

significantly increased in the last decade (2.2% and 2.5%, respectively). The co-occurring prevalence of ASD and ADHD is estimated at approximately 28% (Lai et al. 2019), and the differential diagnosis between these two conditions has become increasingly challenging, especially in adulthood. For instance, both individuals diagnosed with either ASD or ADHD might present social difficulties, despite the underlying causes are notably different: individuals with ASD struggle with social approach and communication, while individuals with ADHD might show distractibility and rapid loss of interest in social activities, or even exhibit behaviors perceived as annoying or rude, such as interrupting and intruding conversations (Antshel & Russo, 2019). Most importantly, in both ASD and ADHD (and especially in women) copying strategies such as the well-known “camouflaging” were observed, to mask autistic- or ADHD-related traits, to try to fit into a society mainly structured by and for neurotypical individuals (Lai & Baron-Cohen, 2015), but ultimately affecting their physical and mental health.

Objectives: Aim of this study was to estimate the prevalence of ADHD traits and diagnosis in a sample of adult individuals with ASD without intellectual disabilities, examine sex differences in ADHD features, and explore the association between impulsivity and autistic traits.

Methods: 146 adults with ASD completed assessments for autistic-, ADHD-traits, and impulsivity. Those above the ADHD-traits cut-off underwent the Diagnostic Interview for ADHD in adults (DIVA-5).

Results: 42 subjects (28.8%) were diagnosed with ADHD comorbid with ASD (26 combined type, 16 inattentive, 0 impulsive). Most diagnosed subjects (71.4%) were females, but males scored higher on inattentive and hyperactive-impulsive symptoms. Autistic traits were positively correlated with attentive impulsiveness.

Conclusions: Adults with ASD without intellectual disabilities show a significant prevalence of comorbid ADHD, particularly with inattentive symptoms. Attention difficulties are common in both disorders. Further studies and tailored diagnostic processes are needed to assess sub-threshold symptoms in ASD, ADHD, and other neurodevelopmental conditions.

Disclosure of Interest: None Declared

Psychotherapy

EPP494

Network Analysis of Symptom Structures in Autism, Schizophrenia, and Non-Diagnosed Controls

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Introduction: Despite differences in the onset and symptomatology, Autism Spectrum Disorder (ASD) and Schizophrenia (SCH) are neurodevelopmental conditions with evolving conceptual links in modern psychiatry. This stems from increasing evidence suggesting overlap in social cognition, attachment and the conceptualization as disorders of the self. A transdiagnostic approach, in

which network analysis can play an important role, offers valuable insights into the complex interrelationships between symptoms and key constructs in the psychopathology of them. It may reveal underlying similarities and differences, contributing to more targeted interventions.

Objectives: Our study aims to investigate the symptom structures of ASD, SCH, and neurotypical individuals (NTP) using network analysis. By comparing them, our explorative goal was to identify key constructs and their connections, providing potential intervention targets. We hypothesize that both ASD and SCH networks will significantly differ from the NTP network, and that mentalization and disorganized schizotypy would be the most central nodes in the networks of ASD and SCH.

Methods: In a cross-sectional study, 1694 participants were involved in the analysis (NNTP=1477, NASD=155, NSCH=62). Participants completed self-report questionnaires. Based on theoretical and methodological considerations we included psychological inflexibility, mentalization, insecure attachment, perceived social support, minimal and narrative self, negative and disorganized schizotypy, autistic traits, anxiety in the analysis. Gaussian Graphical Models were used to estimate relationships between constructs, with LASSO regularization, focusing on network centrality and predictability measures. Network Comparison Test was applied to unveil local and global differences.

Results: A comparative representation with node scaling for predictability values are shown in image 1 and image 2. Minimal self was the most predictable node in each case. Central nodes in the ASD network were psychological inflexibility and minimal self, in the SCH network narrative self and insecure attachment, in the NTP network psychological inflexibility and minimal self. Significant differences in global strength were observed between ASD and NTP networks. Details of a relevant pattern are shown on image 3.

