

and also used linear regression to adjust for baseline values. The analysis was based on intention to treat.

Results: We recruited 211 eligible patients (97% of target), of whom 107 were allocated to GES and 104 to SMC alone. At 12-weeks the GES group scored 4.1 (95% CI: 2.2 to 6.0) points lower on the CFQ and 6.3 (95% CI: 1.7 to 10.8) higher on the SF-36 compared to the SMC group ($p < 0.001$; $p = 0.007$) (adjusted model). Effect sizes were 0.5 and 0.2 respectively. Subgroup analysis of 141 participants meeting CDC criteria for CFS and 159 meeting Oxford criteria for CFS yielded equivalent results. Serious adverse events were recorded in 1 (1%) of the 107 GES group and 2 (2%) of the 104 SMC alone group.

Conclusion: Guided exercise self-help is a moderately effective and safe intervention for symptomatic relief of fatigue. Its effectiveness in increasing physical functioning is also significant but smaller.

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21

The chicken or the egg problem between the carers and their food allergic children

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Background: To explore the relationship between child's allergy symptoms and the carer's psychological state. This raises the question about the influences of the carer's psychological being on children's food allergic symptoms. It has been established that child allergy has a direct impact on carers, increasing their likelihood of psychological and personality disorders. Moreover, the mother's psychological state can affect children's symptoms, for example, the severity of asthma and rhinitis; however, there is little information on the relationship between child food allergy (CFA) and the mother's psychological being.

Methods: A cross-sectional study involving 103 dyads of mothers and their children (up to 5 years old) were recruited at the Allergy Centre of the Universidad de Chile between 2011 and 2013. CFA diagnoses included current clinical history, prick test and specific IgE test. Measures included: the Scale of Psychological Factors in Food Allergy (SPS-FA) and a clinical evaluation of children's symptoms. Linear regressions analyses were used to determine if psychosocial factors in the mother can predict the number of allergy symptoms in children.

Results: Significant interactions were found between the number of gastric symptoms and the CFA-related psychosocial impact on the mothers, accounting for 29.9% of gastric symptoms variance in the child. (Statistical power 0.99). This means that for every point in the SPS-FA scale the number of gastric symptoms in the child increases in 0.7, representing almost half of the standard deviation; $F(1, 55) = 24.861$; $p = 0.000$.

Conclusions The psychological impact of caring for a food allergic child seems to predict the number of allergic symptoms in children. This observed cycle of stress can be understood by the exposure of the mother to the child symptoms, which reinforces mother's stress and its negative effects on children immune system and allergy symptomatology. Therefore, a comprehensive and integrative care strategy focused on the

psychoneuroimmunology influences over "families living with CFA" is suggested.

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22

Patient perspectives of an interdisciplinary pain rehabilitation program

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Background: Chronic pain is a major public health concern, and associated with high rates of disability and healthcare costs. In the United States, rates of opioid prescriptions for chronic pain have been exceedingly high despite lack of evidence for their long-term use. Alternately, research supports the efficacy of biopsychosocial approaches to pain management, including comprehensive pain rehabilitation programs. Despite this, these treatments remain underutilized and significant barriers exist, including physician and patient perceived helpfulness and acceptability of these interventions. In response, the current study examined patient perspectives following participation in an interdisciplinary rehabilitation program with well-documented successful treatment outcomes in several published studies. The primary goal of this research was to understand what aspects of treatment patients found helpful, which can inform conversations about these interventions with patients.

Method: Patients included 470 adults with treatment refractory chronic pain who enrolled in a 3-week comprehensive pain rehabilitation program and completed a patient feedback survey at discharge. This sample represents 94% of patients who completed the program during the study time period. Patients were asked to respond to the following question: "What are three of the most important pain management tools/skills you have learned?" (open-ended). Responses were coded by two independent raters.

Results: Overwhelmingly, patients endorsed breathing and relaxation strategies as the most helpful skill learned to manage chronic pain (85%), which was followed by moderation and/or modification (47%), physical therapy, exercise, and/or stretching (39%), and cognitive therapy (24%). No patients remarked that medication use was one of the most important treatment components, and the majority of patients tapered off of opioid pain medications during the course of the treatment program.

Conclusion: There is a need to integrate behavioral pain management strategies in chronic pain treatment, rather than as an adjunctive recommendation. This is consistent with patient-centered and evidence-based approaches, and is supported by patients' own perspectives and experiences in the current study.

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23

Efficacy of Collaborative Care versus antidepressant treatment in chronic pain and major depression: a multi center proof of concept study

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