

ECED
European Council on Eating Disorders

PARIS 2019
12th-14th September



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EATING DISORDERS:
A TRANSDICIPLINARY APPROACH
TO UNDERSTANDING AND CARE

12th - 14th September 2019
Paris, France

PROGRAMME
&
ABSTRACT BOOK

London (1989) - Leuven (1991) - Prague (1993) - Dublin (1995) - Padova (1997) - Stockholm (1999) - Barcelona (2001) - Budapest (2003) - Innsbruck (2005) - Porto (2007) - London (2009) - Florence (2011) - Oslo (2013) - Heidelberg (2015) - Vilnius (2017)

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PROGRAMME

THURSDAY 12th SEPTEMBER 2019

Venue: Salons de la Maison des Arts et Métiers - 9 bis, avenue d'Iéna, 75116 Paris

15:30 - 16:30

WELCOME AND REGISTRATION

16h30 - 17:00

Room: La Rochefoucauld

OPENING SESSION

17:00 - 18:30

Room: La Rochefoucauld

DEBATE #1

Chair: Hubert Lacey
London, United Kingdom

**Anorexia nervosa is best considered and treated
as an addictive disorder**

Gerard Butcher (Dublin, Ireland)
Philip Gorwood (Paris, France)

18:30 - 20:00

Salons (1st floor)

COCKTAIL

FRIDAY 13th SEPTEMBER 2019

Venue: Palais du Luxembourg - 15 rue de Vaugirard, 75006 Paris

08:00 - 09:00

REGISTRATION

09:00 - 09:15

Amphitheater: Clémenceau

WELCOME ADDRESS

09:15 - 10:30

Amphitheater: Clémenceau

PLENARY #1

A Transdisciplinary Approach of Eating Disorders

Nathalie Godart (Paris, France)

Corinne Blanchet-Collet (Paris, France)

10:30 - 11:00

Room: René Coty

COFFEE BREAK

Foyer Clémenceau

POSTER PRESENTATION

11:00 - 12:30

PARALLEL SESSIONS #1

Amphitheater: Clémenceau

Symposium #1

Chair: Yves Simon

Braine l'Alleud, Belgium

Multi-Family Therapy

- A Multi-Family Therapy in Adolescent Anorexia Nervosa

Yves Simon (Braine l'Alleud, Belgium)

- Multifamily therapy (MFT) in the treatment of eating disorders (ED): A review of existing models and their effectiveness (The use of non-violent resistance in the treatment of eating disorders)

Solange Cook-Darzens (Paris, France)

- **Multi family therapy for young adults with anorexia nervosa**
Ivan Eisler (London, United Kingdom)
 - **The use of non-violent resistance in the treatment of eating disorders**
Eline Smessaert (Leuven, Belgium)
 - **The development of multi-family therapy during 15 years: the Nordic experience**
Ulf Wallin (Lund, Sweden)
-

Room: Medicis

Symposium #2

Chair: Andreas Stengel
Tuebingen, Germany

Somatic approaches

- **Management of osteoporosis in eating disorders**
Karine Briot (Paris, France)
 - **Dentistry and eating disorders: somatic and psychological impact**
Pierre Colon (Paris, France)
 - **Management of hypogonadism in eating disorders**
Natacha Germain (Saint-Étienne, France)
-

Room: René Monory

Workshop #1

The experience of integrating a systematized evaluation into the treatment of adolescents (Province of Québec, Canada)

Dominique Meilleur (Montréal, Canada)

Oral communications #1

Chair: Anna Keski-Rahkonen
Helsinki, Finland

Symptomatology in different settings

- **Bulimic symptoms, body image, body size and sexual satisfaction among young adults**
Anna Keski-Rahkonen (Helsinki, Finland)

- **A comprehensive Danish nationwide study of mortality in psychiatrically treated eating disorders patients from 1970 to 2014, using a 1:4 matched comparison cohort**
Søren Nielsen (Roskilde, Denmark), Janne Walløe Vilmar (Køge, Denmark)
- **Outcome and predictors at follow-up after inpatient treatment. A naturalistic study**
Danielsen Marit (Levanger, Norway)
- **Increase in eating disorder symptomatology after three years of illness in anorexia but not bulimia nervosa**
Paul Robinson (London, United Kingdom)
- **Eating disorders and the fashion industry: qualitative research among top models**
Nikolett Bogár (Budapest, Hungary)
- **An interactive model of parental bonding, and symptomatic features in eating Disorders**
Tamás Dömötör Szalai (Budapest, Hungary)

12:30 - 14:00

Room: René Coty

BUFFET LUNCH

Room: René Monory

Working Group “Creation of a European Directory of Care Facilities for Eating Disorders”

14:00 - 15:30

PARALLEL SESSIONS #2

Amphitheater: Clémenceau

Symposium #3

Chair: Rachel Bryant Waugh
London, United Kingdom

Eating disorders specificities in children & adolescents

- **Predictors of height prognosis in children with early-onset anorexia nervosa**
Julia Clarke (Paris, France)
- **How to prevent relapse – day patient treatment and home treatment in childhood and adolescent anorexia nervosa**

Beate Herpertz-Dahlmann (Aachen, Germany)

- **Management of growth failure and pubertal delay in children with anorexia nervosa**

Juliane Léger (Paris, France)

Room: Medicis

Workshop #2

Cognitive remediation

Weight and eating disorders cognitive difficulties and treatment strategy

Sylvie Berthoz (Bordeaux & Paris, France), Kate Tchanturia (London, United Kingdom)

Room: René Monory

Workshop #3

Chair: Paul Robinson
London, United Kingdom

Management of anorexia nervosa patients with extremely severe malnutrition in a transdisciplinary eating disorders inpatient unit

Mouna Hanachi, Nadja Kayser, Jean-Claude Melchior, Damien Ringuenet (Villejuif, France)

Oral communications #2

Chair: Paulo Machado
Braga, Portugal

Evaluation of eating disorders, outcome and treatments

- **Eating disorder questionnaires short forms: a comparison**
Paulo Machado (Braga, Portugal)
- **Does self-esteem play a role of mediator between anorexia nervosa symptomatology and quality of life: a matched control study**
Jeanne Duclos (Villeneuve d'Ascq, France)
- **Family based treatment: the importance of parents in the treatment of their child with an eating disorder**
Marie Jeanne Schier (Zeist, Netherlands)

- [An overview of conceptualizations of eating disorder recovery, recent findings, and future directions](#)
Jan Alexander de Vos (Amsterdam, Netherlands)
- [Experience of consultation liaison addictology in an endocrinology unit in Nantes teaching hospital](#)
Bruno Rocher (Nantes, France)
- [Caregiver skills in eating disorders in Catalonia: concordance between caregivers in attitudes and behavior](#)
Cristina Vintró-Alcaraz (L'Hospitalet de Llobregat, Spain)

15:30 - 16:00

Room: René Coty

COFFEE BREAK

Foyer Clémenceau

POSTER PRESENTATION

16:00 - 17:00

Amphitheater: Clémenceau

PLENARY #2

[Eating disorders and new technologies](#)

Fernando Fernandez-Aranda (Hospitalet de Llobregat, Spain)

19:00 - 23:00

Salons de Boffrand

GALA DINNER

 *Entry by 15 ter rue de Vaugirard, before 19:30 !*

SATURDAY 14th SEPTEMBER 2019

Venue: Faculté de médecine "Les Cordeliers" - 15 rue de l'École de Médecine, 75006 Paris

08:00 - 09:00

Hall 21

WELCOME AND REGISTRATION

Room: Marie Curie

COFFEE

09:00 - 10:30

PARALLEL SESSIONS #3

Amphitheater: Farabeuf

Oral communications #3

Chair: Finn Skårderud
Oslo, Norway

Treatment

- A discussion of a completed RCT study comparing cognitive behavior therapy and psychodynamic therapy for bulimia nervosa
Susanne Lunn (Copenhagen, Denmark)
- Mentalizing milieus - implementing mentalization-based therapy in a specialist inpatient unit for severe eating disorders
Tove Skarboe (Bodø, Norway)
- Epistemic trust - a new clinical concept in the psychotherapeutic work with eating disorders
Finn Skårderud (Oslo, Norway)
- Internal language enhancement therapy (ilet) and anabrexia – the concrete mindset of unprocessed separation, individuation and identity: a case study
Barbara Pearlman (Exeter, United Kingdom)
- Steps towards personalized treatments for eating disorders: identifying general trajectories of change in psychopathology and well-being using a latent growth mixture model
Jan Alexander de Vos (Amsterdam, Netherlands)

- Stay calm and be balanced: equanimity and eating disorders

Catherine Juneau (Clermont-Ferrand, France)

Amphitheater: Bilsky Pasquier **Oral communications #4**

Chair: Mouna Hanachi
Villejuif, France

Somatic and transdisciplinary

- Innovation and collaboration in Ireland: a transdisciplinary approach in action
Harriet Parsons (Dublin, Ireland)
- Is there need for oral preventive concepts among patients with anorexia nervosa?
Elzbieta Paszynska (Poznan, Poland)
- Electrocardiogram abnormalities in 50% of inpatients with anorexia nervosa
Tatiana Bernard (London, United Kingdom)
- Clinical evidence in the initial management of adolescents admitted with severe anorexia nervosa
Chantal Stheneur (Paris, France)
- Definition and management of severe and enduring eating disorders across the UK
Melanie Bruneau (Cambridge - United Kingdom)
- BMI is predicted using the situpsquatstand (SUSS) test and hand grip strength
Paul Robinson (London, United Kingdom)

Amphitheater: Gustave Roussy **Oral communications #5**

Chair: Daniel Stein
Tel Hashomer, Israel

Patient caregiver and treatment team

- Moving with eating disorders: the patients' perspective
Benedicte Harila Walle (Oslo, Norway)

- "I would have preferred her to have cancer, at least there was a secure route to care" - Caregiver's experiences of eating disorder treatment and the implications
Paul Robinson (London, United Kingdom)
- Workplace wellbeing of staff working on eating disorder units
Trine Wiig Hage (Oslo, Norway)
- Physical exercise and dietary therapy—a new and promising treatment for patients with bulimia nervosa and binge eating disorders
Maria Bakland (Tromsø, Norway)
- Treating ultra-orthodox young women with eating disorders in Israel: culturally-sensitive interventions, difficulties, and dilemmas
Yael Latzer (Haifa, Israel)
- Electroconvulsive therapy in the management of anorexia nervosa with comorbid treatment-resistant depression
Daniel Stein (Tel Hashomer, Israel)

Room: Déjerine

Chair: Angela Favaro
Padova, Italy

Oral communications #6

Brain and cognition

- Autobiographical memory and anorexia nervosa in a longitudinal perspective
Elena Tenconi (Padova, Italy)
- Subcortical and cerebellar volumetric differences in children at high-risk for eating disorders
Manuela Barona (London, United Kingdom)
- Regulation of emotion and food craving in patients with anorexia nervosa: clinical and neurocognitive features
Giulia Testa (Barcelona, Spain)

- **Starving the way out of emotions: eating restraint as a maladaptive emotion regulation strategy in eating disorders and the role of transdiagnostic processes maintaining the cycle**
Tania Rodrigues (Braga, Portugal)
- **Food-related attentional bias in eating disorders: differences between clinical Subgroups**
Paolo Meneguzzo (Padova, Italy)
- **Anorexia nervosa and bipolar disorders spectrum comorbidity: prevalence, clinical links and clinic severity profiles**
Leslie Radon (Paris, France)

10:30 - 11:00

Room: Marie Curie

COFFEE BREAK

Cloister

POSTER PRESENTATION

11:00 - 12:30

Amphitheater: Farabeuf

DEBATE #2

Chair: Gerard Butcher
Dublin, Ireland

Care or cure: it's more important to pursue quality of life than recovery in eating disorders

Nikolett Bogár (Budapest, Hungary)

Chloe Rackow (Paris, France)

12:30 - 13:15

Amphitheater: Farabeuf

BUSINESS MEETING AND CLOSING

13:15 - 14:30

Room: Marie Curie

BUFFET LUNCH



ALL SESSION ABSTRACTS

ECED
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THURSDAY 12TH SEPTEMBER 2019

Venue: Salons de la Maison des Arts et Métiers

DEBATE #1

ANOREXIA NERVOSA IS BEST CONSIDERED AND TREATED AS AN ADDICTIVE DISORDER

Chair: Hubert Lacey

Proponent: Gerard Butcher

Opponent: Philip Gorwood



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FRIDAY 13TH SEPTEMBER 2019

Venue: Palais du Luxembourg

PLENARY #1

A TRANSDISCIPLINARY APPROACH OF EATING DISORDERS

SPEAKER

C.Blanchet^{1,2,3}, N.Godart^{2,4,5}

¹- Assistance Publique-Hôpitaux de Paris ; Cochin Hospital ; Maison de Solenn-Maison des Adolescents - 75014 Paris, France;

²- CESP, Univ. Paris-Sud, UVSQ, INSERM U 1178, Université Paris-Saclay, 94805, Villejuif, France

³- Paris Descartes University, USPC, Paris, France

⁴- Fondation Santé des Etudiants de France - Paris, France.

⁵- UFR des Sciences de la Santé Simone Veil - Université de Versailles Saint-Quentin-en-Yvelines, France

OVERVIEW OF THE PRESENTATION

Transdisciplinarity is a concept stemming from the human and social sciences, introduced by Jean Piaget (1896-1980) in Nice, France in 1970 on the occasion of the conference of the Organisation for Economic Cooperation and Development (OECD). The initial title of OECD meeting "transdisciplinary" was changed to "interdisciplinary" because the word "transdisciplinary" scared the organising committee... Fifty years later, we are happy to announce to you that the title of ECED in Paris, 2019, has been maintained.

Etymologically, the Latin prefix "*trans*" means: beyond (across, through, changing thoroughly, transverse), and "*disciplina*": education (set of knowledge, laws, rules, constraints defining a subject but also a group). This term has completely invaded medical language and discourse as well as areas of clinical, research and education in the field of eating disorders and other chronic diseases. In recent years, transdisciplinarity has become a "fashionable" concept, which is regularly misused and subverted, a "semantic quagmire" (Choi, 2008), subject to inept interpretations where there is the most supreme confusion and where the amalgam is regularly made between the terms multi-, inter-, transdisciplinarity, interchangeable and polysemic terms, hollowed out of their initial meaning. According to the National Center for Textual and Lexical Resources (CNRTL), transdisciplinarity is "a scientific approach going beyond, through and across boundaries, transgressing boundaries between the disciplines". Edgar Morin: "with regard to transdisciplinarity, it is often about cognitive schemas that can cross disciplines sometimes with a virulence that puts them in a trance" (E. Morin, *De l'interdisciplinarité dans Carrefour des sciences*, in *Actes du colloque*, Paris, CNRS, 1990). According to Basarab Nicolescu (1942-), the methodology of transdisciplinarity is based on three postulates that are "complexity", "levels of reality" and the "logic of the included middle" (Nicolescu, in *Manifesto*, 1996) and would be born out of the "big-bang" of the disciplines during the second half of the twentieth century (Nicolescu, 2011). This scientific thought and intellectual posture, in part, requires renouncing the classically pyramidal knowledge of disciplines by introducing different levels of reality and complexity ideally suited to the complex and multimodal approach in the field of eating disorders.

This session will include two parts; the first is a semantic and historical approach followed by an epistemological reflection, the second is about an illustration of the application of transdisciplinarity in etiopathological models and care related to eating disorders in the context of the French Federation Anorexia Bulimia (FFAB) network over fifteen years.



Parallel Sessions #1

SYMPOSIUM #1: MULTI-FAMILY THERAPY

Chair: Yves Simon

A MULTI-FAMILY THERAPY IN ADOLESCENT ANOREXIA NERVOSA

SPEAKER

Yves Simon, Centre Thérapeutique du Trouble alimentaire de l'Adolescent. Braine l'Alleud, Belgium

KEYWORDS

Anorexia nervosa, multifamily therapy, follow-up, Effect factor in psychotherapy

OVERVIEW OF THE PRESENTATION

Between 2007 and 2018, 157 families facing their adolescent girl's anorexia nervosa attended a MFT. MFT was organized on the basis of 15 full days, spread over 10 sessions of 4 to 1 days, lasting 11 months.

Each session is spaced 2 to 6 weeks apart at the Centre Thérapeutique du Trouble Alimentaire de l'Adolescent, Braine l'Alleud, Belgium in a real-world clinical setting. One of the goals of the TMF was to teach parents to manage the specific characteristics of the young person's illness (diet, hyperactivity, fears, interpersonal difficulties, teenage challenges...).

Compliance with the TMF was 95.6%. Participants rated a high level of satisfaction with the treatment.

We will analyze the results of the patients' weight change, OQ-45, EDE-Q scores at the end of treatment and after one year of treatment. We will discuss effect factors in psychotherapy.

REFERENCES

Gelin Z, Fuso S, Hendrick S, Cook-Darzens S, Simon Y. The effects of a multiple family therapy on adolescents with eating disorders: an outcome study. Fam Process. 2015 Mar; 54(1): 160-72.

SYMPOSIUM #1: MULTI-FAMILY THERAPY

Chair: Yves Simon

MULTIFAMILY THERAPY (MFT) IN THE TREATMENT OF EATING DISORDERS (ED): A REVIEW OF EXISTING MODELS AND THEIR EFFECTIVENESS

SPEAKER

Solange Cook-Darzens - Paris, France

OVERVIEW OF THE PRESENTATION

This presentation provides a scoping review of existing MFT models used in the treatment of anorexia nervosa (AN), organizing them according to 1) their level of intensity and 2) their specific therapeutic focus (ED-focused vs. Relationship-focused).

The picture that emerges points to a great diversity of MFT models, with a tendency for child and adolescent MFT to favour intensive symptom-focused models, while relationship-focused models are more often used with transition youth and adults. Integrative models reflect greater diversity in terms of patient age, context of care, duration of intervention and hypothesized mechanisms of change.

Research has yielded robust findings regarding the effectiveness of intensive ED-focused MFT models compared to single family therapy in the treatment of adolescent AN. Other more integrative and relationship-focused models are starting to produce promising results as well. But overall, the empirical evidence remains tentative and incomplete, both with regard to MFT's long term impact and in providing specific indications for each particular model (in terms of patient age, illness severity, family functioning...). Contextual constraints also limit the evaluation of the relative benefits of MFT as a stand-alone vs. adjunctive treatment.

More research needs to be conducted on the effectiveness of non ED-focused MFT models (more "generic" ones), and on the potential advantages of each type of model. The multi-site RCT which is currently underway in France, comparing Single Family Therapy and MFT for adolescent AN, represents one such endeavour (Godart et al., 2019). This study is unique in that both therapeutic modalities reflect "real life" practices, they follow a non-intensive systemically-oriented paradigm and are offered as stand-alone treatments.

SYMPOSIUM #1: MULTI-FAMILY THERAPY

Chair: Yves Simon

MULTI FAMILY THERAPY FOR YOUNG ADULTS WITH ANOREXIA NERVOSA

SPEAKER

Ivan Eisler - Maudsley Centre for Child and Adolescent Eating Disorders - London, United Kingdom

OVERVIEW OF THE PRESENTATION

Multi-family therapy (MFT) has been shown to be an effective therapy for adolescents with anorexia nervosa (Eisler et al., 2016) and is now recommended as a key treatment alongside single family therapy (FT-AN) (NICE 2017). Recent work in several [centers](#) has shown MFT can also be used in the treatment of young adults. Implementing family interventions with adults faces a key challenge: Prescribing a strong supportive parental role, which aims to both facilitate initial change in ED behaviours and ultimately foster independence, may at first feel developmentally inappropriate to families – parents fear that their wish to help will be seen by the young adult as intrusive, while the young adult may both want support but worries that their independent voice will not be heard. Feedback from families taking part in MFT groups emphasize the role of MFT in helping to overcome these obstacles with parents encouraging each other to take greater risks in continuing to offer assistance to their offspring, while being respectful of the young adults' independent voice, both of which are strengthened by being part of a group "chorus". This presentation will provide a brief overview of the empirical evidence followed by a description of the specific modifications required to make the treatment applicable to families with young adults.

SYMPOSIUM #1: MULTI-FAMILY THERAPY

Chair: Yves Simon

THE USE OF NON-VIOLENT RESISTANCE IN THE TREATMENT OF EATING DISORDERS

SPEAKER

Eline Smessaert, clinical psychologist and family therapist.
Mind Body Unit, eating disorder program, UPC KU Leuven (Belgium)

KEYWORDS

Non violent resistance (NVR), eating disorders, family therapy

OVERVIEW OF THE PRESENTATION

Non Violent Resistance (NVR) is a parent-based intervention originally developed to help families withstand aggressive and at risk behavior in children and adolescents (Omer, 2008). Lebowitz and Omer (2013) have translated the principles of NVR to the treatment of anxiety disorders. In NVR interventions, the therapist helps parents or other caregivers, to still be supportive and caring, but also set clear limits and resist problematic behaviors. Parents are helped to de-escalate conflicts, to make fewer accommodations to their child's psychopathology and to actively engage support of their network so that they no longer confront difficulties on their own.

During this presentation, the core treatment principles and concepts of NVR will be presented. Subsequently, we will explain how NVR can be used in the treatment of eating disorders. Indications, a case study and the multi-family NVR group program, as developed at our eating disorder unit (UPC KU Leuven, Belgium) will be discussed.

REFERENCES

- Omer, H. (2008). *La résistance non violente. Une nouvelle approche des enfants violents et autodestructeurs*. Brussel, België: De Boeck.
- Lebowitz, E. R. &, Omer, H. (2013). Working with parents (part three). In E.R. Lebowitz & H. Omer (Eds), *Treating childhood and adolescent anxiety. A guide for caregivers* (pp. 121-313). Hoboken, USA: Wiley.

SYMPOSIUM #1: MULTI-FAMILY THERAPY

Chair: Yves Simon

THE DEVELOPMENT OF MULTI-FAMILY THERAPY DURING 15 YEARS – THE NORDIC EXPERIENCE

SPEAKER

Ulf Wallin (Lund, Sweden)

OVERVIEW OF THE PRESENTATION

In the Nordic countries we have a Multi-Family Network that brings together different eating disorders units; we meet regularly to share our experiences. There are mainly similarities but there are also some differences that affect how we work. Multi-Family Therapy is a treatment that has been used for fifteen years, and during that time changes have taken place. Local adaptations have been made in the different countries, e.g. how to work around the common meals. There are other differences within the countries that influence the treatment such as geographic conditions.

The treatment model has also changed during these 15 years due to the clinical experiences and various clinical practices have emerged within the same treatment method. The changes include a shorter time frame, a change in relation to other care givers, but also how we work with the families.

I will present differences and similarities between countries and different Eating Disorders Units. I will also discuss what appears to be the more fundamental aspects of the treatment model in relation to the aspects that have changed - and if it is for the better.

SYMPOSIUM #2: SOMATIC APPROACHES

Chair: Andreas Stengel

MANAGEMENT OF OSTEOPOROSIS IN EATING DISORDERS

SPEAKER

Karine Briot, MD, PhD, Rheumatology Department, Cochin Hospital, 27 rue du Faubourg Saint Jacques, 75014 Paris

KEYWORDS

Osteoporosis, fracture, anorexia nervosa, bone density

OVERVIEW OF THE PRESENTATION

Anorexia nervosa (AN) is a very prevalent condition (0.2–1.0% per DSM IV and up to 4% per DSM-5) and is associated with significant morbidity and high mortality. An important comorbidity of AN is low bone mineral density (BMD) associated with an increased risk of fracture; it is particularly concerning during adolescence, a critical time for bone accrual. Epidemiological studies have showed that patients with a past history of AN have a 2 to threefold increased risk of bone fracture. In the clinical setting, DXA is the most commonly used technique for measuring BMD; however, interpretation of results must be done cautiously in children and adolescents. Multiple cross-sectional and longitudinal studies have consistently shown reductions in BMD in AN, both in adolescents and adults. Key factors that contribute to impaired bone status in AN include low BMI and lean mass, hypogonadism, low IGF-1 levels, and alterations in other hormones (cortisol, adiponectin, leptin, PYY, insulin, oxytocin...). Weight gain and resumption of menses is associated with some improvement in BMD but residual deficits may persist. Future therapeutic strategies include physiological estrogen replacement in adolescent girls with AN, and antiosteoporotic drugs (bisphosphonates, teriparatide) in adults with AN. This review will summarize recent and novel findings regarding strategies for assessing bone outcomes, determinants of altered bone metabolism, and therapeutic strategies in patients with eating disorders (1, 2).

REFERENCES

1. Fazeli PK, Klibanski A. Effects of Anorexia Nervosa on Bone Metabolism. *Endocr Rev.* 2018; 39:895-910. doi: 10.1210/er.2018-00063.
2. Schorr M, Miller KK. The endocrine manifestations of anorexia nervosa: mechanisms and management. *Nat Rev Endocrinol.* 2017;13:174-186. doi: 10.1038/nrendo.2016.175.

SYMPOSIUM #2: SOMATIC APPROACHES

Chair: Andreas Stengel

DENTISTRY AND EATING DISORDERS: SOMATIC AND PSYCHOLOGICAL IMPACT

SPEAKER

Pr Pierre Colon - Université Paris Diderot, Service d'odontologie Hôpital Rothschild AHP, Laboratoire LMI UMR CNRS 5615 Lyon 1, France

KEYWORDS

Dental erosion, self-esteem, reflux, bruxism, parafunctions.

