

emotional processing deficits of ED patients has been under investigated.

Objectives: We aimed to assess the complex interactions between the sub-components of mentalizing and empathy and ED symptoms through a network analysis approach.

Methods: Seventy-seven women with EDs were included in our study. Eating disorder and affective symptomatology were investigated with self-report questionnaires. All patients underwent two computerized tasks: Movie for the Assessment of Social Cognition (MASC), assessing emotional and non-emotional mental state inferences; Empathic Accuracy Task-Revised (EAT-R), measuring accuracy in identifying and sharing others' emotions. A partial correlation network and bridge function analyses were computed.

Results: In the partial correlation network inference of cognitive mental states and shape concern were the nodes with the highest strength centrality. Inference of emotional mental states was the node with the highest bridge strength in the cluster of social cognition functions. Empathic and mentalizing abilities were directly connected with each other and with ED symptoms.

Conclusions: This is the first network analysis study which integrates self-reported symptoms and objective socio-cognitive performance in people with Eds. Our results provide evidence of the complex interactions between mentalizing, empathy and psychopathological symptoms in people with EDs. Therefore, confirm that the ability to infer others' mental state may represent a useful target for clinical intervention in EDs.

Keywords: eating disorders; interpersonal sensitivity; Network analysis; social cognition

EPP0609

Assessment of body dysmorphic disorder in patients with anorexia nervosa and bulimia nervosa. The final data of the study.

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Introduction: Anorexia nervosa (AN) and bulimia nervosa (BN) occur predominantly females, take one of the first places in the risk of fatal outcome among mental disorders, have a tendency to chronicity, disability with social disadaptation, high suicidal risk. The psychopathological basis of these diseases is dysmorphophobia, characterized intrusive, overvalued or delusional ideas of physical disability. The significant role of dysmorphophobia determines the urgency of the detailed study using psychometric techniques.

Objectives: Assess the degree of satisfaction/dissatisfaction with one's body and its separate parts in patients with AN and BN.

Methods: 130 female patients with AN and BN at the age of 13-44 years (the average age is 18). The disease duration from 6 months to 24 years. The psychometric method using the validated Questionnaire image of one's own body (QIOB) and the Scale of satisfaction with one's body (SSOB).

Results: According to QIOB 84,62% in the category expressed dissatisfaction with their appearance, 15,38% in moderate category. According to SSOB, 32,31% of the patients is not satisfied with

characteristics that belong to head, 45,38% is not satisfied with characteristics that belong to torso, 56,92% is not satisfied with characteristics that belong to the lower part of body. The number of dissatisfied with all of these body parts equals 38% which indicates the presence of polydismorfofobia.

Conclusions: High rates of dissatisfaction with one's appearance, which are consistent with the severe somatic state of patients, affect the dynamics and outcome of the disease. Publication was prepared with support of the "RUDN University Program 5-100".

Keywords: eating disorder; body dysmorphic disorder

EPP0610

Modern approaches to psychopharmacotherapy of anorexia nervosa and bulimia nervosa.

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Introduction: Currently, there are no ideal medications for treating anorexia nervosa (AN) and bulimia nervosa (BN). This is due to the variety of symptoms from the mental and somatic spheres.

Objectives: Describe the modern methods of psychopharmacotherapy AN and BN.

Methods: Data from available publications on the topic of psychopharmacotherapy AN and BN, and long-term practical experience of research staff the Department of psychiatry and medical psychology RUDN University, Moscow.

Results: Therapy includes antidepressants (AD) - serotonin reuptake inhibitors (SSRIs), antipsychotics and tranquilizers. AD groups of SSRIs reduce most of the symptoms AN and BN - depressive disorders, anxiety, obsessive and compulsive symptoms, episodes of overeating and purifying behavior, suicidal thoughts, and reduce the frequency of relapses. With severe and persistent dysmorphophobia, a high degree of impulsivity, and psychopathic behavior second-generation antipsychotics Quetiapine, Olanzapine, Risperidone and Aripiprazole are used. Benzodiazepine tranquilizers (Lorazepam) are used in small doses and as additional therapy. Data from the European national guidelines for the treatment of AN and BN very different, and the world Federation of societies for biological psychiatry (WFSBP) does not provide specific recommendations at all. There are many reasons for disagreement and lack of specificity regarding drug selection, including the lack of an equally solid evidence base, that reflects the modern state of research on the psychopharmacological treatment of eating disorders.

Conclusions: In General, therapy AN and BN should be comprehensive - psychopharmacotherapy, psychotherapy, diet therapy, social rehabilitation. Treatment should be carried out both in the hospital and on outpatient basis and should be decided individually.

Conflict of interest: No significant relationships.