

Results On interviewing the group of 30 patients, 47.6% of the patients were found to be the diagnostic criteria of Binge Eating Disorder according to DSM-5 (Table 1).

Conclusion Firstly, a considerable proportions of obese subjects proved to meet the DSM-5 criteria for binge eating while Dar Kenn Ghall Sahhtek has proved to be an effective therapeutic intervention towards obesity (with and without binge eating).

Table 1

	On admission	Prior to discharge
BDI questionnaire	1.1	53.33
GAD questionnaire	4.55	400
QOL questionnaire	6.67	350
2 minute step	73 steps on average	114 steps on average
6 minute walk	440 m on average	625 m on average

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EV564

The effects of shame, self-compassion and perfectionistic self-presentation of body image on eating psychopathology

A.L. Mendes¹, C. Ferreira^{2,*}, J. Marta-Simões¹, I.A. Trindade¹

¹ Faculty of Psychology and Educational Sciences, University of Coimbra, CINEICC, Cognitive, Behavioural Centre for Research and Intervention, Coimbra, Portugal

² Faculty of Psychology and Educational Sciences, University of Coimbra, CINEIC, Cognitive, Behavioral Research Centre, Coimbra, Portugal

* Corresponding author.

Shame is considered a painful emotion that emerges in social contexts when the individual perceives that others see the self as inferior, inadequate or defective. This emotion is associated with decreased levels of self-compassion and may trigger several defensive responses, such as the need to present a perfect body image. Furthermore, shame has been conceptualized as a key component of eating psychopathology.

This study aims to explore the role of external shame in the engagement in disordered eating attitudes and behaviours through the mechanisms of self-compassion and body image-related perfectionistic self-presentation. A path analysis testing a mediational model was conducted in a sample of 469 women from the general community, aged between 18 and 35 years old.

The tested model explained 49% of the eating psychopathology's variance and presented excellent fit indices. Results demonstrated that external shame has a direct effect on disordered eating behaviours and simultaneously an indirect effect through the mechanisms of self-compassion and the need to present a perfect physical appearance.

These results seem to corroborate the link between shame and eating psychopathology. Additionally, these data suggest that women who present higher levels of shame show decreased self-compassion and tend to adopt compensatory maladaptive strategies, such as striving for a perfect body. Furthermore, these findings have significant clinical implications, highlighting the importance of developing new programs focused on shame and on the promotion of adaptive emotion regulation strategies, such as self-compassion.

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EV565

A clinical case of a patient with anorexia nervosa and bizarre behavior

A. Fonseca^{1,*}, A. Poças¹, J. Melim², R. Araújo²

¹ Centro Hospitalar de Leiria, Psiquiatria, Leiria, Portugal

² Centro Hospitalar de Leiria, Psiquiatria, Leiria, Portugal

* Corresponding author.

Eating disorders (EDs) are mental illnesses, defined by abnormal eating habits. EDs are chronic, severe and difficult to treat, and cause psychological, social and physical consequences. It occurs predominantly in adolescents and young adults women (around 90%), causing severely disability, major biopsychosocial losses, and high morbidity and mortality. EDs are considered by WHO as a public health problem, affecting different ages, genres, times, regions and contexts.

Objective Case report of a patient with Anorexia Nervosa and bizarre behavior.

Methods Clinical observation in hospital.

Results Woman with 43 years old, with a peace of 65 years, who was hospitalized in Psychiatric Service – Eating Disorders, in August 2015, because of its extreme thinness, with difficulty to walk and with severe edema of the feet, ankles and legs. At the entrance, she weighed 29 kg, after 4 days her weight reduced to 23 kg, reaching a BMI of 8.5 kg/m². In the first week, she showed a high cognitive impairment, confusional state and detailed and ruminative speech about food. She had developed multiple techniques to hide food and to hide and take dietary supplements for weight loss. Furthermore, she had a bizarre behavior and marked social isolation, not interacting with other patients.

Conclusion Although the low prevalence of EDs, these have a high morbidity, and are one of the psychiatric disorders that most often leads to a fatal outcome. Treatment is lengthy and cumbersome, requiring serious investments under the personal point of view, family and clinical, yet still, these patients can have a full life and quality.

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EV566

Anger expression, impulsivity and expressed emotion: A comparison between patients with eating disorder and schizophrenia

E. Gambaro^{1,*}, C. Gramaglia¹, D. Cenci¹, C. Delicato¹, A. Lombardi¹, C. Rizza¹, L. Girardi¹, V. Binda², N. Chiappa², P. Prosperini², F. Bert³, R. Siliquini³, P. Zeppego¹

¹ Università del Piemonte Orientale, Dipartimento di Medicina Traslazionale, Novara, Italy

² Azienda Ospedaliera Universitaria Maggiore della Carità di Novara, Medicina Traslazionale, Novara, Italy

³ Università degli Studi di Torino, Scienze della Sanità Pubblica e Pediatriche, Torino, Italy

* Corresponding author.

Introduction The level of express emotion (EE) is a measure of the attitude of close relatives towards a patient and include dimensions as critical comments, hostility and emotional over-involvement. Anger and impulsivity may lead to self-injurious and aggressive behaviours, and often represent an obstacle to treatment.

Aims To compare anger expression, impulsivity and expressed emotion in ED and SCHZ, and to explore the different level of caregivers' EE in the two groups.

Methods Twenty-five female with ED diagnosis and 25 patients with schizophrenia, were recruited at the Psychiatry Ward and outpatient Service of AOU – Novara, during one year period. Patient's assessment included Global Assessment of Functioning

(GAF), Structured Clinical Interview (SCID 1-2), Level of Expressed Emotion Scale (LEE), Paykel scale, State and Trait Anxiety Inventory (STAY 1-2), State-Trait Anger Expression Inventory (STAXY), Barratt Impulsiveness Scale (BIS-11).

