

pharmacological treatment, SSRI, antidepressants, antipsychotic, sertraline, citalopram, escitalopram, duloxetine, venlafaxine, paroxetine, fluoxetine, fluvoxamine, topiramate". Reviews, single case studies and RCT were also analyzed.

Results Only few studies met the selection criteria. A recent 8-week double-blind placebo controlled study, in 34 patients with NES, has confirmed the efficacy of sertraline. Sertraline was associated with significantly greater improvement than placebo in overall symptomatology.

Conclusions SSRIs should be considered the drug of choice for the treatment of NES not only because of evidence in the literature but also since they display the best pharmacological profiles with fewer adverse events. More evidence of efficacy is shown for some SSRIs such as paroxetine, fluvoxamine and especially sertraline. Topiramate should be reserved for cases resistant to treatment with SSRIs.

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

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EW211

Childhood trauma and cortisol awakening response in eating disorders: A dose-dependent trauma effect

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Introduction A role for the hypothalamus-pituitary-adrenal (HPA) axis has been suggested in the pathophysiology of anorexia nervosa (AN) and bulimia nervosa (BN), and childhood trauma experiences have been detected frequently in patients with AN and BN. Since trauma exposure in the childhood may persistently affect HPA axis functioning, we explored HPA axis activity in AN and BN patients with and without childhood trauma history.

Objectives and aims We aimed to examine possible associations between childhood traumatic experiences and HPA axis functioning, as assessed by the cortisol awakening response (CAR), in adult patients with AN or BN as compared to adult healthy controls.

Methods Saliva samples were collected by 41 patients with symptomatic AN, 32 with symptomatic BN and 45 healthy controls at waking and after 15, 30 and 60 min. They filled in the Childhood Trauma Questionnaire (CTQ), which assesses five specific types of childhood trauma.

Results As compared to the control group, the no-maltreated AN patient group exhibited an enhanced CAR whereas the no-maltreated BN patient group showed a similar CAR. On the contrary, both AN and BN patients with a positive history of childhood maltreatment exhibited statistically significant blunted CAR as compared to no-maltreated patients. Moreover, in maltreated ED patients the CAR tended to decrease when the number of trauma types increased.

Discussion Present findings confirm a dysregulation of the HPA axis activity in symptomatic patients with AN and BN and suggest a dose-dependent effect of childhood adverse experiences on the CAR of adult ED patients.

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

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EW213

Emotional neglect as the colossus among traumas in patients with eating disorders. A case-control study

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Introduction Individuals with eating disorders (EDs) often report a history of early traumatization. Although a great attention has been paid to sexual and physical trauma, less is known about emotional one, especially neglect.

Objectives/aims We aimed to estimate the prevalence of sexual, physical, and emotional trauma-occurring under 18 years of age-in ED patients vs. healthy controls, focusing on emotional abuse and neglect.

Methods We consecutively recruited 57 DSM-V ED outpatients (91.2% females; age range = 18–42 years) at the Psychiatric Outpatient Clinic of our University Hospital and 90 healthy controls (78.9% females; age range = 20–39 years). Among ED patients, 43.9% had restrictive anorexia nervosa (AN), 29.8% binge/purging AN, 26.3% bulimia nervosa. Individuals completed the Eating Disorder Inventory-2 (EDI-2) and the Traumatic Experiences Checklist (TEC). We used Mann-Whitney U test and χ^2 test for comparisons.

Results ED patients scored significantly higher than controls on all EDI-2 subscales (P -values < 0.05). On the TEC, emotional trauma was more frequent than sexual/physical ones in both ED patients and controls. Emotional trauma, and to a lesser extent physical one, were significantly more frequent in ED patients than controls. Distinguishing between emotional abuse and neglect, the latter had a higher prevalence than the former in both groups. Additionally, ED patients reported significantly more neglect, but not emotional abuse, than controls.

Conclusions Our findings show a high prevalence of emotional trauma in EDs, mainly neglect, i.e., a lack of care and attention potentially contributing to EDs. Thus, it is crucial to investigate emotional neglect in ED patients.

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EW214

Severity of traumatic events in patients with eating disorders. A case-control study

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Introduction A high proportion of individuals with eating disorders (EDs) report childhood abuse and neglect. The prevalence of traumatic events in ED patients has been extensively investigated; less is known about their self-perceived-and reported-severity. **Objectives/Aims:** We aimed to assess in ED patients vs. healthy controls the severity, i.e., duration, perpetrator, and subjective impact,

of sexual, physical, and emotional traumas suffered from 0 to 18 years, paying particular attention to emotional neglect.

