

research is lacking. Also, to highlight the need for a greater focus on the effect of EDs on siblings both in research and clinical practice.

**Methods:** A systematic review is being conducted to gain an understanding of the gaps in the literature.

**Results:** It is expected that the systematic review will reveal a lack of literature regarding siblings' experiences of having a brother or sister with an ED. As well as showing the conflicting emotions felt by the siblings, both positive due to the love they feel for their sibling and negative due to the burden they feel.

**Conclusions:** By raising awareness of the needs of non-affected siblings this research should have a notable impact on their experiences by highlighting the need for specific interventions and support services as well as education about their siblings' ED.

**Disclosure:** No significant relationships.

**Keywords:** eating disorder; experiences; Siblings

## EPV0709

### Body shame and disturbed eating behaviors: an ecological momentary assessment approach

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**Introduction:** There is a well-established body of investigations showing that the experience of shame is associated with eating disorders symptoms. Meta-analytical data indicate that body shame is one type of shame that seems to be especially relevant in case of eating disorders. While there are many studies which investigated the association between the predisposition to feel ashamed about one's body and eating disturbance, there are virtually no inquires on how momentary body shame is related to disturbed eating behaviors.

**Objectives:** In this study we aimed to investigate the relationship between momentary body shame and disturbed eating behaviors using an intensive longitudinal design.

**Methods:** Females with high levels of eating disorders symptoms completed five, randomly-initiated surveys per day delivered via a smartphone application for a total of two weeks. The survey evaluated the level of body shame and disturbed eating behaviors (i.e., binge eating, purging, excessive exercises, body checking).

**Results:** Preliminary results indicate that higher levels of body shame are associated with higher levels of disturbed eating behaviors. The level of body shame was higher in binge eating days compared with non-binge eating days.

**Conclusions:** Fluctuations in body shame seem to contribute to the maintenance of disturbed eating behaviors. Implications and limitations of these findings are discussed.

**Disclosure:** No significant relationships.

**Keywords:** Ecological Momentary Assessment; body shame; Eating Disorders

## EPV0710

### My stomach is full

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**Introduction:** Anorexia nervosa is an eating behavior disorder that is often related to various personality factors. The relationship between obsessive compulsive disorder and eating Disorders has been highlighted.

**Objectives:** To present a clinical case of a patient with eating disorder and gastric bezoar, secondary to compulsive hair ingestion.

**Methods:** Bibliographic review of articles published in relation to the comorbidity of these disorders, based on articles published in the last 5 years in Pubmed.

**Results:** 26-year-old female. Diagnosis of restrictive anorexia nervosa. She was admitted to the hospital on two occasions for nutritional disorders. In the last admission, she reported greater anxiety and significant weight loss. She reports that she has limited her food intake, but she does feel thin and is unable to eat for fear of gaining weight. Ruminative thoughts about her body image. During admission, the patient expressed a sensation of fullness, nausea and vomiting, later observing in abdominal X-ray and gastroscopy, the presence of a gastric trichobezoar, which was finally resolved conservatively.

**Conclusions:** Trichotillomania is observed in 1 in 2000 people, trichophagia is even less frequent. According to DSM- V, these disorders are grouped within obsessive-compulsive spectrum disorders. A Trichobezoar is a conglomerate that can be found in the stomach or intestine, composed mainly of hair, previously ingested. Trichotillomania can be associated with anorexia nervosa, especially in patients with obsessive personality traits, which occurs frequently. The gastric slowing that patients with anorexia often present is a factor that favors the formation of the bezoar

**Disclosure:** No significant relationships.

**Keywords:** bezoar; anorexia; Trichotillomania; trichophagia

## EPV0711

### A Case Report of Anorexia Nervosa - the "perfect" woman

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**Introduction:** Anorexia nervosa (AN) is an eating behavior disorder characterized by intense fear of gaining weight or persistent behavior that interferes with weight gain, with caloric intake restriction and secondary loss of body weight. It can affect up to 4% of women during their lifetime and is responsible for one of the highest mortality rates from psychiatric disorders.

**Objectives:** Review of the literature and exposure of a case report of AN in a woman with high level of stress at work.

