

past year, providing care to Turkish-speaking migrants and native-born patients together.

Objectives: To describe our efforts in developing a cross-cultural center and facilitating effective communication between migrant patients and native-born patients.

Methods: A descriptive overview of our efforts to establish a day clinic model adapted to the cultural and linguistic needs of the migrant (Turkish) population in Germany with a brief review of the relevant literature.

Results: At our day hospital, we provide care for patients with psychiatric disorders who do not require inpatient treatment but for whom outpatient care is insufficient. Our multicultural treatment team is composed of healthcare professionals whose native languages are German and/or Turkish. In our day hospital, patients with a migration background receive psychotherapy and medical consultations in their native language, ensuring they can access the treatment they need without language barriers. Additionally, we aim to improve cultural understanding through collaborative activities. This approach facilitates the development of cross-cultural communication among patients and healthcare professionals from different backgrounds, while also contributing to equal opportunities in psychiatric treatment. The program addresses linguistic, cultural, and religious communication difficulties, aiming to build and sustain meaningful relationships.

Conclusions: The migrant population in Europe continues to grow each day, and mental health care services must adapt to this heterogeneous population and their diverse treatment needs. We advocate for the establishment of treatment centers where migrant populations and native-born patients are considered together, as such centers can play a role in bridging the intercultural communication gap.

Disclosure of Interest: None Declared

Neuroimaging

EPV1042

Common brain activation patterns in schizophrenia patients with auditory verbal hallucinations: A conjunction analysis

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Introduction: Auditory verbal hallucinations (AVH) are one of the primary symptoms of schizophrenia, but the biological mechanisms underlying them remain uncertain (1,2). Theoretical approaches have proposed that AVH are caused by abnormal activity in the auditory cortex; or that they represent misinterpreted cognitive activity such as inner speech. Recently, our group found, using a symptom capture task, that AVH did not trigger activity in the auditory cortex, but instead in language-related areas, thus shifting the focus towards cognitive theories of AVH (3). To date, cognitive approaches have only been preliminarily investigated, and mostly in psychological studies (1,2).

Objectives: Our aim was to test the theory that a disturbance in inner speech processes underlie AVH. We used conjunction analysis to examine common activation patterns between the experience of AVH and phonological encoding.

Methods: Eleven patients meeting DSM-5 criteria for schizophrenia or schizoaffective disorder with near-continuous AVH underwent fMRI during symptom capture and during a phonological encoding task. In the symptom capture task, the patients were instructed to press their left index finger when they begin to hear an AVH, wait three minutes, mentally repeat what they heard, and then press their right index finger. The phonological encoding task required them to indicate, via button press, whether the names of two objects shown in line drawings rhymed.

Pre-processing and analyses were carried out with FSL software using linear models. Activation maps were thresholded at $p < 0.05$, cluster-corrected for multiple comparisons. To find regions of common activation between the two tasks, the activation maps from the contrasts of interest were binarized and entered into a conjunction analysis. Regions showing significant activation in both tasks simultaneously were considered activated in the conjunction analysis.

Results: The conjunction analysis showed common activation in several regions involved in phonological encoding, such as Broca's area and its right homologue, supplementary motor area bilaterally, Wernicke's area and cerebellum, in patients with AVH.

Conclusions: These results support a non-perceptual origin of AVH and link them to brain areas related to the phonological loop and working memory in schizophrenia.

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EPV1043

Behavior and psychological symptoms in dementia: could be predictors of biology?

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Introduction: Neuropsychiatric symptoms (NPS), prevalent in individuals with mild cognitive impairment (MCI), are linked to functional decline, accelerated dementia progression, and reduced quality of life. In clinical practice, molecular imaging plays a key role in diagnosing cognitive and behavioral issues with high accuracy.

Objectives: This study aims to analyze the correlation between NPS and molecular imaging findings in MCI-diagnosed patients.

