

evolution, currently admitted to a center specializing in Eating Disorders, who comes to the emergency department with psychotic symptoms.

**Objectives:** To know the prevalence of comorbidity of psychotic symptoms in people with eating disorders, as well as possible risk factors, severity and management of them.

**Methods:** Presentation of a case and review of the available literature on the presence of symptoms of the psychotic sphere in persons diagnosed with eating disorders.

**Results:** The literature reflects data of a prevalence of 10-15% of patients with eating disorders presenting psychotic symptoms. The presence of psychotic symptoms is not directly related to a greater severity of the eating disorder. Some genetic associations have been found, as well as alterations at the physiological, cognitive and brain structure level that coincide in both pathologies. In some cases, an improvement in eating behavior has been observed when the psychotic symptomatology is resolved. In the case of patients with bulimia nervosa, a higher number of psychotic symptomatology has been observed, such as paranoid ideations, which some studies relate to a greater emotional capacity and histrionic expressiveness of this patient profile.

**Conclusions:** The comorbidity of psychotic symptoms and eating disorders is relatively frequent and makes us face challenges in the diagnosis, as well as in the management of these patients. This comorbidity is especially important in patients with bulimia nervosa. Future research is necessary to know a more exact management of these pathologies.

**Disclosure of Interest:** None Declared

## EPV0466

### The psychodynamic role of the displacement defense mechanism in people with obesity and anorexia nervosa

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**Introduction:** Feeding plays a very important role in our lives. First of all survival, but in general it has a much wider and important social role. Through feeding, in addition to satisfying life's needs and basic instincts, we experience a sense of satisfaction through the investment of libido. Anorexia nervosa and obesity as the two extremes of eating disorders can be considered as a disturbed experience of the satisfaction of eating, and in the background there is usually a very weak, fragile personality structure. A fragile personality structure tends to use primitive defense mechanisms, but the use of healthier, neurotic defense mechanisms in people with eating disorders should not be neglected.

**Objectives:** To investigate the role of the psychological defense mechanism of displacement in people with obesity and anorexia nervosa.

**Methods:** Search of contemporary professional and scientific literature in the field of psychodynamics of eating disorders.

**Results:** Displacement is a defense mechanism in which, when faced with a problem, the problem is not solved with the initial object of aggression, but the problem is moved to another object or situation that the individual perceives as less dangerous. Thus, when faced with a stressful situation or sadness, obese people may have a need for emotional eating, which can be interpreted as displacement of the problem, which is temporarily "solved" by satisfying the basic instinct, but later the person becomes overwhelmed by internal and external shame. Equally so, a traumatic upbringing and disturbed interpersonal family dynamics, which are often present in people with anorexia nervosa, can cause anxiety drives that are displaced in the form of the need for a strong restriction of food intake.

**Conclusions:** In people with obesity and anorexia nervosa, the use of the defense mechanism of displacement is pointed out. Through psychodynamic psychotherapy it can be very useful to recognize and interpret the use of displacement and, thus to enable reaching a neurotic and healthier level of functioning in people with the aforementioned eating disorders.

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## EPV0468

### How do men differ from women? Case-Control study on clinic and personality characteristics of eating disorders

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**Introduction:** A review of the literature shows how female sex is a crucial factor in the development of ED, being the proportion of women and men 10 to 1 regardless of the location of the sample (Duncan, Ziobrowski & Nicol, 2017) and different clinical subtypes (AN, BN) (Swanson et al., 2011). However, male population has always been less studied, some works find that only 1% of the articles published in AN is aimed at the study of males (Galusca, 2012).

Nowadays it is accepted that the etiopathogenesis of these disorders is multifactorial and in addition to female gender other risk factors have been identified, such as neurobiological alterations, psychological predictors, personality traits, low self-esteem, extreme perfectionism or thinness values focused on body and figure. On the other hand, certain impulsive behaviours such as self-harm, substance use, physical activity or diets are factors that may be confused as predisposing or as symptoms of the pathology itself (Connan et al., 2003, Treasure, Stein and Maguire, 2015).

Recently, Kinasz, Accurso, Kass and Le Grange (2016) have compared the clinical characteristics that differentiate men (59) from women (560) in a sample of children and adolescents between 6 and