

## W07-01

### RECOGNITION OF MOVEMENT DISORDERS IN PSYCHIATRY: VIDEO FRAGMENTS

P.N. van Harten<sup>1</sup>, H.W. Hoek<sup>2,3,4</sup>

<sup>1</sup>Psychiatric Residency, Symfora Group, Amersfoort, <sup>2</sup>Psychiatric Residency & Research, Parnassia Psychiatric Institute, The Hague, <sup>3</sup>Department of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands, <sup>4</sup>Department of Epidemiology, Columbia University, New York, USA

Movement disorders in psychiatry can be divided in those related to an underlying neurological or other somatic disease, related to a psychiatric syndrome, drug induced and psychogenic. In this workshop the typical clinical aspects of each of these movement disorders will be discussed and shown on video with the focus on drug induced. Drug induced can be divided in acute and tardive movement disorders. Acute movement disorders such as acute dystonia, akathisia, parkinsonism and myoclonus, start short after taking dopamine receptor blocking agents, often an antipsychotic. Once recognized they are relatively easy to treat. Tardive movement disorders such as tardive dyskinesia and tardive dystonia start months or years after using dopamine receptor blocking agents. Treatment is often disappointing, therefore prevention is needed.