

hallucination, which in the case of our patient was eradicated, so the contribution of this case could enrich the current bibliography.

**Conclusions:** This is unfrequently presentation of Charles Bonnet syndrom.

**Disclosure of Interest:** None Declared

## EPV1540

### Complexities of the Prodromal Phase of First-Episode Psychosis: A Longitudinal and Phenomenological Diagnostic Approach

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**Introduction:** A 26-year-old man presented with his first-episode psychosis (FEP) following a 15-month period marked by a progressive sense of estrangement from his surroundings, ideas of reference, persistent anxiety, difficulty focusing, and social withdrawal. Two years prior, he began stimulant treatment for suspected attention-deficit/hyperactivity disorder (ADHD), though he discontinued the medication shortly after, as he perceived no improvement. Over the past year, he became increasingly distant from friends and eventually resigned from his job. About three months before hospitalization, he began experiencing first-rank symptoms of schizophrenia. This case will serve as a starting point to discuss the complexities of diagnosing the prodromal phase of FEP.

**Objectives:** This clinical review aims to examine the phenomenology of the prodromal phase of FEP and address the diagnostic challenges posed by symptom similarities between this phase and neurodevelopmental conditions like ADHD.

**Methods:** A literature review was conducted using the PubMed database, covering studies from the past 20 years. Studies were selected if they included phenomenological descriptions of the prodromal phase in FEP and/ or examined the impact of neurodevelopmental conditions on the emergence of psychosis.

**Results:** The review identified several key phenomenological markers characterizing the prodromal phase of FEP, which can aid in distinguishing it from other psychiatric conditions. The prodromal phase of FEP is frequently marked by subtle but progressive alterations in cognition, perception, and affect, including experiences such as derealization-depersonalization, ideas of reference, paranoid ideation, and social withdrawal. Evidence suggests that prodromal symptoms intensify over time, evolving from vague unease to specific disruptions in reality testing. Although ADHD and the prodromal phase of a FEP may share some overlapping characteristics - particularly when symptoms are assessed in a cross-sectional manner - ADHD symptoms are generally regarded as stable traits that persist consistently into adulthood.

**Conclusions:** This case underscores the need for careful differential diagnosis, especially when evaluating individuals in high-risk age groups for psychosis who present with subtle symptoms that do not clearly fit a single diagnostic category. In such cases, clinicians should avoid premature conclusions and instead adopt a longitudinal and comprehensive approach, considering whether genetic, neurodevelopmental, or social risk factors may be contributing to the presentation. A phenomenological perspective can help

clinicians detect subtle yet significant shifts in perception, cognition, and affect, enhancing diagnostic accuracy and enabling timely intervention.

**Disclosure of Interest:** None Declared

## EPV1541

### A literature review of first-episode psychosis, a perspective on the future

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**Introduction:** First-episode psychosis is one of the major challenges of mental health research worldwide because it is a traumatic experience for patients and their families. Patients who experience these episodes may experience fear, distress, and isolation.

**Objectives:** The early phase of psychosis is a critical period when long-term outcome is predictable and biological, psychological and psychosocial influences are developing and display maximal plasticity. This phase presents important opportunities for secondary prevention and delaying treatment may affect the chance of recovery. The main goal is to reduce the duration of untreated psychosis and ensure that, in addition to symptom remission, there is also psychosocial recovery. Currently, the clinical and research focus in psychotic disorders has shifted toward first episode psychosis, early detection of the prodromal phase of psychosis, and an effective integrated treatment model known as "Early Intervention."

**Methods:** Selective review of the literature on first episode psychosis.

**Results:** The studies strongly support the efficacy of antipsychotic medication as both acute and maintenance treatment for patients with a first episode of psychosis.

**Conclusions:** Early intervention may improve outcomes in first episode psychosis. The use of new antipsychotics with greater efficacy and fewer side effects may improve medication adherence and reduce morbidity associated with repeated relapses. However, the optimal duration of maintenance treatment has not been determined and a long duration of untreated psychosis may be associated with a poorer treatment response. Finally, services for Early Intervention should be easily accessible, non-threatening and non-stigmatising.

