

(ANOVA) to determine if there was a correlation between socio-demographic data and questionnaire scores.

Results: In the Analysis of Variance (ANOVA) of total STAI-G scores and religiosity, a significance level of 0.010 was observed, while the Post-Hoc Test suggested that this significance may be found between atheist participants and those who identified with a religion other than Islam, Christianity, or Judaism, with a value of 0.019. Additionally, there is a strong significant correlation of 0.018 between participants' native language and total CRS-10 scores, which may imply that native language, encompassing important factors like cultural background, can influence participants' religious beliefs and practices. Lastly, a significant correlation of 0.041 was found between alcohol consumption and total CRS-10 scores. This correlation could indicate that religious participants are more likely to consume less alcohol compared to non-religious participants, possibly due to their religious beliefs.

Conclusions: This study highlights the importance of examining the connections between sociodemographic factors, life satisfaction, anxiety, and religiosity in relation to mental well-being. The findings aim to provide useful guidance for the evolution of interventions that focus on and enhance well-being and continuity, while emphasizing the quality of life experienced by patients from diverse cultures and backgrounds.

Disclosure of Interest: None Declared

EPP048

ADHD AND DECISION PARALYSIS: OVERWHELM IN A WORLD OF CHOICES

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Introduction: Decision paralysis, defined as the inability to make decisions due to overwhelming options or uncertainty, is an often overlooked symptom of Attention-Deficit/Hyperactivity Disorder (ADHD). Individuals with ADHD frequently struggle with executive dysfunction, making it difficult to prioritize tasks, evaluate choices, and make timely decisions. Despite its significance, decision paralysis remains under-researched, particularly in terms of its impact on daily functioning and quality of life.

Objectives: This study aims to assess the prevalence and severity of decision paralysis in adults with ADHD, explore its relationship with executive dysfunction, and analyze its impact on various life outcomes such as career performance, interpersonal relationships, and overall well-being.

Methods: A total of 50 adults diagnosed with ADHD participated in this study. Self-report measures, including the Decision-Making Competence (DMC) scale and the ADHD Executive Dysfunction Questionnaire (AEDQ), were administered to assess participants' decision-making difficulties, indecision, and executive functioning. Additional data were collected on life satisfaction, perceived stress levels, and the degree of daily functional impairment due to decision paralysis.

Results: The results indicate that 82% of participants reported frequent difficulties with decision-making, with 68% indicating

that decision paralysis significantly affected their work performance. Decision paralysis was strongly correlated with executive dysfunction scores and was a significant predictor of reduced life satisfaction and increased perceived stress. Additionally, 74% of participants reported that indecision contributed to delays or avoidance in making important life choices, such as career changes or financial decisions, leading to long-term dissatisfaction. Notably, 58% of participants experienced decision paralysis at least once a week, with 35% reporting daily occurrences. Furthermore, 61% of participants indicated that decision paralysis led to missed opportunities in both personal and professional contexts, contributing to feelings of regret and frustration.

Conclusions: This study highlights the widespread impact of decision paralysis in adults with ADHD, significantly affecting both personal and professional domains. The strong correlation between decision paralysis and executive dysfunction suggests that addressing this symptom could be critical in improving quality of life for individuals with ADHD. Further research is needed to explore the development of specific interventions targeting decision paralysis.

Disclosure of Interest: None Declared

EPP050

Assessing impact of passive virtual reality exposure intervention on physiological parameters in caregivers of individuals suffering from schizophrenia: A pilot study protocol

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Introduction: Caregiving to individuals with schizophrenia is intensive, complex, and long lasting. In developing countries, the primary caregivers are family members who rarely receive adequate preparation for their role. The diversity and intensity of caregiving roles also may result in caregiver strain and burden. Interaction with nature even in form of hearing sounds have been found to reduce stress markers. Immersive Virtual Environments (IVEs) can result in restorative effects such as increased positive affect, decreased negative affect, and decreased stress.

Objectives: To assess and compare the effect of combined use of nature-based VR and nature-based sounds to nature-based sounds only on physiological parameters (heart rate, respiratory rate, oxygen saturation, systolic and diastolic blood pressure) in caregivers of individuals having schizophrenia.

