Image 2:

	1st assessment	2nd assessment	P	
QOL				
EQ 5D-5L Health	63.7 (22.5)	71.9 (18.8)	**0.001**	0.39
EQ 5D-5L Value	0.80 (0.2)	0.83 (0.2)	**0.089**	
SQLS-R4				
SQLS-R4 Psychosocial	36.8 (21.9)	29.5 (20.6)	**0.001**	0.35
SQLS-R4 Vitality	39.3 (20.6)	32.3 (17.8)	**0.001**	0.38
SQLS-R4 Total	37.9 (20.9)	35.1 (10.1)	**0.001**	0.37
SSPI				
Total	10.9 (5.7)	6.0 (3.9)	**0.001**	1.13
Insight	1.8 (1.3(	1.3 (1.2)	**0.025**	0.39
Negative symptoms	4.1 (2.6)	2.5 (2.3)	**0.001**	0.84
Disorganization	0.9 (1.1)	0.7 (0.8)	0.075	
Reality distorsion	1.1 (1.5)	0.4 (1.1)	**0.001**	0.53
Anxiety-depression	1.7 (1.5)	0.6 (0.7)	**0.001**	0.94
Psychomotor excitation	0.5 (0.9)	0.1 (0.4)	**0.001**	0.53
VAVDI	37.8 (8.9)	35.1 (6.8)	**0.002**	0.34
PSP	39.2 (8.8)	46.1 (11.3)	**0.001**	0.68

Conclusions: These results of the present study outcomes have shown an improvement in both the perceived subjective and objective quality of life of patients. It seems patients and professional may have different criteria to evaluate HRQOL. The relevance of integrating patients' HRQOL assessment into intervention strategies for the treatment of serious mental disorders is highlighted.

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EPV1550

Motivation as the driving force of functioning in psychotic disorders

E. Rosado[1,2]*, A. M. Sánchez-Torres[1,3], G. Gil-Berrozpe[1,2], J. Chato[1,2], X. Ansorena[1,4], A. Zarzuela[1,4], J. I. Arrarás[1,4] and M. J. Cuesta[1,2]

[1]Instituto de Investigación Sanitaria de Navarra; [2]Servicio de Psiquiatría, Hospital Universitario de Navarra Basque Center on Cognition, Brain and Language; [3]Departamento de Ciencias de la Salud, Universidad Pública de Navarra and [4]Clínica de Rehabilitación de Salud Mental, Hospital Universitario de Navarra, PAMPLONA, Spain

*Corresponding author.

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Introduction: In the last decades, research has focused on investigating cognition and psychopathological symptoms as variables contributing to functional outcomes. However, in recent years the study of motivation has attracted interest as a research target related to functional outcome (Miley *et al* Psychol Med. 2023;53 (5):2041-2049).

Objectives: We aimed to study the relationship of clinical symptoms, motivation, socio-affective capacity and cognition with functioning in social and occupational areas in patients with a psychotic disorder.

Methods: A sample of 97 patients with a DSM-5 psychotic disorder diagnosis was included. Assessments included the Specific Levels of Functioning Scale (SLOF; Schneider *et al.* Soc Work Res Abstr 1983;19(3):9-21) to assess functioning; the Comprehensive Assessment of Symptoms and History (CASH; Andreasen *et al.* Arch Gen Psychiatry 1992; 49(8):615-23) for clinical symptoms; and the Cognitive Assessment Interview (CAI-Sp; Ventura *et al.* Schizophr Res 2010; 121(1-3): 24-31) and a comprehensive neuropsychological battery to assess cognition. Motivation and socio-affective capacity were assessed by means of the Quality of Life Scale (QLS; Heinrichs *et al.* Schizophr Bull. 1984; 10(3):388-98). Both domains were derived from items of the Intrapsychic Foundations subscale of the QLS. Motivation was derived from items 13, (sense of purpose), 14 (degree of motivation) and 15 (curiosity). Socio-affective capacity comprised items 20 (capacity for empathy) and 21 (capacity for engagement and emotional with the interviewer). Spearman correlations were calculated. Variables which correlated significantly ($p<0.05$) with SLOF scores were included in the regression analyses.

Results: All the clinical, cognitive and related with motivation and socio-affective capacity variables included in the analyses were significantly correlated with SLOF scores (Table 1), except for positive symptoms with SLOF activities and work. However, in the hierarchical analyses most of the variables were not significant. Specifically, regarding SLOF social scores, positive symptoms and motivation explained 51.5% of the variance. Motivation also explained 40.1% and 68% of the variance of the scores of SLOF activities and work, respectively (Table 2).

Image:

Table 1. Non-parametric correlations between SLOF scores and clinical, motivation and cognition scores.

	SLOF social	SLOF activities	SLOF work
Positive symptoms	-.27**	-.12	-.03
Negative symptoms	-.56**	-.57**	-.61**
Disorganized symptoms	-.31**	-.28**	-.26*
Motivation	.66**	.76**	.79**
Socioaffective capacity	.56**	.51**	.51**
CAI patient	-.16	-.23*	-.35**
CAI family	-.39**	-.47**	-.59**
CAI rater	-.38**	-.48**	-.60**
Global cognition index	.31**	.38**	.47**

* p<0.05; ** p<0.001
SLOF: Specific Levels of Functioning; CAI: Cognitive Assessment Interview

Table 2. Hierarchical regression models of functioning.

	Variables in the model	β	t	R^2 adjusted	p
SLOF social	Positive symptoms	-1.17	-2.75	0.515	0.008
	Motivation	0.41	2.19		0.034
SLOF activities	Motivation	0.68	3.03	0.401	0.004
SLOF work	Motivation	0.93	5.15	0.68	<0.001

SLOF: Specific Levels of Functioning

Conclusions: Motivation has a great value as a predictor factor in social, activities and work functioning. Therefore, motivation should be considered as a target related to improving functioning in early intervention programmes for psychotic disorders.

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