

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.046>

#### EW0433

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

A. Kachouchi<sup>1,\*</sup>, S. Said (Dr)<sup>1</sup>, P.O.N. Fadoua<sup>2</sup>, P.A. Benali<sup>2</sup>, P.A. Imane<sup>1</sup>, P.M. Fatiha<sup>1</sup>, P.A. Fatima<sup>1</sup>

<sup>1</sup> University hospital Mohammed VI, Department Of Psychiatry, Marrakech, Morocco

<sup>2</sup> Avicenne military hospital, Child and adolescent psychiatry service, Marrakech, Morocco

\* Corresponding author.

**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.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.047>

#### EW0434

### Mental disorders in patients with temporomandibular pain-dysfunction syndrome

V. Medvedev\*, V. Frolova, Y. Fofanova  
PFUR University, Chair of Psychiatry- Psychotherapy and Psychosomatic Pathology, Moscow, Russia

\* Corresponding author.

**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 informed consent. The study used clinical

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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.048>

#### EW0435

### Burning mouth syndrome: Problem in the mouth?

S. Petrykiv<sup>1,\*</sup>, L. de Jonge<sup>2</sup>, M. Arts<sup>3</sup>

<sup>1</sup> University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands

<sup>2</sup> Leonardo Scientific Research Institute, Department of Geriatric Psychiatry, Groningen, The Netherlands

<sup>3</sup> University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands

\* Corresponding author.

**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 nortriptyline treatment was initiated. BMS symptoms resolved over four days. Twelve case reports have linked BMS to the use of 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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.049>