

11's long arm, leading to diverse clinical features, affecting mainly the immune and cardiac systems (Dalm *et al.* J Clin Immunol. 2015; 35(8):761-8). Core neuropsychiatric symptoms include intellectual disability, psychomotor delays and distinctive physical traits. Recent reports highlighted attention deficits and autism-like characteristics (Akshoomoff *et al.* Genet Med. 2015; 17(2):143-8). Although previous studies identified varied cognitive profiles in JS, most focused on medical features, and a detailed psychiatric and cognitive characterisation is lacking.

Objectives: This study aims to describe and analyse the psychiatric and cognitive profiles of individuals with JS as well as its associations, within a Spanish sample.

Methods: Twenty-nine participants aged 2 to 45 years were recruited from the Spanish association "11q España". Psychiatric data were collected through interviews with parents and cross-referenced with medical reports, and behavioural symptoms were assessed using the Child Behavior Checklist (CBCL). Cognitive functioning was evaluated using Wechsler scales and the Merrill-Palmer-Revised scale.

Results: The cohort's average age was 12 years, with a female majority (68.9%). Psychiatric or neurodevelopmental comorbidities were present in over half (51.72%), with ADHD being the most common. According to the CBCL, 54.4% had internalising problems, and 54.5% had externalising problems. The average Intellectual Quotient (IQ) was 50.18, and the mean Developmental Quotient 36. When grouped by disability, 17.3% had borderline functioning, 17.3% mild, 21.7% moderate, 26% severe, and 17.3% profound ID. Higher IQ was associated with increased depression diagnoses and anxious/depressed symptoms.

Conclusions: This study provides a detailed neurocognitive profile of individuals with JS, confirming its heterogeneous presentation. Psychiatric comorbidities, especially ADHD, were common, and cognitive functioning ranged from borderline to profound ID, with no cases of normal cognition. Notably, participants with higher cognitive abilities were more prone to depression, highlighting the need for targeted mental health support tailored to individuals with JS.

Disclosure of Interest: None Declared

Psychopathology

EPP228

Prevalence of autistic traits and their relationships with other psychopathological domains in young adults seeking psychiatric attention: a cluster analysis

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doi: 10.1192/j.eurpsy.2025.545

Introduction: Nearly two-thirds of individuals with a mental disorder start experiencing symptoms during adolescence or early

adulthood, and the onset of a mental disorder during this critical life stage strongly predicts adverse socioeconomic and health outcomes. Subthreshold manifestations of Autism Spectrum Disorders (ASD), also called autistic traits, are known to be associated with a higher vulnerability to the development of other psychiatric disorders. Current psychopathological research has pointed out the shortcomings of a categorical approach to mental illnesses (e.g., the concept of comorbidity) whilst a dimensional approach allows the description of patients across multiple syndrome dimensions that, in turn, constitute broad spectra of interrelated psychopathologies.

Objectives: This study aimed to assess the presence of autistic traits in a population of young adults seeking specialist assistance, and to evaluate the study population across various psychopathological domains in order to determine their links with autistic traits.

Methods: We recruited a sample of 263 adolescents and young adults referring to a specialized outpatient clinic, and we administered them several self-report questionnaires for the evaluation of various psychopathological domains: the *Autism Quotient*, the *Ritvo Autism and Asperger Diagnostic Scale-Revised*, RAADS-R, the *Empathy Quotient*, EQ, the *Sensory Perception Quotient – Short Form*, SPQ-SF35, the *Beck Depression Inventory*, BDI-II, the *State-Trait Anxiety Inventory*, STAI-Y1 and Y2, the *Eating Attitude Test-26 items*, EAT-26, the *Prodromal Questionnaire-short version*, PQ-16, the *Personality Inventory for DSM-5*, PID-5-BF, the *Pathological Narcissism Inventory*, PNI. We then conducted a cluster analysis based on the prevalence of autistic traits (AQ, RAADS-R), empathy (EQ) and sensory sensitivity (SPQ-SF35) scores.

Results: The cluster analysis identified three distinct groups in the sample: an autistic traits (AT) cluster (22.43%), an intermediate cluster (45.25%), and a no-AT cluster (32.32%). Moreover, subjects with higher autistic traits exhibited significantly greater symptomatology across multiple psychopathological domains, including mood, anxiety, eating disorders severity, psychotic symptoms, and personality traits such as Detachment and Vulnerable Narcissism.

Conclusions: The study highlights the importance of identifying autistic traits in young individuals struggling with mental health concerns, and suggests a relationship between autistic traits and greater overall psychopathological burden. Additionally, the findings underscore the necessity of adopting a dimensional approach to psychopathology, in order to better understand the complex interplay of different psychiatric symptoms and facilitate tailored interventions.

