

Conclusions: While BW did not have a direct impact on psychosocial functioning, it does influence CR, which in turn affects verbal memory.

Disclosure of Interest: None Declared

EPP069

CPAN: Validation of a novel transdiagnostic dimensional psychosis rating scale

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Introduction: Psychiatric assessment of psychotic disorders has traditionally relied on categorical classification systems, but there is a shift towards a dimensional approach in DSM-5 and ICD-11. Schizophrenia is increasingly viewed as a spectrum disorder, with genetic studies indicating shared risk factors among schizophrenia, schizoaffective disorder, and bipolar disorder. However, there is currently no widely used transdiagnostic dimensional assessment tool in clinical practice. At Semmelweis University we have developed a scale which takes into account four major symptom groups (catatonia, affective-, positive and negative symptoms) and several important “specifiers” (disorganisation, bipolarity, prodromal symptoms, childhood onset, etc.). Clinicians should assess their patients with CPAN based on the long-term clinical presentation, contrary to PANSS and other cross-sectional tools, since our theory is that long-term traits represent underlying “biology” in a more precise manner than the rapidly changing status of patients, and therefore should show higher correlation with biomarkers like genetic and imaging data.

Objectives: We aimed to test the clinical usability of CPAN and its alignment with DSM-5 diagnostic categories and medication correlations in outpatient settings. Additionally, we planned a validation process to assess the tool’s validity, interrater reliability, and test-retest reliability.

Methods: In our pilot study, six clinicians assessed 104 outpatient patients using CPAN, analyzing DSM-5 diagnoses and medications. Patients were clustered into four groups based on leading symptoms. In the validation study, 100 inpatients with severe psychotic symptoms will be assessed three times by two raters—one from the clinical team and one independent. We will compare CPAN’s validity to PANSS results and assess test-retest reliability with three assessments.

Results: The pilot study demonstrated that CPAN is user-friendly, taking 1-2 minutes for familiar clinicians to complete. Four symptom clusters were identified: 1) schizophrenia with catatonic symptoms, 2) schizophrenia without catatonic symptoms, 3) schizoaffective disorder with negative symptoms, and 4) schizoaffective disorder without negative symptoms/bipolar disorder. Prescription patterns were correlated with symptom groups, but detailed analysis was limited due to the small sample size. Validation results are pending.

Conclusions: CPAN is a practical tool for assessing long-term symptom presentation in patients with psychotic disorders. Widespread use of this scale could provide valuable real-life data linking

symptoms to medication use and clinical outcomes. The ongoing validation study will further establish the scale’s validity and reliability

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EPP070

Validation of Ecological Sustained Attention Test for Schizophrenia

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Introduction: Sustained attention deficit is a core feature of schizophrenia, however, its between-subjects and within-subject fluctuations are little understood. Moreover, although the pertinence of sustained attention for daily functioning has been widely discussed in the literature, research has not consistently demonstrated this association in schizophrenia. One possible reason is a use with non-ecological tasks for evaluation of SA, which may not fully capture real-world attentional demands. Indeed, existing tools demonstrate low ecological validity.

Objectives: This study aimed to develop daily-life task-based test of SA - Ecological Sustained Attention Task (Eco-SAT), and investigate its reliability and criterion, construct, and ecological validity in schizophrenia.

Methods: Eco-SAT was developed based on well-established CPT paradigm (320 trials presented for 500-3000ms, 12 min) simulating vacuum cleaning task. Twenty-one individuals with schizophrenia (age: M=42, SD=12.5; female: N=12, 57%) and 34 matched by age and gender healthy controls completed the Eco-SAT, non-ecological CPT, measures of cognition (MATRICS consensus cognitive battery: BACS, TMT, RBVMT & CFT), schizophrenia symptoms, and daily functioning using Observed Tasks of Daily Living test (OTDL, functional capacity) and Adults Subjective Assessment of Participation in daily life in an interchangeable order during one session.

Results: Eco-SAT demonstrated excellent test-retest reliability for Average RT (ICC = 0.84). Schizophrenia patients performed Eco-SAT significantly worse than controls on Average RT (U=545, $p < 0.01$), and variance RT (U=518, $p < 0.01$). Eco-SAT showed correlations with non-ecological SA task (all parameters; $0.45 < r < 0.75$, $p < .001$), MATRICS sub-tests of BACS (d prime, average RT, RT variance: $-0.54 < r < 0.3$, $p < .5$), TMT-B (average RT: $r = 0.3$, $p < .05$), RBVMT (average RT, RT variance: $-0.5 < r < -0.4$, $p < .01$), and CFT (average RT, RT variance: $-0.35 < r < -0.34$, $p < .001$), positive schizophrenia symptoms (hit rate: $r = 0.3$, $p < .05$) and the OTDL (RT variance, d prime, hit rate: $-0.35 < r < 0.3$, $p < .05$).

