

how these phenomena may fit into explanatory subvocal articulation hypotheses, providing insights into language modality and auditory deprivation.

Methods: Description of a clinical case of a deaf patient with auditory hallucinations in a psychiatric outpatient consultation.

Results: The authors report a case of a 26-year-old male patient with congenital deafness and no prior psychiatric or relevant medical history. He communicated preferably by sign language and also by lip reading. The consultation was realized with the presence of a sign language interpreter. The patient was referred to a psychiatric outpatient appointment due to a 1-year history of bizarre behavior, social isolation, and apparent psychotic symptoms. He lived with his parents and was currently unemployed. According to his mother and brother, he “spoke and laughed alone, like he was talking with someone”. In his mental status examination, he presented a religious delusion and likely auditory hallucinations. He had no changes in his physical and neurologic examination. Blood tests, urinalysis, and urine screening for drug abuse were performed, with normal results. Computed tomography of the brain and an electroencephalogram were also performed, with no significant changes. Over time, the patient was diagnosed with schizophrenia and was medicated with paliperidone with remission of his symptoms.

Conclusions: These findings highlight how auditory hallucinations in congenitally deaf individuals offer a unique view of the interplay between sensory perception and the experience of ‘voices.’ The subvocal articulation hypothesis suggests that auditory hallucinations may arise from disruptions in inner speech mechanisms—subtle, unconscious movements that the brain misinterprets as external voices. In deaf individuals, this experience may manifest through sensory feedback loops adapted to visual modalities, such as the perception of sign language movements, rather than through purely auditory sensations. This shows how language and sensory experiences shape hallucinations, emphasizing the need to consider sensory differences in psychotic symptoms across populations.

Disclosure of Interest: None Declared

EPV1549

Changes in quality of life and psychosocial functioning in a mental health rehabilitation center

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doi: 10.1192/j.eurpsy.2025.2056

Introduction: Health Related Quality of Life (HRQOL) is a key outcome in the treatment of patients with psychosis. It is considered Patients should assess their HRQOL through PROMs. This subjective assessment could be combined with other sources of information

Objectives: The aims of the present study are to evaluate HRQOL and other related variables in a sample of Spanish schizophrenia spectrum patients, who start treatment in a Rehabilitation Unit and to evaluate if there are improvements in HRQOL and in these variables after receiving a rehabilitation treatment

Methods: A sample of 127 of schizophrenia or schizoaffective disorders patients were included in the study (Table 1). These patients started a multi-professional treatment in a Rehabilitation Service. Patients have been evaluated twice – at the beginning and treatment end. Patients have assessed their general and specific HRQOL with the EUROQOL-5D-5L and SQLS-R4 scales. Professionals have evaluated main symptoms of psychosis SSPI, general functioning (objective QOL) PSP and basic and instrumental Daily activities VAVDI. Frequencies in the demographic, clinical and questionnaire scores were calculated. Changes in the questionnaires between the two assessments (Wilcoxon and Chi Square tests) (Table 1).

Results: HRQOL scores were moderate in the EQ-5D-5L health and SQLS-R4 factors and total score (M=37.9; ST=20.9) in the first assessment, and high in the EQ-5D-5L value. The PSP score (objective QOL) at the first assessment shows notable difficulties. Significant changes HRQOL improvement were found in the EQ5D5L health, in the SQLS-R4 factors and total score (effect size range between .35-.39 small effect). General functioning (PSP) scores improved (effect size .68, middle effect) and Daily activities (0.34 small effect). A significant reduction in symptoms was observed in the total SSPI score, especially in negative symptoms, and anxiety/depression, with the effect size being particularly large (Table 2).

Image:

Table 1. Demographics

	M (S.D.)
Ages	41.6(11.4)
Gender N(%)	
Female	37
Male	63
Diagnosis DSM-5 N(%)	
Schizophrenia	63
Schizoaffective disorder	37

Image 2:

	1st assessment	2nd assessment	P	
QOL				
EQ 5D-5L Health	63.7 (22.5)	71.9 (18.8)	0.001	0.39
EQ 5D-5L Value	0.80 (0.2)	0.83 (0.2)	0.089	
SQLS-R4				
SQLS-R4 Psychosocial	36.8 (21.9)	29.5 (20.6)	0.001	0.35
SQLS-R4 Vitality	39.3 (20.6)	32.3 (17.8)	0.001	0.38
SQLS-R4 Total	37.9 (20.9)	35.1 (10.1)	0.001	0.37
SSPI				
Total	10.9 (5.7)	6.0 (3.9)	0.001	1.13
Insight	1.8 (1.3)	1.3 (1.2)	0.025	0.39
Negative symptoms	4.1 (2.6)	2.5 (2.3)	0.001	0.84
Disorganization	0.9 (1.1)	0.7 (0.8)	0.075	
Reality distortion	1.1 (1.5)	0.4 (1.1)	0.001	0.53
Anxiety-depression	1.7 (1.5)	0.6 (0.7)	0.001	0.94
Psychomotor excitation	0.5 (0.9)	0.1 (0.4)	0.001	0.53
VAVDI	37.8 (8.9)	35.1 (6.8)	0.002	0.34
PSP	39.2 (8.8)	46.1 (11.3)	0.001	0.68

