

disordered eating behaviour. Moreover, eating disorder symptomatology is associated with inappropriate eating behaviours (e.g. excessive consumption of high-calorie foods and comfort foods).

**Objectives:** The objective of the present study was to investigate the differences in eating behaviour among adults with different levels of emotional suppression and eating disorder symptomatology.

**Methods:** Two hundred seventy adults ( $M_{\text{age}} = 29.44 \pm 9.32$ ) completed the Three-Factor Eating Questionnaire (eating behaviour), the Eating Attitudes Test (eating disorder symptomatology) and the Emotion Regulation Questionnaire (emotional suppression).

**Results:** Three clusters were identified through cluster analysis: cluster 1 ( $N = 115$ ) presenting low emotional suppression and low eating disorder symptomatology; cluster 2 ( $N = 43$ ) presenting high emotional suppression and high eating disorder symptomatology and cluster 3 ( $N = 112$ ) presenting high emotional suppression and low eating disorder symptomatology. Our results showed that individuals in cluster 2 had significantly greater levels of cognitive restraint, uncontrolled eating and emotional eating than individuals in clusters 1 and 3. Moreover, individuals in clusters 1 and 3 did not differ significantly in terms of any of the TFEQ subscales.

**Conclusions:** These preliminary findings may suggest that the tendency to persistently suppress emotions exacerbate disordered eating behaviour. Therefore, this factor together with symptoms of eating disorders should to be considered when planning prevention and intervention programs among adults presenting disordered eating behaviour.

**Disclosure:** No significant relationships.

**Keywords:** adults; eating disorder risk; eating behaviour; emotion regulation

## EPP0070

### Is decision-making impairment an endophenotype of Anorexia Nervosa?

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**Introduction:** Patients with anorexia nervosa (AN) show impaired decision-making ability, but it is still unclear if this is a trait marker, i.e. a stable endophenotype of AN, or a state parameter, i.e. being explained by present symptoms and associated comorbidity.

**Objectives:** We aimed to determine whether decision-making impairment is an *endophenotype* of AN. We hypothesized that decision-making alteration would not respect the criteria of an endophenotype, and that these alterations would have a relationship with illness severity.

**Methods:** Ninety-one patients with acute AN (A-AN), 90 unaffected relatives (UR), 23 patients remitted from AN (R-AN) and 204 healthy controls (HC) underwent the Iowa Gambling Task (IGT) and psychometric assessments. Prospective Valence

Learning model (PVL) was employed to distinguish the cognitive dimensions underlying the decision-making process. Performance at the IGT was compared between the four groups and then analysed according to clinical and psychometric variables.

**Results:** Patients with A-AN scored worse than UR and HC at the IGT ( $p < .01$ ). PVL-feedback sensitivity parameter was lower in patients with R-AN and A-AN than in the two other groups ( $p < .01$ ) and PVL-loss aversion parameter was lower in A-AN than in UR and R-AN ( $p < .01$ ). Decision-making style, in particular learning and loss aversion parameters, accounted for a significant part of variance of psychopathology in patients with AN ( $p < .01$ ).

**Conclusions:** Impaired decision-making represents a state-associated, cognitive hallmark of AN. The aggravation of reward modulation along with illness progression may explain the persistence of symptoms despite their consequences on health. Reversal of decision-making impairment should not be limited by inherited vulnerability.

**Disclosure:** No significant relationships.

**Keywords:** endophenotype; decision making; iowa gambling task; Anorexia nervosa

## EPP0071

### Eating disorders in the structure of depressive states.

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**Introduction:** Anorexia nervosa is a disease that occurs mainly in adolescent and young girls and is expressed in a conscious, extremely persistent and purposeful desire to lose weight, often reaching severe cachexia with a possible fatal outcome.

**Objectives:** Clinical and psychopathological analysis of eating disorders and modeling of clinical and dynamic patterns in terms of their association with depressive disorders, improving the criteria for nosological diagnosis, prognosis and therapy.

**Methods:** 58 patients aged 15 to 25 years who were on outpatient and inpatient observation of the clinic were studied.

**Results:** It was found that eating disorders are divided into 2 types. The first type is an overvalued eating disorder. In this category, the depressive state developed either during the course of the eating disorder or preceded its development. The second type is delusional eating disorder. In this type, the development of the depressive state did not depend on the eating disorder and proceeded independently of it. At each of these levels, three types of dynamics were identified: narrative type of dynamics (44%), implicit type (25%) and type of selective dissociation (22.4%).

**Conclusions:** Eating disorders in the structure of depression are heterogeneous and have different degrees of association with depressive symptoms and different variants of the dynamics of their course. The revealed patterns make it possible to formulate a clearer idea of the prognosis of the disease as a whole and to optimize the algorithms for the therapeutic intervention of these conditions.

**Disclosure:** No significant relationships.

**Keywords:** Eating disorders; Anorexia nervosa; Depression