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**Introduction:** The coronavirus disease 2019 (COVID-19) pandemic and the resulting containment measures, such as “lockdown” and “social distancing”, have had important consequences on people’s mental and physical health.

**Objectives:** We aimed to study the effect of social isolation and subsequent re- exposure and eventual changes in general and ED-specific psychopathology in people with Eating Disorders (EDs).

**Methods:** Three-hundred twelve Italian people with EDs (179 Anorexia Nervosa, 83 Bulimia Nervosa, 48 Binge Eating Disorder and 22 Other Specific Feeding Eating Disorder) were asked to fill-in an online survey to explore several dimensions such as: anxiety, depression, panic, insomnia, suicide ideation, stress, post-traumatic stress and obsessive-compulsive symptoms. Differences in ED specific and general symptoms among the 3 investigated time periods (before, during and after the end of lockdown) were assessed with a one-way ANOVA with repeated measures. Subsequently, ED diagnosis was introduced as covariate in the analysis in order to investigate the possible contribution on psychopathological changes.

**Results:** ED core symptoms increased during the lockdown but most of them returned to pre-COVID19 levels at re-opening. The severity of general psychopathology also increased during the lockdown and persisted high in the following phase, except for depression and suicide ideation. None of this symptoms was affected by ED diagnosis, participants’age and illness duration.

**Conclusions:** People with EDs showed worsening of both general and specific psychopathology; moreover, changes in general psychopathology persisted in the re-opening period suggesting a higher stress vulnerability in this kind of patients.

**Disclosure:** No significant relationships.

**Keyword:** COVID19 and Eating Disorders

## O130

### Peripheral endocannabinoids in eating disorders and obesity and its relationship with clinical and anthropometric variables

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**Introduction:** Anandamide (AEA) and 2-Arachidonoylglycerol (2-AG) play a pivotal role in food intake and reward aspects of feeding. Aberrant functioning in the endocannabinoid system has been observed in patients with eating disorders (EDs). This dysfunction may influence the incentive processes stimulating behaviors towards food acquisition or the hedonic evaluation of ingested food.

**Objectives:** The aims of this study are to compare fasting peripheral levels of AEA and 2-AG in ED patients, obese subjects (OB) and healthy controls (HCs), and to explore their association with clinical and anthropometric variables.

**Methods:** The sample included a total of 63 adult women. Peripheral blood samples were collected to investigate fasting levels of AEA and 2-AG in 31 ED patients: 22 Anorexia Nervosa (AN) and 9 Binge Eating Disorder (BED), compared to 21 OB and 11 HCs. Several clinical and anthropometric variables were also assessed.

**Results:** Comparing groups, significant differences in AEA levels were found ( $p=0.001$ ). Specifically, individuals with AN exhibited lower AEA than OB ( $p<0.001$ ) and BED ( $p=0.007$ ), while OB showed higher AEA than HCs ( $p=0.015$ ). 2-AG was positively correlated with hostility dimension in EDs and negatively associated with impulsive traits in OB. AEA showed a direct association with body dissatisfaction in AN, contrary to OB. Finally, in AN, AEA negatively correlated with the body mass index, while 2-AG was positively associated with the fat mass.

**Conclusions:** These results suggest an interaction between biological and clinical factors defining a vulnerability pathway that could help fitting personalized therapeutic approaches in each condition.

**Disclosure:** No significant relationships.

**Keywords:** Anandamide; eating disorders; obesity; 2-Arachidonoylglycerol

## O131

### Clinical, psychopathological, and biological predictors of resumption of menses in subjects with anorexia nervosa: A 4-year follow-up study

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**Introduction:** Amenorrhea is one of the most frequent and serious consequences of Anorexia Nervosa (AN). Resumption of menses (ROM) is considered an important goal and is associated with a better outcome.

**Objectives:** To investigate the role of age, Body Mass Index (BMI), diagnostic subtype (restrictive vs binge-purging), history of childhood abuse, duration of illness, psychopathology and sex hormones on ROM in AN.

