



ABSTRACTS

FRIDAY, NOVEMBER 20, 2015

Venue: Great Hall (Address: Old University, Grabengasse 1, Heidelberg)

15:15 - 16:00

OPENING LECTURE

Room:
Great Hall

Severe and enduring anorexia (SE-AN) – Why and how therapists must change

Hubert Lacey (Prof. em., University of London, UK)

Moderator:
Stephanie Bauer (DE)

16:00 - 17:30

DEBATE 1

Room:
Great Hall

Dimensions are better for characterizing eating disorder conditions than diagnostic categories

Proponent: Markus Wolf (University of Zurich, CH)

Opponent: Ross Crosby (Neuropsychiatric Research Institute, Fargo, USA)

Chair:
Hubert Lacey (UK)

SATURDAY, NOVEMBER 21, 2015

Venue: Crowne Plaza Hotel (Address: Kurfürstenanlage 1, Heidelberg)

8:30 - 10:00

PLENARY SESSION 1

Treatment of eating disorders: Novel approaches and outcome

Room:

Animus 1&2

Moderator:

Hana Papezova (CZ)

Novel approaches to the treatment of anorexia nervosa

Ulrike Schmidt (King's College London, UK)

Treatment of adults with anorexia nervosa remains a major challenge, given the engrained and egosyntonic nature of symptoms. Talking therapies, adapted from those for other disorders are moderately effective. Recent progress in our knowledge on the neurobiological foundations of eating disorders, is opening up the possibility of creating more targeted "precision treatments".

In this talk, I will present two examples of novel approaches to the treatment of anorexia nervosa. I will first present new data on an anorexia-specific talking therapy and secondly I will illustrate an example of a neurobiologically based approach, i.e. repetitive transcranial magnetic stimulation. An important question for the future is how we can combine psychotherapies and neurotechnologies to obtain best possible outcomes.

Longterm mortality and outcome in 7.305 former eating disordered inpatients – The Christina Barz Study

Manfred Fichter (University of Munich, DE),

Norbert Quadflieg

Introduction: There is limited knowledge about the longterm course and mortality in Bulimia Nervosa and Binge Eating Disorder. Aims of the study: to reassess a very large cohort of consecutively admitted ED-patients 1. to obtain data on the course of illness for AN, BN, BED and EDNOS and 2. to determine standard mortality ratios (SMRs) for AN, BN and BED. Methods: Patients admitted and intensively treated in the years 1985 – 2005 were reassessed (using BMI, SIAB-S, EDI-2, BSI etc.) and vital status was verified for 1.639 AN, 1.930 BN and 363 BED patients. SMRs and survival analyses were calculated. Covariates were identified by COX regression analysis.

Results: Over time the severity of eating disturbance and general psychopathology decreased. However, death rates increased. SMRs were 5.35 for AN (95 % CI 4.34 – 6.52), 1.49 for BN (95 % CI 1.10 – 1,97) and 1.50 for BED (95 % CI 0.87 – 2.40). Time until death was shorter in AN as compared to BN or BED. A >diagnosis of AN< or >premature discharge from treatment< predicted mortality. Number of deaths in AN peaked in age group 25 – 34. Causes of death will be presented.

Conclusion: For those patients who stayed alive ED-symptoms improved over time. However, The Standardized Mortality Ratio (SMR) in AN was increased more than five times and was considerably higher than for schizophrenia (Brown, 1997) or depression. SMR in BN and BED was moderately increased.

Males and eating disorders: Phenotypical characteristics and therapy strategies

Fernando Fernandez-Aranda (University Hospital of Bellvitge, ES)

Eating disorders (ED) are less frequent in males than in females, with the former representing just 5–9% of all ED cases. Epidemiology studies have been carried out in both clinical and community populations. The aim of this presentation is to provide an up-to-date overview of the clinical and personality traits that characterize males with ED. The issues considered include: a) characteristics of male ED patients (from risk factors, clinical, personality and psychopathological features, to neuropsychological vulnerabilities); (b) gender-specific treatment goals; (c) modalities and internal structure of individual and group outpatient therapy with ED males; (d) comparison of therapy response of ED males when compared to ED females. Most studies suggest, given their clinical resemblances, similar treatment strategies are appropriate for both male and female ED patients. However, due to some gender specific traits (e.g. differences in compensatory behaviors, body image concerns, specific personality traits and emotion-regulation strategies), targeted interventions in ED males need to be addressed.

10:30 - 12:30

PARALLEL PAPER SESSION #A1

Room:
Animus 1

Moderator:
Ross Crosby (USA)

Multi family therapy in childhood and adolescent anorexia nervosa: Outcome for 118 patients and the patients and parents perceived family climate

Ulf Wallin (Centre of Eating Disorders, SE),
Else Sveningsson

There is a growing empirical evidence for the use of family therapy in the treatment of anorexia nervosa in childhood and adolescent. It has also become evident that the initial goal for the young patient is a rapid weight gain; therefore, the family therapy must be intense in the start of treatment. Multi family therapy (MFT) is a development of eating disorders focused family therapy that are introduced at the start of treatment. The MFT model we use in this study on 118 families based on the model developed at the Maudsley Hospital in London. It runs for ten days over one year, the first three months being the most intense. Seven of the days are during these three months. At end of treatment 22,9% of the patients had a weight below 85 % EBW, 41,7% between 85 95 %EBW and 35,4% had a weight above 95 %EBW. Those who gained weight during the first month all continued gaining weight during the treatment year. No one of those who lost weight during the first three months of MFT had an outcome with a weight over 95%EBW after one year. This underlines the importance of a treatment that focuses on early weight gain, which MFT in this study seems to be able to contribute to.

In order to be able to understand what effect MFT has on the family, which may help us understand why the treatment has an effect on anorexia nervosa, we used the self report instrument Family Climate Scale (FCS). During the year of treatment it was administered to the participants at five time points. The self assessed family climate changed significantly and in a linear fashion, ratings on all subscales of the FCS improved significantly for patients, mothers, and fathers, from initial to last assessment. The trend was that scores on Closeness went up

while scores on Distance and Chaos went down in a linear fashion. The effect sizes were mainly large, indicating that the treatment intervention explained a great deal of the variation in perceptions of family climate.

Outcome and treatment satisfaction in Multi Family Therapy for adolescents with anorexia nervosa

Inger Halvorsen (Oslo University Hospital, NO)

Background: Oslo University Hospital has offered multi family therapy (MFT) for adolescent AN, as a supplement to other treatments, since 2006.

Aims: To investigate changes in ED symptoms, other psychological problems, parental efficacy, general life satisfaction, treatment satisfaction and outcome predictors.

Methods: Questionnaire data at start and end of treatment (EOT) are available for 12 groups (73 families). We used EDE-Q, SDQ, the Parents versus Anorexia-scale and treatment satisfaction questionnaires.

Results: The mean EDE-Q scores on all subscales were significantly reduced from clinical to normal range. Mean global score was reduced from 3,4 to 2,5 ($p=0,003$). Less ED symptoms at start of treatment predicted better ED outcome. Psychological problems were significantly improved, although the SDQ total scores were still in the clinical range at EOT. The results on all SDQ subscales, except Behavioural Problems, were in the normal range at EOT. The Parents versus Anorexia-scores did not change significantly. All family members' general life satisfaction improved substantially ($p<0,001$). Lower SDQ scores at EOT predicted better life satisfaction in all family members, while lower EDE-Q score at EOT predicted better life satisfaction in the patients. Both of the parents reported high levels of satisfaction with MFT, while the patients' satisfaction was significantly lower. All family members rated the small groups for patients, siblings, mothers and fathers as the most useful treatment element.

Discussion: The results indicate significant improvement during MFT, both in ED symptoms, psychological problems and the family members' general life satisfaction. Further research on MFT is important, including randomized treatment studies.

A tower of guilt revisited: How guilt affects families – Perspectives from multi-family therapy groups for adults and from eating disorder professionals

Steven Balmbra (Nordland Hospital, NO),

Mildrid Valvik

Guilt a major force behind our patient's eating disorders, punishing them when they nourish themselves. It also invades the lives of their families and loved ones. Family members often lose sleep, become anxious and depressed, powerless and frustrated and have difficulty in functioning normally at home, at work and socially. Guilt maintains the eating disorder by distorting interactions and relationships.

In this presentation we will share some of our work from multi family groups for adults concerning feelings of guilt in families and present feedback from professionals concerning which issues they perceive provoke feelings of guilt. We are also interested in discussing ways participants deal with the issue of guilt in their work with families.

Family-based cognitive remediation therapy for anorexia nervosa: Can cognitive remediation elements be incorporated into a multifamily therapy program?

Svetlana Zuchova (Charles University Prague, CZ),
Jaroslava Toutonghi, Hana Papezova

Despite substantial and longstanding efforts, an effective treatment of eating disorders (ED) generally and anorexia nervosa (AN) specifically is still missing. Besides symptom oriented therapy methods, approaches have been developed that aim to influence underlying characteristics of the ED. These include cognitive styles such as low central coherence and set shifting deficiency that are also considered possible endophenotypes. Cognitive remediation therapy (CRT) is a treatment approach developed to give patients feedback about their prevailing cognitive styles and to influence them therapeutically. Since its development, it has been applied in various settings and in different patient populations. Our study concerns the possibility of incorporating CRT into a multifamily therapy program.

Families with a daughter suffering from AN were given a manual with instructions and four CRT exercises. These were conducted at home with the parent functioning as a “trainer”. Both patients and parents were asked to fill in short questionnaires evaluating the intervention. Furthermore, a group discussion took place. We discuss the therapeutic prospects of family based CRT based on our findings.

Parental comments and their influence on body dissatisfaction and disordered eating

Daniel Fassnacht (The Australian National University, AUS), Samuel Cheng

Background: Parental comments related to body shape, weight and eating behaviours, are strong sociocultural factors influencing body dissatisfaction and disordered eating in young adults.

Objective: The current study aimed to investigate the relationship between both negative and positive parental comments, body dissatisfaction and disordered eating in 383 young adults (69% females) in Singapore.

Method: Young adults between the age of 18 and 25 years completed self report measures of parental weight and shape related comments, body dissatisfaction and disordered eating.

Results: The results indicated that females, compared to males, reported significantly higher levels of body dissatisfaction, disordered eating, and negative maternal and positive paternal comments. Beyond the gender differences, disordered eating (e.g., restrained and emotional eating) was uniquely predicted by negative maternal comments in a hierarchical regression analysis. This relationship was partially mediated by body dissatisfaction while the link between body dissatisfaction and disordered eating was moderated by gender.

Conclusion: The findings of this study highlight not only the importance of negative maternal comments on body dissatisfaction and disordered eating, but also that this influence is stronger for female young adults. Future research of gender specific pathways of parental influence will be discussed, especially highlighting the need for cross cultural research.

Making sense of mixed messages

Stephanie McAlinden (Queens University Belfast, UK),
Lesley Storey, Teresa Rushe

Objective: Eating disorders (EDs) are a highly stigmatised mental illness that are often trivialised. Adolescents have been found to hold the strongest discriminatory views about mental illness but to date no study has looked at their attitudes towards EDs alone. The objective was to learn how they formulate stigmatising attitudes towards EDs with a move towards stigma reducing intervention design.

Method: A focus group of eight neurotypical 15-16 year old girls was conducted using inclusive dialogue techniques.

Results: Participants displayed a great deal of stigmatising attitudes in the form of trivialisation and social exclusion, as well as considerable factual ignorance. Confusing messages from adults about health and diet mixed with pressure from the media to conform to the thin ideal left them conflicted about how to feel about their own bodies.

Discussion: Due to the high levels of volitional stigma that EDs attract, it may be advisable to deal with them separately to other mental illnesses when designing stigma reducing interventions. The disconnect that adolescents feel from adults when receiving information about health and diet suggest that how educators talk about these issues with teenagers should be reviewed.

10:30 - 12:30

PARALLEL PAPER SESSION #A2

Room:
Animus 2

Moderator:
Giovanni Ruggiero (IT)

Effectiveness of cognitive behavior therapy-enhanced in a Dutch treatment centre for eating disorders

Elske van den Berg (Novarum, NL), Marjolein Geerts,
Daniela Schlochtermeyer, Jaap Peen, Jack Dekker

The aim of this study was to compare the effects of two outpatient cognitive behavior therapy programs for patients with eating disorders; one therapy program derived from enhanced cognitive behavior therapy (CBT E) for eating disorders, as developed and intensively studied by the Oxford research group around C.F. Fairburn (Fairburn, 2008) and one a lesser well described and more eclectic form of CBT, the treatment as usual at Novarum, Centre for Eating Disorders in Amsterdam.

Methods: The first tranche of 30 patients, out of an expected N of 70 patients, of 18 years and older, with a BMI $\geq 17,5$, with DSM IV diagnosis bulimia nervosa or eating disorder not otherwise specified (EDNOS) (American Psychiatric Association, 1994) treated with the outpatient CBT E focused (CBT Ef) protocol, were compared to 30 patients who received individual outpatient CBT treatment in 2013 or in 2014.

Results: The first results of our study are expected within two months and will be presented. In addition we will discuss the implications and challenges of implementing a new, evidence base treatment protocol throughout a running clinical setting, inpatient as well as outpatient.

Evaluation of a specialized group therapy for compulsive exercise in inpatients with eating disorders: A pilot study

Nina Dittmer (Schön Klinik Roseneck, DE), Sandra Schlegl, Mareike von der Mühlen, Michael Marwitz, Markus Fumi, Claudia Mönch, Katharina Alexandridis, Ulrich Cuntz, Ulrich Voderholzer

Objective: Patients with eating disorders often suffer from compulsive exercise behavior, which is associated with lower short term response to treatment and poorer long term outcome. Despite the importance of this phenomenon there does not exist evaluated treatment options that specifically target compulsive exercise yet. So, a 4 week multimodal manualized group therapy was developed, that focuses on the development of a healthy exercise behavior by reducing both the compulsive quality and the excessive quantity of affected patients' exercise behavior. Our objective was to evaluate this new specific treatment approach in a first pilot study.

Method: 32 adolescent and adult eating disordered inpatients were recruited at Schön Klinik Roseneck. 26 patients met DSM IV criteria for Anorexia nervosa, two for Bulimia nervosa and four for eating disorder not otherwise specified. As primary psychometric measures the Compulsive Exercise Test (CET) and the Commitment to Exercise Scale (CES) were completed before the beginning and at the end of the group. Additional data concerning eating disorder psychopathology, general psychopathology, emotion regulation as well as weight gain were obtained. Furthermore, semi structured interviews were conducted for qualitative evaluation of the new treatment approach.

Results: Patients showed significant reductions in CET (Cohen's $d=1.03$) and CES (Cohen's $d=1.44$) total scores, eating disorder symptomatology as well as in depressive symptoms. Significant improvements were found in emotion regulation. Additionally, a substantial weight gain was observed in AN patients.

During the qualitative interviews patients reported a high satisfaction with both structure and content of the group.

Conclusion: After preliminary effectiveness of this new group treatment approach for compulsive exercise was shown, a large cluster randomized trial was conducted to evaluate the efficacy of this treatment element as add on to regular inpatient treatment.

From standard CBT to worry, rumination and control focused interventions for eating disorders

Sandra Sassaroli (Studi Cognitivi, IT), Gabriele Caselli, Marcantonio Spada, Giovanni Maria Ruggiero

Standard cognitive behavioural therapy (CBT) models developed a psychopathology of eating disorders (ED) focused on automatic thoughts related to eating, weight and body aspect (Fairburn, 1981). This CBT protocol is considered the treatment of choice for bulimia nervosa (National Institute for Health and Clinical Excellence, 2004). However, a detailed review of its efficacy shows that at its best only around half the patients makes a full and lasting recovery (Wilson & Fairburn, 2007). In addition, the CBT model is suited only for bulimia and not for the other ED and is not able to explain the entirety of psychopathological process underlying ED. A promising approach aimed to improve CBT for ED would include the exploration of repetitive thought processes such as worry (Kerkhof et al., 2000; Sassaroli et al., 2005; Scattolon & Nicky, 1995; Wadden et al., 1991), rumination (Hart & Chiovari, 1998; Nolen Hoeksema et al, 2007; Troop &

Treasure, 1997), and control related beliefs (Masheb & Grilo, 2002; Eiber et al., 2005; Sassaroli, et al., 2008; Serpell et al., 1999; Shearin et al., 1994; Waller, 1998). The proven impact of these mechanisms on ED encourages the development of related interventions, such as disputing beliefs supporting worry and control, and attentional training about ED related negative thoughts. This work presents a preliminary description of the above mentioned interventions, their scientific literature background and a validation research plan including an explorative interview aimed to identify worry and control focused beliefs in ED and the development of a self report measure.

Implementation of CBT-E for anorexia nervosa: Experience from Bergen in Norway

Stein Frostad (Haukeland University Hospital, NO)
Cognitive Behavior Therapy for Eating Disorders (CBT E) as described by Chris Fairburn and Riccardo Dalle Grave was implemented at the regional unit for eating disorders in Western Norway. The most severely ill patients above 16 years of age from a population of 1 million inhabitants were offered CBT E. Implementation of outpatient CBT E was supervised by Chris Fairburn from 2008. Riccardo Dalle Grave supervised implementation of intensive CBT E for inpatient treatment from 2009. CBT E was implemented successfully. CBT E seems to be associated with good outcome in about 50 % of patients. Most patients with anorexia nervosa can be treated as outpatients. However, some patients benefit from inpatient CBT E. Section for Eating Disorders at Haukeland University Hospital has trained and supervised a number of therapists in Western Norway. Critical points in training and supervision will be discussed. Implementation of CBT E for patients with anorexia nervosa must be supervised by a therapist who has succeeded in using the method. Preliminary data will be presented.

