Introduction: High levels of impulsivity are associated with individuals suffering from eating disorders. Impulsivity is a complex and multidimensional construct, with elevated impulsivity traits posing a specific risk in relation to binge-eating and purging disorders when compared to restrictive types eating disorders.

Objectives: Our aim was to identify the difference in impulsivity profile in children and young patients with eating disorders, including anorexia nervosa restrictive type (ANR), anorexia nervosa binge eating/purging type (ANP), bulimia nervosa (BN) and binge-eating disorder (BED).

Methods: Patients aged 21 years or younger, meeting the DSM-V criteria for ANR (n=125), ANP (n=48), BN (n=38), and BED (n=37) were enrolled in the study. The participants had an average age of 16.3 ± 2.15 years. Data collection involved the administration of the UPPS Impulsiveness Scale (UPPS). Bilateral Student's t-tests were conducted to evaluate potential statistically significant differences among the diagnostic groups.

Results: Our results indicated statistically significant differences in total impulsivity between patients diagnosed with ANR and each of the other eating disorders including ANP (T-Stud -2,19 $p < .02$), BN (T-Stud -2.17 $p < .03$), and BED (T-Stud -2,68 $p < .008$) (Figure 1). However, no significant differences were observed among the other eating disorder groups. Nevertheless, it is noteworthy that heightened impulsivity traits, particularly sensation-seeking tendencies, were a common feature among all subtypes of eating disorders, regardless of their specific diagnostic category. Impulsivity and age also exhibited a statistically significant negative correlation (r = -0.13, $p = .03$) (Figure 2).
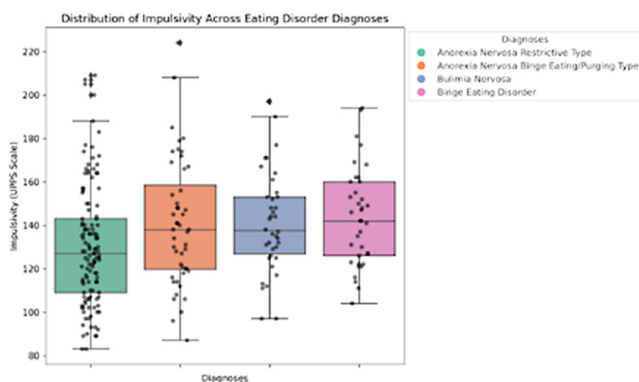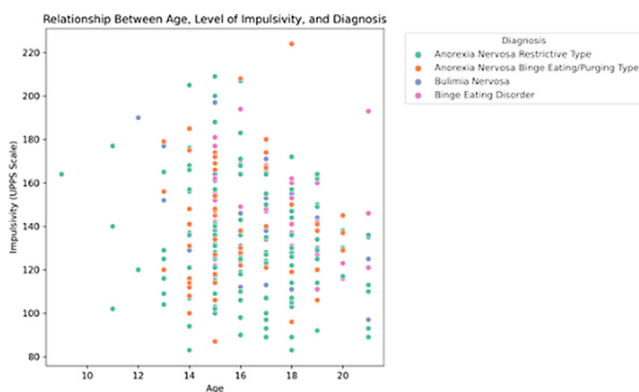
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Image 2:

Conclusions: Impulsivity in individuals with restrictive and binge/purgative eating disorders differ significantly, with lower levels of impulsivity in ANR (Figure 1), except for sensation-seeking tendencies. This suggests that both groups may share a similar inclination for seeking intense emotions or engaging in emotionally arousing behaviors. As individuals age from adolescence to young adulthood, there is a tendency for impulsivity levels to decrease (Figure 2).

Disclosure of Interest: None Declared

EPP0024

Comparing DSM-5 pathological personality traits in eating disorder patients and healthy control subjects using PID-5: results of a pilot study

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Introduction: The presence of eating disorders is often associated with serious physical complications, self-destruction, and suicidal tendencies. Furthermore, eating disorders may often present as a symptom of or in comorbidity with personality disorders. In order to treat eating disorder patients successfully we need a more complex and individual approach taking into consideration the specific personality dysfunctions and traits present in the patient underlying symptomatic manifestations. Recently a paradigm shift in conceptualisation of personality disorders led to the introduction of a dimensional concept focusing on severity of dysfunction in both ICD-11 and DSM-5 in its Alternative Model for Personality Disorders (AMPD). IN addition, DSM-5 as part of AMPD also considers the presence of 5 domains of pathological personality traits including 25 facets. This more complex mapping of personality could aid understanding personality contributors to psychopathology not only in personality disorders and could aid treatment by providing targets for psychotherapy.

Objectives: Our aim was to compare pathological personality traits according to DSM-5 AMPD in eating disorder patients, and matched healthy control subjects.

Methods: We are launching a large project focusing on personality disorders. For this analysis we used the adult form of PID-5 to assess pathological personality traits along 5 domains and 25 facets in eating disorder patients and psychiatrically healthy controls. Data were analyzed with the Mann-Whitney test using R.

