

## EPV0288

### How to assess severity in males with eating disorders? The DSM-5 severity index versus severity based on drive for thinness

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**Introduction:** The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) introduced severity indices for Eating Disorders (ED).

**Objectives:** This study assessed in a male ED sample the DSM-5 severity indices for Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge Eating Disorder (BED) and compared them to an alternative transdiagnostic drive for thinness (DT) severity category and a combined DSM-5/DT severity categorization

**Methods:** 178 males with EDs were classified using: a.) a DT categorisation based on the EDI-2 DT subscale; b.) the DSM-5 severity categories for AN, BN and BED and c.) a combination of the DT and the DSM-5 severity categorisation. These severity classifications were then compared based on psychopathology and personality.

**Results:** For the DSM-5 severity indices, the “mild” category was most prevalent for AN and BN, and the “moderate to extreme” group for BED. For the EDI-2 DT severity classification, the “mild” category was overrepresented in all subtypes. For the combined DSM-5/DT categorization, the “mild combined” severity group was the most prevalent for AN, while for BN and BED the “severe/extreme” combined group was most prevalent. Clinically significant findings were strongest for the DT categorization followed by the combined DSM-5/DT approach. Almost non-significant findings were revealed for the DSM-5 severity categories for all ED subtypes. These findings were most pronounced for AN and BN and almost non-existent for BED.

**Conclusions:** Our findings provide support for DT as an alternative transdiagnostic severity category for EDs in males that may be more meaningful than the DSM-5 severity indices for AN and BN, but not BED.

**Disclosure:** No significant relationships.

**Keywords:** Males; DSM-5 severity indicators; anorexia nervosa; Bulimia Nervosa

## EPV0289

### A systematic review and meta-analysis on the DSM-5 severity specifiers for eating disorders

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**Introduction:** The DSM-5 introduced severity indices for the first time.

**Objectives:** We conducted a systematic review and synthesis the frequency of each DSM-5 severity categories (i.e., mild, moderate, severe and extreme severe) for Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge Eating Disorders (BED), and to evaluate studies that assess the clinical utility of these severity specifiers for all eating disorders (ED) subtypes.

**Methods:** Five databases (EMBASE, MEDLINE, PsycARTICLES, PsycINFO, and ProQuest) were used to identify for both academic and grey literature published from 2013 until July 8, 2020. Twenty-five studies were retrieved for the systematic review based on the inclusion and exclusion criteria, and up to six studies were qualified for meta-analysis

**Results:** We found limited support for the current DSM-5 severity ratings for all ED indices, as the majority of ED severity groups were not significantly distinguishable in overall ED psychopathology (mean effect size ranged from .02 to .5). The value of the DSM-5 severity ratings was further devalued as 56.91% to 80.52% of individuals with AN, BN, and BED were categorized into mild and moderate groups. However, there was significant heterogeneity between the studies ( $p < .001$ ), and some of these heterogeneities were explained by differences in study settings and measurement of eating disorder psychopathology.

**Conclusions:** Overall, the current study provided little support for the DSM-5 severity ratings for EDs, thus it is suggested that further exploration in alternative severity classification approach is needed.

**Disclosure:** No significant relationships.

**Keywords:** anorexia nervosa; DSM-5 severity indicators; eating disorders; binge eating disorder

## EPV0290

### Do women with differing levels of trait eating pathology experience daily stress and body dissatisfaction differently?

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**Introduction:** Studies have suggested that stress predicts both body dissatisfaction (BD) and disordered eating (DE) patterns. However, the mechanisms of this process are not entirely clear and could be elucidated through further exploration in daily life.

**Objectives:** The purpose of this study was to 1) explore the concurrent and lagged relationship between stress and BD in the daily