

Experiences of family withdrawal, integration difficulties, and perceived lack of care may contribute to suicide within the refugee populations. Identifying effective treatments and support to minimize the risk especially once the individuals arrive in their new country is key to providing appropriate care. Barriers to mental-health care including lack of knowledge about available resources, communication or language barriers, cultural beliefs about origins and treatment of mental disease, as well as a lack of trust in authority, pose a challenge for health care providers and policy makers. Research has been inconsistent in the findings for the prevalence of mental disorders, suicidal behaviours, and suicide ideation among refugees and asylum seekers. Thus far, research has been limited to small scale, non-randomised, often qualitative analysis. Several studies have found higher rates of mental disorder, whereas others have found a similar prevalence as in the general population, although, Post-Traumatic Stress Disorder has more consistently been found to have a higher prevalence among migrants. The lack of early and thorough exploration of suicidal intent in this population requires large-scale quantitative studies to evaluate the effectiveness and feasibility of current practices in mental-health care and suicide prevention.

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Symposium: Reward processes in anorexia and bulimia nervosa: a new pathogenetic model and future perspectives for treatment of eating disorders

S094

Functional connectivity of reward circuits in eating disorders

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Objective Anorexia nervosa display alterations of reward systems and some authors hypothesize the presence of a “starvation addiction”. The aim of the study is to explore the resting-state functional connectivity of dorsal and ventral striatal nuclei.

Method 51 subjects with lifetime anorexia nervosa (AN) (35 acute and 16 recovered) and 34 healthy controls underwent high resolution and resting-state functional magnetic resonance imaging.

Results The AN group showed a reduced functional connectivity of the putamen in comparison to healthy women and this reduction appeared to be stronger in patients with lifetime binge eating or purging. Both acute and recovered AN groups showed larger left accumbens area in comparison to healthy women. Moreover, the functional connectivity of bilateral nucleus accumbens and putamen showed significant negative correlations with the number of obstetric complications in the AN group.

Discussion the present study supports the hypothesis that AN is associated with structural and functional alterations of striatal networks and unveils a possible role of obstetric complications in the pathogenesis of striatal dysfunction.

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S095

Emotional eating in eating disorders and obesity: Sensorial, hormonal and brain factors involved

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Obesity (OB) and eating disorders (ED) are two complex weight/eating conditions that share phenotypic traits, including psychopathological variables, specific environmental risk factors and biological vulnerabilities. Both OB and ED are associated with maladaptive eating styles that may be relevant to their development and maintenance. In abnormal/excessive eating behavior, a complex interplay among physiological, sensorial, psychological, social and genetic factors influence appetite, meal timing, and the quantity of food intake and food preferences. Neurobiological functioning has also been found to be altered in extreme weight conditions, namely with regards to reward processing, emotion regulation and decision making. In this presentation we will discuss the relevance of such components as well their interaction using findings from cross-sectional and longitudinal studies conducted in extreme eating/weight conditions, when compared with healthy controls. The development of innovative treatments considering neurobiological factors will also be covered.

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S096

Eating disorders and sexuality: A complex relationship

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Introduction The relationships between Eating Disorders (EDs) and sexuality are complex, and of interest for researchers and clinicians.

Objective To identify psychopathological and clinical factors associated with restoration of regular menses and sexual function in EDs patients.

Aims To evaluate the role of sexuality as a moderator of the recovery process after an individual Cognitive Behavioural Therapy (CBT).

Methods 39 Anorexia Nervosa (AN) and 40 Bulimia Nervosa (BN) female patients were evaluated by means of a face-to-face interview, self-reported questionnaires, including Eating Disorder Examination Questionnaire and Female Sexual Function Index, and blood sample for hormonal levels and biomarkers. The assessments were repeated at baseline, at one year follow up, and at three years follow up.

Results After CBT, both AN and BN patients showed a significant improvement of sexual functioning, which was associated with a reduction of core psychopathology. AN patients who recovered regular menses demonstrated a better improvement across time of psychopathological and clinical features, and were more likely to maintain these improvements at follow up. Recovery of regular menses and improvement of sexuality at the end of CBT were

associated with a higher probability to have a full recovery at three years follow up.

