

satisfied with figure. One-half adolescents are terrified with increasing in weight.

Statistically significant number in both schools does not have control in eating ($p < 0.5$).

Conclusion: There is high level of discontent and dissatisfaction with figure among adolescent females.

Discussion: This research indicate necessary education of adolescents to help them in accepting healthier nutrition and lifestyle in an earlier period of life, also developing programs for prevention which will encourage youth in adopting healthy lifestyles and related behavior.

Key words: adolescent females, eating attitudes, eating disorders

P0335

Psychiatric comorbidity with night eating disorder

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Objective: purpose of the study to asses the relationship between psychiatric disorders and night eating syndrome.

Method: subjects were recruited from psychiatric outpatient clinic at The Sisli Etfal Teaching and Research Hospital ($n=384$). Night Eating Syndrome Questionnaire and Structured Clinical Interview for DSM-IV diagnosis (SCID) researchers version were used as screening tools.

Results: 304 patient were female (%79,2), 80 were male (%20,8). Mean age of patients were $37,5 \pm 13,7$.

Two hundred seven participants (%54) scored ≥ 20 on the Night Eating Syndrome Questionnaire. 168 of these were female, 39 were male.

Our sample was screened with SCID for psychiatric diagnosis and we found 51% depression (comorbid diagnosis also included); 13,5% bipolar disorder; 8,3% generalized anxiety disorder (GAD); 6,5% panic disorder; 4,7% obsessive compulsive disorder (OCD); 4,2% social phobia; 2,9 % adjustment disorder; 2,1% somatoform disorder, 1,6% schizophrenia; 0,5% eating disorders.

Statistically significant rates of bipolar disorder were found among patients diagnosed with NES ($p=0,037$). The relationship between NES and psychiatric disorders other than bipolar disorder were not statistically significant in our study.

Discussion: There are limited published data about psychiatric comorbidity with NES. These studies reported comorbidity with depression, substance use disorders and sleep disorders. In our study we found strong relationship between bipolarity and NES. Despite high rate of depression with NES in our study and in the literature, our findings didn't support the relationship between NES and depression.

P0336

Eating disorders: Twins studies

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The psychiatric morbidity – endogenous and exogenous psychoses, neurosis and abnormal personalities, psychosomatic diseases, addictions, sociopathies and so on – is studied mainly on first grade relatives in 6 cases of female patients affected with anorexia nervosa, 2

monozygotic twins; 2dizygotic twin and 2 cases of anorexia nervosa on non-twin sisters.

On both patients and their families, cathamnesic study has been made and the syndrome-shift or psychiatric polysyndrome coincidences-alterations have been estimated.

Finally, results and genetical and clinical findings are discussed in the scope of etiological theory of anorexia nervosa.

P0337

Dialectical behaviour therapy for eating disorders: A randomized control trial

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Background and Aims: Dialectical Behaviour Therapy (DBT), an innovative method of treatment developed to treat severe emotion deregulation, shows benefit for individuals with borderline personality disorder. The purpose of this pilot study was to evaluate the efficacy of DBT in reducing Eating Disorders (ED) symptoms.

Methods: Twenty-eight individuals with DSM- IV diagnoses of eating disorders and other concurrent disorders were randomly assigned to a DBT treatment modified to address eating disorders or treatment as usual (both one year duration). They were administered a series of eating disorders and mental health measures prior to and after treatment.

Results: Data suggested that individuals in the DBT condition had decreased bulimic behaviour, weight and shape concerns and increased interoceptive awareness, treatment retention and overall health.

Conclusions: DBT can provide improvement of some eating disorders' symptoms. Specific adaptations of DBT for individuals with eating disorders, ways to overcome challenges, and recommendations will be discussed.

P0338

Families of patients with concurrent eating and substance use disorders: what do they need?

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Background and Aims: The increasing prevalence of concurrent eating and substance use disorders has been well documented in both the eating disorders and in substance use disorders literature. Despite evidence for the important role of families and wider social networks in addiction and eating disorder treatment, concurrent eating and substance use disorder therapy has focused on treating the concurrent disorders, and largely overlooked the needs of families. This study explores the impact of concurrent eating and substance use disorders on family members to identify the family's needs in order to direct future intervention.

Methods: A series of semi-structured interviews were completed with family members of patients with concurrent eating and substance use disorders. A qualitative grounded theory approach was

used to analyze the data and involved the coding of transcripts and the development of emerging themes.

