

Conclusions: Compared to Japanese, Indonesian women's wishes are still sound. But taking precautions about health and eating behaviour is important.

P267

Anorexia nervosa: A probable factitious disorder by proxy

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Anorexia nervosa is a complex disorder. The etiology is diverse. We expose a case report of a 19 year old patient, with an atypical anorexia nervosa in a woman admitted as inpatient in traumatology. The consultation was made because extreme thinness. The patient and her mother, were averse to any intervention (to be weighed, measured...) This was only possible after menacing with judicial intervention. The BMI was 11.5 (weight 25 Kg and height 1.47 m).

Eating problems first appeared when she was 10 years old after being sexually abused. Depressive mood and anorexia were the main symptoms. Coincident with this her mother lost her job and started dedicating herself intensively to her daughter.

In spite of the precarious physical state with extreme thinness and amenorrhea, they do not make any consultation or treatment. The mother justifies the low weight as constitutional and related to stress.

At admission the patient collaborates with nutrition, no body scheme misperception is detected, and there is no anxiety with the rapidly weight gainance. The behavior of the mother remembers the relation of a mother with a baby, demanding even her admission in Pediatrics.

The acceptance and collaboration of the mother with symptoms reminds a factitious disorder by proxy. In this case the objective of the mother will not be to obtain hospital treatment but to maintain her daughter in a permanent childhood.

The possibility that this atypical anorexia case could be a factitious disorder by proxy is discussed.

P268

A clinical sample of children and adolescents with eating disorders in Brazil: Comorbidities and socio-demographic characteristics

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Adolescent onset eating disorders incidence has been rising over the past decades. The peak of incidence occurs in adolescence and the prevalence is 9 times higher in females. It was initially believed that anorexia nervosa manifested only in higher socio-economic levels. More recent studies have identified similar incidence of this disorder also in lower socio-economic levels, rural areas and Asian communities. This study aims to describe comorbidity, socio-demographic and clinical features of a sample attending the Child and Adolescent Eating Disorders Clinic of the University of São Paulo. The sample includes all patients attending the clinic between September 2001 and October 2006. Data was obtained from a package of clinical interviews named Development and Well-Being Assessment (DAWBA)[1,2] containing a session for eating disorders and from a socio-economic questionnaire, and analysed using the SPSS10 package. During the last 6 years 82 patients were treated, and approximately 11% were males. The main diagnosis was atypical anorexia nervosa followed by anorexia nervosa according to ICD 10. The main comorbidity was depression followed by anxiety disorders.

Approximately 50% of the sample attended free government schools, a indicator of lower social classes. We concluded that our sample, although coming from a public hospital in a developing country presents similar characteristics to other clinical samples in the developed world.

References

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- [2] www.dawba.com.

P269

Toward next (editions of DSM and ICD) classifications of mixed mania/state (a dipolar, non bipolar, structure/disorder)

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Bipolar (BI) Disorder (BD) is modelled using limit cycle oscillators, which characterizes its alternating nature: (Pure) (Hypo) Mania (PME) and Depressive Episodes (DE). Also, it is presented, within the mathematical framework designed by René Thom (Catastrophes Theory), the differentiation between BI structures-PME and Dipolar ones (DI)-Mixed Mania/Episode (ME). This differentiation is re-analysed through Ilya Prigogine thermodynamic construct scope of oscillatory systems, with strong fluctuations, and consecutive, emerging, accordingly to chaotic attractors, bifurcated structures. The results, even, at a clinical level, point to different mechanisms underlying BI and DI [PME responds to Lithium Therapy (Lt), contrasting with the poorer response to Lt revealed by Rapid Cycling, ME (and for instances, ethanol withdrawal seizures), which respond to agents that decrease - by quenching (through LTD), even, previously, kindled (through LTP) - the excitability of the implicated brain circuitries (such as anticonvulsive agents, rTMS). It is presented a model of the oscillatory character of NMDA glutamatergic system, within both contexts: BD/BI and ME/DI. In conclusion - detaining PME and ME different conceptual/biophysical, clinical and genetic foundations - it is proposed a revision of the worldwide classifications of Mental Disorders (DSM, ICD), concerning PME versus ME.

P270

Atypical antipsychotic drugs in severe anorexia nervosa: A case study

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Background: Serotonergic and dopaminergic dysregulation as a core feature of anorexia nervosa, might be amenable to therapeutic modulation by atypical antipsychotics which encompass differing serotonergic and dopaminergic receptor affinities. There were no enough well-controlled clinical trials of antipsychotic medication in AN. Therefore, case reports seem to be of the certain help for clinicians.

Aim of the paper was to present a case of AN diagnosed with (DSM-IV) anorexia nervosa, restricting subtype, who responded well to risperidone treatment.

Method: Psychopathology was evaluated by means of Eating Disorders Inventory (EDI-2) and Symptom Check List 90 (SCL-90-R). Patient was prescribed a starting dose of 0.5 mg/day of risperidone