EPV1828

Exploring Emotional Regulation in Psychosis: A Qualitative Study of Patient Perspectives

E. Rolland-Carlichi[1]*, C. Baeyens[1], C. Dondé[2,3,4,5], B. Gouache[6] and C. Bortolon[1,6,7]

[1]Univ. Grenoble Alpes, Univ. Savoie Mont Blanc, LIP/PC2S; [2]Univ. Grenoble Alpes, GIN; [3]INSERM, U1216, Grenoble; [4]Psychiatry Department, CH Alpes-Isère, Saint-Egrève; [5]Psychiatry Department, CHU Grenoble Alpes; [6]C3R – Centre Référent Réhabilitation Psychosociale et Remédiation Cognitive, CH Alpes-Isère, Grenoble and [7]Institut Universitaire de France (IUF), Paris, France
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2261

Introduction: The role of emotional regulation (ER) has emerged as a key mechanism associated with psychosis with important implications for its onset and maintenance. However, knowledge about ER in psychosis has been predominantly quantitative, often neglecting patients' own perceptions of the difficulties they experience when dealing with their emotions.
Objectives: To address this gap, we have undertaken a qualitative study to investigate ER in individuals with schizophrenia and schizoaffective disorder using semi-structured interviews. Given the qualitative nature of the study, we have no specific hypotheses. Instead, we aim to explore the stages of emotional regulation and the factors that influence ER in people with schizophrenia and schizoaffective disorder, aligning our investigation with existing theoretical models.
Methods: Patient recruitment and data collection are in progress. Thematic analyses will be carried out.
Results: Results will be presented during the European Congress of Psychiatry.
Conclusions: We expect that this study will provide a deeper understanding of ER from the individuals' perspectives and enrich ER literature and theoretical models related to clinical populations. Ultimately, this research aims to contribute to the development of quantitative studies to test new hypotheses and design individual-tailored psychological interventions aimed at improving ER in patients with schizophrenia and schizoaffective disorder.

Disclosure of Interest: None Declared

EPV1830

Efficacy and safety of dual long-acting injectable antipsychotics in a patient with treatment-resistant schizophrenia: a case report

P. Russo[1], P. Catapano[1], S. Cipolla[1], A. F. Bonamico[1]*, F. Perris[1] and F. Catapano[1]

[1]Department of Psychiatry, University of Campania "Luigi Vanvitelli", Naples, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2262

Introduction: Schizophrenia is often characterized by chronic progression and frequent relapses. However, recent evidence suggests that many patients can achieve symptoms remission and functional recovery through integrated pharmacological and psychosocial interventions. Despite treatment advances, up to 34% of patients are resistant to standard antipsychotic treatments, with clozapine being the gold standard for treatment-resistant schizophrenia (TRS). However, up to 60% of TRS patients may not respond adequately to clozapine due to its adverse effects and lack of compliance. Recently, the use of two long-acting injectable (LAI) antipsychotics has emerged as a potential strategy for managing TRS, particularly in patients with poor adherence to oral therapies.
Objectives: The objective is to provide clinical insights into this novel pharmacological approach consisting in the administration of two LAI antipsychotics in patients with treatment resistant schizophrenia.
Methods: This case report describes the clinical management of a 62-year-old woman with a 20-year history of treatment-resistant paranoid schizophrenia, characterized by multiple hospitalizations, delusions, auditory hallucinations, disorganized behavior, and non-adherence to oral medications.
Results: Due to the patient's poor response to prior treatments, including clozapine, a novel therapeutic strategy was adopted during her hospitalization in March 2023. Two LAI antipsychotics, haloperidol decanoate (100 mg/28 days) and aripiprazole (400 mg/28 days), were administered alternately to optimize symptom control while minimizing adverse effects. Over 8 weeks, the patient demonstrated significant improvements in psychotic symptoms, mood, and functioning. Importantly, adherence to treatment improved.
Conclusions: This case highlights the potential efficacy and safety of combining two LAI antipsychotics in TRS patients, particularly those with poor adherence to oral therapies. The alternating administration of haloperidol and aripiprazole may exploit the synergistic effects of first- and second-generation antipsychotics, offering a promising alternative for managing complex cases of schizophrenia. Further studies are needed to confirm these findings and establish guidelines for dual LAI use in TRS patients.

