Conclusions: According to the scientific literature reviewed, patients with neurofibromatosis type 1 (NF1) have a high predisposition to developing attention deficit disorder (2, 3).
The prevalence of ADHD in this study in patients with NF1 is high, at 8.8% (95% CI: 7.2-10.7%), which is significantly ($p<0.05$) higher than the 5% figure often cited for the prevalence of ADHD, suggesting a significant association with ADHD at the diagnostic level. This study highlights the importance of early diagnosis and treatment of ADHD in patients with NF1 (3).
Our patient was diagnosed with NF1 and ADHD and had a favorable outcome. It is important to bear in mind the combined prevalence of both disorders for early diagnosis and multidisciplinary treatment.

Disclosure of Interest: None Declared

EPV269

Association between autism and schizophrenia: shared pathways and distinctions

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Introduction: Autism spectrum disorder (ASD) and schizophrenia (SCZ) are two different conditions, each with its own unique features and life course. ASD usually appears in childhood and is marked by challenges in social communication, along with patterns of restricted or repetitive interests and behaviors. For many, these traits remain relatively stable over time. Schizophrenia, on the other hand, more often emerges in adolescence or adulthood. It is characterized by experiences such as hallucinations and delusions, and is frequently linked to a gradual decline in daily functioning.
Objectives: To determine the association between ASD and SCZ, and check the common biological or genetic roots, similarities in symptoms, and the important differences in how each condition appears, evolves, and shapes everyday life.
Methods: A literature search was carried out in PubMed to identify systematic reviews and meta-analyses published in the last ten years using the terms "autism" AND "schizophrenia". Titles and abstracts were checked to ensure relevance, and avoid duplication. Finally, full articles that directly examined the association between ASD and SCZ were selected for qualitative synthesis.
Results: The prevalence of schizophrenia is significantly higher in people with ASD compared to the general population. The findings show that both ASD and schizophrenia SCZ share impairments in cognitive, neurological, genetic, and environmental domains, although with differences in their magnitude and nature. At the cognitive level, both present deficits in executive functions (working memory, response inhibition, cognitive flexibility, and planning), but these are generally more marked in schizophrenia. Impairment in processing speed is observed in both conditions, and is also more pronounced in SCZ. Genetically, both disorders are highly heritable and show some overlap in rare and common variants, including deletions or duplications such as 16p11.2, 22q11.2, or 3q29, which increase the risk of developing ASD and SCZ.
Conclusions: The summary of the evidence suggests that ASD and SCZ share a strong common neurobiological and genetic basis, but with different developmental trajectories, evidenced by clinical, cognitive, and brain differences. Executive functions and social cognition emerge as areas of shared vulnerability, although the underlying mechanisms appear differential. Furthermore, rare genetic variants, such as duplications in 16p11.2, could represent autism subtypes with a higher risk of psychosis.
The lack of direct comparisons between ASD and SCZ, primarily in individuals with comorbidity, is an important point. Future research is recommended to adopt more homogeneous designs, include large samples, and conduct longitudinal follow-ups to better understand how cognitive, biological, and environmental factors interact in the relationship between autism and schizophrenia.

Disclosure of Interest: None Declared

EPV270

Predictive ability of Child Psychosis-Risk Screening System exceeds its immediate diagnostic ability

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Introduction: Patients who experience their first psychotic episode often have a long history of pediatric treatment for psychosomatic symptoms. However, it is difficult to objectively assess the risk of developing psychosis in pediatric clinical practice.
Objectives: The aim of this prospective study was to evaluate the predictive ability of the Child Psychosis Risk Screening System (CPSS), which was designed to evaluate the development of schizophrenia spectrum disorder (SSD) by observing the outcomes of pediatric and psychiatric outpatients.
Methods: Overall, 491 outpatients aged 6–18 years who visited the pediatric and psychiatric departments of university and community hospitals were enrolled. Patients were assessed based on the Child Behavior Checklist (CBCL) and clinical data (sex, age, month of birth, chief complaint, diagnosis, and any signs of abuse, bullying, or withdrawal). Using the CBCL data, the CPSS calculates the risk of developing SSD. The presence or absence of SSD was confirmed 1–4 years later. Receiver operating characteristic (ROC) analysis was used to verify both the immediate diagnostic and predictive abilities of the CPSS. The Light Gradient-Boosting Machine (LightGBM) algorithm was used to calculate the variable importance of each clinical data point in predicting the onset of SSD.
Results: The ROC analysis showed that the CPSS adequately predicted the onset of SSD (area under the curve = 0.906, 95% confidence interval [CI]: 0.872–0.940), and its predictive ability exceeded its immediate diagnostic ability (area under the curve = 0.841, 95% CI: 0.781–0.900). The LightGBM results revealed the importance of the CPSS in predicting SSD onset was higher than that of any other variable, including the Thought Problems subscale of the CBCL.
Conclusions: The CPSS shows adequate predictive power for the development of SSD and may be used as an objective adjunctive

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