

**Results:** Patients with AN showed higher scores on the EDS, the GLTEQ and used more effort in the standardized effort test ( $p < .05$ ). These three aspects of physical exercise correlated with baseline negative emotions ( $p < .01$ ). AN patients and unaffected relatives, but not controls, showed a marked emotional improvement after physical exercise ( $p < .01$ ).

**Conclusions:** Excessive physical exercise seems a trait-associated feature of AN, driven by a state-related effect of physical exercise on emotional wellbeing. The mood-related drive for physical exercise has the characteristics of an endophenotype in the patients of the present sample.

**Keywords:** physical exercise; anorexia nervosa; endophenotype; emotions

## EPP0606

### Patient motivations for seeking online therapy for binge eating disorder

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**Introduction:** Binge Eating Disorder (BED) is characterized by repeatedly losing control over eating behavior and consuming large amounts of food within a short period of time. In later years, a growing body of evidence for effectiveness of internet-based Cognitive Behavioral Therapy (iCBT) as treatment for BED has emerged. Regarding the ability to complete a self-help program on the internet, internal self-regulation can be viewed as important.

**Objectives:** To qualitatively explore patient motivations for seeking therapy for BED according to intrinsic and extrinsic motivation as well as patient reasons for seeking online therapy.

**Methods:** The research design of this study was qualitatively. The participants were 52 adults suffering from mild to moderate BED. Data consisted of written texts entered by the participants into the online therapy program. The texts addressed the participants' goals for their treatment course and their motives for seeking online therapy. The texts were analyzed by the means of systematic text condensation.

**Results:** Pertaining patient motivations for seeking therapy for BED, five main motivations that reached a saturated level in the sample were discovered: wish for control; avoidance of guilt/shame; desire for tools/insights; weight loss; and psychological stress. Participants ranged from one motivational factor to four, no participant had all the motivational factors. Regarding patient reasons for seeking online therapy, the following themes including sub themes were found: online treatment, treatment at home, and flexible treatment.

**Conclusions:** The results indicate that online therapy for BED may be able to breach some of the barriers there are towards treatment seeking.

**Keywords:** Internet-based Cognitive Behavioral Therapy; binge eating disorder; qualitative; motivation

## EPP0607

### Dynamics of aggressive manifestations in eating disorders

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**Introduction:** Anorexia nervosa and bulimia nervosa are often accompanied by aggressive manifestations that undergo typical dynamics at different stages of the disease. The presence of aggressive phenomena in eating disorders can cause severe maladaptation of patients, cause difficulties in diagnosis, establishing compliance, and prevent the normalization of family relations.

**Objectives:** To study the varieties of aggressive manifestations and their changes in the treatment of anorexia nervosa and bulimia.

**Methods:** Psychopathological, anamnestic, psychological.

**Results:** The most pronounced aggressive symptoms in typical anorexia nervosa are verbal and physical aggression against relatives and close people; feeding younger siblings, parents; threats and suppression of the opinion of relatives in relation to patients. The above aggressive statements and actions occur at the stage of correction and in the initial period of the stage of exhaustion. With deep exhaustion (pronounced cachexia) and in the process of food rehabilitation, aggressive behavior is significantly reduced. In the future, there is criticism of their own aggressive symptoms. In bulimia nervosa, only verbal aggression toward loved ones is noted, especially when they interfere with purifying behavior and massive compulsive overeating. The degree of aggression in bulimia nervosa is significantly less.

**Conclusions:** Aggressive manifestations in eating disorders depend on the stage of the disease, the degree of exhaustion and undergo reverse development in the course of therapy. Aggressive phenomena in eating disorders have a significant impact on the clinic, dynamics, outcomes of diseases and the effectiveness of treatment tactics.

**Conflict of interest:** No significant relationships.

## EPP0608

### Integrating empathic and mentalizing abilities with interpersonal sensitivity in people with eating disorders: A network analysis approach

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**Introduction:** Literature highlights that interpersonal sensitivity represents an important development and maintaining factor for Eating Disorder (ED). Mentalizing and empathy are two psychological constructs that play a crucial role in social functioning. However, the role of mentalizing and empathy in the socio-

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.