persistent AH. These experiences, spanning from subclinical to pathological, have been lately understood within the framework of the "extended psychosis phenotype".
Objectives: This study aims to challenge the conventional view of AH as definitive indicators of psychotic disorders by examining their occurrence in different contexts and exploring the relevance of the "extended psychosis phenotype" in understanding these symptoms.
Methods: A literature review was conducted using the keywords "auditory hallucinations", "extended psychosis phenotype" and "phenomenology" in the PubMed and Google Scholar databases.
Results: Psychotic experiences seem to run in families, suggesting a transdiagnostic psychosis trait that may be passed down independently of emotional or thought regulation processes. As a result, psychosis - and AH in particular - can be expressed across multiple disorders, including schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, autism spectrum disorders, post-traumatic stress disorder (PTSD), and certain personality disorders, such as borderline personality disorder (BPD). Phenomenological differences of AH across these conditions remain unclear. Notably, evidence challenges the concept of 'pseudohallucinations' in BPD, showing that AH can be as severe and persistent as those in schizophrenia. Neurobiologically, AH are not always linked to abnormal dopamine activity, which calls into question the routine use of antipsychotics for all psychotic-like symptoms. Environmental and psychological factors, such as trauma, also play a role in AH, especially in BPD and PTSD. In such cases, psychosocial interventions, such as cognitive-behavioral therapy and trauma-focused therapies, are often more effective than pharmacological treatments. Finally, AH can occur in isolation, with a generally low risk of progressing into a full psychotic disorder unless accompanied by other psychotic symptoms or functional impairments.
Conclusions: The diagnostic approach to AH should be reconsidered to avoid automatic narrowing of differential diagnosis to psychotic disorders. AH can emerge from various mechanisms, including non-dopaminergic pathways. Recognizing the extended psychosis phenotype and transdiagnostic psychosis trait is crucial for understanding the continuum of psychotic experiences and improving treatment approaches.

Disclosure of Interest: None Declared

Psychotherapy

EPP492

Imagery Rescripting and Emotional Regulation: Evidence from Neuroimaging Studies

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Introduction: Dysfunctions in mental imagery are linked to various psychopathologies, including intrusive memories from trauma, distorted perceptions of reality, and mood disorders. Therapeutic approaches, such as Imagery Rescripting (ImRs), address emotional dysfunctions by modifying mental images. ImRs is a cognitive-behavioral process requiring substantial visuospatial working memory, where distressing memories are recalled and actively altered to reduce their emotional impact. Neuroimaging studies suggest that ImRs engages mechanisms related to sensory perception and autobiographical memory recall.
Objectives: The objective of this paper is to review recent functional neuroimaging evidence on the effects of ImRs on emotional regulation. Specifically, it seeks to explore the neurological mechanisms of ImRs, focusing on its interaction with visuospatial working memory and sensory-perceptual processes to influence emotional outcomes.
Methods: An integrative review of neuroimaging studies on ImRs was conducted using databases like PubMed and Google Scholar, with keywords such as "ImRs" and "functional MRI (fMRI)." The review focused on studies from the last 10 years. Brain areas involved in emotional regulation, such as the visual cortex, amygdala, prefrontal cortex, and hippocampus, were emphasized. Both experimental and clinical studies were included to provide a comprehensive understanding of ImRs' neurobiological mechanisms.
Results: ImRs improves emotional regulation by activating brain systems involved in visuospatial working memory and emotional responses. Neuroimaging studies reveal that ImRs stimulates the visual cortex and other regions, depending on the type of mental imagery. Emotional systems responsible for primary responses like fear and reward are influenced through these sensory-perceptual processes. Since these emotional systems develop before language, ImRs effectively modifies emotional responses tied to distressing memories by altering the brain's sensory processing. The findings suggest that ImRs reshapes neural pathways related to visuospatial memory and emotional processing, with significant activation of the visual cortex, amygdala, and prefrontal cortex during rescripting. This highlights its potential as a therapeutic tool for emotional dysfunctions, such as trauma and mood disorders. However, gaps remain in fully understanding its long-term neurological effects and the complete range of brain regions affected by ImRs.
Conclusions: This review highlights the potential of ImRs in regulating emotions by influencing key brain regions. While ImRs shows promise in modifying emotional responses and neural pathways, there are still gaps in understanding its long-term effects. Future research should focus on these gaps, using advanced neuroimaging techniques and examining its effects across diverse clinical populations to fully elucidate its neurobiological mechanisms and optimize therapeutic applications.

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Psychopathology

EPP493

Prevalence and characteristics of Attention Deficit Hyperactivity Disorder in Adults with Autism Spectrum Disorders without intellectual disabilities

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Introduction: Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are two common neurodevelopmental conditions, whose prevalence in the general population has

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