Image 2:

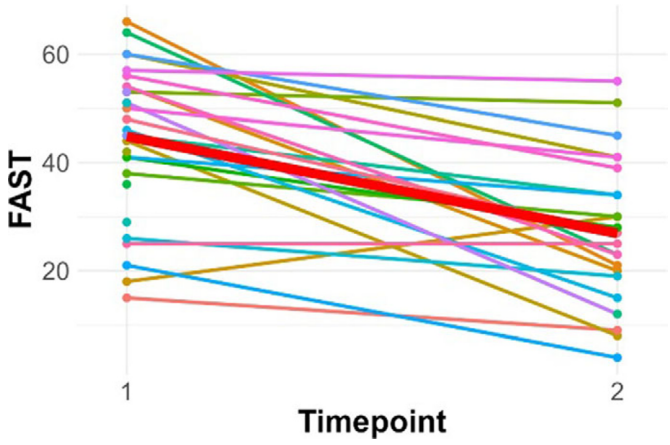

Image 3:

			PSP		
Predictors	*Estimates*	*SE*	*CI*	*T*	*p*
(Intercept)	57.99	13.52	30.69 – 85.29	4.29	**<0.001**
Timepoint	-4.04	16.52	-37.40 – 29.33	-0.24	0.808
Effort	-3.93	2.27	-8.52 – 0.66	-1.73	0.092
Timepoint:Effort	6.38	2.75	0.82 – 11.94	2.32	**0.026**
Random Effects					
σ^2	115.73				
$\tau_{00\ ID}$	101.65				
ICC	0.47				
N_{ID}	27				
Observations	47				
Marginal R^2 / Conditional R^2	0.575 / 0.774				
Deviance	377.202				
AIC	374.354				
log-Likelihood	-181.177				

Conclusions: Patients showed an improvement after rehabilitation. Effort can explain this trend. Finally, unlike previous studies, basal motivation did not predict follow-up psychosocial functioning

Disclosure of Interest: None Declared

EPV1529

Compliance in Patients with Paranoid Schizophrenia and Substance Dependence

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Introduction: Schizophrenia is one of the most disabling psychiatric disorders, with about 60% of patients also suffering from substance dependence—a rate significantly higher than in the general population. Mentally ill individuals have a suicide risk four times higher than healthy individuals, which doubles when comorbid mental disorders are present. Compliance with treatment in patients with schizophrenia is generally lower than in those with other psychiatric disorders, often due to a lack of continuity between psychiatric and addiction services.
Objectives: This study aims to assess compliance in patients diagnosed with paranoid schizophrenia and substance dependence syndrome and compare it with compliance in patients diagnosed with paranoid schizophrenia without dependence.
Methods: The study included two groups: 15 patients with paranoid schizophrenia and 20 patients with paranoid schizophrenia and substance dependence. The average hospital stay for patients without substance dependence was 25.8 days, whereas it was 38.4 days for those with dependence.
Results: Prolonged hospitalizations increase the economic burden on healthcare and introduce additional challenges, such as job loss, which heightens stigma and marginalization. The number of hospitalizations was also higher among patients with dependence, averaging 4.75 times over five years compared to 1.06 times in those without. Patients without dependence can often remain functional in society on monotherapy, requiring only one medication—a more convenient regimen. In contrast, patients with dependence typically require a combination of three or more medications, with a less flexible and more demanding dosage schedule. These regimens not only increase economic strain but also can worsen medication tolerance. This increases the risk of selective intake, reduced frequency, or complete discontinuation of medications, which often leads to rehospitalization. Frequent therapy adjustments may further erode patients' adherence to new regimens, undermining their trust in the need to engage with psychiatric care.
Conclusions: As shown, compliance in patients with a "dual diagnosis" is a pressing issue in modern psychiatry. Addressing this complex problem requires multiple steps, including selecting appropriate therapies, addiction treatment, psychoeducation, and fostering a strong doctor-patient relationship in an outpatient setting. These measures collectively aim to reintegrate patients into society, reduce disease burden, improve quality of life, lower suicide risk, and decrease the frequency and length of hospitalizations.

Disclosure of Interest: None Declared

EPV1533

The Double Within: A review of the phenomenology and psychopathology of Autoscopic Phenomena

