

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.

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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