Methods Fifty-seven consecutive DSM-V ED patients (91.2% females; age range: 18–42 years) were recruited at the Psychiatric Outpatient Clinic of our University Hospital. Ninety controls (78.9% females; age range: 20–39 years) were also recruited. Among ED patients, 43.9% had restrictive anorexia nervosa (AN), 29.8% binge/purging AN, 26.3% bulimia nervosa. Individuals completed the Eating Disorder Inventory-2 (EDI-2) and the Traumatic Experiences Checklist (TEC).

Results The severity of all traumatic events, according to the TEC total score, was significantly higher in ED patients than controls ($P < 0.001$). Moreover, ED patients showed significantly higher scores with regard to emotional neglect ($P < 0.001$) and emotional abuse ($P < 0.001$). The same can be said for physical traumas ($P < 0.01$) and physical abuse ($P < 0.01$), although with a lower significance, and for sexual abuse ($P < 0.05$), with an even lower significance. No difference in the severity of sexual harassment was found.

Conclusions All types of traumas, especially neglect, can occur in ED patients and controls, however they are reported as more severe by ED patients.

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EW215

The relationship of perfectionism with changes in body dissatisfaction in eating disorders treatment outcome

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Introduction Body dissatisfaction is one of the core psychopathological components in Eating Disorders (EDs) and it tends to persist over time regardless treatment interventions. Perfectionism is considered as a mediator and moderator between body dissatisfaction and disordered eating.

Objectives To study the influence of Perfectionism in EDs outcome.

Aims To analyze changes in body dissatisfaction at one year follow-up in patients with eating disorders and the effect of perfectionism over these changes.

Methods Participants were 151 patients with eating disorders. DSM-IVTR diagnoses were as follows: 44 (29.1%) Anorexia Nervosa (AN), 55 (36.4%) Bulimia Nervosa (BN) and 52 (34.4%) Eating Disorders no Otherwise Specified (EDNOS). Perfectionism was assessed with the Edinburg Investigatory Test (EDI-2). The Body Shape Questionnaire (BSQ) was also distributed. One year after the beginning of their treatment, patients were reassessed.

Results Patients with BN showed significantly higher scores on BSQ than those with AN. There was a significant improvement in BSQ after one year of treatment regardless the diagnostic (repeated measures ANOVA: $F = 8.4$, $P < .01$). Perfectionism was a co-variable that influenced in those changes.

Conclusions The results confirm the interaction between perfectionism and body dissatisfaction in the treatment outcome of EDs. It has been described an interplay between Perfectionism, body dissatisfaction and disordered eating attitudes and behaviours, being Perfectionism a moderator factor. The results highlight the need of

dealing not only with the core symptoms of EDs, but also with the moderator factors such as Perfectionism to enhance the outcome.

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

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EW216

Perfectionism in eating disorders: Temperament or character? Does perfectionism improve on treatment outcome?

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Introduction Perfectionism is considered a risk factor and is very close related to Eating Disorders (EDs). It estimates heritability of 29–42%. However, it has also been related to psychosocial factors such as the insecure attachment style.

Objectives To study the relationship of perfectionism with personality dimensions, its likelihood of improvement and its treatment.

Aims To analyze if Perfectionism is associated with dimensions of Temperament or dimensions of Character and therefore more psychosocial.

Methods Participants were 151 female outpatients who consecutively started treatment at the Eating Disorders Unit (Ciudad Real University General Hospital). Personality was assessed by using the Temperament and Character Inventory (TCI). Perfectionism was assessed by using the Edinburg Investigatory Test (EDI-2) subscale (t0). One year later, patients were re-assessed with the EDI-2 (t1).

Results The scores on Perfectionism significantly improved from t0 to t1, (repeated measures ANOVA, $F = 6.6$, $P < 0.01$). At baseline, Perfectionism was related to any of the Temperament dimensions, but the Character variable Purposefulness (SD2) ($\beta = .25$ 95% CI .17, .98), 2.7% of variance). Responsibility (SD1) and Self-Acceptance (SD4) were inversely associated with Perfectionism. At t1, Responsibility still was a protective factor for Perfectionism, regardless the effect of Perfectionism at t0.

Conclusions Perfectionism is also related to psychosocial and developmental factors. People with an internal locus of control tend to take responsibility for their own actions and are resourceful in solving problems. Thus, Self-directedness, mainly Responsibility for their own actions, is a protective factor for Perfectionism in EDs.

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EW218

Internet and smartphone application usage in eating disorders: A descriptive study in Singapore

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Introduction Eating disorders are associated with significant morbidity and mortality. The Internet is a popular medium for individuals with eating disorders to discuss and reinforce their affliction. However, the available literature on Internet usage and