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Introduction Several studies recently investigated how Anorexia Nervosa patients (ANp) process multimodal information. Longo (2015) hypothesized that ANp might be less reliant on visual perception of bodies than healthy controls (HC). Case et al. showed that processing of multimodal information might be disrupted in ANp. Literature lacks of studies that measure precisely and compare directly the contributions of each sensory input.

Objective To investigate the integration of visual and haptic inputs in ANp compared with HC and measure the weight of each input.

Method We used a visuo-haptic integration task with a setup adapted from Gori et al. (2008) to measure each sensory input's when judging the size of a cube according to Maximum Likelihood Estimation theory which describes the optimal multimodal integration behaviour (Ernst and Banks, 2002). Fifteen ANp and 16 HCs were recruited.

Results Regardless the group, we found considerable individual variability about the integration processes; moreover, many participants did not integrate optimally. Correlation analysis suggested that ANp rely less on visual information than HC.

Conclusions Despite using a setup previously validated with children, the observation that many HC did not integrate optimally is not in line with the results of previous studies, making it difficult the comparison with the AN group. The setup might not be adapted to adults and it needs to be improved. Our study shows for the first time how it might be possible to measure and compare directly the contribution of two different sensory modalities. This could provide precious information to deeply investigate the pathology.

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EV0476

Overweight and obesity's prevalence, identification of risk factors in children and teenagers in two schools of Monteria

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The research has the intention to determinate the prevalence, risky factors of overweight and obesity in a sample of six hundred people between seven (7) and eighteen (18) years old, chosen by a simple random sampling with exclusion criteria, pathologies that affect the weight and size (diabetes paralysis; malformation or physic limitations). The data was collected through national poll of the nutritional situation and Colombia ENSIN, in the demographic and anthropometric information register and poll identification of food habits and physical activity questionnaire for children PAQ-C. The comparative analysis was made through SPSS in two determined populations by the low and medium social status criteria in the overweight and obesity variables, risky factors related with physical activity food habits and gender. It can be concluded that the population presents normal weight, prone to obesity. Based on the medium socioeconomic status, the percent of male obese teenagers is higher than the female one. Children independent of the socioeconomic status, present a higher percentage of obesity than teenagers. A high percent of population do not do physical exercise. There is no evidence of the relation between socioeconomic level and the presence of unhealthy food habits.

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Are coping strategies really different among family members of patients with eating disorders?

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Introduction Family members of patients with Eating Disorders (EDs)–in dealing with the relatives' disease–report negative feelings such as self-blame and criticism, but little is known regarding their coping strategies.

Objectives To describe coping strategies in a sample of relatives of patients with EDs using the Family Coping Questionnaire–Eating Disorder version (FCQ-ED).

Aims (1) To evaluate coping strategies in relatives of patients with EDs; (2) to describe differences in coping strategies according to type of kinship with the patient; (3) to identify correlations among socio-demographic characteristics, patients' clinical characteristic, and type of coping strategies.

Methods Relatives' coping strategies were evaluated using the FCQ-ED, a self-administered questionnaire, consisting of 32 items, grouped in 5 subscales: coercion; positive communication; collusion; seeking for information; avoidance, plus one item on seeking for spiritual help.

Results Seventy-two patients and 127 relatives were recruited. The most frequently adopted coping strategies were seeking for information, positive communication, seeking for spiritual help; the former were positively correlated with the level of education of both patients and relatives. Mothers avoided the patients less frequently than other relatives.

Discussion This is one of the first studies focused on coping strategies in families of patients with EDs showing that problem-oriented ones are used quite often. Socio-demographic characteristics and type of kinship can have an impact on the adoption of coping strategies, but further longitudinal studies are needed in order to identify other possible factors implied in their development.

Conclusions This represents an initial attempt to understand how clinical, social and personal variables can have an impact on the development of coping strategies.

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Turkish version of body attitude test: Its reliability and validity

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Introduction Breast cancer (BC) may cause problems on body perception and awareness which can be perceived as a threat on body attitude among women with breast cancer.

Objectives The Body Attitude Test (BAT) assesses subjective attitude toward women's own body.

Aim The aim of the present study was to develop the Turkish version of the BAT and examine its reliability and validity.

