

Results The men/women ratio was one to five. The most frequent EDs in males was Binge Eating Disorder, whereas in females Anorexia Nervosa and Bulimia Nervosa prevailed. Excessive exercising and fasting were the most common dysfunctional behaviors in men, while self-induced vomiting and laxative-diuretic abuse were more typical in women. Mood and Somatoform Disorders were more common in women, whereas Anxiety and Psychosis Disorders in males. Within personality disorders, borderline and histrionic prevailed in female, while narcissistic and anti-social in males.

Conclusions Male compared to female EDs, show differences in clinical presentation, symptoms and co-morbidities. The increased proportion of affected men should alert general practitioners, clinicians and psychologists working in non-specialized settings to be more aware of the possibilities of encountering an ED in men and of the need of exploring the eating habits in all male patients. The finding of a more pronounced physical hyperactivity in men in order to achieve an ideal body shape which is muscular and athletic suggests the need of a deeper attention to sex-different symptoms and behaviors declination.

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EV0445

Shame traumatic memories and body image shame in Binge Eating Disorder: Can memories of warmth and safeness buffer this link?

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Introduction Growing research show that body image-related shame plays a particularly important role in the vulnerability to and persistence of Binge eating symptoms. Also, shame experiences from childhood and adolescence were found to function as traumatic memories and are significantly associated with eating psychopathology. Nonetheless, little is known about the effect of shame traumatic memories in Binge Eating Disorder (BED), and whether early positive emotional memories of warmth and safeness may buffer against the impact of shame memories on body image shame.

Aims This study examined the moderator effect of positive emotional memories on the association between shame traumatic memories and current body image shame in women diagnosed with BED.

Methods Participants ($N=109$) were assessed through the eating disorder examination and the shame experiences interview, and answered to self-report measures assessing the traumatic features of a key shame memory, positive emotional memories and body image shame.

Results Body image-related experiences were most frequently recalled as significant shame memories. Positive emotional memories were negatively associated with shame traumatic memories and body image shame, and had a significant moderator effect on the association between shame traumatic memories and current body image shame.

Conclusions This study was the first to demonstrate that early shame experiences may contribute for BED patients' shame based on their body image. Data suggest that the access to memories of early feelings of affiliation and safeness may be key to tone down negative affect. These findings have important implications for the conceptualization and treatment of BED.

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A new measure of psychological inflexibility related to eating behavior in adolescence: Confirmatory factor analysis and validity assessment

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Introduction On the onset of adolescence there is an increased vulnerability for mental health problems, namely disordered eating symptomatology. Disordered eating symptomatology has been described as a problem of psychological inflexibility. Psychological inflexibility related to eating behaviors, i.e., the adoption of inflexible idiosyncratic dietary rules without considering external and internal contingencies, is associated with disordered eating symptoms in adult populations. Nonetheless, the study of psychological inflexibility related to eating behaviors in adolescence is scarce.

Aims The current study aimed at examining the factor structure and psychometric properties of the Inflexible Eating Questionnaire for Adolescents (IEQ-A).

Methods Participated in this study, 728 adolescents (513 girls and 215 boys), aged 14 to 18 years, who completed self-report measures of psychological inflexibility related to eating behaviors, body image, disordered eating symptoms and general psychopathology symptoms.

Results Results of the confirmatory factor analysis indicated that the IEQ-A replicated the 11-item one-dimensional structure previously identified in adult samples. A multigroup analysis also demonstrated the scale's structure invariance between genders. The scale presented high internal reliability for both boys and girls (95). Correlation analyses confirmed the scale's convergence with psychological inflexibility with body image. IEQ-A was also positively associated with disordered eating symptoms and depression, anxiety and stress symptoms.

Conclusions Findings corroborated the adequacy of the IEQ-A factor structure and supported that this is a valid measure to assess psychological inflexibility related to eating behavior in adolescence. This measure is therefore of potential utility for clinicians and researchers focusing on eating-related difficulties in this vulnerable developmental stage.

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New technologies as risk factor for eating disorders

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Introduction Eating disorders (ED) have a significant prevalence in children and adolescents. The use of new technologies allows to access to a big amount of information. Excessive use of these technologies at this stage of life decreases social and family relationships and provides access to online content in favor of these disorders, which can affect to the development of an ED. The aim of this study is to analyze the relationship between the use of new technologies and the risk of developing an ED.