

statistics, non-transparent reporting, or inappropriate sample choice. By addressing these limitations, the current study aims to extend past phenotypic subtyping studies in MDD.

**Objectives:** (1) To investigate phenotypic subtypes at baseline in a sample of people with MDD;

(2) To determine if subtypes are consistent between baseline 6- and 12-month follow-ups; and

(3) To examine how participants move between subtypes over time.

**Methods:** This was a secondary analysis of a one-year longitudinal observational cohort study. We collected data from individuals with a history of recurrent MDD in the United Kingdom, the Netherlands and Spain (N=619). The presence or absence of symptoms was tracked at three-month intervals through the Inventory of Depressive Symptomatology: Self-Report (IDS-SR) assessment. We used latent class and three-step latent transition analysis to identify subtypes at baseline, determined their consistency at 6- and 12-month follow-ups, and examined participants' transitions over time.

**Results:** We identified a 4-class solution based on model fit and interpretability, including (Class 1) severe with appetite *increase*, (Class 2), severe with appetite *decrease*, (Class 3) moderate, and (Class 4) low severity. The classes mainly differed in terms of severity (the varying likelihood of symptom endorsement) and, for the two more severe classes, the type of neurovegetative symptoms reported (Figure 1). The four classes were stable over time (measurement invariant) and participants tended to remain in the same class over baseline and follow-up (Figure 2).

**Image:**

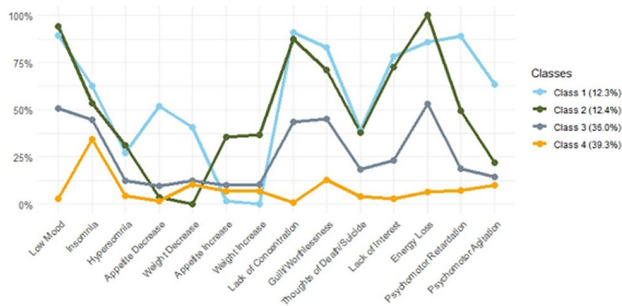


Figure 1. Probabilities of Endorsing Depressive Symptoms Derived from Baseline 4-Class Latent Class Analysis (N=619). Class sizes are presented as the percentage of this total.

**Image 2:**

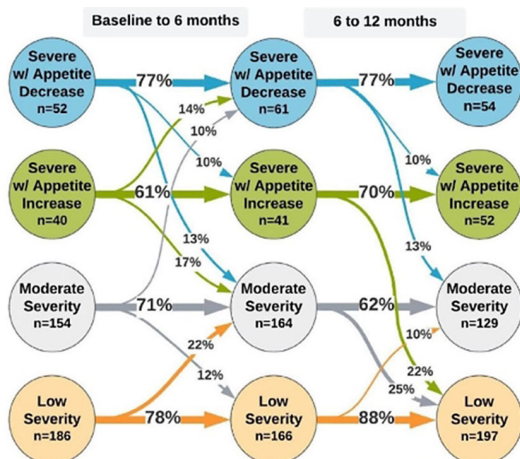


Figure 2. Transition probabilities and class sizes for three-step LTA model (N=432). Probabilities <10% are not shown.

**Conclusions:** We identified four stable subtypes of depression, with individuals most likely to remain in their same class over 1-year follow-up. This suggests a chronic nature of depression, with (for example) individuals in severe classes more likely to remain in the same class throughout follow-up. Despite the vast heterogeneous symptom combinations possible in MDD, our results emphasize differences across severity rather than symptom type. This raises questions about the meaningfulness of these subtypes beyond established measures of depression severity. Implications of these findings and recommendations for future research are made.

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## Eating Disorders

### EPP0305

#### The presence of autistic traits might explain the relationship between sensory sensitivity and eating disturbances in a sample of young adults referring to a mental health clinic.

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**Introduction:** The relationship between autistic traits and eating disturbances, although gaining considerably more attention in the last decades, is still unclear. Most of the studies up to date were conducted on individuals with a full diagnosis of Autism Spectrum Disorders (ASD) and/or of Eating Disorders (ED). One of the common features reported in both conditions is the alteration of sensory sensitivity, which is, in both cases, widely discussed in the literature, but mostly in the pediatric age.

**Objectives:** To investigate the association between sensory sensitivity, autistic traits, and eating disorders symptomatology in a group of young adults (18-24) who were referred, for the first time, to a mental health outpatient clinic.

**Methods:** 259 patients 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:** 23.55% participants scored above the cut-off at the EAT-26, suggesting that they should be assessed for the presence of an eating disorder by a specialized clinician. The RAADS-R explained a great proportion of variance in the relationship between sensory sensitivity and both the SWEAA (Total Score and subscales) and the EAT-26 (Total Scores and subscales).