Conclusions These results challenge a concept of recovery in EDs exclusively based on weight restoration or behavioral changes. An assessment including sexual functioning and core psychopathology might identify the residual pathological conditions, and it is able to provide information regarding the long term recovery process.

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S097

Oxytocin as a treatment enhancer in anorexia nervosa



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Introduction Nutritional rehabilitation in anorexia nervosa (AN) is impeded by fear of food, eating and change leading to treatment resistance. Oxytocin exerts prosocial effects on anxiety, fear modulation, trust and brain plasticity.

Objective A placebo-controlled RCT examined the effects of self-administered intranasal oxytocin (IN-OT) in AN patients.

Aim To ascertain whether single and repeated doses of IN-OT enhance treatment in AN.

Methods Female AN patients self-administered twice daily 18IU IN-OT ($n=21$) or placebo ($n=21$) for 4–6 weeks during hospital treatment. Weight and BMI were measured at baseline and after treatment. The Eating Disorders Examination (EDE) was the primary outcome measure. Cognitive rigidity was compared between groups after four weeks repeated dosing. The effects of the first and last doses of IN-OT versus placebo, on salivary cortisol before a high-energy afternoon snack, were compared.

Results Weight gain was similar in IN-OT and placebo groups. Only the EDE eating concern subscale score was significantly lower after 4–6 weeks (mean 35 days) of IN-OT ($p=0.006$). Anticipatory levels of salivary cortisol fell from baseline after the initial dose in contrast to the placebo group where levels increased. After four weeks IN-OT, salivary cortisol was significantly lower ($p=0.023$) overall with little anticipatory increase compared to placebo. There were no differences in anxiety scores. Cognitive rigidity was significantly lower in the IN-OT group ($p=0.043$)

Conclusions Self-administered IN-OT might enhance nutritional rehabilitation in AN by reducing eating concern and cognitive rigidity. Lower salivary cortisol before a high-energy snack, suggests reduction of fear rather than anxiety.

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Symposium: Role of psychiatry in dementia care

S098

Psychiatrists and legal issues in dementia care



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During more than half a century, Psychiatry has extensively accepted a biomedical model studying mental disorders (including schizophrenia, affective disorders and the large group of stress-related disorders, including anxiety disorder. Thus, the classical dichotomy between functional and organic psychiatric disorders is obsolete and from a theoretical point of view there should be no obstacle for Psychiatry to deal with the study of dementias from gene to clinical levels using empirical methods, including neurotransmitters and scanning techniques. However, in many European countries, the dementias have been claimed as belonging primarily to Neurology, leaving the role of psychiatrists to treat psychotic symptoms and bizarre behavioral disturbances.

However, psychiatrists have a long tradition of detailed psychopathological description and great skill in coping with the many psychological, ethical and social problems that are such important features of mental disorders and particularly the dementias, and so, the specific skills of psychiatrists will certainly be warranted in managing the many significant psychological and social problems of the patient both within the family and in society. The discussion must overcome the sterile debate between specialties to focus on the skills needed to adequately address the needs of patients with dementia and their caregivers.

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S099

Role of psychiatrists in memory clinics



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Memory clinics (MCs) are multidisciplinary teams involved with early diagnosis and treatment of people with dementia. In this presentation, we will discuss several trends of the role of psychiatrists over the last twenty years, on the basis of five questionnaires that were sent to MCs every 5 years in the Netherlands.

MCs have developed in Europe using a range of service models but providing similar functions, which include assessment, information, treatment monitoring, education, training and research. MCs may vary among each other, and across countries. Psychiatrists used to play a coordinating role in most MCs, but there is now a tendency that MCs are more frequently led by other specialists, notably neurologists. In 1998 in the Netherlands, only a small minority of the MCs had a structural cooperation with local service providers, but 10 years later, most of them were collaborating with other regional care organizations. In most cases, the collaborating partner was a community mental health team or a long-term care facility.

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