

ysis had been held to determine whether the differences founded in the 3 populations were significant or not (P -value < 0.05).

Results Table 1. The differences founded were significant.

Conclusion Anxiety and stress (DASS21, STAI): AN have reported higher levels than OB and HC that present similar levels. Depression (DASS21): AN have reported higher levels than OB and HC; OB higher levels than HC.

Table 1

Samples	Scores	DASS 21-Subscales			
		Depression	Stress	Anxiety	Total
AN	Mean (SD)	26.5 (12.8)	23.1 (9.8)	28.4 (8.8)	80.4 (25.3)
OB	Mean (SD)	10.8 (9.3)	8.8 (6.8)	13.7 (10.0)	33.5 (23.6)
HC	Mean (SD)	8.0 (7.4)	4.5 (4.8)	13.1 (10.3)	25.6 (20.1)
STAI-Y					
State					
AN	Mean (SD)	63.1 (11.8)		65.9 (10.4)	
HC	Mean (SD)	39 (14.6)		42.9 (12.5)	
OB	Mean (SD)	39 (10.0)		43.4 (9.4)	

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

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EV558

Contribution of Night Eating Syndrome to the evolution of anorexia nervosa – Case report

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Introduction Night Eating Syndrome (NES) was described in 1955 in a subset of patients resistant to weight loss. It is characterized by morning anorexia, evening hyperphagia and sleep disturbances. It is also more prevalent among patients with another eating disorder (ED), particularly binge-eating disorder (BED) or bulimia nervosa (BN).

Objective Review of the literature about the relationship between NES and another EDs and to present a case report of a patient with a long-standing purgative anorexia nervosa (AN-BP) and comorbid NES.

Methods review of the literature using the database Medline through Pubmed, with the keywords: “night eating syndrome” and “eating disorder”.

Results NES is highly prevalent among patients with EDs, with an estimated prevalence of about 5–44%. However, most of the existent literature explores the relationship between NES and BED or BN, and it is not consensual if NES is a subtype of another ED. There is still scarce evidence about NES and AN comorbidity.

Conclusion In this case report, we present a patient with a history of AN-BP, in which the recovery of lost weight and the increase of body mass index (BMI) occurred simultaneously with a period of worsening NES symptoms, which leads the authors to question if the psychopathology of NES has contributed to the recovery of BMI at the expense of maintaining a dysfunctional eating pattern.

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

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EV559

Effectiveness of Enhanced Cognitive Behavioral Therapy (CBT-E) in the treatment of anorexia nervosa – A prospective multidisciplinary study

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Introduction According to the most widely influential treatment guidelines from the National Institute for Health and Clinical Excellence and the American Psychiatric Association, existing evidence for adult AN treatment is weak, and more treatment studies are needed.

Objectives/aims The primary objective of this project is to gain knowledge about the effectiveness of CBT-E in the treatment of Anorexia Nervosa (AN). Secondary objectives are to prospectively examine baseline predictors of treatment outcome/drop-out and to examine variables related to treatment process and patient engagement as predictors of outcome/drop-out. Thirdly, in a multidisciplinary approach, to focus on selected pathophysiological mechanisms including disturbed neuropsychological functioning, changes in the gut microbiota, immunological and genetic measures in patients with severe AN in different stages of the disease, and further to investigate to what extent they are related to treatment outcome.

Methods The sample consists of patients aged ≥ 16 years with AN admitted to outpatient treatment (CBT-E) at Section for Eating Disorders, Haukeland University Hospital, Bergen, Norway. Outcome measures include BMI, self-reported eating disorder symptoms (EDE-Q), depression (BDI), anxiety (BAI) general psychiatric symptomatology (SCL-90-R, M.I.N.I 6.0), health related quality of life (CIA, RAND-36), physical activity (accelerometers) and neuropsychological functioning. The main measurement points are at the start of treatment, 3 months, end of treatment and one year follow-up. Baseline predictors of treatment outcome and drop-out will be examined as well as the association between early adherence, behavioral change, therapeutic alliance and treatment outcome. In addition biochemical, genetic and bacteriological assessments will be conducted.

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

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EV560

Attachment style and cortisol response to psychosocial stress in eating disorder patients

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Introduction Stress exposure is a risk factor for both the onset and the maintenance of Eating Disorders (EDs). The attachment theory may provide a framework to explain the relationship between social stress and EDs, since secure attachment promotes the seeking for support in order to help people to face stressful events. The endogenous stress response system, including the hypothalamus-pituitary-adrenal (HPA) axis, is likely involved in mediating the role of attachment in the subjects' coping with stressful situations.

Objectives and aims We explored cortisol responses to the Trier Social Stress Test (TSST) of patients with EDs in order to evaluate