

tools, ultimately increasing patients' quality-of-life and autonomy at home.

Methods ICT4Life proposes an innovative platform for integrated care by the use of sensor-based analytics for human behaviour. Novel ICT services are used to determine the relation between cognitive decline, related psychopathological symptoms and the quality-of-life of the patients, and to assess how these affect patients' and caregivers' daily living. ICT4Life platform uses advanced sensor-based analytics; to maximize elderly empowerment and self-care abilities thanks to a properly designed and reconfigurable recommendation system that will be able to exploit user-generated data; and to improve decision-making processes in care professionals' daily activities. All solutions are developed following a user-centred methodology and tested in real-life scenarios.

Results The study design and the preliminary results of the ICT4Life project are presented on the poster.

Conclusion ICT4Life programme develops a solution for individuals with early stage cognitive impairment that will permit doctors and caregivers to extract useful information about patients, while contributing in a user-friendly way to extending their independence.

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e-Poster Viewing: Eating Disorders

EV0436

Previous and posterior psychopharmacological treatment in bariatric surgery patients

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Introduction Bariatric surgery is an effective treatment for obesity. It has been demonstrated that it improves the prognosis of vascular risk factors. However, the long term effect of surgery on psychiatric pathology, as depression, and the treatment adjustment needed is not clear.

Aim To describe the previous and posterior psychopharmacological treatment of patients operated of bariatric surgery in Hospital del Mar.

Material and methods We used a database of 292 bariatric surgery patients who have been operated in Hospital del Mar from January 2010 to November 2015. In this database, sociodemographic information, psychiatric antecedents, and anterior and posterior treatments among other data are included. We have made a descriptive analysis about more used treatments and their evolution.

Results In the sample, 27.1% of patients started with some psychiatric treatment the months before the bariatric surgery (16.4% had already a previous treatment prescribed). The medications the most frequently started before the surgery were selective sero-

tonin reuptake inhibitors (SSRI, 11%), second were benzodiazepines and third a combination of the two previous treatments. Among antidepressants, Fluoxetine was the most prescribed (45.5%). Six months after surgery, 72.9% of patients were not taking any treatment.

Conclusion The large variety of psychiatric drugs used in our sample indicates that clearer guidelines are needed about the most appropriated treatments for those patients. Further studies on the impact of this surgery on pathologies and their psychopharmacological treatments are needed.

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A French psychoeducational audio-visual tool for adult patients with eating disorders

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Introduction Eating disorders are pathologies with potentially serious psychic and somatic consequences, and high mortality. Lifetime prevalence in adults is about 0.6% for anorexia nervosa, 1% for bulimia, and 3% for binge eating disorder. However, the prognosis is improved if a suitable care is quickly established. Caregivers are often highly involved and helpless in facing such diseases. They often express a significant psychological distress. We must contribute to provide them answers, to strengthen their key role as a resource and support for the patient. It is found that carers themselves are poorly trained in screening, diagnosing and supporting eating disorders. There are effective therapeutic approaches, such as psychoeducation, to improve therapeutic alliance.

Objectives/aims This work aims to realize a French psychoeducational audio-visual tool for patients with eating disorders, their caregivers, and professional carers.

Methods We made an extensive review of literature (focus on the international practice guidelines, existing psychoeducational tools), and several consensus meetings. We decided of original directions to drive the psychoeducational approach of the movies, taking into account previous findings.

Results This tool includes three movies approaching the symptoms and the choice of treatment setting, based on the disease course and the care's goals. They may be broadcasted on a national level through professional networks and associations involved in the treatment of eating disorders.

Conclusion This work improves the knowledge of eating disorders in carers, patients and their families. The relevance and effectiveness of this tool on the course of the disease has to be further evaluated.

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

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EV0438

An expressive group approach to borderline personality disorder in patients with bulimia nervosa: A clinical case

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Introduction It is widely known comorbid Bulimia Nervosa (BN) with Borderline personality disorders (BPD). This is associated with worse prognosis and resistance to pharmacological and psychotherapeutic treatments. In integrated treatment, both disorders are addressed, not being frequent psychotherapy groups that address only the personality traits. Some studies have proposed the brain basis of psychodrama intervention in both pathologies.