**Methods:** Case report and nonsystematic review using databases such as PubMed and UpToDate.

**Results:** Caucasian woman, 31-year-old, PhD in biology, who works in a multinational company. No personal or family history of psychiatric disorder. She was observed in the psychiatry emergency department, due to low weight, caloric restriction and intense physical exercise, maladaptive personality traits related to perfectionism and control were found. She began follow-up with a multidisciplinary team, but there was a need for hospitalization due to clinical deterioration with BMI of 11. After 6 months, she continued to follow up at the consultations and, despite refusing psychotropic drugs, she maintains psychotherapy and presents clinical improvement (BMI - 17).

**Conclusions:** Eating behavior disorders are chronic and difficult to treat diseases that are more frequent among people subject to high levels of stress. This case represents a restrictive AN in a woman with multiple risk factors: athlete, perfectionist, with stressful work and life events and restricted interpersonal and affective relationships.

**Disclosure:** No significant relationships.

**Keywords:** Anorexia nervosa; eating behavior disorder

## EPV0712

### Anorexia Nervosa and Gender Dysphoria: A Clinical Case

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**Introduction:** Eating disorders (ED) and gender dysphoria (GD) are associated with a change in body perception. Therefore, body dissatisfaction plays a common and central role in these disorders. In GD, body image concerns are related to the features of the biological sex. In ED, body dissatisfaction comes from a distorted perception of weight and body shape and plays an important role in the development and maintenance of the psychopathology.

**Objectives:** To present and discuss the clinical case of a patient with a previous diagnosis of GD who presented with a clinical condition suggesting a restrictive anorexia nervosa (AN).

**Methods:** Patient's clinical files consultation and literature review using Pubmed and the keywords: eating disorders and gender dysphoria.

**Results:** We present the case of a 25-year-old patient who was living in a shelter for victims of domestic violence and was admitted for severe restrictive AN. The patient was discharged after 40 days and medicated with sertraline, diazepam and olanzapine, as well as her previous medication (hormonal therapy): cyproterone, finasteride, estradiol, oxybutynin.

**Conclusions:** Although studies on this subject are still scarce, there has been some progress and the literature recognizes the coexistence of these conditions. However ED symptoms in patients with GD could have a different meaning: they may represent a dysfunctional coping strategy adopted to block features of the biological sex. Therefore health professionals may take a more holistic approach to body image. Additional studies will be necessary, allowing the establishment of cause-consequence interactions between weight loss and psychopathology related to GD.

**Disclosure:** No significant relationships.

**Keywords:** Gender Dysphoria; eating disorder

## EPV0713

### Eating Disorders during the pandemic COVID-2019

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**Introduction:** Concerns about health and fitness during lockdown may serve as a trigger for eating disorders in vulnerable individuals. Other risk factors may also include increased use of social networks and comparison with beauty ideals. Isolation, loneliness and problems with emotional regulation may lead people to reduce food intake by giving them a greater sense of control.

**Objectives:** Emphasise the relevance of the increase in the incidence of Eating Disorders (ED) cases during the pandemic.

**Methods:** Review of the scientific literature based on a relevant clinical case.

**Results:** 14-year-old female, residing with her mother. She reports that from the beginning of COVID-19 confinement she became obsessed with leading a healthier life, starting to restrict food, limiting fats and carbohydrates, and having also started compulsive physical activity (approximately 4 hours of aerobic exercise per day), without associated purging behaviours. She also acknowledges eating small amounts (although she minimises this aspect) and controlling all calories, stating that food and practices aimed at "staying healthy" now dominate her life. Her previous BMI was 18, with a current BMI of 11.7.

**Conclusions:** Patients suffering from ED, who often have poor knowledge of their illness and find social-emotional communication difficult, may delay seeking help. Studies suggest the relevance of identifying specific vulnerability factors among ED patients in confinement in order to develop preventive strategies and personalised treatment approaches.

**Disclosure:** No significant relationships.

**Keywords:** Pandemic COVID-19; Eating Disorders; lockdown

## EPV0714

### Correlations between alexithymia, emotional instability, autism spectrum disorder and eating disorders: analysis of a case.

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