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Introduction: Autoscopic Phenomena (APs) are rare perceptual experiences where individuals perceive a visual double or duplicate of their own body. It has been recognized since ancient times, but gained significant attention in the 19th century, both through its depiction in romantic literature and in neuropsychiatric studies; in

the literature, their association with epilepsy and schizophrenia is very extensively documented. Recent research brought new insights into the neurobiology of these phenomena.
Objectives: In this article, we aim to review the phenomenology and psycopathology of APs.
Methods: Narrative literature review.
Results: From a phenomenological perspective, three main conditions can be identified. In Autoscopy, the person sees a double, but does not feel a connection with it, meaning that they can distinguish between themselves and the double. In Out-of-body Experience (OBE), the individual feels as though they have left their body and observe themselves from an external perspective. In Heautoscopy, the boundary between the self and the double is blurred, causing uncertainty about where one's "self" is located, representing a middle ground between autoscopy and OBE.
Current research suggests that APs are linked to dysfunctions in the normal integration of body ownership, self-location, and perspective-taking, caused by lesions in regions responsible for integrating multisensory inputs (visual, proprioceptive and vestibular). All types of APs have in common a dysfunction specifically in the temporo-parietal junction (TPJ), a brain area involved in processing self-location and integrating sensory inputs to create a unified sense of self; other common areas include the insula and cingulate cortex.
Regarding to the different networks of APs, Autoscopy primarily involves abnormalities in the visual processing regions (as the occipital and parietal lobes), causing a visual perception of double; OBEs are caused by dysfunctions in areas responsible for self-location and vestibular processing (such as the medial prefrontal cortex), leading to a sensation of floating outside one's body; lastly, Heautoscopy engages more widespread brain dysfunctions, including the regions involved in self-representation and embodiment, leading to ambiguity in self-location.
Conclusions: APs challenge our understanding of the bodily self and how identity is constructed, raising questions about how the brain creates a unified sense of being in a body and how this can break down under certain pathological conditions. Although much is unknown, one thing is for sure: these phenomena demonstrate that the sense of self is not fixed, and the study of its disruption, by exploring its phenomenology and psychopatology, may contribute to reveal the underlying processes involved in bodily self-consciousness.

Disclosure of Interest: None Declared

EPV1534

Academic procrastination and suicidality: A systematic review

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Introduction: Academic procrastination is the deliberate action of postponing the completion of academic tasks that must be completed, despite the harmful effects that not completing them may entail, having a particularly high prevalence in university students. Numerous studies have analyzed the consequences of academic procrastination on mental health. Furthermore, scientific evidence has also found a high prevalence of suicide risk in youth and adolescents. Therefore, it is worth asking if academic procrastination is related to the risk of suicide and self-harming behavior in students. To our knowledge, this is the first systematic review to analyze the relationship between academic procrastination and suicidality.
Objectives: To analyze 1) the relationship between academic procrastination and suicidal tendencies, 2) whether this relationship, if it exists, is influenced by other variables.
Methods: Academic Search Premier, APA PsycArticles, APA PsycInfo, PSICODOC, Psychology and Behavioral Sciences Collection, MEDLINE, E-Journals, ERIC and Scopus were searched during October 2024. An additional search was also conducted using the Google Scholar search engine. The review was carried out following the criteria of the PRISMA 2020 declaration. Observational studies that analyzed the relationship between procrastination and suicidality were included, without language or time restrictions. Single case studies or case series, studies examining procrastination in non-academic settings, and studies using qualitative methodology were excluded. Each study was narratively summarized.
Results: Ninety-three studies were identified; after eliminating duplicates and those works that did not meet the eligibility criteria, four studies were included for review. These studies varied in their origin (two articles from the United States, one from Spain, one from Peru, and one from Jordan) and the secondary variables evaluated. All studies found a positive and significant relationship between suicidality and academic procrastination (with correlation coefficients ranging from 0.19 to 0.51), observing a slightly higher correlation in women compared to men. Self-control was found to mediate the relationship between procrastination and suicidality.
Conclusions: Our findings suggest a strong positive relationship between academic procrastination and suicidality. However, there are still few studies that analyze this topic, so it is necessary to continue researching in this field.

Disclosure of Interest: None Declared

EPV1535

A Complex Case of Feigned Psychosis or Hidden Truths? A Case Report

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Introduction: Feigning is defined as "to represent falsely; to imitate so as to deceive" (McDermott et al. Int J Law Psychiatry 2013; 36:287-92). Malingering and dissimulation are subtypes of feigning: malingering involves intentionally producing symptoms for incentives (World Health Organization. ICD-11 2022), while dissimulation involves concealing symptoms to appear mentally well (Caruso et al. J Am Acad Psychiatry Law 2003; 31:444-50). The prevalence of feigning illness remains uncertain, and varies with context and incentives. Within the legal context, 17.5% feign incompetence to stand trial and 64.5% to plead not guilty by reason of insanity. Malingering has been reported in up to 56% of general offender samples (McDermott et al. Int J Law Psychiatry 2013; 36:287-92). In the public setting, the malingering prevalence constituted 30% of disability evaluations, 29% of personal injury evaluations, 19% of criminal evaluations and 8% of medical cases (Mittenberg et al. J Clin Exp Neuropsychol). In 2006, malingering resulted in approximately $150 billion in annual expenses for the US insurance industry (Mason et al. Perspect Psychiatr Care 2014; 50: 51-7).