Patient controlled admission

Margaretha Sandved (Stockholms Center for Eating Disorders, SE), Sofia Krohn, Julia Ekeröth
The inpatient unit at Stockholm Center for Eating Disorders (SCÄ) treat approximately 30 patients every year. With the aim of strengthening the autonomy and to promote early help seeking SCÄ launched patient controlled admission in August 2014, a research project where it is up to the patient to decide when treatment is necessary. Patients included in the project are well known to the clinic and have been in inpatient care at least once in the previous 3 years. Admission to the ward is possible 7 days a week and for the duration of up to 1 week. Patients sign a one year contract which gives them access to one of the two beds assigned to the project. There are no limitations to the number of admissions over the duration of the contract. There is no clinician to act as gate keeper and patients are not obligated to provide a rationale for admission. In our clinic a nurse is responsible for admission and the patients need for inpatient care is not assessed or questioned, although a medical doctor is always notified of the patients' arrival and is accessible if any medical concerns arise. Objectives include giving patients an opportunity to take responsibility over his/her treatment, promote coping skills and quality of life, prevent coercive measures and reduce the overall consumption of inpatient care. To date, 14 contracts have been signed, 12 of the patients have used it and 6 of those more than once. There have been 44 admissions, 224 days in inpatient care which means 36 % occupancy of project beds. Average time spent in the ward when using the contract has been 5 days.

Predictors of treatment outcome in eating disorders: A naturalistic cohort study

Alexandra Dingemans (Rivierduinen Center for Eating Disorders Ursula, NL), Gabrielle van Son, Jiska Aardoom, Kiki Bruidegom, Rita Slof-Op t Landt, Eric van Furth

Identifying predictors of outcome for patients with an eating disorder may improve the effectiveness of treatment. Patients with different pre-treatment characteristics and symptoms may benefit from different therapies. This study aimed to identify potential predictors of treatment outcome in a large naturalistic cohort of patients with an eating disorder (N=1153). The study sample included patients with all types of eating disorders (AN, BN, BED and EDNOS) receiving either in or outpatient treatment. Remission was defined by means of three different indicators based on the EDE Q global score: 1. 50% reduction of baseline severity, 2. clinical significance cut off point and 3. combination of indicator 1 and 2. During a follow up of up to 120 weeks potential predictor variables were investigated in univariate and multivariate Cox regression models and corresponding hazard ratios were computed. Similar predictors were found for the three indicators in the univariate analyses. In the multivariate analyses, higher self-esteem, lower body dissatisfaction, better social and physical functioning, lower levels of impulsivity and hostility and living with parents appeared to be independently associated with a good outcome. After one and a half year (78 weeks) 50% of the sample reached a reduction of 50% or more or reached an EDE Q global score which fell within the healthy range. Contrary to our expectations, no differences in outcome were found between the eating disorder subtypes. These findings may improve decision making with respect to treatment choices thereby improving the effectiveness of treatment.

10:30 - 12:30

PARALLEL PAPER SESSION #A3

Room:
Natura

Moderator:
Markus Moessner (DE)

Evolution of depression 13 years after hospitalization for anorexia nervosa: links with clinical state and family history of depression

Leslie Radon (Institut Mutualiste Montsouris, FR), Christophe Lalanne, Jeanne Duclos, Florence Curt, Nathalie Godart

Background: Depression is one of the most frequently associated comorbidities with anorexia nervosa (AN), on both individual and familial levels. However, only few studied its link to AN in a long term follow up (FU).

Aims: (1) To evaluate the current and lifetime prevalence of depressive disorder in a representative sample of individuals with teenage onset AN; (2) To determine the link between depression (disorder and symptoms) and nutritional status, AN (disorder and symptoms) and family history and depression.

Method: Sixty patients hospitalized for AN and their families were initially included and followed at 6, 12, 18, 54 and 156 months. The prevalences of AN were evaluated with the diagnostic criterion of the M.I.N.I. Depression was assessed through the Beck Depression Inventory (BDI); eating disorder symptomatology was assessed via the Eating Disorder Inventory (EDI). The nutritional status was recorded with the Body Mass Index (BMI).

Results: Using Generalized Estimating Equations, we found that: (1) lifetime prevalence of depression significantly increased during FU, whereas the current one decreased; (2) there was a significant link between depression (symptoms and disorder) and the eating symptoms; (3) there was no link between depression and nutritional status, AN diagnosis and family comorbidity. Conclusion: We propose to integrate our results and data from the literature in an explaining model attempt of the relationship between depression and AN in order to identify therapeutic perspectives.

Predictive factors of 13 years outcome in anorexia nervosa

Jeanne Duclos (Institut Mutualiste Montsouris, FR), Leslie Radon, Nathalie Godart

Background: Large Randomized Controlled Trials (RCT) with long term follow up (FU; > 5 years) are required to assess whether Family Therapy (FT) is the most effective treatment for Anorexia Nervosa (AN) in adolescence. Our French research team designed a RCT to assess the effectiveness of Systemic FT after inpatient treatment for severe AN. This RCT demonstrated better outcome at 18 months and 54 months FU in the patients receiving FT in addition to the usual treatment (TAU), (Godart, PIOs One 2012). In continuation of this previous paper, the present study set out to investigate the course and prognostic factors over 13 years (at 6, 12, 18, 54 and 156 months of FU).

Methods: The participants are the 37 of 60 patients and their parents who have been included in the FT RCT conducted from 1999 to 2007 (for the 54 months FU). The inclusion criteria were (at baseline) as follow: female subjects 13 to 21 years old, with a DSM IV diagnosis of AN at admission, having been hospitalized in our inpatient care unit for AN, age at onset under 19 years and AN duration \leq 3 years at admission to the hospital, living in the Paris metropolitan area, and never having received FT. Thirty patients were assigned to Treatment as Usual (TAU) and 30 to TAU + FT. The main outcome measure was the Morgan and Russell outcome category (Good or Intermediate versus Poor outcome). Secondary outcome indicators included AN symptoms or their consequences (eating symptoms, BMI, amenorrhea, number of hospitalizations in the course of FU).

Results: At 13 years follow up, the mean age of the participants was 28.9 (SD=2.2) years. The majority lived with their partner (59.3%) and 27.3% had a child. It appears that 75% of the participants presented a good or Intermediate outcome in favour of the TAU+FT program ($p=.054$). Their mean BMI was 19.4 (3.0). Secondary outcome indicators revealed no group effect on all measure except for BMI ($p=.019$).

Conclusion: To conclude, there are a lot of variations of FT as developed at the Maudsley Hospital for the treatment of adolescents with AN. Our French model is based on a similar model, but differs in its specific application providing interesting opportunity and a range of perspectives. And, our preliminary results further the debate on the effectiveness of FT in AN in adolescence.

One year follow up of adolescent-onset anorexia nervosa after brief hospital admission and outpatient psychotherapy: The Romanian anorexia nervosa study (ANRO)

Oltea Joja (C.I. Parhon National Institute of Endocrinology, RO), Camelia Procopiuc, Iuliana Gherlan, Andreea Brehar, Geanina M. Cîrcei, Diana P. Dudău, Cristina Dumitrescu

There is evidence that adolescent onset AN has relatively high rates of recovery and that most adolescents can be effectively and safely managed as outpatients. The aim of this study was the one year follow up of adolescent AN, hospitalised shortly after their first presentation. During the brief hospital admission patients received individual and familial psychotherapy sessions. Admission and follow up measures included weight, menstrual status, psychosocial outcome and the Eating Disorders Inventory.

Twenty two female patients diagnosed with AN according to DSM 5, aged 12 to 24 years, entered the study. Ninety percent of the patients had an illness duration of up to 18 months at presentation. After brief hospital admission, nine patients continued a program of up to 15 therapy sessions, which aimed to normalise eating through a short term intensive intervention that included core family members. Thirteen patients withdrew from further therapy, but continued to normalise eating with the support of their parents.

The results of this study indicated a significant increase of BMI, of 2.2 kg/m² after one year in comparison to the patients' mean baseline BMI of 15.61 kg/m². Additionally, out of the 22 patients, 50% resumed normal menstrual periods.

The present study largely confirmed that early detection and early therapy interventions are important for a favourable outcome in adolescent AN. The data support the effectiveness of outpatient treatment, as this treatment approach facilitates the patients' weight restoration and the resuming of normal eating in their usual environment. Brief hospital admission of adolescent AN at first presentation may prove to be an efficient approach, which has to be further confirmed. The present paper presents the preliminary results of an ongoing study, which progressively includes follow up assessments of AN patients after brief hospitalisation.

Relapse prevention in anorexia nervosa

Tamara Berends (Altrecht Eating Disorders Rintveld, NL), Bernovan Meijel, Willem Nugteren, Mathijs Deen, Unna Danner, Hans W. Hoek, Annemarie van Elburg

Objective: Relapse is common among recovered anorexia nervosa (AN) patients. Studies on relapse prevention with an average follow up period of 18 months found a relapse rate between 35% and 41%. In this study we examine the rate and timing of relapse using a relapse prevention program.

Method: Cohort study with 83 AN patients who were enrolled in a relapse prevention program for anorexia nervosa with 18 months follow up. Full relapse is defined as a full recurrence of the core diagnostic symptoms of AN according to DSM IV criteria.

Results: Eleven percent of the participants experienced a full relapse, 19% a partial relapse, 70% did not relapse. Survival analyses indicated that the highest risk of full relapse was between months 4 and 16.

Conclusion: The guideline offers structured, methodical procedures to prevent relapse. In this study relapse rate was reduced.

Normal weight maintenance at one-year follow-up after inpatient treatment in anorexia nervosa

Marwan El Ghoch (Villa Garda Hospital, IT), Simona Calugi, Elisa Chignola, Paola Vittoria Bazzani, Riccardo Dalle Grave

Background and aims: A large percentage of patients with anorexia nervosa (AN) relapse after inpatient discharge. The aim of our study was to identify factors associated with relapse.

Methods: We assessed the association between demographic and clinical variables at inpatient discharge and the maintenance of normal weight (BMI ≥ 18.5 kg/m²) at one-year follow-up in a sample of 54 weight-restored adult females with AN treated with inpatient enhanced cognitive behaviour therapy (CBT-E).

Results: At one-year follow-up, 26/54 patients have maintained a BMI ≥ 18.5 kg/m² and were considered as “successful outcome”, while 28/54 patients lost weight (BMI < 18.5 kg/m²), and were considered as “failure outcome”. No significant differences were found between the two groups in terms of age, duration of illness, total body fat and trunk fat percentages measured by means of DXA at inpatient discharge. However, BMI at inpatient discharge was significantly higher in the “successful outcome” group with respect to that in “failure outcome” group. A combined model logistic regression analysis indicated that only BMI at discharge strongly predicted (Exp[B]=5.27, $p=0.002$) one-year normal weight maintenance.

Conclusion: Clinicians should use the BMI to predict the maintenance of normal weight in the year following the inpatient CBT-E in weight restored AN patients. This is fortunate, as measuring BMI is easy, free, and does not rely on costly specialist tools. Moreover clinicians should help patients to restore their full body weight, as the greater the BMI at discharge, the lower the risk of relapse.

Childhood trauma is associated with severe clinical characteristics of eating disorders

Lucile Villain (CHU Lapeyronie, FR), Isabelle Jausent, Laurent Maimoun, Maude Seneque, Hamroun Dalil, Eric Renard, Philippe Courtet, Sébastien Guillaume

Introduction: Patients with eating disorders (ED) more frequently report a history of childhood trauma compared to the general population. But knowledge on how types of specific trauma are associated with clinical characteristics is still sparse.

Furthermore, there are still discrepancies among the studies about childhood abuse and their impact on clinical features of ED.

Method: 192 female patients with a DSM V defined anorexia nervosa (n=102), bulimia nervosa (n=91) and binge eating disorders (n=37) were consecutively recruited in an outpatient ED unit between 2013 and 2015. Best estimated diagnosis was established through medical records and standardized measures [Mini International Neuropsychiatric Interview and Eating Disorder Examination Questionnaire (EDE Q)]. Global daily functioning was assessed using the Functioning Assessment Short Test and childhood abuses with the Childhood Trauma Questionnaire. Five clinical characteristics were assessed using the four subscales of EDE Q and the daily functioning.

Results: Lower daily functioning and higher symptomatology on the four subscores of the EDE Q were associated with at least one subtype of childhood trauma. Multivariate analyses showed that emotional abuse was an independent predictor of higher shape and restriction concern and a lower daily functioning; while

sexual abuse was an independent predictor of higher restriction and eating concern. There were no effect of ED subtype on emotional abuse, but an association between sexual abuse and clinical variable were found specifically in anorexia nervosa. Finally, there were a dose effect relationship between the number of childhood abuse and all the clinical features of severity assessed.

Conclusion: These results suggest a consistent association between childhood trauma and clinical severity of ED. They also suggest the importance of including emotional abuse as well as the more often investigated sexual abuse when targeting clinical features of ED.

10:30 - 12:30

PARALLEL PAPER SESSION #A4

Room:
Terra

Moderator:
Markus Wolf (CH)

Against their will: The psychological impact on clinicians who force-feed patients

Richard Sly (University of East Anglia, UK), Lisa Cotter, Catherine Houlihan

When anorexia threatens the life of a patient, it is sometimes necessary to use forced treatment. This often involves tube feeding the patient against their will, and there is evidence to suggest that this is happening with increased regularity in the UK. Up to now, there has been little attention paid to the impact that this treatment approach has on those clinicians who have to turn from carers into enforcers. These processes are of great importance to understand: clinicians who have to perform such duties require appropriate levels of training and supervision to enable them to cope with these experiences. This is particularly salient when considering the risks of burnout, sick leave, and compassion fatigue that may lead to poor standards of care if these needs are left unaddressed.

This is the first study to address these issues. In depth interviews with 12 specialist eating disorders clinicians in the UK explored their experiences of delivering forced care for patients with anorexia. Interpretative phenomenological analysis was utilised to identify core themes of these clinicians experiences. These core themes include: (1) A difficulty in managing a dual role of carer/enforcer; (2) issues of physical and psychological safety; (3) burnout both on the micro (short term, individual) and macro (long term, team) level; and (4) dehumanisation of the patient and disassociation from the act of force feeding.

This study identifies key issues that clinicians experience when faced with working with patients who require coercive forms of treatment. It also discusses ways in which these clinicians and clinical teams can be supported based on these findings, and contains recommendations for updating guidelines and policies for this important area.

From obesity to anorexia

Liv Elisabeth Pedersen (Nordland Hospital, NO), Jannike Karlstad

Aims: During our years working with severely ill patients with eating disorders we have reflected on the particular challenges involved in treating underweight patients who have been previously overweight.

Our main tasks as mental health careers in an inpatient unit are to promote motivation and support for our patients to make a change. Gaining weight is assumed to be the most important aspect of the treatment. We provide meals and nutrition, and

support to deal with emotional and psychological issues which usually emerge.

In our experience, patients who have previously been overweight seem to appreciate their thinness more strongly than the other patients. It is quite common that they fear returning to obesity and losing benefits that they have found in their thinness, such as receiving positive attention and gaining a new life and identity. Our reflections are based only on our clinical experiences as there is a lack of research into this area. We have found it interesting to use the concept of Bourdieu's *forms of capital* to understand this phenomenon: in this context, the capital of thinness.

In this talk we will present our ideas and invite participants to join in a discussion of the issue and what implications it may have for the way we provide treatment.

"Do you see what I mean?". Staff collaboration during mealtimes on eating disorder units – Findings from a qualitative study informed by cultural historical activity theory

Trine Hage (Oslo University, NO), Øyvind Rø, Anne Moen

Background: Healthcare organisations are prime examples of collaborative, complex work settings. A key characteristic of these practices is reliance on team members' understanding of and contribution to collective objects, effective teamwork and good communication. Organisation of care and treatment expressed through collective processes and emphasis on common structures guide and inform important everyday activities on a day to day basis. With the strong emphasis on teamwork and interpersonal relationships in all milieu therapeutic tasks, interactions between staff members are important for the treatment of eating disorders. On these units, participating in everyday, collective activities serves a clear therapeutic purpose. One of the main collaborative activities on EDUs occurs during mealtimes, due to the importance of weight gain and a more normalized relationship with food for patients suffering from these disorders

Aim: To explore staff members' perspectives on collaboration within the staff group on an eating disorder unit with the purpose of making a contribution to our understanding mealtimes on these units, and report on how they are practiced and managed.

Design / methodology / approach: Descriptive exploratory, qualitative design. Data was collected through 20 semi structured in depth interviews with staff members from the unit. Stimulated recall of a previously video taped session talking about their experiences. Cultural historical activity theory was used as the key theoretical tool for analysis.

Findings: The analysis yielded three main themes: 1) Finding the right balance between verbal and nonverbal communication 2) Strategic seating arrangements mediates division of labour 3) The importance of experience as a cultural tool.

Mealtime management on in patient eating disorder units – A mentalization based approach

Kitty Worm-Petersen (Oslo University, NO), Trine Hage

Refeeding and a normalized relationship with food are central treatment aims on in patient eating disorder units (EDU).

Consequently, mealtimes on EDUs are, in addition to individual and group based treatments, key therapeutic activities. At the same time, mealtimes are challenging situations for both staff and patients. Patients often have a distorted view of the content and size of a meal, and are often in need of support before,

during and after a meal. This often include supporting and supervising the patients to provide opportunities to challenge their eating difficulties in a safe and structured environment. Mentalization based therapy aims to enhance affect regulation. An important component of the therapeutic stance is to actively question the patient about his/her experience – asking for detailed descriptions of experience (“what questions”) rather than explanations (“why questions”). When using mentalization based therapy techniques when providing meal support during and after mealtimes, nursing staff aim to enhance the patients reflections about her thoughts and actions during the meal.
Aim: During this presentation we aim to explore in staff management of mealtimes on EDUs, in particular how mentalization based therapeutic techniques can be helpful during mealtimes.

