

laxative abuse, self-induced vomiting etc. They also included specific symptoms of eating and/or body image disorders. The analyses were conducted using relative frequencies. The absolute frequency of the codes was divided by the wordcount corresponding to the interview.

Results: The mean BMI of the subjects was 16.8 (SD= 1.30, range 13.58- 19.37). 44.7% of the models reported BMI of between 18.5 and 17.0, and 21.2% were under 17.0. Body image disorder symptoms were expressed by 63.10% of the models, and 36.90% have referred to eating disorders. The most referenced code was statements about the subjects' bodies (95.24% neutral, 89.29% negative, 64.29% positive statements). Statements about eating included 96.43% neutral and 45.24% negative claims. Monotrophic eating occurred in 27.38% of the answers, and 40.48% claimed to have used extreme calorie restriction. Juice fasting was occurrent amongst 3.57% of the interviewees. 22.62% have lost control over their food intake. 83.33% of the participants received criticizing comments on their bodies and such individuals talk negatively significantly more often about eating. Those individuals who engage in psychotherapy (16.67%) show significantly fewer signs of body image disorders, however, talk significantly more about eating disorder-related content.

Conclusions: The persistent expectation for thinness in the fashion industry elevates the likelihood of eating disorders and body image disorder development among models. The current study aims to offer insights into prevention strategies.

Disclosure of Interest: None Declared

EPP0308

Association Between Eating Disorders and Type 1 Diabetes Mellitus: a Systematic Review and Meta-Analysis

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Introduction: Type 1 diabetes mellitus (T1DM) patients are treated via insulin which could result in weight gain. Studies have coined a new term, "Diabulimia" which refers to the limitation or skipping of insulin doses, with the objective of weight control. A previous meta-analysis has found that eating disorders (ED) are significantly associated with T1DM (Mannucci, E et al. J Endocrinol Invest 2005; 417-9), while a more recent one, has shown an insignificant association between ED and T1DM on analysis of diabetes-adapted questionnaires only (Young V, et al. Diabet Med. 2013:189-198)

Objectives: We aimed to re-analyze the association between ED and T1DM, whilst taking into account recently published literature and the type of questionnaire utilized.

Methods: A literature search of PubMed, Scopus, and Web of Science was conducted on 17th January 2023, using the key terms "T1DM", "Eating Disorders", and "Bulimia". Only Observational controlled studies were included.

Results: T1DM was associated with increased risk of ED compared to non-diabetic individuals (RR = 2.47, 95% CI = 1.84 to 3.32, p-value < 0.00001), especially bulimia nervosa (RR = 2.80, 95% CI = 1.18 to 6.65, p-value = 0.02) and binge eating (RR = 1.53, 95% CI = 1.18 to 1.98, p-value = 0.001), while no significant association was seen between T1DM and anorexia nervosa. Our sensitivity analysis has shown that increased risk of ED among T1DM persisted regardless of the questionnaire used to diagnose ED; DM-validated questionnaires (RR = 2.80, 95% CI = 1.91 to 4.12, p-value < 0.00001) and generic questionnaires (RR = 2.03, 95% CI = 1.27 to 3.23, p-value = 0.003). Furthermore, the Eating Attitudes Test-26 (EAT) showed a significant increase in the dieting subscale (MD = 2.95, 95% CI = 1.84 to 4.06, p-value < 0.00001) and bulimia subscale (MD = 0.78, 95% CI = 0.12 to 1.44, p-value = 0.02) among T1DM patients. Additionally, the Bulimic Investigatory Test, Edinburgh (BITE) showed a significant increase in the symptom subscale (MD = 0.31, 95% CI = 0.12 to 0.50, p-value = 0.001), however, no significant difference was detected between T1DM and controls in the severity subscale. Prevalence of insulin omission/misuse was 10.3% (95% CI = 8.1-13); diabetic females demonstrated significantly higher risk of insulin omission (RR = 14.21, 95% CI = 2.66 to 76.04, p-value = 0.002) and insulin misuse (RR = 6.51, 95% CI = 1.14 to 37.31, p-value = 0.04) compared with diabetic males. Analysis of other potentially unhealthy weight control behaviors showed insignificant associations between fasting, excessive exercise, dieting pills misuse, diuretics misuse, and T1DM.

Conclusions: T1DM patients are at higher risk of developing ED according to both generic and diabetes-validated questionnaires. Moreover, female diabetics are at higher risk of insulin misuse/omission. Subsequently, patients should be regularly screened and early psychiatric management is warranted.

