Image 2:

FACTOR	SUBFACTOR	SUBFACTOR (II)	TASK
1. DISCOURSE			1.1.1. PROCEDURAL SPEECH
			1.1.2. SEMI-STRUCTURED INTERVIEW
			1.2.1. STORYTELLING
			1.2.2. SEQUENTIAL PICTURE DESCRIPTION
2. LEXICAL PROCESSING		2.1. NAMING	2.1.1. OBJECT NAMING
			2.1.2. ACTION NAMING
		2.2. LEXICAL ACCESS	2.2.1.1. AUDITORY LEXICALITY JUDGMENT -NAMES
			2.2.1.2. AUDITORY LEXICALITY JUDGMENT -VERBS
			2.2.2.1. VISUAL LEXICALITY JUDGMETN - NAMES
			2.2.2.2. VISUAL LEXICALITY JUDGMENT - VERBS
3. PHONOLOGY & ORTHOGRAPHY			3.1.1.1. WORD DICTATION
			3.1.1.2. WORD ORAL REPETITION
			3.1.2.1. PSEUDOWORD DICTATION
			3.1.2.2. PSEUDOWORD ORAL REPETITION
			3.1.3.1. SENTENCE DICTATION
			3.1.3.2. SENTENCE ORAL REPETITION
			3.2.1.1. WORD WRITTEN COPY
			3.2.1.2. WORD READING
			3.2.2.1. PSEUDOWORD WRITTEN COPY
			3.2.2.2. PSEUDOWORD READING
			3.2.3.1. SENTENCE WRITTEN COPY
			3.2.3.2. SENTENCE READING
4. SEMANTICS			4.1.1. WORD-PICTURE MATCHING -OBJECTS
			4.1.2. WORD-PICTURE MATCHING -ACTIONS
			4.1.3. FIGURE POINTING
			4.2.1. WORD-PICTURE MATCHING -OBJECTS
			4.2.2. WORD-PICTURE MATCHING -ACTIONS
			4.2.3. SEMANTIC ASSOCIATION TASK
5. SYNTAX & MORPHOLOGY	5.1. SYNTAX		5.1.1.1. AUDITORY SENTENCE-PICTURE MATCHING
			5.1.1.2. AUDITORY PLAUSIBILITY JUDGMENT
			5.1.2.1. VISUAL SENTENCE-PICTURE MATCHING
			5.1.2.2. VISUAL PLAUSIBILITY JUDGMENT
			5.1.2.3. SENTENCE PLANNING
	5.2. MORPHOLOGY	5.2.1. COMPREHENSION	5.2.1.1. AUDITORY GRAMMATICALITY JUDGMENT
			5.2.1.2. VISUAL GRAMMATICALITY JUDGMENT
		5.2.2. PRODUCTION	5.2.2.1.1. AUDITORY GENDER INFLECTION
			5.2.2.1.2. AUDITORY PERSON INFLECTION
			5.2.2.1.3. AUDITORY NUMBER INFLECTION
			5.2.2.1.4. AUDITORY TENSE INFLECTION
			5.2.2.2.1. VISUAL GENDER INFLECTION
			5.2.2.2.2. VISUAL PERSON INFLECTION
			5.2.2.2.3. VISUAL NUMBER INFLECTION
			5.2.2.2.4. VISUAL TENSE INFLECTION

Conclusions: Even if language is altered in SZ, it is not adequately assessed. An extensive characterization of language abnormalities in SZ can guide rehabilitation on communication and functioning; and consequently produce a greater well-being and quality of life. The SchizoLang pilot study will allow establishing a clinician-friendly protocol.

Disclosure of Interest: None Declared

EPV1528

Does motivation and effort predict improvement on psychosocial functioning in schizophrenia (SZ)?