Methods The study group (SD) consisted of 72 women diagnosed with BC while 100 healthy women (HW). The women evaluated by BAT, Eating Disorder Inventory (EDI) and Self Esteem Inventory (SEI) in 7–10 days intervals. Internal consistency was determined with Cronbach's alpha coefficient. Factor analysis was conducted on BAT ratings given by control group.

Results The mean age was 43.7 ± 8.76 of women with BC while 46.4 ± 10.84 in HW. Mean duration of cancer was 2.4 ± 0.7 years. Factor analysis showed BAT was composed of two factors as body dissatisfaction and lack of familiarity with one's body. The BAT demonstrates satisfactory level of internal reliability ($\alpha = 0.932$). BAT was related with EDI subscales: drive for thinness ($r = 0.741$, $P < 0.001$), ineffectiveness ($r = 0.736$, $P < 0.001$) and body dissatisfaction ($P = 0.718$, $P < 0.001$) and SEI subscale: familial self-esteem ($r = -0.629$, $P < 0.001$).

Conclusion The results support the validity and reliability of BAT which is able to differentiate the clinical and non-clinical form of subjective attitude toward women's own body. Turkish version of BAT could be used as an appropriate measure for assessing subjective attitude towards own body in women with and without breast cancer in Turkey.

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Eating problems and body image among Finnish adolescents

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Objective To study prevalence of self-reported body image and eating distress symptoms among Finnish adolescents, and to study associations between psychopathology, body image and eating distress.

Design Cross-sectional population-based, survey subjects, 7th to 9th grade students aged 13–15: 3154 in Finland in 2014.

Methods Data were collected by student self-reported questionnaire including scale designed for evaluating attitudes and behaviors towards body shape and eating, and Strengths and Difficulties Questionnaire (SDQ) for assessing emotional and behavioral problems.

Results The female adolescents reported much more dissatisfaction and concerns with their bodies than the males, high levels of distress with body emotional, behavioral and peer problems measured with SDQ. Body image and eating problems were higher in Finnish than Japanese females with peer problems.

Conclusion The finding was in accordance with previous studies that found that body image and eating distress are associated with to gender and wide range of psychiatric problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Self-admission to in-patient treatment: Patient experiences of a novel approach in the treatment of severe eating disorders

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Introduction The course of an eating disorder is often prolonged and can lead to enduring disability for many years, with some patients requiring lengthy periods of in-patient care. Unfortunately, there is still little evidence concerning the optimal model of in-patient care for these patients.

Objectives Self-admission is a novel treatment tool, whereby patients who have high health care utilization are offered the possibility to self-admit to an inpatient ward for up to seven days, because of deteriorating mental health or any other reason. Purposes behind the model are to increase the availability of in-patient care, to promote autonomy and agency, and to decrease total inpatient care utilization.

Aims To investigate whether self-admission can be beneficial for patients with severe eating disorders.

Methods Two beds out of eleven at a specialist eating disorders inpatient unit were reserved for self-admission of well-known patients. All participants were interviewed about their experiences in the program at 6 months.

Results Participants described an increased sense of agency and safety in their everyday lives. Suggestions were also made, such as a more active outreach approach in promoting admission, providing a continual staff contact during the brief admission episode, and offering a similar self-admission model for day treatment.

Conclusions Self-admission is a viable tool in the treatment of severe eating disorders and can increase quality of life by providing a safety net and promoting agency. However, logistical obstacles must be addressed in order to promote a constructive use.

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EMDR therapy on trauma-based restrictive eating cases

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Introduction Eating Disorders (ED) affect an individual's physical and mental health with abnormal eating habits. Traumatic life events may underlie the development of ED as many studies document [1]. In the present study, we examined the effectiveness of EMDR therapy that was originally used to treat Post-Traumatic Stress Disorder (PTSD) [2], on restrictive eating symptoms associated with trauma. Cases B.Ö. (18) and B.S. (20) came to the clinic consecutively for resembling complaints about the sense of food sticking in their throat, breathing difficulties, raised heart beatings, unease to swallow, and choking fear. The patients revealed past traumatic events about being out of breath while swallowing