

Eating disorders

EV553

Food, body image, perfectionism

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Introduction The eating disorder (ED) are anorexia nervosa, bulimia and unspecified eating disorder behavior according to ICD-10. Currently the ED have become a social and health problem of the first kind that require specialized and interdisciplinary approach to the response of such disorders.

The growing demand observed in different assistive devices is associated with increased incidence of eating disorders in recent decades.

Case description She is a woman of 23 years old, single. It is the small two brothers. He lives with his parents and brother 25 years. It is fourth-year student of law. It is derived from primary care by their GP after significant weight loss by decreasing the intake of foods high in calories and low mood. It is defined as a very responsible person, controller and is always looking for perfection in every activity performed. He began to try to lose weight about a year that relates to start time of stress ago. She speaks that had many exams and wanted to get top marks in all. With good adherence to psychotherapy and monitoring by nurses. Aspects of body image as well as traits such as perfectionism work.

Conclusions These clinical conditions are characterized by their complexity and diversity symptomatology, which involves a significant interference in their functioning in different vital areas and clinically significant distress. After the psychotherapeutic approach, a significant reduction in the clinic that she had at the beginning and an improvement in mood was observed.

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Full of nothing

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The eating disorders like anorexia, bulimia nervosa, and obesity are known and described from the principles of Western civilization. Eating disorders affect a large number of people, which about the 90–95% of them are women. Not to forget is their multicausality. Though their etiology is not exactly known yet, being on a diet is the most important predictor of having an eating disorders.

We summarize here a case of R. a 30-year-old woman, who visited the Infant Mental Health Institut for the first time at the age of 13 referred by her pediatrician and suspected to have an eating disorder. R. lived with her parents and an older sister. The patient suffered an underweight below the healthy and a distorted perception of her body among other symptoms. She has gone through several specialists and treatments including day hospital since her first entrance at the hospital.

The flexibility and cooperation between the different therapists involved in the treatment is essential for a good outcome of the patient. There are many factors that can have an influence in the treatment, like the reluctance to the treatment, the countertransference feelings that the therapy can cause and the way of relationship. These factors can often cause situations of confusion and misunderstandings between the different professionals who

attend the patient, who have to be well coordinated. Not to forget is that the biggest loser of all is the patient itself.

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The co-occurrence of eating disorders and psychosis

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Introduction Several reviews have reported the incidence of schizophrenia in patients with eating disorders (ED) to be between 3–10% and the incidence of transient psychotic episodes to be 10–15%. On the other hand, anorexia nervosa appears to affect 1 to 4% of schizophrenia patients. Reports of psychosis and ED occurring in the same patient have led to various views as to the nature of the relationship between the two.

Objective Analysis of the literature illustrated by different clinical cases in which appears to be a relationship between ED and psychosis.

Aims Critical reflection about the hypothesis that could underlie the comorbidity of psychotic illness and ED.

Methods Non-systematic review of a literature search using the keywords: eating disorders; psychosis; comorbidity.

Results There is no consistent sequence in the co-occurrence of the two conditions – ED sometimes precede and sometimes follows the onset of psychosis. ED patients can develop psychotic symptoms, most frequently transient in the course of the disorder, while others are subsequently diagnosed with a chronic psychotic disorder. On the other hand, patients with a primary psychotic illness can develop an eating disorder. The connection between the two, however, remains speculative, considering the hypothesis that ED and psychosis can be entirely separate disorders that can, by chance, occur in the same person.

Conclusions The area of comorbidity and overlapping symptoms in psychiatry requires more deep research. Despite evidence from case series, the comorbidity between ED and psychosis is poorly understood, and firm conclusions cannot be drawn from this analysis.

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Anxiety, stress and depression: A comparison between anorexic, obese and healthy control women

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Introduction Several studies have proved that people who suffer from Anorexia Nervosa (AN) experience higher levels of anxiety, stress and depression than general population; while controversial results have been found among obese people (OB); the purpose of this study is to compare levels of anxiety, stress, and depression in AN sample, in OB sample and in Healthy Control Group (HC).

Methods AN sample: 27 anorexic inpatient women in an eating disorder unit. OB sample: 27 obese women evaluated for eligibility of bariatric surgery intervention. HC group: 27 women from different countries had been recruited. DASS 21 and STAI-Y questionnaires had been administered to evaluate anxiety, stress and depression. The questionnaires had been scores and statistical anal-

ysis had been held to determine whether the differences founded in the 3 populations were significant or not (P -value < 0.05).

Results Table 1. The differences founded were significant.

