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NON-ALCOHOLIC STEATOSIS AND EATING DISORDERS

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is becoming the most common liver disease worldwide. Prolonged fasting and excessive caloric intake are possible nutritional causes of NAFLD incurred by patients with eating disorders (ED).

Aims: Aims of this study are: identifying if eating disorders are associated with NAFLD; evaluating possible improvements of the risk of NAFLD and of psychopathology determined by integrated multidisciplinary treatment (behavioral therapy, dietary assessment and treatment, clinical care overall).

Methods: 78 patients with ED received the integrated multidisciplinary treatment.

Psychopathology and eating symptoms were assessed before and after treatment through Eating Disorder Inventory and Questionnaire of Eating Behaviours (QEB). The risk of NAFLD was evaluated by Fatty liver index (FLI) based on values of γ GT, BMI, triglycerides and waist circumference.

Results: 54% of patients with binge eating disorder in our sample has a 60-FLI, indicating a risk of NAFLD higher than 85%.

FLI ($p: 0.003$) and γ GT ($p: 0.006$) were significantly lower after treatment, thus indicating an improvement in the risk of NAFLD. Four of the eight EDI's subscales improved: Drive for thinness ($p: 0.008$), Interoceptive awareness ($p < 0.001$), Bulimia ($p: 0.001$), Ineffectiveness ($p: 0.014$). Two of the three SCA's subscales improved: Binge Eating ($p: 0.001$) and Food Restriction ($p: 0.016$).

Conclusions: the association between NAFLD and eating disorders was shown together with the efficacy of the multidisciplinary treatment. The risk index FLI and γ GT were reduced by the therapy but should be monitorized over time.