

Studies 1 and 2. In phase 3, participants made food choices while downregulating the negative affect caused by the induction. In phase 2, participants placed less importance on health ($b=-0.15$, $z=-5.99$, $p<.001$) when making food choices than under neutral conditions (phase 1). In phase 3, participants successfully downregulated their negative affect ($b=-1.2$, $t=-22.01$, $p<.001$) and placed the same level of importance on health when making food choices as in phase 1, indicating that AR applied to incidental affect is an effective method for improving eating behavior. In Study 4 ($n=120$), we pre-registered and replicated our findings from Study 3. In addition, we fit drift-diffusion models to participants reaction time data and show that these results extend to the by-participant weights participants place on health when making food choices.

Conclusions: These results are a step towards scalable AR interventions to improve eating behavior.

Disclosure: No significant relationships.

Keywords: dietary food choice task; affect regulation; eating behavior; negative affect

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Alexithymia and cortisol awakening response in people with eating disorders

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Introduction: Alexithymia, that is the inability to recognize and describe one’s own emotions, is a transdiagnostic feature across eating disorders (EDs) and it has been associated to a prolonged stress exposure.

Objectives: Therefore, we evaluated whether alexithymia affects the hypothalamus-pituitary-adrenal (HPA) axis functioning in patients with anorexia nervosa (AN) or bulimia nervosa (BN).

Methods: Twenty-six women with AN and 26 with BN participated in the study. Alexithymia was evaluated by the Toronto Alexithymia Scale–20 and eating-related psychopathology was measured by the Eating Disorder Inventory–2. The activity of the HPA axis was assessed by the salivary cortisol awakening response (CAR). Group differences in saliva CAR were tested by repeated measures 3-way ANOVA with diagnosis and alexithymia as between-subject factors.

Results: The prevalence of alexithymia did not differ significantly between the two diagnostic groups ($\chi^2=1.24$, $p=0.26$). Alexithymia was associated with more severe eating-related psychopathology in AN women but not in BN women. A significant reduction in the magnitude of CAR occurred in alexithymic patients with BN compared to non-alexithymic patients with BN ($t = 3.39$, $p = 0.008$), but not in alexithymic women with AN ($t = 0.67$, $p = 0.54$).

Conclusions: These results confirm the presence of a more severe eating-related psychopathology in alexithymic individuals with AN and show, for the first time, an association between alexithymia and a dampened basal activity of the HPA axis in BN.

Disclosure: No significant relationships.

Keywords: eating disorders; alexithymia; cortisol; stress

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Cortisol, anxiety and cognitive responses to trier social stress test: The first multiple levels assessment of the RDoC “system for social process” in eating disorders

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Introduction: Social dysfunction is a putative risk and maintaining factor for Eating Disorders (EDs).

Objectives: We aimed to assess biological, emotional, and cognitive responses to a psychosocial stressor, in order to provide a multilevel investigation of the RDoC social process system in EDs.

Methods: Cortisol response to Trier Social Stress Test (TSST) was measured in 105 subjects: 35 women with anorexia nervosa (AN), 32 with bulimia nervosa (BN) and 38 healthy women. In a subgroup of them (23 AN, 21 BN, and 25 control women) anxiety, hunger, and desire to eat throughout the TSST were also rated.

Results: Compared to healthy women, AN and BN women showed reduced cortisol reactivity that disappeared after controlling for trait anxiety and ineffectiveness. They also displayed increased anxiety response, while only people with AN reported greater decrease in hunger and desire to eat. Baseline ineffectiveness predicted post-stress body dissatisfaction through the mediation of post-stress anxiety while no significant correlations were found between cortisol and anxiety, hunger, or desire to eat responses

Conclusions: People with EDs are characterized by blunted cortisol reactivity and greater anxiety, hunger, and desire to eat responses to a psychosocial stressor. We show a relationship between socio-emotional distress and ED-related attitudes without an association between biological and emotional or cognitive changes. This study provides the first empirical and multilevel support to a deranged functioning of the RDoC “system for social process” in EDs.

Disclosure: No significant relationships.

Keywords: psychosocial stressor; cortisol reactivity; emotional distress; eating disorders

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COVID-19 pandemic and eating disorders: What impact on specific and general psychopathology?

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