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Brain changes in anorexia nervosa

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Anorexia Nervosa (AN) is a serious and frequent psychiatric condition with the highest mortality rate within psychiatric diseases. It often starts during adolescence and affects young patients whose brain maturity is still incomplete but brain changes are often under-considered although AN appears at a critical point of development. Brain regions involved in the pathophysiology of AN are still in debate. However, the illness is often associated with enlargement of the cortical sulci and ventricles as well as with deficits in grey and white matter volumes. Functional modifications have also been evidenced: mainly global hypometabolism (PET), hypoperfusions (SPECT) and recent fMRI studies have shown that the function of the insular and cingulate cortices, in particular, differ in AN. Neuropsychological studies have also shown neurocognitive impairments concerning executive functions, episodic and working memory as well as attentional deficits.

In 1999, Geneva University Hospitals set up a medical-psychiatric unit located in the district general hospital. This structure allows dealing with severe somatic problems as medical and nursing staffs are psychiatric and somatic specialists. AN patients are over 16, often hospitalised for the first time and have very low BMI (<14). From the clinical observation of these patients who show significant attentional deficits, we explored whether cerebral abnormalities were present with structural MRI and Neuropsychological assessments.

We will describe the preliminary results of our clinical experience and consider their implication for the understanding of AN mechanisms. We will also discuss the links between psychopathology and brain impairments that could lead to more efficient treatments.

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Disordered eating behaviors, perfectionism and perseverative negative thinking—Study in a clinical sample

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Introduction In a recent study developed with a community sample, we have found that although PNT mediated the relationship between perfectionist cognitions and bulimic behavior, the effect of perfectionism on other disordered eating dimensions, such as diet, was independent of the PNT levels (Monteiro et al., 2015).

Objective To investigate if PNT mediates the relationship between perfectionism and disordered eating behaviors in a clinical sample.

Methods Fifty-two patients with eating disorders/ED (mean age = 22.54 ± 7.637; mean BMI = 20.07 ± 4.192; 14.5% Anorexia Nervosa cases; 7.8% Bulimia Nervosa and 9.0% EDNOS) were assessed with the ED section of the Diagnostic Interview for Genetic Studies and fill in the Portuguese validated versions of Eating Attitudes Test/EAT-25 (to evaluate Bulimic behaviors/BB, Diet and Social pressure to eat), Multidimensional Perfection-

ism Scales (to evaluate perfectionism composite dimensions Evaluative Concerns/EC and Perfectionistic Strivings/PS) and Perseverative Thinking Questionnaire/PTQ-15 (to evaluate Repetitive Thought/RT, Cognitive interference and unproductiveness/CIU). Only variables significantly correlated with the outcomes (EAT-25.Total and its dimensions) were entered in the regression models. Mediation analyses using Preacher and Hayes bootstrapping methodology were performed.

Results EC, PS, CIU and RT were significant predictors of EAT.Total. PA, CIU and PR were significant predictors of BB. EC and PS were significant predictors of Diet. CIU partially mediated the relationship between EC and EAT.Total (95% CI = 0.0025–0.3296) and between EC and BB (95% CI = 0.0037–0.1877).

Conclusion Also in a clinical sample, CII, the most pernicious dimension of PNT, mediates the relationship between perfectionism and disordered eating behavior, particularly bulimic behavior; diet is predicted by perfectionism independently of PNT.

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EV577

Perfectionism, a transdiagnostic construct in eating disorders

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Introduction Perfectionism is considered a multidimensional key risk factor for Eating Disorders (EDs). There are discrepancies regarding if it is mainly associated to Anorexia nervosa (AN) but not to other EDs.

Objectives To study if Perfectionism is not only related with AN, but it is present in all EDs and associated with more transdiagnostic attitudes and behaviors.

Aims To see if there were significant differences among EDs subgroups concerning Perfectionism and to study which abnormal eating attitudes were more associated with this trait.

Methods Participants were 151 outpatients with EDs. DSM-IVTR diagnoses were: 44 (29.1%) Anorexia Nervosa (AN), 55 (36.4%) Bulimia Nervosa (BN) and 52 (34.4%) Eating Disorders not Otherwise Specified (EDNOS). Perfectionism was assessed with the Edinburg Investigatory Test (EDI-2) subscale; general psychopathology with the Beck Depression Inventory (BDI), State and Trait Anxiety Inventory (STAI), Rosenberg Self-Esteem Questionnaire (RSE). Eating psychopathology was measured with the Bulimic Investigatory Test (BITE), Eating Attitude Test (EAT-40), EDI-2 and the Body Shape Questionnaire (BSQ).

Results No significant differences were found regarding Perfectionism among the three groups. Body dissatisfaction was the variable most associated with Perfectionism ($\beta=0.330$, $F=14.2$, $P<0.001$, 10.9% of the variance) adjusting for general and eating psychopathology. Ascetism and Interoceptive awareness were the EDI-2 subscales most associated with Perfectionism.

Conclusions The findings confirm that Perfectionism is present in all EDs and there is a relationship between body dissatisfaction and Perfectionism. Interplay has been suggested between these two factors for the development of EDs.

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