

Introduction Some temperament characteristics of personality seem to be modulated by oxytocin. Patients suffering from eating disorders (EDs) display aberrant personality traits.

Objectives and aims We investigated the relationships between plasma oxytocin levels and personality dimensions of patients with anorexia nervosa (AN) and bulimia nervosa (BN) and compared them to those of healthy controls.

Methods Plasma oxytocin levels were measured in 23 women with AN, 27 women with BN and 19 healthy controls and assessed their personality traits by means of the Cloninger's Temperament and Character Inventory-Revised (TCI-R).

Results AN patients showed plasma levels of the hormone significantly lower than BN and healthy controls. In healthy women, plasma oxytocin levels resulted significantly correlated negatively with novelty seeking scores and positively with both harm avoidance (HA) scores and the attachment subscale scores of the reward dependence: these correlations explained 82% of the variability in circulating oxytocin. In BN patients, plasma oxytocin resulted negatively correlated with HA, whereas no significant correlations emerged in AN patients.

Conclusions These findings confirm a dysregulation of oxytocin secretion in AN but not in BN and show, for the first time, that the association of circulating oxytocin to patients' temperament traits is totally lost in underweight patients with AN and partially lost or even inverted in women with BN. These findings suggest a role of oxytocin in certain deranged behaviours of ED patients, which are influenced by the subjects' personality traits.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.317>

EW200

Attachment style and salivary cortisol awakening response in eating disorders

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Introduction Early life experiences can influence hypothalamus-pituitary-adrenal (HPA) axis regulation and adult attachment styles. Furthermore, several studies showed that in patients with eating disorders (EDs) there is a prevalence of insecure attachment. However, the relationship between adult attachment style, HPA axis functioning and onset of EDs is largely unknown.

Objectives and aims In order to evaluate possible associations between attachment styles and HPA axis functioning in EDs, we investigated Cortisol Awakening Response (CAR) in ED patients with different attachment styles.

Methods Twenty adult patients with EDs were classified in three groups, according to the Experience in Close Relationship questionnaire (6 with secure attachment, 6 with anxious attachment and 8 with avoidant attachment). Saliva samples were collected at awakening and 15, 30 and 60 minutes after.

Results There was a significant difference among the groups in both awakening and post-awakening cortisol concentrations. In particular, compared to secure and avoidant groups, the anxious group exhibited lower cortisol concentrations at awakening and post-awakening with a preservation of the timing of the CAR.

Discussion Present findings demonstrate that anxious attachment style is linked to flattened CAR in EDs. This pattern has been associated with other psychiatric disorders. Therefore, attachment style could influence the HPA functioning and it could play, although not specifically, a role in pathophysiology of EDs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.318>

EW201

Obesity: The influence of expressed emotion, anxiety and life events

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Background Expressed Emotion (EE) can be described as a measure of the emotional temperature of the family climate and plays a role in disease course and outcome, especially in chronic illnesses. Overweight and obesity are severe problems with serious implications as far as health risks are concerned. The literature suggests having a high EE caregiver correlates with a worse treatment compliance in obese patients.

Objectives To measure level of EE, stressful events and anxiety in obese patients and their caregivers; to investigate the possible correlations between treatment compliance and EE.

Methods We recruited 190 obese patients and 125 caregivers. Socio-demographic features were recorded. Assessment included: Level of Expressed Emotion Scale (LEE), one version for patients and one for relatives in order to evaluate 4 dimensions: Intrusiveness, Emotional Response, Attitude toward Disease, Tolerance and Expectation; the Paykel's Interview for Recent Life Events; STAI Y1 concerning state anxiety and STAI Y2 concerning trait anxiety; BMI (Body Mass Index) was measured at T0 and after 3,6 and 9 months. **Results** We have found a correlation between gender and trait anxiety, and an inverse correlation between age and trait anxiety both in patients and caregivers. The decrease of BMI during follow-up is statistically significant and this reduction seems to be affected by tolerance and expectation perceived by patients and the emotional response on behalf of caregivers.

Conclusions Levels of EE should be considered when planning treatment interventions to enhance compliance in obese patients and to support change in their life-style.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.319>

EW202

How do obese people eat?

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Introduction The recently published DSM-5 defines Eating Disorders (ED) as "a persistent alteration in the food supply or food-related behavior leading to an alteration in the consumption or absorption of food and cause a significant deterioration in health or psychosocial functioning" and, nevertheless, it does not include obesity as an ED due to the lack of enough evidence to include it.