

**Introduction:** When an adolescent or young adult is diagnosed with cancer, they're frequently accompanied by their caregiver. Literature shows that caregivers of adolescents and young adult cancer survivors (AYACS) frequently experience high anxiety and depressive symptoms. Being these caregivers an important source of support to AYACS during this challenging journey, one question emerges: does caregivers' mental health impact AYACS' quality of life (QoL)?

**Objectives:** Considering this, this study examined the associations between caregivers' mental health and AYACS' QoL.

**Methods:** Forty-eight dyads were recruited in four hospitals and one association in Portugal. AYACS were mostly women (62.5%) and off-treatment (62.5%). They were, on average, diagnosed at 18.9 years (range: 15-25) and currently 21.98 (range: 15-38). Their caregivers were mostly women (77.1%) and, on average, 47.02 years (range: 19-76). Parent-child dyads were the most frequent. The Quality of Life Questionnaire Core-30 assessed the AYACS' QoL. Caregivers' mental health, the Hospital Anxiety and Depression Scale, and the FCR7 scale assessed caregivers' anxiety and depressive symptoms and fear of cancer recurrence, respectively.

**Results:** Preliminary results show that among AYACS' QoL, only low social functioning was significantly related to high anxiety and depression in caregivers. Treatment status was also significantly positively related to AYAs' social functioning and negatively to caregivers' anxiety and depression. AYAs and caregivers' ages at recruitment were also negatively correlated with caregivers' anxiety. Age of AYACS at diagnosis, living with caregiver, and type of caregiver were not related to AYACS social functioning nor caregiver anxiety and depression. A model was tested, showing that caregivers' anxiety and depression predict AYAs' social functioning, having treatment status as covariable.

**Conclusions:** Caregivers' mental health and treatment status were shown to be important for AYACS' QoL, especially social functioning. This supports the need to assess how caregivers are adapting to this new stage of life and provide specialized support when needed. This could indirectly have a positive impact on the QoL of AYACS. It's important that the support provided considers the diverse challenges these caregivers face, which can differ from other caregiver groups.

**Disclosure of Interest:** None Declared

## EPP490

### Effectiveness of psychosocial interventions on resilience, posttraumatic growth, and meaning in cancer survivors: a systematic review and meta-analysis of randomized controlled trials

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**Introduction:** A growing body of literature focuses on psychosocial interventions that include positive outcomes such as resilience, posttraumatic growth, and meaning in cancer survivors. A research synthesis is needed to provide a comprehensive understanding of this field.

**Objectives:** This systematic review and meta-analysis of randomized controlled trials (RCTs) aimed to determine the effectiveness

of psychosocial interventions on resilience, posttraumatic growth, and meaning in cancer survivors.

**Methods:** CINAHL Plus with Full Text (EBSCOhost), CENTRAL, Pubmed, and WOS Core Collection databases were searched with no publication date or language restrictions. In addition, backward and forward citation searching was conducted in the Scopus database. The risk of bias of included studies was performed using the Revised Cochrane risk-of-bias tool for randomized trials (ROB2). The Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) approach was used for rating the certainty of evidence assessment. Analyses were carried out using IBM SPSS Statistics 28, trial version.

**Results:** The review included 14 RCTs with 1801 participants, published between 2005 and 2022. 10 of 14 RCTs reporting posttraumatic growth and/or meaning outcomes were involved in quantitative analysis. The overall risk of bias was judged as "some concerns" or "high" for all but one study. The pooled results suggested a small, beneficial effect in favor of psychosocial interventions on meaning "from pre-to immediately post-intervention," compared with routine care (Cohen's  $d = -0.298$ , 95% CI:  $-0.518$  to  $-0.077$ ;  $p = 0.008$ ;  $I^2 = 0\%$ ; 319 participants; low-certainty evidence), but no sustained effects "from pre-intervention to the longest follow-up" period (Cohen's  $d = -0.172$ , 95% CI:  $-0.361$  to  $0.018$ ;  $p = 0.075$ ;  $I^2 = 0\%$ ; 433 participants; low-certainty evidence). No significant differences were found for posttraumatic growth between the effects of psychosocial interventions and routine care "from pre-to immediately post-intervention" (Cohen's  $d = -2.310$ , 95% CI:  $-5.735$  to  $1.115$ ;  $p = 0.186$ ;  $I^2 = 99.6\%$ ; 498 participants; very low-certainty evidence) and "from pre-intervention to the longest follow-up" (Cohen's  $d = -1.612$ , 95% CI:  $-3.847$  to  $0.623$ ;  $p = 0.157$ ;  $I^2 = 99.6\%$ ; 947 participants; very low-certainty evidence) periods. The effects of psychosocial interventions on resilience could not be pooled since only two studies existed.

**Conclusions:** The effectiveness of psychosocial interventions on all study outcomes is uncertain, and additional evidence are needed. Future RCTs of high methodological quality are warranted to meet the robust effects of psychosocial interventions in cancer survivors.