Mealtime management on outpatient eating disorder units – A CBT-E based approach

Tore William Larsen (Oslo University, NO), Benny Hagen, Trine Hage

Background: Refeeding and a normalized relationship with food are central treatment aims on eating disorder units (EDU). Consequently, mealtimes on EDUs are, in addition to individual and group based treatments, key therapeutic activities. At the same time, mealtimes are challenging situations for both staff and patients. Patients often have a distorted view of the content and size of a meal, and are often in need of support before, during and after a meal.

The outpatient program at our unit is based on a multistep CBT E approach. Our first stage of treatment is standard outpatient CBT E after the manual of Christopher Fairburn. If the patient needs more support to make the changes required, stage two, intensive outpatient treatment, can be an option. This treatment is usually 8-12 weeks, where patients are given assisted meals Monday to Friday, breakfast, lunch and dinner and the possibility of snacks in between meals. Patients have assisted meals the first six weeks, or until they reach a BMI of 18.5 or above.

Aim: During this presentation we aim to describe staff management of mealtimes on an outpatient EDU program, particular how CBT E can be a helpful meal support strategy. We will discuss attitudes, techniques and strategies used before, during and after meals, like music, self registration, distraction techniques and de centering techniques.

Mealtime management on outpatient eating disorder units – A family based approach

Tonje Skårsmoen (Oslo University, NO), Trine Hage

Background: Refeeding and a normalized eating behaviour are central treatment aims on EDUs. Consequently, mealtimes on EDUs are, in addition to individual, group based and family based treatments, key therapeutic activities. At the same time, mealtimes are challenging situations for both patients, parents, staff and siblings if they are involved. Patients often have a distorted view of the content and size of a meal, and are often in need of support before, during and after a meal. This include supporting and supervising the patient and their families in order to provide opportunities to challenge their eating difficulties in a safe and structured environment. When using various therapeutic techniques when providing meal support during and after mealtimes, nursing staff aim to enhance the patients and their familys reflection about her/his thoughts and actions during the

meal. The therapeutic approach will vary based on treatment approach and patient characteristics, like age and diagnosis. But one of the main aims will always be to guide and support the parents so they can help their child to beat the eating disorder. Aim: During this presentation we aim to describe staff management of mealtimes on an inpatient EDU program, particular how a family based approach can be a helpful approach. We will discuss attitudes, techniques and strategies used before, during and after meals. We will particularly focus on how to help the parents help their child during meals.

13:30 - 15:00

PLENARY SESSION 2 Extending the reach of eating disorder services

Room:
Animus 1&2

Moderator:
Gerard Butcher (IE)

The INTERBED trial: Comparison of cognitive behavior therapy and Internet-based self-help in the treatment of binge eating disorder

Martina de Zwaan (DE), Brunna Tuschen-Caffier, Stephan Herpertz, Hans-Christoph Friederich, Stephan Zipfel, Andreas Mayr, Anja Hilbert

To date, only few evidence suggests that Internet-based guided self-help (GSH-I) may be efficacious in the treatment of BED, but the efficacy in comparison to standard face-to-face cognitive-behavioral therapy (CBT) await clarification. In a multicenter randomized non-inferiority trial GSH-I was compared with individual CBT. N=178 individuals with full or subsyndromal BED and a body mass index (BMI) between 27 and 40 kg/m² were randomized to 4-month treatment with GSH-I or CBT (n=89 each) in 7 eating disorder treatment centers. Primary outcome was the number of objective binge eating episodes over the previous 28 days assessed with the EDE-interview. A follow-up assessment was conducted 6 months after treatment completion. Patients were mostly female (89.4%), aged 43.4±12.2 years, were mostly obese class I or II (BMI=33.9±3.9 kg/m²); 46.6% had less than 12 years of school education. The majority of patients suffered from full-syndrome BED (88.8%) of long duration (8.6±10.9 years). Treatment completion was high with only 14.7% in the GSH-I group and 5.6% in the CBT group terminating treatment prematurely. In both treatment arms a significant reduction of objective binge eating episodes was observed; however, the study clearly failed to show non-inferiority of GSH-I. The effect estimates indicate a slight superiority of CBT. At the end of treatment 4-week remission rates were 61% in the CBT group and 35% in the GSH-I group which was largely maintained at 6-month follow-up. No weight change was found in both groups.

Connecting Internet-based support and conventional mental healthcare

Markus Moessner (DE)

Internet-based interventions are often described as a promising means to complement conventional mental health care. Large reach, low cost, and the opportunity to provide low-threshold, anonymous support independent of time and residence offer multiple options to approach current shortcomings of service systems. The presentation will demonstrate how connecting Internet-based support and conventional mental healthcare in a deliberate way can complement each other and create synergies. Two major challenges in mental health care for eating disorders are the low percentage of sufferers who seek professional support, and the broad implementation of prevention. Although effective treatments are available, only a minority of sufferers

actually utilizes healthcare services, the majority does not receive professional support. The potential of prevention is great and a variety of interventions have been developed and evaluated over the last decades, but only few prevention programs have been broadly disseminated to the general population.

Against this background, experiences on the implementation of an Internet-based intervention for the prevention and early intervention of ED will be illustrated. The efficacy and associated costs for different implementation and dissemination strategies will be presented. In addition, it will be demonstrated that these kind of Internet-based interventions can change attitudes towards help-seeking and thus facilitate access to conventional healthcare. Although connecting Internet-based interventions to conventional offers is challenging, the potential benefits prevail over the efforts. Results will be discussed in the context of the impact of mental health care on public health.

Where do we go from here? A futurescape of the care for eating disorders

Eric van Furth (NL), Fernando Fernandez-Aranda (ES)

In the EU health care costs are increasing rapidly. In the Netherlands, mental health care expenditures have more than doubled in the last nine years. In child and adolescent psychiatry the number of patients increase by 12% annually. On a macro level these developments are unaffordable and call for a new approach to mental health care.

As our interpretation of the treatment guidelines and the patients' preferences. However, most of the care we (can) offer is based on the health care system we work in and the training we have received. Also, increasingly financial considerations play a role in the choices we (are bound to) make.

In this presentation I will outline my concerns and a direction for change by looking at Service delivery and a research agenda for the future.

15:30 - 17:30

PARALLEL PAPER SESSION #B1

Room:
Animus 1

Moderator:
Eric van Furth (NL)

The effectiveness of an Internet-based intervention for eating disorders and the role of different intensities of therapist support: A randomized controlled trial

Jiska Aardoom (Rivierduinen Center for Eating Disorders Ursula, NL), Alexandra Dingemans, Philip Spinhoven, Joost van Ginkel, Mark de Rooij, Eric van Furth

Objectives: This study aimed to investigate the effectiveness of E health intervention Featback for individuals with eating disorder symptoms, as well as to investigate the added value of different intensities of therapist support, and to evaluate experiences with Featback.

Methods: Participants (N=354) aged 16 years or older with eating disorder symptoms were randomly assigned to eight weeks of: 1) Featback, comprising psychoeducation and a fully automated monitoring and feedback system, 2) Featback with low intensity, weekly, digital therapist support 3) Featback with high intensity, three times a week, digital therapist support, or 4) a waiting list control condition. Participants were assessed at baseline, post intervention, and at 3 and 6 month follow up (the latter except for participants in the waiting list condition). Linear mixed models were conducted according to an intent to treat approach.

Results: Featback was more effective in reducing bulimic psychopathology, symptoms of depression and anxiety, and

levels of perseverative thinking in comparison to the waiting list. No added value of therapist support was found in terms of the effectiveness of Featback, although therapist support did significantly enhance participants' satisfaction with the intervention.

Discussion: Featback appears to be an interesting, widely disseminable, low threshold, and potentially effective means of providing care for individuals with eating disorder symptoms. The results furthermore shed some critical light on the necessity and importance of adding therapist support. Internet based self help interventions like Featback could be incorporated within a stepped care approach in the treatment of eating disorders, and may help to bridge the gap between mental disorders and mental health care services.

Perceived barriers and facilitators towards seeking help for eating disorders: A systematic review

Kathina Ali (The Australian National University, AUS), Daniel Fassnacht, Lou Farrer, Amelia Gulliver, Kathleen M Griffiths, Stephanie Bauer

Background: Eating disorders are severe and often chronic mental disorders. Despite the psychological and physical impairment associated with an eating disorder, only a minority seek professional help, which results in a substantial delay between symptom onset and access to care.

Objective: The aim of this paper is to systematically review perceived barriers and facilitators of help seeking for eating disorders.

Methods: Three different databases (PubMed, PsychInfo, Cochrane) were searched using keywords and Medical Subject Headings (MeSH) terms. All retrieved abstracts (n=3493) were double screened and relevant papers were double coded.

Qualitative and quantitative studies were included if they reported perceived barriers and facilitators towards seeking help for eating disorders. A thematic analysis of the reported barriers and facilitators was conducted. The most prominent barriers and facilitators were determined by the numbers of studies reporting each theme.

Results: Eleven qualitative and two quantitative studies satisfied the inclusion criteria for the current review. The most prominent perceived barriers to help seeking were failure to perceive the severity of the illness, stigma and shame, low motivation to change, and lack of knowledge about resources. Facilitators were reported in a minority of studies (n=6). These studies identified the presence of other mental health problems and emotional distress, concern about health problems and body weight, and encouragement from family and friends as the most prominent perceived facilitators.

Conclusions: There is a need for prevention and early intervention programs to improve help seeking rates for eating disorders. These programs should focus on educating individuals about the severity of eating disorders, reducing stigma and shame and increasing knowledge around help seeking pathways for eating disorders.

Attitudes towards eating disorders in adolescents in Turkey and Germany

Hayriye Gulec (Uludag University, TR), Markus Moessner, Stephanie Bauer

Few studies that examined public attitudes towards eating disorders found that people frequently viewed these disorders under the control of the sufferers and that they should be blamed for their condition. Such stigmatizing attitudes increase self stigmatization experienced by the sufferers and impede help-seeking, treatment uptake and adherence. Improving mental health literacy is essential to combat stigmatization.

Nevertheless, the relationship between eating disorders and stigma is yet to be understood in cross-cultural context.

The current study aimed at evaluating the impact of acculturation on eating disorder related literacy, stigmatization, and online and offline help-seeking attitudes of adolescents from Turkey and Germany (n= 139 German adolescents with no migration background; n= 242 Turkish adolescents with no migration background and n= 126 Turkish immigrant adolescents in Germany). Stigmatization was assessed via the blame/personal responsibility and impairment/distrust subscales of the Universal Stigma Scale (Ebnetter & Latner, 2013). In addition, trivialization, admiration and religious attributions of participants towards eating disorders were investigated. They also completed questions related to help-seeking attitudes and internet-based help services.

German adolescents reported significantly less stigmatization and religious attributions compared to adolescents with Turkish background. Trivializing and expressing admiration was reported more among Turkish adolescents. The results indicate the need for more educational programs for Turkish adolescents. Fear of stigma and self-stigma were barriers to help seeking. The reported advantages of online support are discussed to bridge the gap to help-seeking and mental health literacy.

Can online support enhance help-seeking behaviors in individuals with eating disorder symptoms? A case report from the ProYouth platform

Sally Kindermann (University Hospital Heidelberg, DE), Kathina Ali, Carla Minarik, Markus Moessner, Fikret Özer, Stephanie Bauer

Background: Rates of help-seeking among adolescents and young adults affected by eating disorder (ED) symptoms are low, leading to belated or even a lack of treatment, and an increased risk for the development of an apparent disease. Multiple barriers including lack of knowledge, shame, stigmatization, and limited availability of expert care could impede timely utilization of professional support. Internet-based programs might contribute to overcome these barriers, to improve help-seeking behaviors and to mediate needy individuals to appropriate further face-to-face treatment. Two case studies will be presented to illustrate exemplary how participants could benefit from using the German online platform ProYouth for the prevention and early intervention in ED. The program combines automated (screening, supportive monitoring, information pages, news section) and personalized modules (moderated forums, chat session supervised by psychological counsellors) of different intensity.

Method: Data of two female participants were evaluated in terms of sociodemographic information, ED related symptoms and the utilization of the ProYouth modules. A textual analysis of forum posts and chat protocols was performed to understand whether

and how help-seeking behaviors could be enhanced by online peer-to-peer exchange and expert counseling.

Results: The presented cases illustrate the proceeding in ProYouth in the event of a participant's higher demand for individual advice. Analyses demonstrate that willingness to seek for help increased during the course of use of ProYouth and that both participants subsequently seek for professional support.

Discussion: Results from the case analyses indicate that ProYouth has the potential to enhance help-seeking behaviors in young people with eating disorder symptoms and to facilitate transition from the online into the face-to-face setting. Limitations of these findings and the requirement of further studies on this topic will be discussed.

Asking for help? Anonymous online chats on a platform for prevention and early intervention in eating disorders

Carla Minarik (Schön Klinik Roseneck, DE), Markus Moessner, Fikret Özer, Stephanie Bauer

Offering help and support via Internet can be a powerful approach to improve prevention and early intervention, especially in adolescent age groups where first manifestations of eating disorders are common. For that purpose, an Internet based platform for prevention and early intervention in eating disorders has been developed, co-financed by the EU and distributed in 7 European countries. Here, people can register on a secure website (www.proyouth.eu) to get access to information material about eating disorders and possible help and support systems, they can talk to other members on online forums, or they can talk to health care professionals on online chats about their problems and fears. These chats aim at facilitating access to the regular health care system for participants who report being severely impaired.

Analyzing the subgroup of active participants using these chats can help us to find out more about which groups can be reached by this special offer and their specific characteristics can be described.

Analyzing the chats themselves can help us to find out more about motivation and self reported illness costs of adolescents who would possibly have taken a lot longer to confide in someone about their problems. These results can help to improve prevention and early intervention efforts, especially in adolescent age, where eating disorders often show first.

We want to present results from n=55 first contact chats between ProYouth counsellors and ProYouth members having taken place between 12/2011 and 12/2013. With text analyses methods, different groups of main themes and questions asked by participants were found.

As the current motivation to change can give important information for the subsequent support offered, the status of change was assigned to each chat.

Implications for further research and relevance for clinical work will be given..

Room:
Animus 2

Moderator:
Fernando Fernandez-
Aranda (ES)

The impact of personality traits and personality functioning on obesity treatment outcome

Laura van Riel (Novarum, NL), Theo Ingenhoven, Elske van de Berg, Marjolein Geerts, Jaap Peen, Jack Dekker

Personality characteristics and personality functioning, yet understudied, seems to have an important impact on treatment success in losing weight in obese patients. Extending our knowledge of this relationship can contribute to the improvement of effective treatment programs, and can be relevant in developing personalized treatment offers.

Objective: The aim of this study was to examine the meaning of personality traits and personality functioning in predicting treatment outcome in patients with obesity seeking treatment for Binge Eating Disorder (BED) and other specified eating disorders (Eating disorder NOS)(n=70).

Methods: Participants completed self reports at admission and end of treatment: Eating Disorder Examination Questionnaire (EDE Q), Temperament and Character Inventory (TCI), Developmental Profile Inventory (DPI), and Barratt Impulsiveness Scale (BIS II). The relations were analyzed by using linear regression, the baseline measurement was included as covariate.

Results: Preliminary results: In the current sample (up to now 20 subjects) several significant relations were found. A negative relationship was found between specific personality traits as well as maladaptive personality functioning at baseline and the outcome variables 'Ruminating about bodyshape' and 'Ruminating about food and eating' at end of treatment.

Moreover, there is a positive relationship between the personality trait Selfdirectedness, the level of personality functioning and 'Ruminating about bodyshape' at end of treatment.

Conclusion: Obese patients seeking treatment for their BED (Eating disorder NOS) with specific personality traits and more pronounced maladaptive psychodynamic functioning, seem to benefit more from treatment in terms of ruminating about bodyshape and eating than the patients with more adaptive behavior.

Weight gain after weight loss surgery

Marjolein Geerts (Novarum, NL), Elske van den Berg, Laura van Riel, Jaap Peen, Jack Dekker

Introduction: The prevalence of obesity and overweight is strongly increasing worldwide ¹. Research suggests that obesity and overweight is often related to particular personality traits like; impulsivity, interpersonal sensitivity and psychopathology ^{2 3 4}.

Research shows a higher impulsivity level for people with obesity in comparison to non obese persons ^{5 6}. Weight loss surgery is the most effective method to achieve major and long –term weight loss, with an expectancy of 35 40% weight reduction ^{7 8 9}. Non surgical treatment like dietary changes, behavior therapy, increasing physical activity and pharmacotherapies are less effective in comparison to weight loss surgery ¹⁰. Bariatric surgery does not lead to equal results in every patient ¹¹.

Comorbid psychopathology, especially depression may relate to the course of binge eating disorder and the outcome after bariatric surgery ¹². The existing literature is still inconclusive

about potential predictors of success after bariatric surgery ¹¹.

Objective: The aim of this study is to find post operative psychological differences between non weight gainers and weight gainers. We hypothesized that the weight gainers have a higher level of symptoms of eating disorders and impulsivity compared to the non weight gainers.

Methods: In a total 159 subjects were recruited. Subjects were included if they had weight loss surgery longer than 9 months ago. All these participants completed self reported questionnaires: EDE Q, BISS II, BIAQ and the BDI.

Results: The outcome results will be presented during the presentation.