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

[1]Instituto de Investigación Sanitaria de Navarra (IDISNA); [2]Clínica de Rehabilitación de Salud Mental, Hospital Universitario de Navarra; [3]Departamento de Ciencias de la Salud, Universidad Pública de Navarra and [4]Servicio de Psiquiatría, Hospital Universitario de Navarra, Pamplona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2042

Introduction: Previous research suggests that motivational factors relate to psychosocial functioning in SZ, both concurrently (Tobe et al. Compr Psychiat 2016; 65 103-109) and at follow-up (Fervaha et al. Acta Psychiat Scand 2014; 130 290-299). Importantly, no study has examined the influence of baseline motivation on the *rate of change* in response to rehabilitation

Objectives:

1. To study the relationship between baseline measures of motivation/ effort with psychosocial functioning at follow-up
2. To examine if motivation/ effort predict individual change in psychosocial functioning

Methods: Participants

Table 1 summarizes the sample characteristics

Results: Figures 1 and 2 show individuals slopes for PSP and FAST, with a thick red line representing the average group slopes. For both PSP and FAST, models with only time as the independent variable and random intercepts indicated that time was a significant predictor (**PSP:** t=10.65, p<.0001; **FAST:** t =-6.13, p<.0001).

Baseline motivation/ effort → follow-up psychosocial functioning

No significant correlations were found for neither PSP scores (**QLS:** ρ=-.018, S=2343.3, p=.93, **IMI:** P=.23, t=1.09, p=.28, **effort:** ρ=.001, S=2297.3, p=.99) nor FAST scores (**QLS:** ρ=-.16, S=2674.9, p=.45, **IMI:** P=-.02, t=-0.09, p=.92, **effort:** ρ=.07, S=2128, p=.72).

Motivation → change in psychosocial functioning

For PSP, the interaction model (Table 2) shows that the interaction of effort and timepoint significantly predicts PSP scores

Variable	Frequency	Mean/ percentage	Standard deviation
Age	30	40.97	12.9
Gender	30		
Male	19	63%	
Female	11	37%	
Years of Education	24	11.42	3.06
Diagnosis	30		
… Schizophrenia	23	73%	
… Schizoaffective disorder	7	23%	

Figure 1. Individual slopes for PSP scores
Figure 2. Individual slopes for FAST scores

Image:

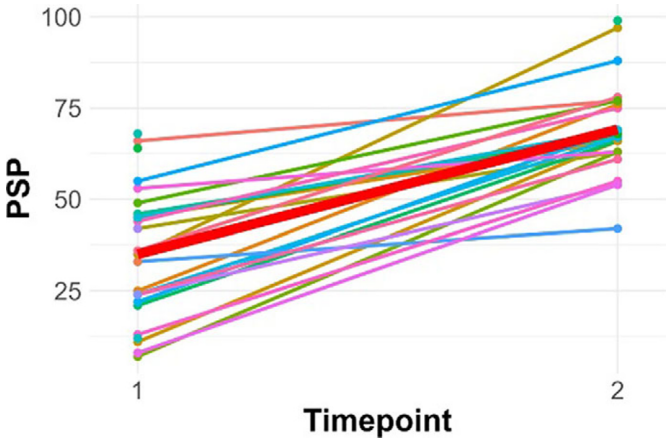


Image 2:

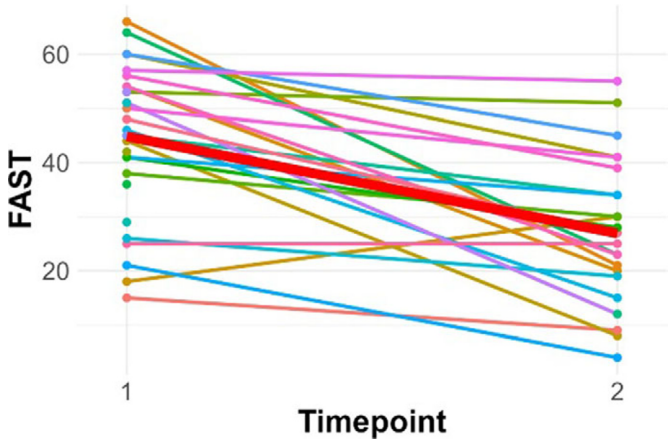


Image 3:

			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

M. S. Artemieva[1]*, A. T. M. Mkrtchyan[1], V. P. Sokolov[1] and I. E. Danilin[1]

[1]Psychiatry and medical psychology, RUDN University, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2043

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

A. F. Reis[1], T. Cardoso[1]*, C. P. Ramos[1], M. M. Figueiredo[1], J. Marta[1] and M. J. Freire[1]

[1]Psychiatry and Mental Health, Unidade Local de Saúde da Arrábida, Setúbal, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2044

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