PARALLEL SESSION 7 – SATURDAY JUNE 22\textsuperscript{nd} 2019, 10h30 – 12h00

Combined symposium 9:
Chronic Pain, other Persistent Somatic Symptoms and Psychiatric Comorbidities

- J. Goutte, P. Cathébras: Attitudes of French internal medicine specialists and rheumatologist towards chronic pain complaints
- N. Tsur, et al.: Chronic pain personification and dysfunctional pain modulation among torture survivors: Potential explanations for the trauma-pain link
- C. Rometsch-Ogioun El Sount: Pain, somatic complaints and concepts of illness in traumatized female refugees who have experienced extreme violence through IS-fighters
- F. Van den Eede: The effect of childhood trauma on the response to Group Cognitive Behavioural Therapy for Chronic Fatigue Syndrome
- Ch. Pieh: Night-shift work increases cold pain perception
Attitudes of French internal medicine specialists and rheumatologist towards chronic pain complaints

Aim
The investigate the attitudes of French specialists towards chronic pain complaints and functional disorders.

Methods
We designed an online survey with 3 clinical vignettes conceived as fictional referral letters sent by a general practitioner to the specialist. Cases were as similar as possible in terms of symptoms and functional impairment except for the underlying diagnosis (fibromyalgia, systemic lupus erythematosus, and association of spondyloarthritis and fibromyalgia). We explored the attributions, attitudes and beliefs of respondents.

Results
524 answers to the questionnaire were analyzed. Half of the respondents were women; mean age was 43; 47.7% were internists, 50% rheumatologists, and 2.3% both. Multiple correspondence analysis showed that the case of fibromyalgia was positively correlated with psychological attributions and negatively with ratings of biological etiology. This was the opposite for the case of lupus. The case of spondyloarthritis and fibromyalgia was situated in an intermediate position and correlated with high perceived uncertainty. Psychological and biological ratings were inversely correlated, and psychological attributions were strongly associated with negative beliefs and attitudes such as high perceived responsibility of the patient, poor doctor's sense of competence, and willingness to avoid being involved in the care of the patient. Age, gender, specialty, and number of years of practice did not influence these attitudes.

Conclusion
This study confirms the pervasive mind/body dualism in clinical reasoning and the lack of confidence in dealing with psychosomatic entanglement among medical specialists. Functional symptoms and syndromes remain viewed as exclusively psychogenic, and patients who suffer from them as responsible and potentially blameworthy.

Author(s)
Julie Goutte ¹ / Pascal Cathébras ²

P: Presenting author

Affiliation(s)
1. University Hospital, Saint-Etienne, Internal Medicine, Saint-Etienne, FR
**Chronic pain personification and dysfunctional pain modulation among torture survivors: Potential explanations for the trauma – pain link**

**Aim**
The illness-personification theory suggests that individuals tend to ascribe human-like characteristics to chronic illness and develop a sort of “relationship” with it. Although trauma has been found to be linked with chronic pain and dysfunctional pain modulation, very little is known on the underlying mechanisms of these processes. Two studies tested (1) whether traumatized individuals espouse a traumatized pain personification, and (2) whether traumatized pain personification mediates the link between trauma, PTSD trajectories, and pain perception and modulation.

**Methods**
Fifty-nine torture survivors and 44 controls were assessed for Posttraumatic Stress Disorder (PTSD) at 18, 30, and 35 years post-torture, and for pain personification at 35 years post-torture. Quantitative somatosensory testing of heat-pain threshold, heat-pain tolerance, conditioned pain modulation (CPM), and temporal summation of pain (TSP) were assessed at 35 years post-torture.

**Results**
The findings showed that torture survivors had a higher torturing pain personification compared to controls ($t=2.68, p<.01; \text{Cohen’s } d=.53$). Furthermore, participants with chronic and delayed onset of PTSD had higher torturing personification compared to resilient and controls ($F(3,102) = 4.07, p<.01$). The findings also showed that torturing personification mediated the associations between torture, long-term PTSD, and pain modulation, i.e., CPM (effect=$-0.16; \text{CI: } -0.43, -0.027$) and TSP (effect=$0.12; \text{CI: } 0.007, 0.36$).

**Conclusion**
These findings support the validation of torturing pain personification and its link with trauma and PTSD. The findings further reveal that the orientation towards the body, encapsulated through pain personification, plays a significant role in explaining dysfunctional pain modulation following trauma.

**Author(s)**
Noga Tsur $^1$ / Ruth Defrin $^2$ / Golan Shahar $^3$

P: Presenting author

**Affiliation(s)**
1. Tel Aviv University, Social Work, Tel Aviv, IL
2. Tel Aviv University, Physical Therapy, Tel Aviv,
3. Ben Gurion University, Psychology, Beer Sheva,
Pain, somatic complaints and concepts of illness in traumatized female refugees who have experienced extreme violence through IS-fighters

Aim
Traumatized refugees with a war, torture or sexual violation history complain about several somatic symptoms next to mental disorders such as PTSD. After being held in captivity by the so-called “Islamic State of Iraq and Syria”, female Yazidi women receive special medical and psychological support in Germany. Here we report for the first time about their somatic complaints and concepts of illness.

Methods
Traumatized female Yazidi refugees from Northern Iraq (N = 116) were interviewed in a one-on-one setting on their experiences, their somatic complaints, PTSD symptoms (IESR) and concepts of illness. SPSS was used for statistical analysis for sociodemographic variables, group differences and a multiple linear regression model.

