psychological states. All participants completed pre-treatment (baseline), intervention (week 5), and post-treatment (week 10) assessments, and the treatment group completed a separate follow-up assessment (week 14).

Results: In the treatment group, 70.05% of the participants completed the full course of the digital intervention. The mean scores for each primary outcome measure and some secondary outcome measures were significantly different between baseline and post-treatment in the treatment group for the Total, Riggy, Pleaser, Shelly, and Jumpy programs, but these differences were not observed in the waitlist group. In addition, mean differences between the treatment and waitlist groups at post-treatment assessment were significant for all primary outcome measures and some secondary outcome measures. Specifically, the levels of stress (Total program), perfectionism (Riggy), loneliness (Shelly), and anxiety (Jumpy) were significantly lower in the treatment group, while self-esteem (Pleaser) was higher. In addition, the mean differences between post-treatment and follow-up assessment data were not statistically significant for all primary outcome measures and nearly all secondary outcome measures.

Conclusions: This study validated the effectiveness of the digital intervention program targeting maladaptive personality traits and suggested its sustainable effects.

Disclosure of Interest: None Declared

Eating Disorders

EPV0452

Eating disorder and bipolar mental illness through genome wide association studies

B. Abdelmoula*, R. Rhaiem, A. Charfi, S. Kotti, I. Masmoudi, Y. Marsaoui and N. Bouayed Abdelmoula

Genomics of Signalopathies at the service of Precision Medicine - LR23ES07, Medical University of Sfax, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1153

Introduction: Besides the role played by environmental factors and their epigenetic influences, scientific researchers showed that the susceptibility to develop an eating disorder among bipolar people is due to genetic factors.

Objectives: To review the genetic factors behind eating disorders, highlight the role of genetics and epigenetics in the comorbidity of bipolar and eating disorders.

Methods: To delineate the role of genetics and epigenetics in eating disorders and bipolar disorders as two related mental illness, we comprehensively reviewed the scientific literature using GWAS (genome wide association studies) catalog databases to find genome-wide association studies carried out on patients with bipolar disorder EFO_0005203 and eating disorder comorbid condition (anorexia nervosa, binge eating, bulimia nervosa) EFO_0005203.

Results: GWAS of eating disorders were found in 33 studies with 324 associations whereas those of bipolar disorder were found in 114 studies with 1469 associations. GWAS of eating disorders

within bipolar disorders revealed 182 and 134 associations, as well as 10 and 8 publications respectively. Only anorexia nervosa and binge eating were studied in association with bipolar disorders. The genetic variants were protein coding genes (CUBN, FAM228B, FXR1, etc.), non-coding RNA genes (SOX2-OT, MMADHC-DT, etc.), and pseudo-genes (RNU1-23P, CACYBPP2, etc.).

Conclusions: About 300 genetic variants are associated with eating disorder as a comorbid condition of bipolar disorders. These variants may play a crucial role in the causes and mechanisms of eating disorders and should be more investigated towards more precise clinical and genetic entities.

Disclosure of Interest: None Declared

EPV0454

Schizophrenia and eating disorders: Epidemiological and clinical characteristics

E. Herelli, M. Lagha, F. Askri*, I. Ben Romdhane, H. Wided and R. Labbane

PSYCHIATRY C, RAZI HOSPITAL, MANOUBA, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1154

Introduction: Schizophrenia is a common mental illness with a wide range of symptoms.

Given the high metabolic comorbidity observed in schizophrenia and the metabolic side-effects induced by the antipsychotics used in practice, the detection of eating disorders is crucial.

These disorders may occur at the same time as psychotic symptoms or independently of them.

Objectives: we aim to provide an overview of eating disorders in schizophrenia.

Methods: We conducted a systematic search using the 2 bibliographic databases PubMed and Google scholar including the following keywords: "Schizophrenia", "Eating disorders", "Reward mechanisms".

Results: Eating disorders are a frequent comorbidity in schizophrenia.

Authors have reported that some patients with schizophrenia have an increased appetite and craving for fatty foods, increased caloric intake and frequency of consumption, which may be associated with increased disinhibition.

According to the literature, binge eating and night eating are frequently observed in patients with schizophrenia, with a prevalence of around 10%.

Studies have shown that people suffering from psychosis and treated with antipsychotics have high rates of binge eating, ranging from 4.4% to 16% for binge eating and from 8.9% to 45% for binge eating symptoms (without reaching the diagnostic threshold for binge eating).

Rates ranging from 16.1% to 64% for cravings were reported.

Anorexia nervosa appears to affect between 1% and 4% of schizophrenic patients.

Conclusions: Despite their frequent association with schizophrenia, eating disorders remain little studied. However, it is important to detect these disorders and elucidate the underlying psychopathological and neurobiological mechanisms in order to