sertraline, escitalopram, duloxetine and fluoxetine could be considered as the first option although cases with associated extrapyramidal symptoms (EPS) were reported. According to a study on the association of antipsychotics, antidepressants with movement disorders in children and adolescents (2), the risk-benefit profile of antipsychotic use should be considered as an adjuvant to reduce EPS. In addition, in a post-marketing study (3), a potentially harmful association was found between movement disorders and the use of antidepressants mirtazapine, vortioxetine, fluvoxamine, citalopram, paroxetine, duloxetine, escitalopram, fluoxetine, sertraline, venlafaxine, among others.

**Disclosure of Interest:** None Declared

## EPV0362

## Beyond Diagnosis: The Multifaceted Relationship Between Gender Dysphoria and Pervasive Developmental Disorders

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**Introduction:** This case series examines five adolescents with both gender dysphoria and pervasive developmental conditions, highlighting the social, familial, and psychological challenges involved. The cases reveal how these conditions intersect, shaping identity, social interactions, and family dynamics. Findings suggest a trend toward isolation and virtual spaces for acceptance, with limited family support often exacerbating isolation. Integrated therapeutic approaches addressing both gender dysphoria and developmental conditions are recommended to improve mental health and self-acceptance.
**Objectives:** To explore the diversity of gender dysphoria manifestations within pervasive developmental disorders.
**Methods:** We analysed five cases of adolescents from Professor Doctor Alexandru Obregia Clinical Hospital of Psychiatry in Bucharest, each diagnosed with both gender dysphoria and a pervasive developmental disorder. Each case highlights unique psychological and social factors influencing the adolescents' identities and interactions. Patients were monitored over an average period of one year to observe developments and responses to therapeutic interventions.
**Results:** The cases illustrate diverse expressions of gender dysphoria among adolescents with pervasive developmental disorders:
Case 1: 12-year-old with Asperger's syndrome and gender dysphoria, with interests and social withdrawal shaped by online interactions, further isolating her.
Case 2: 15-year-old with severe depression and Asperger's syndrome, marked by social withdrawal, a strong attachment to solitary pursuits, and an identity struggle.
Case 3: 16-year-old with significant gender dysphoria and past suicide attempts, feeling alienated with a strong focus on transitioning.
Case 4: 17-year-old facing gender dysphoria complicated by family resistance, social anxiety, and unresolved grief, destabilizing family acceptance.
Case 5: 15-year-old with major depression, social anxiety, and emergent gender dysphoria, poor medication response, and preference for solitude, indicating an uncertain prognosis.
**Conclusions:** This study explores whether pervasive developmental disorders and gender dysphoria coexist by chance, influence each other, or share a common cause. It examines whether atypical gender identity might lie dormant and what may trigger its expression. These cases highlight the complexity of treating gender dysphoria in adolescents with developmental disorders, suggesting that tailored support and therapy can improve psychosocial outcomes and self-acceptance.

**Disclosure of Interest:** None Declared

## EPV0363

## Whispers of hunger: a journey through anorexia nervosa

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**Introduction:** A 13 years old girl, who has always been an A* student, was brought to our Emergency Room, referred by her Psiquiatrist, to be hospitalized in our Unit.
During the first interview in the ER, the patient reported that she refused to eat food that had empty calories, which were essentially everything except water, and even water at times was an issue. She had a IMC of 16,57 kg/m2.
**Objectives:** The objetive of this case is to try and explain how serious of a disorder anorexia nervosa can be, at times severe enough to distort completely the patients reality.
**Methods:** The following patient will be presented, doing a thorough systematic bibliography review.
**Results:** The patient remains admitted to our unit. After more than one month and a half, since first being admitted, the patient has both verbalized wanting to end her life before gaining weight, as well as improved her disorder awareness.
At first, she was bluntly negative to eat any food, to a point to such extent, that feeding via nasogastric tube was necessary.
After daily interviews, along with many consultations, both with clinical psychology and psychiatry, using both cognitive behavioral psychotherapy and psychotrpic drugs; we achieved a slight improvement by eating half plates of both first and second plate, as well as dessert of a 1300-1500kcal diet.
Nonetheless, the patient still manifest up to this day, her willingness of not to eat and to end her life if its necessary to avoid eating.
**Conclusions:** Given the severity of the eating disorder suffered by the patient, social work was notified of the refferral to a long-term center specialized in eating disorders. The patient verbalized not wanting to got there, but recognized her disorder was getting more severe and the need for a long-term Unit.

**Disclosure of Interest:** None Declared