## P02-119

ORGANIC EATING DISORDERS OF PICA, HPERPHAGIA, AND SEVERE FOOD RESTRICTION: PRESENTATION AND PREVALENCE AFTER ACQUIRED BRAIN INJURY R. Faruqui<sup>1,2</sup>, K. El-Kadi<sup>3</sup>, A. Rowell<sup>3</sup>

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Introduction: Persistent Hyperphagia, Pica, and Severe Food Restriction are rare but potentially life threatening complications following acquired brain injury. These disorders are not formally coded in disease classification systems though do present with significant management challenges in both inpatient and outpatient settings.

Objectives: To inform treatment and management strategies and service development for complex neuropsychiatric conditions

Aims: To study presentation and prevalence of organic eating disorders following acquired brain injury.

## Methods:

Systematic review of medical literature on Medline, PsychInfo, CINAHL, Embase, Cochrane database of systematic reviews, using terms eating disorders, organic eating disorders, binge eating, bulimia, anorexia nervosa, atypical eating disorders, food restriction, pica, head injury, acquired brain injury, traumatic brain injury.

Service consultations and identification of grey literature

Results: Systematic review identified case reports, case series, and case studies relevant to these disorders. It also identified lack of research in this area and absence of well structured longitudinal studies that can identify true prevalence in a representative sample. Persistent Hyperphagia has been reported in 2-3% of adult cases requiring inpatient post acute rehabilitation. Pica has been reported in young children after acquired brain injury only. Two reports identified this condition in post neurosurgery period. Severe food restriction, at times also described as atypical anorexia, has been reported following acquired brain injury. However, it remains rather difficult to estimate prevalence in different patient populations. Conclusions: Organic eating disorders present with significant levels of challenges in patient management and do carry identifiable mortality risk.