OVERVIEW OF THE PRESENTATION

Psychiatrists are not usually aware about dental cares but similarly, dentists are not informed about eating disorders and how to manage these patients. However, teeth and their buccal environment are rich of information about eating behaviors, vomiting, gastroesophageal reflux and daily pain for patients. Different kind of dental lesions from caries to dental erosion, attrition, abrasion and their localization must be explained for a better understanding of their etiopathogenic factors. Severe Bruxism is also a usual parafunction with dramatic consequences such as loss of dental tissues, TMJ disorders and fracture of teeth. Teeth and smile are involved in self-esteem and dental cares are not only a somatic approach for pain and function but also a good opportunity to contribute to a change in dietary habits.

For the dental practitioner, reducing saliva flow rate through medications, bisphosphonate treatments, hypokalemia, osteoporosis are difficulties and some of them prefer to delay the dental care. They need some assistance from psychiatrists to improve their knowledge. In the same time, psychiatrists are not aware about information coming from dentists for a better understanding of dietary habits of their patients.

The idea of "patient centered care" has first been introduced in geriatric. This is however a perfect way to describe the position of dental practitioner in the treatment of eating disorders patients. Reynolds in 2009 described this approach as: "The goal of patient-centered health care is to empower patients to become active participants in their care. ". Severe damages in oral environment require time and many appointments to restore function and esthetic. The dentist is then part of the medical team to support the patient in his own reconstruction during many hours of dental care and to contribute to the transversal approach of eating disorders therapy.

The relationship between psychiatrists and dentists needs to be improved for a better knowledge of each other and especially for a convergence of their practice in the treatment of patients with eating disorders. The somatic approach through dental care is now a requirement. The psychological impact of teeth reconstruction needs to be investigated.

REFERENCES

Carvalho TS, Colon P, Ganss C, Huysmans M C, Lussi A, Schlueter N, Schmalz G, shellis RP, Tveit AB, Wiegand A. Consensus report of the European Federation of Conservative Dentistry: erosive tooth wear--diagnosis and management », Clin. Oral Investig. 2015, 19(7):1557-1561.

Colon P, Lussi A: Ultra-conservative approach to the treatment of erosive and abrasive lesions. British Dental Journal 2014; 216: 463-468

Colon P, Cougot N, Famery C: Adverse effects of eating disorders on the oral health of teenagers. J Dentofacial Anom Orthod 2018; 21:105. DOI:10.1051/ofden/2018043

SYMPOSIUM #2: SOMATIC APPROACHES

Chair: Andreas Stengel

MANAGEMENT OF HYPOGONADISM IN EATING DISORDERS

SPEAKER

Natacha Germain, MD, PHD, Endocrinology Department and Eating Disorders reference center, EA 7424, Eating Disorder, addiction and extreme body weight laboratory, CHU de Saint Etienne, Hôpital NORD, 42055 Saint Etienne CEDEX 2

KEYWORDS

Hypogonadism, amenorrhea, anorexia nervosa, fertility

OVERVIEW OF THE PRESENTATION:

Anorexia nervosa (AN) is characterized by self-starvation-induced undernutrition leading to multiple hormonal abnormalities inducing functional hypothalamic amenorrhea (HA). Alteration of pituitary gonadal axis implies lots of complications. Weight recovery does not always restore menses despite no apparent clinical and biological undernutrition residual signs. These aspects must be taken into account even after recovery.

This presentation will develop and explain both the consequences of anorexia nervosa on gonadal axis and the implication of hypogonadism on eating disorder management.

REFERENCES

Germain, N., et al., Pulsatile gonadotropin-releasing hormone therapy in persistent amenorrheic weight-recovered anorexia nervosa patients. Fertility and sterility, 2017. 107(2): p. 502-509.

WORKSHOP #1

THE EXPERIENCE OF INTEGRATING A SYSTEMATIZED EVALUATION INTO THE TREATMENT OF ADOLESCENTS DIAGNOSED WITH EATING DISORDERS

SPEAKER

Dominique Meilleur - Montréal, Québec, Canada

OVERVIEW OF THE PRESENTATION

The experience of integrating a systematized evaluation into the treatment of adolescents

This workshop addresses the integration of a systematized biopsychosocial evaluation protocol into the treatment of patients diagnosed with anorexia nervosa in five university medical centers across the province of Québec. Developed within the framework of a clinical research project, this protocol aims to evaluate various aspects of adolescents' functioning and wellbeing (e.g., medical, psychological, familial) from the onset of their treatment. This information is used to help healthcare professionals develop appropriate intervention plans. In order to evaluate patient progress, various questionnaires are systematically completed by the adolescents, their parents, and their healthcare providers throughout treatment and for a period of up to two years.

The primary goals of this research project are to i) identify and describe distinct clinical subgroups of adolescents, ii) document the effect of different service trajectories on the evolution of patients over a two-year period, iii) generate a provincial, multisite databank.

This workshop will outline the key stages in the development and integration of this research protocol, namely: the execution of a pilot project, the search for funding, the creation of a computerized protocol, its integration into different recruitment sites, its evolution over time. Special attention will be given to the challenges encountered throughout the implementation process. As this protocol has been in place for three years, a progress report will be provided and its potential for growth will be discussed. On the basis of the challenges encountered, recommendations pertaining to factors capable of facilitating the implementation of such a project will be discussed.

ORAL COMMUNICATIONS #1: SYMPTOMATOLOGY IN DIFFERENT SETTINGS

Chair: Anna Keski-Rahkonen

BULIMIC SYMPTOMS, BODY IMAGE, BODY SIZE AND SEXUAL SATISFACTION AMONG YOUNG ADULTS

AUTHORS

Anna Keski-Rahkonen, University of Helsinki, Sara Minkkinen, University of Helsinki

KEYWORDS

Bulimic symptoms, body image, body size, sexuality, sexual satisfaction

OVERVIEW OF THE PRESENTATION

Introduction: Sexuality in the context of eating disorders has received scant research attention although it is known that body image is an important component of sexual satisfaction. Our aim was to examine in a nationwide cohort of young adults whether bulimic symptoms, body image, and body size are associated with sexual satisfaction.

Methods: Our study comprised 2792 women and 2396 men born in 1975-1979 (mean age at assessment 24 years). Sexual satisfaction was self-reported using a single Likert item scored from 1 to 5. Body size was estimated based on self-reported weight, height, and self-measured waist circumference. The Eating Disorder Inventory 2 was used to measure bulimic symptoms and body dissatisfaction. We examined the cross-sectional associations of bulimic symptoms, body dissatisfaction, and body size with sexual satisfaction, controlling for current relationship status.

Results: Women reported higher overall sexual satisfaction (3.94, 95% confidence interval [CI] 3.90-3.98) than did men (3.79, 95% confidence interval [CI] 3.75-3.83). Women were more likely to be in a current relationship (69.6%) compared to men (59.8%). Both women and men in a current relationship reported significantly higher sexual satisfaction compared to single women ($\rho=0.50$) and men ($\rho=0.53$). Bulimic symptoms and sexual satisfaction were negatively correlated in women ($\rho=-0.16$) but not in men. The inverse association between bulimic symptoms and sexual satisfaction was weaker among currently single women ($\rho=-0.10$) than among women in current relationship ($\rho=-0.15$). Body dissatisfaction and sexual satisfaction were negatively correlated ($\rho=-0.13$ in women, $\rho=-0.24$ in men). The inverse association between body dissatisfaction and sexual satisfaction was stronger among currently single men ($\rho=-0.27$) than among men in current relationship ($\rho=-0.17$); we observed no such difference for women. Height and weight were negligibly correlated with sexual satisfaction ($\rho=0.04$ and $\rho=0.05$, respectively) in men but not in women. Self-reported waist circumference was not associated with sexual satisfaction among women or men.

Conclusions: Bulimic symptoms were associated with less sexual satisfaction in women, whereas body image was associated with higher sexual satisfaction among women and men. Indicators of actual body size were not associated with sexual satisfaction. However, the strongest determinant of sexual satisfaction was being in a current relationship, with those in a relationship reporting more satisfaction.

ORAL COMMUNICATIONS #1: SYMPTOMATOLOGY IN DIFFERENT SETTINGS

Chair: Anna Keski-Rahkonen

A COMPREHENSIVE DANISH NATIONWIDE STUDY OF MORTALITY IN PSYCHIATRICALLY TREATED EATING DISORDERS PATIENTS FROM 1970 TO 2014, USING A 1:4 MATCHED COMPARISON COHORT

AUTHORS

MD Søren Nielsen & MD Janne Walløe Vilmar, Region Zealand Child and Adolescent Psychiatry, Denmark

KEYWORDS

Eating Disorders, Mortality, Follow-up, Record linkage

OVERVIEW OF THE PRESENTATION

Introduction: Except for Anorexia Nervosa, there is limited knowledge of mortality in eating disorders, especially for males. This study permits detailed analyses. It describes the mortality in a nationwide population (~ 5 mill) of referred eating disorder patients treated in Danish psychiatric hospitals 1970-2014. The study is a follow-up study of two cohorts. Entry period Jan 1, 1970. Endpoint of study Dec 31, 2014 (cause of death), and Oct 21, 2016 (vital status). A priori hypothesis: increased premature mortality in eating disorders.

Methods: The study is a follow-up register study, using record linkage. Data was collected and recorded. Databases, located at Statistics Denmark, were created for this study. Researchers work via remote access. Initially 22 701 patients were detected, and 90 802 non-referred controls selected, matched on age, sex and place of residence (municipality). The non-exposed cohort was created from the Central Persons Registry. After data 'cleansing' the 'exposed' cohort of the study population was 22 633 persons (99.70%), and the 'non-exposed' 90 486 persons (99.65%). 99.9 % quintuplets (strata) consisted of one exposed and four non-exposed persons. Ascertainment rate for vital status 1.00 (2070/2070). Ascertainment rate for cause of death 0.98 (1819/1855) Main exposure: psychiatric treatment for an eating disorder in Denmark in the period 1970-2014. Number of deaths, described as percentage, Poisson incidence rate (deaths/1000 person-years), incidence rate ratio (RR), Hazard Ratio (HR) derived from survival analysis (Kaplan-Meier and Cox), standardized mortality ratio (SMR) - for all-cause mortality and for suicide. Analyses by sex, diagnostic group, and 5-year groups (age, age at entry, period and period at entry).

Results: The analysed cohort consisted of 22,633 patients (21,325 females (mean age at entry 22.7 years, SD 9.07 years) and 1308 males (mean age at entry 21.5 years, SD 11.4 years)) and 90,486 matched controls (85,256 females and 5230 males). Over 255 326 person-years of follow-up 802 deaths were recorded (711 females (3.3%) and 91 males (6.9%)) in the 'exposed' cohort. Overall (all ed-diagnoses, both sexes) SMR 3.24, 95% CI 3.02 to 3.47; $P < 0.001$. Overall RR 2.5, 95% CI 2.3 to 2.75; $P < 0.001$. Overall HR 4.8, 95% CI 4.35 to 5.34; $P < 0.001$. No sex difference in mortality. Highest mortality in 'Broad' Anorexia Nervosa and ED-NOS. 'Broad' Bulimia Nervosa significantly increased mortality.

Conclusions: Anorexia nervosa seems to be the most serious eating disorder, followed by ED-NOS and bulimia nervosa. Males are just as affected as females.

ORAL COMMUNICATIONS #1: SYMPTOMATOLOGY IN DIFFERENT SETTINGS

Chair: Anna Keski-Rahkonen

OUTCOME AND PREDICTORS AT FOLLOW-UP AFTER INPATIENT TREATMENT. A NATURALISTIC STUDY

AUTHORS

Danielsen, Marit, PhD (^{1,2}), Bjørnelv, Sigrid, PhD (^{1,2}), Lundh, Henrik, Psychologist (¹), Myklebust, Tor Åge, PhD (³), Rø, Øyvind, PhD (^{4,5}),

¹Specialist Eating Disorder Unit, Department of Psychiatry, Levanger Hospital, Hospital Trust Nord-Trøndelag, 7600 Levanger, Norway

²Department of Mental Health, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway

³Department of Research and Innovation, Møre and Romsdal Hospital Trust

⁴Regional Eating Disorder Service, Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway

⁵Division of Mental Health and Addiction, Institute of Clinical Medicine, University of Oslo, Norway

KEYWORDS

Eating Disorders, Inpatient treatment, Treatment outcome, Follow-up, Predictors

OVERVIEW OF THE PRESENTATION

Introduction: Patients with eating disorder (ED) may experience a severe and enduring course of their illness. Dependent of the investigated samples, review studies have indicated poor treatment outcome in about 20% to 30% of patients with ED. Existing research has not been consistent about predictors of treatment outcome. It is still a need for naturalistic follow-up studies to enhance the knowledge about treatment and the course of the illness. The aims of this study were to investigate symptom change during specialist inpatient treatment and follow-up, rates of recovery and predictors of treatment outcome at follow-up after specialist inpatient treatment.

Methods: The investigated sample consisted of 154 former adult patients with a severe ED, 150 women and four men. They have been admitted between January 2003 and January 31 2018. Indications for admission to inpatient treatment were symptom severity and lack of satisfactory improvement achieved by earlier received treatment. Mean age at admission was 21.8 years, and at follow-up 24.9 years. Diagnostic distribution was 67% (n = 103) anorexia nervosa (AN), 21% (n = 32) bulimia nervosa (BN) and 12% (n = 19) OSFED. Data from validated questionnaires covering core ED symptoms were collected at admission, discharge and follow-up. Definition of recovery is based on EDE-Q Global score, BMI and binge / purge behavior.

Results: Preliminary analyses have been performed. The whole sample showed significant improvement ($p < 0.001$) in core ED symptoms, depression, general psychopathology and interpersonal problems from admission to follow-up, and 37.4% was classified as recovered. In addition AN patients showed a significant increase ($p < 0.001$) in body mass index. At the conference, further results will be presented.

Conclusions: The preliminary results are indicating notable symptom improvement from admission to follow-up, and calculations of recovery based on a standardized definition. The achieved results may extend the existing knowledge and contribute to further improvement of recovery among ED patients with a severe and enduring illness.

ORAL COMMUNICATIONS #1: SYMPTOMATOLOGY IN DIFFERENT SETTINGS

Chair: Anna Keski-Rahkonen

INCREASE IN EATING DISORDER SYMPTOMATOLOGY AFTER THREE YEARS OF ILLNESS IN ANOREXIA BUT NOT BULIMIA NERVOSA

AUTHORS

Paul Robinson (presenter, University College London), Valentina Gardini (University of Bologna), Elena Tomba (University of Bologna), Lucia Tecuta (University of Bologna)

KEYWORDS

Severe and enduring eating disorders, eating disorders, anorexia nervosa, bulimia nervosa, illness duration

OVERVIEW OF THE PRESENTATION

Introduction: Severe and enduring eating disorders (SEED) represent complex conditions which have received relatively little study. While illness duration is one of the main criteria used for SEED definition, its utility has not yet been established. This study explores differences in eating disorder (ED) and related psychological symptoms in ED patients with different illness durations and diagnosis.

Methods: An audit of routinely collected questionnaires at St. Ann's Hospital Eating Disorders Service (London), yielded demographics, illness duration and diagnosis and the following self-report questionnaire scores: *Eating Disorders Examination Questionnaire*, *Clinical Impairment Assessment*, *Patient Health Questionnaire* and *Generalized Anxiety Disorder Assessment*. 87 AN patients and 95 BN patients who had completed the questionnaires were divided in three illness duration groups: 1) <3 years, 2) 3-10 years, and 3) >10 years. Two separate MANOVAs with Bonferroni's test were conducted separately for AN and BN groups to explore whether ED and related symptoms of patients differed between illness duration groups. Three additional separate MANOVAs analysis were conducted to examine differences between AN and BN within each illness duration category.

Results: Between the three groups of different illness duration, restraint ($p=.017$) and global ED symptomatology ($p=.048$) were higher in patients with longer (3-10 years) compared to those with shorter (<3 years) illnesses. No significant differences emerged between the three BN groups of different illness duration. Comparing AN and BN within illness duration groups, BN patients with <3 years of illness duration showed higher levels of global ED psychopathology ($p=.004$), restraint ($p=.029$), shape ($p=.021$) and weight ($p=.001$) concern when compared to AN patients with same illness duration. AN and BN patients with 3-10 years of illness duration showed no significant difference in any ED symptom or related psychopathology. BN patients with >10 years of illness duration showed greater weight concern ($p=.023$) compared to AN patients.

Conclusions: The finding that restraint and global ED symptoms were higher in patients with a longer history compared to the <3 year history group suggests that after 3 years there may be increases in symptomatology that could be related to the increasing difficulty in treating AN patients after three years of illness. However, the paucity of significant differences observed in illness duration groups in AN and BN suggests that illness duration may not be a sufficient indicator of chronicity. While illness duration remains important in clinical practice, using a broader set of criteria when diagnosing SEED could be more appropriate.

ORAL COMMUNICATIONS #1: SYMPTOMATOLOGY IN DIFFERENT SETTINGS

Chair: Anna Keski-Rahkonen

EATING DISORDERS AND THE FASHION INDUSTRY: QUALITATIVE RESEARCH AMONG TOP MODELS

AUTHORS

Nikolett Bogár, Ferenc Túry (Budapest, Hungary)

KEYWORDS

Eating disorders, anorexia nervosa, fashion models, socio- cultural factors, slim beauty ideal

OVERVIEW OF THE PRESENTATION

Introduction: Socio- cultural influences, including an ever- increasing media pressure for models to become thinner may be an important factor in eating disorders development among those who choose this career path. There is a dearth of scientific data in the literature on this subject.

This study is based on responses to a semistructured interview questions, which evaluates the risk factors of eating disorders amongst those working in the fashion industry, and included recognition of the risk factors and the potential effect of media pressure on the health of the population.

Methods: In this internationally heterogenous study, participants working in the fashion industry responded to an interview by email. The questionnaire was exploring their eating patterns, physical activity, and different experiences in the fashion industry (relationship with agent, self-assessment, beauty ideal, opinion on the size requirements etc.). The subjects were involved by personal professional relationship. The majority of the subjects involved in the study were models (aged 17- 29 years) but the study also included other representatives of the fashion industry. There were 57 participants in total: 53 female and 4 male models, 5 agents, 4 designers, 2 stylists, 3 photographers, 1 make- up artist, and 1 personal trainer.

Results: 74% of the participating models disclosed subclinical anorexia- or bulimia like symptoms. Five female models fulfilled the criteria of DSM-5 of anorexia nervosa or bulimia nervosa. The average BMI of the participants was 16.1. The other members of the fashion industry showed little or no evidence of eating disorder symptoms.

Conclusions: The increasing and constant demand for thinness potentially generates a high risk for development of an eating disorder among models in the fashion industry, although background factors (psychological, developmental, family- related and genetics) must also be taken into consideration. Based on the replies of the subject, the role of the representants of the fashion industry can be suggested as a form of psychological abuse. Hopefully, this study can provide some valuable information for designing prevention strategies, particularly for those who intend to work as models in the fashion industry.

REFERENCES

The Fashion Industry and Eating Disorders- The dangers of the catwalk: Nikolett Bogár, Ferenc Túry (Cambridge Scholars Publishing, 2019)

ORAL COMMUNICATIONS #1: SYMPTOMATOLOGY IN DIFFERENT SETTINGS

Chair: Anna Keski-Rahkonen

AN INTERACTIVE MODEL OF PARENTAL BONDING, PERSONALITY AND SYMPTOMATIC FEATURES IN EATING DISORDERS

AUTHOR

Tamás Dömötör Szalai - Semmelweis University, Institute of Behavioural Sciences

Address: Nagyvárad tér 4., 1089 Budapest, Hungary

E-Mail: szalai.domotor@gmail.com

KEYWORDS

Eating disorder, parental bonding, attachment, personality, path analysis

OVERVIEW OF THE PRESENTATION

Background: Lower parental care and higher overprotection are conceptualized as distinguishing factors of eating disorders. However, their role has not been clarified in several symptoms. No model investigates the interaction of parental bonding characteristics, and the personality traits, the level of depression and body dissatisfaction of the patient in the development of symptoms. The aim was to test these aspects.

Methods: The cross-sectional online survey using expert sampling included sociodemographic, anthropometric and anamnestic data, the Eating Disorder Inventory, the Eating Behavior Severity Scale, the Parental Bonding Instrument, the 44-item Big Five Inventory and the CES-D Depression Scale. The sample consisted of 258 females (mean age: 31.6; mean BMI: 23.3), divided into four groups: 95 eating disorder patients; 117 individuals without eating disorder; 28 emotional eaters; and 18 patients in remission. A path analysis was conducted.

Results: Levels of parental care and overprotection were not different between eating disorder patients and individuals without eating disorders. However, lower maternal care was related to emotional eating, lower paternal care to purging, and lower parental care to impulsive symptoms. According to the structural equation modeling, lower paternal care and higher paternal overprotection predicted more severe eating disorder symptoms mediated by stronger trait neuroticism, higher levels of depression and body dissatisfaction. The model explained 25.5% of the variance of symptoms.

Conclusions: Levels of parental care and overprotection did not distinguish eating disorder patients and individuals without eating disorders; but they were related to the type and intensity of various symptoms, suggesting the importance of the patient's perception of parental bonding characteristics. Results emphasize the relevance of dysfunctional paternal bonding and trait neuroticism as a core mediator personality factor. An interaction between parental bonding characteristics and the patient's personality functioning can be suspected in the development symptoms. Paternal care and overprotection, as well as the patient's emotional instability, depression and body dissatisfaction may offer intervention points. Longitudinal, intervention-based studies are required to confirm these results.



Parallel Sessions #2

SYMPOSIUM #3: EATING DISORDERS SPECIFICITIES IN CHILDREN & ADOLESCENTS

Chair: Rachel Bryant Waugh

PREDICTORS OF HEIGHT PROGNOSIS IN CHILDREN WITH EARLY-ONSET ANOREXIA NERVOSA

SPEAKER

Julia Clarke, PhD, University Hospital Robert Debré (Paris, France)

KEYWORDS

Anorexia Nervosa; Early onset; Height prognosis

OVERVIEW OF THE PRESENTATION

Although most patients display an onset occurring during adolescence or early adulthood, recent studies reported an increased incidence of early-onset anorexia nervosa (EO-AN), i.e. before the age of 14 years and with a premenarcheal state at onset.

Due to critical developmental period onset, early-onset anorexia nervosa (EO-AN) has a major impact on physical and psychological development. Growth retardation is an established complication. Height prognosis is a major clinical issue for clinicians and a major concern for patients, however, findings concerning height are inconsistent. We evaluate the determinants of height prognosis after hospitalisation in patient with EO-AN.

We retrospectively reviewed medical records of 74 patients diagnosed with severe EO-AN and followed at the Child and Adolescent Psychiatry Department at the Robert Debré Paediatric Hospital (Paris, France).

The observations showed that high height and BMI premorbid percentile confer a poor prognosis, but also that premorbid BMI percentile restoration predicts a better height prognosis in our cohort of patients with EO-AN. In subgroup analysis, patients with high premorbid BMI percentile (over the 50th percentile) were found to have an incomplete weight restoration at hospitalisation discharge referring to their premorbid BMI and a worse height prognosis at follow-up referring to premorbid height percentile. **High weight restoration during hospitalisation is associated with a better prognosis and indicates the importance of taking premorbid BMI into account when setting weight targets for hospitalisation treatment.**

SYMPOSIUM #3: EATING DISORDERS SPECIFICITIES IN CHILDREN & ADOLESCENTS

Chair: Rachel Bryant Waugh

HOW TO PREVENT RELAPSE – DAY PATIENT TREATMENT AND HOME TREATMENT IN CHILDHOOD AND ADOLESCENT ANOREXIA NERVOSA (AN)

SPEAKER

Beate Herpertz-Dahlmann, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Technical University Aachen, Germany

KEYWORDS

Anorexia nervosa, childhood, adolescence, treatment setting, day patient setting, home treatment

OVERVIEW OF THE PRESENTATION

In several European countries inpatient treatment of adolescents and children with AN is still seen as the treatment of choice. However, children and adolescents often experience hospital treatment as coercive and refuse hospitalization. Moreover, long hospital stays contribute to the severe social impairment of patients with AN and add to delayed adolescent development (Treasure et al. 2010). In addition, the largest share of costs in the treatment of AN results from hospitalization. Thus we aimed to develop a less coercive treatment setting with an **intensive involvement of the parents**.

Our first step was to find out whether day patient treatment in adolescent AN was as effective as inpatient treatment in weight gain and prevention of relapse. After one year, day patient treatment was not inferior to inpatient treatment in a large multisite RCT (Herpertz-Dahlmann et al., Lancet 2014). After 2.5 years adolescents in the day patient arm had gained more weight and had less readmissions than those treated as inpatients. However, even in the day patient arm 30% of patients relapsed.

We now aim to evaluate home treatment (HoT) as a promising new tool: 1) HoT involves caregivers more strongly than any other setting. 2) HoT might help patients early in the course of AN to overcome eating disorder habits practised in familiar environment.

The visits are performed by a multiprofessional team (clinical therapist, nurse, nutritional therapist, etc.) experienced in treatment of AN. Adolescent patients fulfilling DSM-5 criteria for AN and atypical AN admitted consecutively to hospital are included after successful initial short inpatient treatment. HoT commences with a frequency of 3-4 times/week for the 1st and 2nd month after discharge and then declines in frequency, based on the patient's progress in recovery.

Outcome was assessed by weight gain, eating disorder psychopathology and quality of carers' skills to manage their child's eating disorder. First results demonstrate that patients and parents show a high satisfaction with this sort of treatment. Relapses are less frequent than in inpatient and day patient treatment.

