

Experiences of family withdrawal, integration difficulties, and perceived lack of care may contribute to suicide within the refugee populations. Identifying effective treatments and support to minimize the risk especially once the individuals arrive in their new country is key to providing appropriate care. Barriers to mental-health care including lack of knowledge about available resources, communication or language barriers, cultural beliefs about origins and treatment of mental disease, as well as a lack of trust in authority, pose a challenge for health care providers and policy makers. Research has been inconsistent in the findings for the prevalence of mental disorders, suicidal behaviours, and suicide ideation among refugees and asylum seekers. Thus far, research has been limited to small scale, non-randomised, often qualitative analysis. Several studies have found higher rates of mental disorder, whereas others have found a similar prevalence as in the general population, although, Post-Traumatic Stress Disorder has more consistently been found to have a higher prevalence among migrants. The lack of early and thorough exploration of suicidal intent in this population requires large-scale quantitative studies to evaluate the effectiveness and feasibility of current practices in mental-health care and suicide prevention.

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Symposium: Reward processes in anorexia and bulimia nervosa: a new pathogenetic model and future perspectives for treatment of eating disorders

S094

Functional connectivity of reward circuits in eating disorders

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Objective Anorexia nervosa display alterations of reward systems and some authors hypothesize the presence of a “starvation addiction”. The aim of the study is to explore the resting-state functional connectivity of dorsal and ventral striatal nuclei.

Method 51 subjects with lifetime anorexia nervosa (AN) (35 acute and 16 recovered) and 34 healthy controls underwent high resolution and resting-state functional magnetic resonance imaging.

Results The AN group showed a reduced functional connectivity of the putamen in comparison to healthy women and this reduction appeared to be stronger in patients with lifetime binge eating or purging. Both acute and recovered AN groups showed larger left accumbens area in comparison to healthy women. Moreover, the functional connectivity of bilateral nucleus accumbens and putamen showed significant negative correlations with the number of obstetric complications in the AN group.

Discussion the present study supports the hypothesis that AN is associated with structural and functional alterations of striatal networks and unveils a possible role of obstetric complications in the pathogenesis of striatal dysfunction.

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Emotional eating in eating disorders and obesity: Sensorial, hormonal and brain factors involved

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Obesity (OB) and eating disorders (ED) are two complex weight/eating conditions that share phenotypic traits, including psychopathological variables, specific environmental risk factors and biological vulnerabilities. Both OB and ED are associated with maladaptive eating styles that may be relevant to their development and maintenance. In abnormal/excessive eating behavior, a complex interplay among physiological, sensorial, psychological, social and genetic factors influence appetite, meal timing, and the quantity of food intake and food preferences. Neurobiological functioning has also been found to be altered in extreme weight conditions, namely with regards to reward processing, emotion regulation and decision making. In this presentation we will discuss the relevance of such components as well their interaction using findings from cross-sectional and longitudinal studies conducted in extreme eating/weight conditions, when compared with healthy controls. The development of innovative treatments considering neurobiological factors will also be covered.

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Eating disorders and sexuality: A complex relationship

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Introduction The relationships between Eating Disorders (EDs) and sexuality are complex, and of interest for researchers and clinicians.

Objective To identify psychopathological and clinical factors associated with restoration of regular menses and sexual function in EDs patients.

Aims To evaluate the role of sexuality as a moderator of the recovery process after an individual Cognitive Behavioural Therapy (CBT).

Methods 39 Anorexia Nervosa (AN) and 40 Bulimia Nervosa (BN) female patients were evaluated by means of a face-to-face interview, self-reported questionnaires, including Eating Disorder Examination Questionnaire and Female Sexual Function Index, and blood sample for hormonal levels and biomarkers. The assessments were repeated at baseline, at one year follow up, and at three years follow up.

Results After CBT, both AN and BN patients showed a significant improvement of sexual functioning, which was associated with a reduction of core psychopathology. AN patients who recovered regular menses demonstrated a better improvement across time of psychopathological and clinical features, and were more likely to maintain these improvements at follow up. Recovery of regular menses and improvement of sexuality at the end of CBT were