Disclosure of Interest: None Declared

EPP229

Unveiling Neuropsychiatric Phenomena: The Impact of Linguistic Precision on Clinical Insight

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doi: 10.1192/j.eurpsy.2025.546

Introduction: Precision of language in neuropsychiatry is vital for the accurate understanding of complex psychopathological

phenomena. Many expressions used in psychiatry, especially those of German origin, reflect nuanced descriptions of patient behaviors, cognitive impairments, and emotional states that are not easily captured by modern terms. These linguistic tools provide a window into the intricate dynamics between the mind and body, helping clinicians interpret and navigate the subtleties of neuropsychiatric conditions.

Objectives: This review aims to explore how specific expressions in neuropsychiatry, derived from clinical German terminology, contribute to a deeper understanding of patient experiences and enhance the precision of clinical assessment. By examining these linguistic elements, the paper seeks to illustrate their relevance in diagnosing and treating neuropsychiatric disorders, particularly where conventional language falls short.

Methods: Through a conceptual analysis, this review delves into the historical development and clinical application of several key terms originating in German psychiatry. Terms such as “Gegenhalten,” which describes paradoxical resistance in catatonia, and “Weltschmerz,” a term encapsulating existential despair, are examined within clinical contexts. The review also discusses other terms such as “Mitgehen,” referring to automatic obedience, and “Vorbeireden,” which highlights disorganized speech patterns. The review draws upon classical psychiatric literature and modern clinical observations to demonstrate how these terms inform diagnosis and treatment strategies.

Results: The use of these specific linguistic constructs offers neuropsychiatrists valuable insights into the subjective experiences of patients, often highlighting behaviors and emotional states that would be otherwise overlooked. For example, “Gegenhalten” allows for the differentiation of motor dysfunction in catatonia, while “Weltschmerz” provides a unique framework for understanding a type of depression that transcends typical diagnostic boundaries. Similarly, “Vobeirreden” aids in the recognition of cognitive disorganization, and “Mitgehen” underscores deficits in volitional control. These terms provide clinicians with greater clarity and precision in diagnosis and therapeutic approaches, bridging the gap between patient experiences and clinical evaluation.

Conclusions: This review underscores the importance of language in the accurate interpretation of neuropsychiatric disorders. It demonstrates how these terms enrich the diagnostic process and offer deeper clinical insights into patient behaviors and symptoms. The nuanced language of neuropsychiatry not only enhances understanding but also serves as a tool for more targeted and effective interventions. Ultimately, this approach encourages clinicians to consider the broader impact of linguistic precision in both diagnosis and treatment planning.

Disclosure of Interest: None Declared

Pain

EPP230

Validation of the Korean Version of the Brief Pain Catastrophizing Scale in Patients with Chronic Pain

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doi: 10.1192/j.eurpsy.2025.547

Introduction: The Pain Catastrophizing Scale (PCS) is a widely used self-report tool for evaluating pain-related catastrophizing. In response to the need for more efficient diagnostic tools in clinical environments, the PCS has been shortened from 13 to 4 items in developing the brief version.

Objectives: The objectives of this study were: (1) to examine the factor structure of a Korean-language version of the brief K-PCS and (2) to assess the reliability and validity of the brief K-PCS.

Methods: A total of 131 patients seeking treatment at a tertiary pain center in Daejeon, Korea, participated. Confirmatory factor analysis (CFA) with maximum-likelihood estimation was performed to evaluate the adequacy of the one-factor model. Cronbach's alpha coefficients and Pearson correlations were calculated to investigate internal consistency and 2-week test-retest stability of the brief K-PCS, respectively. For concurrent validity, Pearson correlations were also calculated to examine the relationships between the brief K-PCS and various outcome measures.

Results: The confirmatory factor analysis confirmed the adequacy of the brief K-PCS's unifactor structure, indicated by excellent fit indices (CFI = .999, TLI = .996, SRMR = .039). The brief K-PCS exhibited high internal consistency (Cronbach's α = .83). Test-retest correlations over a 2-week interval was .744 ($p < .001$), indicating high stability. For concurrent validity, the brief K-PCS showed significant positive correlations with measures of depression, fearful thinking, physical response, avoidance, and pain-related anxiety ($p < .001$), and significant negative correlations with quality of life measures, including physical, psychological, social relationships, environmental, and general quality of life ($p < .001$).

Conclusions: The brief K-PCS is a reliable and valid tool for assessing pain catastrophizing in a Korean patient sample with chronic pain.

Disclosure of Interest: H. Yang Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government(NRF-2022S1A5A2A03050752), J. M. Park Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), S. B. Cho Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), S. Y. Lee Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), C. Noh Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), C. Roh Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), S. Cho Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752)