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Keywords: social interaction; personality; e-mental health; catfish

EPV0686

Griefing reaction and social networks

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Introduction: Grief is a normal and not necessarily pathological psychological process that occurs after the loss of a family member or loved one with its psycho-affective consequences, external manifestations and rituals. Although mourning processes can be associated with losses of different types (employment, housing, baseline situation, housing), we will refer to mourning for the loss of a loved one. For some people, social networks facilitate the expression of feelings and experiences of grief, connecting with the emotional support of other friends and loved ones. However, the presence of accounts belonging to these deceased persons, the persistence of photos and memories that periodically appear on the screen without the person being able to choose them, can make it difficult to process the mourning.

Objectives: The aim of this paper is to consider the beneficial and detrimental factors of social media during a grieving reaction after the loss of a loved one.

Methods: For the preparation of this work, a bibliographic review on the subject has been carried out. Likewise, the clinical information provided by patients during our evaluations has provided critical views on what has been published in this regard.

Results: Support through social networks can help to feel more affectionate, but there are other harmful factors that must be taken into account: permanence of photos, appearance of memories and reminder of the deceased person's birthday.

Conclusions: Social networks can have favorable but also detrimental factors in the elaboration of a grief and should be considered in the psychiatric exploration and intervention.

Disclosure: No significant relationships.

Keywords: Instagram; Griefing reaction; Facebook

EPV0688

Prediction and classification of anxiety-related psychological scale and VR sickness based on autonomic physiological responses during VR treatment in patients with social anxiety disorder

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Introduction: Social anxiety disorder (SAD) can accompany emotional symptoms as well as physical reactions. The assessment and real-time measurement of SAD is difficult in real-world.

Objectives: This study aims to predict the severity of specific anxiety states and virtual reality (VR) sickness in SAD patients by a machine learning model based on only quantitative measuring of autonomic physiologic signals during VR therapy sessions.

Methods: In total, 32 individuals with SAD symptoms were enrolled in VR participatory sessions. We assessed patients' specific anxiety symptoms through Internalized Shame Scale (ISS) and Post-Event Rumination Scale (PERS), and VR sickness through Simulator Sickness Questionnaire (SSQ). Specific anxiety symptoms and VR sickness were divided into severe and non-severe states based on the total score of each scale by K-means clustering. Logistic regression, Random Forest, Naïve Bayes classifier, and Support Vector Machine were used based on the physiological signal data to predict the severity group in subdomains of ISS, PERS, and SSQ.

Results: Prediction performance (F1 score) for the severity of the ISS mistake anxiety subdomain was higher than other scales with 0.8421. For VR sickness, prediction performance for the severity of the physical subdomain was higher than the non-physical subdomain with 0.7692.

Conclusions: The study findings present that mistake anxiety and physical sickness could be predicted more accurately by only autonomic physiological signals, suggesting these features are probably associated with autonomic responses. Based on the present study results, we could provide the evidence for predicting the severity of specific anxiety or VR adverse effects only based on in-situ physiological signals.

Disclosure: No significant relationships.

Keywords: physiological response; social anxiety disorder; virtual reality; Anxiety

Eating Disorders

EPV0689

Emotion dysregulation, dissociation and body dissatisfaction mediate the relationship between trauma exposure and ED symptoms

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Introduction: The current study tests the relationship between eating disorder (ED) symptoms and trauma exposure. The mechanisms via which trauma is related to ED symptoms have not been sufficiently examined. This study examines the complex role of dissociation and emotional dysregulation in the context of trauma, BMI, ED symptoms and body dissatisfaction (BD).

Objectives: We hypothesized that dissociation and emotional dysregulation would mediate the relationship between trauma exposure and ED symptoms / BD. We further hypothesized that BMI would play a moderating role in this association.

Methods: A community sample of 229 (16.2% male) participants, with a mean age of 29.08 ± 10.68 reported online on traumatic events (Life Events Checklist), dissociation (Dissociative Experiences Scale – II), emotional dysregulation (Difficulties in Emotional Regulation Scale), ED symptoms (Eating Disorders Examination – Questionnaire) and BD (Figure Rating Scale).

Results: Participants reported experiencing a mean of 2.87 ± 2.27 traumatic events, with a relatively high percentage (~86%) reporting at least one. The most commonly reported traumatic events were transportation accidents and physical assault. Although frequency of traumatic events did not directly predict ED symptoms, BMI, dissociation, emotional dysregulation and BD did. An SEM model showed that traumatic events predicted ED symptoms indirectly through dissociation, emotional dysregulation and BMI. Dissociation and emotional dysregulation predicted ED symptoms directly. BMI also moderated the association between traumatic events and both ED symptoms and BD.

Conclusions: Therapists treating patients with high BMI or obesity should be aware of these relationships and investigate the possibility that trauma and/or PTSD may underlie the presenting disordered eating or eating disorder.

Disclosure: No significant relationships.

Keywords: Eating disorder symptoms; Emotion dysregulation; Dissociation; Trauma

EPV0691

Comorbidity of Substance Use Disorders and Eating Disorders: a major concern for mental health care professionals

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Introduction: During the last 30 years, many studies have shown a high prevalence of substance use among patients diagnosed with an Eating Disorder (ED). Almost 50% of the patients with ED have a history of substance use, and 35% of the patients that seek help for an addiction disorder also meet criteria for ED. Nevertheless, both substance abuse specialists and practitioners with expertise in ED have difficulties in treating these dually diagnosed patients.

Objectives: The aim of this study is to emphasize the importance of assessing substance use in patients with ED and disturbed eating behaviors in patients with Substance Use Disorders (SUD), as well as the need for evidence-based treatment guidelines for this comorbid condition.

Methods: A literature search of published articles on substance use patterns in ED and on the therapeutic approach for this comorbid condition was performed on PubMed database.

Results: A diagnosis of Bulimia Nervosa and the presence of binge/purging behaviors are strongly associated with substance use. Most frequently used substances are represented by nicotine, caffeine and alcohol, followed by cannabis and amphetamines. Reasons why patients with ED use substances are emotional regulation and appetite suppression. Detailed and systematic evaluation of the substances used and for other psychiatric comorbidities is mandatory. Management plan involves simultaneously treating ED and SUD.

Conclusions: The comorbidity of Substance Use Disorders and Eating Disorders is a complex entity, but nonetheless treatable.

Further studies are needed to specify the patterns of substance use in Eating Disorders and their implications for treatment.

Disclosure: No significant relationships.

Keywords: bulimia nervosa; dual diagnosis; eating disorder; substance use disorder

EPV0693

Assessment of physical activity level in young adults with eating disorder risk: a cross-sectional study in a non-clinical sample

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Introduction: Physical activity (PA) level has been found to be an important correlate of eating disorders (EDs). The literature is inconclusive to whether PA is related to symptoms of EDs in non-clinical sample.

Objectives: The first study aim was to assess the level of PA in non-clinical group of young adults with symptoms of EDs. The second aim was to evaluate the association between PA level and severity of EDs symptoms.

Methods: The sample consisted of 327 young adults ($M_{age} = 21.72 \pm 2.00$; $M_{BMI} = 23.20 \pm 7.43$). All participants completed the *Eating Attitudes Test* (EAT-26) and the *International Physical Activity Questionnaire* (IPAQ). Finally, 32 individuals (9.79%) of the total sample scored above clinical cut-off on the EAT-26 (≥ 20) indicating a high level of symptoms and concerns characteristic of EDs.

Results: The non-clinical group differed significantly in PA level (low-intensity, moderate-intensity, vigorous-intensity levels of PA; $H(2,32) = 26.19, p < 0.001$). There was no difference in the severity of ED symptoms between the groups of PA level. Our findings demonstrated a positive relationship between PA (IPAQ total score) and bulimic behaviour and thoughts about food (rho-Spearman = 0.31, $p = 0.04$). The highest Bulimia and Preoccupation scale scores were observed in group with vigorous-intensity levels of PA ($Me = 8.5$).

Conclusions: Our findings indicate that the severity of ED symptoms did not differ across the PA levels in a non-clinical sample of young adults. However, PA was positively associated with bulimia and food preoccupation. Since, excessive physical could be an important risk-factor of EDs, the recommended levels of PA for health in non-clinical sample should be enhanced in effective prevention programs.

Disclosure: No significant relationships.

Keywords: physical activity; eating disorder risk; non-clinical sample

EPV0695

Levels of intervention and support for newly presenting clients with eating disorders

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