Disclosure of Interest: None Declared

EPV1832

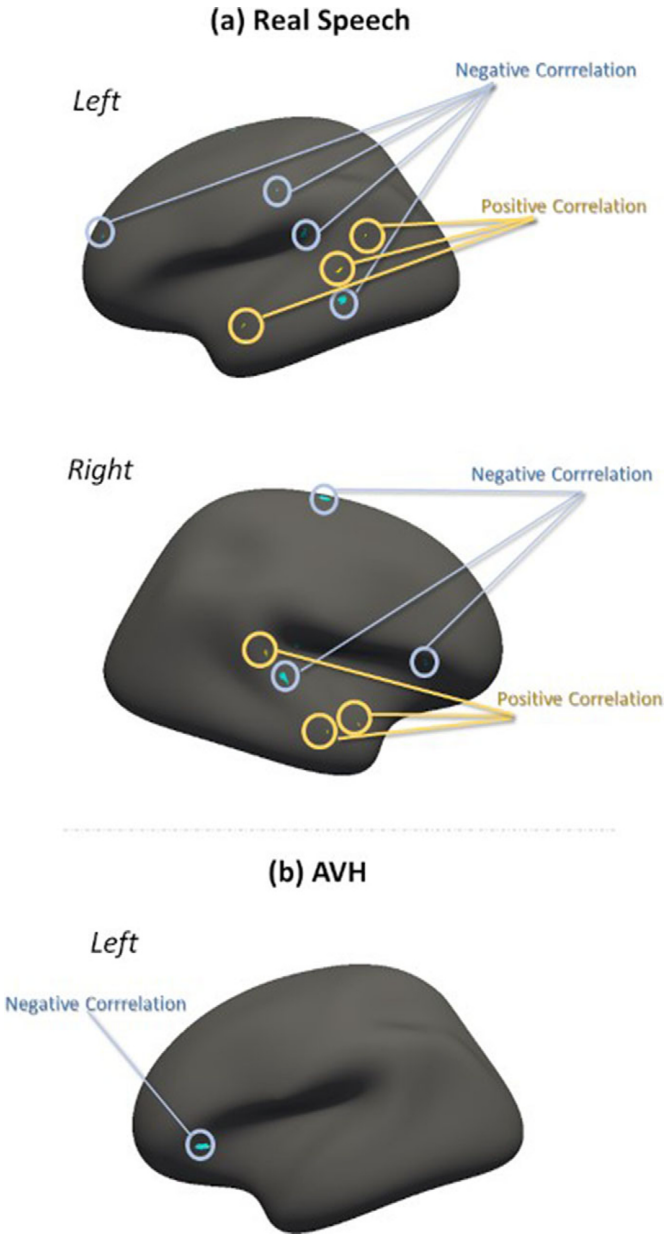
Cross-modal associations of language brain areas in relation to auditory hallucinations in schizophrenia

P. Salgado-Pineda[1,2], L. Barbosa[1], J. Soler-Vidal[1,2], N. Ramiro[1], P. Fuentes-Claramonte[1,2], P. J. McKenna[1,2], E. Pomarol-Clotet[1,2] and P. del Olmo-Encabo[3]*

[1]FIDMAG- GermanesHospitalàries Research Foundation; [2]CIBERSAM-ISCIII and [3]FIDMAG Germanes Hospitalàries Research Foundation, Barcelona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2263