Objectives To highlight the clinical effectiveness of adding a non-verbal orientation (psychodrama) to the treatment of BN patients; to specifically address personality traits, by presenting a clinical case. We rely on studies.

Methods Clinical case: 42-year-old woman patient with BN (DSM-5) severe degree, BITE: Symptoms scale = 28; S. Severity = 13; and BPD (7 DSM-V); MCMI-III: BPD = 115 She is incorporated into a day hospital with integrated and multidisciplinary approach: psychotropic drugs, individual, group and family psychotherapy. This patient is added to an open psychodrama group; where he works exclusively personality pathology, during one year.

Results Improvement was observed in BN (she switched to intermediate grade); BITE: Symptom scale = 23, S. Severity = 8; also improves BPD criteria of DSM-V = 4 (minimum = 5) MCMI-III: BPD = 104.

Conclusions (1) Psychodrama psychotherapy groups to treat Bulimia and BPD could provide an added clinical improvement in both pathologies.

(2) Insufficient RCTs compared to other models of psychotherapy (mentalizing, interpersonal, dialectical behavior) do not allow to speak even scientific evidence of psychodrama.

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EV0439

A cognitive and behavioural group therapy for binge eating disorder: An original 12 sessions design

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The Binge Eating Disorder (BED) consists in binge eating with a loss of control and guilty feeling. Weigh excessive preoccupation, psychiatric comorbidities and psychosocial impairment are associated to BED. BED prevalence is 3 to 5%, which is the more frequent eating disorder. The efficacy of CBT is well-known with several publications.

Method We have proposed 12 sessions of 1.30 hours for a 6 to 8 patients group, managed by a psychiatrist trained to CBT. Each session approaches a different topic (eating behavioural,

self-esteem, problem resolution, stigmatization, emotion coping, cognitive therapy. . .).

Assessment Patients are evaluated before and after therapy with Eating Disorder Inventory version 2 and Rathus Scale for self-esteem. Thirty patients were included.

Results Patients improve eating behavioural and other topics like self-esteem, social functioning, problem resolution and emotion coping. It appears that 12 sessions group CBT could be effective with patients who suffer of BED. Others studies are needed to evaluate the long-term outcome.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0440

Avoiding refeeding syndrome in anorexia nervosa

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The term refeeding syndrome has been used to describe the adverse consequences that can occur in all malnourished patients in the early stages of nutrition repletion whether the method of refeeding is oral, enteral or parenteral. Those consequences include acute thiamine deficiency resulting in Wernicke's encephalopathy and Korsakoff syndrome, with the potential for permanent cognitive impairment; hypophosphatemia, hypokalemia, hypomagnesemia and fluid overload resulting in cardiac failure. Adaptive changes in metabolism occur during a period of starvation or fasting: levels of glucose fall within 24 to 72 hours, as response, glucagon levels rise and insulin concentrations decrease. Glucose levels are maintained by glycogenolysis at first and gluconeogenesis latter. The reintroduction of nutrition leads to a switch from fat to carbohydrate metabolism and an increase of insulin concentration. Insulin stimulates the movement of potassium, phosphate, and magnesium into the cell leading to its depletion in extracellular compartment. Reactivation of carbohydrate metabolism increases degradation of thiamine, a cofactor required for cellular enzymatic reactions in Krebs's cycle. Deficiency in all these nutrients can then occur. Patients with anorexia nervosa are at risk of suffering from refeeding syndrome. This psychiatric disorder causes potentially life-threatening, physical complications and has the highest mortality rate among psychiatric disorders. The purpose of this review is to clarify recommendations for prevention and treatment of refeeding syndrome in anorexia nervosa.

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EV0441

Merycism – A case report about rumination syndrome

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Introduction Rumination is a common phenomenon among ruminant animals but in humans, it is always regarded as a symptom indicative of abnormal function of the upper gastrointestinal track. It is characterized by recurrent regurgitation of recently ingested food into the mouth. This syndrome was previously described in children and adults with mental retardation, but this entity is becoming increasingly recognized in children, adolescents and adults with normal mental capacity.