Conclusions: These results of the present study outcomes have shown an improvement in both the perceived subjective and objective quality of life of patients. It seems patients and professional may have different criteria to evaluate HRQOL. The relevance of integrating patients' HRQOL assessment into intervention strategies for the treatment of serious mental disorders is highlighted.

Disclosure of Interest: None Declared

EPV1550**Motivation as the driving force of functioning in psychotic disorders**

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doi: 10.1192/j.eurpsy.2025.2057

Introduction: In the last decades, research has focused on investigating cognition and psychopathological symptoms as variables contributing to functional outcomes. However, in recent years the study of motivation has attracted interest as a research target related to functional outcome (Miley *et al* Psychol Med. 2023;53 (5):2041-2049).

Objectives: We aimed to study the relationship of clinical symptoms, motivation, socio-affective capacity and cognition with

functioning in social and occupational areas in patients with a psychotic disorder.

Methods: A sample of 97 patients with a DSM-5 psychotic disorder diagnosis was included. Assessments included the Specific Levels of Functioning Scale (SLOF; Schneider *et al.* Soc Work Res Abstr 1983;19(3):9-21) to assess functioning; the Comprehensive Assessment of Symptoms and History (CASH; Andreasen *et al.* Arch Gen Psychiatry 1992; 49(8):615-23) for clinical symptoms; and the Cognitive Assessment Interview (CAI-Sp; Ventura *et al.* Schizophr Res 2010; 121(1-3): 24-31) and a comprehensive neuropsychological battery to assess cognition. Motivation and socio-affective capacity were assessed by means of the Quality of Life Scale (QLS; Heinrichs *et al.* Schizophr Bull. 1984; 10(3):388-98). Both domains were derived from items of the Intrapsychic Foundations subscale of the QLS. Motivation was derived from items 13, (sense of purpose), 14 (degree of motivation) and 15 (curiosity). Socio-affective capacity comprised items 20 (capacity for empathy) and 21 (capacity for engagement and emotional with the interviewer). Spearman correlations were calculated. Variables which correlated significantly ($p < 0.05$) with SLOF scores were included in the regression analyses.

Results: All the clinical, cognitive and related with motivation and socio-affective capacity variables included in the analyses were significantly correlated with SLOF scores (Table 1), except for positive symptoms with SLOF activities and work. However, in the hierarchical analyses most of the variables were not significant. Specifically, regarding SLOF social scores, positive symptoms and motivation explained 51.5% of the variance. Motivation also explained 40.1% and 68% of the variance of the scores of SLOF activities and work, respectively (Table 2).

Image:

Table 1. Non-parametric correlations between SLOF scores and clinical, motivation and cognition scores.

	SLOF social	SLOF activities	SLOF work
Positive symptoms	-.27**	-.12	-.03
Negative symptoms	-.56**	-.57**	-.61**
Disorganized symptoms	-.31**	-.28**	-.26*
Motivation	.66**	.76**	.79**
Socioaffective capacity	.56**	.51**	.51**
CAI patient	-.16	-.23*	-.35**
CAI family	-.39**	-.47**	-.59**
CAI rater	-.38**	-.48**	-.60**
Global cognition index	.31**	.38**	.47**

* $p < 0.05$; ** $p < 0.001$

SLOF: Specific Levels of Functioning; CAI: Cognitive Assessment Interview

Table 2. Hierarchical regression models of functioning.

	Variables in the model	β	t	R ² adjusted	p
SLOF social	Positive symptoms	-1.17	-2.75	0.515	0.008
	Motivation	0.41	2.19		0.034
SLOF activities	Motivation	0.68	3.03	0.401	0.004
SLOF work	Motivation	0.93	5.15	0.68	<0.001

SLOF: Specific Levels of Functioning

Conclusions: Motivation has a great value as a predictor factor in social, activities and work functioning. Therefore, motivation should be considered as a target related to improving functioning in early intervention programmes for psychotic disorders.

Disclosure of Interest: None Declared