

Methods: Three psychiatrists and two psychologists underwent PEERS® training and translated the manual into Farsi, adapting it culturally for Iran. Twenty-four young adults with ASD and their parents participated in the study, randomly assigned to a treatment group or a control group. Inclusion criteria were males aged 18–30 years with an ASD diagnosis, predominant social difficulties, motivation to participate, and a family member acting as a social coach. Exclusion criteria included intellectual disability, major psychiatric conditions, and significant verbal or literacy difficulties. Participants attended 16 weekly 90-minute group sessions, covering topics like conversations, humor, electronic communication, dating etiquette, conflict management, and bullying. Sessions were led by a PEERS-certified psychologist and an assistant behavioral coach. Weekly meetings were held to align session content and address potential issues.

Results: The culturally adapted Persian -translated version of PEERS® was perceived as beneficial by young adults with ASD and their caregivers, improving social skills and quality of life. However, quantitative measures did not show significant changes, indicating a need for further refinement and investigation to achieve measurable improvements in social functioning.

Conclusions: While qualitative feedback indicates that both young adults with ASD and their caregivers found the caregiver-assisted social skills intervention to be beneficial in improving social skills and overall quality of life, the quantitative measures did not show significant changes. This suggests that while the intervention may have positive perceptual impacts, further refinement and investigation are needed to achieve measurable improvements in social functioning.

Disclosure of Interest: None Declared

Psychopathology

EPP054

Persistent negative symptoms in young people at clinical high risk of psychosis: findings from an Italian longitudinal study.

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doi: 10.1192/j.eurpsy.2025.410

Introduction: Negative symptoms in CHR-P people are generally not responsive to treatments and commonly related to poorer functional outcome. However, less research attention has been dedicated to Persistent Negative Symptoms (PNS), defined as clinically stable negative symptoms of moderate severity evident for at least 6 months.

Objectives: This study aims to (a) determine the prevalence of PNS in a sample of young people at CHR-P; (b) investigate any association of PNS with functioning and clinical features; (c) examine longitudinal course of PNS across 2 years of follow-up and changes in PNS severity levels with specialized treatments.

Methods: One Hundred Eighty CHR-P participants were recruited and were divided into CHR-P/PNS + and CHR-P/PNS– subgroups according to the presence/absence of PNS. The clinical assessments were based on the PANSS and the GAF and were conducted at baseline and every 12 months during the follow-up. Association of PNS with sociodemographic, clinical, psychopathological and treatment variables were examined using linear regression analysis.

Results: Twenty four participants showed PNS at entry. Of them, 21 concluded the 2-year follow-up period. At baseline, the CHR-P/PNS + participants showed more educational and employment deficits, and more social and functioning impairment. During the follow-up, the CHR-P/PNS + subgroup had a significant longitudinal decrease in negative symptoms, which was specifically related to antidepressant treatment. CHR-P/PNS + subjects also showed a higher incidence of new hospitalization and a lower functional recovery over time.

Conclusions: Our findings support that the persistence of negative symptoms in CHR-P people is longitudinally related to worse daily functioning and more severe clinical conditions that are at higher risk of hospitalization and are less responsive to specialized treatments.

Disclosure of Interest: None Declared

Psychophysiology

EPP055

Theoretical Mechanisms of GLP-1 Receptor Agonist-Induced Depression in Obesity Treatment

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doi: 10.1192/j.eurpsy.2025.411

Introduction: Recent post-marketing data reports an increased incidence of depression and suicidal ideation in patients using glucagon-like peptide-1 receptor agonists (GLP-1 RAs) for diabetes and obesity management compared to metformin. Despite ongoing FDA evaluations finding no causal link, various studies present mixed findings and propose several biologically plausible mechanisms for GLP-1 RA-induced depression. Increased depression rates observed post-bariatric surgery suggest similar outcomes following significant weight loss with GLP-1 RAs. This review explores these mechanisms to provide a comprehensive understanding and guide clinical practice.

Objectives: To evaluate theoretical mechanisms underlying GLP-1 RA-induced depression in patients undergoing obesity treatment and to offer insight for later clinical decision making.

Methods: A comprehensive literature review was conducted using PubMed and MEDLINE, alongside current FDA updates. The review focused on GLP-1 RA side effects related to depression and included case reports of depression in patients on GLP-1 RA therapy. Data on incidence and clinical management were synthesized to develop a cohesive understanding of associated risks and recommended practices.

Results: The review identified several theoretical mechanisms through which GLP-1 RAs may induce depression. Firstly, GLP-1 RAs may reduce food cravings by altering hedonic tone, potentially