Conclusion: We hypothesize that "coaching in the real world" and direct support for carers is more effective to prevent habituated eating disordered behaviour and relapse than hospital treatment.

REFERENCES

Herpertz-Dahlmann B, Schwarte R, Krei M, et al. Day-patient treatment after short inpatient care versus continued inpatient treatment in adolescents with anorexia nervosa (ANDI): a multicentre, randomised, open-label, non-inferiority trial. Lancet 2014; 383: 1222-1229.
Treasure J, Claudino AM, Zucker N. Eating Disorders. Lancet 2010; 375: 583-593

SYMPOSIUM #3: EATING DISORDERS SPECIFICITIES IN CHILDREN & ADOLESCENTS

Chair: Rachel Bryant Waugh

MANAGEMENT OF GROWTH FAILURE AND PUBERTAL DELAY IN CHILDREN WITH ANOREXIA NERVOSA

SPEAKER

Juliane Léger, Université de Paris. Assistance Publique-Hôpitaux de Paris, Robert-Debré University Hospital, Pediatric Endocrinology Diabetology Department, Reference Center for Growth and Development Endocrine Diseases, Paris, France

Anorexia nervosa (AN) is associated with multiple neuroendocrine dysfunctions and major changes to the hypothalamic-pituitary axis including the growth hormone-IGF-I axis, thyroid function, hypercortisolemia and hypogonadotropic-hypogonadism, with delayed puberty and a low height velocity (HV) at a time critical for the pubertal growth spurt, potentially affecting adult height. Growth failure is a difficult, but key aspect of care in children with AN. After nutritional and mental improvements, reports describing catch-up growth range from complete catch-up to less frequently failure to gain height. Patients may take several years to recover, and physical and mental disorders may persist into early adulthood. Therefore, these patients have limited time window for potentially effective treatment to improve HV. We will present here the first study on the effect of human recombinant GH (hGH) therapy in 10 girls with AN and a very low HV over a prolonged period. The results were surprisingly favorable, as we obtained evidence of a significant increase in HV from the initiation of treatment in all these patients, resulting in adult heights close to target height.

Our proof of concept study provides a rational basis for a randomized placebo-controlled trial to determine whether hGH therapy should be considered an appropriate option in this severe and rare condition, given the limited time window available for potentially effective treatment. In addition, the potential detrimental effect of the pubertal delay and its management will be discussed.

WORKSHOP #2: COGNITIVE REMEDIATION

WEIGHT AND EATING DISORDERS COGNITIVE DIFFICULTIES AND TREATMENT STRATEGY

SPEAKERS

Dr Sylvie Berthoz, Aquitaine Institute of Cognitive and Integrative Neuroscience (Bordeaux, France) and the Department of Psychiatry of the Institut Mutualiste Montsouris (Paris, France).

Professor Kate Tchanturia, King's College London, Psychological Medicine and South London and Maudsley NHS trust United Kingdom

Dr Gry Kjærdsdam Telléus, Unit for Psychiatric Research and Research Unit for Child and Adolescent Psychiatry, Aalborg University Hospital, Aalborg, Denmark

KEYWORDS

Cognitive flexibility; central coherence; cognitive remediation therapy anorexia nervosa; autism spectrum disorders; obesity, adjunct therapy.

OVERVIEW OF THE PRESENTATION

Advances in cognitive and affective neuroscience have allowed for a paradigm shift in the conceptualization of the mechanisms involved in mental disorders. Experimental research in cognitive and emotional characteristics informed new treatment approaches targeting inefficiencies identified in the research. Cognitive and emotional remediation is actively used in clinical practice. This session is aiming to highlight evaluation of the effectiveness of remedial approaches in different settings and population with disordered eating and weight control behaviors.

S. Berthoz will present the TReCogAm study. Its aim was to determine whether Cognitive Remediation Therapy for Anorexia Nervosa (versus a treatment targeting emotional competencies) has a favourable impact on short-term cognitive functioning and mid-term clinical status. It allowed to explore important questions for treatment considerations, notably whether the level of cognitive difficulties and the benefit of CRT varies depending on the patients' age, the AN subtype and the level of autistic traits. Recent adaptations of CRT and new projects under way for people with obesity will also be presented.

K. Tchanturia will present large clinical audit data obtained from National Eating disorder Clinical Service in the UK. She will discuss how remedial approaches can address comorbidity and how people with anorexia nervosa vs eating disorders and autism spectrum conditions respond to cognitive training. She will share quantitative and qualitative data and future directions in the translational work from her department.

G. Kjærdsdam Telléus will present a Danish study of the longitudinal effect of Cognitive Remediation Therapy in a group setting for adult patients with Anorexia Nervosa. The study includes both qualitative and quantitative data. Patients were assessed at baseline, at end of treatment, and at six-month follow-up. EDE-Q, DFlex, and Motivational Ruler were main outcomes. In addition, the qualitative interview at six-month follow-up was conducted. Findings from the study indicate that CRT in a group format produces promising quantitative changes and is positively received by the patient group.

WORKSHOP #3: MANAGEMENT OF ANOREXIA NERVOSA PATIENTS WITH EXTREMELY SEVERE MALNUTRITION IN A TRANSDISCIPLINARY EATING DISORDERS INPATIENT UNIT

Chair: Paul Robinson

MANAGEMENT OF ANOREXIA NERVOSA PATIENTS WITH EXTREMELY SEVERE MALNUTRITION IN A TRANSDISCIPLINARY EATING DISORDERS INPATIENT UNIT

SPEAKERS

Mouna Hanachi¹, Nadja Kayser¹, Jean-Claude Melchior¹, Damien Ringuenet²

¹Clinical Nutrition Unit, AP-HP, GH Paris-Sud, Paul Brousse University Hospital, Villejuif, France

²Eating Disorder Unit, Department of Addictology, AP-HP, GH Paris-Sud, Paul Brousse University Hospital, Villejuif, France

OVERVIEW OF THE PRESENTATION

Anorexia nervosa is a psychiatric disorder with a dual psychiatric and somatic intrication that affects 1% of the female population. This disease can cause, on one side, severe undernutrition and somatic complications that are life-threatening, and on the other, psychiatric symptoms and behavioral complications making care acceptance and therapeutic alliance difficult. Thus, management should be multidisciplinary involving simultaneous intervention of somatic and psychiatric care. In this symposium, we will highlight the clinical experience of a transdisciplinary referral unit specialized in the management of severe and refractory forms of anorexia nervosa.

ORAL COMMUNICATIONS #2: EVALUATION OF EATING DISORDERS, OUTCOME AND TREATMENTS

Chair: Paulo Machado

EATING DISORDER QUESTIONNAIRES SHORT FORMS: A COMPARISON

AUTHORS

Paulo PP Machado¹, Carlos Grilo², Ross D Crosby^{3,4}, Ana R Vaz¹, Tânia Rodrigues¹

¹University of Minho, Braga, Portugal

²Yale School of Medicine, New Haven, CT, United States

³Sanford Research, Fargo, ND, United States

⁴University of North Dakota, Fargo, ND, United States

KEYWORDS

Assessment/Classification

OVERVIEW OF THE PRESENTATION

Objective: Psychometric investigations of the Eating Disorder Examination-Questionnaire have not supported the original four-scale structure. Recently, several alternative short forms were proposed (e.g., Grilo, et al., 2013). The purpose of the current study was to compare several short versions of the EDE-Q and the ED-15, explore their psychometric properties, as well as their relative sensitivity and specificity.

Methods: Participants from an eating disorders clinical sample (N=186) completed a set of questionnaires, including both the Portuguese version of the EDE-Q and ED-15, and set of other clinical measures. Participants from a non-clinical group (N=5000) completed either the EDE-Q or the ED-15

Results: Both the short version of the EDE-Q and the ED-15 demonstrated good psychometric properties, and its usefulness in discriminating cases from non-cases in independent samples. The current study compared the ED-15 and the available short EDE-Q versions in their power to discriminate clinical cases and compare their sensitivity and specificity. In addition will compare their concurrent validity with other measures (BDI, CIA) in an attempt to determine the best measure for treatment outcome monitoring. Preliminary analyses suggested some convergences across measures including ways to enhance factor structure and clinical utility of the measures

Discussion: Implications for clinical practice across settings and for future research to improve measurement tools will be offered.

REFERENCES

Grilo, C.M., Henderson, K.E., Bell, R.L., & Crosby, R.D. (2013). Eating disorder examination-questionnaire factor structure and construct validity in bariatric surgery candidates. *Obesity Surgery*, 23, 657-662. doi:10.1007/s11695-012-0840-8

ORAL COMMUNICATIONS #2: EVALUATION OF EATING DISORDERS, OUTCOME AND TREATMENTS

Chair: Paulo Machado

DOES SELF-ESTEEM PLAY A ROLE OF MEDIATOR BETWEEN ANOREXIA NERVOSA SYMPTOMATOLOGY AND QUALITY OF LIFE: A MATCHED CONTROL STUDY

AUTHORS

Jeanne Duclos¹, Marine Millot², Chrystel Besche-Richard², Frédéric Schiffler², Delphine Grynberg^{1,3}, Nathalie Godart^{4,5,6}.

¹University of Lille, CNRS, UMR 9193 - SCALab - Cognitive and Affective Sciences Laboratory, Villeneuve d'Ascq, France.

²University Reims Champagne-Ardenne, EA 6291, Reims, France.

³Institut Universitaire de France, Paris, France.

⁴CESP, INSERM, UMR 1018, University Paris-Sud, UVSQ, University Paris-Saclay, Villejuif, France.

⁵UFR des Sciences de la Santé Simone Veil (UVSQ), Versailles, France.

⁶Fondation de Santé des Etudiants de France, Paris, France.

KEYWORDS

Anorexia nervosa, self-esteem, quality of life, Analysis mediation.

OVERVIEW OF THE PRESENTATION

Background: Self-esteem and quality of life are two well-studied concepts in patients suffering from Anorexia Nervosa. But only one research investigated their link and indicated a significant correlation (de la Rie, Noordenbos & van Furth, 2005). This study aims to test the mediating role of self-esteem between Anorexia Nervosa symptoms and quality of life. Thus, Anorexia Nervosa symptomatology, self-esteem and quality of life, were assessed within clinical and non-clinical populations.

Methods: Patients suffering from Anorexia Nervosa composed the clinical group (n = 110), whereas control group included 58 women matched for gender, age and with no history of Anorexia Nervosa (n = 58).

Results: Results indicated that patients suffering with Anorexia Nervosa reported lower scores of self-esteem and quality of life, than the non-clinical group. Plus, the mediation analysis showed that the relationship between Anorexia Nervosa symptoms and quality of life is mediated through self-esteem. Self-esteem plays an important role in Anorexia Nervosa, particularly in the consequences this trouble has on daily life of patients.

Discussion: These results highlighted the importance of improving self-esteem that will lead to enhance quality of life.

REFERENCES

de la Rie SM, Noordenbos G, van Furth EF. Quality of life and eating disorders. Qual Life Res. 2005;14(6):1511-22.

ORAL COMMUNICATIONS #2: EVALUATION OF EATING DISORDERS, OUTCOME AND TREATMENTS

Chair: Paulo Machado

FAMILY BASED TREATMENT: THE IMPORTANCE OF PARENTS IN THE TREATMENT OF THEIR CHILD WITH AN EATING DISORDER

AUTHORS

MJ Schier; family therapist/ Family Based therapist in training;

A Pennings; psychologist

Both working at Rintveld, Center for Eating Disorders, Altrecht Mental Health; Zeist, the Netherlands

KEYWORDS

Empowerment of the parents, different ways in treatment

OVERVIEW OF THE PRESENTATION

Ivan Eisler developed the Maudsley Method and later James Lock and Daniel le Grange wrote the Family Based Treatment (FBT) protocol for the treatment of young people suffering from an eating disorder. The Maudsley model underscribes the importance of parents and families to join the treatment. There is growing empirical evidence that family therapy is an effective treatment for anorexia nervosa, particularly in adolescence. The treatment approach focuses on enhancing the families' own adaptive mechanism and mobilizing family strengths.

In the National Guidelines for eating disorders in the Netherlands, involving the parents is described as first choice in the (preferably outpatient) treatment of children and adolescent with anorexia nervosa (AN) and bulimia nervosa. In Rintveld; a tertiary eating disorder center for people of all ages, the professionals who work with youngsters are all trained in de FBT method. We already used to work with other models based on working with families in the treatment of AN, but working with FBT has strengthened our conviction about the importance of empowering the parents to work with us in the treatment of their child. We will share our experiences of this transition and the effect on our treatment with the audience. We will also share our ideas about when not to use FBT! In the workshop we will introduce FBT, explain the way we use FBT treatment in our outpatient and inpatient work and share with the audience their experience about working with parents in the treatment of anorexia nervosa.

REFERENCES

James Lock and Daniel le Grange; Treatment Manual for Anorexia Nervosa; A family-based approach 2nd edition, 2015

Ivan Eisler, Mima Simic, (...) and Sabine Landau; A pragmatic randomized multi-centre trial of multifamily and single family therapy for adolescent anorexia nervosa. In BMC Psychiatry 2016; 16:422

ORAL COMMUNICATIONS #2: EVALUATION OF EATING DISORDERS, OUTCOME AND TREATMENTS

Chair: Paulo Machado

AN OVERVIEW OF CONCEPTUALIZATIONS OF EATING DISORDER RECOVERY, RECENT FINDINGS, AND FUTURE DIRECTIONS

PRESENTER

Jan Alexander de Vos, Twente University, department of psychology, health and technology; Stichting Human Concern, centrum voor eetstoornissen, Netherlands

OVERVIEW OF THE PRESENTATION

What we knew

We knew that there is a longstanding problem in the eating disorder field given that there are almost as many definitions of recovery or remission as there are studies using outcomes.

What we learn

What we learn is that the field urgently needs to implement a universal definition and measurement of recovery based on consensus and evidence and that several efforts have been done lately to validate existing operationalizations.

What does that change?

A unified operationalization for ED recovery used across all outcome studies and in routine outcome monitoring (ROM) in daily practice will dramatically improve the science and practice of ED treatments and interventions because outcomes can be compared in a systematic way.

REFERENCES

Bardone-Cone, A.M., Hunt, R.A. & Watson, H.J. Curr Psychiatry Rep (2018) 20: 79.
<https://doi.org/10.1007/s11920-018-0932-9>

ORAL COMMUNICATIONS #2: EVALUATION OF EATING DISORDERS, OUTCOME AND TREATMENTS

Chair: Paulo Machado

EXPERIENCE OF CONSULTATION LIAISON ADDICTOLOGY IN AN ENDOCRINOLOGY UNIT IN NANTES TEACHING HOSPITAL

AUTHOR

Dr Bruno Rocher - Nantes, France

KEYWORDS

Anorexia nervosa, malnourishment, Endocrinology, behavioral addiction service, liaison addictology

OVERVIEW OF THE PRESENTATION

The aim of this talk is to present how patients suffering from severe eating disorders are managed in our hospital.

The Nantes Eating Disorder Service (Part of the behavioral addiction unit) was set up to manage patients suffering from anorexia or bulimia nervosa at different stages of their disease.

Multidisciplinary team and integrative care will be described in this presentation.

Joint consultations, assessment, NG tubes, different types of hospitalizations are discussed.

Beneficits: joint points of view, sharing knowledge and expertise, multiple interlocutors for patients.
Problems: splitting, misunderstanding, divergent care.

A video illustrating the pathway in the hospital can be diffused depended on the allocution time.

ORAL COMMUNICATIONS #2: EVALUATION OF EATING DISORDERS, OUTCOME AND TREATMENTS

Chair: Paulo Machado

CAREGIVER SKILLS IN EATING DISORDERS IN CATALONIA: CONCORDANCE BETWEEN CAREGIVERS IN ATTITUDES AND BEHAVIOR

AUTHORS

Cristina Vintró-Alcaraz^{1,2}, Gemma Mestre-Bach^{1,2}, Trevor Steward^{1,2}, María Lozano-Madrid^{1,2}, Zaida Agüera^{1,2}, Susana Jiménez-Murcia^{1,2,3}, Anna M. Pedraza⁴, Eduardo Serrano-Troncoso^{5,6}, Ana E. Ortiz García⁷, Teresa Rangil^{8,9}, Eulalia Lorán^{8,9}, Jose Soriano-Pacheco¹⁰, Laura Medrano-Puigdollers¹¹, Sara Bujalance-Arguijo¹¹, Gina Badia¹², Maria Luque¹³, Gloria Tràfach¹⁴, Osane Gómez¹⁵, Joan Peña¹⁵, Carme Fabra¹⁵, Maria Teresa Plana¹⁶, Reyes Raspall¹⁷, Isabel Sánchez², Nadine Riesco², Roser Granero^{1,18}, Cristina Carretero-Jardi²⁰, Janet Treasure¹⁹, Fernando Fernández-Aranda^{1,2,3}

¹CIBER Fisiopatología Obesidad y Nutrición (CIBERObn), Instituto de Salud Carlos III, Spain

²Department of Psychiatry, Bellvitge University Hospital-IDIBELL, Spain

³Department of Clinical Sciences, School of Medicine and Health Sciences, University of Barcelona, Spain

⁴EAP Reus IV, Institut Català de la Salut, Spain

⁵Children and Adolescent Mental Health Research Group, Institut de Recerca Sant Joan de Déu, Spain

⁶Child and Adolescent Psychiatry and Psychology Department, Hospital Sant Joan de Déu of Barcelona, Spain

⁷Unitat de Mitja Estada per a tractament TCA. Numància Salut Mental, Parc Sanitari Sant Joan de Déu, Spain

⁸Department of Psychiatry, Germans Trias i Pujol, University Hospital-IGTP, Spain

⁹Department of Psychiatry and Legal Medicine, Universitat Autònoma de Barcelona, Spain

¹⁰Department of Psychiatry, Hospital de Sant Pau, Spain

¹¹Associació Contra l'Anorèxia i la Bulímia (ACAB), Spain

¹²Departament de Psiquiatria, Hospital Universitari Santa Maria de Lleida, Spain

¹³Departament de Psiquiatria, Hospital Universitari Mútua Terrassa, Spain

¹⁴Departament de Salut Mental, Hospital Santa Caterina, Spain

¹⁵Departament de Psiquiatria, Hospital Joan XXIII, Spain

¹⁶Department of Child and Adolescent Psychiatry and Psychology, Institute Clinic of Neurosciences, Hospital Clínic Universitari of Barcelona, Spain

¹⁷Servicio Especializado en Trastornos de la Conducta Alimentaria (SETCA), Spain

¹⁸Departament de Psicologia Clínica, Universitat Autònoma de Barcelona, Spain

¹⁹Section of Eating Disorders, Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London, United Kingdom

²⁰Centro ABB, Spain and ITA Especialistas en Salud Mental, Barcelona, Spain

KEYWORDS

Eating disorders, caregiver, family, attitudes

OVERVIEW OF THE PRESENTATION

Introduction: Eating disorders (ED) frequently affect adolescents and young adults. Due to the complexity of these diseases and the age range in which they appear, there are profound family and social disturbances. These have an intense effect on family members many of whom develop anxiety and depression. Lack of knowledge about the illness, carers' fear and guilt, difficulties in managing emotions, and the discrepancy between the families members are some of the factors that contribute to stress in caregivers. The aim of this study was a) to examine the attitudes of caregivers of ED patients and b) to test the concordance/discrepancy between them (namely, in the mothers and fathers of ED patients).

Method: Our study sample comprised 265 caregivers of ED patients recruited from thirteen different Catalan centers. Information was obtained from the caregivers of a total of n=204 ED patients. For n=61 ED cases

both father's and mother's responses were obtained. The Spanish version of the Caregivers Ability Skills Questionnaire (CASK) was used to assess ED-related attitudes in caregivers. A comparison of the CASK measures between respondents (father and mother) was conducted using Generalized Estimating Equations (GEE).

Results: There was a larger number of mothers taking on the role of caregiver compared to fathers. In general terms, no significant differences were found when comparing CASK mean scores between parents in the study sample, suggesting that caregiver's skills are similar. Nevertheless, our results regarding the subsample comprised of both mothers and fathers of the same patient showed discrepancies in two subscales: *bigger picture* and *biting your tongue*. Fair-moderate concordances were found for the dimensions *insight-acceptance*, *emotional intelligence*, *frustration* and total score and high-good concordance was obtained for the dimension *self-care*.

Conclusions: Our findings indicate that caregivers, especially the parents of patients with EDs, could stand to benefit from interventions targeting unmet areas such as effective communication. Using sessions for caregivers to equip parents with skills and guidance to be a supportive influence in the treatment process have the potential to improve areas such as ED beliefs, quality of life and emotional distancing.

PLENARY # 2

EATING DISORDERS AND NEW TECHNOLOGIES

SPEAKER

Fernando Fernández-Aranda, Ph.D., FAED

Professor, Department of Clinical Sciences, University of Barcelona,

Head of Eating Disorders Unit, Department of Psychiatry and CIBEROBN, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain.

E-mail: ffernandez@bellvitgehospital.cat

OVERVIEW OF THE PRESENTATION

Especially during the last decade, new technologies have clearly improved the tools we have in clinical psychology, both in terms of approaching the patient (treatments through the Internet, treatments based on virtual reality and mobile applications), and in addressing areas in which the usual treatments have proved to have limited effectiveness (regulation of emotions, adherence to treatment, increased behaviors and healthy habits).

If we take into account the ICTs that have had the greatest impact on therapeutic processes and treatment guidelines for Eating Disorders (ED), there is no doubt that Internet web-based treatments have provided the largest number of controlled tests and studies in different mental and somatic disorders to date, especially in ED (specifically in Bulimia nervosa and BED). Secondly, ICTs based on virtual reality, which more than two decades ago had a notable impact on Anxiety Disorders and other related disorders, have had an unequal influence on the treatment of EDs. Its use has focused mainly on the evaluation of aspects related to body image and exposure to situations that generate anxiety (visualization of body image, certain types of food, anxiety generating environments such as restaurants, etc.). Thirdly, in recent years, mobile applications have facilitated and automatized tasks that until now were performed with pencil and paper (food and emotion registers), as complementary assessment tools. Although their use is increasing, the evidence demonstrating their effectiveness is limited. Finally, the use of therapeutic video games, with or without biosensors, opens up a new field of study in the establishment of healthy habits and the regulation of emotions. Previous literature studies have suggested that computer games, in general, may serve as an additional form of treatment in several health areas, however there is a lack of serious games specially designed for the treatment of mental disorders, and specifically for EDs.

Therefore, the aim of this presentation is to present the state of the art of ICT's as a therapeutic tool for the ED and to show the results of these approaches and discuss their limitations and future challenges. Video clips will also be shown throughout the whole presentation.

ACKNOWLEDGEMENTS

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Parallel Sessions #3

ORAL COMMUNICATIONS #3: TREATMENT

Chair: Finn Skårderud

A DISCUSSION OF A COMPLETED RCT STUDY COMPARING COGNITIVE BEHAVIOR THERAPY AND PSYCHODYNAMIC THERAPY FOR BULIMIA NERVOSA

AUTHOR

Susanne Lunn, University of Copenhagen, Denmark

KEYWORDS

RCT studies, psychopathology of bulimia nervosa, bias in the review process, Cognitive Behaviour Therapy (CBT), Psychodynamic Psychotherapy (PPT)

OVERVIEW OF THE PRESENTATION

Introduction: The aim of the presentation is to discuss the results of a completed RCT study comparing Cognitive Behavior Therapy (CBT) and Psychoanalytic Psychotherapy (PPT) for Bulimia nervosa, published in 2014. The results of this study showed that concerning the bulimic symptoms, CBT had faster and better results. The study appeared to be rather controversial, which was evident as early as in the review process.

Methods: The study will be discussed from two different perspectives: 1) A methodological perspective that includes other studies of the effect of psychodynamic therapy for eating disorders (e.g. Zipfel et al., 2014) as well as qualitative interviews with the subjects that participated in the RCT, 2) A theoretical perspective that tries to consider whether the specific psychopathology of Bulimia nervosa may contribute to explain the different effect of CBT and PPT.

Results: The results from the RCT, the preliminary results from the interview study, and the results from the methodological and theoretical analysis will be presented.

Discussion: Possible methodological shortcomings of the RCT as well as the question of adapting therapy to specific characteristics of disorders will be discussed.

ORAL COMMUNICATIONS #3: TREATMENT

Chair: Finn Skårderud

MENTALIZING MILIEUS - IMPLEMENTING MENTALIZATION-BASED THERAPY IN A SPECIALIST INPATIENT UNIT FOR SEVERE EATING DISORDERS

AUTHOR

Tove Skarboe (Bodø, Norway)

KEYWORDS

Eating disorders, mentalization, milieu therapy, psychotherapy, implement

OVERVIEW OF THE PRESENTATION

Introduction: As there is yet no treatment of choice for the inpatient treatment of severe eating disorders, it is important that there is continual professional development, with the testing and evaluation of various treatment models.

This work presents the development and establishment of a treatment program based on mentalization therapy (MBT) in a relatively newly established inpatient unit for eating disorders.

It describes how MBT, as a clinical platform, was implemented at the unit and has provided a comprehensive approach with a focus on mind, together with structured symptom and nutritional treatment.

Methods: This is a clinical, naturalistic study in which the process has been followed over years. This work has been carried out within the framework of implementation research.

The patients have been primary young adults with a serious eating disorder. The unit has been equipped with 12 beds.

All the staff at the inpatient unit have been involved in the developmental work.

