the literature, their association with epilepsy and schizophrenia is very extensively documented. Recent research brought new insights into the neurobiology of these phenomena.
Objectives: In this article, we aim to review the phenomenology and psycopathology of APs.
Methods: Narrative literature review.
Results: From a phenomenological perspective, three main conditions can be identified. In Autoscopy, the person sees a double, but does not feel a connection with it, meaning that they can distinguish between themselves and the double. In Out-of-body Experience (OBE), the individual feels as though they have left their body and observe themselves from an external perspective. In Heautoscopy, the boundary between the self and the double is blurred, causing uncertainty about where one's "self" is located, representing a middle ground between autoscopy and OBE.
Current research suggests that APs are linked to dysfunctions in the normal integration of body ownership, self-location, and perspective-taking, caused by lesions in regions responsible for integrating multisensory inputs (visual, proprioceptive and vestibular). All types of APs have in common a dysfunction specifically in the temporo-parietal junction (TPJ), a brain area involved in processing self-location and integrating sensory inputs to create a unified sense of self; other common areas include the insula and cingulate cortex.
Regarding to the different networks of APs, Autoscopy primarily involves abnormalities in the visual processing regions (as the occipital and parietal lobes), causing a visual perception of double; OBEs are caused by dysfunctions in areas responsible for self-location and vestibular processing (such as the medial prefrontal cortex), leading to a sensation of floating outside one's body; lastly, Heautoscopy engages more widespread brain dysfunctions, including the regions involved in self-representation and embodiment, leading to ambiguity in self-location.
Conclusions: APs challenge our understanding of the bodily self and how identity is constructed, raising questions about how the brain creates a unified sense of being in a body and how this can break down under certain pathological conditions. Although much is unknown, one thing is for sure: these phenomena demonstrate that the sense of self is not fixed, and the study of its disruption, by exploring its phenomenology and psychopatology, may contribute to reveal the underlying processes involved in bodily self-consciousness.

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EPV1534

Academic procrastination and suicidality: A systematic review

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Introduction: Academic procrastination is the deliberate action of postponing the completion of academic tasks that must be completed, despite the harmful effects that not completing them may entail, having a particularly high prevalence in university students. Numerous studies have analyzed the consequences of academic procrastination on mental health. Furthermore, scientific evidence has also found a high prevalence of suicide risk in youth and adolescents. Therefore, it is worth asking if academic procrastination is related to the risk of suicide and self-harming behavior in students. To our knowledge, this is the first systematic review to analyze the relationship between academic procrastination and suicidality.
Objectives: To analyze 1) the relationship between academic procrastination and suicidal tendencies, 2) whether this relationship, if it exists, is influenced by other variables.
Methods: Academic Search Premier, APA PsycArticles, APA PsycInfo, PSICODOC, Psychology and Behavioral Sciences Collection, MEDLINE, E-Journals, ERIC and Scopus were searched during October 2024. An additional search was also conducted using the Google Scholar search engine. The review was carried out following the criteria of the PRISMA 2020 declaration. Observational studies that analyzed the relationship between procrastination and suicidality were included, without language or time restrictions. Single case studies or case series, studies examining procrastination in non-academic settings, and studies using qualitative methodology were excluded. Each study was narratively summarized.
Results: Ninety-three studies were identified; after eliminating duplicates and those works that did not meet the eligibility criteria, four studies were included for review. These studies varied in their origin (two articles from the United States, one from Spain, one from Peru, and one from Jordan) and the secondary variables evaluated. All studies found a positive and significant relationship between suicidality and academic procrastination (with correlation coefficients ranging from 0.19 to 0.51), observing a slightly higher correlation in women compared to men. Self-control was found to mediate the relationship between procrastination and suicidality.
Conclusions: Our findings suggest a strong positive relationship between academic procrastination and suicidality. However, there are still few studies that analyze this topic, so it is necessary to continue researching in this field.

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EPV1535

A Complex Case of Feigned Psychosis or Hidden Truths? A Case Report

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Introduction: Feigning is defined as "to represent falsely; to imitate so as to deceive" (McDermott et al. Int J Law Psychiatry 2013; 36:287-92). Malingering and dissimulation are subtypes of feigning: malingering involves intentionally producing symptoms for incentives (World Health Organization. ICD-11 2022), while dissimulation involves concealing symptoms to appear mentally well (Caruso et al. J Am Acad Psychiatry Law 2003; 31:444-50). The prevalence of feigning illness remains uncertain, and varies with context and incentives. Within the legal context, 17.5% feign incompetence to stand trial and 64.5% to plead not guilty by reason of insanity. Malingering has been reported in up to 56% of general offender samples (McDermott et al. Int J Law Psychiatry 2013; 36:287-92). In the public setting, the malingering prevalence constituted 30% of disability evaluations, 29% of personal injury evaluations, 19% of criminal evaluations and 8% of medical cases (Mittenberg et al. J Clin Exp Neuropsychol). In 2006, malingering resulted in approximately $150 billion in annual expenses for the US insurance industry (Mason et al. Perspect Psychiatr Care 2014; 50: 51-7).

