Introduction: Adolescence is a period marked by highest vulnerability to the onset of depression, with profound implications for adult health. Neuroimaging studies have revealed considerable atrophy in brain structure in these patients with depression. Of particular importance are regions responsible for cognitive control, reward, and self-referential processing. However, the causal structural networks underpinning brain region atrophies in adolescents with depression remain unclear.

Objectives: This study aimed to investigate the temporal course and causal relationships of gray matter atrophy within the brains of adolescents with depression.

Methods: We analyzed T1-weighted structural images using voxel-based morphometry in first-episode adolescent patients with depression (n=80, 22 males; age = 15.57±1.78) and age, gender matched healthy controls (n=82, 25 males; age = 16.11±2.76) to identify the disease stage-specific gray matter abnormalities. Then, with granger causality analysis, we arranged the patients' illness duration chronologically to construct the causal structural covariance networks that investigated the causal relationships of those atypical structures.

Results: Compared to controls, smaller volumes in ventral medial prefrontal cortex (vmPFC), dorsal anterior cingulate cortex (dACC), middle cingulate cortex (MCC) and insula areas were identified in patients with less than 1 year illness duration, and further progressed to the subgenual ACC, regions of default, frontoparietal networks in longer duration. Causal network results revealed that dACC, vmPFC, MCC and insula were prominent nodes projecting exerted positive causal effects to regions of the default mode and frontoparietal networks. The dACC, vmPFC and insula also had positive projections to the reward network, which included mainly the thalamus, caudate and putamen, while MCC also exerted a positive causal effect on the insula and thalamus.

Conclusions: These findings revealed the progression of structural atrophy in adolescent patients with depression and demonstrated the causal relationships between regions involving cognitive control, reward and self-referential processes.

Disclosure of Interest: None Declared

Eating Disorders

EPP0220

Prevalence And Risk Factors Of Eating Disorders In The Tunisian General Population

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Introduction: Eating disorders (ED) negatively affect physical, mental, and social well-being. The exact psychopathology of ED is still unknown, with research suggesting the interplay of a combination of factors.

Objectives: The aim of our study was to estimate the prevalence of ED in the Tunisian general population, and to identify associated risk factors.

Methods: We conducted a cross-sectional, descriptive and analytical study among Facebook group members, using an online questionnaire, over the period from February 17, 2023 to May 26, 2023. All respondents over the age of 18 were included in the study. All participants filled a socio-demographic questionnaire. The Eating Attitudes Test (EAT-26) was used to screen for those at risk of eating disorders.

Results: A total of 528 responses were included in the study. The mean age of the sample was 33.3±11.95 years. The subjects were unmarried in 63.4% of cases, of low socio-economic level in 19.5%, with a university education in 75.2% and with a regular occupation in 56.1% of cases.

The mean EAT-26 score was 12.36±10.34. according to this scale, 12.3% of our population were at high risk of developing an ED.

In a multivariate analysis, the female gender ($p = 0.006$), the low economic status ($p = 0.012$), a psychiatric comorbidity ($p < 0.001$), and physical activity (p= 0,037) were strongly associated with ED.

Conclusions: This study highlighted the magnitude of the risk of disordered eating attitudes in the Tunisian population and the need for programs to prevent and control these disorders.

Disclosure of Interest: None Declared

EPP0221

Evaluating the role of autistic traits and sensory sensitivity in eating disorders and autistic-like eating behaviours

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Introduction: In recent decades, there has been extensive research on the association between Autism Spectrum Disorders (ASD) and Eating Disorders (ED), as well as the existence of sensory sensitivity alterations in both diagnostic groups.

Objectives: The present study aimed to examine the presence of autistic traits in a sample of adult women diagnosed with different ED, and the concurrent role of autistic traits and sensory sensitivity in both their eating disorder symptomatology and their autism-related eating behaviours.

Methods: Seventy-five women with different ED completed the Eating Attitude Test (EAT-26), the Autism Quotient (AQ), the Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R), the Sensory Perception Quotient - Short Form 35 item (SPQ-SF35) and the Swedish Eating Assessment for Autism Spectrum Disorders (SWEAA), which investigates specific eating behaviour related to autism.

Results: 12% of the sample scored above the cut-off at both the AQ and the RAADS-R, while 68% scored above the cut-off at the RAADS-R only. We found an association between: i) hypersensitivity in the taste domain and ED severity and autistic-like eating behaviours; ii) hypersensitivity in the vision domain and

autistic-like eating behaviours; iii) higher autistic traits and ED severity and autistic-like eating behaviours.