**Conclusions:** Our study revealed a substantial prevalence of potential eating disorders among young adults in our sample, with nearly one-fourth of participants surpassing the EAT-26 cutoff score. Additionally, we observed a noteworthy association between the presence of autistic traits and not only autistic-like eating behaviors but also a broader spectrum of eating disorder symptoms; this relationship was found in a cohort of young adult patients seeking clinical attention due to generalized distress, prior to receiving specific diagnoses of Autism Spectrum Disorder (ASD) or Eating Disorders (ED). These findings give rise to several intriguing inquiries. Could the existence of autistic traits, even when subthreshold, function as a mediator between alterations in sensory sensitivity and the emergence of maladaptive eating behaviors? Furthermore, if these traits exist at subthreshold levels, might they manifest in various psychiatric conditions, distinct from traditional categorizations, during episodes of acute distress? What potential precipitating factors should be considered in such cases?

**Disclosure of Interest:** None Declared

### EPP0306

#### The Evolution of Anorexia Nervosa in Singapore: A 30-year Demographic Analysis

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**Introduction:** New prevalence and time trend data from various Asian countries show that Eating Disorders (ED) are increasingly common in Asia. (Youl-Ri Kim. *Int J Eat Disord*. Dec 2020). A recent study estimating the prevalence of ED in Singapore found an alarming 6.2% screened positive for a clinical ED diagnosis, 19.5% were screened to be at high risk, and estimated the point prevalence of Anorexia Nervosa (AN) to be 0.9%. (Chua SN et al. *Int J Eat Disord*. Jan 2021).

The ED unit in Singapore General Hospital (SGH) was set up in 2003 as a National Treatment Programme for patients with ED.

Two local studies have been published to date on the demographics and clinical profile of patients with AN. The first study examined 126 patients from 1994 – 2002 (HY Lee et al. *Singapore Med J* 2005; 46(6): 275-281). The second study reported on 271 cases from our SGH ED unit from 2003-2010 (Kuek et al. *Singapore Med J* 2015; 56(6): 324-328). There have been no further studies in the last decade.

#### Objectives:

1. Study the demographics and clinical profile of patients who presented with AN to our ED unit from 2011-2022
2. Compare our data with the 2 previous studies and examine for any changes and trends in the past 30 years.

**Methods:** We conducted a review of the ED unit new case registry at SGH from 2011-2022. A total of 910 patients were diagnosed

with AN at presentation. The data was analysed with approval from the hospital institutional review board.

**Results:** A total of 910 cases presented with AN over 12 years. Comparing with the 2 previous studies, the number of new cases each year has continued to increase from <15 in the 1990s to hit a peak of 109 per year in 2022. 94% were females, with a mean presenting age of 19. 79.2% were Chinese, 5.2% were Indians and 2.9% were of Malay ethnicity. The Malay population continue to be under-represented whereas other ethnic groups continue to be over-represented, increasing from 3.2% to 7% in the previous studies to 11.1%. Referrals were mainly from tertiary healthcare intuitions accounting for 41.4% of cases. Self-referrals have decreased over the last decade whereas referrals from primary care has increased. The mean presenting body mass index (BMI) was 15.9. Compared to a previous study, there was a significant increase in presenting BMI (15.9+/- 0.78 vs 14.4 +/- 1.77, p value 0.0074).

**Conclusions:** The number of new cases of AN has seen an almost 10-fold increase in the last 30years. The Malay ethnicity continues to be under-represented – more research is needed if they are somehow culturally protected or if they are not coming forth for treatment. Majority of referrals are from tertiary healthcare institutions but referrals from primary care have increased, reflecting a possible increase in awareness amongst primary care doctors. The mean presenting BMI has increased – hopefully reflecting an increase in ED awareness such that patients are coming forward earlier for treatment.

**Disclosure of Interest:** None Declared

### EPP0307

#### The truth about modelling – disordered eating, body image, abuse and more: A content analysis among professional fashion models

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**Introduction:** The escalating demand for models to uphold a slim physique and extremely small measurements could play a pivotal role in contributing to the onset of eating disorders, in their clinical or subclinical forms.

**Objectives:** The study aimed to explore models' relationship with food, exercise, body image, industry members, experience of abuse and other related factors through self-narrated reports. To our knowledge, this study involved a larger number of multicultural female models than any previous qualitative research and is the first-ever study to use content analysis for the assessment of ED-like symptoms and body image disturbances in this population.

**Methods:** 87 models' data was analyzed. Snowball sampling was used. Semi-structured interviews targeted models' careers, attitudes towards the fashion industry, their body image, eating, exercising and dieting habits, etc. Thematic content analysis was performed on the transcripts of the interviews. A coding booklet was developed containing instructions on 31 codes. The codes developed for the analysis included calorie restriction, weight gain, loss of control,