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Sheffield, United Kingdom; ⁴Universidad de Las Américas, Ecuador, Psychology, Aime, France; ⁵Universitat Oberta de Catalunya, Psychology, Barcelona, Spain and ⁶Universidad de Las Américas, Ecuador, Psychology, Quito, Ecuador *Corresponding author.

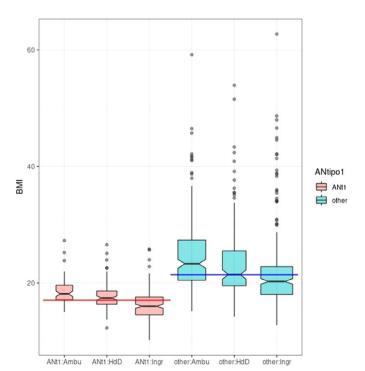
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Introduction: Clients with Eating Disorders may be treated as inpatients (IP), day hospital (DH) or community patients (Ambu). The ITAMITED study is following to treatment termination (or end of October 2025) all new clients with EDs presenting between November 2017 and October 2020 to eight centres in Spain.

Objectives: To describe to what extent initial care levels (IP, DH, Ambu) are associated with gender, age, social relationships, ED diagnosis Body Mass Index (BMI) and baseline medication.

Methods: The study is exploratory/descriptive, practice-based evidence (PBE). Consecutive new clients were approached for participation. Inclusion criteria were a diagnosis of an ED and opting in to treatment.

Results: The only variables *not* showing a statistically significant relationship with level were gender (*no* relationship), diagnosis of bulimia and use of prescribed psychostimulant medication (which was rare). OP care was associated with older age which did not discriminate between DH and IP. Similarly, being in a relationship was associated with OP care but didn't differentiate between DH and OP. Relationships with ED diagnosis other than AN type I were complex but significant. Relationships with AN type I, BMI and being on antipsychotics, antidepressants, anxiolytics, mood stabilisers and a catch-all category of all other medication all showed an ordered relationship IP > DH > Ambu. The most powerful relationships were with BMI and diagnosis of AN type I.



Conclusions: Initial level of care is associated with many factors and strongly with many of them. This will complicate the analyses of trajectories of change but reflects the heterogeneity of this client group.

Disclosure: I am Clinical Director of ITA but analyses are prespecified. Evans, Medina and Paz are not remunerated by ITA nor related to ITA or any of its employees they would counter any pressure on analyses or reporting that might arise from my position. **Keywords:** Eating Disorders; levels of care; personalised care; Psychotherapy

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Attitudes towards body and perception of parental care and close relationships in anorexia nervosa (AN)

P. Karpenko¹, L. Pechnikova¹, E. Zhuykova², E. Sokolova¹, A. Ryzhov¹* and O. Ioannisyants³

¹Lomonosov MSU, Faculty Of Psychology, Moscow, Russian Federation; ²Russian State University for the Humanities, L.s. Vygotsky Institute Of Psychology, Moscow, Russian Federation and ³G. E. Sukharevascientific and practical center for mental health of children and adolescentsof the Moscow departament of Public Health, Division 5, Moscow, Russian Federation

*Corresponding author.

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Introduction: The links between body image disturbances and distorted relationships with parents were supposed since the early conceptualizations of AN by Hilde Bruch. The empirical studies however were concerned with perceptual aspects of body image and much less is known about how the attitudinal aspects and the body-related behaviors are affected.

Objectives: To study the attitudinal and behavioral aspects of body image in adolescents with AN in relation to perceived parental care and the attachments to close people.

Methods: The Body Investment Scale (BSI), Parental Bonding Instrument (PBI) and Attachment Style Questionnaire (ASQ) were used. 53 girls with Anorexia Nervosa were compared to 63 controls (adjusted by age).

Results: Girls with AN scored significantly higher on BIS Body attitude (p<.001) and Protection scales (p<.01), while displayed equal results on Body Care scale. They displayed lower Confidence in relationships (p<.01), higher Need for approval, Discomfort and preoccupation in close relationships (p<.05). No differences were found on PBI, excerpt for AN group perceiving less paternal control (p<.05). The correlation analysis, while showing a number of similar correlations within groups, suggests that in AN group positive Body image was more closely linked to perceived early care, especially from father (r=.6), in contrast with controls. In current relationships negative Body image for AN is stronger related to Discomfort and Need for approval (r>0.6), while Discomfort with Touch is less linked to problems in relationships than in controls. Conclusions: Results suggest the importance of studying the father's mediating role in the formation of body attitudes in AN.

Disclosure: No significant relationships.

Keywords: perceived parental care; Anorexia nervosa; attachment in close relationships; body image