

## 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

life of individuals with differing levels of trait eating pathology (EP) and 2) to investigate whether maladaptive coping moderated these relationships.

**Methods:** 107 female participants (mean age = 26.92) completed an online survey about stress, coping strategies and trait EP. Participants used a smartphone app to report on state stress, BD and DE six times a day for seven days

**Results:** Individuals with elevated trait EP experienced a significantly higher frequency of stress events ( $b = 0.04$ ). Participants' use of maladaptive coping significantly increased state stress ( $b = 0.41$ ), but was not moderated by EP. Participants' state stress and BD measured at the same time point (concurrent assessment) were significantly related ( $b = 0.13$ ). Either stress or BD at the previous time point did not significantly predict changes in the other (lagged assessment,  $b = 0.02$ ,  $b = -0.09$ , respectively). The aforementioned state-based associations were not moderated by trait EP

**Conclusions:** Women with more severe EP were found to experience stress more frequently. Maladaptive coping strategies were related to stress, but not moderated by EP. The association between stress and BD from concurrent but not lagged assessment highlights the importance of assessing and targeting momentary stress levels.

**Disclosure:** No significant relationships.

**Keywords:** eating disorders; stress; ecological momentary assessment; body dissatisfaction

## EPV0291

### Bariatric surgery exclusion: Psychiatric causes

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**Introduction:** The psychopathological causes that advise against a bariatric surgical procedure include any state that puts at risk the modification of habits and beliefs regarding eating behavior, with condition weight loss and health improvement.

**Objectives:** To study the psychiatric profile of patients rejected for bariatric surgery at the Complejo Hospitalario Asistencial de León (León, Spain).

**Methods:** Retrospective observational study. All patients for whom bariatric surgery procedure has been contraindicated for psychopathological reasons are included. 145 patients were evaluated in the context of the protocol for bariatric surgery. The following diagnostic scales were used as support: Salamanca Questionnaire, Plutchik Impulsivity Scale, Attitudes towards change in patients with eating disorders (ACTA), Bulimia Investigatory Test Edinburgh e, and European Quality of Life-5 Dimensions.

**Results:** 41 Patients were rejected for psychiatric reasons (28.28%). The most frequent diagnoses are impulse control disorder (39%), followed by eating disorder (27%). Other diagnoses found are: depressive disorder (10%), adjustment disorder (5%), personality disorders, intellectual disability and generalized anxiety disorder (3%) 78% of them are women.

**Conclusions:** Uncontrolled psychiatric pathology is a contraindication to bariatric surgery. Impulse control disorder and eating

disorder are related to overweight and obesity, so a diagnosis and treatment are necessary prior planning surgical procedure. Psychopathological variables determine the success of bariatric surgery procedures and it is mandatory to consider them in the process.

**Disclosure:** No significant relationships.

**Keywords:** eating disorders; impulse control disorder; Bulimia Nervosa; Bariatric surgery

## EPV0292

### An examination of the direct and indirect effect of self-objectification and disordered eating

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**Introduction:** Objectification theory argues that self-objectification confers risk for disordered eating (DE) both directly, and indirectly through a cascade of negative psychological consequences (e.g. low mood and self-conscious body monitoring). Robust cross-sectional evidence supports these relationships. However, these cross-sectional studies do not provide evidence for the complex intraindividual psychological processes outlined in objectification theory which purportedly contribute to DE.

**Objectives:** Using an ecological momentary assessment design, the current study investigated the direct within-person effect between state self-objectification and DE and examined the indirect within-person effect of negative mood and body comparisons, on the relationship between state self-objectification and DE.

**Methods:** Two-hundred female participants ( $M=20.43$  years,  $SD=4.60$ ) downloaded a smartphone app which assessed momentary experiences of self-objectification, mood, body comparisons, and DE six times per day at random intervals for seven days.

**Results:** Indicated that self-objectification significantly predicted DE behaviours [95% CI 0.01, 0.03] and body comparisons [95% CI 0.32, 0.41]. However, the indirect effect of body comparisons on the relationship between state self-objectification and DE was not significant [95% CI -0.01, 0.00]. In the second mediation model, self-objectification significantly predicted DE behaviours [95% CI 0.01, 0.03], but did not significantly predict mood [95% CI -0.06, 0.03]. Similarly, the indirect effect of mood on the relationship between state self-objectification and DE was not significant [95% CI -0.00, 0.00].

**Conclusions:** These results enhance our understanding of objectification theory and suggest that self-objectification confers risk to DE directly. However, our findings do not support the indirect effect of self-objectification on DE through low mood or body comparisons.

**Disclosure:** No significant relationships.

**Keywords:** eating disorders; Self-objectification; disordered eating; ecological momentary assessment