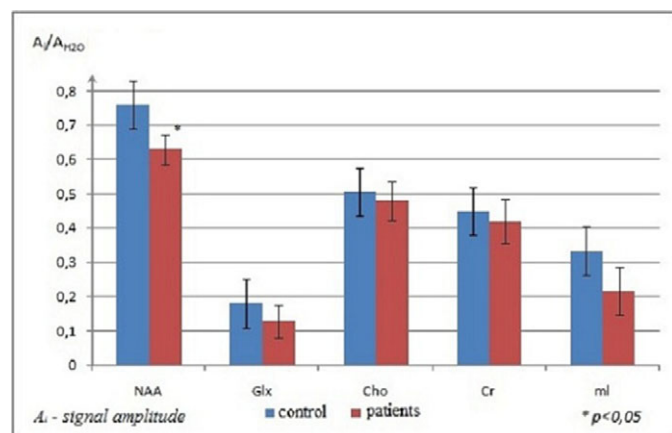


Image 2:



**Conclusions:** The increase of RD could be caused by several factors: impairment of myelin membranes, axon damage because of impairment of axon cytoskeleton, and changed organization of fibrils. Our results showed that RD increase in patients with early schizophrenia did not conform to active demyelination, which was proven by the normal level of Cho, while axon damage, shown by low level of NAA, did not lead to PD reduction.

The decrease of NAA level detected in our study indicated axonal damage in the CC genu of patients in the early stage of schizophrenia. The increase of RD in the presence of normal Cho level seemed to indicate disorders in the axon cytoskeleton damage, but not active demyelination.

**Disclosure of Interest:** None Declared

## Pain / Philosophy and Psychiatry / Precision Psychiatry / Psychophysiology

### EPP1010

#### The Pain of Unjust Losing. The feeling of injustice and the perception of pain

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**Introduction:** Social pain is a phenomenon where you feel pain in response to a social stimulus such as feelings of loss, exclusion, and injustice. In today's world, people often experience unfair treatment. A special case is a situation in which the individual has aroused commitment, but there is no consequence in the form of the expected gratification.

**Objectives:** The study aims to determine the impact of losing and unjust losing on the perception of pain.

**Methods:** The study involved 80 people who were randomly assigned to one of the following groups: win, lose, unfairly lose

and control. The first three groups participated in a "paper-scissor-stone" game that was created in which they played against a false opponent. The game was constructed in such a way as to obtain the result provided for each group. The "unfairly lose" group received negative points for both a loss and a draw. The control group was only watching the play of two other players. Pre- and post-game pain thresholds and pain tolerance were tested in each group. Pain severity was also assessed. The pain was generated by a thermal stimulus using the TSA-II neuroanalyzer. Pain severity and involvement in the game were analyzed with the VAS scale.

**Results:** The level of involvement in the game was identical in all three experimental groups. The lowest pain nuisance was observed after the game in the "win" group. The pain was the most strenuous in the group that was unjustly lost. In the group of "unfairly lose", the pain tolerance threshold decreased after the game.

**Conclusions:** Feelings of injustice can increase pain and pain sensitivity in people who, after inducing commitment, do not receive fair gratification.

**Disclosure of Interest:** E. Wojtyna Grant / Research support from: National Science Centre, A. Mucha: None Declared

### EPP1011

#### A systematic review to assess the use of psilocybin in the treatment of headaches

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**Introduction:** Psilocybin is a naturally occurring psychedelic compound whose effects have been seen in studies for treatment of depression, anxiety and pain management. Given its structural similarities to 5-hydroxytryptamine, a monoamine controlling brain modulation of pain input, preliminary studies sought to test serotonergic interactions of psilocybin with headaches.

**Objectives:** Explore efficacy of psilocybin as treatment for individuals with headaches, including migraines, essential headaches, cluster headaches and unclassified head pains.

**Methods:** Studies were found from six major databases, with inclusion criteria consisting of participants with any type of headache using psilocybin as a treatment. Each study was independently screened by two reviewers at two stages, with inconsistencies reviewed by a third, senior reviewer.