Objectives: To explore the challenges in differentiating psychiatric illness from feigning.
Methods: This case involves analysing the patient's history, collateral information, and diagnostic interviews to distinguish psychiatric pathology from feigned symptoms.
Results: A 31-year-old male with a history of paranoid schizophrenia, whose recent psychiatric admission was prompted by psychosis and charges of serious assault, property damage, and possession of a weapon. The admission raised suspicions of symptom feigning and patient wariness of the psychiatric stigma. Despite four years of engagement with mental health services (MHS), the patient disclosed shortly after admission that he had been feigning his symptoms to obtain an insanity plea, but now hopes to return to prison seeking a more favourable environment and the certainty of a confirmed guilty sentence. Collateral information from the community MHS and family members suggested underlying psychiatric concerns and manipulative tendencies of the patient, complicating the diagnosis and raising the possibility of dissimulation.
Conclusions: The case highlights the challenges of distinguishing genuine psychiatric illness from deceptive behaviour, emphasizing the importance of thorough history-taking, understanding symptom pathology, using diverse interview techniques, gathering collateral information, and conducting psychological assessments. Clinicians must carefully distinguish feigning from true pathology to provide accurate diagnoses, ensure proper treatment, reduce costs, and safeguard public safety.

Disclosure of Interest: None Declared

EPV1536

Rare Psychopathology Associated with Progressive Supranuclear Palsy (PSP) with Frontotemporal Dementia (FTD) Phenotype - A Case Report

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Introduction: Progressive supranuclear palsy (PSP) is a neurodegenerative disorder characterised by supranuclear ophthalmoplegia (SNO), parkinsonism, and postural instability. Overlap with frontotemporal dementia (FTD) has been suggested, with PSP-FTD considered a specific phenotype. Common psychiatric symptoms include apathy and depression, while hallucinations and delusions are rare. Hallucinatory palinopsia is the persistence or recurrence of vivid visual images after the stimulus has been removed. It results from aberrant activation of visual memory circuits, and, while uncommon, is typically seen in conditions such as strokes, space-occupying lesions and seizures.
Objectives: To present a case highlighting unique psychopathology in a patient with PSP-FTD phenotype.
Methods: Clinical case description and literature review.
Results: An 80-year-old male with a 6-year history of progressive behavioural changes, memory disturbances, and motor dysfunction presented initially with apathy and social withdrawal. Memory impairment and gait difficulties followed, along with irritability, aggression, and hypersexual behaviours like inappropriate touching or gesturing towards family members or masturbating in public. Asymmetric intention tremors (left > right) and stereotypic hand movements developed over time. In the past year, the patient began experiencing visual hallucinations, particularly hallucinatory palinopsia, where he persistently saw objects like lizards or water bottles that had been removed from view. These occurred in clear consciousness, were not perceived by others, and would typically last for about an hour. By a multidisciplinary approach, the possibility of delirium was ruled out. A diagnosis of PSP with FTD phenotype was made based on clinical evaluation, including SNO, and neuroimaging. The patient was started on Syndopa and Donepezil. Psychiatric evaluation revealed high scores in domains of Apathy, Disinhibition, Agitation, and Hallucinations on the Neuropsychiatric Inventory (NPI). Psychoeducation was provided, and Quetiapine 12.5 mg was initiated, leading to mild improvement in behavioural symptoms. The patient remains under regular follow-up with plans for medication optimization and physiotherapy inclusion.
Conclusions: Behavioural symptoms in PSP are prevalent and challenging to manage. This case highlights the importance of distinguishing between apathy and depression, as misdiagnosis can lead to unnecessary antidepressant use. The patient's presentation, including disinhibition, hypersexuality, and less commonly reported visual hallucinations, emphasises the need for comprehensive evaluation and a multidisciplinary approach to management in PSP-FTD cases.

Disclosure of Interest: None Declared

EPV1537

An unfrecuenty case of Auditory Charles-Bonnet syndrome

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Introduction: In 1760, Charles Bonnet, a Genoese naturalist and philosopher, described the case of his grandfather, who experienced vivid, elaborate, and recurrent visual hallucinations and who also suffered from visual impairment. Bonnet himself later developed visual impairment and experienced similar symptoms. Since then, there have been multiple reports and cases in the European literature regarding this syndrome.
Objectives: Auditory Charles-Bonnet syndrome describes a rare condition presenting with sensorineural hearing loss, which can result in auditory-musical hallucinations in the absence of an acoustic stimulus. It has been reported in patients with diseases such as psychiatric disorders and organic brain diseases. However, the most common are idiopathic musical hallucinations that occur along with deafness in elderly people. Musical hallucinations that accompany hearing loss may reflect impaired brain function.
Methods: We present the case of a 84-year-old woman with a long-standing history of depression, who also presents mild bilateral pantonal sensorineural hearing loss with associated subjective tinnitus, without other associated somatic and/or psychiatric symptoms. In addition, a CT study of the head was performed which revealed severe fronto-temporal cortical atrophy.
Results: The treatment remains the subject of extensive research. Some authors have reported that hearing aids, antiepileptic drugs, benzodiazepines and antipsychotics can alleviate musical