

**Material and method** We have selected a sample of 500 patients who were in the 2nd year of secondary school to which has been applied a battery of scales, including the EAT-26 scale for ED; and has been collected socio-demographic data, including the use of internet and mobile phone. We used SPSS to analyze the relationship between these variables.

**Results** We have analyzed clinical and socio-demographic characteristics of the sample. In relation to the risk of developing an eating disorder we have found that high frequencies of use of the Internet and high frequencies of use of mobile phones (especially more than 4 hours a day) increases significantly the score in EAT-26 scale for ED ( $P < 0.05$ ).

**Conclusions** Regarding the results, we can say that, in our sample, the use of Internet and/or mobile phone more than 4 hours a day significantly increases the probability of having a high score on the scale for ED. This data can be essential when planning treatment or establishing a preventive strategy.

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

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#### EV0448

### The central role of body image in the explanation of the engagement in disordered eating attitudes and behaviors

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Shame is a universal emotion, that has been emphasized as a pathogenic phenomenon in well-being and mental health. In fact, although shame has been considered an adaptive defensive response, higher levels of this painful emotion are strongly associated with different mental health conditions. The current study aimed to test whether the association of external shame with eating psychopathology would be explained by the mechanisms of body image-related cognitive fusion, psychological inflexibility, and also dietary restraint. A path analysis testing a mediational model was conducted in a sample of 787 women from the general community, aged between 18 and 51 years old. The tested model accounted for 71% of the variance of eating psychopathology and revealed an excellent fit to the data. Results demonstrated that external shame's impact on disordered eating attitudes and behaviors is indirect, carried through increased body image-related cognitive fusion, psychological inflexibility related to physical appearance, and dietary restraint. These findings seem to support the association between shame and eating psychopathology. Furthermore, these data add to literature by suggesting that individuals who present higher levels of shame may present increased tendency to engage in dietary restraint and other maladaptive eating behaviors, through higher levels of body image-related psychological inflexibility and cognitive fusion. The current study seems to hold important clinical implications, highlighting the importance of developing intervention programs in the community which target shame and body image-related maladaptive attitudes and behaviors and, in turn, promote adaptive emotion regulation strategies (e.g., acceptance abilities).

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#### EV0449

### Ghrelin response to hedonic eating in underweight and short-term weight restored patients with anorexia nervosa

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**Introduction** Recently, anorexia nervosa (AN) has been conceptualized as a reward-related disorder, and brain imaging studies have shown functional and structural abnormalities in areas of the brain involved in reward processes in both acute and recovered AN patients. However, the role of endogenous biochemical mediators, such as Ghrelin, in the modulation of reward processes has been poorly investigated in this eating disorder.

**Objectives** Hedonic eating, that is the consumption of food exclusively for pleasure and not to maintain energy homeostasis, is a useful paradigm to investigate the physiology of food-related reward.

**Aims** We assessed the Ghrelin response to food-related reward in symptomatic AN women in order to further explore the modulation of reward processes in this severe and debilitating disorder.

**Methods** Plasma levels of Ghrelin were measured in 7 underweight and 7 recently weight-restored satiated AN patients before and after the ingestion of a favorite (hedonic eating) and non-favorite (non-hedonic eating) food. Ghrelin responses were compared it that of previously studied healthy controls.

**Results** We found that in satiated underweight patients with AN plasma Ghrelin levels progressively decreased after the exposure and the consumption of both the favorite and non-favorite food whereas in satiated weight-restored AN patients and satiated healthy controls plasma Ghrelin concentrations significantly increased after the exposure to the favorite food and after eating it, but decreased after the non-favorite food.

**Conclusions** These results suggest a derangement in the Ghrelin modulation of food-related pleasurable and rewarding feelings, which might sustain the reduced motivation toward food intake of acute AN patients.

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

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#### EV0450

### Age at onset of eating disorders: A statistical validation of proposed cut-offs

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**Introduction** Despite age at onset (AAO) of eating disorders (EDs) has classically been described in adolescence; to date there is not an univocal definition. While initial studies described a bimodal distribution of AAO for ED, recently several studies didn't confirm these findings.

**Objectives** AAO thresholds definition for anorexia nervosa (AN) and bulimia nervosa (BN) with statistical validation of proposed cut-offs is highly needed, since AAO represents a crucial clinical feature.

**Aims** We obtained data from subjects with AN and BN to perform a normal distribution admixture analysis to determine their AAO.