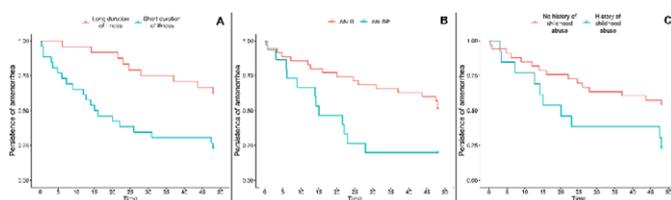
**Methods:** 52 patients with AN and amenorrhea were enrolled at the start of treatment. Clinical parameters of interest were collected, and questionnaires were administered for the assessment of general (SCL-90-R) and specific (EDE-Q) psychopathology. Blood samples were taken to assess FSH, LH and estradiol levels. All patients were monitored regularly through psychiatric checkups until ROM, for up to four years.

**Results:** A total of 30 (57.7%) subjects recovered their menstrual cycle in the follow-up period (mean time:  $18.7 \pm 14.8$  months). Recovery was more frequent in the binge-purging subtype than in the restrictive subtype (82.4% vs 48.6%,  $p=0.019$ ), and was significantly associated with diagnostic crossover (odds ratio=10.0,  $p=0.032$ ). Multivariate Cox regression showed an increased likelihood of menstrual recovery for binge-purging subtype ( $p=0.005$ ) and for those reporting a history of childhood abuse ( $p=0.025$ ). Early ROM was also associated with baseline SCL-90-R scores ( $p=0.002$ ) and FSH ( $p=0.011$ ), while a longer duration of illness ( $p=0.003$ ) and EDE-Q scores ( $p=0.009$ ) predicted a later recovery.

**Conclusions:** This study highlights the role of duration of illness, childhood abuse history and psychopathological characteristics in subjects with AN at the start of treatment in predicting ROM.

**Disclosure:** No significant relationships.

**Keywords:** anorexia nervosa; Amenorrhea; resumption of menses; childhood abuse



## O132

### Home treatment for adolescents with eating disorders as an add-on to family based therapy

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**Introduction:** Family-based therapy (FBT) has been proven effective in treating eating disorders among children and adolescents. However, many families have difficulties implementing the measures recommended in outpatient therapy.

**Objectives:** This study examines the effectiveness of add-on home treatment (HT) to family based therapy (FBT) in adolescents with anorexia nervosa (AN). The HT intervention is delivered by specialized nurses and aims at supporting patients and parents to re-establish family meals in the home environment.

**Methods:** We performed an case-control study in AN patients comparing 44 (42 female, 2 male) adolescents receiving FBT augmented with HT compared to 22 (22 female, 1 male) participants receiving FBT alone. Eating disorder diagnosis, psychopathology and severity of clinical symptoms were assessed using (EDE, EDI-2) and clinical parameters (BMI, menstrual status, level of over-exercising) at baseline and after 3-months.

**Results:** After 3 months both treatment groups showed a significant early weight gain, a reduction in the rate of AN diagnoses assessed with the EDE interview and a reduction in EDI-2 total scores. The combined HT/FBT group showed a significantly greater increase in BMI than the FBT-only group. In the combined HT/FBT group none of the patients had to be admitted to hospital while 13.6% of the FBT-only group had to be referred to inpatient treatment. Treatment satisfaction in the combined HT/FBT group was high in both patients and parents.

**Conclusions:** Our results suggest that HT augmented FBT is superior compared to FBT alone in terms of early weight gain and might reduce the risk of hospital admission in adolescent AN.

**Disclosure:** No significant relationships.

**Keywords:** eating disorders; home treatment; adolescents; family based treatment

## O133

### The relationship between perfectionism, generalized problematic internet use and bulimic behaviours

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**Introduction:** Perfectionism is a consistent risk factor for various psychopathological conditions, including psychological distress and