Results: Three major themes emerged from the analyses: 1) Families' inability to cope; 2) Inadequate communication and involvement of family in therapy; 3) Lack of information about the disorders themselves.

Conclusion: Data suggest that greater emphasis in service provision must be placed on family members and wider social networks to: 1) help assist clients to engage and stay in treatment; 2) improve both disorder outcomes and family functioning, and 3) reduce impacts and harm for family members and others affected. Suggestions for helping clinicians and new avenues for service provision and research are presented.

P0339

Suicide attempts in bulimia nervosa: Personality, Psychopathological and Genetic correlates

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Objectives: Explore the prevalence of lifetime suicide attempts in women with bulimia nervosa (BN), and compare eating disorder symptoms, general psychopathology, impulsivity, personality, and genetic variants in four candidate genes of the serotonin pathway: the serotonin transporter (SLC6A4), serotonin receptors 1A (HTR1A) and 2A (HTR2A) and tryptophan hydroxylase 1 (TPH1) between individuals who had and had not attempted suicide. Determine the best predictors of suicide attempts.

Method: 566 consecutively admitted BN outpatients (417 BN purging, 47 BN non-purging and 102 subthreshold BN). Patients completed a comprehensive assessment battery.

Results: Lifetime prevalence of suicide attempts was 26.9% CI 95%: 23.2 to 30.5). BN subtype was not associated with lifetime suicide attempts ($p=0.36$). Compared to non-attempters, attempters exhibited higher unemployment, eating disorder symptomatology, general psychopathology, previous eating disorder treatment, impulsive behaviors, and lower educational level ($p<0.004$). In relation to personality traits, suicide attempters exhibited significantly ($p<0.002$) higher Harm Avoidance and lower Self-directedness, Reward Dependence and Cooperativeness. No significant differences in any of the genetic variants between attempters and non-attempters. The best predictors of suicide attempts were ($p<0.006$): lower education, minimum BMI, previous eating disorder treatment, family history of alcoholism and self-directedness.

Conclusion: Suicidality in BN patients appears to be within the range previously found. Our results support that internalizing personality traits combined with impulsivity may increase the probability of engaging in suicidal behaviors in these patients. Our data do not support the hypothesis that variants of SLC6A4, HTR1A, HTR2A or TPH1 are associated with suicide attempts in BN individuals.

P0340

Decision-making and personality in eating disorder patients

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The pathological behavior of patients with an eating disorder reflects a deficit in real-life decision-making. This function was assessed in 34 eating disorder patients and compared with that of 39 healthy volunteers using the Iowa Gambling Task. This task simulates real-life decision-making by assessing the ability to sacrifice immediate rewards in favor of long term gains. As some studies have demonstrated some relation between personality traits and decision-making functioning, the Temperament and Character Inventory-Revised, the Sensitivity to Punishment and Sensitivity to Reward Questionnaire, and the Barratt Impulsiveness Scale were also used. Eating disorder patients performed poorly in the Iowa Gambling Task compared to controls, confirming a deficit in decision-making in these patients. Regarding personality traits, impulsivity was negatively correlated with decision-making functioning in eating disorder patients. In conclusion, our results suggest a specific deficit in eating disorder patients which may be related to their pathological eating behavior. Future studies are suggested to better understand the decision-making functioning in these patients.

P0341

The investigation on eating disorders and related factors in female youths in Chengdu City of China

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Objective: There have been a few studies on epidemiology and related factors for eating disorders (ED), although they are frequently encountered in clinical practice in P. R. China. We conducted an investigation to draw the prevalence of eating disorders and its correlated factors in the Chinese female youths.

Method: 1378 female subjects were random sampling from 8 high schools and 6 universities in the 5 urban areas in Chengdu City of China. Eating Disorder Inventory-1 (EDI-1), BMI-based Silhouette Matching Test (BMI-SMT), Self-rating Depression Scale (SDS), Beck Anxiety Inventory (BAI) and a social-demographic questionnaire were applied to assess the subjects.

Results: Of 1378 subjects, 61 subjects (eating disorders group, EDG) were scaled 14 or more than 14 for the Drive for Thinness subscale of EDI, in whom three-quarter subjects were estimated to be suffered from ED according to EDI manual. Therefore, the estimated prevalence rate of ED was 3.32% in the female youths. The EDG showed higher score in the body dissatisfaction of the BMI-SMT than the none-eating disorders group (N-EDG). The EDG scored higher on the SDS and the BAI than N-EDG ($33.92\pm 7.92/1$