Results: The work began in 2009. We arrived at, and established a treatment program based on MBT at the inpatient unit.

The experiences with the program have been positive, with a reduced dropout rate and increased patient satisfaction. Also, the staff has shown engagement and satisfaction.

Conclusions: Developing and running the MBT based treatment program has shown that this is a program that is possible to run with a good participation rate, and has been evaluated as being helpful.

REFERENCES

Bateman, A. & Fonagy, P. (2012). *Handbook of mentalizing in mental health practice*. Washington DC: American Psychiatric Publishing, Inc.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A synthesis of the literature* (FMHI #231). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

ORAL COMMUNICATIONS #3: TREATMENT

Chair: Finn Skårderud

EPISTEMIC TRUST - A NEW CLINICAL CONCEPT IN THE PSYCHOTHERAPEUTIC WORK WITH EATING DISORDERS

AUTHOR

Professor Finn Skårderud, MD, PhD - Institute for Eating Disorders, Oslo, Norway
Psychologist Bente Sommerfeldt - Institute for Eating Disorders, Oslo, Norway

OVERVIEW OF THE PRESENTATION

Much psychotherapy research in eating disorders refers to clinical models, methods and techniques. Too little emphasis, we state, is put on the therapist factor. How to make better therapists? A major challenge in the clinical work with eating disorders is to establish effective working alliances between clinicians and patients.

In this paper we present a new theoretical construct probably useful in such work. The theoretical construct *epistemic trust* (Robinson, Skårderud & Sommerfeldt, 2018) is based in evolutionary and developmental psychology, and amongst central in the model of mentalizing. This construct refers to efficient psychotherapy as a pedagogical situation. *Epistemic is about learning*. To learn new about ourselves and our relationship to the world we need to trust those we will learn from. This is also relevant in therapeutic relationships. Are we trustworthy enough? And how can we become so? There is a basic idea that such trust will forward *common factors in therapy*.

Many of our patients are by clinicians experienced as hard to reach. The people we meet, the patients, may imagine the motives of our communications to be malign. They will be hostile to new information, and might come across as rigid and stubborn, and new information is met with deep suspicion. Their epistemic trust has been undermined by earlier experiences, and the channel, prepared by evolution for the acquisition of relevant information, is partially blocked. For example, a person with a history of trauma has little reason to trust and might tend to reject information that is inconsistent with their beliefs. Precluding themselves from social learning in this way will present as a reluctance to change.

In practical terms this means that to forward trust and open the learning possibilities, therapists should use active expressions of interest and curiosity and *ostensive cues* such as eye contact, mimic, gestures and voice to try to connect with the person reluctant to make a connection. This resembles how most parents meet infants.

Pedagogy is a triad: you—me—and what is to be learned. Hence, there is a specific focus on the therapeutic relationship to encourage the patient to learn to have a more flexible mind. This workshop will present and discuss the concept in-depth and link it to clinical practice. The workshop also includes video and roleplays.

REFERENCES

Robinson, P., Skårderud, F. & Sommerfeldt, B. (2018). Hunger. Mentalization-based treatments for eating disorders. Minding the body. Mentalizing and eating disorders. London: Springer.

ORAL COMMUNICATIONS #3: TREATMENT

Chair: Finn Skårderud

INTERNAL LANGUAGE ENHANCEMENT THERAPY (ILET) AND ANABREXIA – THE CONCRETE MINDSET OF UNPROCESSED SEPARATION, INDIVIDUATION AND IDENTITY - A CASE STUDY

AUTHOR

Dr Barbara Pearlman (London, United Kingdom)

OVERVIEW OF THE PRESENTATION

This paper suggests that there is a similarity between concrete anorexic thinking and the brexit mindset in the desire for a fantasy 'clean break' from Europe as we struggle and ignore the pain of the reality of separation that I have called Anabrexia. Illustrated with the case study of a young woman treated with ILET as she recovers after 5 years as an in-patient mainly fed by naso-gastric tube.

Internal Language Enhancement Therapy (ILET) is a novel treatment based on integrating ideas from psychoanalysis, developmental psychology and cutting-edge neuroscience to produce a model of neural emotional processing that may underpin the development of an eating disorder.

ORAL COMMUNICATIONS #3: TREATMENT

Chair: Finn Skårderud

STEPS TOWARDS PERSONALIZED TREATMENTS FOR EATING DISORDERS: IDENTIFYING GENERAL TRAJECTORIES OF CHANGE IN PSYCHOPATHOLOGY AND WELL-BEING USING A LATENT GROWTH MIXTURE MODEL

AUTHORS

J.A. de Vos^{1,2}, M. Radstaak², E.T. Bohlmeijer², G.J. Westerhof²

¹Stichting Human Concern, centrum voor eetstoornissen, Amsterdam, Netherlands

²Twente University, department of Psychology, Health & Technology, Enschede, Netherlands

KEYWORDS

Personalized treatments, recovery, well-being, growth modelling

OVERVIEW OF THE PRESENTATION

Introduction: In this study we sought to identify distinct interindividual trajectories of change (latent recovery groups) in symptom remission and mental health during ED outpatient treatment.

Methods: A latent growth mixture model (LGMM) was applied on a dataset of 442 ED patients who had received five measurements (every three months) during a year of outpatient treatment. The global score of the Eating Disorder Examination Questionnaire was used for the measurement of symptom remission and the Mental Health Continuum Short Form for the measurement of mental health.

Results: The most parsimonious model showed three classes (recovery groups) of patients with distinct recovery trajectories for eating disorder psychopathology. A first group (55%) had a high symptom level at baseline and a very slow trajectory of improvement. A second group (20%) had a high symptom level at baseline and a steep trajectory of improvement and a last group (25%) had an intermediate level of symptoms at baseline and no significant trajectory of improvement. For mental health, also three groups were found. Several background characteristics were found to be associated with class membership.

Conclusion: The results show distinct recovery classes of patients responding differently to treatment. Treatment may be more successful when tailored specifically to these recovery classes. Further research should focus on examining which patient background characteristics may be associated with class membership in order to predict treatment response as early in treatment as possible.

ORAL COMMUNICATIONS #3: TREATMENT

Chair: Finn Skårderud

STAY CALM AND BE BALANCED: EQUANIMITY AND EATING DISORDERS

AUTHORS

Catherine Juneau; Michael Dambrun; Rebecca Shankland - Clermont-Ferrand, France

KEYWORDS

Equanimity, meditation, eating disorders, body dissatisfaction

OVERVIEW OF THE PRESENTATION

A growing body of research investigates equanimity as an outcome of mindfulness practices. Equanimity has been defined as a stable and impartial mental state or trait, regardless of the affective valence of stimuli or situations (Desbordes et al., 2015) and is linked to the absence of differences to approach or to avoid positive as well as negative stimuli (Juneau et al., manuscript in preparation). With equanimity, the relationship to food and to the body could create less extreme reactions and reduce automatic approach and avoidance impulses.

According to this, equanimity could be a meaningful quality to help prevent eating disorders and obesity. In order to start investigating this relationship we ran a few correlational studies. After having created and validated an equanimity questionnaire on general population (EQUA-S, $N = 265$), we carried out a first online study on young women ($N = 172$).

Results show that, following our hypotheses, women with higher equanimity scores had lower scores on the Eating Disorder Inventory (EDI; Garner, Olmstead, & Polivy, 1983) and the Dutch Eating Behavior Questionnaire (DEBQ; Strien, Frijters, Bergers, & Defares, 1986), thus the higher one's equanimity level is, the lower his risks of developing eating disorders are. Participants also showed more neutral valence evaluations toward thin and larger bodies and less arousal according to their own subjective evaluation. We also found a mediation effect of negative affects (PANAS-N ; Watson, Clark, & Tellegen, 1988) on the relationship between equanimity and EDI scores, a finding which is in line with well-known eating disorders risk factors (e.g., Stice, 2001).

Another brief study with adults without eating disorders ($N = 52$) showed the same results on arousal evaluation of food stimuli. Thus, people with higher equanimity evaluate the valence of food stimuli as more neutral than people with lower equanimity.

These results seem promising for perspectives on the prevention of problematic eating behaviors and the futures studies will be discussed.

REFERENCES

- Desbordes, G., Gard, T., Hoge, E. A., Hölzel, B. K., Kerr, C., Lazar, S. W., ... Vago, D. R. (2015). Moving Beyond Mindfulness: Defining Equanimity as an Outcome Measure in Meditation and Contemplative Research. *Mindfulness*, 6(2), 356–372. <https://doi.org/10.1007/s12671-013-0269-8>
- Stice, E. (2001). A prospective test of the dual-pathway model of bulimic pathology: mediating effects of dieting and negative affect. *Journal of Abnormal Psychology*, 110(1), 124–135.

ORAL COMMUNICATIONS #4: SOMATIC AND TRANSDISCIPLINARY

Chair: Mouna Hanachi

INNOVATION AND COLLABORATION IN IRELAND – A TRANSDISCIPLINARY APPROACH IN ACTION

AUTHOR

Harriet Parsons Ma.Msc., Reg. Prac. Appi., Micp. Training and Development Manager, Bodywhys, The Eating Disorders Association of Ireland, Dublin, Ireland

KEYWORDS

Innovation, collaboration, support, transdisciplinary, family, education

OVERVIEW OF THE PRESENTATION

In 2015 the public health service in Ireland, the Health Service Executive (HSE) established a national working group charged with the task of developing a national Model of Care for its eating disorder services. The group was comprised of multidisciplinary clinicians with experience working with adults and children with eating disorders. Bodywhys, an NGO, the Irish national support organisation for people affected by eating disorders was part of this working group ensuring the patient voice was included in service development. In 2018 the working group completed its work launching the Model of Care for the National Clinical Programme for Eating Disorders (NCP-ED).

While on the working group Bodywhys focused on three aims for the national eating disorders services: expertise and consistency; appropriate and individualised treatment and support; time to enable recovery. That these aims became central values of the Model of Care illustrates the benefits of a transdisciplinary approach.

In this presentation I will demonstrate, by way of one important development, how taking a transdisciplinary approach to treatment and care enhances quality of service and supports for those affected by eating disorders.

Supporting families has been central to Bodywhys work since the organisation was founded in 1995. Evidence shows the burden of care for families supporting a person with an eating disorder is immense. To address this need, Bodywhys developed a family support programme, the PiLaR programme, drawing on the idea of peer led resilience. This four week programme is free to attend. Family members gain knowledge, understanding, skills and support which in turn benefits the treatment process. The feedback and experience of families attending PiLaR has been consistently positive. In addition clinicians have also benefited from their patient's families attending the programme. Upon this basis, in 2018, the HSE NCP-ED, tasked University College Dublin, Professor Fiona McNicholas and Dr. Ingrid Holme, to carry out a formal evaluation of the programme. This evaluation report was launched in February 2019. In this presentation, I will outline the recent developments in Ireland and the benefits of the approach taken when developing the eating disorders services. I will outline the content of the PiLaR programme, demographics and statistics of approx. 700 people who have attended as well as the evaluation findings, to illustrate the importance and benefits of a transdisciplinary approach. Everyone benefits when a cross agency collaborative approach is taken – the family, the treatment, the clinician and most importantly, the patient.

ORAL COMMUNICATIONS #4: SOMATIC AND TRANSDISCIPLINARY

Chair: Mouna Hanachi

IS THERE NEED FOR ORAL PREVENTIVE CONCEPTS AMONG PATIENTS WITH ANOREXIA NERVOSA?

AUTHORS

Prof. Dr. Elzbieta Paszynska*¹, Prof. Dr. Dorota Jenerowicz², Agata Dutkiewicz³, Dr. Marta Tyszkiewicz-Nwafor³, Prof. Dr. Monika Dmitrzak-Weglarz⁴, Dr. Maria Gawriolek¹, Justyna Otulakowska-Skrzynska¹, Szymon Rzatowski¹, Amadeusz Hernik¹, Prof. Dr. Agnieszka Slopień³, paszynska@ump.edu.pl

^{1,2,3,4} Poznan University of Medical Sciences, Poland

¹Department of Integrated Dentistry, Poland; ²Department and Clinic of Dermatology; ²Department of Child and Adolescent Psychiatry; ³Psychiatric Genetics Unit, Department of Psychiatry;

KEYWORDS

Anorexia nervosa, vomiting, xerosis, dental erosion

OVERVIEW OF THE PRESENTATION

Introduction: In many world areas an epidemiological shift of dental treatment needs is observed, decreasing in children and adolescents but increasing in high risk groups, including eating disorders (ED). Vomiting behaviors are most prevalent among bulimic patients. In the group of patients with anorexia nervosa (AN), regular vomiting is noted less frequently. Therefore in literature, we find little information on changes in the skin and oral cavity caused by AN vomiting patients.

However, oral/skin symptoms may be only detectable evidence of hidden ED and due to the low sense of illness, some patients rarely receive dental care. Besides these dental problems, comorbidity and polypharmacy need to be tackled by dentists with comprehensive medical knowledge and pure interaction with physicians.

The aim of the study was to describe the problem of anorexia nervosa (AN) binge-purge subtype (symptoms/specific situations/treatment), highlighting the aspect of dental and skin manifestations.

Methods: Among 110 AN clinical cases aged 15.6 years old (data collected in years 2016-2019) a description of the beginning and possible course of the disease have been analyzed: teeth, oral mucosa and cutaneous changes resulting from the illness as well as comorbidity with other disorders. All patients were diagnosed during first 12 weeks of hospitalization. Medical intervention was consisted by changes in diet, oral hygiene, preventive procedures performed with the collaboration of dentist and dermatologist. The most frequent „guiding“ in oral and cutaneous course of disease were analyzed, like binge eating, food phobia, vomiting and body weight-centered behaviors. The research method was supplemented by clinical experience of presented cases.

Results: Among all examined AN clinical cases 10% of AN were represented by binge-purge subtype. We have found oral and cutaneous manifestations secondary to starvation and self-induced vomiting as hyposalivation, erosive tooth wear, poor oral hygiene, dental restoration degradations.

Conclusion: The present data suggest different oral/dermatological complications according to ED diagnosis type. Early diagnosis and preventive intervention should be performed regularly during recall sessions. ED patients were found to present a high incidence of oral related complications. In their future dental problems need to be tackled with medical insight, perception of the main disease and interaction with physicians. For clinical relevance a strong collaboration among medical/dental specialists is needed.

REFERENCES

Paszynska E et al. Macroscopic evaluation of the oral mucosa and analysis of salivary pH in patients with anorexia nervosa. *Psychiat. Pol.* 2014; 48(3): 453-64.

ORAL COMMUNICATIONS #4: SOMATIC AND TRANSDISCIPLINARY

Chair: Mouna Hanachi

ELECTROCARDIOGRAM ABNORMALITIES IN 50% OF INPATIENTS WITH ANOREXIA NERVOSA

AUTHORS:

Tatiana Bernard, Paul Robinson, Joanne Kwan Kwok, Yang Chen, Pier Lambiase (UCL)

KEYWORDS

Anorexia nervosa, electrocardiograph, ECG, EKG

OVERVIEW OF THE PRESENTATION

Anorexia nervosa (AN) is one of the common EDs, affecting mostly the female population and has a mortality rate higher than any psychiatric condition. . Due to a severely calorie restricted diet, weight loss is common, resulting in a low body mass index (BMI). Medical consequences of AN include osteoporosis and cardiovascular complications, and can lead to heart failure and sudden death. This study focuses on abnormalities of electrocardiograms (ECGs) in adult inpatients with AN.

ECGs (n=174) from 80 patients and their medical notes were obtained. ECGs were analysed and confirmed by a cardiologist. QT interval was calculated manually, and any abnormalities were identified. ECG results including the ventricular rate, QTc interval, P axis, QRS axis and T axis and other abnormalities were recorded. Right and left axis deviation, q waves, prolonged PR interval, prolonged QTc interval, sinus bradycardia, early repolarization and low voltage were all observed.

The majority of patients studied were female (92%). Key findings include: 1) 85% had at least one ECG abnormality; 2) the most common ECG abnormalities are prolonged QTc interval, sinus bradycardia, and right axis deviation (8%); 3).

In conclusion, ECG abnormalities were present in most patients. It is important to perform ECGs regularly to assist clinicians to identify and prevent risks of cardiac abnormalities.

Profound bradycardia



Biphasic T wave



ORAL COMMUNICATIONS #4: SOMATIC AND TRANSDISCIPLINARY

Chair: Mouna Hanachi

CLINICAL EVIDENCE IN THE INITIAL MANAGEMENT OF ADOLESCENTS ADMITTED WITH SEVERE ANOREXIA NERVOSA

AUTHORS

Stéphanie Proulx-Cabana MD¹, Danielle Taddeo MD^{1,2}, Olivier Jamouille MD^{1,2}, Rola Ghaddar MD¹, Jean-Yves Frappier MD^{1,2}, Chantal Stheneur MD, PhD^{2,3}.

¹ Pediatrics Department, Division of Adolescent Medicine, Sainte-Justine University Hospital Center, 3175 Côte-Sainte-Catherine Road, Montreal, Quebec, H3T 1C5, Canada.

² Université de Montréal.

³ Fondation Santé des étudiants de France.

Corresponding author: Stéphanie Proulx-Cabana Email: stephanieproulxcabana@gmail.com

KEYWORDS

Anorexia nervosa, Adolescent, Inpatient, Medical stabilisation

OVERVIEW OF THE PRESENTATION

Introduction: *Anorexia nervosa* (AN) is the third most frequent chronic disease during adolescence and has the highest mortality rate of all psychiatric disorders.[1] Inadequate refeeding of severely malnourished patients further increases the risk of serious medical complications. Although a few guidelines address the management of patients with severe AN, there is still no consensus on best practices regarding specific refeeding protocol, supplementation and surveillance of medical complications. We aimed to elaborate an admission protocol for adolescents with severe AN based on a review of available evidence and expert consensus in the literature.

Methods: A Pubmed search was done in July 2017, using the keywords severe *anorexia nervosa* or eating disorders (ED) and management guidelines and adolescent. From the guidelines obtained, we searched on Google Scholar any relevant articles cited as references. After reviewing available guidelines, we conducted a secondary search for articles (RCTs, reviews and case reports) on PubMed, using AN or ED and each of the following key word: refeeding protocol, refeeding syndrome, hypophosphatemia, hypoglycemia, cardiac monitoring and cardiac complications.

Results: We considered patients severe if they met any predisposing factors for high risk of refeeding syndrome: Percent mean body mass index (%mBMI) <70%, BMI Z-score < -3, oral intake <500 kcal/day for ≥3-4 days or abnormal electrolytes before beginning refeeding. Baseline tests included CBC, electrolytes, calcium, phosphate, magnesium, creatinine, BUN, ALT, TSH and EKG. We recommended selective blood tests during the first three days of refeeding targeting the earliest indicators of refeeding syndrome (electrolytes and phosphate). Although higher initial caloric intake during refeeding is supported by evidence, no clear consensus exists in favor of oral meal plan or nasogastric tube feeding. We decided to propose continuous nasogastric tube feeding in patients with BMI <12 (<0,1th centile). No clear evidence for glucose monitoring is available, but some experts recommend bedside blood glucose to monitor hypoglycemia before breakfast and 2 hour post-prandial for 72 hours. Due to the absence of evidence for a clear cut-off for continuous cardiac monitoring, we considered sinus bradycardia <30 BPM as significant. Since no harm was documented with phosphate supplementation in adolescents, we recommend considering systematic phosphate supplementation at 1 mmol/kg/day for 7 days at admission.

Conclusions: The development of standardized protocols is necessary to improve standardisation of care in medical institutions caring for adolescents with AN. We provide an example of inpatient admission protocol for adolescents with severe AN based on current evidence.

REFERENCES

¹Katzman, D.K., *Neinstein's Adolescent and Young Adult Health Care: A Practical Guide*. 2016: Lippincott Williams & Wilkins.

ORAL COMMUNICATIONS #4: SOMATIC AND TRANSDISCIPLINARY

Chair: Mouna Hanachi

DEFINITION AND MANAGEMENT OF SEVERE AND ENDURING EATING DISORDERS ACROSS THE UK

AUTHORS

Dr Melanie Bruneau, consultant psychiatrist in Eating Disorders - Addenbrooke's Hospital (Cambridge - United Kingdom); Dr Afef Mahmoud, trainee psychiatry - Cambridge and Peterborough foundation Trust; Dr Anya Ciobanca, trainee psychiatry - Cambridge and Peterborough foundation Trust

KEYWORDS

Severe and Enduring Eating Disorders; Anorexia Nervosa; Definition; Management; Outpatient Eating Disorder Services

OVERVIEW OF THE PRESENTATION

Introduction: Severe and enduring eating disorder (SEED) is a very serious chronic condition with poor prognosis. It refers to long-term illness (more than 7 years) from anorexia nervosa or bulimia nervosa, with severe symptoms, a low chance of recovery and a history of treatment resistance. Literature suggests that there is an increased risk of mortality with lowest lifetime weight and chronicity of illness, thus suggesting a long course of disease has a negative impact on mortality. Despite an increased interest in the field, there is still lack of clarity in how this debilitating illness is defined (e.g. duration of the illness, clinical and psychological features). Moreover, with poor understanding of this condition, lack of consensus on specific criteria for unremitting anorexia nervosa and inadequate research there is insufficient evidence base treatment. The objective of this study is to clarify the definition and management of this condition with a focus on what is being done in the UK. This will aim at improving the current practice and developing services that can provide a targeted approach to improve management and outcomes.

Materials and methods: The first phase consisted in a literature review of definition and management of this condition. In the second phase we have conducted semi structured interviews to explore current practice among care providers across the UK (45 outpatient Eating Disorders Services).

Results: work in progress

Conclusions: work in progress

It is work in progress as we are still collecting and analysing data from Services. We are going to present preliminary results to the International Congress 2019 in July in London and we are hoping to finish off this Study in summer and thus to present final results and conclusion in September.

We sent semi-structured questionnaires to every outpatient Eating Disorders Services across the UK (45 Services) asking about management of patients suffering from SEED / specific pathway / challenges. According to the first responses, management is varying a lot between Services depending on resources / funding / understanding of the condition. Some services have got a specific pathway involving monitoring, psychological/social/supportive interventions, individual or groups, often nurse-led. Lots of Service are really interested in this reflection about the management of these patients as most of the Service are facing same challenges: exhaustion of most of the available therapies, chronic physical health problems and risk that fluctuates but which is high and can be difficult to manage, managing dependency, helping staff to deal with this anxiety-provoking condition, how to work jointly with primary care and also general hospital for safety admissions and avoid repeated and sometimes unhelpful admission on Specialist Eating Disorder Unit, finding a good balance between acceptance and change... This is the first study that gathers information from different Services across the UK and we hope to then be able to carry on working towards improvements of the management of these patients in their best interest. This study is likely to lead to some ideas for more research (focus group with patients?).

ORAL COMMUNICATIONS #4: SOMATIC AND TRANSDISCIPLINARY

Chair: Mouna Hanachi

BMI IS PREDICTED USING THE SITUPSQUATSTAND (SUSS) TEST AND HAND GRIP STRENGTH

AUTHORS

Paul Robinson, Sara Etemadi, Grey Xiaolai Sun, Sum-Ping Leung (UCL), Arshad Siddique, Steven Cooper, Nwabunma Christiana Ezenwa (Barnet Enfield and Haringey Mental Health Trust)

KEYWORDS

Anorexia nervosa, muscle power, SUSS test,

OVERVIEW OF THE PRESENTATION

Aims/ Hypothesis: This study aims to examine the Hand Grip Strength (HGS) test; the Sit-Up-Squat-Stand (SUSS) test¹; and Janet Treasure's² variant of the Sit-Up-Squat-Stand (SUSS-JT) test for their validity and reliability in clinically assessing the muscle strength of patients suffering from Anorexia Nervosa (AN). The hypothesis: (1) The tests have acceptable test-retest reliability, (2) The score rating of the SUSS test and the SUSS-JT test are both valid for indicating AN severity corresponding to Body Mass Index (BMI), (3) There will be no difference between the SUSS test and the SUSS-JT test for indicating BMI.

Methods: A total of 28 subjects were recruited from patients admitted to St Ann's Hospital for treatment of AN between February 2014 and July 2015. A repeated-measures design study was used with an average interval of 7-days.

Results: Excellent test-retest reliability was demonstrated in the HGS test (ICC: 0.939), the SUSS test (ICC: 0.820–0.837) and the SUSS-JT test (ICC: 0.816–0.825). There was a significant variation in the BMI across different score levels in SUSS test and SUSS-JT test ($p < 0.001$). In addition, the correlation with BMI in the HGS test (r : 0.518–0.538, $p < 0.01$) was higher than the correlation with BMI in the SUSS test (r : 0.311–0.406, $p < 0.01$) or the SUSS-JT test (r : 0.274–0.338, $p < 0.01$). Furthermore, the Sit-Up sub-test was more closely correlated with BMI (r : 0.311–0.406, $p < 0.01$) as compared to the Squat-Stand sub-test (r : 0.274–0.322, $p < 0.01$).

Conclusions: All the test-retest reliabilities were sufficient. The SUSS test and the SUSS-JT test are valid for assessing muscle strength in AN and its association with BMI. The HGS test is better able to indicate BMI, and the SUSS versions appeared equally able to predict BMI. Furthermore, the Sit-Up sub-test was more closely correlated to BMI compared to the Squat Stand sub-test.

