* to pain as manifested in higher pain ratings and pain evoked by lower temperature.
Conclusions: These findings demonstrate the association between over-modulation and under-modulation of stress and over-modulation and under-modulation of pain, respectively, among PTSD and BPD patients. These findings point to parallel processes of disrupted regulation among traumatized individuals.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics 01

EPP0095

Treating Attention-deficit/hyperactivity disorder During Pregnancy and Breastfeeding

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders, and in the majority of patients persists into adulthood. There is a lack of data regarding the risks of ADHD medication during pregnancy and breastfeeding. While some women may be able to discontinue without adverse effects, others may experience significant functional impairment. Due to the rising number of ADHD medication prescribed to women at child-bearing age, it is important to determine which medications can be considered relatively safe in pregnancy and lactation.
Objectives: We aim to review recent evidence on the risks of stimulant and non-stimulant treatment in pregnancy and lactation.
Methods: Literature review on the topic through PubMed and Google Scholar using the search terms: "ADHD", "ADD" , "Pregnancy", "Lactation OR breastfeeding", "Stimulants", "Methylphenidate OR Amphetamine OR lisdexamfetamine OR atomoxetine OR modafinil". Only original research papers written in English were included.
Results: We identified twelve studies investigating the use of ADHD medication in pregnancy and four studies regarding lactation. Most of the studies did not find an elevated risk for congenital malformations by treatment with methylphenidate or medical amphetamines during pregnancy. A report suggested a moderate risk for congenital defects in infants exposed to modafinil in utero. The teratogenic effects of atomoxetine and guanfacine have not been investigated. Regarding lactation, only case reports and case series were found. Methylphenidate seems to be safe, with little transfer into breast milk and no reported adverse effects for the baby. Amphetamines transfer into breast milk and reach relatively high concentrations, and although the overall risk for intoxication seems to be low it cannot be fully excluded.
Conclusions: Prescription of ADHD medication to pregnant and lactating women should be considered after an individual risk-benefit estimation. In severe cases, when medication cannot be discontinued, the overall risk for adverse outcomes seem to be relatively low. More higher quality studies are needed on the topic.

Disclosure of Interest: None Declared

EPP0096

Trazodone induced euprolactinemic galactorrhea – a case report

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Introduction: Trazodone is an antidepressant that exerts its effect through serotonin reuptake inhibition and 5-HT2A and 5-HT2C receptor antagonism. Galactorrhea, as well as the increase in prolactin levels, have been seldom related to antidepressants. These adverse effects are more frequently observed with antipsychotic medication.
Objectives: To present and discuss a case of Trazodone induced galactorrhea in a 24-year-old female patient diagnosed with a moderate depressive episode, without psychotic symptoms.
Methods: Clinical case description and literature review.
Results: We present the case of a healthy 24-year-old woman, medicated with oral contraceptives, presented to a Psychiatry Consultation due to worsening depressive and anxious symptoms. Prolonged-release Trazodone was initiated with the indication to gradually titrate up to 300 mg/day. On the third day of treatment

(at the time, at a dose of 75 mg/day), the patient began to experience breast pain and galactorrhea. On the seventh day, due to continuation of the complaints, she went to a Gynecology Consultation, having carried out an analytical study, in which a prolactinemia value was registered within the normal range (18 ng/mL). The possibility of pregnancy or continued intake of anabolizing steroids was excluded. The condition reversed upon discontinuation of the drug.

Conclusions: The endocrine and reproductive effects of antidepressants are uncommon and galactorrhea is only rarely mentioned as a possible adverse effect of this type of medication. The neurobiological mechanisms underlying this association are unclear. The existing literature points to the possibility that serotonergic antidepressants act by suppressing dopamine neurotransmission (by indirect inhibition of the tuberoinfundibular pathway), facilitating the release of prolactin and thus contributing to the increase in its levels. However, there are also case reports of antidepressant-induced galactorrhea in the presence of normal prolactin levels. In the present case, a state of euprolactinaemia was, in fact, verified. The findings reinforce the importance of carrying out more studies and on a larger scale, to better clarify the mechanisms underlying this association.

Disclosure of Interest: None Declared

EPP0097

Efficiacy of Pharmacotherapy in Patients with Hypothimic Mental Disorders Suffered from Covid-19 Infection

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Introduction: In organic mental disorders in people who have undergone COVID-19, it has been established that the complex use of periciazine in combination with paroxetine, diazepam, 3-hydroxypyridine succinate and hyperbaric oxygenation is superior in effectiveness to traditional therapy with an antipsychotic drug, antidepressant and anxiolytic. The inclusion of 3-hydroxypyridine succinate, hyperbaric oxygenation in the complex therapy of this pathology corrects the concentrations of adrenaline, norepinephrine, dopamine, serotonin in the peripheral blood of patients, eliminates hormonal status disorders and humoral immune responses.

Objectives: The aim of the work was to optimize approaches to the treatment of hypothymic disorders in organic mental illness, to substantiate the complex use of periciazine in combination with paroxetine, diazepam, 3-hydroxypyridine succinate and hyperbaric oxygenation in patients who underwent COVID-19.

Methods: The object of the clinical study were patients with organic mental disorders who underwent COVID-19. To assess the condition, laboratory research methods were selected taking into account the etio- and pathogenesis of diseases: determining the level of catecholamines, some indicators of humoral immune responses, and the hormonal profile.

Results: Table 2.3 - Nosological structure of patients included in the study

Nosological form	Associated hypothymic disorder	Number of patients	Gender Males	Average age (years)	Females
Organic mental disorder	Organic anxiety disorder F06.4	21	15	6	28,7±6,3
	Depressive Episode F33	22	12	9	
Organic mental disorder associated with COVID-19	Organic anxiety disorder F06.4	18	15	3	
	Depressive Episode F33	16	10	6	43,7±7,4

Conclusions: In patients with organic mental disorders, occurring with hypothymic symptoms, compared with healthy donors, there is a complex of disorders in plasma concentrations of catecholamines. Traditional and, to a greater extent, combination therapy increase the levels of serotonin, dopamine, norepinephrine, both in the group of patients who did not have COVID-19, and in those who underwent a new coronovirus infection.

In patients with organic mental disorders, occurring with hypothymic symptoms, compared with healthy donors, there is a complex of disorders in plasma concentrations of catecholamines. Traditional and, to a greater extent, combination therapy increase the levels of serotonin, dopamine, norepinephrine, both in the group of patients who did not have COVID-19, and in those who underwent a new coronovirus infection.Complex therapy with periciazine, paroxetine, diazepam in combination with 3-hydroxypyridine succinate and HBO for organic mental disorders causes a more complete reduction of hypothymic disorders both in the group of patients who did not have COVID-19, and in those who underwent a new coronovirus infection.

Disclosure of Interest: None Declared

EPP0098

Anti-inflammatory properties of Risperidone : A clinical Trial

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Introduction: The evidence of an inflammatory status at onset of psychosis supports the adjunction of anti-inflammatory agent to antipsychotic (AP). Some negative results of these clinical trials lead us to wonder about the anti-inflammatory power of AP.

Objectives: Would the action of associated anti-inflammatory agents be negligible compared to the anti-inflammatory potential of AP?