Results Levels of anxiety (both state and trait) are higher in the ED group than in SCHZ. As far as the STAXY is concerned, SCHZ patients score higher than ED ones on control over anger, while general index of anger expression was higher in ED patients. We did not find significant differences in EE between two groups, except for the patient's emotional response of the patient to the disease, which was greater among SCHZ. Both SCHZ and ED patients scored higher on the LEE, Paykel and STAY than their caregivers.

Conclusions SCHZ and ED patients show different patterns of anxiety and anger, but similar profile as far as EE is concerned. Implications for treatment will be discussed.

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EV567

Multifactorial ethiopathogenic in eating disorders

E. García^{1,*}, M. Leon², F. Polo²

¹ Ciudad Real, Spain

² Hospital General de Ciudad Real, UTCA, Ciudad Real, Spain

* Corresponding author.

Eating Disorders is a heterogeneous group of syndromes which includes many factors in their develop. The three main syndromes, AN, BN and EDNOS has been defined in last DSM as independent entities. However is well known that a group of patients may change its presentation along time, so also been at first diagnosed of AN, lately will fulfil criteria for BN or EDNOS.

In the other hand, if we compare two patients with the same syndrome, as BN, or AN. . .

We may easily find big differences in personality, stressors. . . and in some cases the only common factor is the clinical presentation. Behind all of this is the fact that syndromic classification drives to empiric treatments that are far the most validated.

But although there is a well known evolution in this disorders, with a not so bad income as one could think initially (in some cases one third could recover without treatment), what may we do with those patients that are resistant for empiric treatments?

And it is our opinion that a deeper knowledge of all the factors that contribute to the syndrome or its presentation, as well as those related to treatments results, should be taken into account.

We have reviewed all knowledge about these issues and we have completed it with our clinical practise using a 50 patients data base, here we will show our results, that are basically that even the same factors interact in different ways in each patient, so it is not just the ingredients but the recipe.

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EV568

Atypical antipsychotics use in eating disorders. Review

J.M. Hernández Sánchez^{1,*}, M.F. Molina López², M.C. Cancino Botello², M.Á. Canseco Navarro², D. Peña Serrano²

¹ Valencia, Spain

² Hospital General de Valencia, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction Eating disorders often have serious medical complications, including the highest mortality rates of any psychiatric disorder. The search for an optimal therapeutic strategy during the last decades has been difficult and it has included antidepressants,

antipsychotics, anticonvulsants, benzodiazepines and mood stabilisers.

Objectives To review the medical literature related to the treatment of eating disorders with atypical antipsychotics.

Methods Medline search and ulterior review of the related literature. Keywords: "eating disorders"; "anorexia nervosa"; "bulimia nervosa"; "binge eating disorder"; "antipsychotic agents".

Results To the date, most of the studies have been with olanzapine. Olanzapine has shown effects, not only on weight gain, but also on management of other psychological features such as obsessive-compulsive symptoms, depression, aggression, persistence and interpersonal distrust. However, most of these studies have been compared to placebo, and binge-eating behaviour has also been described when using olanzapine (not with aripiprazole or ziprasidone). Recently, Marzola et al, when comparing olanzapine + SSRIs versus aripiprazol + SSRIs, described that aripiprazole (compared to olanzapine) is significantly more effective in reducing purging episodes, eating preoccupations and rituals.

Conclusions So far, aripiprazol and olanzapine have been proved to be the most effective atypical antipsychotics in eating disorders, especially in anorexia nervosa. However, most of studies were placebo-controlled and in quite small samples. Further investigation is needed.

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

Further readings

Marzola E et al. Atypical antipsychotics as augmentation therapy in anorexia nervosa. Plos One 2015;10(4):e0125569.

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EV569

Patients with anorexia nervosa: Outcome inpatient care

J. Jerónimo^{*}, J. Santos, L. Castro Nunes, S. Neves, F. Sequeira, A. Neves

Santa Maria's Hospital, CHLN, Psychiatry and Mental Health Department, Lisboa, Portugal

* Corresponding author.

Introduction Anorexia nervosa (AN) is characterized by self-induced starvation coupled with fear of gaining weight and a distorted body image. Its treatment is complex and challenging, and sometimes hospitalization is needed.

Santa Maria Hospital's Eating Disorders Unit (SMH-EDU) is a multidisciplinary team, formed in 1989, that provides both outpatient and inpatient treatment.

Objective To present and discuss SMH-EDU's AN treatment and its results.

Methods Revision and statistical analysis of all hospitalized AN' patients' clinical files, from 1 January 2014 to 31 December 2014. Treatment outcome was assessed by BMI variation.

Results A total of 45 admissions (41 patients) were analysed: 75.65% had AN restricting type and 24.45% had AN purging type. All patient were females, with median age of 27 years old (range 12–57 years). Average admission BMI was 14.51 kg/m² (ranging from 11.19 to 17.77 kg/m²). The mean lengths of stay were 39 days. Thirty-six percent of the patients had at least one previous hospitalization. Only 2 patients were readmitted at SMH-EDU: triple readmissions. The mean time between the beginning of the disorder and the admission was 111 months (ranging 2 to 408 months). Average discharged BMI was 16.32 kg/m² (ranging from 13.24 to 19.11 kg/m²).

Conclusion Inpatient treatment for AN at SMH-EDU is considered only for those patients whose disorder has not improved with appropriate outpatient treatment. Therefore, most inpatients at