Results
The female sample fulfills criteria for a PTSD (IES-R: M = 60.88; SD = 15.57). Pain (M = 2.43, SD = 1.70) is the main somatic complain, followed by suffocation (M = 2.37, SD = 1.53) and movement disorders (M = 1.62, SD = 1.70). Pain further explains variance of the subjective well-being of the traumatized female refugees. There are no group differences between females with and without pain symptoms. These somatic symptoms are attributed mainly to psychological causes, subsequently by physical, religious and supernatural causes. The concept of illnesses can be described as multicausal.

Conclusion
Traumatized female refugees from northern Iraq who experienced extreme violence through IS-fighters suffer from diverse somatic symptoms, including pain, which are mainly attributed to a psychological explanatory model. The results of this study show the specific psychosomatic and psychotherapeutic needs and demands for specifically tailored psychotherapy.

Author(s)
Caroline Rometsch-Ogioun El Sount / Jana Katharina Denkinger / Martha Engelhardt / Petra Windthorst / Niamh Gibbons / Phuong Pham / Christoph Nikendei / Stephan Zipfel / Florian Junne

P: Presenting author

Affiliation(s)
1. University Tuebingen, Psychosomatic, Tuebingen, DE
2. University Tuebingen, Psychosomatic, Tuebingen, DE
3. University Tuebingen, Psychosomatic, Tuebingen, DE
4. Clinic Havelhoehe, Psychosomatic, Berlin, DE
5. Harvard University, Harvard Humanitarian Initiative, Cambridge, GB
The effect of childhood trauma on the response to group cognitive behavioural therapy for chronic fatigue syndrome

Aim
To examine the relationship between childhood trauma and the response to group cognitive-behavioural therapy (GCBT) for chronic fatigue syndrome (CFS).

Methods
A single cohort study conducted in an outpatient university referral centre for CFS including a well-documented sample of adult patients meeting the CDC criteria for CFS and having received 9 to 12 months of GCBT. A mixed effect model was adopted to examine the impact of childhood trauma on the treatment response in general and over time. The main outcome measures were fatigue, as assessed with the Checklist Individual Strength, and physical functioning, as gauged with the Short Form 36 Health Survey subscale, with the scales being completed at baseline, immediately after treatment completion and after one year.

Results
We included 105 patients with CFS. We found that childhood trauma scores had no significant impact on the response of GCBT over time on fatigue scores or physical functioning.

Conclusion
Childhood trauma does not seem to have an effect on the treatment response to GCBT for CFS over time. Therefore, in the allocation of patients to this kind of treatment, a history of childhood trauma should not be seen as prohibitive and does not need to be taken into account.

Author(s)
Maud De Venter 1,2 / Jela Illegems 3,4 / Rita Van Royen 5,4 / Bernard Sabbe 2,6 / Greta Moorkens 5,6 / Filip Van Den Eede 7,2,5

P: Presenting author

Affiliation(s)
1. Campus Antwerp University Hospital (UZA), University Psychiatric Department, Antwerp (Edegem), BE
2. University of Antwerp (UA), Collaborative Antwerp Psychiatric Research Institute (CAPRI), Faculty of Medicine and Health Sciences, Antwerp, Belgium
3. Antwerp University Hospital (UZA), Behaviour Therapy Division for Fatigue and Functional Symptoms, Antwerp (Edegem), Belgium
4. Antwerp University Hospital (UZA), Department of Internal Medicine, Antwerp (Edegem), Belgium
5. Antwerp University Hospital (UZA), Behaviour Therapy Division for Fatigue and Functional Symptoms, Antwerp (Edegem), Belgium
6. Campus Psychiatric Hospital St. Norbertus, University Psychiatric Department, Duffel, Belgium
7. Campus Antwerp University Hospital (UZA), University Psychiatric Department, Antwerp (Edegem), Belgium
Night-shift work increases cold pain perception

Aim
This study investigates the impact of Night-shift work (NSW) on cold pain perception considering the impact of mood and sleepiness.

Methods
Quantitative sensory testing (QST) was performed in healthy night-shift workers. Cold pain threshold as well as tonic cold pain was assessed after one habitual night (T1), after a 12-hour NSW (T2) and after one recovery night (T3). Sleep quality (Pittsburgh Sleep Quality Index), sleepiness (Stanford Sleepiness Scale) and mood (Profile of Mood States) was measured.

Results
Nineteen healthy shift-workers (8.1 ± 6.6 years in shift work, PSQI: 4.7 ± 2.2) were included. Tonic cold pain showed a difference between T1 (48.2 ± 27.5 mm), T2 (61.7 ± 26.6 mm), and T3 (52.1 ± 28.7 mm) on a VAS (p=.007). Cold pain threshold changed from 11.0 ± 7.9 C (T1) to 14.5 ± 8.8 C (T2) (p=.04), however, an ANOVA comparing T1, T2, and T3 was not significant (p=.095). The change of mood but not of sleepiness correlated with the difference in tonic cold pain from T1 to T2 (R: 0.53; R2: 0.29; p=.022).

Conclusion
NSW increases cold pain perception. The same tonic cold pain stimulus is rated 28% more painful after NSW and normalizes after a recovery night. Increases in cold pain perception due to NSW appear to be more strongly related to changes in mood as compared to changes in sleepiness.

Reference

Author(s)
Christoph Pieh P1

P: Presenting author

Affiliation(s)
1. Danube University Krems, Department of Psychotherapy and biopsychosocial Health, Krems, AT