

were normal weighted; %32,6 were overweighted and %17,2 were obese.

Two hundred seven participants (%54) scored ≥ 20 on the night eating questionnaire. 168 of these were female, 39 were male; no significant differences were found between genders. No significant differences were found between total scores of Night Eating Questionnaire and BMI, weight, age and gender.

Discussion: In our study we found point prevalence of NES %54. This high prevalence could be related with our sample features like higher female proportion and higher proportion of obese or overweighted patients. The prevalence of NES is estimated at 1,5% in general population, 6-% to 14% in obesity clinics and 8-42% in pre-operative bariatric surgery patients in the US. Such a wide range of estimates is most certainly influenced by varying assessment methods and diagnostic criteria. Another limitation to be noted is related to the self-report nature of the data.

P0345

Anorexia mentalis-our experience

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Anorexia mentalis represents mental disorder followed by physical breakdown. We are talking about anorexia when it comes to the weight loss 20%-25%.

The disorder is caused by psycho-social factors.

The treatment includes the team of doctors coordinated by psychiatrist, internist, gynecologist, radiologist, nutritionist and psychologist.

The procedure of treatment begins with:

1. the assessment of mobility: in hospital, dispensary, or in combined treatment (the shorter treatment in hospital the better, with necessary achievement of physical balance, and afterwards obligatory treatment in dispensary)

2. in dispensary it is done:

- A. by using therapy-in two tracks-we follow the input (highly energetic products and meals) and the curve of weight growth, i.e. simultaneous physical and mental state.

- B. By using pharmaco-therapy (neuroleptics, antidepressants)

- C. Psychotherapy(individual, family, behavioral, psychodynamical)

The treatment is done stage by stage and pervading, with individual corrections made by therapist, according to the specificity of particular patient.

From January to the beginning of May, 6 female patients aged 14-18 have been treated.

Conclusion: Patients treat with this therapy add 7-15 kilos in average during the period of two to three months, menstrual cycle and the change of psycho-pathological appearance are settled which makes good conditions for further psychotherapeutic interventions.

P0346

Lifetime comorbidity of tobacco, alcohol and drug use in eating disorders: A European multicenter study

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Objectives: To assess the differences in comorbid lifetime substance use (tobacco, alcohol and drug use) between eating disorder (ED) patients and healthy controls.

Method: Participants were a consecutive series of 779 ED cases, who had been referred to specialised ED units in five European countries. The ED cases were compared to a balanced control group of 785 healthy individuals. Assessment: Participants completed the Substance Use Subscale of the Cross Cultural Questionnaire (CCQ), a measure of lifetime tobacco, alcohol and drug use. In the control group, also the GHQ-28, the SCID-I interview and the EAT-26 were used.

Results: ED patients had higher lifetime consumption of tobacco and drugs ($p < 0.01$). The only insignificant result was obtained for alcohol (OR= 1.29; $\delta = 0.157$; N.S.) and cannabis use (OR= 1.21; $\delta = 0.037$, N.S.). Significant differences across ED sub diagnoses also emerged for all of the assessed variables ($p < 0.01$), with the BN and AN-BP patients generally presenting the highest prevalence rates. The only exception was detected for alcohol consumption where EDNOS patients demonstrated the highest values ($p = 0.008$). Only a few cultural differences between countries emerged ($p < 0.05$).

Conclusions: Lifetime tobacco and drug use but not alcohol consumption are more prevalent in ED patients than healthy controls. While alcohol appears to be more common in EDNOS, smoking and drug use are more frequent in patients with bulimic symptomatology. The differential risk observed in patients with bulimic features might be related to differences in temperament or might be the result of increased sensitivity to reward.

P0347

Individual and family eating patterns during childhood and early adolescence: A multicenter European study of associated eating disorder factors

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Objectives: To examine whether there is an association between individual and family eating patterns during childhood and early

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.

P0348

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.

P0349

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