

would be convinced of the relevance of the content. However, since the 1980s, the concepts of insight and resistance in OCD have been deemphasized in diagnostic criteria, broadening the definition of OCD to include cases with poor or absent insight. The broadening of these criteria has blurred the distinction between OCD and SSD and has narrowed the diagnosis of schizophrenia to primarily delusional and hallucinatory conditions, overlooking obsessive phenomena in this disorder.

**Objectives:** The primary goal of this review is to differentiate the phenomenological features of OCS in OCD from those in SSD, focusing on the connection between obsessive-compulsive phenomena and disturbances in the basic self in SSD.

**Methods:** A literature review was conducted using the keywords “obsessive-compulsive symptoms”; “schizophrenia”; “obsessive-compulsive disorder”; “phenomenology” in the Pubmed and Google Scholar databases.

**Results:** The findings suggest that the underlying nature and subjective experience of OCS may differ substantially between OCD and SSD. An essential component of this differentiation is the exploration of basic self-disturbances, which refer to profound disruptions in an individual’s sense of ownership of experience and agency of action - elements often impacted in SSD but less so in OCD. Patients with SSD often experience OCS in a more alien and automatic manner, with intrusive thoughts and compulsions lacking a clear sense of personal ownership or agency. These obsessions are more likely to blend with delusional thinking and other psychotic features, reflecting broader disturbances in the basic self. The lack of insight and the feeling that obsessive thoughts are externally imposed or intruding from outside the self is a hallmark in these cases. As for compulsions, these may serve as maladaptive strategies to manage or compensate for self-disturbances, rather than purely to neutralize distress as seen in OCD.

**Conclusions:** Accurate differentiation of OCS in SSD from those in OCD requires clinicians to focus on the quality of self-experience, particularly in terms of insight, ownership and agency. Recognizing how certain obsessive phenomena in SSD reflect disturbances in the basic self is crucial for improving diagnostic accuracy and ensuring appropriate treatment.

**Disclosure of Interest:** None Declared

## EPV1527

### Progress in the neurolinguistic assessment in schizophrenia (SZ) – the SchizoLang pilot study

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**Introduction:** Individuals with SZ show alterations at all levels of language: discourse, lexical-semantics, comprehension and syntax/ morphology. Linguistic capacities are associated with worse occupational, social and quality of life related outcomes (Ehlen et al. Front Psych 2023; 14). Still, language assessment is probably overseen in the cognitive assessment of individuals with SZ

#### Objectives:

1. To review the role of language in the cognitive assessment in SZ

2. To introduce the SchizoLang pilot study

**Methods:** We reviewed the available cognitive assessment tools in SZ to determine whether language is adequately represented. Consequently, we describe the SchizoLang pilot study

**Results:** Available instruments for the assessment of cognition in SZ do not adequately evaluate language. Importantly, fluency tests are not representative of language. Table 1 shows the major cognitive assessment tools in SZ.

#### Table 1. Cognition assessment instruments in schizophrenia (adapted from Vita et al. Eur J Psychiat 2022; 65 1-24)

*The Schizolang pilot study: bridging neurolinguistics and Psychiatry to characterize language in Schizophrenia*

The aims of this pilot study are:

To explore which linguistic domains are altered in people with SZ

To explore the relationship between language and (a) formal thought disorders, (b) psychiatric symptoms, (c) neuropsychological alterations, (d) deficits in psychosocial functioning, and (e) quality of life

**ACS.esp** is a digital battery for the assessment language in aphasia based on neurolinguistic research. It shows good preliminary validity and reliability (Ansorena et al. 2022; SSTaal, 95 237–240).

ACS.esp includes novel measures (see Table 2): an extensive discourse protocol, tasks for sentence planning, and sentence comprehension and production at the syntactic and grammatical levels.