REFERENCES

- Robinson, P, 2006. Community Treatment of eating disorders. Wiley.
- Treasure, J (2009) A guide to the medical risk assessment for eating disorders
<https://www.kcl.ac.uk/ioppn/depts/pm/research/eatingdisorders/resources/GUIDETOMEDICALRISKASSESSMENT.pdf>
<https://www.cambridge.org/core/journals/the-psychiatrist/article/avoiding-deaths-in-hospital-from-anorexia-nervosa-the-marsipan-project/35E4080BFAD58AF3D7A83B2A0CCBD9EB>

ORAL COMMUNICATIONS #5: PATIENT CAREGIVER AND TREATMENT TEAM

Chair: Daniel Stein

MOVING WITH EATING DISORDERS: THE PATIENTS' PERSPECTIVE

AUTHORS

Benedicte Harila Walle¹, Guro Wyller Odden¹, Margrethe Seeger Halvorsen^{1,2}, Kjersti Solhaug Gulliksen^{2,3}

¹ Department of Psychology, Faculty of Social Sciences, University of Oslo, Oslo, Norway

² Institute for Eating disorders, Oslo, Norway

³ The Norwegian Psychological Association, Oslo, Norway

OVERVIEW OF THE PRESENTATION

Introduction: Movement therapy refers to a broad range of interventions, used to promote physical, mental, emotional and spiritual well-being, often delivered in a group format. So far, the evidence base for the use of such interventions in ED-treatment is scarce, although some studies suggest that yoga may reduce symptoms in patients with eating disorders. According to clinical reports, participation in movement therapy may have adverse side effects, hinder recovery or even worsen ED-pathology. Knowledge on how the patients' themselves experience the participation in movement therapy is therefore highly needed. In this study we chose to explore how patients with a broad range of eating disorder pathology experience the participation in movement group therapy in an out-patient unit.

Methods: Data was gathered by the use of a qualitative, phenomenological research design, specifically tailored for this research. Informants were 12 patients diagnosed with either anorexia nervosa, bulimia nervosa or binge eating disorder (DSM-V), attending treatment at an eating disorder out-patient unit in Norway. During a period of 6 – 12 months, all the informants were actively participating in a movement therapy group, including yoga, dance or sports activities. The informants were interviewed in depth about their experiences with the movement group therapy. To get a comprehensive understanding of the treatment setting, the interview material was contextualized by the use of participant observation by two independent researchers. All data material was transcribed verbatim and analyzed by the use of *QSR-NVivo.

Results: The analysis resulted in two main themes; «Movement inside», and «Helpful spaces». «Movement inside» refers to how the informants experienced a wide range of different sensations and feelings within the sessions. «Helpful spaces» refers to how the weekly movement therapy group was experienced as either facilitating or hindering recovery from eating disorders. The main themes were consistent across the different types of movement group activity and eating disorder pathology. The results are presented by four prototypes, illustrating the main findings in a cohesive and narrative format.

Conclusion: Participation in movement therapy may help patients with eating disorder access a wide range of bodily sensations and feelings that they otherwise tend to avoid or experience limited access to. Depending on how the therapist brings structure to, and helps the patient relate the experiences in the group to ED-pathology, movement therapy may help or hinder recovery from the patients' perspective.

ORAL COMMUNICATIONS #5: PATIENT CAREGIVER AND TREATMENT TEAM

Chair: Daniel Stein

I WOULD HAVE PREFERRED HER TO HAVE CANCER, AT LEAST THERE WAS A SECURE ROUTE TO CARE.”- CAREGIVER’S EXPERIENCES OF EATING DISORDER TREATMENT AND THE IMPLICATIONS

AUTHOR

Isabella Robinson

PRESENTER

Paul Robinson

KEYWORDS

Eating Disorders, caregivers, experience of services, treatment, qualitative research.

OVERVIEW OF THE PRESENTATION

Introduction: The significance of caregivers in Eating Disorders (EDs) has only recently been recognised in research. Evidence supports a significant caregiving burden and caregiver’s crucial role in treatment and outcomes, but few studies have explored how these are mediated by caregiver’s experiences of treatment pathways.

Methods: Thematic analysis was employed to investigate qualitative data from a caregiver targeted online survey run by BEAT, the UK’s leading ED charity.

Results: 616 caregivers completed the survey. Participants’ experiences ED treatment were predominantly negative characterised by three main themes: ongoing barriers to accessing adequate support, traumatic treatment experiences and subsequent impacts in every domain.

Conclusion: This study is the largest of its kind to explore caregivers experiences of eating disorder treatment. Despite initiatives to support ED caregivers, high levels of unmet needs and persistent barriers to accessing adequate support prevail. This remains consistent with caregiver accounts cited over ten years ago. Poor experiences of ED treatment, including negative interactions with health care professionals and perceived inadequacies of services, feed directly into exacerbating the caregiving burden and may negatively impact outcomes. Despite limitations, including data collection via online survey rather than in person, caregiver’s experiences of ED treatment remains a crucial area for intervention.

REFERENCES

- Fox, J., Dean, M. and Whittlesea, A. (2015). The Experience of Caring For or Living with an Individual with an Eating Disorder: A Meta-Synthesis of Qualitative Studies. *Clinical Psychology & Psychotherapy*, 24(1), pp.103-125.
- McArdle, S. (2017). Parents’ experiences of health services for the treatment of eating disorders: a qualitative study. *Journal of Mental Health*, pp.1-6.

ORAL COMMUNICATIONS #5: PATIENT CAREGIVER AND TREATMENT TEAM

Chair: Daniel Stein

WORKPLACE WELLBEING OF STAFF WORKING ON EATING DISORDER UNITS

AUTHOR

Trine Wiig Hage & Øyvind Rø. Regional Department for Eating Disorders, Oslo University Hospital, Norway

KEYWORDS

Eating disorder units, treatment providers, staff wellbeing

OVERVIEW OF THE PRESENTATION

Introduction:

Internationally, working in the mental health care field is recognized as a demanding and potentially high-risk occupation due to workplace stressors associated with working with colleagues, consumers and carers, in the context of organizational environments, requirements, structures, and processes. The wellbeing of treatment providers may be affected by both organizational factors, such as workload and the psychosocial working environment, and aspects related to the specific patient group. Working with patients with eating disorders is frequently described as challenging. Common explanations include patient ambivalence and the severity of the diagnosis. However, contributing aspects to both negative as well as positive aspects regarding working on specialized eating disorder units and how these aspects may affect staff members as well as the quality of patient care, is to a little extent explored empirically. In order to facilitate staff wellbeing, as well as providing patients with high quality care, research into this area is called for.

The overarching aim with this study was to assess and investigate various aspects of staff wellbeing on specialized eating disorder units in Norway.

Methods:

This is a cross sectional, mixed method study. In this presentation, the focus will be on the quantitative part of the study. Data was gathered using a online cross-sectional survey consisting of 91-item questionnaire about participants' sociodemographic characteristics, self-reported sickness absence, stress, burnout and work environment. All clinical staff (nursing staff and treatment providers) working on specialized eating disorder units was eligible to participate. The invitation to participate and link to the online survey was distributed by email. The study was approved by the data protection office at Oslo University hospital.

Results:

Preliminary findings show that participants have relatively low degrees of burnout, as measured by Maslach Burnout Inventory, compared to other studies from the mental health care field. Preliminary findings also showed medium to high job satisfaction, as measured by the Job Satisfaction Scale and no work related sick-leave.

Conclusion:

Workplace wellbeing of staff working on specialised eating disorder units is to a little degree investigated empirically. Preliminary findings from a Norwegian study show low degrees of burnout and fairly good job satisfaction amongst staff working on these units.

ORAL COMMUNICATIONS #5: PATIENT CAREGIVER AND TREATMENT TEAM

Chair: Daniel Stein

PHYSICAL EXERCISE AND DIETARY THERAPY—A NEW AND PROMISING TREATMENT FOR PATIENTS WITH BULIMIA NERVOSA AND BINGE EATING DISORDERS

AUTHORS

Maria Bakland¹, Jan H. Rosenvinge², Rolf Wynn^{3,4}, Jorunn Sundgot-Borgen⁵, Therese Fostervold Mathisen⁵, Kristin Liabo⁶, Tove Aminda Hansen⁷, Gunn Pettersen¹

¹Department of Health and Caring Sciences, Faculty of Health Sciences, UiT - The Arctic University of Norway,

²Department of Psychology, Faculty of Health Sciences, UiT –The Arctic University of Norway

³Department of Clinical Medicine, Faculty of Health Sciences, UiT –The Arctic University of Norway,

⁴Division of Addictions and Mental Health, University Hospital of North Norway, Tromsø, Norway,

⁵Department of Sports Medicine, Norwegian School of Sport Sciences, Oslo, Norway.

⁶Institute for Health Research, University of Exeter Medical School, Exeter, United Kingdom, ⁷Department of Heart Disease, University Hospital of North Norway, Tromsø, Norway

KEYWORDS

Eating disorders, treatment, qualitative analysis, patient experiences

OVERVIEW OF THE PRESENTATION

Bulimia nervosa (BN) and binge eating disorder (BED) are the most prevalent of the eating disorders and many patients do not receive help or fail to respond to evidence-based treatments available. There is a need to explore new treatment options that bypasses the challenges with low treatment access and remission rates. A novel treatment for patients with BN or BED has recently been evaluated in a randomized controlled trial. The treatment combines physical exercise- and dietary therapy (PED-t) and consists of 20 group sessions. Therapists with a professional background in sport sciences and nutrition provided the treatment, which in many clinical settings is an uncommon group of professionals. The therapeutic effects of the PED-t proved equal to the current preferred therapy (Cognitive Behavioural Therapy) in terms of significant symptom reduction. This qualitative study reports on patients' experiences with participating in the programme. Patients' experiences may validate symptom reduction effects, but they are also a highly valuable source of knowledge to make changes and adjustments to improve the treatment in question. Hence, the purpose of the current study was to explore important aspects of the patients' own perceived benefits (or not) of the treatment as well as their experiences related to the various treatment components.

Fifteen participants took part in individual qualitative interviews. A systematic text condensation approach guided the analysis of the transcribed interviews.

The patients experienced the PED-t as beneficial and as providing tools to manage eating disorder symptoms. They developed new perspectives on their own health, as well as new expectations and thoughts on how to manage daily life. The patients' experiences of therapist credibility was enhanced by their appreciation of the therapists' professional background. Overall, the group format was found beneficial, but some patients voiced feelings of alienation with respect to age, the nature of their ED or their personal situation. In addition, the fixed time frame of the treatment did not allow for follow up sessions

The overall positive experiences reported here indicates that the PED-t is likely to be found beneficial by patients with BN and BED who complete it. Previous findings of treatment efficacy are validated and important treatment modifications are suggested. The PED-t may be offered outside the traditional treatment setting by a new set of professionals, which calls for future effectiveness studies integrating both parametric and experimental data.

REFERENCES

Mathisen, T. F. (2018). *A randomized controlled trial of physical exercise-and dietary therapy versus cognitive behavior therapy: Treatment effects for women with bulimia nervosa or binge eating disorder*. Doctoral dissertation, Norwegian School of Sports sciences; Bakland, M., Rosenvinge, J. H., Wynn, R., Sundgot-Borgen, J., Fostervold Mathisen, T., Liabo, K., . . . Pettersen, G. (2019). Patients' views on a new treatment for Bulimia nervosa and binge eating disorder combining physical exercise and dietary therapy (the PED-t). A qualitative study. *Eating Disorders* 1-18.

ORAL COMMUNICATIONS #5: PATIENT CAREGIVER AND TREATMENT TEAM

Chair: Daniel Stein

TREATING ULTRA-ORTHODOX YOUNG WOMEN WITH EATING DISORDERS IN ISRAEL: CULTURALLY-SENSITIVE INTERVENTIONS, DIFFICULTIES, AND DILEMMAS

AUTHORS

Yael Latzer, DSc^{1,2}, Daniel Stein, MD³, Eliezer Witztum, MD⁴

¹Faculty of Social welfare and Health Science, Haifa University, Haifa, Israel

²Eating Disorders Institute, Rambam Medical Center, Haifa, Israel

³Safra Children's Hospital, Chaim Sheba Medical Center, Tel Hashomer, Israel, affiliated with the Department of Psychiatry, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

⁴Ben Gurion University of the Negev, Beer Sheva, Israel

KEYWORDS

Eating disorders, culture, ultra-Orthodox, religiosity, Jewish, Israel

OVERVIEW OF THE PRESENTATION

Introduction: Young ultra-Orthodox women in Israel have been faced in recent years with a greater risk of developing disordered eating, as they are more exposed to Westernized norms of the thin-body ideal, self-realization, and personal choice. Most are treated by mainstream Israeli psychotherapists who likely have different value systems and different perspectives on the nature of illness, aims of treatment, and recovery. Ultra-Orthodox psychotherapists may well experience a conflict between a need to be loyal to their patients and a concomitant need to honor the values of patients' families and the community from which they come.

Methods: The current article presents a theoretical background and four case studies highlighting the complexities and controversies inherent in the treatment of these women.

Results: The description of the four cases suggests that young Ultraorthodox Jewish women may develop disordered eating because of conflicts that are specific to their own society, but that may simultaneously result from their growing exposure to mainstream Israeli Westernized norms. Solution of these conflicts may assist in improving the disordered eating symptoms, yet put these young women in a dispute with their families and their community at large.

Conclusion: Both ultra-Orthodox and mainstream secular psychotherapists treating young Jewish Ultraorthodox women with disordered eating must be knowledgeable in both Judaism and psychology. They must also be flexible, creative, and emphatic to both the patient and her family and community, to arrive at a compromised definition of recovery that can be accepted by all parties concerned.

ORAL COMMUNICATIONS #5: PATIENT CAREGIVER AND TREATMENT TEAM

Chair: Daniel Stein

ELECTROCONVULSIVE THERAPY IN THE MANAGEMENT OF ANOREXIA NERVOSA WITH COMORBID TREATMENT-RESISTANT DEPRESSION

AUTHORS

Daniel Stein, MD^{1,2}, Tal Shilton, MD¹, Adi Enoch-Levy, MD¹, Yanai Giron, MD¹, Amit Yaroslavsky, MD¹, Revital Amiaz, MD^{2,3}, Doron Gothelf, MD^{2,4}, Abraham Weizman, MD^{2,5}

¹Pediatric Psychosomatic Department, and ⁴Child and Adolescent Psychiatric Outpatient Service, Division of Child and Adolescent Psychiatry, Edmond and Lily Safra Children's Hospital, Chaim Sheba Medical Center, Tel Hashomer, Israel.

²Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

³Department of Psychiatry, Chaim Sheba Medical Center, Tel Hashomer, Israel

⁵Research Unit, Geha Mental Health Center and Felsenstein Medical Research Center, Rabin Campus, Petach Tiqva, Israel

KEYWORDS

Anorexia nervosa; eating disorders, electroconvulsive therapy, major depressive disorder.

OVERVIEW OF THE PRESENTATION

Objective: Major depressive disorder (MDD) is common in anorexia nervosa (AN), associated with worse outcome and greater suicidal risk. Electroconvulsive therapy (ECT) is highly effective in the treatment of MDD refractory to antidepressants. We describe a case series of female adolescents with AN receiving ECT for the treatment of refractory MDD with severe suicidal risk.

Method: We retrospectively analyzed the files of all 30 adolescent females hospitalized because of AN in a specialized eating-disorder (ED) department between 1998-2017, and treated with ECT. Severity of ED and depressive symptoms was retrospectively assessed using the Clinical Global Impression-Severity Scale.

Results: Patients were severely depressed and suicidal on admission and resistant to antidepressants. A significant deterioration in depression and suicidal risk occurred from admission to pre-ECT, despite improvement in ED symptoms and increase in body mass index (BMI). Significant improvement in depressive and ED symptoms alongside increase in BMI occurred following ECT, continuing to discharge. Adverse effects were mostly minimal. Six patients discontinued ECT for reasons unrelated to treatment efficacy and adverse effects.

Conclusion: ECT is effective, safe, and well-tolerated in female adolescent inpatients with AN, who show severe MDD resistant to antidepressants and increased suicidal risk. Depressive and ED-related symptoms follow a different pre-ECT, and a similar post-ECT, course.

ORAL COMMUNICATIONS #6: BRAIN AND COGNITION

Chair: Angela Favaro

AUTOBIOGRAPHICAL MEMORY AND ANOREXIA NERVOSA IN A LONGITUDINAL PERSPECTIVE

AUTHORS

Tenconi E.^{1,2}, Meneguzzo P.¹, Collantoni E.¹, Degortes D.¹, Bonello E.¹, Favaro A.^{1,2}

¹Department of Neuroscience, University of Padova;

²Padova Neuroscience Center, University of Padova

OVERVIEW OF THE PRESENTATION

Introduction: Autobiographical memories are crucial personal memory representations, which set the content of the self and define not only who we are, but also who we have been and who we will become. The literature highlights a significant association between overgeneralization of memories instead of specific autobiographical episodic memories and some psychiatric disorders (i.e., depression). In spite of a great lack of personal memories (e.g., the benefit of recovery for those patients who relapsed after improvement) in Anorexia nervosa (AN) patients, there are very few studies that have pursued this topic. The aims of the present investigation are twofold, the first is to assess autobiographical memory in a group of AN patients compared to a group of control women, and the second is to study longitudinally the autobiographical memory abilities in AN comparing their performances at different points of the treatment.

Methods: Eighty-three women were all assessed with the Autobiographical Memory Test (AMT) (Williams et al., 2007), which assesses the ability to remember a specific episodic personal memory that lasted less than one day and that is both temporally and spatially limited. Forty-five of the participants had an acute full diagnosis of AN and were consecutively admitted to a DH program in the Eating Disorders Unit of the Hospital of Padova, Italy. Their autobiographical memory was assessed three times: at admission, at the end of DH (N 45), and at the one year follow-up (N 20).

Results: Patients and controls showed significant differences in the quality and quantity of personal memories. The mean AMT total score for AN was 8.6 ± 2.2 vs 9.8 ± 2.1 for controls (t 2.3 p 0.02), patients reported more overgeneral memories (e.g., episodes lasting more than one day) than controls (respectively, mean score 1.5 ± 1.6 vs 0.6 ± 0.9 ; t -3.3 p 0.001) and their performance appeared more influenced by the emotional valence of the cue-word stimulus than for controls. Surprisingly, comparing patients' performance through the three points in time, we did not find any significant improvement of memories consistent with recovery, but rather patients seem to worsen.

Conclusions: The study supports a specific deficit of autobiographic memory in AN patients, which may persist beyond clinical recovery and act as a maintaining factor.

REFERENCES

Williams, J. M. G., Barnhofer, T., Crane, C., Herman, D., Raes, F., Watkins, E., & Dalgleish, T. (2007). Autobiographical memory specificity and emotional disorder. *Psychological Bulletin*, 133, 122-148.

ORAL COMMUNICATIONS #6: BRAIN AND COGNITION

Chair: Angela Favaro

SUBCORTICAL AND CEREBELLAR VOLUMETRIC DIFFERENCES IN CHILDREN AT HIGH-RISK FOR EATING DISORDERS

AUTHORS

Manuela Barona, UCL Great Ormond Street Institute of Child Health, London, United Kingdom

Prof. Nadia Micali, UCL Great Ormond Street Institute of Child Health, London, United Kingdom

KEYWORDS

Children at-risk; neuroimaging; amygdala

OVERVIEW OF THE PRESENTATION

Introduction: Increasingly, research employing neuroimaging techniques has provided evidence of brain structural, and connectivity differences among ED patients. These differences have been identified in areas that have been proposed as possible risk factors for the development of ED: negative emotionality, inhibitory control and cognitive inflexibility. However, to date, research investigating neural correlates for ED has only employed patient and recovered samples. It is therefore unclear whether differences in neuroimaging research are present prior to onset of ED, potentially contributing to development, or whether differences observed are a consequence of the disorder. Early research on the neuropsychological and cognitive profile of children at high-familial risk has already identified that children of mothers with ED show poorer performance on social cognition tasks, have higher odds of having emotional difficulties and have decreased attentional control. We aimed to explore subcortical and volumetric differences in individuals at high-risk for ED in order to identify neural differences that are premorbid to the onset of the disorder and possibly play a role in its development.

Methods: This is the first study to explore neural correlates in girls born to a mother with a lifetime ED, who are therefore at high risk of developing an ED. Data from both girls at high familial-risk and healthy controls was collected as part of the Brain in high-Risk for Eating Disorders (BREDS) study. A total of 29 healthy controls and 17 at-risk cases (between the ages of 8 and 15 years old) were scanned with structural magnetic resonance imaging (MRI). Subcortical and cerebellar volumetric differences were assessed using FreeSurfer and FIRST.

Results: Children at high-risk for developing ED had greater Grey Matter (GM) volumes than those of healthy control children. We also found a significant increase in GM volume in the amygdala (both right and left), left hippocampus and right caudate in children at high-risk compared to healthy control children. Exploratory analyses showed that children of mothers with lifetime AN had significant greater volume in the amygdala but differences in the hippocampus and caudate were no longer significant.

Conclusions: Altered subcortical areas found in this study are known to play a role in mediation of processes such as social cognition, reward and decision making, which are areas that have been previously proposed to play a role in the maintenance. This research provides further evidence of these areas possible involvement in the development of the disorder.

ORAL COMMUNICATIONS #6: BRAIN AND COGNITION

Chair: Angela Favaro

REGULATION OF EMOTION AND FOOD CRAVING IN PATIENTS WITH ANOREXIA NERVOSA: CLINICAL AND NEUROCOGNITIVE FEATURES

AUTHORS

Testa G^{1,2}, Mallorquí-Bagué N^{1,2,8,*}, Lozano-Madrid M^{1,2,#}, Vitró-Alcaraz C^{1,2}, Sánchez I¹, Riesco N¹, Perales JC⁶, Navas JF⁶, Martínez-Zalacaín I^{1,4}, Megías A⁶, Granero R^{2,3}, Veciana De Las Heras M⁵, Chami R⁷, Jiménez-Murcia S^{1,2,4}, Fernández-Formoso JA², Treasure J⁷, Fernández-Aranda F^{1,2,4,*}.

¹ Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain.

² CIBER Fisiopatología Obesidad y Nutrición (CIBERObn), Instituto de Salud Carlos III, Barcelona, Spain.

³ Department of Psychobiology and Methodology, Autonomous University of Barcelona, Spain.

⁴ Clinical Sciences Department, School of Medicine, University of Barcelona, Spain.

⁵ Neurophysiology Unit, Neurology Department, Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Spain.

⁶ Department of Experimental Psychology, Mind, Brain, and Behavior Research Center, University of Granada, Granada, Spain.

⁷ Section of Eating Disorders, Institute of Psychiatry, Psychology & Neuroscience (IoPPN), King's College London, United Kingdom.

⁸ Addictive Behavior Unit, Department of Psychiatry, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain.

KEYWORDS

Emotion regulation; food craving; event related potentials (ERP)

OVERVIEW OF THE PRESENTATION

Introduction: Difficulties in emotion regulation and craving regulation have been linked to eating symptomatology in patients with anorexia nervosa (AN), contributing to the maintenance of their eating disorder. However, little is known about neurocognitive correlates of these processes in AN. The study aimed to assess emotion and food craving regulation by means of behavioral measures and event-related potentials (ERPs).

Methods: Twenty patients with AN and twenty healthy controls (HC) completed a computerized task during EEG recording, where they were instructed to down-regulate negative emotions or food craving. The P300 and Late Positive Potential (LPP) ERPs were analyzed. Participants also completed self-report measures of emotional regulation and food addiction, including the Difficulties in Emotion Regulation Scale (DERS), the Emotion Regulation Questionnaires (ERQ), and the Food Addiction Scale (YFAS).

Results: AN showed higher score in DERS, lower ERQ-reappraisal, higher ERQ-suppression, and higher YFAS compared to HC. As for ERP results, LPP amplitudes were significantly smaller during down-regulation of food craving among both groups. Independent of task condition, individuals with AN showed smaller P300 amplitudes compared to HC. Among HCs, the self-reported use of re-appraisal strategies positively correlated with LPP amplitudes during emotional regulation task, while suppressive strategies negatively correlated with LPP amplitudes.

Conclusion: The AN group, in comparison to the HC group, exhibited greater food addiction, greater use of maladaptive strategies, and emotional dysregulation. Despite the enhanced self-reported psychopathology among AN, both groups indicated neurophysiological evidence of food craving regulation as evidenced by blunted LPP amplitudes in the relevant task condition. Further research is required to delineate the mechanisms associated with reduced overall P300 amplitudes among individuals with AN, which may index neurocognitive alterations, possibly as a secondary effect of malnutrition.

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ORAL COMMUNICATIONS #6: BRAIN AND COGNITION

Chair: Angela Favaro

STARVING THE WAY OUT OF EMOTIONS: EATING RESTRAINT AS A MALADAPTIVE EMOTION REGULATION STRATEGY IN EATING DISORDERS AND THE ROLE OF TRANSDIAGNOSTIC PROCESSES MAINTAINING THE CYCLE

AUTHORS

Rodrigues, Tania, MSc¹; Vaz, Ana Rita, PhD¹; Vieira, Ana Isabel, MSc¹; Brandao, Isabel²; Timoteo, Sertorio²; Nunes, Patricia²; Machado, Paulo, PhD¹

¹Psychotherapy and Psychopathology Research Unit – Psychology Research Center (CIPsi), School of Psychology, University of Minho, Braga, Portugal

²Department of Psychiatry, Faculty of Medicine, Hospitalar Center of Sao Joao, Porto, Portugal

KEYWORDS

Eating disorders, emotion dysregulation, eating restraint

OVERVIEW OF THE PRESENTATION

Introduction. Individuals with eating disorders (EDs) display emotion regulation difficulties (ERDs), often associated to disordered eating behaviours, potentially reflecting rigid efforts to down-regulate unwanted/unpleasant emotions/thoughts. Emotion dysregulation is established as a transdiagnostic risk factor for the development/maintenance of EDs¹. Experiential avoidance, a transdiagnostic pathological function of particular EDRs, plays a central role in the etiology/maintenance of psychopathology, also present across EDs' spectrum². Self-criticism, a negative/hostile type of self-judgement towards one's attributes, is associated with DE symptoms. Goals in this study were to explore the relationship between eating restraint and ERDs in a clinical sample of EDs, and to identify potential mediators to this relationship.

