

## EV579

### Eating disorders. Review of current treatment options for anorexia nervosa, focused on psychotherapy and pharmacological treatment

B. Sánchez Sánchez<sup>1,\*</sup>, P. Muñoz-Calero Franco<sup>1</sup>, N. Rodríguez Criado<sup>1</sup>, J.F. Cruz Fourcade<sup>1</sup>, R. Martín Aragón<sup>1</sup>, S. Bravo Herrero<sup>1</sup>, M. García-Poggio Fernández<sup>1</sup>, M. Gil-Eliche Moreno<sup>1</sup>, A. De Cos Milas<sup>2</sup>, N. Chinchurreta de Lora<sup>2</sup>

<sup>1</sup> Hospital Universitario de Móstoles, Psiquiatría, Madrid, Spain

<sup>2</sup> Hospital Universitario de Móstoles, Psiquiatría Infanto-Juvenil, Madrid, Spain

\* Corresponding author.

**Introduction** Anorexia nervosa is a disorder of eating behavior that is a major health problem on our society. It is characterized by three main criteria: self-induced starvation, desire for thinness or fear of obesity, and the presence of medical signs and symptoms due to improper feeding. This work is focused on its treatment. The biopsychosocial approach allows the design and application of effective therapeutic strategies and a multidisciplinary team collaboration is essential.

**Objectives** Research of current pharmacological and psychotherapy treatments options of the disease.

**Material and methods** Literature review based on articles and publications on this topic.

**Results** In anorexia nervosa, it is necessary to establish a therapeutic alliance between doctor and patient. Patient usually feels no motivation to improve. The different treatments options to combine, in terms of the patient status, are: nutritional rehabilitation, cognitive-behavioral, family and interpersonal psychotherapies and pharmacological treatment. It can be carried out at the ambulatory, at the day-hospital or by medical stay, even beyond patient will.

**Conclusions** Nowadays, the nutritional rehabilitation is the best treatment established and it is the core treatment. About the psychotherapies, the cognitive-behavioral is the most used because it has exposed better results in all different studies proved and in clinical practices, followed by the family therapy which is the responsible of the patient family's treatment. Pharmacological treatment should not be used systematically and its exclusive use is not enough to resolve anorexia nervosa as there are needed also other treatments combined.

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## EV581

### Eating disorders: How can it be detected?

C.F. Silvia\*, P. Cano Ruiz, A. Gómez Peinado

HNSPS, PSIQUIATRIA, Albacete, Spain

\* Corresponding author.

**Introduction** Disorders of eating behavior can affect all people regardless of socioeconomic or cultural situation. More common in females (90–95%), has its peak incidence in adolescence. These are processes that can subtly start and go unnoticed at first.

**Objective** To analyze the clinical, epidemiological, diagnostic approach of the disorder, evolution and treatment of disordered eating behavior.

**Methods** Review of the subject and recent articles on eating behavior disorders in Psychiatric guides and magazines.

**Results** The eating behavior disorders arise as a result of three factors: predisposing, precipitating and perpetuating. We must take into account the genetics and family history, dissatisfaction with body weight resulting in a restriction of diet and multi-disciplinary

consequences of this disorder (physical, psychological and social) as perpetuating factors. We consider the coexistence of comorbidity between disordered eating behavior and personality disorders, mood disorders (depression) and disorders of impulse control.

**Conclusions** Eating behavior disorders represent a major health problem that threatens the patient's life. Very important are the rapid detection of the same and the establishment of treatment. Treatment should be multidisciplinary with the patient and family, providing information on the approach to the patient, taking into account the lack of awareness of disease that often exists in patients.

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

**Further reading**

Schmidt U, Treasure J. The clinician's guide to getting better bit(e) by bit(e). A survival kit for sufferers of bulimia nervosa and binge eating disorders. Psychology Press Limited, 1997.

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## EV582

### Impulsivity and traumas in the eating disorder

M. Soto Laguna<sup>1,\*</sup>, M.D.L.D. Pérez López<sup>1</sup>, M.F. Diaz Marsá<sup>2</sup>, N.F. Aida<sup>2</sup>

<sup>1</sup> Hopsital, Provincial de la Misericordia, Toledo, Spain

<sup>2</sup> Hopsital, Clínico San Carlos, Madrid, Spain

\* Corresponding author.

**Introduction** The eating disorder are not only isolated power problems. They interweave issues and pathologies in patients often difficult to approach and have crimping going to reach a solution and get to the real problem of the patient. As it has been observed in studies if they have established relationships between patients with an impulsive nature and traumatized regarding the presentation of eating disorders.

**Objectives** Our study aims to establish the relationship between eating disorder such as anorexia and bulimia with factors such as impulsivity and suffered traumas.

**Materials and methods** It has used a sample ( $n = 57$ ) and patients spent three scales "Barratt Impulsiveness Scale" (BIS-11), "Questionnaire traumatic experiences" (TQ) and the BSQ, scale measuring dissatisfaction disorders eating behavior. The aim is to see the relationship between anorexia and bulimia regarding trauma and impulsivity.

**Results** It is intended to check if having character traits of impulsivity or miss having lived or suffered traumatic experiences such as the unexpected death of a family member, rape, kidnapping. . . establishes a relationship in patients who develop conduct disorders food.

**Conclusion** This study aims to see if there is a correlation between eating disorder and factors such as traumatic experiences and an influential feature in this pathology such as the impulsivity through a sample of patients ( $n = 57$ ) over 18 years.

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