**Disclosure of Interest:** None Declared

## Psychopathology

## EPP491

### Reevaluating Auditory Hallucinations: Beyond the Psychotic Disorder Paradigm

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**Introduction:** Auditory hallucinations (AH) are frequently considered a hallmark of psychotic disorders. Even in the absence of any other features, persistent AH will fall under the DSM-5 label of Other Specified Schizophrenia Spectrum and Other Psychotic Disorder. However, AH are not exclusive to psychosis and can occur across various psychiatric and neurological conditions. Furthermore, AH have been reported in the general population, with prevalence estimates ranging from 4% to 21%. While typically transient and sporadic, a minority may experience recurrent and

persistent AH. These experiences, spanning from subclinical to pathological, have been lately understood within the framework of the “extended psychosis phenotype”.

**Objectives:** This study aims to challenge the conventional view of AH as definitive indicators of psychotic disorders by examining their occurrence in different contexts and exploring the relevance of the “extended psychosis phenotype” in understanding these symptoms.

**Methods:** A literature review was conducted using the keywords “auditory hallucinations”, “extended psychosis phenotype” and “phenomenology” in the PubMed and Google Scholar databases.

**Results:** Psychotic experiences seem to run in families, suggesting a transdiagnostic psychosis trait that may be passed down independently of emotional or thought regulation processes. As a result, psychosis - and AH in particular - can be expressed across multiple disorders, including schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, autism spectrum disorders, post-traumatic stress disorder (PTSD), and certain personality disorders, such as borderline personality disorder (BPD). Phenomenological differences of AH across these conditions remain unclear. Notably, evidence challenges the concept of ‘pseudohallucinations’ in BPD, showing that AH can be as severe and persistent as those in schizophrenia. Neurobiologically, AH are not always linked to abnormal dopamine activity, which calls into question the routine use of antipsychotics for all psychotic-like symptoms. Environmental and psychological factors, such as trauma, also play a role in AH, especially in BPD and PTSD. In such cases, psychosocial interventions, such as cognitive-behavioral therapy and trauma-focused therapies, are often more effective than pharmacological treatments. Finally, AH can occur in isolation, with a generally low risk of progressing into a full psychotic disorder unless accompanied by other psychotic symptoms or functional impairments.

**Conclusions:** The diagnostic approach to AH should be reconsidered to avoid automatic narrowing of differential diagnosis to psychotic disorders. AH can emerge from various mechanisms, including non-dopaminergic pathways. Recognizing the extended psychosis phenotype and transdiagnostic psychosis trait is crucial for understanding the continuum of psychotic experiences and improving treatment approaches.

**Disclosure of Interest:** None Declared

## Psychotherapy

### EPP492

#### Imagery Rescripting and Emotional Regulation: Evidence from Neuroimaging Studies

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**Introduction:** Dysfunctions in mental imagery are linked to various psychopathologies, including intrusive memories from trauma, distorted perceptions of reality, and mood disorders. Therapeutic approaches, such as Imagery Rescripting (ImRs), address emotional dysfunctions by modifying mental images. ImRs is a cognitive-behavioral process requiring substantial visuospatial working memory, where distressing memories are recalled and actively altered to

reduce their emotional impact. Neuroimaging studies suggest that ImRs engages mechanisms related to sensory perception and autobiographical memory recall.

**Objectives:** The objective of this paper is to review recent functional neuroimaging evidence on the effects of ImRs on emotional regulation. Specifically, it seeks to explore the neurological mechanisms of ImRs, focusing on its interaction with visuospatial working memory and sensory-perceptual processes to influence emotional outcomes.

**Methods:** An integrative review of neuroimaging studies on ImRs was conducted using databases like PubMed and Google Scholar, with keywords such as “ImRs” and “functional MRI (fMRI).” The review focused on studies from the last 10 years. Brain areas involved in emotional regulation, such as the visual cortex, amygdala, prefrontal cortex, and hippocampus, were emphasized. Both experimental and clinical studies were included to provide a comprehensive understanding of ImRs’ neurobiological mechanisms.

**Results:** ImRs improves emotional regulation by activating brain systems involved in visuospatial working memory and emotional responses. Neuroimaging studies reveal that ImRs stimulates the visual cortex and other regions, depending on the type of mental imagery. Emotional systems responsible for primary responses like fear and reward are influenced through these sensory-perceptual processes. Since these emotional systems develop before language, ImRs effectively modifies emotional responses tied to distressing memories by altering the brain’s sensory processing. The findings suggest that ImRs reshapes neural pathways related to visuospatial memory and emotional processing, with significant activation of the visual cortex, amygdala, and prefrontal cortex during rescripting. This highlights its potential as a therapeutic tool for emotional dysfunctions, such as trauma and mood disorders. However, gaps remain in fully understanding its long-term neurological effects and the complete range of brain regions affected by ImRs.

**Conclusions:** This review highlights the potential of ImRs in regulating emotions by influencing key brain regions. While ImRs shows promise in modifying emotional responses and neural pathways, there are still gaps in understanding its long-term effects. Future research should focus on these gaps, using advanced neuroimaging techniques and examining its effects across diverse clinical populations to fully elucidate its neurobiological mechanisms and optimize therapeutic applications.

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## Psychopathology

### EPP493

#### Prevalence and characteristics of Attention Deficit Hyperactivity Disorder in Adults with Autism Spectrum Disorders without intellectual disabilities

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**Introduction:** Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are two common neurodevelopmental conditions, whose prevalence in the general population has