

emphasizing that the latter disorder also occurs in non-schizophrenic patients, for example, ones with OCD. Additionally, OCD and depression often co-occur. Thus, in severe cases, it may be challenging to disentangle the separate contribution of both disorders to psychomotor slowness. It is also crucial to exclude the possibility that a patient has juvenile parkinsonism or other causes of motor slowness before diagnosing him/her with OS, given that the diagnostic approaches and treatment strategies for OS and the aforementioned disorders differ.

**Conclusions:** OS seems to be a rare but often disabling motor manifestation of OCD, rather than a primary disease entity. However, some cases sit on the edge of current diagnostic criteria. Future research should help define OS more precisely.

**Disclosure:** No significant relationships.

**Keywords:** obsessional slowness; obsessive compulsive disorder

### EPV0412

#### Boundaries between compulsive buying and hoarding regarding the obsessive-compulsive spectrum

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**Introduction:** It has long been theorized that Obsessive-Compulsive Disorder (OCD) and Compulsive Buying Disorder (CBD) may share important characteristics, increasing the likelihood of the concurrence of these two psychiatric disorders. On the other hand, Hoarding Disorder (HD) were originally conceptualized to exist only within the context of OCD, despite hoarding symptoms presenting in less than 5% of OCD cases.

**Objectives:** This study aims to provide an overview of impulsive-compulsive spectrum, regarding the similarities and differential diagnosis between compulsive buying and hoarding.

**Methods:** The authors performed a non-systematic literature review, using PubMed search terms “compulsive buying”, “hoarding” and “obsessive-compulsive spectrum”.

**Results:** Obsessive-compulsive spectrum disorders are a group of similar psychiatric disorders characterized by repetitive thoughts, distressing emotions and compulsive behaviors. Compulsive buying is defined by a preoccupation with buying and shopping, by frequent buying episodes or overpowering urges to buy that are experienced as irresistible and senseless. These episodes are accompanied by relief and pleasure, but followed by remorse and guilt. A sub-group compulsively hoard the items they have bought. Hoarding disorder is characterized by persistent difficulty discarding items regardless of value, urges to save items and distress associated with discarding, and the accumulation of possessions which compromise use of the home.

**Conclusions:** Empirical evidence suggests that both OCD and CBD display high levels of impulsivity and compulsivity. However, given the phenomenology, CB may not fit well in OCD related disorders. It may be also misleading to classify HD as part of OCD, since hoarding has the lowest specificity and predictive criteria for OCD.

**Disclosure:** No significant relationships.

**Keywords:** compulsive buying; hoarding; obsessive-compulsive spectrum

### EPV0415

#### Obsessive-compulsive disorder onset and COVID-19 pandemic: Is there a relation between both?

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**Introduction:** Obsessive-Compulsive Disorder (OCD) is a disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and/or behaviors (compulsions). Since the COVID-19 pandemic started, a lot of people developed fears of contamination or being infected.

**Objectives:** To describe a clinical case and discuss the diagnosis of Obsessive-Compulsive Disorder in context of COVID-19 pandemic.

**Methods:** The data was achieved through patient's and his family. For the literature review we searched the terms: “OCD” and “COVID-19 Pandemic”.

**Results:** 45 years-old, male, single. He has a generalised anxiety disorder since 2010. At July 2020, the patient asked for help due to worsening of symptoms. Before the appointment, he was waiting outside because he didn't feel comfortable in the waiting room. When he touch anything unintentionally, he wash his hands immediately. Since the COVID-19 pandemic began, he stopped working because he was too afraid of being infected. He started to think a lot about SARS-COV2 contamination, avoiding all public places, depending on his mother and friends to do basic daily tasks. His thoughts led to cleaning and hand-washing rituals, spending a lot of time. Those symptoms are egodystonic, have a huge impact on global functioning and are not explained by normative fear or protection measures. During 10 years of psychiatric follow-up he never showed obsessive-compulsive symptoms.

**Conclusions:** This case is an example of OCD onset during the COVID-19 pandemic in a patient with an anxiety disorder (without previous obsessive-compulsive symptoms). He has improved after paroxetine 60mg and risperidone 1mg daily, as well as cognitive behaviour therapy weekly.

**Disclosure:** No significant relationships.

**Keywords:** Obsessive-compulsive Disorder; COVID-19 pandemic

### EPV0416

#### Comparative study of caregiver stress between patients of obsessive compulsive disorder and chronic medical illness, without any physical disability

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