Disclosure of Interest: None Declared

EPP0309

Eating disorders in medicine university students in a city in the interior of the state of São Paulo Brazil

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Introduction: Eating disorders are characterized by a persistent disturbance in eating and/or eating-related behavior, resulting in altered food consumption or absorption, which can significantly compromise physical health as well as psychosocial functioning. These disorders are closely linked with stressful experiences which university students configure a group prone to development.

Objectives: The objective is to evaluate the impact of eating disorders on young people when entering and staying at university.

Methods: This is an observational, quantitative, analytical and cross-sectional study, in which 1300 (one thousand and three hundred) medical students were invited, of both sexes and over 18 years of age from the 1st (first) to the 12th (twelfth) year. period of the Medicine course at the University of Oeste Paulista (UNOESTE) with 91 students joining. A structured interview was applied via online, aiming at collecting sociodemographic and occupational data in conjunction with the application of the Periodic Eating Compulsion Scale - ECAP, assessing the existence and degree of eating disorders in medical students.

Results: Mean age 22.7 ± 3.9 years, predominantly female (76.9%) and white ethnicity (86.8%). Most live alone or with a parent (82.5%). With regard to eating habits, 81 (89.0%) said they did not follow a nutrition professional's diet, and 84 (92.3%) have at least 3 meals a day. Lunch is eaten by 100% of the participants, while supper is the least consumed meal (17.6%). A total of 24 (26.4%) participants said they had little time to eat, and almost half (46.2%) did not prepare their own meals, with 12.5% choosing to eat salted or not. eating a certain meal. The ECAP binge eating score had a median of 9 (11.5) points, with a minimum score equal to 1 and a maximum equal to 41. Sixty-eight (74.7%) of the participants were classified as having no binge eating, with moderate binge eating 15 (16.5%), and severe, 8 (8.8%).

Conclusions: There is a need for changes in lifestyle aspects in order to present healthier meals in appropriate amounts, in addition to an adequate therapeutic approach to these disorders. Research funding agency We also declare that we received financial support from the Institutional Program for Scientific Initiation Scholarships (PROBIC).

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Women, Gender and Mental Health

EPP0310

Endometriosis and depressive symptoms: The role of quality of life in endometriosis, chronic illness-related shame, self-compassion, and psychological flexibility

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Introduction: Endometriosis is a gynaecological pathology characterized by endometrial tissue similar to stroma and endometrium in extra endometrial and myometrial sites. This condition affects women's mental health and quality of life and can elicit shame feelings.

Objectives: To explore the role of quality of life in endometriosis, chronic illness-related shame, self-compassion, and psychological flexibility in depressive symptoms.

Methods: 260 people diagnosed with endometriosis, aged 18 years or older, were recruited through patients' associations. Participants completed an online sociodemographic and clinical questionnaire and the following self-report instruments: Anxiety, Depression, and Stress Scales (DASS-21), Endometriosis Health Profile (EHP-5), Chronic Illness-Related Shame Scale (CISS), Compassionate Engagement and Action Scales (EEAC-SC), and the Psy-Flex Scale.

Results: Regression analyses showed that years of education, endometriosis-related quality of life (pain, control, emotional well-being, social support, and self-image), chronic illness-related shame, and psychological flexibility were the significant predictors of depressive symptoms. On the other hand, endometriosis-related quality of life (work life, relationship with children, sexual life, relationship with healthcare professionals, treatment, and infertility) and self-compassion were not significantly associated with depressive symptoms.

Conclusions: The identification of chronic illness-related shame and quality of life related to endometriosis as relevant variables regarding the presence of symptoms of depression points to the relevance of early detection of these phenomena to prevent the development of depressive symptoms. Moreover, interventions targeting the development of psychological flexibility may contribute to the amelioration and prevention of depressive symptoms.

Disclosure of Interest: None Declared

EPP0312

From Loss to Healing: Navigating Perinatal Grief with Enhanced Psychological Care

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Introduction: Several factors can influence the journey of perinatal grief in mothers, including the quality of care during this experience. The objective of our study was to investigate the factors influencing the perception of grieving women during the perinatal period and identify the role of medical and paramedical healthcare professionals in psychological support.

Objectives: To determine the factors influencing the perception of fetal loss in grieving mothers.

Methods: This was a descriptive, longitudinal, retrospective study conducted between July 2021 and March 2022 at the Fetal Pathology Department of the Center for Maternity and Neonatology in Tunis, Tunisia. The study included women who experienced perinatal loss and underwent fetal pathology examination.

The study was conducted in two stages: Initial consultation at the Fetal Pathology Department, five weeks after the date of expulsion, for perinatal grief counseling. Follow-up interview one year after the date of expulsion: The participants were contacted via telephone for an average duration of twenty minutes. The assessment of perinatal grief during both interviews was conducted using the shortened version of the Perinatal Grief Scale (PGS)