

**Objectives** Bioelectrical impedance analysis (BIA) is one of the main methods for nutritional status assessment.

**Aims** The aim of this study was the assessment of the nutrition status in a group of patients with anorexia nervosa in comparison to healthy population (HP).

**Methods** The study involved 37 participants: 21 patients with AN and 16 healthy volunteers constituting the control group (HP). The patients were divided into two groups according a BMI: I group  $14 < \text{BMI} < 15,5$  ( $n = 11$ ; age  $18.0 \pm 4.37$ ) and II group:  $15,5 < \text{BMI} < 17,5$  ( $n = 10$ ; age  $17.82 \pm 3.68$ ). The mean age of HP was  $17.68 \pm 1.57$  and BMI  $20.56 \pm 1.16 \text{ kg/m}^2$ . BIA was performed by using ImpediMed bioimpedance analysis SFB7 Biolmp. The parameters: phase angle (PA), TBW%, ECW, ICW, ECW/ICW were analyzed.

**Results** PA was decreased significantly in the I ( $4.5^\circ \pm 0,6$ ) and II group ( $4.7^\circ \pm 0,6$ ) of AN patients' in comparison with HP ( $5.6^\circ \pm 0,7$ ). TBW was 9% higher in I group and ECW was increased 6% in the both AN groups compared with HP ( $P < 0.01$ ). Additionally ECW/ICW ratio indicated the higher transfer of water into the extracellular compartment in AN group ( $P < 0.01$ ).

**Conclusions** BIA is accurate tool to indicate the valuable indicators of detecting malnutrition in AN. Further studies are needed to validate the significance of these parameters for the full identification of the nutrition status of AN patients'.

**Keywords** Anorexia nervosa; Bioelectrical impedance; Phase angle; TBW; ECW; ICW

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.324>

## EW208

### Trends of hospitalization for anorexia nervosa in USA: A nationwide analysis

Z. Mansuri<sup>1,\*</sup>, M. Rathod<sup>1</sup>, P. Bansal<sup>2</sup>, U. Mansuri<sup>3</sup>, S. Shambhu<sup>1</sup>

<sup>1</sup> Drexel University, School of Public Health, Philadelphia, USA

<sup>2</sup> Mayo Clinic, Cardiology Research Fellow, Arizona, USA

<sup>3</sup> Mount Sinai, Icahn School of Medicine Department of Public Health, New York, USA

\* Corresponding author.

**Objectives** Anorexia Nervosa (AN) is an important cause of morbidity and mortality in hospitalized patients. While AN has been extensively studied in the past, the contemporary data for impact of AN on cost of hospitalization are largely lacking.

**Methods** We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998-2011 using the ICD-9 codes for AN. Severity of co-morbid conditions was defined by Deyo modification of Charlson co-morbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, chi-square test, t-test and Cochran-Armitage test were used to test significance.

**Results** 28,150 patients were analyzed. 93.94% were female and 6.06% were male ( $P < 0.0001$ ). 88.67% were white, 2.93% were black and 8.4% were of other race ( $P < 0.0001$ ). Rate of hospitalization decreased from 1530/million to 1349.5/million from 1998-2011. Overall mortality was 0.78% and mean cost of hospitalization was 25,829.82\$. The in-hospital mortality reduced from 0.95% to 0.44% ( $P < 0.0001$ ) and mean cost of hospitalization increased from 11,956.55\$ to 39,831.51\$. Total yearly spending on AN related admissions increased from \$145.33 million/year to \$420.61 million/year.

**Conclusions** While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$145.33 million/year to \$420.61 million/year, which leads to an estimated \$275.28 million additional burden to the US health care system. In the era of cost conscious care, preventing AN related Hospitalization could

save billions of dollars every year. Focused efforts are needed to establish preventive measures for AN related hospitalization.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.326>

## EW209

### Trends of hospitalization for bulimia nervosa in USA: A nationwide analysis

Z. Mansuri<sup>1,\*</sup>, M. Rathod<sup>1</sup>, P. Bansal<sup>2</sup>, A. Sutaria<sup>1</sup>, S. Shambhu<sup>1</sup>

<sup>1</sup> Drexel University, School of Public Health, Philadelphia, USA

<sup>2</sup> Mayo Clinic, Department of Cardiology, Arizona, USA

\* Corresponding author.

**Objectives** Bulimia Nervosa (BN) is an important cause of morbidity and mortality in hospitalized patients. While BN has been extensively studied in the past, the contemporary data for impact of BN on cost of hospitalization are largely lacking.

**Methods** We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998-2011 using the ICD-9 codes. Severity of co-morbid conditions was defined by Deyo modification of Charlson co-morbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, chi-square test, t-test and Cochran-Armitage test were used to test significance.

**Results** 19,441 patients were analyzed. 94.13% were female and 5.87% male ( $P < 0.0001$ ). 85.72% were white, 4.55% black and 9.73% of other race ( $P < 0.0001$ ). Rate of hospitalization decreased from 1136.99/million to 802.47/million from 1998-2011. Overall mortality was 0.20% and mean cost of hospitalization was 15,496.82\$. The in-hospital mortality reduced from 0.23% to 0.15% ( $P < 0.0001$ ) and mean cost of hospitalization increased from 8,194.53\$ to 22,547.86\$. Total spending on BN related admissions have increased from \$73.96 million/year to \$139.93 million/year over the last decade.

**Conclusions** While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$73.96 million/year to \$139.93 million/year, which leads to an estimated \$65.97 million/year additional burden to US health care system. In the era of cost conscious care, preventing BN related Hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for BN related hospitalization.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.327>

## EW210

### Current and emerging drugs treatment for night eating syndrome

M. Martellini<sup>1,\*</sup>, M. Barchiesi<sup>1</sup>, M.G. Oriani<sup>2</sup>, B. Nardi<sup>1</sup>

<sup>1</sup> Polytechnic University of Marche, Clinica di Psichiatria, Ancona, Italy

<sup>2</sup> Dipartimento di Salute Mentale Ancona ASUR Marche,

Dipartimento di Salute Mentale Ancona ASUR Marche, Ancona, Italy

\* Corresponding author.

**Introduction** The night eating syndrome (NES) is a categorized in the diagnostic and statistic manual (DSM-5) as an "Other Specified Feeding or Eating Disorder" and it is characterized by a reduced feeding during the day, evening hyperphagia accompanied by frequent nocturnal awakenings associated with conscious episodes of compulsive ingestion of food and abnormal circadian rhythms of food and other neuroendocrine factors. Frequently it is associated with obesity and depressed mood.

**Objectives** The purpose of this review is to investigate the state of art concerning the psychopharmacological treatment of NES.

**Methods** A Medline enquiry of published articles from 2005 to October 2015 was performed using the following keywords: "NES,