

hippocampal volume, have been observed in LLD, although results are inconsistent. Vascular lesions are more consistently associated with LLD and may constitute factors of poor prognosis. More recent MRI modalities, including fMRI and DTI, also show interesting results, notably to assess treatment response in LLD. Molecular Imaging also has the potential to improve our understanding of the pathophysiology of LLD, using imaging such as PET-FDG and Amyloid PET. Finally, there are emerging studies with novel neuroimaging modalities such as Ultrasound to measure subtle mechanical properties in the brain of patients with LLD. Finally, we contend that neuroimaging has the potential to provide markers for the identification of subcategories of LLD (vascular depression, amyloid depression, etc.) as well as prognostic values and markers for treatment response.

**Disclosure of Interest:** None Declared

## S0020

### Comorbidity between physical illness, infection diseases and mental disorders

A. Fiorillo

University of Campania, Naples, Italy  
doi: 10.1192/j.eurpsy.2023.57

**Abstract:** A paradox of the modern world is represented by the increasing rate of comorbidities, although the life expectancy is increasing worldwide, the number of disease-free years is not improving consequently. Physical comorbidities are often overlooked in people with severe mental disorders, although this problem needs to be adequately managed since it is associated with a worse quality of life and a poorer personal and social functioning. In particular, in people with severe mental disorders is very common the contemporary presence of infectious diseases (mainly TBC and HIV) and other physical conditions, which worsen the long-term prognosis.

**Disclosure of Interest:** None Declared

## S0021

### Novel pharmacological treatment options for people with eating disorders

H. Himmerich\* and The WFSBP Task Force on Eating Disorders  
Department of Psychological Medicine, King's College London, London, United Kingdom  
\*Corresponding author.  
doi: 10.1192/j.eurpsy.2023.58

**Abstract:** The current scientific literature has increased our understanding of how medication could be beneficial for patients with eating disorders (EDs) on a molecular, functional, and behavioural level. Based on theoretical considerations about neurotransmitters, hormones and neural circuits, possible drug targets for the treatment of EDs may include signal molecules and receptors of the self-regulatory system such as serotonin, norepinephrine and glutamate; the hedonic system including opioids, cannabinoids and dopamine; and the hypothalamic homeostatic system including histamine, ghrelin, leptin, and insulin.

The currently approved pharmacological treatments for EDs are limited to fluoxetine for bulimia nervosa (BN) and - in some countries - lisdexamfetamine (LDX) for binge eating disorder (BED). Topiramate might be an additional option for people with BN and BED.

There are no approved pharmacological options for anorexia nervosa (AN), even though study results for olanzapine and dronabinol are promising. Psilocybin, ketamine, and metreleptin have recently been considered and tried in AN.

Case reports and studies regarding the drug treatment of the new DSM-5 EDs include the use of mirtazapine for avoidant restrictive food intake disorder (ARFID); fluoxetine for pica; and levosulpiride and baclofen for rumination disorder.

This talk is based on a comprehensive review of the scientific literature regarding the pharmacological treatment for EDs and will include a preview of the 2023 update of the World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for the pharmacological treatment of eating disorders.

**Disclosure of Interest:** None Declared

## S0022

### High impact psychiatric publishing – gender parity within reach?

A. Gmeiner

Social Psychiatry, Medical University of Vienna, Vienna, Austria  
doi: 10.1192/j.eurpsy.2023.59

**Abstract:** Andrea Gmeiner<sup>1</sup>, Melanie Trimmel<sup>1</sup>, Amy Gaglia<sup>1,2</sup>, Beate Schrank<sup>3</sup>, Stefanie Süßenbacher-Kessler<sup>1</sup>, Michaela Amering<sup>1</sup>

<sup>1</sup>Division of Social Psychiatry, Department of Psychiatry and Psychotherapy, Medical University of Vienna, Austria <sup>2</sup>Division of Psychology, Bangor University Wales, UK <sup>3</sup>Department of Psychiatry, Karl Landsteiner University for Health Sciences, Austria  
Gender parity, authorship, geographic and subject matter diversity are declared goals in the academic publishing world. Recent data on the progress towards these goals suggest that changes and a shift towards diversity have been happening over the last decades. Examples include significantly increasing numbers of female first and senior authors between 2008 and 2018 (Hart et al, 2019) over a wide range of journals. Our own data on trends in three high-impact psychiatric journals over a 25-year time period from 1994 until 2019 suggest that female first, female senior, and female overall authorship have increased significantly over the quarter of a century covered. Results do indicate that gender parity in first authorship was reached in the category of original research articles for the first time in 2019 (Gmeiner et al, 2022). However, data also showed the remaining underrepresentation of women in senior authorship positions in line with the *leaky pipeline* phenomenon. Gender differences in publication trends with regards to subject matters and topics in the 2004/14/19 part of this sample showed the percentage of female first authors exceeding 50% in the two most frequent subject matters 'basic biological research' and 'psycho-social epidemiology' in 2019 (Trimmel et al, submitted for publication). Although the percentage of female first authors in the three most common target populations under study (mood disorders, schizophrenia, general mental health) increased from 2004 to 2019, gender equality has not yet been achieved in these fields. Consistent