priority treatment factors. Promote constructive dialog between EDs experts from different backgrounds and EDs patients.
Methods: In order to know the various treatment alternatives available, the different levels and reference structures are illustrated. In addition, it is also suggested different reasoning based on the ethical models of egalitarianism, utilitarianism and prioritarianism in order to build a waiting list management model, which is the maximum goal of this work. This model needs to be supported by a series of validated tools such as the clinical interview and self-administered questionnaires to investigate psychopathological aspects and psychiatric symptoms. Going into more details, a questionnaire is proposed to the EDs leading experts, so that they can provide their own priority factors list and related thoughts in order to build "the most ethical" waiting list.
Results: It is expected that both patients and clinicians tend to give priority to patients with greater psychophysical severity, not exclusively on the basis of physical parameters. Further hypothesis related to clinicians lead us believe that they tend to use utilitarian logics, in compliance with the demonstrated efficacy of early intervention. An evaluation that could lead to a disagreement between experts and patients is related to prioritize patients in the initial phase of the disease, which could be supported by clinicians, but not by patients, probably in connection with their personal experiences. In fact, this favoritism could have a negative impact on the care of the most serious cases who risk to be left to themselves.
Conclusions: This work aims to encourage a constructive dialogue between experts and patients with EDs in order to build a functional intervention model which should be "the most ethical as possible" in order to save the greatest number of lives in respect of mental suffering.

Disclosure of Interest: None Declared

EPV0461

In People who Identify as Gender Minority People the Social Cure Model and in People who Identify as LGBTQ* People the Intragroup Status and Health Model might Explain the Link between Identity Centrality and Body Appreciation

N. Komlenac*, K. Stockburger, J. Birke and M. Hochleitner

Gender Medicine and Diversity Unit, Medical University of Innsbruck, Innsbruck, Austria
*Corresponding author.
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Introduction: Sexual and gender minority (SGM) people are often found to have lower levels of body appreciation than do cis-heteronormative people.
Objectives: The current study utilizes the social cure model and the intragroup status and health model to investigate whether identification with a SGM social group and identity centrality (i.e., the degree to which a specific social identity is important to an individual) is linked to experiences of hostile behaviors because of a person's looks or body and consequently, to body appreciation.
Methods: A cross-sectional online-questionnaire study was conducted with 1,680 German-speaking participants (49.2% cisgender women, 37.7% cisgender men, 9.0% non-binary, 4.1% transgender; $M_{age} = 32.7$, $SD = 12.5$). The Multidimensional and Multicomponent Measure of Social Identification, the Body Appreciation Scale-2, the Perceived Stigmatization Questionnaire and the Sociocultural Attitudes Towards Appearance Questionnaire-4, revised were used. A manifest path model was calculated.
Results: People who identified as gender minority (GM) people and LGBTQ* people reported lower levels of body appreciation. Sexual minority (SM) individuals who identified with a social group other than LGBTQ* people reported levels of body appreciation similar to those of individuals who identified as women. Individuals who identified as GM people experienced fewer instances of hostile behaviors because of their looks or body the higher their level of identity centrality was. On the other hand, individuals who identified as LGBTQ* people more frequently encountered hostile behaviors because of their looks or body when their identity centrality was strong. Frequent experiences of hostile behaviors because of a person's looks or body was linked to poor body appreciation in all social groups.
Conclusions: Identity centrality might help alleviate experiences of discrimination, especially in people who identify as GM people, as the social cure model suggests. In line with the intragroup status and health model, individuals who strongly identify as LGBTQ* people might be more visible as SM people and experience more discrimination than do SM people who identify with another social group.

Disclosure of Interest: None Declared

EPV0462

Avoidant Restrictive Food Intake Disorder in a 28 year old man: a case report

P. Setién Preciados*, E. Arroyo Sánchez and C. Díaz Mayoral

Servicio de Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain
*Corresponding author.
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Introduction: Avoidant Restrictive Food Intake Disorder is a disorder included among the eating disorders criteria group. Prevalence and incidence rates of ARFID in the general population remain largely unknown. Despite ongoing variability in the interpretation of diagnostic criteria in clinical practice, good progress has been made regarding recognition and assessment of ARFID. Different approaches to treatment are currently being explored, with reported outcomes for ARFID vary, consistent with the heterogeneity of the disorder. At present, there is insufficient evidence to determine the likely course and prognosis.
Objectives: Review what avoidant restrictive food intake disorder consists of, the challenges it presents, as well as its prognosis and potential treatments.
Methods: Presentation of a patient's case and review of existing literature, in regards to ARFID.
Results: The patient in question is not clear he can be diagnosed of avoidant restrictive food intake disorder given his OCD symptoms, which are intertwined. That said, he does not have body dysmorphophobia and does check for all the ARFID criteria. Their prognosis is not good, having failed several psychological and pharmacological treatments.
In literature, there is not much evidence around the disease because of its novelty, being recently included in the DSM 5 as a new class of

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