Methods: Sixty caregivers (aged more than 18 years) of inpatients with schizophrenia as per Diagnostic & Statistical Manual (DSM-5) will be recruited with consecutive sampling. Caregivers should have been staying with patient for at least previous 1 year and have been staying in the ward for previous 7 days for at least 12 hours/day. Individuals with hearing or visual deficits, history of having received treatment for mental illness/epilepsy, or taking sleeping pills/sedatives/hypnotics/cough syrup currently would be excluded. Paid caregiver and those not willing to provide written informed consent would be excluded from the study. Data collection tools will include a semi-structured proforma for mentioning the

socio demographic details, checklist for observing physiological parameters (Heart Rate, Respiratory Rate, Oxygen Saturation, and Blood Pressure), Perceived Stress Scale (PSS), Pittsburg Sleep Quality Index (PSQI), Satisfaction with Life Scale (SwLS), Subjective stress on Visual analogue scale (VAS), User Satisfaction Evaluation Questionnaire (USEQ) and VR Experience Questionnaire (VEQ). Participants would be divided randomly into two groups with group 1 (n=30) individuals receiving only nature-based sounds intervention and those in group 2 (n=30) would receive combined nature-based VR and nature-based sounds intervention.

Results: Primary outcome will be change in physiological parameters using repeated measures ANOVA. Additional outcomes like acceptability and feasibility of the intervention will also be reported as descriptive data. Pearson's correlation will be done between scale scores and change in physiological parameters in different groups based upon nature of intervention, illness based or gender based.

Conclusions: The study provides insight into the utility of upcoming VR interventions to cater the needs of caregivers to individuals with schizophrenia in moderating the stress levels.

Disclosure of Interest: None Declared

Psychophysiology

EPP051

Impact of Childhood Trauma on Stress Levels in Chronic Fatigue Syndrome Patients

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Introduction: Chronic Fatigue Syndrome (CFS) is marked by physical and cognitive fatigue, as well as increased susceptibility to fatigue. While the precise causes of CFS remain unclear, there is growing interest in the role of the stress response system in its development.

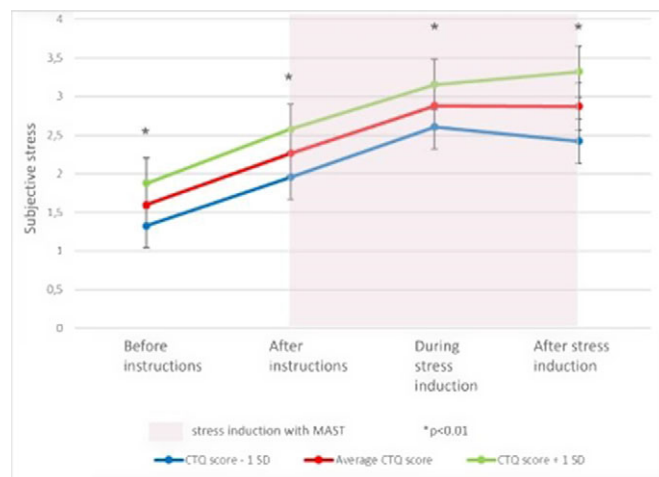
Objectives: Given that early adverse experiences might affect one's ability to handle stress effectively, the aim of this study was to examine whether such early life events could predispose patients with CFS to higher self-reported stress levels when confronted with psychosocial stressor.

Methods: 76 patients with CFS and 45 healthy controls (HC) underwent the Maastricht Acute Stress Test (MAST) to induce stress. Subjective stress levels were assessed before, during and after the task. The Childhood Trauma Questionnaire (CTQ) was used to retrospectively evaluate abusive and neglectful experiences in childhood

Results: Patients with CFS reported significantly higher levels of subjective stress at all stages of the MAST compared to HC (main effect of group; $p < 0.0001$). Additionally, CFS patients had higher CTQ scores than HC ($p = 0.04$). Within patients, higher levels of childhood trauma was associated with higher levels of self-reported

stress ($p = 0.0047$) throughout the MAST. The results of the link are visualized in the attached figure.

Image 1:



Conclusions: Patients with CFS experience heightened stress levels during a validated stress-inducing task compared to HC. Furthermore, a history of greater childhood abuse and neglect is associated with increased stress levels later in life, potentially contributing to the development of CFS.

Disclosure of Interest: None Declared

Psychotherapy

EPP053

Evaluating the Effectiveness of Culturally Adapted Persian-Translated PEERS® (Program for the Education and Enrichment of Relational Skills) for Young Adults with ASD : A Mixed-Methods Study

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Introduction: Social deficits are a significant impairment in adult ASD, leading to difficulties in socio-emotional cognition, communication, and relationships. Effective social skills interventions are crucial during the transition to adulthood. The UCLA PEERS® (Program for the Education and Enrichment of Relational Skills) for young adults is a prominent and well-researched intervention, implemented in over eighty countries and translated into numerous languages. This program includes concurrent sessions for young adults and their parents, aiming to improve social skills and reduce ASD-related social issues

Objectives: The current study aimed to test the effectiveness of a culturally adapted Persian -translated version of PEERS® for young adults with ASD without intellectual disabilities.