

catatonia, speech disturbances, alteration of consciousness, neurologic signs, autonomic dysfunction and laboratory aberrations may be especially indicative for organic cause and possibly encephalitis and require further confirmation with the analysis of cerebrospinal liquor with antineuronal antibodies.

Disclosure of Interest: None Declared

SP0033

Childhood trauma as a predictor of social cognition disturbances across psychosis spectrum: Data from the PREGAP Study

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Abstract

Introduction: Childhood trauma is a severe form of stress that has been strongly related to both the appearance of a psychotic disorder and the existence of social cognition disturbances. We hereby hypothesize childhood trauma might be a transdiagnostic marker of social cognition disturbances across the psychosis spectrum, regardless of the main diagnosis.

Objectives: To investigate the effect of different forms of childhood trauma in social cognition impairments in first-episode psychosis, at-risk mental states for psychosis and healthy controls.

Methods: Using cross-sectional data, we will examine the relationship between different kinds of childhood trauma (measured with the Childhood Trauma Questionnaire, CTQ) and several social cognition domains, including facial emotion recognition, theory of mind (assessed using the Movie Assessment for Social Cognition, MASC, The Hinting Task, and the Faux-Pas Questionnaire). Intra and inter-group differences be studied for three study groups, including patients with first-episode psychosis (n=60), subjects with at-risk mental states for psychosis (n=60), and healthy controls (n=60).

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SP0034

Childhood trauma as a transdiagnostic risk factor: clinical implications and preventive interventions

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Abstract: Abstract: This presentation seeks to explore the interplay between various types of psychological traumas and their potential correlation with the development of distinct types and severities of

eating disorders. Emphasis will be placed on elucidating the underlying biological underpinnings and psychological and developmental factors that contribute to the manifestation of diverse eating disorder phenotypes in individuals who have experienced childhood maltreatment.

Drawing upon existing research and novel insights, I will present some data from studies investigating the notion that the observed variations in eating disorder presentations may be linked especially to environmental influences. Contrary to the conventional focus on genetic determinants, our findings suggest that the differential ecophenotypic expression of eating disorders may not solely be attributed to DNA variants but rather to the complex interplay between genetic predispositions and environmental contexts.

In particular, I will expose the concept of an ecophenotype characteristic of eating disorders associated with childhood maltreatment, positing that the unique ecological context in which an individual is raised significantly influences the trajectory and severity of their eating disorder. This exploration extends beyond a mere examination of genetic markers, shedding light on the environmental and ecosystemic factors that shape the development of an individual's relationship with food and body image.

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SP0035

How is trauma a transdiagnostic risk factor? A biopsychosocial model of risk and protective mechanisms following childhood trauma

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Abstract: Traumatic exposure is a common global problem across nations. It is currently well established that childhood trauma is associated with increased risk for psychopathology transdiagnostically, with children having experienced trauma being twice as likely to develop a mental health condition compared to those who have never experienced trauma. According to population-based studies, this heightened risk for the emergence of mental health disorders persists throughout adolescence and adulthood. The risk for psychopathology seems to be most marked in children exposed to interpersonal violence (child emotional and physical abuse, neglect, sexual violence). In this presentation, we will summarize the results of an increasing number of published studies that have examined the mechanisms underlying vulnerability to psychopathology following childhood trauma and protective factors that buffer this risk. Specifically, we will highlight the role of emotion dysregulation and interpersonal difficulties, related to disrupted threat processing following trauma exposure, in mediating the impact of trauma on internalizing and externalizing symptoms. Research studies have also identified protective factors across the lifespan that might mitigate these outcomes, including social support and emotional skills building. Based on this review, we will suggest a conceptual transdiagnostic and biopsychosocial model of risk and resilience, which can provide opportunities and targets for early interventions and treatment, at the