**Disclosure of Interest:** None Declared

## EPV1542

### Does negative voice content enhance strong priors and conditioned hallucinations?

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**Introduction:** Auditory Hallucinations (AH) can be distressing experiences lived by clinical samples but can also be observed in the general population. Predictive Coding Theories of AH argue that when strong priors are favoured over sensory input, AH would emerge. Powers and collaborators (2017) and Benrimoh et al. (2024) have employed the Conditioned Hallucinations task (CHT) to demonstrate that strong priors were linked to AH. In the CHT, conditioned hallucinations (CH) were created using tones, which neglects the fact that most patients describe AH as verbal and characterised by negative content. Consequently, little is known about the effect of the nature (i.e., verbal) and valence of the AH within the Predictive coding framework of hallucinations. More specifically, the role of emotional voice content in CH has not been explored.

**Objectives:** Thus, our goal is to replicate and expand these results by manipulating the content valence of voices in the CHT. This will allow us to test a possible interaction effect of voice content and the proneness to AH on the rise of CH.

**Methods:** We will recruit 400 French participants from the general population presenting different levels of proneness to AH. Participants will undergo an adapted version of the CHT with two different blocs where either negative or neutral voice content will be presented. Following Powers et al. (2017), for both the negative and neutral conditions, participants will undergo a QUEST maximum-likelihood-based procedure to derive individual thresholds. After, they will complete 12 blocs, during which the number of signals present and their volume will decrease. A no-signal condition will also be presented. The speech presented will be French translation of Baumeister et al. (2022) stimuli. They were created to simulate verbal AH. Since some voice content resemble inner dialogue, we will measure the inner dialogue forms of participants through the Forms of Self-Criticizing/Attacking & Self-Reassuring Scale. Hallucination proneness will be measured through the Launay and Slade Hallucination Scale Extended we modified. Our local ethical committee approved this study following the Helsinki and APA principles.

**Results:** We are currently collecting data and are not able to communicate any results at this time. Data collection should be done by April 2025. Our data will be analyzed through the signal detection theory, a logistic regression on the probability of saying a signal is present and through Hierarchical Gaussian Filter Analysis.

**Conclusions:** A better understanding of the mechanisms behind AH and the role of emotions will help us improve predictive coding theories of AH that can also be used to improve interventions targeting them.

**Disclosure of Interest:** None Declared

## EPV1543

### Cognitive control and adaptive responding in patients with Attention Deficit Hyperactivity (ADHD) and Autism Spectrum Disorder (ASD)

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**Introduction:** Deficits of cognitive control and performance monitoring play a critical role in the psychopathological manifestations of ADHD and ASD. However, relatively few studies have used a transdiagnostic approach to examine deficits in cognitive control and performance monitoring deficits across diagnostic boundaries.

**Objectives:** Using a transdiagnostic approach, we examined post-error slowing (PES), a principal measure of cognitive control and adaptive behavior, in subjects with ADHD and ASD compared to typically developing (TD) subjects. We also investigated the signal detection ability in the three study groups using the d-prime index, which characterizes the observer's ability to select the right stimuli while avoiding the wrong ones based on the commission and omission errors.

**Methods:** Participants included adults (18-65 years) with the DSM-IV diagnosis of ADHD (n=22) or ASD (n=24), as well as TD subjects (n=25). We used pictures from the International Affective Picture System as stimuli, displayed in random sequence. Stimuli were shown centrally every 1400 msec for 800 msec. A total of 243 stimuli were shown in two blocks (negative, positive & neutral pictures with equal probability). Subjects were asked to push a button as soon as possible upon appearance of the stimulus pictures (Go trials); they were, however, asked not to respond if a picture was repeated (NoGo trials). Generalized Linear Model (GENMOD) analysis was used to test post-error slowing (decrease of reaction time after an error) and the d-prime index, applied as dependent variables in the analyses. Study group (ADHD, ASD, TD) was used as independent variable.

**Results:** The analysis indicated a significant ( $p < 0.05$ ) overall group difference in PES among the three study groups. Post-hoc analyses showed that as compared to TD subjects, patients with ADHD manifested a markedly increased PES (~70msec,  $p < 0.05$ ), while subjects with ASD showed no significant change. Additionally, we found a significantly reduced value for the d-prime index in both the ADHD and ASD groups as compared to TD subjects, with no difference between the ADHD and ASD group.

**Conclusions:** While the reduction of signal detection ability was similar in the ADHD and ASD groups, subjects with ADHD and ASD showed a distinctive profile of post-error adjustment in a behavioral response inhibition task. While patients with ADHD show decreased inhibition and fail to make the adjustment that TD subjects make (as indicated by the decreased PES in ADHD), adults with ASD showed intact behavioral reactions after errors (i.e., with post-error slowing reactions similar to that observed in TD subjects).

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## EPV1544

### The Impact of Parent-Child Relationships on Mental Health in Adulthood

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