

to assess a correct treatment, a continuum could be established between TDC and eating disorders. Both present similar symptoms: dissatisfaction and distortion with body image, need for continuous checking and concern about imperfections in perceived appearance. Given the chronicity of TDC and the tendency to abandon treatment in the first months, long-term follow-up by a multidisciplinary team is necessary, as well as psychoeducation and the establishment of a solid therapeutic alliance.

**Disclosure of Interest:** None Declared

## EPV0359

### Sensory integration in a department of child and adolescent psychiatry

M. L. Maria Del Carmen

Psychiatry, Hospital General Universitario Gregorio Marañón, Madrid, Spain

doi: 10.1192/j.eurpsy.2025.1160

**Introduction:** The area of Sensory Integration has its origin in the 1960s, developed by the neuroscientist and occupational therapist Jean Ayres. Although the first studies focused on the relationship between learning problems and atypical sensory processing, today there are new applications in clinical practice. Sensory integration is defined as the neurological process responsible for organizing the sensations that one receives from one's own body and from the environment, in order to respond and function adequately in relation to environmental demands.

**Objectives:** This work has several objectives. On the one hand, review the concept of sensory integration, the definition and theoretical basis as well as the scientific evidence of this theory. On the other hand, review the use of sensory integration in psychiatric practice from the 1960s to the present day. Also, explain the experience of a child and adolescent psychiatry unit with the use of sensory integration as part of the treatment. Finally, new challenges, approaches and needs of psychiatry services will be considered for the implementation or improvement of this new work tool in a multidisciplinary team.

**Methods:** A bibliographic search has been carried out in the main sources of medical information such as pubmed, uptodate as well as in national and international journals. Likewise, the knowledge and clinical experience of the team has been reviewed.

**Results:** In our clinical experience, the child and adolescent psychiatry device for intensive outpatient treatment where patients between 12 and 17 years of age with severe mental disorders attend, initially passed the sensory profile by occupational therapy to patients who presented behavioral or emotional symptoms. not consistent with the psychopathological examination. In view of the results and magnificent progress, this intervention began to be carried out systematically to the boys who joined the device. We present the case of a 15-year-old patient who attended the device due to emotional dysregulation and suicidal risk. During evolution, possible difficulties were seen in sensory integration that made it difficult for the patient to improve with psychiatric or psychological therapy alone. The patient was evaluated and treated by the team's occupational therapist, specifically trained in sensory integration. It was evaluated with the sensory profile, with the results having a sensory sensitivity profile and auditory and tactile avoidance. The specific measures that were carried out were: sensory diet and environmental modifications.

**Conclusions:** Sensory integration is a therapy with sufficient clinical evidence to implement it in child and adolescent psychiatry services. Therapy should be performed by suitably trained and validated occupational therapists. This therapy must be included in a multidisciplinary approach to the patient and specific modifications that can be developed at home and at school are provided.

**Disclosure of Interest:** None Declared

## EPV0360

### "Antidepressants and movement disorders: a case of an adolescent with major depressive disorder"

M. Ríos Vaquero<sup>1</sup>, M. Esperesate Pajares<sup>1</sup>, O. Martín Santiago<sup>1\*</sup>, G. Lorenzo Chapatte<sup>1</sup>, L. Rojas Vázquez<sup>1</sup>, A. Monllor Lazarraga<sup>1</sup>, L. Sobrino Conde<sup>1</sup>, B. Rodríguez Rodríguez<sup>1</sup>, N. Navarro Barriga<sup>1</sup>, M. Fernández Lozano<sup>1</sup>, M. J. Mateos Sexmero<sup>1</sup>, P. Pando Fernández<sup>1</sup>, M. Calvo Valcarcel<sup>1</sup>, M. Andreu Vidal<sup>1</sup>, P. Martínez Gimeno<sup>1</sup>, L. Del Canto Martínez<sup>1</sup>, F. J. González Zapatero<sup>1</sup>, M. D. L. Á. Guillén Soto<sup>1</sup> and A. Aparicio Parras<sup>1</sup>

<sup>1</sup>Psychiatry, Hospital Clínico Universitario de Valladolid, Valladolid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1161

**Introduction:** Drug-induced movement disorders are a rare side effect of which some cases have been reported and published. It may be due to antidepressants, antipsychotics or other drugs. In these cases it is important to realize differential diagnosis, identify the medication that may have caused it and implement appropriate management to solve it.

**Objectives:** To present the case of a 16-year-old adolescent diagnosed with major depressive disorder with movement disorders after treatment with escitalopram.

**Methods:** A literature review was conducted on movement disorders and treatment with antidepressants in child-adolescent population.

**Results:** Our case is about a 16-year-old adolescent who is living with his family and he is studying at the high school. The patient has no personal psychiatric history and in his family only his father has an adaptive disorder treatment. The first time he comes to consultation, he said that in the last few weeks he has anxiety attacks in different environments and an increase in basal anxiety. He has been in a low mood for about two years with apathy, which has increased in recent weeks. He is diagnosed of major depressive disorder and we decided to continue with escitalopram 10 mg and clonazepam dipotassium prescribed a week ago by his family doctor. After one month, he goes to the second consultation with difficulty in walking, stiffness and instability that is related to the introduction of treatment. In addition, he comments on mild improvement of anxiety and mood. Due to the timing of the onset of movement disorder and the onset of escitalopram, it is decided to suspend it. Clonazepam dipotassium is maintained and short-term for evaluation of evolution. In the following consultation, no movement disorder symptoms are seen and the onset of another antidepressant with a different course of action is assessed.

**Conclusions:** Drug-induced movement disorders as in the case described are a rare side effect of which some cases have been reported and published. Different studies reveal the different behavior of antidepressants in the adult and child-adolescent population. In a meta-analysis on antidepressants and depression in the child-and-youth population (1), the results indicated that