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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) ≥ 4 were 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.

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+)

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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.

EV861
Distinct subgroups derived by cluster analysis based on pain characteristics and anxiety-depression symptoms in Swedish older adults with chronic pain (PainS65+)

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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.

EV862
Ziconotide and amnesia: A case report

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