Methods. Participants in this cross-sectional study were 102 patients ($M_{age}=28.1, SD=10.60$; $MBMI=19.99, SD=5.47$) recruited from a clinical setting specialised in the treatment of EDs. Participants met DSM-5 criteria for AN-R (37.3%), AN-BP (9.8%), BN (27.5%), BED (7.8%) or OSFED (17.6%). Analyses of between group differences were conducted using multivariate analyses of variance (MANOVA), in order to explore statistically significant differences in the three levels of the dependent variable (DV; eating restraint frequency, as measured by the ED-15) in terms of ERDs and related transdiagnostic psychological processes. A regression based bootstrapping approach (5,000 bias-corrected resamples, 95% confidence intervals) was used to examine associations between the variables and to test hypothesized indirect and direct effects.

Results. The results of MANOVA revealed significant multivariate differences between the levels of DV regarding ERDs and related psychological processes, Wilks' $\lambda=.29$, $F(2, 94)=2.67$, $p<.001$, $\eta^2=.46$. A serial multiple mediator model was estimated in which X (Eating Restraint) caused M1 (Experiential avoidance), which in turn caused M2 (Self-criticism), with Y as a final consequent (ERDs). All paths are statistically significant. After introducing mediators in the model, the direct effect between X and Y becomes not statistically significant, $c'=0.939$, $t(105)=4.079$, $p=0.234$. All the indirect effects are significant and positive. This model accounted for 52% of the total variance of ERDs in a clinical sample of EDs ($F(3, 105)=37.942$, $p<.001$).

Discussion. This study offers empirical support regarding the association of eating restraint frequency with increasing levels of ERDs and transdiagnostic maladaptive processes. Also, this study also enlightens on the pathogenic pathways through which transdiagnostic processes (experiential avoidance and self-criticism) might impact the relationship between eating restraint and ERDs in EDs. Clinical and research implications are discussed.

REFERENCES

1. Fairburn, C. G., Cooper, Z., & Shafran, R. (2003). Cognitive behaviour therapy for eating disorders: A “transdiagnostic” theory and treatment. *Behavior Research and Therapy*, 41(5), 509–528.
2. Schmidt, U., & Treasure, J. (2006). Anorexia nervosa: Valued and visible. A cognitive-interpersonal maintenance model and its implications for research and practice. *The British Psychological Society*, 45, 343–366.

ORAL COMMUNICATIONS #6: BRAIN AND COGNITION

Chair: Angela Favaro

FOOD-RELATED ATTENTIONAL BIAS IN EATING DISORDERS: DIFFERENCES BETWEEN CLINICAL SUBGROUPS

AUTHORS

Paolo Meneguzzo¹, Enrico Collantoni¹, Mariantonietta Vergine¹, Elena Tenconi^{1,2}, Angela Favaro^{1,2}

¹ Department of Neurosciences, University of Padova, Italy

² Padua Neuroscience Center, University of Padova, Italy

KEYWORDS

Eating disorders, attentional bias, food images

OVERVIEW OF THE PRESENTATION

Introduction: Attentional bias has an important place in both theory and treatment of eating disorders but research on this topic is limited. The dot-probe paradigm has been used extensively in clinical population with different disorders, showing a robust ability to identify attentional bias (AB) towards threats. Our goal with this study is to apply the same dot probe paradigm to all eating disorder spectrum in order to identify different attentional bias profiles in eating disorder subgroups.

Methods: To date, 80 subjects (33 AN, 7 BN, 5 BED, 35 HC) were tested with a food image dot probe task in order to evaluate the presence of an attentional bias for food. Images were presented for 500 ms (AB) or 1250 ms (delayed AB), in order to evaluate selective attention or the ability to disengage attention. Impulsivity and anxiety were also evaluated with the Barratt Impulsiveness Scale and the State-Trait Anxiety Inventory.

Results: Our results showed the presence of: an AB both for food pictures (AN>HC, $t(68):2.041$, $p:0.045$) and low calories food images (AN>HC(68), $t:2.351$, $p:0.022$) in AN sample compared to HC. An AB for high calories food images in BN sample compared to HC (BN>HC, $t(42):2.421$, $p:0.020$) and a delayed AB for high calories food images in BED sample compared to HC (BED<HC(40), $t:-2.775$, $p:0.010$). STAI scores were higher in EDs compared to HC (Y1 $t(80):5.317$, $p:.000$; Y2 $t(80):5.756$, $p:.000$), as well as attentional impulsivity (BIS subscale, $t(80): 3.218$, $p:.002$).

Conclusions: We confirmed the presence of an attentional bias for food in AN sample, and specifically for low calories food. Moreover, we also find an attentional bias in BN sample for high calories foods and a significant over-avoidance of high calories food images in BED patients. Our results are preliminary and our goal is to improve the number of subjects included in the sample before the ECED conference, however, we have already found specific cognitive bias profiles that can be useful to improve the therapeutic approach used at the moment.

REFERENCES

Shafran R, Lee M, Cooper Z, Palmer RL, Fairburn CG. Attentional Bias in Eating Disorders. *Int J Eat Disord*. 2007;40: 369–380. doi:10.1002/eat

Brooks S, Prince A, Stahl D, Campbell IC, Treasure J. A systematic review and meta-analysis of cognitive bias to food stimuli in people with disordered eating behaviour. *Clin Psychol Rev*. Elsevier Ltd; 2011;31: 37–51. doi:10.1016/j.cpr.2010.09.006

ORAL COMMUNICATIONS #6: BRAIN AND COGNITION

Chair: Angela Favaro

ANOREXIA NERVOSA AND BIPOLAR DISORDERS SPECTRUM COMORBIDITY: PREVALENCE, CLINICAL LINKS AND CLINIC SEVERITY PROFILES

AUTHORS

L. Radon^{1,2}, B-K. Lam.¹, A. Letranchant¹, S. Guillaume³, N. T. Godart^{5,6,7}

¹Département of Psychiatry, Institut Mutualiste Montsouris, 75014 Paris, France

²Eating Disorders Unit, Psychiatry and Addictology Department, Paul Brousse Hospital, Villejuif, France

³Department of Emergency and Post-Emergency of Psychiatric, CHU Montpellier, University of Montpellier, INSERM, Montpellier, France.

⁵Fondation de Santé des Etudiants de France, 75014 Paris, France

⁶CESP, Inserm, Villejuif

⁷UFR des Sciences de la Santé Simone Veil (UVSQ)

OVERVIEW OF THE PRESENTATION

Introduction: Anorexia Nervosa (AN) is a psychiatric disorder with complex and multifactorial origins, predominantly found in women and is often accompanied by comorbid mood disorders, in particular depression. The comorbidity of AN and BP is a matter of some debate, regarding its existence, impact on AN's clinical manifestation and nature of the relationship between these disorders. The aims of this study was to: (1) examine the frequency of BD in patients hospitalized for severe AN; (2) to study the relationship between these disorders; (3) the patients' clinical features and their evolution over the course of the hospitalization in comparison to both groups « with depressive disorder comorbidity » and « without mood disorder comorbidity ».

Methods: We analyzed data from the EVHAN prospective study, for which 222 patients were surveyed to assess their nutritional state, diet symptomatology, psychiatric comorbidities, received treatments and associated response. The diagnosis of BD relied on DSM-IV-TR criteria, with the short-CIDI. We tried to identify the discriminative features of patients affected with AN and suspected with BD, comparing them to the characteristics of AN patients without any mood disorder and AN patients suffering from major depression. Data variations between groups were appraised leveraging ANOVA and chi-square tests for continuous variables and categorical variables.

Results: A complete dataset was available for 177 patients. Among them, 11.3% were suspected of BD. These patients were older at admission (25 y.o.) ($p=0.000$), presented AN for a longer period (6.7 years, $p=0.020$), a more serious nutritional state ($p \max=0.031$). The level of anxious and depressive symptoms was higher, diet habits symptoms were more severe, comorbidity with lifetime anxious disorders was more frequent, and quality of life was lesser ($p=0.001$). They also presented a stronger tendency to enter and quit hospitalization under antidepressants than the other two groups did, and needed mood stabilizers more often than did AN patients without any mood disorder ($p=0.029$). They quit hospitalization more frequently without honoring the care- contract.

Conclusions: This study underlines, for people suffering from severe AN, the significant prevalence of a comorbidity of BD and both its impact on the clinical features of a severe AN and its development over time. It appears paramount to identify the early signs of BD for patients suffering from AN, so that an appropriate medical response (care and pharmacotherapy) can be formulated for these patients showing a more serious risk profile.

DEBATE #2

CARE OR CURE: IT'S MORE IMPORTANT TO PURSUE QUALITY OF LIFE THAN RECOVERY IN EATING DISORDERS

Chair: Gerard Butcher

Proponent: Chloe Rackow

Opponent: Nikolett Bogár

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POSTERS

THE MENOPAUSAL TRANSITION AS A POSSIBLE WINDOW OF VULNERABILITY FOR EATING PATHOLOGY – A NEW APPROACH

AUTHORS

Barbara Mangweth-Matzek¹, Sophia Vedova¹, Vanessa Dunst¹, Philine Hennecke¹, Georg Kemmler¹, M. Daniaux², Claudia Rupp¹

¹University Hospital of Psychiatry II, Department of Psychiatry, Psychotherapy and Psychosomatics, Innsbruck, Austria

²Breast Diagnostic Unit, Department of Radiology, University Hospital Innsbruck, Austria

KEYWORDS

Menopause, disordered eating, eating disorders, middle-age, menopausal symptomatology

OVERVIEW OF THE PRESENTATION

Introduction: Previously (2013)* our group described the menopausal transition as a “window of vulnerability for eating disorders”. However, research on this new topic remains controversial. In this study, we assessed the relationship between menopausal status and menopausal symptomatology respectively and disordered eating behavior in a new, more differentiated approach.

Methods: We included 336 women aged between 40 and 60 years, recruited at the breast diagnostic unit (routine mammography check). An anonymous questionnaire was used in order to assess social demographic characteristics, weight history, physical and mental health, menopausal status (pre-, peri-, post- and induced menopause based on WHO definition), menopausal symptomatology (MRS-scale), eating behavior (EDEQ, and core symptoms of DSM 5 eating disorder diagnoses). We compared 1) women of different menopausal statuses, and 2) women with high versus low menopausal symptom score regarding eating behavior and associated factors.

Results: Women in different menopausal statuses did not differ from each other, whereas women with high menopausal symptomatology showed significantly higher scores on the EDEQ, the EDEQ-Cut-off (indicating disordered eating) and significantly more eating disorder symptoms based on DSM-5 after adjustment for age, BMI, physical- and mental disorders.

Conclusions: While menopausal status per se was not associated with disordered eating behavior, menopausal symptomatology showed a significant association with it. This suggests that menopausal status defines more the chronology of the menopausal transition rather than any level of quality of life or symptomatology. Our data show that women suffering from menopausal symptoms often also describe disordered eating behavior. Causal mechanisms in this relationship are unclear.

REFERENCES

*Mangweth-Matzek B et al: The menopausal transition – a possible window of vulnerability for eating pathology, *Int J Eat Dis*, 2013: 46:609-16;

MICROBIOME IN THE PATIENT WITH ANOREXIA NERVOSA: FECAL MICROBIOTA TRANSPLANTATION AND CLINICAL IMPACT

AUTHORS

Hana Papežová¹, Radka Roubalová², Petra Procházková², Alena Lambertová¹, Helena Tlaskalová-Hogenová²

¹ Department of Psychiatry, First Faculty of Medicine, Charles University and General University Hospital in Prague, Ke Karlovu 11, Prague 2, Czech Republic

² Institute of Microbiology, Academy of Sciences of the Czech Republic, v.v.i., Videnska 1083, Prague 4, Czech Republic

KEYWORDS

Anorexia nervosa, Fecal microbiota transplantation, Microbiome, Metabolome, Small intestinal bacterial overgrowth syndrome

OVERVIEW OF THE PRESENTATION

Introduction: The objectives of the study were to investigate the changes in the gut microbiome and metabolome in the patient suffering from severe and enduring anorexia nervosa (SEAN) with small intestinal bacterial overgrowth syndrome (SIBO). SIBO is a digestive disorder with an abnormal count and/or spectrum of small intestinal microbial population associated with different health conditions e.g. immunocompromitiation common in anorexia nervosa patients. Microbial gut dysbiosis is associated with both AN and SIBO and therefore the possible change of gut microbiome by serial fecal microbiota transplantation (FMT) could be considered as a possible therapeutical modality.

Methods: The homogenized stool of relative donor (mother) was applied 3 times - 1st, 4th and 14th day, twice via gastroduodenoscope to the descending duodenum, last doze was applied using rectal route. The stool of patient was collected before FMT, 2 weeks, 1, 2, 3, 5, 6, and 12 months after the first FMT. Total DNA from stool was isolated and V3-V4 region of 16S rRNA gene was amplified to assess bacterial diversity and sequenced on MiSeq (Illumina). The obtained sequences were processed using SEED2 platform. Nuclear magnetic resonance and mass spectrometry were used for the non-targeted and targeted (short chain fatty acids, various neuroactive compounds, etc.) metabolomics analysis.

Results: Very low bacterial alpha diversity, the lack of beneficial bacteria together with the high abundance of fungal species were observed before FMT. After FMT both bacterial species richness and evenness of the gut microbiome increased, while the fungal alpha diversity decreased during the whole period of observation. The changes in various microbial products were also determined. The levels of short chain fatty acids (SCFA) – an important source of energy for gut epithelial cells and modulators of immune system reactivity - gradually increased after FMT. In contrast, the levels of some neurotransmitters (such as serotonin) in stool tended to decrease throughout the observation.

Conclusions: In our patient with SEAN and SIBO, we demonstrated the improvement of the gut microbial dysbiosis after FMT at both bacterial and fungal level. An increase in SCFA levels found at the metabolome level was in line with the increase in some SCFA-producing bacteria, such as *Akkermansia muciniphila* and *Roseburia* sp. However, the subjective state of the patient remained unchanged (gastrointestinal complains and psychiatric symptoms).

REFERENCES

Roubalová R., Procházková P., Papežová H., Smitka K., Bilej M., Tlaskalová-Hogenová H.: Anorexia nervosa: gut microbiota-immune-brain interactions. Clinical Nutrition (2019). DOI: 10.1016/j.clnu.2019.03.023. Supported by Ministry of Health of the Czech Republic, grant nr. 17-28905A.

DSM-5 EATING DISORDERS AMONG ADOLESCENTS AND YOUNG ADULTS IN FINLAND: AN IMPORTANT PUBLIC HEALTH CONCERN

AUTHORS

Yasmina Silén MD, Clinicum, Department of Public Health, University of Helsinki, Finland

Pyyri Sipilä, MD, PhD, Clinicum, Department of Public Health, University of Helsinki, Finland

Linda Mustelin, MD, PhD, MPH, Department of Public Health & Institute for Molecular Medicine Finland (FIMM) University of Helsinki, Finland

Anu Raevuori, MD, PhD Department of Adolescent Psychiatry, Helsinki University Central Hospital, Finland & Clinicum, Department of Public Health, University of Helsinki, Finland

Mauri Marttunen, MD, PhD, Professor of Adolescent Psychiatry, Department of Adolescent Psychiatry, Helsinki University Central Hospital, Finland

Jaakko Kaprio, MD, PhD, Professor of Genetic Epidemiology, Department of Public Health, Faculty of Medicine & Institute for Molecular Medicine FIMM, HiLIFE, University of Helsinki, Finland

Anna Keski-Rahkonen, MD, PhD, MPH, Professor of Mental Health, Department of Public Health, University of Helsinki, Finland

KEYWORDS

DSM-5, Eating disorders, Epidemiology, Prevalence, Incidence

OVERVIEW OF THE PRESENTATION

Introduction: New community-based estimates of occurrence of eating disorders are needed because the definitions of eating disorders have changed. Our aim was to assess the lifetime prevalence, 10-year incidence and peak periods of onset for eating disorders as defined by the Fifth Diagnostic and Statistical Manual (DSM-5) among adolescents and young adults in Finland.

Methods: Virtually all Finnish twins born in 1983–87 ($n = 5600$) were followed prospectively from the age of 12 years. A subsample of participants ($n = 1347$, 638 males and 709 females) were interviewed by healthcare professionals, either in person or over the phone using a semi-structured diagnostic interview in their early twenties. The eating-disorders diagnoses were then validated by experienced medical doctors.

Results: The prevalence of lifetime DSM-5 eating disorders was 17.9% for females and 2.4% for males (pooled across genders, 10.5%). The estimated lifetime prevalence for females and males, respectively, were 6.2% and 0.3% for anorexia nervosa (AN), 2.4% and 0.16% for bulimia nervosa (BN), 0.6% and 0.3% for binge eating disorder (BED), 4.5% and 0.16% for other specified feeding or eating disorder (OSFED), and 4.5% and 1.6% for unspecified feeding or eating disorder (UFED). Among females, the prevalence of OSFED subcategories was atypical AN (2.1%), purging disorder (1.3%), BED of low frequency/limited duration (0.7%), and BN of low frequency/limited duration (0.4%). The 10-year incidence of eating disorders was 17 per 1000 person-years among females (peak age of onset 16–19 years) and 2.2 per 1000 person-years among males (two peaks in adolescence).

Conclusion: Eating disorders are a public health problem among youth affecting one in six females and one in fifty males. Further, eating disorder symptoms are diverse in the community and not fully captured by any single diagnostic category. Adequate screening efforts, prevention programmes and treatment facilities are urgently needed.

MOTHERHOOD AND EATING DISORDERS: A GROUP THERAPY FOR MOTHERS AND PREGNANT WOMEN WITH EATING DISORDERS

AUTHORS

Irema Barbosa ; Sophie Salandini ; Brigitte Remy
Clinical Practice: ESPMI, MGEN group
e-mail: ibarbosa@mgen.fr

KEYWORDS

Anorexia nervosa, bulimia nervosa, motherhood, pregnancy, group therapy

OVERVIEW OF THE PRESENTATION

Introduction: There is a significant increase of eating disorders (ED) in pregnant women at the present time. This is due to several factors: increase in the prevalence of ED, better information and ED treatment and multiplication of assisted reproduction techniques. Nevertheless, psychiatric psychopathologies have recently been identified in children of mothers with ED (1) and parents with eating pathologies appear to be more likely to be monitoring their children's eating behaviours. Parental ED is also often associated to ED in offspring (2).

This group therapy was created for mothers and pregnant women with ED or having a history of ED. The aim of this group was to create a space to discuss their symptoms and their mother-child relationship.

This group was created after an extensive clinical experience and also an explorative research with mothers with ED. Through semi-structured interviews and two one-and-a-half-hour meetings, we identified the most recurring themes and needs concerning motherhood among mothers with ED symptoms.

Methods: There were 7 sessions of this group therapy, each one lasting about one hour and a half. This is a closed group, with 8 participants maximum.

Two groups have been set up so far. They take place twice a year.

Each session corresponds to a specific theme, such as: ED in my life; ED and the mother-child relationship; motherhood, becoming a mother and the transgenerational; ED at home; the father's place; we would like to talk about... ; collective report about the group.

Results: The mothers were very receptive and satisfied about this group therapy. Meeting other mothers who also have an ED and being able to ask questions and share their experiences, anxieties and symptoms was noted as beneficial for them. The mothers could express themselves about their relationship with their children and the discussion with other participants provided day-to-day help, allowing them to continue their reflection on their individual follow-ups. All the participants recommend this group therapy.

All mothers who participated to the closed group can participate to a monthly open group to continue to share and talk about their experiences and difficulties.

REFERENCES:

Barona M, Nybo Andersen AM, Micali N, Childhood psychopathology in children of women with eating disorders, *Acta Psychiatry Scand.* 2016: 134:295-304
Bould H, Sovio U, Koupil I, Dalman C, Micali N, Lewis G, et al. Do eating disorder in parents predict eating disorders in children? Evidence from a Swedish cohort. *Acta Psychiatry Scand.* 2015: 51-59

ASSOCIATIVE PERCEPTION OF THE CONCEPT OF "FOOD" BY PERSONS OF 18 TO 68 YEARS OLD (WITH AND WITHOUT ORTHOREXIA)

AUTHORS

Maryna Fatieieva, Master of Psychology, Applied Psychology Department, Boris Grinchenko Kyiv University

KEYWORDS

Orthorexia, associative field, ORTO-15, associative chain experiment

OVERVIEW OF THE PRESENTATION

Introduction: Recently, the theme of healthy eating and eating behavior attracts more and more attention both by scientists and by ordinary people. The subculture of orthorexia ("obsessive healthy lifestyle" and strict food restrictions) as opposed to traditional values as a table full of meals and thus it is a cultural group within a broader, traditional culture. Nowadays, there is a need to establish signs of an associative field in persons with orthorexia and those who do not have it.

Methods and sample characteristics: In 2018 the empirical research was conducted in such cities as Kyiv, Minsk, Moscow, Odessa and Saint-Peterburg. 326 people were selected, men and women aged 18 to 68 years. The average age was 30.64 years, a standard deviation of 11.61. Using the ORTO-15 method the sample was divided into two groups — with and without orthorexia (64% of the subjects had orthorexic behavior patterns). We used the chain type of associative experiment to give an unlimited number of associations to the stimulus for one minute. Processing of the results consisted of searching for the same associations, extracting them with their frequency (weight) of mention, as well as ranking by frequency.

Results: The list of associations for the word-stimulus "food" was divided into groups, common root words, words of Ukrainian, Russian, and English origin were combined; after that was done the ranking procedure. As a result, **1,168** words were obtained in persons with orthorexia and **829** words in persons without orthorexia. The following associations were observed in individuals with orthorexia: "tasty" - the frequency of which is 97 words, a rank is assigned (1), "useful" - 54 (2), "pleasure" - 42 (3), "healthy" - 32 (4), "fruits" - 14 (7), "vegetables" - 14 (7), "energy" - 13 (10), "necessity" - 9 (20,5) and others. In persons without orthorexia, the following associations were observed: "tasty" - 56 (1), "pleasure" - 20 (2), "to cook" - 12 (4), "sweet" - 12 (4), "joy" - 11 (6.5), "life" - 9 (10.5), "friends" - 9 (10.5) and others.

Conclusions: Thus, among the respondents without orthorexia, *the social component* is an essential basis for the attitude to food. However, for people with orthorexia, the social element of food consumption does not matter; an important component is a *benefit derived from food*.

PRENATAL MATERNAL BODY IMAGE CONCERNS AND CONSEQUENCES ON PREGNANCY AND NEONATAL OUTCOMES

AUTHORS

Aurélie Letranchant¹, Florence Curt¹, Isabelle Nicolas¹, Jérôme Silva¹, Maurice Corcos¹

¹ Adolescent and Young adult psychiatry Unit, Institut Mutualiste Montsouris, 42 boulevard Jourdan, 75014 Paris, France.

KEYWORDS

Body image, Gestational outcomes, Neonatal complications, Pregnancy

OVERVIEW OF THE PRESENTATION

Introduction: Pregnancy is a complex phase of physiological and psychological changes over a short time span. Women experience rapid changes of their body shape and size with a significant reappraisal of their body image. Few studies have focused on the consequences of body image concerns on pregnancy and neonatal outcomes. The aim of this work was to explore the association between body image concerns and gestational and neonatal complications.

Methods: We analyzed data from a prospective, longitudinal and observational study in which 253 women were evaluated at the fourth (T1) and eighth month (T2) of pregnancy and then between the sixth and eighth week of postpartum (T3) where information about the delivery and evolution of the mothers and newborns were collected. We studied the possible association of body image concerns with pregnancy and neonatal complications using the Body Shape Questionnaire (BSQ) score to identify the presence or not of clinically significant body image concerns at T1 and T2. Body dissatisfaction (BD) assessed by the Pictorial Body Image Score (PBIS) was also measured at T1. Bivariate and multivariate analyses were performed using the R software version 3.4.2.

Results: BD measured by the PBIS at T1 was associated with a higher risk of emergency caesarean section (adjustedOR:6.74, CI95%[1.88-32.16], p=0.007). A clinically significant score of body image concerns at T2 was associated with a higher risk of premature birth (aOR:9.41, CI95%[1.06-83.33], p=0.04). Potential confounding variables including prenatal maternal depressive episode were considered.

Conclusion: Body image concerns seem to impact the mother and baby's health. Routine screening of how a pregnant woman experiences her own body and possible BD in the perinatal period could prevent consequences on the mother's physical and mental state and on the baby's health. Pluridisciplinary approaches of these situations are required to better manage them.

REFERENCES

Linna MS, Raevuori A, Haukka J, Suvisaari JM, Suokas JT, Gissler M. Pregnancy, obstetric, and perinatal health outcomes in eating disorders. *Am J Obstet Gynecol*. 2014 Oct;211(4):392.e1-8.

