past year, providing care to Turkish-speaking migrants and native-born patients together.
Objectives: To describe our efforts in developing a cross-cultural center and facilitating effective communication between migrant patients and native-born patients.
Methods: A descriptive overview of our efforts to establish a day clinic model adapted to the cultural and linguistic needs of the migrant (Turkish) population in Germany with a brief review of the relevant literature.
Results: At our day hospital, we provide care for patients with psychiatric disorders who do not require inpatient treatment but for whom outpatient care is insufficient. Our multicultural treatment team is composed of healthcare professionals whose native languages are German and/or Turkish.In our day hospital, patients with a migration background receive psychotherapy and medical consultations in their native language, ensuring they can access the treatment they need without language barriers. Additionally, we aim to improve cultural understanding through collaborative activities. This approach facilitates the development of cross-cultural communication among patients and healthcare professionals from different backgrounds, while also contributing to equal opportunities in psychiatric treatment. The program addresses linguistic, cultural, and religious communication difficulties, aiming to build and sustain meaningful relationships.
Conclusions: The migrant population in Europe continues to grow each day, and mental health care services must adapt to this heterogeneous population and their diverse treatment needs. We advocate for the establishment of treatment centers where migrant populations and native-born patients are considered together, as such centers can play a role in bridging the intercultural communication gap.

Disclosure of Interest: None Declared

Neuroimaging

EPV1042

Common brain activation patterns in schizophrenia patients with auditory verbal hallucinations: A conjunction analysis

L. Barbosa[1], P. Fuentes-Claramonte[1,2], P. Salgado-Pineda[1,2], F. Neuhaus[1], P. Del Olmo[1]*, B. Hoyas-Galán[3], P. McKenna[1,2] and E. Pomarol-Clotet[1,2]

[1]FIDMAG Germanes Hospitalàries Research Foundation; [2]CIBERSAM, ISCIII, BARCELONA and [3]Hospital Benito Menni, CASM, GRANOLLERS, Spain
*Corresponding author.
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Introduction: Auditory verbal hallucinations (AVH) are one of the primary symptoms of schizophrenia, but the biological mechanisms underlying them remain uncertain (1,2). Theoretical approaches have proposed that AVH are caused by abnormal activity in the auditory cortex; or that they represent misinterpreted cognitive activity such as inner speech. Recently, our group found, using a symptom capture task, that AVH did not trigger activity in the auditory cortex, but instead in language-related areas, thus shifting the focus towards cognitive theories of AVH (3). To date, cognitive approaches have only been preliminarily investigated, and mostly in psychological studies (1,2).
Objectives: Our aim was to test the theory that a disturbance in inner speech processes underlie AVH. We used conjunction analysis to examine common activation patterns between the experience of AVH and phonological encoding.
Methods: Eleven patients meeting DSM-5 criteria for schizophrenia or schizoaffective disorder with near-continuous AVH underwent fMRI during symptom capture and during a phonological encoding task. In the symptom capture task, the patients were instructed to press their left index finger when they begin to hear an AVH, wait three minutes, mentally repeat what they heard, and then press their right index finger. The phonological encoding task required them to indicate, via button press, whether the names of two objects shown in line drawings rhymed.
Pre-processing and analyses were carried out with FSL software using linear models. Activation maps were thresholded at $p<0.05$, cluster-corrected for multiple comparisons. To find regions of common activation between the two tasks, the activation maps from the contrasts of interest were binarized and entered into a conjunction analysis. Regions showing significant activation in both tasks simultaneously were considered activated in the conjunction analysis.
Results: The conjunction analysis showed common activation in several regions involved in phonological encoding, such as Broca's area and its right homologue, supplementary motor area bilaterally, Wernicke's area and cerebellum, in patients with AVH.
Conclusions: These results support a non-perceptual origin of AVH and link them to brain areas related to the phonological loop and working memory in schizophrenia.

Disclosure of Interest: None Declared

EPV1043

Behavior and psychological symptoms in dementia: could be predictors of biology?

D. Castro[1]*, S. Orrego[1], M. Sava[1], M. Delso[1], M. P. García[2], A. M. Hualde[3], C. Terrón[4] and M. D. S. Manzano Palomo[5]

[1]Psychiatry, Infanta Leonor University Hospital; [2]Nuclear Medicine, Getafe University Hospital; [3]Nuclear Medicine, Gregorio Marañón University Hospital; [4]Neurology, Nuestra Señora del Rosario Hospital and [5]Neurology, Infanta Leonor University Hospital, Madrid, Spain
*Corresponding author.
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Introduction: Neuropsychiatric symptoms (NPS), prevalent in individuals with mild cognitive impairment (MCI), are linked to functional decline, accelerated dementia progression, and reduced quality of life. In clinical practice, molecular imaging plays a key role in diagnosing cognitive and behavioral issues with high accuracy.
Objectives: This study aims to analyze the correlation between NPS and molecular imaging findings in MCI-diagnosed patients.
Methods: A retrospective, descriptive study was conducted with MCI patients who had undergone Amyloid PET scans (APscan) between January 2019 and October 2024 at Infanta Leonor Hospital in Madrid. Data included demographics, neurological diagnoses, Global Deterioration Scale (GDS) scores, NPS (e.g., depression, psychosis, behavioral and sleep disturbances, anxiety, suicidal thoughts), and PET-FDG/APscan results. Statistical analysis was performed using Dataset and SPSS 22.0.

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