Results: Preliminary results of a pilot analysis in 14 eating disorder patients and matched psychiatrically health controls are shown. Comparing the data of the two groups, a significant difference was observed in several personality facets, including Anxiousness, Deceitfulness, Grandiosity, Impulsivity, Manipulativeness, Perceptual dysregulation, Rigid perfectionism, Submissiveness, and Unusual beliefs. These differences in the above facets reflect differences in the two groups in all pathological personality domains including Anhedonia, Negative affect, Antagonism, Disinhibition, and Psychoticism.

Conclusions: Our results show complex differences between eating disorder patients and healthy control subjects in several facets, pointing to a unique pattern and the affectedness of all pathological personality domains. Such results could possibly add to identifying personality trait targets for psychotherapy in eating disorders besides increasing our understanding on the etiopsychopathology of this serious psychiatric illness. Our study is ongoing, but more complex analyses involving further measures and variables in larger samples bring the hope for increasing effectiveness of treatment for anorexia.

Disclosure of Interest: None Declared

EPP0025

Validity and reliability of the Eating Disorder Examination-Questionnaire-7 Portuguese version in the perinatal period

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Introduction: The EDE-Q-7 Portuguese version presented good reliability and validity in Portuguese women fro the general population (Pereira et al. 2022).
Objectives: The aim of our study was to analyse the psychometric properties of the EDE-Q-7 in a sample of Portuguese women during the perinatal period.
Methods: Participants were 346 women with a mean age of 31.68 of years old (± 4.061; range: 18-42). 160 were pregnant (second or third trimester) and 186 were in the post-partum (mean baby´s age=4.37 months (± 2.87; range: 1-12). They answered an online survey including the Portuguese version of the EDE-Q-7 and of the Screen for Disordered Eating/SDE.
Results: Confirmatory factor analysis (CFA) presented adequate fit, in pregnancy ($\chi2/df=$; RMSEA=, $p<.001$; CFI=; TLI=; GFI=), postpartum ($\chi2/df=$; RMSEA=, $p<.001$; CFI=; TLI=; GFI=) and considering both – perinatal period ($\chi2/df=2.7998$; RMSEA=.0722, $p<.001$; CFI=.9709; TLI=.9444; GFI=.9761). The Cronbach's alpha coefficients were >0.90 for the total and approximately .70 for the three factors - Dietary restraint, Shape/weight overvaluation and Body dissatisfaction. All the items contributed to the internal consistency and presented high internal consistency. Pearson correlations between factors and total scores were significant, positive and high, as well as between the EDE-Q-7 measures and SDE (>.60 with the total; >.40 with the factors), in pregnancy, postpartum and considering both periods.
Conclusions: Presented sound psychometric properties across the perinatal period, the EDE-Q-7 and can be very useful to evaluate the presence and severity of eating disorders symptoms in women in pregnancy and post-partum.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP0026

Stigma towards mental health disorders - Has anything changed?

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Introduction: Stigma towards mental disorders has been shown to be a major obstacle to recovery and quality of life among people with psychiatric disorders. Despite significant advances in the treatment of mental disorders, stigma remains concerning to patients, caregivers, and healthcare professionals. Singapore is a city state in South-East Asia with a multi-ethnic population. A nation-wide campaign launched in 2018, Beyond the Label, focusing on addressing stigma and promoting social inclusion for persons with mental health conditions.
Objectives: The aims of the current study were to (i) establish the dimensions of stigma and examine its correlates in the general population of Singapore using a vignette approach, and (ii) examine whether there was any change in stigma levels from 2016 to 2023.
Methods: Data for the current study comes from an ongoing nation-wide, cross-sectional study of mental health literacy conducted in Singapore since September 2022. The study population comprises Singapore Residents aged 18–65 years who are currently living in Singapore. Respondents were randomly assigned and presented a vignette describing one of seven specific disorders: alcohol abuse, dementia, depression, depression with suicidality, gambling disorder, obsessive-compulsive disorder, and schizophrenia. Stigma was assessed using Personal and Perceived scales of the Depression Stigma Scale (DSS) (Griffiths et al. Br J Psychiatry; 2004 185 342-349), and the Social Distance scale (SDS) (Link et al. Am J Public Health 1999; 89 1328–1333).
Results: 2500 respondents who completed the survey were included in the current analysis. The mean age of the respondents was 42.8 years. A three-factor model comprising 'weak-not-sick', 'dangerous/undesirable', and 'social distance' provided acceptable fit. Multivariable linear regression analyses revealed that younger age, female gender, students, and dementia vignette were significantly associated with lower weak-not-sick scores while Malay and Indian ethnicity, lower education, and alcohol abuse and gambling disorder vignette were significantly associated with higher weak-not-sick scores. Those of Malay and Indian ethnicities and those with a family member or close friend who had problems similar to the person in the vignette were significantly associated with lower social distance scores.