

diagnosed with psychosis and started on risperidone 1 mg and lorazepam 1 mg.

Five days later, during a follow-up, he exhibited non-compliance with commands, mutism, refusal to eat, and urinating in the living room for the past three days. Examination revealed no eye contact, no verbal communication, and a flexed arm posture, leading to a preliminary diagnosis of catatonia and hospital admission. Physical examination, blood tests, brain imaging, and EEG showed no pathological findings. No substances were detected in urine. Despite increasing lorazepam to 6 mg, catatonia symptoms persisted, leading to the initiation of ECT on the fifth day.

After 20 ECT sessions, catatonia symptoms and psychotic content improved, though obsessions persisted. He was diagnosed with schizo-obsessive disorder and treated with fluvoxamine 200 mg/day, olanzapine 10 mg/day, and clonazepam 4 mg/day, with maintenance ECT ongoing.

Conclusions: This case report highlights the complexity of schizo-obsessive catatonia and the necessity for a multifaceted diagnostic and therapeutic approach. The patient's journey from an initial diagnosis of Obsessive Compulsive Disorder to the emergence of psychotic and catatonic symptoms underscores the fluidity of psychiatric diagnoses. The significant improvement following multiple, longer ECT sessions underscores the therapy's potency, particularly in schizo-obsessive catatonia. This case underscores the importance of flexibility in psychiatric treatment, advocating for a tailored approach that evolves with the patient's symptoms.

Disclosure of Interest: None Declared

EPV0278

The importance of screening for trauma symptoms in children and adolescents

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Introduction: Children and adolescents frequently encounter a range of adverse childhood experiences (ACEs), which encompass various forms of adversity such as abuse, neglect, and household dysfunction. These experiences can have profound and lasting effects on an individual's health and well-being. Alarming, nearly three out of four children—approximately 300 million aged 2 to 4 years—are subjected to physical punishment and/or psychological violence by parents and caregivers. Moreover, statistics indicate that one in five women and one in thirteen men were sexually abused during their childhood (ages 0-17). Despite the widespread prevalence of these experiences, trauma in children often goes unrecognized. The nature of trauma can make it challenging for both the child and caregivers to identify and articulate trauma-related symptoms. Children may struggle to understand or express their experiences, and caregivers might misinterpret or overlook these signs, leading to underreporting and a lack of timely intervention.

Objectives: Experiencing adverse events during childhood or adolescence is particularly concerning because it can significantly disrupt normal developmental trajectories, affecting physical, emotional, and cognitive growth. During these formative years, the brain is highly plastic and sensitive to environmental influences,

making it especially vulnerable to the effects of trauma and stress. Such exposure can result in long-term consequences, including a heightened risk of developing mental health disorders, behavioral issues, and challenges in academic and social settings.

In this context, early identification of children and adolescents who have faced adverse experiences is crucial. By providing appropriate support and resources early on, it is possible to foster resilience and promote more positive growth despite the challenges posed by early adversity.

Methods: Using tools like the Child PTSD Symptom Scale (CPSS), a widely recognized self-report instrument designed to assess the severity of post-traumatic stress disorder (PTSD) symptoms in children and adolescents aged 8 to 18, can be especially effective for identifying and evaluating the impact of trauma exposure in young individuals and facilitating early intervention.

Results: Research published by the National Institute of Mental Health (NIMH) indicates that early identification through screening can lead to timely interventions, significantly reducing the psychological harm associated with trauma exposure.

Conclusions: Research strongly supports the effectiveness of screening for trauma symptoms in children and adolescents, emphasizing its critical role in early detection, timely intervention, and the prevention of long-term negative outcomes. This proactive approach not only addresses the immediate psychological impact of trauma but also contributes to improved long-term well-being and quality of life for those affected.

Disclosure of Interest: None Declared

EPV0279

A case for personalised medicine in a 17 year old patient with obsessive compulsive disorder

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Introduction: Pharmacogenomic testing is a cutting-edge precision medicine tool that analyzes genetic variations influencing drug metabolism. By assessing an individual's unique genetic profile, this testing enables the personalization of treatment strategies, improving therapeutic outcomes, and enhancing patient care. Integrating pharmacogenomic testing into clinical practice holds great promise for improving the efficiency and effectiveness of mental health care delivery. In this case, a 17-year-old patient presented with a severe case of obsessive-compulsive disorder showed no response to treatment with sertraline (250mg). Sertraline is metabolized into N-desmethylsertraline through multiple pathways, including CYP3A4, CYP2C19, CYP2B6, and other CYP enzymes, with pharmacokinetic studies identifying CYP2C19 as the primary metabolic pathway.

Objectives: The patient had a poor response to pharmacological treatments previously used, our aim was to determine the possible involvement of patient specific responses to treatments based on his pharmacogenetic profile.

Methods: A blood sample was submitted for pharmacogenetic testing. This analysis includes genes involved in the metabolism of sertraline (CYP2C19, CYP3A4, and, to a lesser extent, CYP2B6 and CYP2D6) as well as other pharmacogenes associated with the