Roomruangwong C, Kanchanatawan B, Sirivichayakul S, Maes M. High incidence of body image dissatisfaction in pregnancy and the postnatal period: Associations with depression, anxiety, body mass index and weight gain during pregnancy. *Sex Reprod Healthc*. 2017 Oct;13:103-109.

DISORDERED EATING AND JUVENILE DATING ABUSE: RELATION WITH EMOTION REGULATION AND BODY INVESTMENT

AUTHORS

Joana Fernandes¹, Ana Isabel Vieira¹, Tânia Rodrigues¹, Marlene Matos¹ & Sónia Gonçalves¹

¹Psychology Research Center (CiPsi), School of Psychology, University of Minho, Braga, Portugal

KEYWORDS

Body investment; dating violence; disordered eating; emotion regulation

OVERVIEW OF THE PRESENTATION

Introduction: According to past literature, juvenile dating violence experiences associated with disturbed eating behaviors appear to be related to emotion dysregulation and altered perceptions of body image. Two studies were conducted, with the first aiming to analyze the psychometric properties of the BIS in a Portuguese clinical sample of patients with an eating disorder. The main aim of the second study was to analyze the association between disordered eating and dating violence, as well as to create predictive models for such variables.

Method: A total of 536 participants constituted a clinical and a non-clinical sample, to whom were applied four instruments analyzing the focal variables.

Results: Exploratory and confirmatory factor analyses were conducted revealing good internal consistency values and a good model fit for the scale. Results show high prevalence of emotional/verbal abuse experiences. Correlation and multiple regression analyses demonstrated that disordered eating behavior appears significantly related with and was predicted by dating violence victimization and perpetration, among others. However, eating behavior did not constitute a significant predictor for dating violence.

Conclusions: Disordered eating could be maintained by several factors and there seems to be an especially important contribution made by past and present abusive dating experiences.

ANOREXIA NERVOSA, DAY-HOSPITAL TREATMENT AND CLINICAL IMPROVEMENT: IMPLICATIONS REGARDING COGNITION

AUTHORS

Tenconi E.^{1,2}, Meneguzzo P.¹, Collantoni E.¹, Degortes D.¹, Bonello E.¹, Favaro A.^{1,2}

¹Department of Neuroscience, University of Padova

²Padova Neuroscience Center, University of Padova

OVERVIEW OF THE PRESENTATION

Introduction: Anorexia nervosa (AN) is a severe psychiatric disorder characterized by a well-defined neuropsychological profile, with some aspects that improve consistently with recovery and others that remain aberrant despite clinical improvement. AN is very hard to treat; a recent meta-analysis has pointed out that despite several efforts in the development of treatments which are increasingly specialized for AN, their efficacy still appears still weak.

Cognitive functioning may constitute an etiopathogenetic risk factor, as well as a precipitating factor or maintaining factor or, ultimately, a relapse risk factor. The aim of the present investigation was to assess longitudinally specific cognitive functions, usually considered trait-related in AN, to evaluate their evolution related to treatment outcome or clinical improvement.

Methods: A total of 50 control women and 45 women with a diagnosis of acute AN, according to DSM-5, referred to the Eating Disorders Unit of the Hospital of Padova, Italy were assessed with a clinical and neuropsychological test battery. Patients were all admitted to a day-hospital program specifically oriented to eating disorder and were longitudinally assessed at T0 (admission; N 45), at T1 (discharge; N 45), and at T2 (1-year follow-up; N 20). The neuropsychological evaluation covered several cognitive domains, mainly executive functions (set-shifting, cognitive inhibition and decision-making), working memory, visuo-spatial abilities and memory beyond central coherence abilities.

Results: Compared to controls, patients showed specific cognitive difficulties. Domains mainly affected in patients belong to executive functions, especially in the Trail Making Test-B ($t = -2.0$ $p = 0.03$), and in the Context Redundancy (CR1, a measure of inhibition of developing routines) of the Mittennecker Pointing Task ($t = -2.9$ $p = 0.05$). According to the longitudinal observations, we found differences in CBias (T0 vs T2 $t = -2.9$ $p = 0.008$; more context dependent), Stop-signal reaction time (T0 vs T2 $t = 2.6$ $p = 0.02$, improvement) and a tendency on the Iowa Gambling Task emerges (T0 vs T1 $t = -1.8$ $p = 0.07$; improvement).

Conclusions: Executive functions seem affected in acute AN and recovery itself positively impact some of these, while visuo-spatial functions appear more stable.

EATING DISORDERS IN MALES: A CASE SERIES STUDY TO EVALUATE PUTATIVE RISK FACTORS

AUTHORS

Sónia Gonçalves¹, Ana Isabel Vieira¹, Isabel Brandão², Sertório Timóteo², Patrícia Nunes², Inês Buinhas³, Natália Granja³, Márcia Cunha³, Joana Sá³, João Machado³, & Bárbara César Machado³

¹Psychology Research Center (CIPsi), School of Psychology, University of Minho, Braga, Portugal

²Department of Psychiatry, Faculty of Medicine, University of Porto, Porto, Portugal

³CEDH – Research Centre for Human Development. Universidade Católica Portuguesa, Faculdade de Educação e Psicologia, Porto, Portugal

KEYWORDS

Eating disorders; male patients; clinical features; eating disorder onset; puberty development; putative risk factors

OVERVIEW OF THE PRESENTATION

Introduction: There are no studies that have assessed potential risk factors (RFs) for the development of eating disorders (EDs) in males, considering the onset of an ED and controlling for the development of initial symptoms or preceding RFs. This case series was conducted with males and aimed to describe the clinical features and symptomatic onset of EDs, to characterize male puberty development and to identify potential RFs for EDs and specific life events preceding ED symptoms.

Methods: Ten males ED patients participated in this study. All participants were interviewed with the Eating Disorders Examination, the Oxford Risk Factor Interview and a semi-structured clinical interview for the evaluation of males' puberty development.

Results: Almost all participants began their EDs with dieting. Half of the participants mentioned the development of muscle mass and experiences of embarrassment related to undressing in front of their peers, both of which were associated with suffering and peers teasing. A history of peer aggression and/or teasing was the only RF experienced by all the participants. We found the presence of RFs in all the remaining evaluated domains.

Conclusions: In line with previous RF studies with female samples, we found an ED aetiology that is multifactorial in nature.

IS THE LINK BETWEEN ANXIETY SYMPTOMS AND DEPRESSIVE SYMPTOMS IN PATIENTS WITH ANOREXIA NERVOSA CAN BE EXPLAINED BY THYROID HORMONES RATES?

AUTHORS

Dr A-L Delaunay, Service Universitaire de psychiatrie de l'enfant et de l'adolescent, Centre Hospitalier André Mignot 177, route de Versailles 78150 Le Chesnay, UFR des Sciences de la Santé Simone Veil (UVSQ)

Pr P Gérardin, Service de psychopathologie de l'enfant et de l'adolescent, CHU Charles Nicolle 1 rue de Germont 76000 Rouen

Pr N Godart, Fondation santé des étudiants de France ; UFR des Sciences de la Santé Simone Veil (UVSQ)

KEYWORDS

Eating disorder, anorexia nervosa, depressive symptoms, anxiety symptoms, thyroid hormones, nutrition

OVERVIEW OF THE PRESENTATION

Introduction: Patients with mental anorexia nervosa (AN) with a wrong nutritional status have high levels of anxiety, depressive, obsessive and compulsive (OC) symptoms decreasing with nutrition rehabilitation. However, to date, no studies have shown any association between levels of anxiety, depression, obsessive and compulsive symptoms and most of the markers of nutritional status of undernourished patients. Only one study has shown that thyroid hormone plasma levels are indicative of the nutritional status of these patients and that a low serum ft4 level is associated with a high level of depressive symptoms. We have sought to replicate this work by taking into account its limitations.

Methods: This study involves 202 patients hospitalized for AN in a context of significant malnutrition, enrolled in the EVHALHOSPITAM study evaluated within two weeks of admission. We first checked the relationship between thyroid hormone levels (ft3 and ft4) and nutritional status. Then we tested in multivariate analysis the relationship between the level of depressive symptoms (BDI score), anxiety (HAD score anxiety, LSAS score), obsessive and compulsive (MOCI score) and the nutritional status and thyroid hormone levels (ft3 and ft4). Taking into account the existence or absence of comorbidity before the apparition of AN (respectively TDM, TAG, TOC, Social Phobia) evaluated by CIDI shorts and confounding factors (duration of evolution, subtype of anorexia nervosa) selected by univariate exploratory analysis.

Results: We confirmed that plasma levels of ft3, and to some extent of ft4, are an indicator of nutritional status in patients with eating disorders. We also found a link between the nutritional status assessed by blood levels of ft3 and the level of depressive symptomatology (BDI score), social anxiety (under social fear score at LSAS) and OC (under doubt score at MOCI) when taking into account the chronology of occurrence of the comorbidities studied (respectively TDM, TAG, Social Phobia, TOC) and the confounding variables identified by univariate analysis.

Conclusions: Through this study we have confirmed that plasma levels of ft3 and to some extent of ft4 are indicators of nutritional status for patients with AN. We have shown that the levels of depressive symptoms, doubt-like OC symptoms, and social phobia, for patients with a wrong nutritional status are in part explained by blood levels of thyroid hormones (ft3 and/or ft4) taking into account the timing of onset of disorders and confounding factors, in particular the duration of evolution of AN, a result to be confirmed by other studies.

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID): PSYCHOPATHOLOGICAL PROFILE IN CHILDREN

AUTHORS

Serrano E., Cañas L., Molano A., Carulla M., Cecilia R., Soto P., & Godrid M.
Eating Disorder Unit. Mental Health Department. Hospital Sant Joan de Déu. Barcelona (Spain)

KEYWORDS

Avoidant/restrictive of food intake, ARFID, psychopathological profile, children

OVERVIEW OF THE PRESENTATION

Introduction: Avoidant/restrictive food intake disorder (ARFID) was introduced in the chapter on “Feeding and Eating Disorders” in DSM-5 as a reformulation of the “Feeding and Eating Disorders of Infancy and Early Childhood” of the DSM-IV-TR. This diagnosis includes patients who present with avoidance or food restriction in the absence of distorted cognition regarding weight and body image. Patients with ARFID may have restrictive dietary behaviours, significant weight loss, dependence on oral or nasogastric nutritional supplementation, and psychosocial difficulties. The first data reported on ARFID encompass clinical symptoms in three possible psychopathological dimensions: a group of patients with avoidance of food due to specific fears (choking, vomiting, pain), a group with lack of interest about eating or food, and a final group with restriction because of the sensory properties of food (texture, flavour, colour). The disorder may be comorbid with anxiety disorders, obsessive-compulsive disorder, attention deficit with hyperactivity disorder (ADHD), autism spectrum disorder, and learning disabilities.

Objectives: To study the demographic and clinical variables -including comorbidity of patients with ARFID, new consecutive cases, attended at eating disorder (ED) unit of a paediatric hospital. A second objective is to establish the distribution of psychopathological dimensions in children with ARFID in our setting. Method: Descriptive transversal study. A total of 51 patients sequentially diagnosed with ARFID (according to DSM-5 criteria) were evaluated at an ED unit between January 2017 and June 2018.

Results: The mean age of the children with ARFID was 10 years (range: 6-15 years) (SD: 2.4). Thirty-six patients (70.6%) were male. Twenty-eight (54.9%) had psychiatric comorbidity: seven (60.7%) presented anxiety disorders, 6 (21.4%) ADHD, and 5 (17.9%) autistic spectrum disorders; and 13 (25.5%) had physical comorbidity. Regarding the psychopathological dimensions, 15 (29.4%) patients showed an avoidance by lack of interest in food, 10 (19.6%) by sensory characteristics and 26 (51%) by anxiety (eg. Choking, phobia). Six (11.7%) children with ARFID had mixed presentation. Twenty-six (51%) patients presented a significant nutritional deficit. The sensory dimension was associated with greater comorbidity with autistic spectrum disorders ($p < 0.001$) and anxiety dimension were associated with anxiety disorders ($p = 0.006$).

Conclusions: ARFID is a serious disorder that mainly affects children of prepubertal age and has significant physical and psychosocial consequences. The results support the existence of three psychopathological dimensions that could require a differentiated nutritional, psychosocial and family intervention.

REFERENCES

Cooney, M., Lieberman, M., Guimond, T., & Katzman, D. K. (2018). Clinical and psychological features of children and adolescents diagnosed with avoidant/restrictive food intake disorder in a pediatric tertiary care eating disorder program: a descriptive study. *Journal of Eating Disorders*, 6(1), 1-8. <http://doi.org/0.1186/s40337-018-0193-3>

DESIRE FOR A CHILD, FANTASIES ABOUT PREGNANCY AND MENTAL REPRESENTATIONS OF PARENTHOOD AMONG FEMALE ADOLESCENTS AND YOUNG ADULTS WITH AN EATING DISORDER: A QUALITATIVE STUDY

AUTHORS

Lola Simavonian (Institut Mutualiste Montsouris), Isabelle Nicolas (Institut Mutualiste Montsouris), Maurice Corcos (Institut Mutualiste Montsouris)

KEYWORDS

Desire for a child, parenthood, pregnancy, mental representations, eating disorders

OVERVIEW OF THE PRESENTATION

Introduction: In women with a lifetime diagnosis of eating disorder (ED), becoming a parent is associated with such psychiatric morbidity as worsening of ED symptoms, major anxiety, postnatal depression and difficulties in mother-child interactions. Fertility issues, pregnancy experience and transition to parenthood in patients with an ED have started to be investigated, but little has been said about the way young women with an ED picture themselves pregnant or with a child. We hypothesize here that « psychic parenthood » in patients with an ED has some particularities that can explain their perinatal difficulties. We therefore chose to focus on female adolescents and young adults with no children nor project of getting pregnant, and explored their desire for a child, their fantasies about pregnancy and their mental representations of parenthood.

Methods: Semi-structured interviews were conducted with eight women aged 16 to 29, all of which had been diagnosed with an ED and were receiving out-patient and in-patient care for their ED. Interviews encompassed open questions about body dissatisfaction, puberty experience, menorrhea, representations about fertility, romantic and sexual relationships, representations of pregnancy, desire for a child, representations of parenthood. A second unstructured interview was scheduled with each patient a few weeks later. All research interviews were recorded and transcribed, and then analysed using the Interpretative Phenomenological Analysis qualitative approach.

Result: Semi-structured and unstructured interviews lasted approximately 60 and 30 minutes. The overriding concepts identified through analysis were: the fear to become pregnant whenever they would get back their period, and the use of amenorrhea to protect themselves against that « risk » ; the importance of pre-oedipal fantasies about pregnancy and motherhood ; a striking relevance of the patients' fears about parenthood (feeding difficulties, fear of being violent with their own child, fear to have a bored or a sad baby, fear to be unable to take good care of a baby, fear to be unable to treat the baby as a subject).

Conclusions: Difficulties in reaching a wholesome « psychic parenthood » might be central in the onset and in the persistence of an ED. Patients involved very willingly in rich interviews, and express their need for such a psychotherapeutic work, which leads us to think that intrapsychic conflicts about pregnancy and motherhood should be dealt with on a routine basis to our patients with an ED.

FEATURES OF ANOREXIA NERVOSA IN A TEENAGE BOY OBSERVATION FROM PRACTICE

AUTHORS

A. Bryukhin¹, M. Sologub², E. Sineutckaia², M. Matsneva², A. Zakharova², A. Korshunova², E. Okonishnikova¹.

¹RUDN University, Department of Psychiatry and medical psychology, Moscow, Russia.

²Center for ED research in Moscow CIRPP, Center for ED research in Moscow CIRPP, Moscow, Russia.

OVERVIEW OF THE PRESENTATION

Introduction: Clinical case of a 10-year-old patient with anorexia nervosa at the stage of severe cachexia. Features of the disease, diagnosis, treatment and methods of restoration of nutrition. Anorexia nervosa is an eating disorder (ED), a severe pathology, manifested by severe complications, high disability and can cause death. ED has traditionally been perceived as a disease affecting women. However, this pathology occurs men, is 10-25% of the total number of patients with ED, or 1-2% in the population. Difficulties in identifying ED in men are the main barrier for diagnosis, treatment and research, especially if they are underage patients.

Materials and Methods: Patient I. 10 years, selectivity in food from 4 years, during the week before hospitalization complete rejection of food and water. When entering the clinic height 127, weight 19 kg, BMI 11. In the clinical picture, anxiety, low mood, fear of eating and weight gain. The duration of the disease for about one year. Clinical and psychopathological method of research.

Results: Diagnosis F50.0 anorexia nervosa in the stage of severe cachexia. Treatment: olanzapine and fluvoxamine in the age dosages, parenteral Kabiven infusion, individual and group psychotherapy. Psychoeducation of parents and Maudsley method therapy. As a result of treatment improved mood, decreased anxiety associated with eating and weight gain. At the time of discharge from the clinic height 127, weight 30 kg, BMI 18.

Conclusions: The clinical case indicates the need to increase the attention of pediatricians, psychologists, psychiatrists and other doctors in connection with the growth and rejuvenation of ED in the male population.

IMPACT OF AN OLFACTORY SENSORY THERAPEUTIC GROUP IN TREATMENT OF ANOREXIA NERVOSA

AUTHORS

L.E. Dumas (Pediatric Hospital of Nice – CHU Lenval, France), E Dor Nedonsel (Pediatric Hospital of Nice – CHU Lenval, France), F Askenazy (Pediatric Hospital of Nice – CHU Lenval, France)
And the study group: F Bat (APHM, France), EM Beetz (CHPG Monaco), P Girardin (CHU Rouen, France), S Guillaume (CHU Montpellier, France)

KEYWORDS

Olfaction, sensory cognition, therapeutic group, anorexia nervosa

OVERVIEW OF THE PRESENTATION

Introduction: Sensory cognition would be a link between the body and its environment in a goal of adaptation. The literature reports impaired olfactory abilities in various psychiatric pathologies including anorexia nervosa. This study protocol proposes the evaluation of the therapeutic impact of an olfactory sensory group realized during the specialized treatment of anorexic patients.

Methods: The protocol study is a multicentric randomized open-label interventional prospective and longitudinal over 6 months study included pubertal patient under 20 years old, treated to restrictive anorexia nervosa. The primary objective of the study protocol is to compare the efficacy at 6 months of conventional treatment with an olfactory sensory therapeutic group compared with conventional treatment alone. The main outcome is the evolution of Body Mass Index (BMI) between these two groups. The secondaries objectives are to compare the clinical evolution, sensory and neurocognition, the length of hospital stay and therapeutic alliance. The secondaries outcomes are questionnaires: EAT-40, Child Depression Inventory (CDI), Beck Depression Inventory (BDI), Autism Quotient (AQ), Sensory Profile, Helping Alliance Questionnaire (HAQ), Clinical Global Impression (CGI) and tasks of Cognitive Remediation Therapy (CRT).

Experimental treatment: The olfactory sensorial therapeutic group was developed in University Department of Child and Adolescent Psychiatry (UDCAP) in Pediatric Hospital of Nice – Lenval and demonstrated clinical efficacy without scientific results. This weekly therapeutic group is organized by a multidisciplinary team (psychiatrists, psychologists, nurses, dance therapist) and includes over 6 patients. It is based on the hypothesis that olfaction, helps patients to accept external stimulus which supports thought. After to smell odors of food, flowers and woods, patients are focused to draw and write her impressions, let back pleasant or unpleasant memories. The protocol study will be randomized by center after a olfactory therapeutic group specific training conducted by UDCAP.

Conclusion: The clinical expertise of the olfactory sensorial therapeutic group need to have proof of efficacy. This treatment could be reproduced in other center according to protocolized care.

REFERENCES

Resmark G, Herpertz S, Herpertz-Dahlmann B, Zeeck A. Treatment of Anorexia Nervosa-New Evidence-Based Guidelines. J Clin Med. 2019 Jan 29;8(2).
Dazzi F, Nitto SD, Zambetti G, Loriedo C, Ciofalo A. Alterations of the olfactory-gustatory functions in patients with eating disorders. Eur Eat Disord Rev J Eat Disord Assoc. 2013 Sep;21(5):382–5.

OLFACTORY SENSORY THERPEUTIC GROUP IN ANOREXIA NERVOSA: AN INNOVATIVE WAY OF CARING

AUTHORS

E Dor-Nedonsel (Pediatric Hospital of Nice – CHU Lenval, France), A Serpa-Rouede (Pediatric Hospital of Nice – CHU Lenval, France), LE Dumas (Pediatric Hospital of Nice – CHU Lenval, France), F Askenazy (Pediatric Hospital of Nice – CHU Lenval, France)

KEYWORDS

Olfactory, Sensory, Therapeutic group, Anorexia nervosa

OVERVIEW OF THE PRESENTATION

Introduction: Conventional treatment programs of anorexia nervosa are successful in the restoration of body weight; however, recidivism is common and the rate of relapse is high. For 10 years, we have developed an innovative pattern of care in order to improve our results with these patients. We progressively have built a “Sensory Way of Caring” for anorexia nervosa from the following psychopathologic hypothesis: anorexia nervosa would be linked with troubles in early integration of perceptive functions and sensory stimuli helps patients to accept external information which supports thought. We have taken up the challenge of obtaining a therapeutic impact on anorexia nervosa using perceptual sensory and more particularly olfactory stimuli.

Design of the olfactory sensory therapeutic group: We recommend either a full time, day or sequential hospitalization or outpatient treatment. It is proposed to everybody to experiment a sensory advance through a workshops device. In the same time, the psychiatrist and the pediatrician conclude a weight contract with the patient and indicate individual and group psychotherapy. This weekly therapeutic group is organized by a multidisciplinary team (psychiatrists, psychologists, nurses, dance therapist) and includes over 6 patients. At first, three categories of odors (food, woody, floral) are presented with perfume smelling strips, 3 times for each patient. The 3 reversals allow the evocation of multiple notes of odor and associated memories. In a 2nd time, the patients are free to talk, to write or to draw their printings and memories. The majority of them come during for an 18 months period. The participants of this workshop are teenagers between 12 to 20 years old, male or female, DSM 5 diagnosis of anorexia nervosa, in and out patients.

Aims of the workshop: lifting of the apparent alimentary refusal, softening of the control of relationship, of relation to oneself and fading of the struggle for the libidinization of the body and the psyche.

Results: Since the beginning of this olfactory sensory therapeutic group, we observe: a 50% diminution of the mean duration of the hospitalization, a faster improvement of the BMI and a possibility of access to a space of transference allowed by a better therapeutic alliance.

Conclusion: In the institutional treatment of adolescent anorexia nervosa, the use of sensory pathways and their relationship to memory traces and emotions helps the lifting of denial, the sagging of cleavages and the reduction of pain induced by the necessary weight regain.

REFERENCES

Dor-Nedonsel E, Battista M, Serpa-Rouede A, Chanson P-Y, Askenazy F. Looking after anorexia nervosa: an innovative way of caring. Eur Psychiatry. 2013 Jan 1;28:1.

CLINICIANS AS A CRITICAL LINK IN EATING DISORDER TREATMENT: UNDERSTANDING CLINICIAN ATTITUDES AND ILLNESS PERCEPTIONS

AUTHORS

Kjersti Solhaug Gulliksen^{1,2}, Deborah Lynn Reas^{3,4}, Rasmus Isomaa⁵, Johanna Levallius⁶

¹Institute for Eating disorders, Oslo, Norway

²Journal of the Norwegian Psychological Association, Oslo, Norway

³Regional Department for Eating Disorders, Division of Mental Health and Addiction, Oslo, Norway

⁴Department of Psychology, Faculty of Social Sciences, University of Oslo, Oslo, Norway

⁵Department of Social Services and Health Care, Jakobstad, Finland

⁶Karolinska Institutet, Stockholm, Sweden

OVERVIEW OF THE PRESENTATION

Introduction: The understanding of eating disorders among health professionals is an understudied issue, despite being an integral component in translational research and implementation science. In this study we assessed and compared clinician attitudes and beliefs toward AN, BN, and BED in terms of perceived symptom controllability, illness chronicity, treatment effectiveness, prognosis and recovery, and level of impairment.

Methods: A total of 188 healthcare professionals (32% psychologists, 18% nurses, 14% medical doctors, 11% nutritionists, 10% social workers) completed a modified ED-version of the Illness Perception Questionnaire (Currin, Wallin, & Schmidt, 2009). Items were rated using a five-point Likert scale (“strongly disagree” to “strongly agree”).

Results: The results showed that AN was viewed as the most functionally impairing disorder, with major consequences on family/friends, followed by BN, then BED. AN was viewed as having a more “medical” etiology, and patients seen as less responsible for their symptoms than BN or BED. AN was viewed as severe and enduring, with symptoms unlikely to resolve without specific treatment, whereas BED symptoms were seen as more attributable to personal responsibility. Clinicians rated significantly less personal enjoyment working with BED than AN or BN. Treatment for BN was viewed as more highly effective than either AN or BED, with a less chronic course and greater symptom controllability.

Conclusions: Data revealed significant differences in clinician attitudes toward different diagnostic groups in terms of perceived illness course, chronicity, and controllability of symptoms. Since health professionals understanding of eating disorders have crucial impact on the patients’ access to treatment, our results may help bridge bench-to-bedside gaps in treatment decisions and delivery.