Emotion regulation difficulties in disordered eating and interrelations with personality

Ines Wolz (University Hospital of Bellvitge, ES), Zaida Agüera, Roser Granero, Susanna Jiménez-Murcia, Kim L. Gratz, José M. Menchón, Fernando Fernández-Aranda

Objective: The aims of the study were to 1) validate the Difficulties in Emotion Regulation Scale (DERS) in a sample of Spanish adults with and without eating disorders, and 2) explore the role of emotion regulation difficulties in eating disorders, including its mediating role in the relation between key personality traits and ED severity.

Methods: 134 patients (121 female, mean age = 29 years) with anorexia nervosa (n = 30), bulimia nervosa (n = 54), binge eating (n = 20), or Other Specified Feeding or Eating Disorders (n = 30) and 74 healthy control participants (51 female, mean age = 21 years) reported on general psychopathology, eating disorder severity, personality traits and difficulties in emotion regulation. Exploratory and confirmatory factor analyses were conducted to examine the psychometrics of the DERS in this Spanish sample (Aim 1). Additionally, to examine the role of emotion regulation difficulties in eating disorders (Aim 2), differences in emotion regulation difficulties across eating disorder subgroups were examined and structural equation modeling was used to explore the interrelations among emotion regulation, personality traits, and eating disorder severity.

Results: Results support the validity and reliability of the DERS within this Spanish adult sample and suggest that this measure has a similar factor structure in this sample as in the original sample. Moreover, emotion regulation difficulties were found to differ as a function of eating disorder subtype and to mediate the relation between two specific personality traits (i.e., high harm avoidance and low self directedness) and eating disorder severity.

Conclusions: Personality traits of high harm avoidance and low self directedness may increase vulnerability to eating disorder pathology indirectly, through emotion regulation difficulties.

Switching from anorexia nervosa restrictive subtype to anorectic-bulimic subtype: Impact of temperament and personality

Yann Mongin (C.M.M.E, Hôpital Sainte Anne, FR), Sophie Criquillion, Aurore Guy-Rubin, Philip Gorwood

Introduction: Switching subtype of eating disorder is common, especially among patients with anorexia nervosa restrictive subtype. Our hypothesis is that some personality traits may be associated with a more rapid change from restrictive subtype to anorectic bulimic subtype.

Our goal was to compare four eating disorder subtypes according to temperament and personality and to observe their influence on

the duration of restriction in the anorectic bulimic subtype.
Methods: The Cloninger Temperament and Character Inventory (TCI) was used with 297 patients with an eating disorder who have been assessed in our Eating Disorder Unit (Sainte Anne Hospital, Paris, France). Patients were divided according to subtypes, anorexia nervosa, restricting type (N=77), anorexia nervosa, purging type (N=46), anorexia nervosa, bulimic type (N=88) and patients with bulimia nervosa (N=86).
Results: Persistence was higher, but not significantly ($p=0,328$) in the anorectic restricting group (average=0,51, s.d.= 0,96) compared to the anorectic purging group (average=0,50, s.d.= 1,04), the anorectic bulimic group (average=0,47, s.d.= 1,02) and the bulimic group (average=0,25, s.d.= 1,10). Self directness was significantly higher in the anorectic restricting group compared to the three other groups.
Persistence was negatively correlated with the restrictive duration ratio in a partial correlation analysis (controlling for age and BMI) in the anorectic bulimic group ($r= 0.278$; $p = 0.009$).
Conclusion: Temperament and personality differs between eating disorders subtypes. As patients with anorexia nervosa bulimia type have an intermediate score of persistence compared to the restrictive type of anorexia nervosa on one hand, and bulimic in the other, we interestingly found a sort of continuum in the first group, where longer duration of the restrictive dimension is correlated with lower level of persistence. This result could help to further understand the process of subtype skipping

An investigation of personality using the NEO PI-R in women with personality disorders and co-occurring bulimia nervosa

Deborah Lynn Reas (Oslo University Hospital, NO), Geir Pedersen, Sigmund Karterud, Øyvind Rø

Background: Recent treatment research has emphasized the importance of personality and temperament characteristics in women with eating disorders. A recent temperament based treatment for anorexia nervosa, for example, specifically targets neurobiological mechanisms expressed through behaviour and personality which theoretically contribute to the development and maintenance of eating pathology. Less empirical attention has focused on bulimia nervosa (BN) and our knowledge is largely based upon comparisons with healthy controls, thus limiting our ability to determine the specificity or uniqueness of findings to BN. Objective: The aim of this study was to investigate the big five domains of personality using the NEO PI R in a large psychiatric comparison sample of women seeking day treatment for personality disorders, comparing those with versus without co occurring BN. Methods: Participants were 1476 women with an average age of 31 years (SD: 7.6) diagnosed with DSM IV personality disorders using the Structured Clinical Interview for DSM IV (SCID II). This sample represented initial and consecutive admissions to the Norwegian Network of Psychotherapeutic Day Hospitals between 1996 and 2009. Results: A total of 102 women (6.9%) met DSM IV diagnostic criteria for BN according to the MINI interview for Axis I disorders. After adjusting for younger age and a higher rate of borderline personality disorder, women with comorbid BN showed significantly higher scores (all p 's $<.01$) for Neuroticism (N), Depression (N3), Impulsiveness (N5), and Excitement Seeking (E5). Nearly significant trends were found for higher Self Consciousness (N4) ($p = .016$), and lower Deliberation (C6) ($p=.018$). Discussion: Fewer significant differences emerged than found by prior research using healthy controls. However, the

finding that key personality traits differed significantly in women with versus without co occurring BN, even when controlling for age and borderline PD, has broader theoretical significance as well as therapeutic implications.

15:30 - 17:30

PARALLEL PAPER SESSION #B3

Room:
Terra

Moderator:
Lot Sternheim (NL)

Online media and the risk for eating disorders among young adults in Hungary: Diet, fitness and pro-ED pages

Kornelia Szabo (Semmelweis University, HU), Ferenc Túry, Edit Czeglédi

Objectives: We investigated the relationship between exposure to diet/fitness/healthy lifestyle centred media, and eating disorders promoting (ProED) web pages and being at risk for developing unspecified feeding and eating disorders (UFED) or eating disorders (ED) among Hungarian adults.

Method: Cross sectional, online study. Participants (N=820, 39.9% male), mean age 26.5 years (SD=4.78, range: 18-35), mean BMI 23.4 (SD=4.5, range: 14.7-54.3). Measures: self reported anthropometric data, media exposure, Short Evaluation of Eating Disorders questionnaire, Eating Disorder Inventory, SCOFF questionnaire.

Results: Among all participants 74.6% were not at risk for ED, 8.9% of participants were at risk for UFED, and 16.5% of participants were at risk for ED. Among women the frequency of being at risk for UFED and being at risk for ED were greater than among men ($\chi^2(2)=50.936$, $p<0,001$). Results of multinomial logistic regression analysis after adjusting for gender, age, education and BMI showed that those who browse diet, fitness, and healthy eating related websites at least once a week compared to those who visit them less often had significantly greater odds for being at risk for UFED (OR=3.00, $p=0.001$) and significantly greater odds for being at risk for ED (OR=2.15, $p=0.004$) than having no risk. Those who visit ProED pages occasionally compared to those who never visit these pages had greater odds for being at risk for UFED at a tendency level (OR=2.05, $p=0.072$), and had significantly greater odds for being at risk for ED (OR=3.81, $p<0.001$) than to have no risk at all. The explained variance by this model is 19.2%.

Conclusions: Our study contributes to the understanding of the relationship between diet, fitness, healthy lifestyle centred online media, and ProED web pages and the risk for developing EDs among Hungarian adults. This appoints intervention opportunities for the prevention and treatment of EDs

Problematic physical activity in anorexia nervosa: Testing potential risk factors against different definitions

Melissa Rizk (Institut Mutualiste Montsouris, FR), Christophe Lalanne, Sylvie Berthoz, Laurence Kern, Nathalie Godart

Objective: 1) To investigate the impact of different definitions of excessive physical activity, which we will call problematic physical activity (PPA), in the same study sample, on its prevalence. 2) To examine how core eating disorders (ED) symptoms and emotional profile scores are associated with these different definitions of PPA and their impact on quality of life.

Method: 212 female AN inpatients were recruited. Physical

activity was evaluated in terms of duration, intensity and type. Then, seven different definitions of PPA were determined: three studying a single dimension of PPA (duration, compulsion or intensity) and four combining those dimensions. Emotional profile scores (anxiety and depressive symptoms, alexithymia), obsessive compulsive symptoms, ED symptomatology, worries and concerns towards body shape, self esteem and quality of life were evaluated using self reports. Results: PPA varied considerably from 5% to 54%, depending on the number of criterion used for its definition. The type and level of ED symptomatology (i.e.: high restriction and/or low bulimia) was found to be associated (significantly or tendency) to the majority of our models. Surprisingly, a better self reported quality of life was found among problematic exercisers compared to non problematic exercisers in three models. Discussion: Different definitions of PPA seemingly explain the wide prevalence generally reported in the literature. There is an urgent need for a consensus of the definition and criteria of PPA in ED in order to progress in the development of further research about the etiology and treatment of PPA in individuals suffering from ED.

The danger of suicide in eating disorders

Viktória Végh (University of Debrecen, HU),

Balázs Ludányi, Pál Szabó

Background: Eating disorders (EDs) have the highest mortality rate among psychiatric disorders, because of the rupture of the stomach or the esophagus, pancreatitis, cardiac failure or re feeding syndrome. The risk of suicide is also increased in ED. Objective: to analyze the relationship between suicide risk and ED in a secondary school population. Methods: to assess EDs we used anthropometric data, the 26 item version of the Eating Attitudes Test (EAT; Garner and Garfinkel, 1979) and the Eating Disorder Severity Scale (Yager et al, 1987). The Suicidal Ideation subscale of the General Health Questionnaire (GHQ 28; Goldberg and Hillier, 1979) was used for the assessment of suicide risk, in addition, two suicide related items were included. The questionnaires were completed by secondary school students. 741 students (311 boys, 430 girls; age range: 12-18 years) participated in the study. The response rate was 100%. 14.7% of the male students and 15.8% of the female students had suicidal ideation in the past, and 2.7% of the boys and 2.4% of the girls had suicide attempt. In the group of girls with EDs (n = 11), the prevalence of suicidal ideation (45.5%, n = 5) and that of suicide attempt in the past (9.1%) were higher than in the control group. Both the boys and the girls who scored above the cut off score (> 19 points) in the EAT 26 reported suicide attempt more frequently (12.5% of boys and 9.8% of girls) in comparison with the control group (2.4% of boys, 1.6% of girls). There is a significant positive correlation between the total score of the Suicidal Ideation subscale of the GHQ 28 and the EAT 26 in both sexes (boys: $r = 0.285$, $p < 0.01$; girls: 0.339 , $p < 0.01$). Conclusion: According to the results, subjects with ED have increased suicide risk in both sexes. However, the nature of the relationship between the factors shows different patterns in the subgroups of boys and girls. Further studies are needed to explore the relationship between ED and suicide risk.

Social life's role on exacerbating anorexia and bulimia: Three examples of life styles

Pascale Zrihen (FR)

Anorexia and bulimia are disorders strongly linked to ideals associated with being thin, accomplishment, and self-control, driven by society. In this way, a person's social lifestyle can play a harmful role and amplify the pathology by giving erroneous corporal representations and a low self-image. As a clinical psychologist specializing in eating disorders, I have distinguished three types of life styles among my patients that have a serious negative impact on their disorders. Restrictive anorexics who avoid to socialize while they feed on pathological body images seen on social networks. Bulimic or compulsive patients spending their time at parties where relationships are based on beauty and physical perfection, which generates distortions of body self-perception. And third category, bulimic or compulsive patients who are too afraid to grow-up and move about in immature social circles where their body and femininity are denied. Psychotherapy aimed at constructing a more stable and balanced life style would better handle these disorders.

Classifying eating disorders based on “healthy” and “unhealthy” perfectionism and impulsivity

Margarita Slof-Op t Landt (Rivierduinen Center for Eating Disorders Ursula, NL), Laurence Claes, Eric van Furth

Perfectionism and impulsivity are associated with eating disorders (EDs). These multidimensional characteristics can be split into healthy and unhealthy variants. The current study examines whether clinically relevant subgroups of women with EDs can be identified based on healthy and unhealthy perfectionism and impulsivity.

Latent profile analyses (LPA) were performed on data of 845 patients (DSM IV diagnoses: 381 AN, 146 BN, 56 BED, 262 EDNOS). The Frost Multidimensional Perfectionism Scale was used to measure healthy (Personal Standards, Organization) and unhealthy (Concern over Mistakes, Doubt about Actions, Parental Expectations and Criticism) perfectionism. The Dickman Impulsivity Inventory assessed healthy (Functional) and unhealthy (Dysfunctional) impulsivity. The Eating Disorder Examination Questionnaire was completed. Furthermore, in 250 patients depression, self esteem and obsessive compulsive symptoms were assessed.

LPA revealed four profiles; 1. Perfectionism: healthy and unhealthy (41.1%), 2. Impulsivity: healthy and unhealthy (22.7%), 3. Combined: healthy and unhealthy perfectionism and unhealthy impulsivity (20.1%), 4. Resilient: healthy impulsivity (16.1%). The majority of women with: ANR belonged to profile 1; BN belonged to profile 2 and 3; BED or EDNOS belonged to profile 2 and 4. Patients belonging to the Resilient profile had the lowest level of ED psychopathology, depression and obsessive compulsive symptoms, and the highest level of self esteem. The Combined profile showed the highest level of ED psychopathology. Patients belonging to the Combined or Perfectionism profile had the highest level of depression and obsessive compulsive symptoms. Women with EDs could be meaningfully grouped according to perfectionism and impulsivity. These findings can be used to improve treatment matching and intervention strategies.

Room: Natura

(P1) Online peer-to-peer support in the Internet-based prevention and early intervention program ProYouth

Kathina Ali (The Australian National University, AUS), Daniel B. Fassnacht, Lou Farrer, Kathleen M. Griffiths, Markus Moessner, Sally Kindermann, Stephanie Bauer
Adolescence and young adulthood are critical periods for the development of eating disorders. However, many young people do not realize they have a mental health problem and do not seek appropriate help. The Internet is a popular tool for young people to seek information and Internet support groups enable them to communicate with others online. The Internet-based EU-funded program ProYouth for the prevention and early intervention in eating disorders offers a way for young people to seek information, share experiences and access peer-to-peer and professional support. This study explored one component of ProYouth, i.e. an online forum that aims to facilitate peer-to-peer support. Data from registered users in the German version of ProYouth (N>3500) were analysed. Participant characteristics and usage patterns (e.g., frequency of forum posts) were examined. Results indicate that 70.7% (n=2516) of members posted and read messages in the forum. From all ProYouth users, 3.6% (n=128) posted at least one message in the forum and the remaining 67.1% (n=2388) only read the posts (lurkers). In total, 1545 messages were posted by members in the forum. The potential for Internet support groups to provide a safe and secure environment for young people who wish to connect with peers will be discussed. Given the high number of young people with eating and body image concerns, these support groups may be potential tools to provide positive and supportive communication around eating disorders.

(P2) Young people's attitudes and barriers to seeking help for eating disorders

Kathina Ali (The Australian National University, AUS), Daniel B. Fassnacht, Carla Minarik, Stephanie Bauer
Adolescence and early adulthood are critical life periods in which first onset of mental health problems often occur. Eating disorders are severe mental illnesses, and yet many young people tend not to seek professional support for various reasons. The aim of the current study was to explore attitudes and barriers towards help-seeking for eating disorders in a sample of high school students in Germany. This study was part of the project ProYouth, a European initiative for the promotion of mental health and the prevention of eating disorders. A total of 257 students (aged 12 to 18 years) from a high school in Germany participated in the study. Students completed a screening tool for eating disorders, and self-report questionnaires measuring attitudes and barriers towards seeking professional help. Several students reporting symptoms of eating disorders, such as weight concern, binge eating, and compensatory behaviors, did not differ in their attitudes towards help-seeking from students without symptomatology. Students were significantly more likely to seek help for their friends than for themselves when experiencing an eating disorder. Exploration of barriers indicated that stigma, and self- and peer sufficiency were related to negative attitudes towards help-seeking. Perception of anticipated benefits and usefulness of therapy were positively related to students'

attitudes towards seeking professional help. Results highlight the need for prevention programs and awareness campaigns to reduce barriers and increase help-seeking behaviour for eating disorders among adolescents.

(P3) The connection between eating disorders and early maladaptive schemas among youths (on the example of Armenian youth)

Mari Avetisyan (Yerevan State University, AM)

Objectives: Early maladaptive schemas or core belief play a crucial role in underpinning chronic psychological disorders. The aim of the study is to find out connection between eating disorders and early maladaptive schemas among youths.

Methods: A short interview was performed with youths /mean age 27/ to find out participants with eating disorders symptoms /body dissatisfaction, restricted dieting, self blame after eating, anorexia and bulimia nervosa's symptoms, etc./. For the study we choose 50 participants. After we used EDI /Eating Disorder Inventory/ to assess eating behavior and also eating disorders among participants. The early maladaptive schemas are assessed by Young's Schema Questionnaire 3 short form. SPSS 22 was used for statistics /Spearman's correlation coefficient/.

