

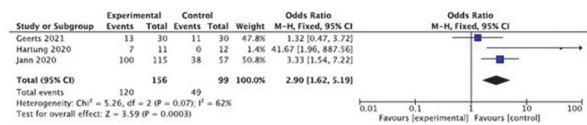
nonpharmacological interventions such as physical therapy. During physical therapy, pain neuroscience education (PNE) aims to help patients understand more regarding the experience of pain from a biological and physiological.

Methods Systematic searches were conducted on 4 databases, Pubmed, Science Direct, Scopus και Pedro. All experimental RCTS evaluating the effect of PNE as a unique or combined therapeutic approach compared to other treatments.

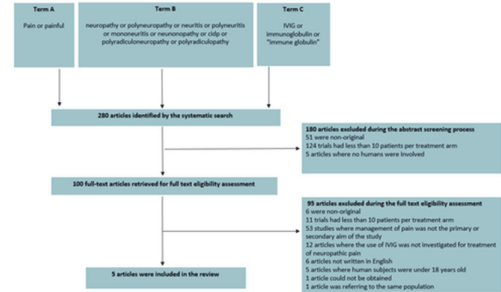
Results 9 RCTs met the inclusion and exclusion criteria and were included in this review. Narrative summary of results is provided for each study in relation to effectiveness of PNE. Results of these studies show that PNE either as a stand-alone treatment or as part of a physiotherapy management approach of chronic pain patients improves their understanding of underlying pain neurophysiological mechanisms, pain levels, functionality, kinesiophobia and fear avoidance beliefs. The conditions ranged from chronic low back and neck pain to fibromyalgia, indicating a diverse and broad spectrum of conditions that PNE might be used as an effective treatment approach.

Conclusions Current evidence supports that the use of PNE can produce a statistically and clinically important difference in reducing pain, improving patient understanding of pain mechanisms, reducing disability and psychosocial factors and improving function and quality of life.

was 2.9 times higher (95% CI 1.6 – 5.2) in comparison to placebo (p=0.0003).



Abstract B402 Figure 1



Abstract B402 Figure 2

Conclusions The use of IG for the treatment of PNP has a potential therapeutic benefit. Further studies across patients with different types of PNP are needed to better characterize this effect.

B402 THE USE OF IMMUNOGLOBULINS (IG) FOR THE MANAGEMENT OF PERIPHERAL NEUROPATHIC PAIN; SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and Aims Immunoglobulins (IG) are widely used for the treatment of a variety of immune-mediated diseases. The exact mechanism of action remains unknown, but IG modulate the expression and function of Fc receptors, interfere with activation of the complement and production of cytokines, neutralize pathogenic autoantibodies and affect the activation and effector functions of B and T lymphocytes.

Immunoglobulins are usually delivered intravenously and they are effective in ameliorating motor symptoms and/or preventing disease progression in immune-mediated neuropathies including Guillain-Barré syndrome (GBS) and chronic inflammatory demyelinating polyneuropathy (CIDP).

The aim of this systematic review and meta-analysis was to study the potential of IG for the treatment of peripheral neuropathic pain (PNP).

Methods We performed a systematic literature search in the PubMed database. We also looked for unpublished or ongoing trials in clinicaltrials.org. PNP reduction following IG treatment had to be within the aims (primary or secondary).

Results The above-mentioned literature search strategy revealed 5 studies (2 open label, 3 randomized placebo-controlled) eligible to be included. The pooled estimate of the percentage of patients with PNP who received immunoglobulins and reported pain relief was found to be 65% (95% CI 58% – 71%). As demonstrated in the forest plot (Figure 1), the likelihood of achieving pain relief with immunoglobulin treatment

B403 PERIPHERAL NERVE BLOCK FOR PHANTOM LIMB PAIN – MORE THAN A TEMPORARY FIX

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Background and Aims Phantom limb pain is associated with depression, poor quality of life, and work incapacity. Despite being a relatively widespread condition, it still presents a challenge and is often poorly responsive to treatment.

Methods We report the successful use of a single-shot peripheral nerve block in a patient with phantom toe pain.

A 35-year-old obese woman with psoriasis was referred to the Chronic Pain Unit due to neuropathic pain in the left foot with phantom pain in the 2nd toe. She had a history of pyoderma gangrenosum circumscribed to the left foot and required 2nd toe amputation 4 years prior. She described intense stabbing and pinprick pain in the sole and lateral region of the foot, with allodynia and hyperalgesia. The pain was worsened by walking (10/10 vs 3/10 at rest) and cold. The patient had been prescribed gabapentin which she did not tolerate, and tramadol + dexketoprofen which caused hepatic toxicity.

We performed an ultrasound-guided posterior tibial nerve block and deep and superficial peroneal nerve block with 0.2% ropivacaine.

Results The next day, the pain improved significantly (2/10) and phantom pain ceased. The patient was able to return to work as a factory employee one month after the procedure,