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

A. S. Vieira*, H. Santos and I. Valada

Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal
*Corresponding author.
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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

D. Mortágua[1,2]* and D. Rafaela[1]

[1]Department of Psychiatry, Centro Hospitalar e Universitário de Coimbra and [2]Institute of Medical Psychology, University of Coimbra, Coimbra, Portugal
*Corresponding author.
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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