Results: The analysis of results showed the following correlations: Ineffectiveness Emotional deprivation ($r=0.85^{**}$), Interpersonal distrust Emotional deprivation ($r=0.74^{**}$), Ineffectiveness Abandonment ($r=0.78^{**}$), Interpersonal distrust Abandonment ($r=0.76^{**}$), Ineffectiveness Defectiveness ($r=0.76^{**}$), Interpersonal distrust Defectiveness ($r=0.66^{**}$), Drive for thinness Defectiveness ($r=0.70^{**}$), Bulimia Insufficient self control ($r=0.67^{**}$), Bulimia Dependence ($r=0.66^{**}$), Body dissatisfaction Dependence ($r=0.89^{**}$), Perfectionism Dependence ($r=0.65^{**}$), Body dissatisfaction Abandonment ($r=0.61^*$), Drive for thinness Emotional deprivation ($r=0.63^*$). All data are statistically significant / $P<0.01^{**}$, $P<0.05^*$ /.

Conclusion: The data showed that early dysfunctional schemas of Emotional deprivation, Abandonment, Defectiveness, Insufficient self control and Dependence are specific keys for eating disorders. These dysfunctional core beliefs can lead to eating disorders and/or maintain its symptoms. This study can be a guideline for psychotherapists in cognitive psychotherapy perspective.

(P4) Anorexia Nervosa takes root in the pondero-nutritional-eating basements during childhood's premorbid period

Corinne Blanchet-Collet (Maison de Solenn-Hôpital Cochin, FR), Marie Rose Moro

We propose a model in which anorexia nervosa takes root in the pondero nutritional eating basements during childhood's premorbid period.

We make the assumption that the vulnerability factors determining childhood feeding and eating behaviors basements promote the emergence of eating disorders in adolescence.

These susceptibility factors could include food preferences, inherited taste factors, environmental factors such as parental eating patterns and early inadequate food intakes leading to overweight, obesity or underweight in childhood.

In the same way it is possible that children with early deviant eating behaviors such as persistent neophobia, picky/fussy eaters, or specified eating disorders such as ARFID (Avoidant Restrictive Feeding Intake Disorder) develop another type of eating disorder such as anorexia nervosa

The vulnerable pondero nutritional eating basement could be impacted by hard and multifactorial modifications associated to pubertal process we called the "mismatching team". The "mismatching team" is the meeting between vulnerability factors and physical, biological and psychological pubertal factors leading to anorexia nervosa.

Detection of particular traits of eating patterns or deviant ponderal history in childhood may indicate vulnerability and high risk for some toddlers or children to develop anorexia nervosa in adolescence.

(P5) Did dieting promote eating disorders symptoms among a population of weight loss maintainers?

Isabelle Carrard (University of Applied Sciences, CH),
Maaïke Kruseman

Whether dieting triggers binge eating or eating disorders is still discussed in the literature. Although dieting has been implicated as a strong precursor of binge eating in the Fairburn's model of maintenance of eating disorders, research trying to validate this relationship has found mixed results. Moreover, studies of the effects of dieting among obese people could not confirm this hypothesis.

We analyzed data collected for a pilot study on weight loss maintenance to screen for eating disorders symptoms. Fifteen former overweight participants that had intentionally lost at least 10% of their weight and maintained the loss at least one year were interviewed. They were compared to 16 control subjects that had always maintained a normal stable weight. Both groups also completed questionnaires on eating behavior, notably the Eating Disorder Examination Questionnaire (EDE Q).

Weight loss maintainers had lost a mean of 25.9 kg (SD= 11.7) and maintained it for a mean of 3.5 years (SD=3.25). They exhibited higher scores of dietary restraint and shape and weight concerns than controls. Among the seven weight loss maintainers that obtained the highest EDE Q total scores (2.1 to 3.8), six reported the presence of binge eating episodes before their latest weight loss. History of weight cycling was similar in participants with high vs low EDE Q total scores (chi square=0.536, p=.464). In conclusion, development of eating disorders symptoms seems relatively independent of the dietary restriction necessary to lose weight.

(P6) The Exercise and Eating Disorder (EED) questionnaire: A clinical assessment tool

Marit Danielsen (Norwegian University of Science and Technology, NO),
Sigrid Bjørnelv, Døyvind Rø

Background: According to clinical experience, research and diagnostic criteria; compulsive / excessive exercise is a well known symptom in eating disordered patients. In our clinical practice we experienced a lack of correspondence between the challenges reported by the patients and available questionnaires. We have aimed to develop a questionnaire assessing clinically relevant information covering different dimension of this phenomenon.

Method: Based on systematized clinical data, discussion in the multidisciplinary team and existing research; the Exercise and Eating Disorder Questionnaire (EED) has been developed. The first version was clinically tested from 2005 to 2008 and evaluated in a pilot study in 2009. Some small revisions were made. The second version was validated in 2014 in a female sample of eating disorder patients and controls (n = 244). The patient sample consisted of 32.4% (n = 79) AN patients, 23.4% (n

= 57) BN, 34.5% (n = 84) EDNOS and 9.8% (n = 24) with BED diagnosis.

Results: The EED showed to have adequate psychometric properties and a four factor structure. It discriminated significantly ($p < 0.001$) between patients and controls in global scale, sub scales and all items. The four sub scales were: (1) compulsive exercise, (2) positive and healthy exercise, (3) awareness of bodily signals, and (4) exercise for weight and shape reasons. Conclusions and implications: Our research has confirmed that the EED is a valid and reliable measure of compulsive exercise in eating disorder patients. It is the first clinically derived, self report questionnaire to assess compulsive exercise among eating disorder patients. The EED offers assessment that has broader clinical utility than existing instruments because it identifies treatment targets and treatment priorities.

(P7) Understanding psychological risk factors for the onset of eating disorder: a longitudinal study

Daniel B. Fassnacht (The Australian National University, AUS), Markus Moessner, Paulo P. Machado

Eating disorder (ED) symptoms are common and serious health problems among university students. It is important to understand the occurrence and course of symptoms at an early stage. However, this is largely unknown in at-risk populations. The aim of the present study is twofold: the identification of psychological risk factors and the exploration of the temporal course of these factors.

The current longitudinal study assessed risk factors and ED symptoms monthly in a student population at two universities in Europe. Survival analyses were conducted to identify risk factors and hierarchical linear modeling was used to describe trajectories of these factors.

Out of 151 included participants, 22 (14.6%) met the criteria for partial ED. While eating related behaviors (restraint, controlled and emotional eating) showed substantial elevation shortly before the onset of the symptoms, other risk factors such as self-esteem, emotional dysregulation and shape concern were already elevated at an earlier stage.

In the field of eating disorder prevention research it is important to consider the course of ED risk factors including shape concern, body dissatisfaction and self-esteem. These factors play a potential role in the early detection of at-risk individuals. Findings and implications for future research will be discussed.

(P8) Use of videogames as complementary therapeutic tool for cognitive behavioral therapy in bulimia nervosa patients

Fernando Fernandez-Aranda (University Hospital of Bellvitge, ES), Susana Jimenez-Murcia; Juan J. Santamaría, Cristina Giner-Bartolomé, Gemma Mestre-Bach, Isabel Sánchez, Zaida Agüera, Maher Ben-Moussa, Salome Tarrega, José M Menchón

Background: Although Cognitive Behavioral Therapy (CBT) has been demonstrated to be the most effective approach for the treatment of Bulimia nervosa (BN), there is lack of studies showing whether a combination with a Serious Video Game (SVG) might be useful to enhance patients' emotional regulation capacities and general outcome. Aims: 1) to analyze whether outpatient CBT+SVG, when compared with outpatient CBT SVG, shows better short term outcome; 2) to examine whether the CBT+SVG group is more effective in reducing emotional expression and levels of anxiety than CBT SVG. Method: Thirty

eight BN patients, diagnosed according to DSM 5 criteria, were consecutively assigned to two outpatient group therapy conditions (that lasted for 16 weekly sessions): 20 CBT+SVG versus 18 CBT SVG. Patients were assessed before and after treatment using a food and binging/purging diary and clinical questionnaires in the field of ED, but also additional indexes for measuring anger expression and anxiety. Results: Considering the post treatment psychometric measures, most of the mean differences (EDI2, SCL90R, STAI and partially STAXI) achieved moderate to high effect size ($d > 0.5$), in the sense that CBT+SVG reported the best results to CBT SVG group. Regarding therapy outcome (dropout, partial remission and total remission), CBT+SVG showed better results and a moderate effect size emerged for the comparison of the risk of dropout during the treatment, being higher for CBT compared to CBT+SVG (44.1% versus 20.0%, $d = 0.54$). Conclusions: In the short term, SVG might be a good option for improving emotional dysregulation and for approaching the current limitations of CBT in BN, but also for enhancing the therapy adherence of patients

(P9) Live with your body: Acceptance and commitment therapy to increase body acceptance in patients with eating disorders

Maria Fogelkvist (Örebro University, SE), Lars Kjellin, Sanna Aila Gustafsson, Thomas Parling

A poor body image is common in eating disorder (ED) patients, often complicates treatment, and is associated with ED relapse. This poster presents data from an RCT conducted at a specialized ED clinic in Sweden. The trial compares a group intervention based on Acceptance and Commitment Therapy (ACT) focusing on improving body image to treatment as usual (TAU) in ED patients. The intervention is based on a manual following an ACT self help book¹, containing 12 group sessions following the steps in the book.

100 patients were included in the study, and of them 53 were randomized to ACT. Data in this poster is based on written evaluations only from participants of the ACT intervention, after completion of the intervention. Their answers were analysed through content analysis. The aim of the present poster is to describe the treatment intervention and to present participants' view on whether their body image changed, and if so how. Results will be presented as quotes from the participants evaluations.

Many of the participants described a change in their relationship with their bodies after treatment. They didn't necessarily like their bodies better, but they described more acceptance of negative thoughts and feelings and that they could act in presence of them. They tended to describe how other areas in life were more important than preoccupation with thoughts and feelings regarding their bodies. We interpret the results as the core principles in ACT seem to be a potent treatment for body image problems, and further studies are needed.

(P10) Randomized controlled trials of group therapy for eating disorders: Preliminary results of a meta-analysis

Renee Grenon (University of Ottawa, CA), Dominique Schwartze, Nicole Hammond, Iryna Ivanova, Nancy McQuaid, Genevieve Proulx, Jenny Rosendahl; Bernhard Strauss, Giorgio Tasca

Individuals diagnosed with an eating disorder experience negative mental states as well as behavioural symptoms that are highly. Clinicians and patients with eating disorders need

economical as well as effective psychotherapeutic interventions. Group therapy is an effective psychological treatment option that can help meet these needs. Group therapy is also cost effective relative to individual therapy. To date there are no systematic reviews that specifically analyze the efficacy of group therapy for eating disorders, and that examine how group therapy for eating disorders compares to other common treatments such as individual therapy, self help, and pharmacologic interventions. To address this gap in knowledge, we conducted a meta analysis of randomized controlled trials to evaluate the efficacy of group psychotherapy in the treatment of eating disorders. Major databases were searched for eligible studies published between 1980 and 2015. The database search was supplemented by a manual search of reference sections of recent reviews, meta analyses, and primary studies. Studies were included if treatment was provided in a group format based on a defined psychotherapeutic theory, and in which patients met diagnostic criteria for an eating disorder. The effects of group treatment on outcomes compared to a control condition (wait list, attention or treatment as usual), or alternative treatment were analysed. Findings on relative efficacy of group therapy and the impact of moderating variables (e.g., diagnosis, therapy type) on treatment outcomes will be reported. Results of this research will help to inform the conduct of group therapy in the treatment of eating disorders.

(P11) IPT for patients with eating disorder and co-occurring depression

Sanna Gustafsson (Örebro University, SE), Malin Bäck, Rolf Holmqvist

Background: Patients with eating disorders (ED) often suffer from co morbid depression. An undiagnosed and untreated depression may complicate the treatment of the ED. This pilot study aimed to examine the effect of a depression focused interpersonal psychotherapy (IPT) intervention for patients with an eating disorder and a co occurring depression. Our hypothesis was that both depressive symptoms and ED symptoms would decrease. Method: Sixteen patients received 16 weeks of depression focused IPT. All patients met criteria for depression and ED at treatment onset. Weekly symptom ratings of depression and ED were made with The Patient Health Questionnaire 9 (PHQ 9) and the Repeated Eating Disorder Symptom scale (REDS). Results: Significant improvement with substantial effect sizes were found for both depression and ED in patients with an eating disorder with a bingeing symptomatology, but not in patients with a restrictive ED. Effect sizes were larger for depression than ED. A strong correlation between symptom reductions in the two syndromes was found. Discussion and Conclusions: The findings point to the usefulness of IPT for co morbid depression and ED with a bingeing symptomatology. This is promising considering that many patients with an ED also suffer from depression. Working with negative affect and problem solving related to current interpersonal problems may be effective on general psychological distress among these patients.

(P12) Eating disorders and eating pathology in adult patients with ESSENCE

Louise Karjalainen (University of Gothenburg, SE), Christopher Gillberg, Maria Råstam, Elisabet Wentz

Background: Little is known about the prevalence and incidence of traditional eating disorders (ED, e.g., anorexia nervosa (AN), bulimia nervosa) and binge eating disorder (BED) in individuals

with childhood onset neuropsychiatric disorders, including attention deficit/hyperactivity disorder (ADHD) and autism spectrum disorders (ASD) (i.e., ESSENCE conditions (Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations)). The aim was to examine the prevalence of EDs and eating pathology in adults with ADHD and/or ASD, and to investigate the relationship between ED and associated symptoms, on the one hand, and other psychiatric disorders, intelligence, and BMI, on the other hand, in this population. Methods: In an outpatient setting, 228 consecutively referred adults were neuropsychiatrically evaluated and assessed with regard to intelligence (WAIS III), psychiatric comorbidities (SCID I), personality disorders (SCID II) and eating pathology (Eating Attitudes Test (EAT)). Results: For the entire sample, a total of 18 individuals (7.9 %) had a current or previous ED, with AN and BED being the most frequent. The male:female ratio was 1:2.5. According to EAT, 10.1 % of the individuals scored within the range of severely disturbed eating behaviour, and 13 % for moderately disturbed eating behaviour. ADHD eating pathology was distinguished from ASD by items focusing on thoughts of calories and body dissatisfaction. Conclusions: EDs seem to be overrepresented in adults with neuropsychiatric disorders compared with the general population. The gender ratio for EDs in adults with neuropsychiatric disorders is not nearly as skewed as in the general population.

(P13) Inpatient nutritional treatment of anorexia nervosa

Elisabeth Kranzl (FH Gesundheitsberufe OÖ, AU),
Elisabeth Farmer, Marianne Tammegger

Background: Dietitians are referred to several guidelines an element of the interdisciplinary treatment team of anorexia nervosa (AN). Unfortunately research specific to nutrition interventions for AN is limited. Thus there is no standardised therapy concept that includes precise recommendations about the nutrition care of individuals with AN.

In this research it is aimed to give an overview of the process in nutrition therapy treating patients with AN in an inpatient setting.

Methods: The present work involves ten Austrian and German dietitians working in institutions with a psychiatric centre. They completed a questionnaire concerning nutritional interventions in the treatment of AN. The analysis of the results occurred in dependence on Mayring (2010), where the participant's answers were summarized.

Results: Commonality in the nutrition therapy of AN was recognized in the evaluation of the nutritional status and in the treatment's target. Moreover patients in almost every hospital are supported by dietitians when they chose their daily meals. Similar were the answers regarding the frequency of counselling. Both equalities and differences were determined in the topics of counselling as well as in meal frequency. Disagreements were found in the methods of counselling and in fortifying food. Furthermore there were identified controversial opinions concerning the importance of nutrition care in the treatment of AN.

Conclusion: This work just presents the way how the process of nutritional therapy in AN is implemented. The analysed equalities may point out that the participants had positive experience with these interventions. To identify the effect of the individual interventions, it is important that more studies explore approaches that are effective in nutrition counselling for the treatment of AN.

(P14) Being me and being us - adolescents' experiences of treatment for eating disorders

Katarina Lindstedt (Örebro University, SE), Kerstin Neander, Lars Kjellin, Sanna Aila Gustafsson

The aim of this qualitative study was to investigate how young people with experience from adolescent outpatient treatment for eating disorders, involving family based and individual based interventions, perceive their time in treatment.

The study was conducted using a hermeneutic phenomenological approach which focuses on gaining a deeper understanding of the nature or meaning of our everyday experiences. Participants were recruited in collaboration with specialized eating disorder units and in order to be included the participants should have been 13-19 years old during treatment, should have completed treatment and not have met criteria for any eating disorder diagnosis at the end of treatment. Fifteen participants were interviewed and asked to reflect on their time in treatment.

The analysis revealed that the participants sometimes felt more or less forced into treatment, and strong ambivalent feelings about if and how to participate in treatment permeated the adolescents' narratives. The common factors which emerged in the narratives were assembled under the two major themes: "Having to involve family in treatment in one way or another" and "Making progress in treatment a matter of trust".

The results show that it is of great importance to involve family in treatment in order to understand the problems of the adolescents in their context. However, in certain situations, it is necessary to prioritize individual treatment interventions so that instead of sorting out difficult family situations the therapist focuses on enhancing the young people's resilience, thus enabling them to tackle problematic situations in life.