Conclusion Anxiety and stress (DASS21, STAI): AN have reported higher levels than OB and HC that present similar levels. Depression (DASS21): AN have reported higher levels than OB and HC; OB higher levels than HC.

Table 1

Samples	Scores	DASS 21-Subscales			
		Depression	Stress	Anxiety	Total
AN	Mean (SD)	26.5 (12.8)	23.1 (9.8)	28.4 (8.8)	80.4 (25.3)
OB	Mean (SD)	10.8 (9.3)	8.8 (6.8)	13.7 (10.0)	33.5 (23.6)
HC	Mean (SD)	8.0 (7.4)	4.5 (4.8)	13.1 (10.3)	25.6 (20.1)
STAI-Y					
State					
AN	Mean (SD)	63.1 (11.8)		65.9 (10.4)	
HC	Mean (SD)	39 (14.6)		42.9 (12.5)	
OB	Mean (SD)	39 (10.0)		43.4 (9.4)	

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Contribution of Night Eating Syndrome to the evolution of anorexia nervosa – Case report

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Introduction Night Eating Syndrome (NES) was described in 1955 in a subset of patients resistant to weight loss. It is characterized by morning anorexia, evening hyperphagia and sleep disturbances. It is also more prevalent among patients with another eating disorder (ED), particularly binge-eating disorder (BED) or bulimia nervosa (BN).

Objective Review of the literature about the relationship between NES and another EDs and to present a case report of a patient with a long-standing purgative anorexia nervosa (AN-BP) and comorbid NES.

Methods review of the literature using the database Medline through Pubmed, with the keywords: “night eating syndrome” and “eating disorder”.

Results NES is highly prevalent among patients with EDs, with an estimated prevalence of about 5–44%. However, most of the existent literature explores the relationship between NES and BED or BN, and it is not consensual if NES is a subtype of another ED. There is still scarce evidence about NES and AN comorbidity.

Conclusion In this case report, we present a patient with a history of AN-BP, in which the recovery of lost weight and the increase of body mass index (BMI) occurred simultaneously with a period of worsening NES symptoms, which leads the authors to question if the psychopathology of NES has contributed to the recovery of BMI at the expense of maintaining a dysfunctional eating pattern.

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Effectiveness of Enhanced Cognitive Behavioral Therapy (CBT-E) in the treatment of anorexia nervosa – A prospective multidisciplinary study

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Introduction According to the most widely influential treatment guidelines from the National Institute for Health and Clinical Excellence and the American Psychiatric Association, existing evidence for adult AN treatment is weak, and more treatment studies are needed.

Objectives/aims The primary objective of this project is to gain knowledge about the effectiveness of CBT-E in the treatment of Anorexia Nervosa (AN). Secondary objectives are to prospectively examine baseline predictors of treatment outcome/drop-out and to examine variables related to treatment process and patient engagement as predictors of outcome/drop-out. Thirdly, in a multidisciplinary approach, to focus on selected pathophysiological mechanisms including disturbed neuropsychological functioning, changes in the gut microbiota, immunological and genetic measures in patients with severe AN in different stages of the disease, and further to investigate to what extent they are related to treatment outcome.

Methods The sample consists of patients aged ≥ 16 years with AN admitted to outpatient treatment (CBT-E) at Section for Eating Disorders, Haukeland University Hospital, Bergen, Norway. Outcome measures include BMI, self-reported eating disorder symptoms (EDE-Q), depression (BDI), anxiety (BAI) general psychiatric symptomatology (SCL-90-R, M.I.N.I 6.0), health related quality of life (CIA, RAND-36), physical activity (accelerometers) and neuropsychological functioning. The main measurement points are at the start of treatment, 3 months, end of treatment and one year follow-up. Baseline predictors of treatment outcome and drop-out will be examined as well as the association between early adherence, behavioral change, therapeutic alliance and treatment outcome. In addition biochemical, genetic and bacteriological assessments will be conducted.

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Attachment style and cortisol response to psychosocial stress in eating disorder patients

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Introduction Stress exposure is a risk factor for both the onset and the maintenance of Eating Disorders (EDs). The attachment theory may provide a framework to explain the relationship between social stress and EDs, since secure attachment promotes the seeking for support in order to help people to face stressful events. The endogenous stress response system, including the hypothalamus-pituitary-adrenal (HPA) axis, is likely involved in mediating the role of attachment in the subjects' coping with stressful situations.

Objectives and aims We explored cortisol responses to the Trier Social Stress Test (TSST) of patients with EDs in order to evaluate