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#### EV0438

### An expressive group approach to borderline personality disorder in patients with bulimia nervosa: A clinical case

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**Introduction** It is widely known comorbid Bulimia Nervosa (BN) with Borderline personality disorders (BPD). This is associated with worse prognosis and resistance to pharmacological and psychotherapeutic treatments. In integrated treatment, both disorders are addressed, not being frequent psychotherapy groups that address only the personality traits. Some studies have proposed the brain basis of psychodrama intervention in both pathologies.

**Objectives** To highlight the clinical effectiveness of adding a non-verbal orientation (psychodrama) to the treatment of BN patients; to specifically address personality traits, by presenting a clinical case. We rely on studies.

**Methods** Clinical case: 42-year-old woman patient with BN (DSM-5) severe degree, BITE: Symptoms scale = 28; S. Severity = 13; and BPD (7 DSM-V); MCMI-III: BPD = 115 She is incorporated into a day hospital with integrated and multidisciplinary approach: psychotropic drugs, individual, group and family psychotherapy. This patient is added to an open psychodrama group; where he works exclusively personality pathology, during one year.

**Results** Improvement was observed in BN (she switched to intermediate grade); BITE: Symptom scale = 23, S. Severity = 8; also improves BPD criteria of DSM-V = 4 (minimum = 5) MCMI-III: BPD = 104.

**Conclusions** (1) Psychodrama psychotherapy groups to treat Bulimia and BPD could provide an added clinical improvement in both pathologies.

(2) Insufficient RCTs compared to other models of psychotherapy (mentalizing, interpersonal, dialectical behavior) do not allow to speak even scientific evidence of psychodrama.

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#### EV0439

### A cognitive and behavioural group therapy for binge eating disorder: An original 12 sessions design

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The Binge Eating Disorder (BED) consists in binge eating with a loss of control and guilty feeling. Weigh excessive preoccupation, psychiatric comorbidities and psychosocial impairment are associated to BED. BED prevalence is 3 to 5%, which is the more frequent eating disorder. The efficacy of CBT is well-known with several publications.

**Method** We have proposed 12 sessions of 1.30 hours for a 6 to 8 patients group, managed by a psychiatrist trained to CBT. Each session approaches a different topic (eating behavioural,

self-esteem, problem resolution, stigmatization, emotion coping, cognitive therapy. . .).

**Assessment** Patients are evaluated before and after therapy with Eating Disorder Inventory version 2 and Rathus Scale for self-esteem. Thirty patients were included.

**Results** Patients improve eating behavioural and other topics like self-esteem, social functioning, problem resolution and emotion coping. It appears that 12 sessions group CBT could be effective with patients who suffer of BED. Others studies are needed to evaluate the long-term outcome.

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#### EV0440

### Avoiding refeeding syndrome in anorexia nervosa

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The term refeeding syndrome has been used to describe the adverse consequences that can occur in all malnourished patients in the early stages of nutrition repletion whether the method of refeeding is oral, enteral or parenteral. Those consequences include acute thiamine deficiency resulting in Wernicke's encephalopathy and Korsakoff syndrome, with the potential for permanent cognitive impairment; hypophosphatemia, hypokalemia, hypomagnesemia and fluid overload resulting in cardiac failure. Adaptive changes in metabolism occur during a period of starvation or fasting: levels of glucose fall within 24 to 72 hours, as response, glucagon levels rise and insulin concentrations decrease. Glucose levels are maintained by glycogenolysis at first and gluconeogenesis latter. The reintroduction of nutrition leads to a switch from fat to carbohydrate metabolism and an increase of insulin concentration. Insulin stimulates the movement of potassium, phosphate, and magnesium into the cell leading to its depletion in extracellular compartment. Reactivation of carbohydrate metabolism increases degradation of thiamine, a cofactor required for cellular enzymatic reactions in Krebs's cycle. Deficiency in all these nutrients can then occur. Patients with anorexia nervosa are at risk of suffering from refeeding syndrome. This psychiatric disorder causes potentially life-threatening, physical complications and has the highest mortality rate among psychiatric disorders. The purpose of this review is to clarify recommendations for prevention and treatment of refeeding syndrome in anorexia nervosa.

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#### EV0441

### Mercyism – A case report about rumination syndrome

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**Introduction** Rumination is a common phenomenon among ruminant animals but in humans, it is always regarded as a symptom indicative of abnormal function of the upper gastrointestinal track. It is characterized by recurrent regurgitation of recently ingested food into the mouth. This syndrome was previously described in children and adults with mental retardation, but this entity is becoming increasingly recognized in children, adolescents and adults with normal mental capacity.