(P15) Coherence of mind measured using the Adult Attachment Interview as a mediator of symptom outcomes in women with binge-eating disorder following group psychotherapy

Hilary Maxwell (University of Ottawa, CA), Renee Grenon, Kerri Ritchie, Louise Balfour, Hany Bissada, Giorgio Tasca

INTRODUCTION: The Adult Attachment Interview (AAI) is considered the gold standard for assessing attachment representations in adults. Research has begun to examine the role of attachment in eating disorders, with the majority of research using self report measures. Individuals with eating disorders are overwhelmingly classified as insecurely attached. In addition to attachment classifications, the AAI includes a continuous variable, coherence of mind that is considered the most accurate indication of an individual's state of mind with respect to attachment. There is evidence that coherence of mind increases following dynamic psychotherapy and that it may be related to symptom change in clinical samples. There is limited information about coherence of mind in binge eating disorder (BED) samples. The goals of the current study are to, (1) assess change in coherence of mind following group psychotherapy, and (2) assess whether coherence of mind mediates changes in binge eating frequency and symptoms of depression 6 months post treatment. **METHODS:** Participants included 102 obese women with BED who received 16 weeks of Group Psychodynamic Interpersonal Psychotherapy (GPIP). Participants completed the AAI pre and 6 months post treatment. Six therapists trained in GPIP provided treatment to two therapy

groups each. AAI's were transcribed and coded by reliable coders. RESULTS: Results will be presented. CONCLUSIONS: This study will be the first to assess if coherence of mind changes following group therapy for individuals with BED and whether coherence of mind is a mediator of symptom change. Clinical implications for treating BED will be highlighted.

(P16) Psychotic disorders and anorexia nervosa in adolescence.

Renata Nacinovich (University of Milan, IT), Monica Bomba, Francesca Bettera, Nadia De Rudi, Mariella Falbo, Francesca Neri

Background: Anorexia nervosa (AN) is a complex illness with high comorbidity. In the literature there are numerous descriptive studies that underline the association between anorexia nervosa and psychotic symptoms. Miotto et al. (2010) studied this correlation in subjects in adulthood through standardized tests.

Aims: to assess psychopathological traits in a group of adolescents with AN (restricting type), particularly to determine if they meet criteria for being at ultra high risk (UHR+) for onset of psychotic disorders. To investigate possible correlations between UHR+ and other traits.

Methods: Forty five subjects, aged 13-17, who fulfilled the DSM 5 diagnostic criteria for AN restricted type, were enrolled between January 2014 and March 2015. The Comprehensive Assessment of At Risk Mental States (CAARMS) and the Social and Occupational Functioning Assessment Scale (SOFAS) were administered to all the subjects to detect UHR+ adolescents.

The subjects filled in: Eating Disorders Inventory (EDI 3), Toronto Alesitimia Scale (TAS 20), Children's Depression Inventory (CDI) e Self Report Symptom Inventory Revised (SCL 90 R). The Children's Global Assessment Scale (CGAS) was filled in by the clinician.

Results: 17 subjects (37,8%) were UHR+ according CAARMS. UHR+ subjects were younger and with lower BMI. Clinician evaluation (CGAS) and self assessment (SCL 90 R) showed a major deterioration of general functioning in UHR+ subjects. Self harm behaviours were considerable higher in UHR+ subjects. There were not significant differences between UHR+ and UHR- subjects at EDI 3, CDI, TAS 20.

Conclusions: There is a significant percentage of adolescents with AN who meets criteria for being at ultra high risk (UHR) for onset of psychotic disorder. They are younger and with a more severe physical and mental impairment.

This should be considered in order to formulate more correct prognostic hypotheses and to set a tailored treatment plan targeted to individual patients.

(P17) Pregnancy and women with a lifetime diagnosis of eating disorders:

A qualitative approach

Isabelle Nicolas (Institut Mutualiste Montsouris, FR), Ada Picard, Maurice Corcos

A large majority of women with a life time diagnosis of eating disorders describe difficulties in fitting to the needs of their baby. We made a qualitative study including 21 pregnant women at the 8th month of pregnancy in order to evaluate their representation of their body, the way the eating symptoms were going on and the changes that may occur in their different affective relationships. Among these women 11 reported a lifetime diagnosis of eating disorders and the 10 others reported no psychiatric diagnosis.

Results: pregnancy was harder to live in the first group, with an increase of their narcissistic problematic, a lesser tolerance of the modifications of their body and a stressful experience of passivity.

(P18) Value-based healthcare and eating disorders

Gunilla Paulson Karlsson (Sahlgrenska University Hospital, SE), Eva Hellquist Lindström

Value based healthcare VBHC, the latest management concept in healthcare, is about problems in quality and economy and creating as much value as possible for the patient in relation to cost. Three principles guide the implementation: what creates value for patients, organise care praxis around patients' medical conditions and full care cycles, measure medical outcomes and costs.

At Sahlgrenska University Hospital, the hospital management team decided in 2013 to implement value based management in order to improve and develop high quality healthcare and experiences for the patients and achieve better cost effectiveness. The process started with four pilot projects and subsequently include all eligible diagnostic groups and a year later eating disorders started their implementation process of VBHC. Sahlgrenska University Hospital provides highly specialised eating disorder care and treatment to both children, adolescents and adults organised in two separate units, one in child and adolescent psychiatry and one in adult psychiatry. A project team and an assessment team was established with representatives from both units and patient representative were invited to participate on some occasions. Contact with comparable eating disorder units, national and international, was initiated as benchmarks.

Up until now work has focused on the first steps in the process: 1) identifying key diagnosis, 2) defining care episodes, 3) defining Best Practice from national and international clinical guidelines, 4) defining process and outcome measures from quality registers and 5) costs. Focus forward is to analysing data, develop and implement improvements.

First results will be presented in November.

VBHC stress value for the patient that is the sum of outcome results from treatment + patient experiences and satisfaction with treatment divided with costs. To emphasise the value in healthcare for eating disorder patients is positive and welcome and the results remains to be seen.

(P19) Body Image: Dissatisfaction and Distortion in a group of participants with and without Eating Disorders

Elif Ergüney Okumuş (Istanbul Sabahattin Zaim University, TR), Özlem Sertel Berk, Başak Yücel

Body image (BI) described as the mental picture of the size, shape and form of the human body; and the feelings (and attitudes) concerning these characteristics and the constituent body parts is a key factor for eating disorders (EDs). This description proposes two aspects with respect to EDs; sensory denoting for distortions in body size estimation or "body image distortion" (BID) and affective attitudinal denoting for negative feelings towards the body or "body image dissatisfaction" (BIS). However, most of the studies conducted in Turkey measure only BIS aspect of BI. This study attempts to investigate the multidimensional aspect of body image in a group of women diagnosed with Anorexia Nervosa (ANG) (n=44, mean age=24.1) and Bulimia Nervosa (BNG) (n=31, mean age=28.2) in

comparison with a healthy control group (CG) (n=75, mean age=26). All the participants completed the Turkish version of Photographic Figure Rating Scale for Women (PFRS) which measures BIS as the discrepancy between body mass index (BMI) of the ideal picture and the actual BMI; and BID as the discrepancy between BMI of the perceived self picture and the actual BMI. According to the results, BNG showed the highest level of BIS when compared to ANG and CG, whereas CG scored higher than ANG. In terms of BID, participants in each group were categorized as underestimators, accurate estimators and overestimators of their actual body size. As expected, overestimators in ANG and accurate estimators in BNG were more frequent. However, contrary to the literature where overestimators are reported to be higher in those with no EDs, CG participants of this study were mostly underestimators. These results verify the affective attitudinal aspect specific to Bulimia Nervosa and sensory aspect specific to Anorexia Nervosa. On the other hand the links between underestimation and body dissatisfaction in those with no EDs deserves further investigation from a cross cultural perspective.

(P20) The Moderating Role of Depression on the Relationship between Eating Disorders Symptom Level and Treatment Motivation in Individuals Diagnosed with Anorexia Nervosa and Bulimia Nervosa in a University Hospital in Istanbul

Elif Ergüney Okumuş (Istanbul Sabahattin Zaim University, TR), Özlem Sertel Berk, Başak Yücel

The prevalence of eating disorders (EDs) is increasing in Turkey with a percentage of 2.3 as reported in 2011. Drop-out rates are high, and almost 50% of the cases receiving treatment experience either only partial or no remission. From this stance, treatment motivation (TM) as postulated as the stage of readiness for treatment in Transtheoretical Model of Change (TTM) is proposed to be an underlying factor. According to TTM, advances in treatment is expected only if the individuals receive treatment modalities that fit their stage of TM which shows moderate to strong correlations with period of hospitalization, weight gain, level of eating disorder symptoms and maintenance of recovery. On the other hand, depression which is frequently observed in EDs is related with TM. This study attempts to highlight the degree of change in the relationship between ED symptom level (EDSL) and TM as a function of depression in individuals diagnosed with Anorexia Nervosa (AN) and Bulimia Nervosa (BN). Participants were 75 women with either AN (n=44, mean age=24.1, acute phase=27%, partial remission=43%) or BN (n=31, mean age=28.2, acute phase=39%, partial remission=51%). All filled out the Turkish versions of Eating Disorders Examination Questionnaire, Beck Depression Inventory and AN/BN Stages of Change Questionnaire. As expected, level of TM increased with advances from acute to full remission. On the other hand depression moderated the relationship between EDSL and TM for BN group, but not for AN group; for participants with BN who were low in depression, there was a strong negative relationship between EDSL and TM, for those with high depression this relationship was weak; decreases in symptom levels did not end up with increases in TM. This result suggests that depression should be a primary focus for BN patients as it is a stronger risk factor for individuals with BN with respect to TM.

(P21) How do males recover from eating disorders? An interview study

Gunn Pettersen (University of Tromsø, NO), Karin Wallin, Tabita Bjork

Less is known about how males experience recovery from eating disorders, and this study describes this process, analysing interview texts from 15 former patients using content analysis. Four categories emerged, i.e., “the need for a change”, “a commitment to leave eating disorder behind”, “interpersonal changes”, and “searching for a life without an eating disorder”. The categories comprise features like motivation to change, are learning of personal and interpersonal skills, and a focus on accepting losses and a reorientation of identity and meaning. These results accord with similar qualitative findings among women. A clinical implication from our findings is that symptom relief is important to facilitate good circles of improvement, but that the nature of the recovery process would require a wider perspective in treatment. Clinicians may also be informed about challenges related to an instrumental approach to help seeking reported in this study.

(P22) Relationship between anxiety and depression symptoms and nutritional status in anorexia nervosa at discharge and during inpatient treatment

Annabel Pleplé (Institut Mutualiste Montsouris, FR), Mouna Hanachi, Christophe Lalanne, Pascal Crenn, Nathalie Godart

Few studies investigated the relationship between nutritional status and depression and anxiety symptoms in Anorexia Nervosa (AN). Only body weight or body mass index (BMI) were used for the nutritional assessment. Confounding factors such as treatment, AN subtype or duration of disease were not included in the analyzes. This study investigates the relationship between 1. Nutritional status and depression and anxiety symptoms in AN inpatients, taking into account potential confounding factors at discharge and 2. The evolution of nutritional status and psychological symptoms between admission and discharge during inpatient treatment.

222 AN inpatients (20,9±6,6 years old; BMI: 14,3±1,5 at admission) were included (DSM IV). Nutritional status was assessed by BMI and body composition using bioelectrical impedance. Various scales assessed depression, anxiety, social phobia, obsessive and eating disorders (ED) symptoms. BMI increased by 19,6% and 2/3 of patients decreased their psychological symptoms. Nevertheless, no correlation was found between nutritional status (BMI, fat free mass and fat mass indexes) and psychological symptoms (psychometric scores), despite the improvement of these two states during inpatient treatment. At discharge, ED symptoms level and medication were the only factors affecting the psychometric scores. Between admission and discharge, the improvement of ED symptoms explained the variability in the improvement of all the psychometric scores and AN subtype explained the variability in HAD anxiety scores ($p=0.013$; $\beta=0.199$).

We hypothesise that the care of AN inpatient treatment affects the improvement of ED symptoms, decreasing depression and anxiety symptoms. This improvement could also be linked to the treatment of symptoms of underlying depression or/and anxiety comorbidities, either pre existent or consecutively to AN. Future studies are needed including biological markers to complete the nutritional assessment and considering comorbidities.

(P23) Do interprofessional educational programmes on eating disorders provide proximal and distal benefits? Findings from a national cohort collected from 1998 to 2010

Jan H. Rosenvinge (University of Tromsø, NO), Gunn Pettersen

Many programmes aimed to raise knowledge and competence in treating eating disorders have been launched, yet few have been evaluated. Using a pre post and 1 year repeated measures design we evaluated a 17 months interprofessional education programme comprising a Norwegian national cohort of participants (n = 845) enrolled between 1998 and 2010. After the programme clinical confidence increased as well as an impetus to work interprofessionally and some aspects regarding knowledge and attitudes about eating disorders and the treatment of these disorders. Programme satisfaction was high, and on par with initial expectations, and participants reported changes in knowledge about eating disorders, attitudes towards treatment and interprofessional work. In conclusion, the programme may have provided both immediate and longer term benefits, yet such a conclusion is tempered by the fact that the optimal, randomized controlled design was not tenable, and that variables aimed to measure programme content failed to enter the multivariate comparisons.

(P24) Comparison of sensitivity to facial emotions between patients with Anorexia Nervosa and matched controls using a morphing test (Multimorph): A prospective study

Aurore Guy Rubin (Centre Hospitalier Sainte-Anne, FR), Marion Robin, David Sapinho, Maurice Corcos, Philip Gorwood

Introduction: In patients with Anorexia Nervosa (AN), troubles in facial emotion recognition (FER) have been reported using methodologies relying mainly on static tests. The morphing technique allows new perspectives in experimentation, by using dynamic expressions of emotions.

Objectives/ Aims: To compare prospectively FER using Multimorph, a morphing technique previously described (Robin, 2012) in anorexic patients and matched controls.

Methods: Population: 27 female patients with DSM IV criteria for AN and 27 healthy individually matched controls were prospectively studied.

Multimorph protocol: Participants had to identify as rapidly as possible the 6 basic emotions. Emotions were displayed progressively by 2.5% incremental stages from neutral (0 %) to a full blend (100 %) facial emotion (40 stages were displayed by trial). Each subject completed 36 trials (6 face x 6 emotions).

Results are expressed as mean number of stages until the first correct response. Data were analyzed with a 2 (AN versus control) x 6 (anger, disgust, fear, happiness, sadness and surprise) factorial design. Comparisons were made with ANOVA for repeated measurements using Generalized Estimating Equations approach (Lipsitz, 1994). A p value < 0.05 was considered as significant.

Results: Anorexic patients recognize faster emotion on faces, especially happiness, than healthy controls.

Conclusion: Anorexic patients have an increased sensitivity to facial emotions, compared to controls.

(P25) Do Therapeutic relationship and body mass index predict treatment outcome in anorexia nervosa? An analysis using logistic generalized estimating equations

Joana Saraiva (University of Minho, PT), Paulo Machado

Introduction: Anorexia nervosa (AN) is a severe disorder, and treatment is challenging both for patients and therapists.

The main aim of this study is to investigate, using logistic generalized estimating equations, if therapeutic alliance and body mass index (BMI) are predictors of treatment outcome.

Method: Twenty one girls with AN entered this study and were followed for a period of one year. They completed self evaluation questionnaires and their BMI was measured at the beginning of the study (time 1), six months after the beginning (time 2) and one year after the beginning (time 3).

Data are going to be analysed using SPSS version 22.

(P26) Physical activity in anorexia nervosa: How relevant is it to therapy response?

Sarah Sauchelli (University Hospital of Bellvitge, ES), Jon Arcelus, Nadine Riesgo, Susanna Jiménez-Murcia, Roser Granero, Cristina Botella, Jose Fernández-Real, Gema Frühbeck, Felipe F. Casanueva

Background: Elevated physical activity (PA) has frequently been described in some patients with Anorexia Nervosa (AN) despite their weight loss and emaciation. The AN studies in the literature that have analyzed whether PA has an influence on the treatment outcome, are inconclusive. The aim of the present study was to examine objectively measured PA and to assess whether it may have an effect on the therapy response, after considering potential confounders such as depression symptoms.

Methods: The sample comprised 88 AN patients, diagnosed according to DSM IV TR criteria, consecutively enrolled in a Day Hospital treatment program, and 116 healthy eating controls. All the participants were females and were assessed with an accelerometer (Actiwatch AW7), the ED Inventory 2 and the Depression subscale of Symptom Checklist Revised Path analysis was conducted to examine the link between the predictive variables and treatment outcome.

Results: Although AN and controls did not differ in the average time spent in the overall daily amount of moderate vigorous physical activity (MVPA, $p=.21$), nor total daytime physical activity ($p=.34$), the number of participants with high physical activity profile were fewer in AN than controls (37% vs. 61%, respectively; $p=.014$). Both high EDs severity and low MVPA were associated with a poor treatment outcome.

Conclusion: There is a notable variation in the objectively measured physical activity profile of AN patients, characterized by either low or very high physical activity patterns. A healthy amount of MVPA may be beneficial for the depression symptoms presented by these patients and the outcome of a day hospital treatment.

(P27) Eating behaviours among the participants of an inpatient weight loss treatment

Kornelia Szabo (Semmelweis University Budapest, HU), Edit Czeglédi

Background and purpose: Eating behaviours play a crucial role in the development and maintenance of excess weight. The aim of the study was to explore the predictors and changes in eating

behaviours among overweight and obese patients.

Methods: The sample of the 6 month prospective survey consisted of patients who participated in an inpatient weight loss treatment program in Budapest, Hungary (baseline: N=339, 19% men; follow up: N=175, 16% men). The mean age was 50.2 years (SD=13.47), the mean BMI was 38.6 (SD=7.58) at baseline. **Measures:** self reported anthropometric data, Three Factor Eating Questionnaire Revised 21 Items, CES D Depression Scale.