Methods: A retrospective, descriptive study was conducted with MCI patients who had undergone Amyloid PET scans (APScan) between January 2019 and October 2024 at Infanta Leonor Hospital in Madrid. Data included demographics, neurological diagnoses, Global Deterioration Scale (GDS) scores, NPS (e.g., depression, psychosis, behavioral and sleep disturbances, anxiety, suicidal thoughts), and PET-FDG/APScan results. Statistical analysis was performed using Dataset and SPSS 22.0.

Results: A total of 72 patients were included. The main characteristics of the sample are shown in table 1. Among these patients, 65.28% exhibited NPS; notably, 49.3% had depression, 23.61% behavioral disturbances, 19.44% sleep disorders, 16.67% anxiety, 4.17% psychosis, and 2.82% suicidal ideation. In patients with a positive APscan, 29.79% had NPS, including 34.29% with depression and 66.67% with psychosis. Patients with abnormal FDG-PET scans showed higher NPS prevalence (65.96%), particularly behavioral disturbances (64.71%), sleep disorders (57.14%), and depression (62.86%).

Image:

Mean of age	61,75 years	
Gender	Male	45,83%
	Female	54,17%
Global deterioration scale	3	75,71%
	4	12,86%
Cognitive tests	MOCA	25,41%
	MMSE	26,07%
Neurological Diagnosis post PET	Alzheimer Disease (AD)	25,00%
	Lewy Body Dementia	5,00%
	Frontotemporal Dementia	10,00%
FDG- PET Scan Pattern	Alzheimer-like	16,67%
	Altered no AD Pattern	51,39%
	Non Conclusive	15,28%
Amyloid PET Scan Pattern	Positive	36,11%
	Negative	63,89%

Table 1. Main characteristics of the sample

Conclusions: This study underscores the high incidence of NPS in MCI patients, noting that NPS may exacerbate patient distress, contribute to autonomy loss, and increase institutionalization risk. Furthermore, molecular imaging patterns can help predict MCI progression to dementia and highlight NPS as potential predictors and outcomes of these biological changes.

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EPV1045

Apathy, Beta-amyloid Burden and Cognitive Decline in Parkinson’s Disease Patients

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Introduction: Apathy is a common non-motor symptom in Parkinson’s disease (PD), and its presence constitutes a risk factor for the development of cognitive impairment in this population (Burchill et al. Lancet Reg Health Eur 2024; 39:100870). β -amyloidopathy has been associated to shorter interval to dementia in PD and may also be a determinant of apathy.

Objectives: We aimed to investigate β -amyloid burden in non-demented PD patients based on the presence or absence of apathy, and how both factors influence the rate of progression to mild cognitive impairment or dementia over a 3-year period.

Methods: Forty-eight PD patients underwent clinical and comprehensive neuropsychological evaluation, as well as [18F]-flutemetamol positron emission tomography. They were classified as apathetic (n=22) or non-apatetic (n=26) based on their score on the Starkstein Apathy Scale. Brain imaging analysis was conducted using the SPM software package.

Results: We found statistically significant differences in disease duration when comparing clinical and demographic variables. Upon neuropsychological evaluation, apathetic patients performed significantly worse in attention domain (Digit Span and Trail Making Test A), executive function (Stroop Word-Colour Test and Trail Making Test B) and verbal memory (CERAD Total Word Recall). At follow up, 47.4% of apathetic patients progressed to dementia or MCI, compared to 12% of non-apatetic patients ($\chi^2 = 6.81$, $p < 0.05$). Brain imaging analysis revealed higher β -amyloid deposition in several cortical areas in apathetic PD patients (adjusted for disease duration and global composite cognitive z-scores).

Conclusions: The presence of apathy in PD patients is associated with greater cortical β -amyloidopathy and indicates a higher conversion rate to a worse cognitive diagnosis within a 3-year period.

Disclosure of Interest: None Declared

EPV1046

Gray matter macrostructure and brain aging in unhealthy alcohol users

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