#### Table 1. ACS.esp’s structure with its factors, subfactors, input, stimuli and tasks. Auditory tasks are colored in blue and visual tasks in brown

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#### Image:

Instrument	Domains	Language tasks
BACS (Keefe et al., 2004)	Verbal memory; Working Memory; Motor speed; Verbal fluency; Attention and Speed of processing; Reasoning/problem solving	Verbal fluency
SCIP (Purdon, 2005)	Speed of processing; Attention; Verbal fluency; Verbal memory	Verbal fluency
MCCB (Nuechterlein et al., 2008)	Speed of processing; Attention/vigilance; Working memory; Verbal memory & learning; Visual memory & learning; Reasoning/problem solving; Social cognition	-
B-CATS (Hurford et al., 2018)	Speed of processing	-
BNA (Fervaha et al., 2014)	Speed of processing; Working memory	-
SCoRS (Keefe et al., 2006)	Speed of processing; Attention/vigilance; working memory; reasoning/problem solving; memory; language production	1 – 4 scores based on ratings of clinicians, informants and patients 4 items: “Do you have difficulty with...”: (a) Keeping your words from being jumbled together?, (b) Speaking as fast as you would like?, (c) Understanding what people mean when they are talking to you?, and (d) Following conversations in a group?
CGI-CogS (Ventura et al., 2008)	Speed of processing; Attention/vigilance; Working memory; Verbal memory & learning; Visual memory & learning; Reasoning/problem solving; Social cognition	-
CAI (Ventura et al., 2010)	Speed of processing; Attention/vigilance; Working memory; Verbal memory & learning; Reasoning/problem solving; Social cognition	-

**Legend:** BACS: Brief Assessment of Cognition in Schizophrenia; B-CATS: Brief Cognitive Assessment Tool for Schizophrenia; BNA: Brief Neurocognitive Assessment; CAI: Cognitive Assessment Interview; CGI-CogS: Clinical Global Impression of Cognition in Schizophrenia; COWA test: Controlled oral word association test; MCCB: MATRICS Cognitive Consensus Battery; SCIP: Screen for Cognitive Impairment in Psychiatry; SCoRS: Schizophrenia Cognition Rating Scale

Image 2:

FACTOR	SUBFACTOR	SUBFACTOR (II)	TASK
1. DISCOURSE			1.1.1. PROCEDURAL SPEECH
			1.1.2. SEMI-STRUCTURED INTERVIEW
			1.2.1. STORYTELLING
2. LEXICAL PROCESSING		2.1. NAMING	2.1.1. OBJECT NAMING
		2.2. LEXICAL ACCESS	2.1.2. ACTION NAMING
			2.2.1.1. AUDITORY LEXICALITY JUDGMENT - NAMES
3. PHONOLOGY & ORTHOGRAPHY			2.2.1.2. AUDITORY LEXICALITY JUDGMENT - VERBS
			2.2.2.1. VISUAL LEXICALITY JUDGMENT - NAMES
			2.2.2.2. VISUAL LEXICALITY JUDGMENT - VERBS
			3.1.1.1. WORD DICTATION
			3.1.1.2. WORD ORAL REPETITION
			3.1.2.1. 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
4. SEMANTICS			3.2.2.1. PSEUDOWORD WRITTEN COPY
			3.2.2.2. PSEUDOWORD READING
			3.2.3.1. SENTENCE WRITTEN COPY
5. SYNTAX & MORPHOLOGY			3.2.3.2. SENTENCE READING
			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
			5.1.1.1. AUDITORY SENTENCE-PICTURE MATCHING
			5.1.1.2. AUDITORY PLAUSIBILITY JUDGMENT
			5.1.2.1. VISUAL SENTENCE-PICTURE MATCHING
5. SYNTAX & MORPHOLOGY			5.1.2.2. VISUAL PLAUSIBILITY JUDGMENT
			5.1.3.3. SENTENCE PLANNING
			5.2.1.1. AUDITORY GRAMMATICALITY JUDGMENT
			5.2.1.2. VISUAL GRAMMATICALITY JUDGMENT
			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)?

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**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:

- To study the relationship between baseline measures of motivation/ effort with psychosocial functioning at follow-up
- 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:  $\rho=-.018$ ,  $S=2343.3$ ,  $p=.93$ , IMI:  $P=.23$ ,  $t=1.09$ ,  $p=.28$ , effort:  $\rho=.001$ ,  $S=2297.3$ ,  $p=.99$ ) nor FAST scores (QLS:  $\rho=-.16$ ,  $S=2674.9$ ,  $p=.45$ , IMI:  $P=-.02$ ,  $t=-0.09$ ,  $p=.92$ , effort:  $\rho=.07$ ,  $S=2128$ ,  $p=.72$ ).

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:

