

**Objectives/aims** The authors describe a clinical case of a 51-year-old woman with rumination syndrome and bulimia nervosa.

**Methods** A detailed report of the clinical case was made as well as a literature review of articles published in Pubmed/Medline on the topic “Rumination syndrome” and “Merycism”.

**Results** The authors describe a clinical case of a 51-year-old woman who began ruminative behavior when she was 10 years old, describing the regurgitation of the swallowed food back to her mouth shortly after eating and the re-chewing of it. She states that the regurgitated food tastes the same as when she ate it and she denies any pleasure associated with this behavior. When she was 17 years old, by the time she was pregnant, she started bulimic behavior and, as the rumination, it never ceased. Her medical history is significant for chronic gastritis and type 2 diabetes mellitus.

**Conclusions** Although rare, merycism is an entity in the clinical practice of eating disorders. With this work, the authors share this case report as well as information concerning this topic.

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

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#### EV0442

### Non-invasive brain stimulation treatment in a group of adolescents with anorexia

F. Costanzo<sup>1,\*</sup>, A. Maritato<sup>1,2</sup>, D. Menghini<sup>1</sup>, M.C. Castiglioni<sup>1</sup>, V. Zanna<sup>1</sup>, S. Vicari<sup>1</sup>

<sup>1</sup> Bambino Gesù Children's Hospital, IRCCS, Department of Neuroscience, Child Neuropsychiatry Unit, Rome, Italy

<sup>2</sup> LUMSA University, Educational Science, Rome, Italy

\* Corresponding author.

**Introduction** Anorexia nervosa (AN) is characterized eating behaviors and body image disturbances. Given poor treatment outcomes are available for AN, treatment innovations are urgently needed. Recently, non-invasive neuromodulation tools have suggested having potential for reducing AN symptomatology targeting brain alterations.

**Objectives** The objective was to verify whether an excitatory transcranial direct current stimulation (tDCS) over the left prefrontal cortex may aid in altering/resetting inter-hemispheric balance in AN patients, re-establishing control over eating behaviors.

**Aims** Research is aimed to evaluate the potential of tDCS treatment in determining a more rapid improvement compared to classical treatments in adolescents with AN.

**Methods** Twenty-two adolescents with AN, underwent the treatment as usual (AU) plus the tDCS treatment (TDCS+AU:  $n=8$ , age  $M 13.7 \pm 1.9$  years) or a family therapy (FT+AU:  $n=14$ , age  $M 15.1 \pm 1.75$  years), for six weeks. Psychopathological scales (EDI-III, EAT 26, BUT, MASC, CDI) and anthropometric indicator of nutritional status (BMI) were assessed before and after treatment.

**Results** BMI improved only in the TDCS+AU group ( $P<0.01$ ). Mean BMI percentage of improvement was  $14.43\% \pm 10.8$  in the TDCS+AU and  $4.83\% \pm 5.4$  in the FT+AU. Both groups improved in the total scores of the EDI, EAT-26, MASC and CDI scales (all  $P<0.01$ ).

**Conclusions** tDCS treatment improved BMI values more than classical treatment and determined comparable to the classical treatment improvement in the psychopathological scales. This results may be an important starting point to further explore the beneficial effect of brain based treatments for AN.

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#### EV0443

### Body Image in Bariatric surgery candidates

M.L. Rosta<sup>1,\*</sup>, F. Porfiri<sup>2</sup>, A. Zaccaria<sup>1</sup>, G. Giannetti<sup>1</sup>, M. Scoppetta<sup>2</sup>, P. Giustacchini<sup>3</sup>, A. Iaconelli<sup>2</sup>, D. Chieffo<sup>1</sup>, G. Mingrone<sup>2</sup>, M. Raffaelli<sup>3</sup>, L. Janiri<sup>1</sup>

<sup>1</sup> Università Cattolica del Sacro Cuore, neuroscienze, Roma, Italy

<sup>2</sup> Università Cattolica del Sacro Cuore, patologia dell'obesità, Roma, Italy

<sup>3</sup> Università Cattolica del Sacro Cuore, semeiotica chirurgica, Roma, Italy

\* Corresponding author.

**Introduction** Body image is a multidimensional concept that has assumed a significant role in eating disorders in which affective and perceptual distortions have been documented. Obesity is not a psychiatric disorder according to DSM-5 but several studies highlighted the presence of body image diseases in obesity.

**Objectives** The aim of this work is to evaluate the presence of body uneasiness in obese seeking for Bariatric surgery and to correlate it with psychopathological symptoms, psychosocial and anamnestic variables.

**Methods** From June 2014 to June 2016, we enrolled 537 Bariatric surgery candidates. Body image was investigated using the Body Uneasiness Test (BUT-A), a 34-item self-report questionnaire which measures weight phobia (WP), body image concerns (BIC), avoidance (A), compulsive self-monitoring (CSM), detachment and depersonalization (D). Psychopathological symptoms and personality traits have been evaluated using SCL90R and MMPI-2.

**Results** Descriptive analyzes showed that BUT subscales were altered in most of our sample. Correlations of Pearson underlined significant associations between BUT subscales and SCL90R subscales. No correlation was found between BMI, marital status and BUT scores, while young, female and unemployed people had more difficulties with body.

**Conclusions** Our data highlight the presence of considerable body uneasiness in obese, correlated with the severity of psychiatric symptoms but independent from the severity of obesity. This seems to reflect the mind-body split detected both in obesity and in eating disorders. Therefore, a multidisciplinary integrated approach including psychological work on cognitive, emotional and perceptual aspects of body image will help patients to improve coping with corporeal changes achieved through surgery.

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#### EV0444

### Sex-specific issues in eating disorders: A clinical and psychopathological investigation

G. Di Girolamo\*, S. Valente, F. Cerrato, P. Scudellari, A.R. Atti, D. De Ronchi

Psychiatry, Department of Biomedical and Neuromotor Sciences - Psychiatry- University of Bologna, Bologna, Italy

\* Corresponding author.

**Introduction** Gender is crucial in many aspects of life, including attitude towards body image perception. Although the well-known female preponderance, recent studies demonstrate an increasing Eating Disorders (EDs) incidence in males but scant literature attention.

**Aims** This study aims to highlight the growing phenomenon of EDs in males and shed light on sex-related clinical features and psychiatric co-morbidities.

**Method** Out of 280 persons aged 18–74, consecutively referred to Bologna's outpatients EDs clinic, 267 were included in this retrospective observational study.

**Results** The men/women ratio was one to five. The most frequent EDs in males was Binge Eating Disorder, whereas in females Anorexia Nervosa and Bulimia Nervosa prevailed. Excessive exercising and fasting were the most common dysfunctional behaviors in men, while self-induced vomiting and laxative-diuretic abuse were more typical in women. Mood and Somatoform Disorders were more common in women, whereas Anxiety and Psychosis Disorders in males. Within personality disorders, borderline and histrionic prevailed in female, while narcissistic and anti-social in males.

**Conclusions** Male compared to female EDs, show differences in clinical presentation, symptoms and co-morbidities. The increased proportion of affected men should alert general practitioners, clinicians and psychologists working in non-specialized settings to be more aware of the possibilities of encountering an ED in men and of the need of exploring the eating habits in all male patients. The finding of a more pronounced physical hyperactivity in men in order to achieve an ideal body shape which is muscular and athletic suggests the need of a deeper attention to sex-different symptoms and behaviors declination.

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#### EV0445

### Shame traumatic memories and body image shame in Binge Eating Disorder: Can memories of warmth and safeness buffer this link?

C. Duarte\*, J. Pinto-Gouveia

CINEICC, Cognitive and Behavioural Centre for Research and Intervention, Faculty of Psychology and Educational Sciences, Coimbra, Portugal

\* Corresponding author.

**Introduction** Growing research show that body image-related shame plays a particularly important role in the vulnerability to and persistence of Binge eating symptoms. Also, shame experiences from childhood and adolescence were found to function as traumatic memories and are significantly associated with eating psychopathology. Nonetheless, little is known about the effect of shame traumatic memories in Binge Eating Disorder (BED), and whether early positive emotional memories of warmth and safeness may buffer against the impact of shame memories on body image shame.

**Aims** This study examined the moderator effect of positive emotional memories on the association between shame traumatic memories and current body image shame in women diagnosed with BED.

**Methods** Participants ( $N=109$ ) were assessed through the eating disorder examination and the shame experiences interview, and answered to self-report measures assessing the traumatic features of a key shame memory, positive emotional memories and body image shame.

**Results** Body image-related experiences were most frequently recalled as significant shame memories. Positive emotional memories were negatively associated with shame traumatic memories and body image shame, and had a significant moderator effect on the association between shame traumatic memories and current body image shame.

**Conclusions** This study was the first to demonstrate that early shame experiences may contribute for BED patients' shame based on their body image. Data suggest that the access to memories of early feelings of affiliation and safeness may be key to tone down negative affect. These findings have important implications for the conceptualization and treatment of BED.

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

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#### EV0446

### A new measure of psychological inflexibility related to eating behavior in adolescence: Confirmatory factor analysis and validity assessment

C. Duarte\*, C. Ferreira, J. Pinto-Gouveia

CINEICC, Cognitive and Behavioural Centre for Research and Intervention, Faculty of Psychology and Educational Sciences, Coimbra, Portugal

\* Corresponding author.

**Introduction** On the onset of adolescence there is an increased vulnerability for mental health problems, namely disordered eating symptomatology. Disordered eating symptomatology has been described as a problem of psychological inflexibility. Psychological inflexibility related to eating behaviors, i.e., the adoption of inflexible idiosyncratic dietary rules without considering external and internal contingencies, is associated with disordered eating symptoms in adult populations. Nonetheless, the study of psychological inflexibility related to eating behaviors in adolescence is scarce.

**Aims** The current study aimed at examining the factor structure and psychometric properties of the Inflexible Eating Questionnaire for Adolescents (IEQ-A).

**Methods** Participated in this study, 728 adolescents (513 girls and 215 boys), aged 14 to 18 years, who completed self-report measures of psychological inflexibility related to eating behaviors, body image, disordered eating symptoms and general psychopathology symptoms.

**Results** Results of the confirmatory factor analysis indicated that the IEQ-A replicated the 11-item one-dimensional structure previously identified in adult samples. A multigroup analysis also demonstrated the scale's structure invariance between genders. The scale presented high internal reliability for both boys and girls (95). Correlation analyses confirmed the scale's convergence with psychological inflexibility with body image. IEQ-A was also positively associated with disordered eating symptoms and depression, anxiety and stress symptoms.

**Conclusions** Findings corroborated the adequacy of the IEQ-A factor structure and supported that this is a valid measure to assess psychological inflexibility related to eating behavior in adolescence. This measure is therefore of potential utility for clinicians and researchers focusing on eating-related difficulties in this vulnerable developmental stage.

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#### EV0447

### New technologies as risk factor for eating disorders

S. Fernandez Rojo\*, F. Mora, C. Banzo, J. Quintero

Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

\* Corresponding author.

**Introduction** Eating disorders (ED) have a significant prevalence in children and adolescents. The use of new technologies allows to access to a big amount of information. Excessive use of these technologies at this stage of life decreases social and family relationships and provides access to online content in favor of these disorders, which can affect to the development of an ED. The aim of this study is to analyze the relationship between the use of new technologies and the risk of developing an ED.