Image 1:

Estimated network model for the NTP group

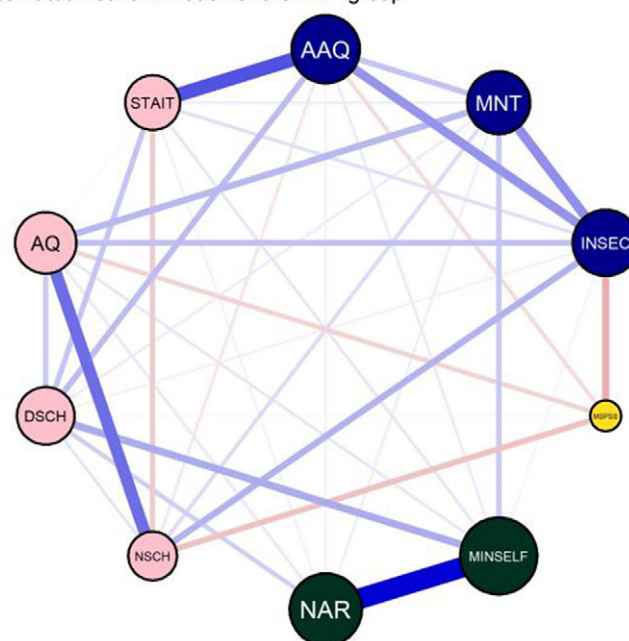


Image 2:

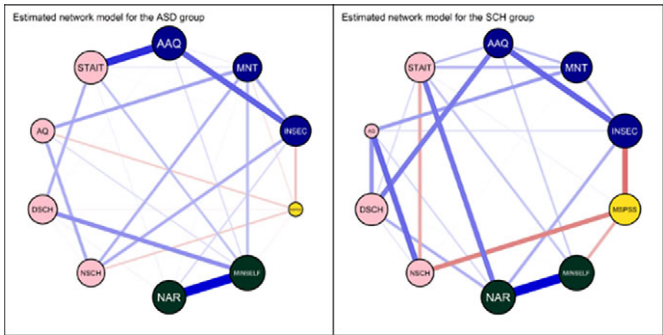


Image 3:

Node1	Node2	NTP	ASD	SCH
mentalization	minimal self	0.1304	0.1467	0
mentalization	narrative self	0.0415	0.0176	0
insecure attachment	minimal self	0.0244	0	0
insecure attachment	narrative self	0	0.0805	0.1712
perceived social support	minimal self	0	-0.0281	-0.1695
perceived social support	narrative self	-0.003	0	0
minimal self	autistic traits	0.0565	0.0700	0
narrative self	autistic traits	0.0516	0	0.0835

Conclusions: Our study highlights distinct symptom networks in ASD and SCH, with distinct centralities emerging. Results suggest interventions targeting psychological inflexibility and self-concept may be effective for ASD, while in SCH, narrative self experience and attachment insecurity may be beneficial. Results show that focusing on isolated constructs may overlook the importance of other constructs. By focusing to the strongest edges and relevant patterns, clinicians may benefit from interventions that simultaneously target the dimensions of the relationships, also considering the most central nodes in the network.

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Psychopathology

EPP495

The Phenomenology of Bereavement: Sensory Experiences of the Deceased

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Introduction: Many grieving individuals report sensory and phenomenological experiences involving deceased loved ones, such as visual, auditory, or sensed presences. These experiences are common across cultures, with 40-70% of bereaved spouses reporting them. They can provide comfort or cause distress, and can last from brief moments to several years. Despite their prevalence, there is limited empirical research on these occurrences, leaving mental health professionals often unprepared to address them.

Objectives: This study aims to explore the phenomenology of sensory experiences with the deceased, the factors associated with these experiences, and their impact on grieving individuals.

Methods: A bibliographic review was conducted using PubMed, using terms like “Bereavement,” “Hallucinations,” “Phenomenology,” and “Sensory Experiences.”

Results: The review indicates that sensory experiences involving deceased loved ones should not automatically be viewed as pathological. Rather, these experiences may function as adaptive responses that help maintain emotional bonds with the deceased, facilitating the grieving process. Research highlights that “sensing a presence” is the most frequently reported phenomenon, followed by visual and auditory encounters. Key factors influencing these experiences include sensory deficits, cognitive difficulties and poor sleep. These phenomena are particularly common among older adults, with women more likely than men to report them. Strong emotional ties, marital satisfaction, and having children with the deceased correlate positively with these sensory experiences. High levels of avoidant coping are significant predictors of experiencing these phenomena, while a more detached coping style appears to help in accepting the finality of the loss. Studies suggest that those who have these experiences often report greater levels of prolonged grief, PTSD, depression, and feelings of emotional loneliness compared to those who do not. However, these experiences do not necessarily result in better or worse clinical outcomes. Mental health professionals must create a supportive environment where individuals can discuss these experiences without fear of judgment or being labeled as mentally ill. Understanding these phenomena as psychologically meaningful and significant to the bereaved can promote healing.

Conclusions: This review emphasizes the need for a nuanced understanding of sensory experiences involving the deceased, moving beyond simplistic interpretations as signs of mental illness. Instead, these experiences should be seen as contextually meaningful and part of the bereaved’s relationship with the deceased. For those distressed by these experiences, therapeutic interventions could focus on reshaping their relationship with the deceased or modifying their responses.

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