Results: According to the results of Multiple Indicators and Multiple Causes analysis, older age predicted greater cognitive restraint ($\beta=0.12$, $p=0.047$). Women were more prone to engage in emotional eating than men ($\beta=0.21$, $p<0.001$). Higher level of education predicted uncontrolled eating ($\beta=0.16$, $p=0.007$) and emotional eating ($\beta=0.12$, $p=0.039$). Depression showed a positive relationship with emotional eating ($\beta=0.19$, $p=0.001$), and mediated the relationship between age and emotional eating ($\beta=0.04$, $p=0.009$) and BMI and emotional eating ($\beta=0.03$, $p=0.015$). According to the results of the RCI calculation, statistically reliable improvement showed the following frequencies: cognitive restraint 9.4%, uncontrolled eating: 4.7%, and emotional eating: 7.6%. Those whose weight loss was at least 5% showed a greater improvement in the eating behaviours than those whose weight loss was below 5% (cognitive restraint: $t(107)= 4.765$, $p<0.001$, uncontrolled eating: $t(168)= 2.442$, $p=0.016$, and emotional eating: $Z= 2.011$, $p=0.044$).

Conclusions: Results reveal certain determinants of eating behaviours that enhance or obstruct successful long term weight loss and highlight the role of eating behaviour changes in weight loss. These mark intervention points for the optimization of results achievable by weight loss treatments.

(P28) Personality traits and personality functioning in obese patients with pathological binge eating

Laura van Riel (Novarum, NL), Theo Ingenhoven; Elskevan de Berg, Marjolein Geerts, Jaap Peen, Jack Dekker

Personality characteristics may have an important contribution to the etiology of obesity, but this empirical relationship is still questionable since results of studies are controversial. Extending our knowledge of this relationship contributes to the understanding of obesity, eating disorders and their treatment.

Objective : The aim of this study was to examine the relationship between Binge Eating Disorder, Eating Disorder NOS and personality traits and psychodynamic functioning in people with obesity (BMI>30).

Methods: Participants completed self report questionnaires: Eating Disorder Examination Questionnaire (EDE Q), Temperament and Character Inventory (TCI), Developmental Profile Inventory (DPI) and Barratt Impulsiveness Scale (BIS II). To test for differences in personality traits and personality functioning one way Anova with posthoc tests were used.

Results: Preliminary results. Between the Obese ES (up to now n=61) and the Obese nonES group (up to now n=24) several significant differences were found on the TCI, BIS II and DPI. Moreover, the Obese nonES group and the normal weight controls (up to now n=41) differed significantly on the self reports TCI and BIS II.

Conclusion: Obese ES patients are more Harm avoidant and less Self directed and Cooperative (TCI) than obese NonES subjects. Moreover, they are more impulsive (BIS II) and present more impairments on psychodynamic personality functioning (DPI). Obese NonES subjects were more Harm Avoidant, less

Persistent and less Self transcendent than the normal weight controls. Obese people have less self control (BIS II) as compared to normal weight controls, although they don't differ with respect to psychodynamic characteristics and their level of personality functioning (DPI).

(P29) The relationship between coffee consumption and eating disorders

Viktória Végh (University of Debrecen, HU), Balázs Ludányi, Pál Szabó

Background: Coffee is often consumed because caffeine enhances alertness, attention and performance, and reduces appetite. Due to these effects eating disordered subjects may consume above average amount of coffee. Objective: to analyze the relationship between coffee consumption and eating disorders (EDs) in a population of secondary school students. Methods: to assess EDs we used anthropometric data, the 26 item version of the Eating Attitudes Test (EAT; Garner and Garfinkel, 1979) and the Eating Behaviour Severity Scale (EBSS, Yager et al, 1987). The questionnaires were completed by students of the secondary school of the University of Debrecen, on a voluntary and anonymous basis. Results: Seven hundred and forty one students (311 boys, 430 girls; age range: 12 18 years) participated in the study. The response rate was 100%. Seven hundred thirty three questionnaires were evaluated (98.9%). According to DSM IV criteria, the prevalence of EDs was 0.6% (n = 2) among boys and 2.6% (n = 11) among girls. 2.6% of boys and 9.7% of girls scored above the cut off score (> 19 points) of the EAT 26. Those with ED or scoring above the threshold in the EAT 26 consumed more coffee in comparison with their counterparts in both sexes. There was a significant positive correlation between the amount of daily coffee intake and the total score of the EAT in the group of male ($r = 0.321$, $p < 0.01$) and female students ($r = 0.233$, $p < 0.01$). Conclusion: The results indicate that there is a relationship between coffee drinking and EDs already in the secondary school age group. Because of the limitations of the study, the results must be evaluated with caution, given the fact that the study was cross sectional, the only source of data was the self report questionnaire, and the consumption of caffeine from other sources (coke, energy drinks) was not assessed. Further studies are necessary to clarify the relationship between coffee consumption and eating disorders.

(P30) Personality patterns predicting food addiction in patients with eating disorders

Ines Wolz (University Hospital of Bellvitge, ES), Zaida Agüera, Roser Granero, Susanna Jiménez-Murcia, Kim L. Gratz, José M. Menchón, Fernando Fernández-Aranda

Objectives: The present study aimed to investigate if eating disorder patients differ in specific personality traits depending on a diagnosis of food addiction and to find a model to predict food addiction in eating disorder patients using measures of personality and impulsivity. Furthermore, the influence of gender should be explored. Methods: 278 patients with eating disorder were surveyed about food addiction, impulsivity, personality, eating and general psychopathology using self report questionnaires. Patients were then split depending on them having a positive or negative screening of food addiction. Analysis of variance was used to compare means between the two groups. Stepwise binary logistic regression was used to obtain a predictive model for the presence food addiction.

Results: Patients with food addiction had lower self directedness, more negative urgency and a higher lack of perseverance than patients without this diagnosis. The probability of a food addiction diagnosis can be predicted by high reward dependence and negative urgency and low lack of premeditation. There were no differences in food addiction depending on patient's sex.

Conclusions: Eating disorder patients with food addiction seem to have relatively more problems to pursue tasks to the end and to focus on long term goals, especially when they are in a negative mood.

SUNDAY, NOVEMBER 22, 2015

Venue: Crowne Plaza Hotel (Address: Kurfürstenanlage 1, Heidelberg)

8:30 - 10:30

PARALLEL PAPER SESSION #C1

Room:
Animus 1

Moderator:
Hayriye Gulec (TR)

Is impaired decision-making linked to eating disorders?

Sebastien Guillaume (CHU Montpellier, FR), Stephane Richard-Devantoy, Philip Gorwood, Philippe Courtet

A basic cognitive function in daily life is the ability to make appropriate decisions. Decision making in eating disorders has become a focus for research due to clinical observations of a preference for immediate rewards (weight loss / control) in spite of adverse consequences in the long term and data that suggest the eating disorders could be related to dysfunctional reward mechanisms. We will present the results of several studies and a recent meta analysis showing that decision making is impaired in patients with an eating disorders. The processes involved in choices seem to differ in the type of disorder (anorexia or bulimia). Finally, these impairment seem more pronounced during the acute phase rather than recovered patients had scores similar to those of healthy controls.

On a clinical perspective, this cognitive process seems to have a powerful impact on daily life functioning and treatment refractoriness. Overall, an interesting goal would be to determine whether the decision making process is a potential target for treatment in the context of eating disorders(through neuromodulation or cognitive remediation therapies)

Social problem solving skills and the influence of anxiety and anxiety-related processes in patients with anorexia nervosa

Lot Sternheim (Utrecht University, NL), Floortje Smallegoor, Cisca Kruiper, Unna Danner, Annemarie van Elburg

Research examining executive functions in anorexia nervosa (AN) is growing fast, but studies investigating problem solving are surprisingly scarce. Difficulties across social cognition domains in AN indicate the need for further investigation of problem solving in a social context. The few existing studies highlight less effective social problem styles and attitudes as well as impaired problem solving skills. No study has looked at associations between skills, styles and attitudes. Also, despite inherently high anxiety in AN, the influence of anxiety and anxiety related processes on problem solving remains unstudied.

Aims&Hypotheses: This study investigated social problem solving skills and styles/attitudes in AN and explored the role of anxiety and anxiety related processes. It was hypothesized that firstly, compared to healthy controls (HC), patients with AN would report more ineffective styles/attitudes and generate less effective problem solving strategies in social situations; secondly, ineffective styles/attitudes would be associated with less effective problem solving skills; thirdly, general anxiety, Negative Problem Orientation (NPO) and Intolerance of uncertainty (IU) would negatively affect social problem solving. Methods: Thirty adult AN patients and 40 HC women were recruited and completed the Means End Problem Solving test (MEPS), the Social Problem

Inventory – Revised (SPSIR), the Spielberger Trait Anxiety Inventory (STAI) and the Intolerance of Uncertainty Scale (IUS). Data on clinical information and demographics was also collected. Results: Compared to HC, AN patients generated less effective problem solving strategies, and reported less ineffective problem solving styles/attitudes. Moreover, correlations between styles, attitudes and skills were found. First analyses suggest that anxiety and anxiety related processes have a negative effect on the social problem solving variables. Results will be presented for the first time at the ECED. Discussion: This study confirms impaired social problem solving in AN and suggests that AN patients may benefit from social problem solving training that targets skills on the one hand, and styles and attitude on the other. This study also highlights the importance of addressing anxiety in treatment for AN.

New insight into the pathophysiology of eating disorders

Sergueï Fetissov (Rouen University, FR)

In spite of significant advances in the understanding the central and peripheral pathways involved in regulation of appetite and emotion, the molecular mechanisms triggering eating disorders (ED) remain unknown. Our approach towards identification of such mechanisms was based on determining the origin of immunoglobulins (Ig) reactive with alpha melanocyte stimulating hormone (a MSH), an anorexigenic and anxiogenic neuropeptide. In fact, such IgG that bind to hypothalamic a MSH neurons were first identified in ED patients (1). Subsequently, their plasma levels were found to correlate with Eating Disorder Inventory (EDI) 2 scores in both anorexia nervosa and bulimia patients (2). In our recent study, we identified a gut bacteria derived protein, ClpB, responsible for production of a MSH cross reactive IgG, whose plasma levels correlate with EDI 2 scores in ED patients (3). Further, we recently found that ClpB plasma concentrations are increased in ED patients and that in animals ClpB protein plasma levels correlate with ClpB DNA in gut microbiota. Taken together, these results support a new pathophysiological mechanism that may trigger ED, involving increased production of an a MSH mimetic protein, ClpB, by gut bacteria. This new mechanism could integrate known risk factors of ED including stress, infection, dieting and familial aggregations.

Body dissatisfaction and pain perception in anorexia and bulimia nervosa: In search for more specific endophenotypes and the role of BDNF

Hana Papezova (Charles University Prague, CZ),

Lenka Slachtova, Josef Bulant, Anna Yamamotova

Background and aims: Symptoms of body image dissatisfaction include time consuming and emotionally upsetting thoughts, and comparisons to others (Wilhelm et al., 2010). They have negative impact on quality of life, represent an important issue for most women, and increase the risk for eating disorders onset and severe outcome. Various forms of media (magazines, television, internet web sites, video games and smart phone applications) contribute to the body image obsession.

The disturbances of body image represents a central symptom in anorexia (AN) and bulimia nervosa (BN). We found growing literature evidence that distorted body image is related not only to environmental risk factors but also to the pain perception and genetic and epigenetic factors. Several studies confirmed decreased pain sensitivity in eating disorders (ED) but the underlying physiological and psychological factors remain

unclear. We analyzed association between body image perception, body dissatisfaction, and nociception in eating disorders and age matched controls and examined the relation with G 196A polymorphism of BDNF described to be significantly correlated with EDE Q item "Thinking about shape and weight".
Methods: In the sample of 61 DSM IV diagnosed ED patients (31 AN , 30 BN) and 30 controls, we measured the pain threshold latencies on radiant heat stimuli with the Analgesia Meter and body image perception (BIP) and body dissatisfaction (DIS) using software Anamorphic Micro. Genetic analyses were performed via PCR reaction. PCR products were cut by restriction enzyme NlaIII, separated and visualized by Gel Red.
Results and conclusion: We found body dissatisfaction (but not body perception) significantly associated with the pain perception in ED (AN: $r = 0.49$, $p = 0.0047$, BN: $r = 0.38$, $p = 0.039$), contrary to controls ($r = 0.05$, $p = 0.7726$).The relations of body image dissatisfaction and the BDNF polymorphism will be discussed. Supported by IGA NT/14094, PRVOUK P34, PRVOUK P26/LF1/4

Orexin and sleep quality in anorexia nervosa: Clinical relevance and influence on treatment outcome

Sarah Sauchelli (University Hospital of Bellvitge-IDIBELL, ES), Susanna Jiménez-Murcia, Isabel Sánchez, Nuria Custal, Francisco J Tinahones, Rosa M Baños, Rafael de la Torre, Roser Granero, Salomé Tarrega

Background: Orexins/hypocretins are orexigenic peptides implicated in the regulation of feeding behavior and the sleep/wake cycle. Little is known about its functioning in anorexia nervosa (AN), characterized by extreme low weight and inappropriate eating behavior. The aims of the current study were to evaluate how orexin and sleep might be related in AN, when compared with normal weight controls, and to examine how they may influence treatment outcome.

Methods: Fasting plasma orexin levels were measured in 48 AN female patients beginning a day hospital treatment and 98 healthy weight controls. The Pittsburgh Sleep Quality Index was used to examine sleep quality and other clinical variables were evaluated with the Symptom Checklist Revised (SCL90R) and the Eating Disorder Inventory 2 (EDI) at the beginning of the therapy. Patients were assessed at the start and end of treatment by means of diagnostic criteria and clinical questionnaires commonly used in the field of ED.

Results: The AN patients presented elevated sleep disturbances and poorer overall sleep quality compared to healthy controls ($p < .05$) but there were no differences between groups in plasma orexin levels ($p = .071$). In the AN sample, orexin levels were associated with greater sleep disturbances ($|r| = .30$), sleep inefficiency ($|r| = .22$) and poorer overall sleep ($|r| = .22$). Structural Equation Modeling (SEM) showed that both elevated orexin levels and sleep inefficiency were predictors of a poor treatment outcome.

Conclusion: An interaction is present between plasma orexin levels and poor sleep quality in AN, which contributes to therapy response.

Is the dysregulation of physical exercise, and its specific impact on emotions, cognitions and pain, an endophenotype of anorexia nervosa?

Hanna Hattena (University Paris Descartes, FR), Aurore Guy-Rubin, Philip Gorwood

An endophenotype is a measurable trait, related to the illness, heritable and primarily state-independent, requiring a comparison of patients, their unaffected relatives and healthy controls.

Poor cognitive flexibility, impaired decision-making or negative self-evaluation have been proposed as endophenotypes in anorexia nervosa, but excessive exercise has not been studied with such approach.

20 patients with anorexia nervosa, 17 unaffected relatives and 20 healthy controls were tested for flexibility (Wisconsin), accuracy of body size assessment, and level of emotions (PANAS). They performed a physical test with 5' of unrestrictive activity ('make it for pleasure'), then a test of their maximal aerobic power, and a final phase of 15' fixed at 50% of their maximum capacity (meaning a standardized cumulative activity). After this exercise, all the cognitive and emotional tests were performed once again. We found that patients and healthy relatives had a higher level of activity during phase 1 compared to controls ($p=0,047$). After completing the standardized exercise, patients and healthy relatives also had more positive emotions ($p=0,01$), increased dysmorphophobia ($p=0,043$) and worst cognitive flexibility ($p=0,065$), with no change on pain threshold or appetite.

We conclude that not only exercise dyscontrol could be an important endophenotype of anorexia nervosa, but also that physical exercise might participate in the previously proposed endophenotypes. The negative impact of excessive exercise on the outcome of anorexia nervosa could then be explained differently according to our results, not only as another way to lose weight but also as increasing some important vulnerability features of anorexia nervosa.

8:30 - 10:30

PARALLEL PAPER SESSION #C2

Room:
Animus 2

Moderator:
Daniel Fassnacht (AUS)

Hometreatment for adolescents with eating disorders

Dagmar Pauli (University Hospital Zurich, CH),
Nadine Hilti, Christiane Schr  er

In recent years hometreatment has received more and more attention as an effective and economical alternative or supplement to inpatient treatment of psychiatric disorders. However, there are few studies to evaluate hometreatment in adolescents with psychiatric diseases.

Eating disorders in children and adolescents are still a challenge for clinicians as some of them tend to become chronic and need longtime or repeated inpatient treatment. Including the family of the patient in the treatment of adolescents with eating disorders is known to have positive impact on treatment outcome.

We established hometreatment for young patients who suffer from eating disorders and their families. In an ongoing feasibility study we examined so far 42 adolescents (41 female, 1 male) who suffered from anorexia nervosa (mean age 15; 8 y, mean BMI 16.5). All of them received outpatient treatment which consisted of weekly individual therapy and family based therapy supplemented by hometreatment (2-4 visits per week for 10 weeks). None of the patients was primarily admitted to inpatient treatment.

Patients are examined with a battery of eating disorder instruments when starting treatment and after 6 months. Preliminary results of the ongoing study so far have been promising. 83.3 % of the patients with full criteria anorexia nervosa (ICD 10) recovered with outpatient treatment including hometreatment whereas only 16.7 % had to be admitted to a hospital in the later course. The results may indicate that the supplement of hometreatment can improve results of outpatient therapy for adolescents with eating disorders. A randomized controlled trial is being planned.

Identity and eating disorders related characteristics in female adolescent patients with psychiatric disorders

Lars Wöckel (Clenia Littenheid AG, CH), Juliane Günther, Sabrina Rinder, Melanie Achermann

Introduction: Identity is influenced by some different factors, e.g. parenting style of education, one's own behaviour and social environment. The development of a strong and stable sense of self is widely considered to be one of the central tasks of adolescence. Our main objective is to determine whether identity is affected by eating disorders related characteristics in adolescents.