Conclusions: The study provides initial evidence of the psychometric properties of the Eco-SAT, an ecological measure of sustained attention in schizophrenia. Criterion validity was established for all Eco-SAT indices, while reliability, construct validity, and ecological validity were demonstrated for specific indices. The results suggest that average RT and RT variance are the most trustworthy indices. Although further research is required, these findings indicate that this ecological measure may offer a more

accurate way to assess attentional deficits in real-world activities, enhancing our understanding of attentional mechanisms in schizophrenia for both research and clinical applications.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP071

SEXUAL DYSFUNCTION AND SELF ESTEEM AMONG TUNISIAN WOMEN

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Introduction: Sexual dysfunction is a multifaceted issue that significantly affects women's physical and psychological health, contributing to broader emotional challenges such as dissatisfaction and inadequacy. In Tunisia, cultural and social factors, including gender roles and societal expectations, further shape women's perceptions and experiences of their sexual well-being. Self-esteem, a core component of psychological health, plays a crucial role in how women view and experience their sexuality, with lower self-esteem often intensifying sexual dysfunction.

Objectives: This study aims to explore the relationship between sexual dysfunction and self-esteem among Tunisian women within this cultural context.

Methods: a cross-sectional study was conducted online using a Google Forms questionnaire between July and August 2024. The inclusion criteria were sexually active women aged 18 years or older who provided informed consent to participate. Participants completed a self-administered questionnaire that included sociodemographic information, personal medical history, lifestyle habits, and psychometric assessments.

The Female Sexual Function Index (FSFI) was used to evaluate sexual function and self-esteem was assessed using the Rosenberg Self-Esteem Scale (RSE).

Results: A total of 180 women participated in the study. The average age of the sample was 32.79, with ages ranging from 21 to 60 years. In our study, 97.78% of the women were from urban areas 94.44% had a university degree 80% were employed and 62.78% were married. Regarding medical history, 21.11% reported organic issues, while 27.22% had a psychiatric history.

Lifestyle habits indicated that 18.9% of women smoked, and 21.1% consumed alcohol, while only 1.1% reported using psychoactive substances. The majority, 93.89%, had a single partner, and 93.89% identified as heterosexual.

The evaluation of sexual function using the Female Sexual Function Index (FSFI) showed an average score of 23.37 ± 9.64 , with 43.33% of participants experiencing sexual dysfunction. Specifically, 75.6% had issues with sexual desire, 83.3% reported pain during intercourse, and 71.7% experienced problems with sexual arousal.

The average self-esteem score, was 32.25 ± 5.75 . A significant correlation was found between sexual dysfunction and self-esteem ($p < 10^{-3}$). Among the women with very low self-esteem, 80% experienced sexual dysfunction, while only 20% of those with very high self-esteem reported dysfunction.

Conclusions: Addressing both sexual health and self-esteem is essential for improving the emotional and psychological well-being of women in Tunisia. These findings underscore the importance of comprehensive sexual health interventions that promote positive self-esteem, ultimately enhancing the overall quality of life and fostering psychological resilience among Tunisian women.

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Women, Gender and Mental Health

EPP072

Anxiety, depression, and negative affect in women with and without fertility issues: a network comparison study

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Introduction: Infertility is a biopsychosocial crisis. While there are studies demonstrating heightened negative affect (e.g., depression and anxiety) in women undergoing in vitro Fertilization (IVF), the findings are still inconsistent. The network paradigm allows for a more in-depth examination of symptom dynamics behind specific psychopathological states. A recent development allows one to compare networks from different groups using three characteristics: global strength (overall level of network node connectivity), edge strength (level of association between symptoms), and network structure (comparing all edges in the network across two groups).

Objectives: This study aims to compare the networks of anxiety, depression, and negative affect across women who have fertility issues or undergoing IVF and women without these issues.

Methods: Sample 1 consisted of 197 women with fertility issues (age: $M = 37.73$, $SD = 5.13$) and 370 women without such issues (age: $M = 36.25$, $SD = 6$). Sample 2 consisted of 205 women undergoing IVF ($M = 40$; $SD = 5.29$) and 222 mothers without fertility issues ($M = 28$; $SD = 4.93$). Sample 3 consisted of 162 women undergoing IVF ($M = 35.58$; $SD = 5.04$) and 129 mothers without fertility issues ($M = 34.37$; $SD = 4.94$). PHQ-9 (Patient Health Questionnaire; depression measure) was administered to the sample 1, GAD (generalized anxiety disorder measure) was administered to sample 2, and PANAS - NA (negative affect measure) was administered to sample 3. NetworkComparisonTest R package was used to compare the networks. EBICglasso was used to estimate the networks.

Results: Regarding the depression symptoms (sample 1; image 1) - the networks across the two groups are highly similar with respect to overall connectivity ($S = .051$; $p = .73$) and overall network structure ($M = .16$, $p = .87$). Regarding generalized anxiety symptoms (sample 2; image 2), the findings are replicated with overall connectivity being the same across the two groups ($S = .10$, $p = .34$) and network structure being the same across the two groups ($M = .28$, $p = .09$). Finally, the negative affect (sample 3; image 3)