Conclusions: This study confirms the presence of autistic traits in patients with ED and underscores the significance of conducting additional systematical investigations on this topic across all diagnostic categories of ED. It is becoming progressively evident that identifying and measuring the levels of autistic traits in patients with ASD is crucial not only for a better understanding of the causes of these disorders, but also because it would help to tailor specific therapeutic interventions, especially considering the cognitive flexibility issues presented by these patients and the socio-emotional challenges they face. Additionally, this study has laid the foundation for further insights into the relationship between sensory sensitivity and dysfunctional eating behaviours typical of ED and ASD.

Disclosure of Interest: None Declared

EPP0222

Features of attachment in women with eating disorders

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Introduction: Eating disorders (ED), especially anorexia nervosa, are known to be the most associated with high mortality rates among psychiatric conditions. In many cases, they are resistant to treatment because patients tend to show low compliance, concealing symptoms from doctors. Body image concerns may affect communication and hinder building connections with people, making patients feel alienated.

Objectives: The study aimed to examine the specific characteristics of attachment styles and evaluate their interrelationships with psychological features in women with eating disorders.

Methods: A total of 52 women with a clinical diagnosis of eating disorder (namely, 26 with anorexia nervosa (AN) and 26 with bulimia nervosa (BN)) and 43 healthy controls were included in the study. All participants completed the following psychometric scales: Relationship Questionnaire (RQ), Experience in Close Relationships (ECR), Relationship Profile Test (RPT), and Multidimensional Perfectionism Scale (MPS). The Kolmogorov-Smirnov normality test was applied, confirming a non-normal distribution of the sample; therefore, the non-parametric Mann-Whitney test and Spearman statistics were administered.

Results: The results show a marked difference between the two groups. In the ED patients' group, only 15% of respondents classified their attachment style as secure, compared to 37% of the participants in the control group. 85% of women in the ED group identified themselves as having one of the insecure attachment styles (anxious, avoidant, or disorganized). The level of relationship anxiety and the rate of relationship avoidance in the respondents of

the ED group is 27% and 19% higher, respectively, compared to the control group. Likewise, the level of destructive interpersonal over-dependence is 20% higher in the ED patients' group respondents, whereas healthy dependence is 18% lower compared to the controls. The respondents with ED showed 18% higher self-oriented perfectionism and 39% higher socially prescribed perfectionism. A direct correlation between avoidant attachment style and destructive interpersonal overdependence was found in women with diagnoses belonging to the ED group. When comparing AN and BN patients, no statistically significant differences in the distribution and peculiarities of attachment styles in the anorexia and bulimia groups were found.

Conclusions: The study has proved the hypothesis that insecure attachment is more common among women with eating disorders than those without the diagnosis. We suggest a more profound scientific elaboration of the attachment in ED patients to increase the level of compliance of this group of patients, to improve the effectiveness and reduce the duration of treatment, and develop new therapeutic approaches to cure this disease.

Disclosure of Interest: None Declared

EPP0223

Prevalence of orthorexia nervosa among medical students

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Introduction: Orthorexia nervosa is defined as an unhealthy obsession with eating healthy food. Recent studies currently demonstrated that students in health-oriented academic programs, highly focused on nutrition and physical exercise, are more prone to develop orthorexia nervosa than students in other educational areas.

Objectives: Determine the prevalence of orthorexia nervosa in medical students and identify associated factors.

Methods: We conducted a cross-sectional, descriptive, and analytical study in the faculty of medicine of Sfax in Tunisia, between February and April 2023. We used ORTO-15 for the assessment of orthorexia.

Results: The research has enrolled 220 students. Their mean age was 21.40 ± 1.68 years, with female predominance (70%). The mean Body mass index (BMI) was 22.46 ± 4.15 kg/m2. The prevalence of overweight (BMI$\geq$25 kg/m2) and obesity (BMI$\geq$30 kg/m2) were respectively 19.5% and 3.6%. Over a third of students (34.1%) were using means of weight control, of which the diet represented 62.66% of cases. The participants had consulted a nutritionist in 11.4% of cases. The ORTO-15 mean total score was 36.88 ± 6.76, with a mean score of 12.95 ± 2.69 for cognitive dimension, 13.31 ± 2.70 for clinical dimension, and 10.61 ± 2.52 for emotional dimension. A total of 60% of participants had a score under the threshold.

Orthorexia was significantly associated with female gender ($p<10^{-3}$), overweight or obesity (p=0.037), the use of weight control methods