Objectives: The objetives of the study are to analyse the preferred social network by adolescents diagnosed with eating disorders, as well as to measure characteristic and time-use of these networks.

Methods: We decided to undergo a transversal study to analyse the use of social media. For that, we developed a survey to reflect the use of the main social networks (Instagram, Facebook, Snapchat, Twitter, YouTube and Reddit) in adolescents diagnosed with eating disorders in Spain, who are in outpatient treatment in a specialised ED unit.

Results: The total number of adolescents interviewed was 65; of these 96.9% were females and 3.1% males. The mean age was 14.8 years.

The preferred social network was Instagram (54%), followed by TikTok (34%) and YouTube (6%).

Most of the patients interviewed (68%) admitted checking Instagram daily, and 31% reflected spending between 1-3 hours/day. None of the adolescents reported using Facebook or Reddit.

The majority of adolescents (89%) admitted having ignored friend requests while 12% reflected the importance of having a high number of followers as a way of external validation, getting more 'likes' and getting to know more people.

Conclusions: The obtained results reinforce the need of exploring and taking into account the use of Social Media in adolescents with ED and how it may influence their pathology. There is a need for further prospective research in this field.

Disclosure of Interest: None Declared

EPP0825

Anorexia Nervosa and Autism Spectrum Disorder: what links them?

C. M. Santos[1]*, A. Quintão[1], D. Jeremias[1] and M. Fraga[2]

[1]Psychiatry and Mental Health, Centro Hospitalar de Lisboa Ocidental, Lisbon and [2]Psychiatry and Mental Health, Hospital de Cascais, Cascais, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1110

Introduction: According to the literature, about 35% of patients with Anorexia Nervosa (AN) also have a diagnosis of Autism Spectrum Disorder (ASD), and this comorbidity occurs more frequently in males.

Objectives: With this work, the authors intend to address the characteristics present in this comorbidity and what is the impact of this comorbidity in the diagnosis, approach and prognosis of AN.

Methods: Non-systematic research of the literature through the PubMed database with the terms "autism spectrum disorder" and "anorexia nervosa". Only surveys conducted in the last 10 years were considered for inclusion.

Results: Although AN and ASD may seem to be quite distinct conditions, the studies found suggest the existence of four characteristics that overlap the two diagnoses: deficits in theory of mind, inability to switch between courses of action fluently, inability to see the whole pictures to the detriment of detail and alexithymia. Studies also point to greater resistance to treatment in AN when an ASD is present in comorbidity.

Conclusions: Scientific evidence suggests that autistic characteristics in people with AN are not a consequence of being underweight, but rather stable characteristics present before and after the onset of AN. The studies thus conclude that comorbidity between the two disorders exists and is frequent enough to warrant greater attention to the diagnosis of ASD in people with AN. However, there are still no specific guidelines for the treatment of AN in people with ASD, which leads to a worse response to treatment, evolution and prognosis of AN in people with ASD.

Disclosure of Interest: None Declared

EPP0826

EMOTIONAL PROCESSING IN ANOREXIA NERVOSA - WHAT IS THE ROLE OF NEUROMODULATION?

C. Pinheiro Ramos[1]*, A. R. Vaz[1] and A. Sampaio[2]

[1]Faculty of Medicine, University of Lisbon, Lisbon and [2]School of Psychology, University of Minho, Braga, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1111

Introduction: Anorexia Nervosa (AN) is an Eating Disorder (ED), being globally characterized by a low body mass index (BMI), intense fear of gaining weight, and distorted body image that motivates extreme food restrictions. The consequence is massive weight loss.

AN is the third leading cause of chronic illness among adolescents and the leading cause of death among psychiatric conditions.

Among patients with AN it is common the occurrence of psychiatric comorbidities, particularly depressive and anxiety syndromes. Negative emotions are very common and represent either primary aspects of the disease or arise secondarily to psychopathological or organic processes.

The therapeutic options for AN are scarce and only work for a small percentage of subjects.

It is known that difficulty in emotional regulation is one of the defining characteristics of ED, being a core feature of AN psychopathology.

Objectives: To highlight the importance of understanding the neurobiology of AN, how it is related to emotional processing and future directions for AN´s management.

Methods: Non-systematic review of the literature using *Pubmed* database. Papers were selected according to their relevance.

Results: In recent literature, in purging AN-type (neurobiology similar to Bulimia Nervosa - BN), binge eating is a method of emotional regulation, while in restricting AN-type, food restriction is the way to deal with emotions, mainly negative emotions.

It is known that in AN, patients tend to eat less than usual in response to a negative emotion and more than usual in response to a positive emotion. In BN, the neurobiology works in a mirrored way, patients eat less than usual in response to a positive emotion and more than usual in response to a negative emotion.

In short, in the face of negative emotions, subjects with AN respond with dietary restriction and, subjects with BN respond with binge eating. On the other hand, more positive emotions seem to resolve the maladaptive eating behaviours inherent to both ED, with AN and BN subjects tending towards more balanced eating behaviours.

One of the brain areas most implicated in the neurobiology of AN is the left dorsolateral prefrontal cortex (L-DLPFC), since this region is recognized as being involved in decision-making process and emotional regulation, and is therefore the target of novel and

experimental treatment strategies, namely those related with neuromodulation, particularly Transcranial Magnetic Stimulation (TMS).

Conclusions: Emotional regulation, particularly the processing of negative emotions, appears to be a key element in the neurobiology of AN.