Introduction: An influential current theory suggests that auditory verbal hallucinations (AVH) result from abnormal activity in the auditory cortex. Against this, however, Fuentes-Claramonte *et al* (Sci Rep 2021; 11 18890) recently found that AVH did not activate the primary or secondary auditory cortex, although there were activations in other areas including Broca's area. At the level of brain structure, sulcal depth has been increasingly linked to brain function (Natu *et al* Cereb Cortex 2021; 31 48-61; De Vareilles *et al* Dev Cogn Neurosci 2023; 61 101249). Accordingly, exploring brain structural-functional associations for AVH may provide new insights in their biological basis.
Objectives: To assess the relationship between sulcal depth and brain activity during AVH and perception of real speech.
Methods: Functional (fMRI) and structural (sMRI) 3T scans were obtained from 14 patients with schizophrenia who experienced near-continuous AVH. During fMRI, participants pressed a button when they experienced AVH or heard real speech similar in form to

their AVH. Standard fMRI analysis was conducted with FSL, while sMRI images were processed using Freesurfer's recon-all pipeline to measure sulcal depth. Cross-modal registration aligned whole-brain fMRI activation maps to corresponding structural data and correlations between sulcal depth and brain activity were calculated for each vertex; age, sex and estimated premorbid IQ were covaried for. Cluster-based correction was applied for multiple comparisons.
Results: During real speech, a positive correlation was found between brain activations and sulcal depth in the left superior temporal sulcus (STS, BA 22), and negative correlations in the middle temporal (BA 21), frontal (BA 46), and parietal cortex. On the right, positive correlations were seen in the superior and middle temporal cortex (BA 38, 20, 42), while negative correlations were found in the STS (BA 22), pars triangularis (BA45), and precentral (figure a). During AVH, there was a negative correlation in the left pars triangularis (BA 45) only, including Broca's area, with no significant correlations in the right hemisphere (figure b).
Image 1:



Conclusions: The left STS, along with frontal and temporoparietal areas, appear structurally and functionally linked to perception of real speech. In contrast, AVH primarily engages Broca's area and adjacent left inferior frontal regions.

Disclosure of Interest: None Declared

EPV1834

Cognitive function in long term psychosis patients in a tertiary care hospital

S. Shah[1]*, K. Patel[1], A. Bhandari[1], A. Porwal[1], N. Lalwani[1], K. Khetani[2] and M. Parikh[2]
[1]B.J. Medical College and [2]Department of Psychiatry, Civil Hospital, Ahmedabad, India
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2264

Introduction: Psychosis refers to symptoms that are positive, disorganised,or negative and affects 3% of the population yet little information on long-term cognition is available.
Objectives: To determine association between symptom severity,duration of disease and cognitive impairment.
Methods: 50 adult patients suffering from psychosis(DSM-5) for minimum 1 year and currently on at least 1 antipsychotic drug whose cognition and severity of symptoms were assessed by Montreal Cognitive Assessment test(MoCA) and Positive and Negative Syndrome Scale (PANSS) respectively were included in this cross sectional,cohort study.
Results: Mean age of population was 41.5±12.33 years.Disorganised behaviour and speech were the prevalent core symptoms and risperidone was the choice of drug.

Table 1	MALE	FEMALE	P value T-test	Overall mean
Total PANSS Score	68.2 ± 27.5	75.2 ± 34.9	0.430	71.1 ± 30.7
Positive PANSS	15.3 ± 7.67	17.4 ± 7.59	0.357	16.2 ± 7.63
Negative PANSS	17.2 ± 7.06	18.3 ± 8.92	0.646	17.7 ± 7.83
Generalised PANSS	35.6 ± 14.7	39.5 ± 20.6	0.434	37.2 ± 17.3

Table 2	MALE (58%,n=29)	FEMALE (42%,n=21)	OVERALL (n=50)
Mild cognitive impairment(CI)	34%(17)	14%(7)	48%(24)
Moderate CI	24%(12)	20%(10)	44%(22)
Severe CI	0%	8%(4)	8%(4)

Symptom severity was mild and more negative symptoms were prominent (composite score: -1.48±6.47) (Table 1 PANSS Score) and an overall moderate cognitive impairment(16.5 ±4.46, table 2) was seen in population. Females showed a significantly lower MoCA score as compared to males (14.9±4.8 vs 17.65 ± 3.78, p=0.03) implying more cognitive decline (image 3).There is a strong, negative, linear correlation between MoCA and PANSS scores (r= -0.688, p<0.001) wherein all domains(image 1)except memory were negatively correlated to PANSS. Duration of illness showed a moderate, positive,