**Results:** The systematic review evaluated eight articles. Benefits of microdosing were explored in one study which reported higher levels of pain relief in comparison to microdosing and conventional pain medications. Top benefits of microdosing as reported by participants included convenience, perceived safety and reduced side effects when compared to hallucinogenic doses of psilocybin. Participants across five studies reported improvements to their headaches as characterized by changes in frequency, intensity,

duration and remission period. Reported improvements were clinically significant in the six studies and statistically significant in three papers. With psilocybin intervention, two studies reported a decrease in headache attack frequency, three studies reported a decrease in intensity, and one study indicated a decrease in duration. The greatest benefit reported was for psilocybin taken during a remission period, with the average length of that remission period between headaches extending for 91% of participants. One study focused on the dosages of psilocybin in relation to its efficacy, indicating that there was more headache pain relief amongst macrodosers, with a difference of 12.3% of participants experiencing pain reduction 3 days after dosage in comparison to microdosers. 18% of participants who experienced essential headaches also experienced hallucinations as a result of ingested psilocybin. Others showed a temporary increase in symptoms of anxiety and pain - 5.3% with microdosing and 14.1% macrodosing. One study observed an increase in average arterial pressure after ingestion.

**Conclusions:** Six of eight screened papers showed that psilocybin was clinically significant in the treatment of headaches as captured through self-reports. While the first controlled study for psilocybin use for headaches was detailed in this study, psilocybin remains illegal in many countries, presenting a need for further regulated research.

**Disclosure of Interest:** None Declared

## EPP1012

### Suicidality in adolescents with Complex Regional Pain Syndrome (CRPS)

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**Introduction:** Complex regional pain syndrome (CRPS) is a rare condition associated with chronic pain. It is an inflammatory and neuropathic disorder principally characterized by involvement of the autonomic nervous system. The etiology of the syndrome is not clear and the known treatment modality is also very complicated.

**Objectives:** Extant literature has shown the relationship between CRPS and suicidal behaviours in adults but less data are available in adolescents. This literature review aims to synthesize and evaluate the existing studies assessing suicidality in CRPS adolescents.

**Methods:** A narrative review of the literature focusing on CRPS and chronic pain in adolescents and their associations with suicidal behavior including suicidal ideations, suicide attempts and death by suicide.

**Results:** The studies of suicidality factors in adolescents evaluated chronic pain in general. Those who studied CRPS specifically did not look for its association with suicide risk. In fact, adolescents who suffer from chronic pain present increased risk for suicide ideations and suicidal attempts. Furthermore, no available data

have demonstrated the association between chronic pain and suicide. Additionally, among adolescents with CRPS, the risks of somatization, anxiety, and depression are higher. The duration of pain, depression and eating disorders has been shown to be associated with increased suicidality.

**Conclusions:** Our findings suggest that CRPS is associated with higher risks for suicidal ideation, suicidal attempts compared to the general population. The risk factors underlying suicidal behavior in CRPS patients are not studied enough and require further investigation.

**Disclosure of Interest:** None Declared

## EPP1013

### Are auditory verbal hallucinations in schizophrenia just “voices” or something different?: Clinical, empirical and phenomenological perspectives

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**Introduction:** Auditory verbal hallucinations (AVH) form a central symptom in the current diagnosis of schizophrenia in the DSM-5 and ICD-10. In both international classifications, hallucinations are considered an erroneous perception without external stimulation. AVH are often viewed as a well-defined entity in itself with certain quasi objective properties. They seem not to arise from nothing but are preceded and accompanied by the anomalies of subjective experiences such as e.g. feeling different, thought aloud and thought interference and experiences difficult to distinguish these phenomena from “hearing voices”. Several recent reviews point to the complexity of the nature of AVH and advocate the involvement of contextual issues and co-occurring psychopathology.

**Objectives:** The aims of this study were to examine the qualitative aspects of the experience of hearing voices, the period of disclosure of AVH and the concomitant subjective experiences (self-disorders) in a group of readmitted patients with a diagnosis of paranoid schizophrenia and experiencing AVH.

**Methods:** We performed an empirical qualitative and phenomenologically oriented investigation of the experiential and existential aspects of AVH. Twenty patients with AVH and fulfilling the ICD-10 criteria of schizophrenia were interviewed with semi-structured questionnaire, covering the aims of this study. The interview encouraged the patients to reflect and express themselves freely. We used 26 items (domains stream of consciousness and basic self) from the Examination of Anomalous Self-Experience (EASE).

**Results:** The disclosure of AVH happened when the patient arrived at a situation of subjective suffering or dysfunction in life, often several years after their beginning. Several participants were not able to determine whether voices were in the “internal” or “external” space. They did not consider their AVH as being analogous to a perception of an external object. The patients were continuously in doubt whether their experiences merited the name of voices or merely thoughts. The terminological status of