With new neuromodulation techniques, specially TMS, it seems possible to modulate the neuronal circuits inherent to emotional processing, such as the L-DLPFC.

Future randomized clinical trials are needed in order to understand how neuromodulation can contribute to exploring the neurobiology of AN and to become more targeted and effective therapeutic options.

Disclosure of Interest: None Declared

EPP0827

I-TREAT: Internet-based Cognitive Behavioral Treatment for Other Specified Feeding or Eating Disorders (OSFED) in Danish Adolescents and Adults – Study Protocol for a Randomized Controlled Trial

E. Runge* and M. B. Lichtenstein

Research Unit for Digital Psychiatry, Center for Digital Psychiatry, Mental Health Services in the Region of Southern Denmark, Odense C, Denmark
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1112

Introduction: Eating disorders severely impair psychosocial functioning, physical health, and quality of life. In particular, Anorexia Nervosa has the highest mortality rate among all psychiatric diseases. Other Specified Feeding or Eating Disorders have the highest lifetime prevalence with weighted means of 7.64% for women. Eating disorders are considered hard-to-treat, and studies have indicated that people suffering from eating disorders prefer low-threshold interventions compared to traditional mental health care. International studies show promising results of internet-based interventions for Other Specified Feeding or Eating Disorders.

Objectives: To test the effectiveness of an internet-based psychologist-guided cognitive behavioral treatment program (I-TREAT) to reduce eating disorder symptoms in Danish adolescents and adults with Other Specified Feeding or Eating Disorders.

Methods: This study is a randomized controlled trial with two arms: 1) an intervention group and 2) an active control group. Participants are adolescents from the age of 15 or above, as well as adults, diagnosed with Other Specified Feeding or Eating Disorders. The intervention group receives the I-TREAT program while the control group receives self-guided mindfulness exercises. I-TREAT comprises 12 text-based treatment sessions with psychoeducation and treatment-related tasks, based on cognitive behavioral therapy and elements of compassion-focused therapy. The treatment duration is approximately 12 to 36 weeks. Videos, pictures, and animations support the treatment content and the program is accessible by web-browser and app. A specialist in eating disorders guides the patient through treatment with task-related feedback and asynchronous written communication. Patients will answer questionnaires regarding eating disorder symptoms, quality of life, and motivational states before, during, and after treatment, with follow-up measures at 3, 6, and 12 months. We expect to include 63 patients to each group and commence recruitment in August 2023. Preliminary results from a feasibility study on I-TREAT show good evaluations from clinicians and patients (N=30).

Results: No results have yet been obtained. The results will be submitted to international scientific journals and presented at conferences.

Conclusions: The internet-based cognitive behavioral treatment program I-TREAT may be a promising tool for effectively treating adolescents and adults with Other Specified Feeding or Eating Disorders in Denmark.

Disclosure of Interest: None Declared

EPP0828

Anorexia nervosa in adolescence from oral health perspective

E. Paszynska[1]*, A. Hernik[1], M. Tyszkiewicz-Nwafor[2], M. Dmitrzak-Weglarz[3], M. Roszak[4] and A. Slopien[2]

[1]Department of Integrated Dentistry; [2]Department of Child and Adolescence Psychiatry; [3]Psychiatric Genetics Unit, Department of Psychiatry and [4]Department of Computer Sciences and Statistics, Poznan University of Medical Sciences, Poznan, Poland
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1113

Introduction: Management of patients with anorexia nervosa (AN) desires psychiatric/medical care. In average AN disease onset they represent a younger generation than 18 y.o. In this age typically children and adolescents are under regular dental care. Whether young AN patients should be included to intensive oral supervision may be still questionable. In literature little information on changes in oral cavity caused by AN were reported.

Objectives: Therefore, the aim of the study was to evaluate caries incidence, tooth wear, gingival inflammation, and oral hygiene level among adolescent AN inpatients, highlighting the aspect of oral health manifestations in case-control study.

Methods: Based on clinically confirmed 130 AN restrictive subtype hospitalized female subjects (BMI <15 kg/m^2, age 14.8±1.8), dental status has been examined regarding the occurrence of caries lesions using *Decay Missing Filling Teeth* (DMFT), erosive wear as *Basic Erosive Wear Examination* (BEWE), gingival condition as *Bleeding on Probing* (BOP) and plaque deposition as *Plaque Control Record* (PCR). The results were compared with age-matched 110 female controls (BMI 19.8±2.3 kg/m^2, age 15.5±1.8, p=0.744) dentally caried in public University dental clinic (p<0.05) in the same time period.

Results: AN patients compared with healthy adolescents were found to present higher incidence of oral-related complications according to dental status (DMFT 3.9±4.5 vs. 2.0±1.8, p=0.005), erosive tooth wear (BEWE 18.9% vs. 2.9%, p<0.001), less efficient in controlling plaque (PCR 43.8% vs. 13.7%, p<0.001) and gingival inflammation (20.0% vs. 3.9%, p<0.001). AN group, a significant correlation between BOP, BEWE, and duration of AN symptoms (p<0.05), similarly to the number of decayed teeth D, filled teeth F and PCR were detected (p<0.05).

Conclusions: Although the obtained results did not reveal any severe oral complications, AN diagnosis in adolescence may influence to numerous oral-related symptoms from dental caries, the onset of erosive tooth wear, failure in dental hygiene to be