Methods: In the ongoing study inpatient female adolescents between 14 and 18 years (n=30) with psychiatric disorders (conduct disorders, personality disorders, depression) but no eating disorders were investigated concerning development of identity (AIDA), eating disorders subscales (EDI 2), emotional and behavioural problems (YSR) and personality traits (JTCI).

Results: The identity scales identity diffusion and discontinuity highly correlate with the eating disorder subscales drive for thinness, body dissatisfaction, interpersonal distrust and social insecurity (0,75 0,98; $p < 0,01$ 0,001). The consistent self and autonomy which are subscales of incoherence correlate with drive of thinness, body dissatisfaction and ineffectiveness (0,75 0,98; $p < 0,01$ 0,001). Identity diffusion, discontinuity and incoherence positively correlate with internalizing and externalizing behaviour problems.

Discussion: We could find a high correlation between identity diffusion and eating disorders related characteristics in female adolescents with psychiatric disorders and hypothesize that the risk of getting an eating disorder is enhanced with increased identity diffusion.

Physiotherapy for patients with severe and enduring anorexia nervosa: A case report

Kjersti Hognes Berg (Helse Nord-Trøndelag, NO)

Aim: The existing literature on physiotherapy in eating disorders is limited and of variable quality. The shortcoming is even more striking when it comes to longstanding and rigorous symptoms specifically. By outlining some experiences from clinical practice we would like to contribute to the developing field of physiotherapeutic approaches to a harsh proven patient group.

Theoretical framework: The work is conducted within a phenomenological perspective. The context in which the body is being experienced and understood is taken into consideration. Furthermore, the phenomenological insisting on the body's ambiguity, always both a subject and an object, is highly relevant when dealing with the patients tendency of objectification.

Methods: Both standard physiotherapy and theory/methodology outlined by Norwegian Psychomotor Physiotherapy is applied. The presentation is based on clinical observations and patient testimonials.

Participants: Three female and one male. Body Mass Index at admission was between 8.5 and 12. Duration of illness was between 10 and 25 years. Two of the patients were treated by force. Duration of treatment was between 7 and 10.5 months. Central experiences: Main focus alters in a circular manner between somatic/functional, psychological and existential issues through the treatment process. Frequent sessions is crucial, both for building a therapeutic alliance and to obtain change. Content must be individualized. This calls for a constant dialogue between patient and therapist, stimulating the patient to recognize and verbalize her needs. Patients describe physiotherapy as a safe place, not addressing weight, food and eating, thus giving them a chance to develop new and desirable ways of self perception. Conclusion: Adjusted and relation sensitive physiotherapy is a useful complement in inpatient treatment of severe and enduring anorexia nervosa, also for patients with extreme low weight.

An integration between a psychodynamic approach and CBT informed by the neuroscience of emotional processing in the treatment of eating disorders: A new therapeutic model

Barbara Pearlman (Independent Psychology Service, UK)
Most treatments that include CBT and psychodynamic elements utilise these techniques on separate occasions. Symptom control is followed by, or introduced alongside, a psychodynamic element that deals with the 'feeling state'.

Internal Language Enhancement Therapy (ILET) attempts to integrate these supposedly irreconcilable theoretical approaches under the umbrella of the neuroscience of emotional processing. For example a CBT technique is used to look for the trigger emotional event for an eating disorder episode, with the express purpose of looking for its neurological correlates and the subsequent effect on the internal language and understanding available to the patient. Likewise the last thought before a neurological change of state from a symbolic to a concrete understanding of the internal and external environment, is worked on using techniques from dream analysis by adding symbol and metaphor to impoverished concrete understanding. By reconceptualising the 'problem' of an eating disorder from being a problem of irrational behaviour to be challenged, to one where the symbolic functions are shut down (denying access to reality testing, planning, metaphoric and ironic understanding of language, memory in language and imaginal functions), then we are addressing the root of the problem.

When we as professionals get together and offer our different and valuable knowledge and insights to one another, then our work will be the richer for it and our patients will reap the benefit.

Psychoanalytic psychotherapy for bulimia nervosa – A single case study

Susanne Lunn (University of Copenhagen, DK),
Stig Poulsen, Sarah Daniel

Aim: In a randomized controlled trial comparing cognitive behavior therapy (CBT) with psychoanalytic psychotherapy (PPT) for bulimia nervosa, a significantly larger proportion of patients in CBT were free from bingeing and purging compared to patients in PPT at the end of treatment (Poulsen et al., 2013). However, single case studies from the same sample showed very good results for some of the clients in PPT (Lunn, Poulsen & Daniel, 2012). This presentation aims at getting a deeper understanding of factors contributing to a positive outcome in a single PPT case.

Methods: The selected case represents both an extreme and a special case because the client had a particularly traumatic background and a very severe bulimia nervosa and because the client – somewhat unexpectedly recovered fully with regard to bingeing and purging. The following measures at baseline and at the end of treatment were compared: eating disorder symptoms (EDE), attachment patterns (AAI), reflective functioning (RF), psychiatric symptoms (SCL 90) and interpersonal problems (IIP C). After each session, the client rated the session, the therapist wrote down a report of the therapeutic dialogue, and at the end of treatment the client was interviewed about her experiences of the therapy. Five sessions were selected to illustrate the therapeutic process and its development.

Results: The case points to the benefits of a listening, containing, and reflective therapeutic attitude, and a continuous and long term contact characteristic of psychoanalytic psychotherapy. It also points to the change in therapeutic interventions needed at different stages of the therapy, to the importance of the client's motivation, and to external factors contributing to the outcome
Discussion: The discussion will focus on the factors that may have contributed to the positive outcome of the therapy.

Changing the mind: A new psychodynamic strategy based on sensory way of caring for children and adolescent's anorexia

Florence Askenazy (University Child and Adolescent Psychiatric Department of Nice, FR), Emmanuelle Dor-Nedonsel

Introduction: For twenty years, the University Child and Adolescent Psychiatric Department of Nice, France, offer a standard treatment based on psychodynamic therapy for children and adolescents with anorexia nervosa. Progressively, we developed a range of care modalities in order to improve the risk benefit balance. Since 2009, we propose an innovative Sensory Way of Caring using perceptive stimuli: olfactory, gustative, auditory and cenesthetic. Up to now, this technique is not evidence based. We therefore analyzed retrospectively several indicators: mean duration of inpatient hospitalization and the number of re-admissions per patient.

Material and methods: The psychiatrist and the pediatrician implicated in the care program define with the patient a BMI objective. Full time hospitalization is proposed according to the French clinical guidelines for anorexia. When it is not indicated, we use outpatient treatment, day or sequential hospitalization. We propose to all children and adolescents between 10 and 20 years old with an ICD-10 diagnosis of anorexia nervosa, in- and out-patients to experiment sensory pathways through therapeutic workshops. Furthermore, participation in talking therapies such as individual psychodynamic psychotherapy, group psychodrama and psychodynamic talking group is systematically proposed. Patients come for 18 months on average.

Results: Since 2012, 50 patients per year have been followed up. We observe: A decrease of the mean duration of the full time hospitalizations of 33 % No hospitalization in intensive care department since 2013

Conclusion: Therapeutic workshops implication sensory pathways might be beneficial for the treatment of anorexia nervosa in child and adolescent.

Room:
Terra

Moderator:
Stephanie Bauer (DE)

**Eating disorders in men aged midlife and beyond:
What do we know?**

Deborah Lynn Reas (Oslo University Hospital, NO), Kristin Stedal

Historically, men have been neglected in the field of ED owing to traditional and female centric approaches to conceptualization and classification. Several factors have combined to limit our knowledge of older men with ED, including stereotypes and stigma, ascertainment bias in clinical settings, as well as research protocols which often exclude men and/or older individuals. Method: We undertook a literature review to identify clinical features and risks of ED occurring in midlife and late life in men. Prevalence data and mortality research were also reviewed. Results: Sixteen case reports of men aged 40–81 years were found. Eating disorders among older men were associated with medical and psychiatric comorbidity, as well as functional impairment and social isolation. The majority of cases had an earlier onset in life, followed by a variable course of illness with periods of relapse interspersed with remission. High rates of comorbid depression were found, and several cases described a history of weight cycling and premorbid obesity. Precipitating factors included stressors which disproportionately occur in later life, for example, loss due to death or divorce. Very initial population estimates ranged from 0.02% to 1.6%, yet emerging rates of subthreshold eating disordered behavior are higher and appear to be increasing among older individuals and males in the community. There were a disproportionately high proportion of older, male deaths in register studies using death certificates, which contrasted with recent meta analyses reporting fewer deaths in studies with a higher percentage of males. Conclusions: Eating disorders should be included as a differential diagnosis of unexplained weight loss or weight gain in older men. Greater recruitment and inclusion of men in research is warranted to advance our knowledge regarding optimal assessment and treatment. Recent revisions in the DSM 5 (dropping amenorrhea, inclusion of BED, and re conceptualization of ‘significantly low weight’ to consider age and gender) will hopefully increase the broader applicability of diagnostic criteria for eating disorders to recognize presentations occurring across the lifespan for both genders.

Prevalence of eating disorders (ED), associated comorbidities and behaviors: Results of an outpatient screening survey

Emilie Latour-Beaudet (Hôpital Raymond Poincaré, FR), Mouna Hanachi, Claire Rives-Langes, Damien Ringuenet, Jean-Claude Melchior

ED is a major cause of physical and psychological morbidity and or disability, moreover ED evolution prognosis is strongly correlated with the precocity of symptoms identification and disease management. Finally ED prevalence in general population seems low. However, it is difficult to estimate their importance in ambulatory medicine practice.

The aim of this survey was to determine the prevalence of eating disorders in ambulatory medical practice, and identify associated behaviors and comorbidities.

Anonymous self questionnaires were made available in 5

different medical offices waiting rooms in Paris and its area. The 26 items questionnaire included demographics, medical data, lifestyle and eating habits. The questionnaire also included SCOFF F eating disorders screening tool. The survey was run between January and April 2013. All patients in general practice were asked to answer the questionnaire. Patients under 16 years and the uncompleted questionnaires (under 50% of missing answers) were excluded.

Three hundred and fifty nine questionnaires were analyzed, 75% filled by female patients. 12% of patients participated. The age was 47 (16-94) years, BMI of 23.9 (16 to 42.2). The prevalence of ED in these positive SCOFF F evaluated patient: 24.8%. The patients screened positive were not significantly more active and more sedentary (estimated by the time spent in front of a screen). Their consumption of alcohol, tobacco and hard drugs were also not significantly different. However, they munched more ($p = 0.005$), jumped more meals ($p = 0.005$) and have more often neuropsychiatric comorbidity ($p < 0.05$). They were more likely to report night extra prandial phagia ($p = 0.027$) and to voluntarily restrict ($p = 0.005$). They were younger ($p = 0.01$: 41.6 ± 15.4 vs 48.8 ± 16.8 years) and had a higher BMI ($p < 0.05$: 25.3 ± 4.9 vs 23.4 ± 3.9). In multivariate logistic regression analysis, voluntary restriction OR 2.53, [95% CI 1.44-4.45], age 0.96 [0.94-0.98] and BMI 1.12.

The prevalence of orthorexia nervosa and eating habits among medical students and engineering students from Transylvania

Timea Krizbai (Sapientia-Hungarian University of Transylvania, RO)

Introduction: Today there is a very important focus on healthy lifestyle, a balanced diet and on health consciousness.

Orthorexia nervosa is the result of this healthy eating fashion and the fear of harmful substances used in modern food industry.

Donini et al (2004) in Italy studied the prevalence of Orthorexia in general population ($n=404$) and reported a prevalence rate of 6.9% in their sample. Kinzl et al (2005) studied the Orthorexia phenomenon among 500 female nutrition specialists and found the ON tendency to be 34.9%. Fidan et al (2009) in Turkey studied Orthorexia among 878 medical students and found the tendency rate 43.6%. In Romania there are no data about this new phenomenon. The present study aims to fulfill this gap.

Methods: The aim of this study is to analyze the prevalence of Orthorexia Nervosa and eating habits among Hungarian medical students and engineering students from Transylvania, both in their last year of study. 276 students participated in the research. They completed a questionnaire which contained: the Eating Disorder Inventory, Maudsley Obsessive Compulsive Inventory, Beck Depression Inventory and the ORTO15.

Results: The average score of the research group on the ORTO 15 is 37.24 ± 3.82 , being 37.11 ± 4.05 in medical students group and 37.35 ± 3.61 in engineering students group. There is no difference in ORTO 15 score between medical students and engineering students ($F=2.34$, $p=0.60$). There is a significant difference between female and male medical students involved in the research regarding the ORTO 15 score. Female students show a lower score on the test 36.95 ± 3.84 . 71% of the research group scored below 40 in ORTO 15 test (68.7% medical students, 74.3% engineering students), so they are highly sensitive to eating habits. There were no differences between the medical students and engineering students.

Conclusions: Results show that sensitive behavior towards

healthy eating is high in our student sample. Even if we expected, there were no differences between medical and engineering students. Orthorexia Nervosa is present among Transylvanian students also. The pressure of society towards healthy eating and the impact of media upon eating behavior have their results in our country as well.

Mood disorders in Eating Disorders patients: prevalence and chronology of onset

Nathalie Godart (Institut Mutualiste Montsouris, FR), Leslie Radon, Florence Curt, Jeanne Duclos, EVAN Group

Objectives: In a clinical population, we estimated the frequency of mood disorders among 271 patients suffering from Anorexia Nervosa (AN) and Bulimia Nervosa (BN) in comparison to a control group matched for age and gender.

Method: The frequency of mood disorders was measured using the Mini International Neuropsychiatric Interview (MINI), DSM IV version.

Results: Mood disorders were more frequent among eating disorder (ED) patients than among controls, with a global prevalence of the order of 80% for each ED group. The majority of the mood disorders comorbid with ED were depressive disorders (MDD and dysthymia). The relative chronology of onset of these disorders was equivocal, because mood disorders in some cases preceded and in others followed the onset of the eating disorders.

Limitations: Our sample was characterized by patients with severe ED and high comorbidities, and thus do not represent the entire population of AN or BN. This also may have resulted in an overestimation of prevalence.

Conclusion: Mood disorders appear significantly more frequently in patients seeking care for ED than in controls.

These results have implications for the assessment and treatment of ED patients, and for the aetiopathogenesis of these disorders.

MooDFOOD: Multi-country collaborative project on the role of diet, food-related behaviour, and obesity in the prevention of depression

Elisabeth Kohls (University Leipzig, DE), Nicole Mauche, Sabrina Baldofski, Ezgi Dogan, Miguel Roca, Brenda W.J.H. Penninx, Edward R. Watkins, Marjolein Visser, Ingeborg A. Brouwer

The main aim of the MooDFOOD project is to investigate how food intake, nutrient status, food related behaviour and obesity are linked to the development of depression with the three goals: a) To gain a better understanding of the psychological, lifestyle and environmental pathways underlying the multi faceted, bidirectional links of food intake, nutrient status, food related behaviour and obesity with depression. b) To develop and disseminate innovative evidence based, feasible, effective and sustainable nutritional strategies for the prevention of clinical depression. c) To promote these guidelines and tools through an extensive European network.

As part of the project, a multi country randomized controlled trial will be performed in the following four trial sites in Europe: NL (VU Amsterdam), UK (University of Exeter), Spain (Universitat de les Illes Balears) and Germany (University of Leipzig). With a 2x2 factorial design and a total of N= 1000 participants the role of multi nutrient supplements (vitamins, anti oxidants, omega 3 fatty acids) and a food related behavioural change intervention (21 sessions) for a duration of 12 months will be investigated. The

primary endpoints are incidence of major depression and depressive symptom severity at 12 month follow up. Secondary endpoints are food intake, sustainability of food intake, food and eating behaviour, physical activity and sedentary behaviour, body weight perception, anxiety symptom and quality of life. Data collection has started in July 2015. The MoodFOOD project, the clinical trial design, trial organization, the intervention programme and expected results will be presented and discussed.
www.moodfood.vu.eu

Attachment insecurity predicts punishment sensitivity in anorexia nervosa

Charlotte Keating (Swinburne University of Technology, Australia), David Castle, Richard Newton, Chia Huang, Susan Rossell

Background: Individuals with anorexia nervosa (AN) experience insecure attachment. We aimed to test whether insecure attachment is associated with punishment and reward sensitivity in women with AN.

Methods: 24 women with AN and 26 comparison women (CW) completed The Eating Disorder Examination Questionnaire (EDE Q), Depression Anxiety Stress Scale (DASS), The Attachment Style Questionnaire (ASQ), and Sensitivity to Punishment Sensitivity to Reward Questionnaire (SPSRQ).

Results: Participants with AN returned higher ratings for insecure attachment (anxious and avoidant) experiences than CWs. They also reported greater sensitivity to punishment ($p=0.001$) but no difference in sensitivity to reward. In AN, sensitivity to punishment was positively correlated with anxious attachment and negative emotionality but not eating disorder symptoms. Regression analysis revealed that anxious attachment independently predicted punishment sensitivity in AN.

Conclusion: Anxious attachment experiences are related to punishment sensitivity in AN, independent of negative emotionality and eating disorder symptoms. The results present a rationale for investigating the contribution of attachment to experiences that are reported as uncomfortably tolerated, or avoided by individuals with AN.

11:00 - 12:30

DEBATE 2

Room:
Animus 1

Chair:
Hans Hoek (NL)

An evidence-base is required for anorexia nervosa treatment

Proponent: Isis Elzackers (Altrecht GGZ, NL)

Opponent: Anna Keski-Rakhonen (University of Helsinki, FI)

12:30 - 13:00

BUSINESS MEETING

Introduction of the host for the ECED 2017 Meeting and election of the host for the ECED 2019 Meeting

All delegates are invited to attend.