

adolescence and the likelihood of developing an eating disorder (ED) later in life.

Method: Participants were a consecutive series of 879 ED cases from five different European countries. The ED cases were compared to a control group of 785 healthy individuals. Assessment: Participants completed the Early Eating Environmental Subscale of the Cross-Cultural (Environmental) Questionnaire (CCQ), a retrospective measure, which has been developed to detect dimensions associated with EDs in different countries. In the control group, also the GHQ-28, the SCID-I interview and the EAT-26 were used.

Results: Five individual CatPCA procedures revealed five predetermined dimensions which were labeled: 1.) food as individualization; 2.) control and rules about food; 3.) food as social glue; 4.) healthy eating and 5.) food neglect. Logistic regression analyses indicated that the domains with the strongest effects were: food used as individualization ($p=0.001$; $OR=1.76$) and control and rules about food ($p=0.001$; $OR=1.76$). Conversely, healthy eating was negatively related to a later ED ($p=0.001$; $OR=0.629$). The pattern of associated ED factors was found to vary between countries. There was very little difference in early eating behavior on the subtypes of the ED.

Conclusions: The fragmentation of meals within the family and control and rules about food appears to be linked to the development of a subsequent ED. On the other hand maintaining a structured and balanced diet during infancy seems to protect from a later ED.

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Meta-analysis on drugs in people with eating disorders

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Aims: To examine whether drug use (DU) is higher in people with eating disorders (EDs) than in matched comparison groups and to collate, summarize and perform a meta analysis where possible on the literature related to DU in people with EDs.

Method: We searched electronic databases including Medline, PsycINFO, Web of Science and CINAHL and reviewed studies published from 1994 to August, 2007, in English, German or Spanish against a priori inclusion/exclusion criteria. A total of 248 papers were eligible for inclusion. Only a total of 16 papers fulfilled all the inclusion criteria and were finally included in the systematic review.

Results: The meta-analysis including all the different drugs for every sort of ED revealed a negligible albeit significant ($z=2.34$, $p<.05$), pooled standardized effect size of 0.119. The data showed a high degree of heterogeneity across the studies ($X^2(74)=1267.61$, $p<.001$). When ED subdiagnoses were assessed individually, DU was found to be higher in people with bulimia nervosa (BN) as a moderate sized increase in DU was found in this ED subtype ($\delta=0.462$, $z=6.69$, $p<.001$). People with binge eating disorder (BED) had a small increased risk of DU ($\delta=0.14$, $z=2.28$, $p<.05$). In contrast, people with anorexia nervosa (AN) had a lower risk of DU ($\delta=-.167$, $z=1.81$, $p=.070$, $p=NS$).

Conclusion: The differential risk observed in BN patients might be related to differences in temperament or might be the result of

reward sensitisation as a result of the ED behaviours specifically associated with BN.

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Duloxetine treatment in binge eating disorder and in its subclinical presentations: Preliminary results from a 12 weeks open trial

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Duloxetine has demonstrated efficacy in the treatment of major depressive disorder. A recent review suggests that this antidepressant has minimal effects on weight. Moreover a case report of a patient affected by bulimia nervosa refractory to multiple drugs, but responsive to duloxetine, suggests also that duloxetine may be used to reduce bingeing behaviours.

The aim of this study was to assess the efficacy of duloxetine over a period of 12 weeks in obese persons with binge eating behaviour, as confirmed by high scores of Binge Eating Scale (BES).

16 obese outpatients with full criteria for BED or only binge episodes but BES score higher than 17, were treated with duloxetine 60 mg/die. At baseline, after 8 weeks and 12th week we assessed number of binges, weight and psychopathology using Eating Disorder Inventory 2, State and Trait Anger Inventory, BES, Beck Depression Inventory and Clinical Global Impression.

After 12 weeks of treatment 71% of the subjects reported an improvement of the BES score and 64% of the subjects lost weight. Only one patient reported a worsening at the BDI score. 1 patient reported a small increase in blood pressure. 2 patients dropped.

Preliminary results of this open study seem to suggest that duloxetine treatment could be partially effective in patients with binge behaviours, regarding bingeing and weight, in the short term. Further studies, especially double-blind trials, with a larger sample, are needed to confirm these data and to assess the efficacy of duloxetine in a more long-term treatment.

P0350

Feeders: Eating or sexual disorder?

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Introduction: The feeders are usually people who encourage others (the "gainer") to increase their weight by the pleasure of seeing eat or see "fat" or, more often, because of the relationship of domination, control and dependency that this holds. Although still little studied, there are references to "feeding" as a fetishism, disturbance of eating, or even as a form of physical and psychological violence with special features.

Target, Material and Methods: Presentation of a clinical case (emerged in the consultation of general psychiatry) of a patient for 43 years, married, overweighted (because of imposed feeding of her husband) that presents depressive episodes. Hold a literature review based on the search Pubmed / Medline on the concepts of feeders and gainers and pharmacological approaches and psychotherapy.

Conclusions: There are numerous cases described in both sexes, weighing above normal and that fail to reach the ideal weight for food imposition of other persons, most often, someone close to the patient (spouse, parents, etc.). There is a need to distinguish this from the "fat lovers", that as a sexual link. The imposition food