THE ROLE OF TRAUMATIZATION IN EATING DISORDERS

AUTHORS

Beáta Kovács-Tóth¹, Ferenc Túry²

¹Institute of Behavioural Sciences, University of Debrecen, Hungary

²Institute of Behavioural Sciences, Semmelweis University, Budapest, Hungary

KEYWORDS

Eating disorders, anorexia nervosa, bulimia nervosa, traumatization, psychotherapy

OVERVIEW OF THE PRESENTATION

Introduction: In the complex pathomechanism of eating disorders (especially that of bulimia nervosa and binge eating disorder) the traumatic experiences (sexual, physical, emotional abuse, and neglect) often play an important role.

The aim of the present paper is to call the attention to the role of the traumatic experiences in eating disorders.

Methods: In the review of the literature the most significant studies on the relationship of eating disorders and traumatization will be demonstrated. The therapeutical possibilities of the traumatization in eating disorders will also be discussed. The practical aspects of the psychodynamic approach will be illustrated by case vignettes.

Results: In the diagnostics of eating disorders the history of traumatization is essential. If traumatic experiences can be found in the background of the symptoms, the basic therapeutical principles should be followed. At the beginning of the therapy the application of the traditional two-phase model is essential. Thereafter, the general principles of the trauma therapy should be taken into consideration. A long time frame may be necessary.

During the first phase of the therapy the essential aspects are: assuring emotional and therapeutical security, stabilization, ego strengthening, symptom reduction, and improving emotional regulation. In the next phase the cautious exploration and elaboration of traumatic experiences are in the foreground by using different techniques. Retraumatization should be avoided – this is an important goal of the therapy.

In the therapy several effective methods are used, integrating mainly the psychodynamic approach, cognitive-behavioural techniques, and psychoeducation. Moreover, the newer methods based on cognitive behavioral therapy are also useful, e.g., the dialectic behavior therapy, the integrative cognitive-analytic therapy, and other complex programs of trauma processing, such as the trauma-informed care.

Conclusion: Trauma may lead to the development of borderline personality disorder, or various disorders related to emotional regulation. These occur mainly in the multiimpulsive subtype of eating disorders with impulse control disorders. In relation to the trauma dissociative phenomena are frequent. Difficulties related to the diagnostics and therapy in this subpopulation of eating disordered patients should be taken into consideration during the complex therapy.

REFERENCES

1. Brewerton TD, Alexander J, Schaefer J: Trauma-informed care and practice for eating disorders: personal and professional perspectives of lived experiences. *Eat Weight Disord* 2019; 24: 329-338.
2. Molendijk ML, Hoek HW, Brewerton TD, Elzinga BM: Childhood maltreatment and eating disorder pathology: a systematic review and dose-response meta-analysis. *Psychol Med* 2017; 19: 1–15.

NON-SUICIDAL SELF-INJURY, DIFFICULTIES IN EMOTION REGULATION, NEGATIVE URGENCY AND CHILDHOOD INVALIDATION: A STUDY WITH EATING DISORDER PATIENTS

AUTHORS

Ana Isabel Vieira^a, Célia Sofia Moreira^b, Tânia Rodrigues^a, Isabel Brandão^c, Sertório Timóteo^c, Patrícia Nunes^c, and Sónia Gonçalves^a

^aPsychology Research Center (CIPsi), School of Psychology, University of Minho, Braga, Portugal

^bMathematics Department and Center of Mathematics (CMUP), Faculty of Sciences, University of Porto, Porto, Portugal

^cDepartment of Psychiatry, Faculty of Medicine, University of Porto, Porto, Portugal

KEYWORDS

Non-suicidal self-injury; eating disorders; emotion regulation; negative urgency; invalidation

OVERVIEW OF THE PRESENTATION

Introduction: Non-suicidal self-injury is commonly found in individuals with eating disorders. Evidence suggests invalidating childhood environments as a risk factor for the comorbidity between non-suicidal self-injury and eating disorders. Transactions between biological vulnerabilities and environmental risk factors (e.g., invalidation of emotions) can increase emotion dysregulation, which leads to the development and maintenance of various forms of psychopathology (Linehan, 1993). Impulsive behavior has also been considered a maladaptive problem-solving strategy resulting from emotional invalidation and the inability to tolerate emotional distress (Linehan, 2015). Given these considerations, this study aimed to compare eating disorder outpatients with and without non-suicidal self-injury in the last year regarding different variables and to examine whether difficulties in emotion regulation and negative urgency (i.e., tendency to surrender to impulses when accompanied by negative emotions) moderate the relationship between perceived parental invalidation and non-suicidal self-injury in the last year.

Methods: In this study, 171 eating disorder outpatients ($M_{age} = 28.78$, $SD = 11.19$; $M_{BMI} = 20.66$, $SD = 5.98$; 94.2% females) completed self-report measures. Moderation analyses were performed through logistic models, using R statistical environment.

Results: Of the overall sample, 54 participants (31.6%) had engaged in non-suicidal self-injury during the last year. These participants showed higher levels of eating pathology, difficulties in emotion regulation, negative urgency and maternal invalidation than did participants without non-suicidal self-injury in the last year. The effect of maternal invalidation on the increased likelihood of non-suicidal self-injury in the previous year varies according to eating disorder patients' emotional awareness, being stronger for those with more difficulties in emotional awareness.

Conclusion: Difficulties in emotion regulation, namely the lack of emotional awareness, and maternal invalidation may be potential determinants of engagement and maintenance of non-suicidal self-injury. The clinical implications include the design of interventions that address emotion regulation and validation strategies.

REFERENCES

- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
- Linehan, M. M. (2015). *DBT® Skills Training Manual* (2^a Ed.). New York, NY: Guilford Press.

FOOD ADDICTION AS A TRANSDIAGNOSTIC CONSTRUCT: CLINICAL CORRELATES IN A SAMPLE OF EATING DISORDER, GAMBLING DISORDER, AND HEALTHY CONTROL PARTICIPANTS

AUTHORS

María Lozano-Madrid ^{1,2} Fernandez-Aranda F^{1,2,3} Granero R^{1,4} Jiménez-Murcia S^{1,2,3} Gearhardt AN⁵ Agüera Z^{1,2} Aymamí N² Gomez-Peña, M² Mena-Moreno T^{1,2} Neto-Antao MI² Riesco N² Sánchez I² Soriano-Mas C^{2,6} Casanueva FF^{1,7} Diéguez C^{1,8} Menchón JM^{2,4,6}

¹Ciber Fisiopatología Obesidad y Nutrición (CIBEROBN), Instituto Salud Carlos III, Barcelona, Spain.

²Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain.

³Department of Clinical Sciences, School of Medicine and Health Sciences, University of Barcelona, Spain.

⁴Departament de Psicobiologia i Metodologia. Universitat Autònoma de Barcelona, Spain.

⁵Department of Psychology, University of Michigan, Ann Arbor, MI, USA.

⁶CIBER Salud Mental (CIBERSAM), Instituto Salud Carlos III, Barcelona, Spain.

⁷Laboratory of Molecular and Cellular Endocrinology, Research Area, Complejo Hospitalario Universitario de Santiago de Compostela, Spain.

⁸Department of Physiology, CIMUS, University of Santiago de Compostela, Spain.

KEYWORDS

YFAS 2.0; eating disorders; food addiction; gambling disorder; psychometric properties; validation

OVERVIEW OF THE PRESENTATION

Introduction: Due to the increasing evidence of shared vulnerabilities between addictive behaviors and excessive food intake, the concept of food addiction in specific clinical populations has become a topic of scientific interest. The aim of this study was to validate the Yale Food Addiction Scale (YFAS) 2.0 in a Spanish sample. We also sought to explore food addiction and its clinical correlates in eating disorder (ED) and gambling disorder (GD) patients.

Methods: The sample included 301 clinical cases (135 ED and 166 GD), diagnosed according to DSM-5 criteria, and 152 healthy controls (HC) recruited from the general population.

Results: Food addiction was more prevalent in patients with ED, than in patients with GD and HC (77.8, 7.8, and 3.3%, respectively). Food addiction severity was associated with higher BMI, psychopathology and specific personality traits, such as higher harm avoidance, and lower self-directedness. The psychometrical properties of the Spanish version of the YFAS 2.0 were excellent with good convergent validity. Moreover, it obtained good accuracy in discriminating between diagnostic subtypes.

Conclusions: Our results provide empirical support for the use of the Spanish YFAS 2.0 as a reliable and valid tool to assess food addiction among several clinical populations (namely ED and GD). The prevalence of food addiction is heterogeneous between disorders. Common risk factors such as high levels of psychopathology and low self-directedness appear to be present in individuals with food addiction.

PREVALENCE ET CLINICAL FEATURES OF ORTHOREXIA NERVOSA IN CLINICAL SAMPLE OF PEOPLE SUFFERING FROM AN EATING DISORDER

AUTHORS

N Sahuc, S Thiebaut, M Seneque, K Dupuis Maurin, P Lefebvre, S Guillaume

OVERVIEW OF THE PRESENTATION

Introduction: Orthorexia nervosa (ON) is a proposed psychological condition characterized by an extreme fixation on healthy eating and rigid, compulsive eating behaviours

The degree to which ON-like behaviours can be distinguished from recognized eating disorder symptoms is not well-understood. None of the previous studies has been done in a clinical sample. As the literature on develops, it will be important to consider the overlap and uniqueness of rigid healthy eating preoccupations and compulsions from other eating disorders. We aim to asses the prevalence and the clinical correlate of a co-occurrent orthorexia nervosa in a sample of people suffering from an eating disorder.

Method: One hundred patient were consecutively recruited in an outpatient eating disorders unit in Montpellier, France. The diagnosis were established on DSM 5 criteria by consensus using the best-estimated procedure through medical records and information from relatives, the non-standardized clinical assessments of practitioners (psychiatrists and nutritionists), and standardized measures with the Mini-International Neuropsychiatric Interview (MINI). Participants also completed a large set of validated self-administered questionnaires assessing the core feature of eating disorders (EDE-Q, EDI-2,BSQ,GLTE) or relevant associated dimension (EMAQ,YFAS, WSAS). Orthorexia nervosa was assessed using the ORTHO-15.

Results: Work in progress. Patients have been recruited; statistical analysis is ongoing. The results will be presented at the conference if the submission is accepted.

EATING DISORDER-15 (ED-15): FACTOR STRUCTURE, PSYCHOMETRIC PROPERTIES, AND CLINICAL VALIDATION

AUTHORS

Tânia Rodrigues¹, Ana R Vaz¹, Cátia Silva, Eva Conceição¹, & Paulo PP Machado¹

¹Psychotherapy and Psychopathology Research Unit, CIPsi, School of Psychology, University of Minho, Braga, Portugal.

KEYWORDS

Assessment/Classification

OVERVIEW OF THE PRESENTATION

Objective: The purpose of the current study was to explore the factor structure and psychometric properties of the Portuguese version of the ED-15, as well as to establish cut-off scores and normative data for the Portuguese version.

Methods: Participants from a non-clinical sample (N=860) and an eating disorders clinical sample (N=260) were invited to complete a set of questionnaires, including the Portuguese version of the ED-15.

Results: The first-order two-factor structure originally proposed by the ED-15 authors was endorsed through a Confirmatory Factor Analysis ($\chi^2/df=2.610$; SRMR=0.0325; RMSEA=0.079; TLI/GFI/IFI>0.95). Items revealed adequate construct validity ($\lambda=0.54-0.90$; $R^2=0.29-0.81$). The ED-15 revealed excellent internal consistency ($\alpha=.91$) and temporal stability (ICC=.92; 95% CI .84 - .95). Normative data for the ED-15 were provided. The ED-15 demonstrated acceptable concurrent and convergent validity. Receiver Operating Characteristic analysis revealed that the ED-15 Total score accurately discriminates between participants with and without an Eating Disorder (AUC=.80; SE=.017; $p\leq.001$; 95% CI .766-.834). A cut-off score for Clinical significance and a Reliable change index were computed.

Conclusions: The Portuguese version of the ED-15 is a reliable and valid measure of eating psychopathology and symptoms, whenever a brief measure is needed, as in session-by-session assessment of therapy progress and outcome.

REFERENCES

Tatham, M., Turner, H., Mountford, V., Tritt, A., Dyas, R., & Waller, G. (2015). Development, psychometric properties and preliminary clinical validation of a brief, session-by-session measure of eating disorder cognitions and behaviors: the ED-15. *International Journal Eating Disorders*, 48, 1005–1015. doi: 10.1002/eat.22430

“WE THOUGHT WE WERE ALONE”: THE SUBJECTIVE EXPERIENCE OF THE SIBLINGS OF ANOREXIC ADOLESCENT PATIENTS IN AN EXPRESSION GROUP

AUTHORS

A.Persico¹, S.Grandclerc^{1,2,3}, M-R.Moro^{1,2,3}, C. Blanchet^{1,2,3}

¹Maison de Solenn-Maison des Adolescents, Cochin Hospital, Assistance Publique-Hôpitaux de Paris, 75014 Paris, France;

²CESP, INSERM 1178

³Paris Descartes University, USPC, Paris, France

KEYWORDS

Anorexia nervosa, siblings, focus group, mental representations, expression group, family care, qualitative research, Interpretative Phenomenological Analysis (IPA)

OVERVIEW OF THE PRESENTATION

Introduction: The siblings of anorexic patients are potentially affected by a disturbed emotional experience that often remains undetected (1). In order to bring them a psychological support, the Maison de Solenn proposed an Expression Group (EG) for these brothers and sisters. The discussions and group activities are aimed at the psychological elaboration of this experience. The current research explores their mental representations of anorexia and their emotional experience in the EG.

Methodology: 4 girls and 3 boys aged between 6 and 19 participating in the EG were included in a Focus Group session. This was conducted using an interview guide and two group activities. Our methodological approach corresponds to the Interpretative Phenomenological Analysis (IPA)

Content analysis was obtained from the reading of the transcript of the material by two researchers independently. In a second phase, the two researchers compared their results and agreed on a common analysis

Results: The results have been organized around four main themes: 1- Anorexia Nervosa explained by siblings: The anorexic child stands apart and is unable to feel joy. Hurting himself gives him satisfaction. He will never heal completely. 2- The individual emotional experience of siblings: Siblings have difficulty understanding the reasons for the anorexia. Siblings feel helplessness and anger. 3- The family experience of siblings: The parenting function is compromised. Siblings try to find strategies to help the sick child. They can keep their distance to protect themselves. The anorexic adolescent needs the "right distance" from the family. 4- Experience in the siblings group: Participants felt supported by the group. It has allowed them to distance themselves from family dynamics while remaining active in caregiving. The ludic supports facilitated non-verbal expression.

Conclusions: Siblings try to attribute psychological states to the pathological behavior of the anorexic patient in order to give it a sense of meaning. Siblings fear that this psychological elaboration is incomprehensible to those around them and risks isolating themselves. Siblings develop support strategies for the anorexic child. Their failure eventually made them feel helpless. In consequence, they have a need to find a "good distance" from the adolescent with anorexia nervosa. The Expression Group allowed them to remain in an active role in family care while taking an emotional step back from anorexia nervosa.

It would also provide a sense of belonging among participants. It is important to note that the EG is part of the global familial approach included in an institutional multidisciplinary care framework.

REFERENCES

- (1) De Maynadier, L., Noël, L., Cook-Darzens, S., Duriez, N., & Mouren, M.-C. (2015). Mémoire: Les stratégies de coping des jeunes frères et sœurs confrontés à l'anorexie mentale prépubère de leur sœur : une étude exploratoire. *Annales Médico-Psychologiques*, 173, 474–480.

EVALUATION OF A THERAPEUTIC PATIENT EDUCATION (PTE) PROGRAM FOR ADOLESCENTS WITH ANOREXIA NERVOSA: A CAREGIVER'S PERSPECTIVE

AUTHORS

M-E. Carles¹, J. Lachal^{1,2,3}, M-R. Moro^{1,2,3}, C. Blanchet^{1,2,3}

¹Maison de Solenn-Maison des Adolescents, Cochin Hospital, Assistance Publique-Hôpitaux de Paris, 75014 Paris, France

²CESP, INSERM 1178

³Paris Descartes University, USPC, Paris, France

KEYWORDS

Anorexia nervosa, caregivers, therapeutic patient education, qualitative research, focus group, interpretative phenomenological analysis

OVERVIEW OF THE PRESENTATION

Introduction: Therapeutic Patient Education (TPE) aims to help patients acquiring or maintaining the skills for managing their lives with a chronic disease with the goal of "improving their quality of life" (1). Our transversal program, entitled "Therapeutic Education Program for Mental ANorexia" (PETER PAN) was authorized by the ARS Ile de France in 2012. The TPE program, coordinated by a senior physician specialized in adolescent medicine, includes a multidisciplinary team trained in TPE including a health executive nurse, two dedicated nurses, a nurse's assistant, a dietician, a psychologist, a sports educator, a psychomotor therapist. In this study, we have explored the perspective of caregivers trained in the Peter Pan program and their representations.

Methods: This study included paramedical professionals engaged in the TPE program "Peter Pan" of the day hospital for adolescents patients with anorexia nervosa, in a multidisciplinary and multi-professional unit "Maison des Adolescents" (MDA) in Paris. This qualitative and exploratory study is carried out in the form of a semi-managed group interview (focus group) and based on the phenomenological analysis.

Results: Six participants were included, two male and four females. The results have been organized around four main themes: 1-Constraints in time management without any space left for unplanned events; 2-Constraints in multidisciplinary management of a group of patients; 3-The role of the therapeutic relationship in the care process; and 4-Constraints related to anorexic symptoms including cognitive troubles. The PTE program therefore imposes new constraints on the team, such as setting goals or conducting educational assessments for each adolescent. This involves combining group time, individual time and evaluation time. Multidisciplinary work within the TPE provides additional individual perspectives and skills for patient but requires a permanent team adjustment and a significant investment by caregivers.

Conclusions: This study allowed us to think our practice on TPE within our institution, as it is offered to adolescents suffering from anorexia. While the value of TPE is undeniable for the caregivers, the program in its current configuration as a day hospital has some limitations. The transposition of TPE, initially designed for chronic somatic or psychiatric diseases, to eating disorders is an innovative idea but requires adjustments. The challenge is to provide a flexible framework that combines educational and relational aspects.

REFERENCES

Education Thérapeutique du Patient [Internet]. [cited 2019 Apr 4]. Available from: http://www.euro.who.int/_data/assets/pdf_file/0009/145296/E93849.pdf

DETECTION, TREATMENT AND COURSE OF DSM-5 EATING DISORDERS IN FINLAND

AUTHORS

Yasmina Silén MD, Clincum, Department of Public Health, University of Helsinki, Finland
Pyyri Sipilä, MD, PhD, Clincum, Department of Public Health, University of Helsinki, Finland
Linda Mustelin, MD, PhD, MPH, Department of Public Health & Institute for Molecular Medicine Finland (FIMM) University of Helsinki, Finland
Anu Raevuori, MD, PhD Department of Adolescent Psychiatry, Helsinki University Central Hospital, Finland & Clincum, Department of Public Health, University of Helsinki, Finland
Mauri Marttunen, MD, PhD, Professor of Adolescent Psychiatry, Department of Adolescent Psychiatry, Helsinki University Central Hospital, Finland
Jaakko Kaprio, MD, PhD, Professor of Genetic Epidemiology, Department of Public Health, Faculty of Medicine & Institute for Molecular Medicine FIMM, HiLIFE, University of Helsinki, Finland
Anna Keski-Rahkonen, MD, PhD, MPH, Professor of Mental Health, Department of Public Health, University of Helsinki, Finland

KEYWORDS

DSM-5, Eating disorders, Detection, Treatment, Course

OVERVIEW OF THE PRESENTATION

Objective: We aimed to assess how commonly DSM-5 defined eating disorders are detected and treated in health care and what their outcome is like.

Method: The study was based on the FinnTwin12 cohort, which is comprised of five consecutive birth cohorts of twins ($n = 5,600$). The twins were born from 1983–1987 and followed prospectively from the age of 12 years with four information-gathering waves (at 12, 14, 17.5 and 22 years). A subsample of the participants ($n = 1347$) was diagnostically interviewed in their early 20s, and of those interviewed, 142 (127 females, 15 males) had been diagnosed with a DSM-5 eating disorder.

Results: Almost one-third of those diagnosed with an eating disorder had their condition detected by health care providers (27% of males, 32% of females). Although the likelihood of detection between genders did not differ, women received treatment more often (30% vs. 13%, $p = 0.03$). Anorexia nervosa, bulimia nervosa, and atypical anorexia nervosa were detected and treated more often than other types of eating disorders. Eating disorders had longstanding symptoms. The median time for being symptomatic was seven years (95% CI 4-9 years). Among males, the eating disorder outcome was more favorable than in females (log rank $p=0.046$, the median duration among males 4 years and 8 years among females). The difference in the 5-year recovery rate between those who had received treatment for their eating disorder and who had not was negligible (47.4% vs. 46.5% $p=0.6$). Of those diagnosed with a lifetime DSM-5 eating disorder, 57% of females and 27% of males were still suffering from eating disorder symptoms in their early twenties.

Conclusion: Eating disorders remain under-diagnosed and under-treated. Disparities in the detection and treatment of eating disorders are evident as non-stereotypical disorders are rarely detected, and males receive treatment less often. Since eating disorder symptoms are persistent for many, the results of our study emphasize the substantial discrepancy between the burden of eating disorders, the need for help, and the availability of treatment services.

IMPACT OF A COGNITIVE REMEDIATION THERAPY GROUP IN A FRENCH PEDIATRIC ANOREXIA NERVOSA POPULATION

AUTHORS

H. Perret^{1,2}, F. Ligier¹, M. Lamourette¹, C. Iglesias¹, B. Kabuth¹ and V. Wolff¹

¹Service de Psychiatrie de l'enfant et l'adolescence, Hôpital d'enfants, rue du Morvan, 54511 Vandoeuvre-Les-Nancy Cedex, France

²Corresponding author. Email address: heleneperret33@gmail.com

KEYWORDS

Anorexia nervosa, cognitive remediation therapy, pediatric, mental flexibility, central coherence

OVERVIEW OF THE PRESENTATION

Anorexia nervosa is a frequent pathology with sometimes disastrous consequences which do not benefit enough specific acknowledged treatment. Cognitive remediation therapy has been used for years to treat neurologic pathologies and is now progressively finding its way in psychiatry. Cognitive remediation therapy is used, for example, in psychotic disorder treatment and shown positive impact. Cognitive remediation therapy is currently used with adults suffering from anorexia nervosa, based on neuropsychological researches showing an alteration of central coherence and mental flexibility. In child psychiatry, studies are beginning but they are mostly focused on feasibility and results on efficiency are yet inconclusive, so it's necessary to go further.

That is why this study aim to assess impact of a cognitive remediation therapy group proposed to a pediatric population suffering anorexia nervosa, in the unit of child psychiatry of "centre psychothérapique de Nancy". Our pilot study is evaluating the impact of cognitive remediation therapy on mental flexibility, central coherence, symptoms of anorexia, symptoms of depression, weight gain, obsessive symptoms, dysmorphophobia and self-esteem. The group is composed of 8 45-min sessions. Sessions are animated by the service's healthcare team and are based on a manual written by Dr. Tchanturia, which has been adapted to the study population. This group is fully part of the care provided to anorexic patients in this unit, hence all patient admitted with that diagnosis benefits it. Each patient of the group benefits of standardized assessment with: EDI 2, EAT 26, STAIC, BSQ scale, CES-D scale, Rosenberg scale and LOI-CV. Each patient of the group realized also Rey's figure test and TMT B test, evaluating central coherence and mental flexibility respectively.

All tests are proposed before the first session and after the last one.

This cognitive remediation therapy group started in January 2019. We hope to observe an amelioration of symptomatology, which, if turns out, would allow to propose this program to other units, and would open the door to complementary studies. We hope to present you our preliminary results in September.

REFERENCES

Tchanturia, K., Giombini, L., Leppanen, J., and Kinnaird, E. (2017) Evidence for Cognitive Remediation Therapy in Young People with Anorexia Nervosa: Systematic Review and Meta- analysis of the Literature. *Eur. Eat. Disorders Rev.*, 25: 227– 236

DEVELOPPING INTENSIVE MULTI-FAMILY THERAPY FOR ADOLESCENT ANOREXIA NERVOSA: FIRST EXPERIENCE WITH 7 FAMILIES

AUTHORS

Noël Pommepuy, UFITAA, hôpital Jean Verdier, Bondy, France
Antoine Dereux, UFITAA, hôpital Jean Verdier, Bondy, France
Flore Chevet, UFITAA, hôpital Jean Verdier, Bondy, France
Auriane Gibert, UFITAA, hôpital Jean Verdier & EPS Ville-Evrard, Bondy, France
Valérie Belien-Pallet, UFITAA, hôpital Jean Verdier & EPS Ville-Evrard, Bondy, France
Loïc de Pontual, Service de Pédiatrie, hôpital Jean Verdier, Bondy, France

KEYWORDS

Eating disorders; multiple family therapy; adolescent

OVERVIEW OF THE PRESENTATION

Introduction: Multiple Family therapy (MFT) shows growing evidence in the treatment of adolescent Anorexia Nervosa (AN). Two intensive models have been developed for the last twenty years, in London and Dresden; associated with other outpatient treatment. It consists of 5 to 7 families meeting for whole day activities, especially about food intake and beliefs. Aims are to share experience, cooperate by mutual support, build competencies, raise hope, and experiment new behaviors.

Method: We opened a specialized day hospital, built on Maudsley model and on NCCMH/ NHS guidelines, in a pediatric service in January 2018 in Seine-Saint-Denis, a French department close to Paris, which had no specialized treatment unit for eating disorders (ED). Treatment pathways were organized to provide integrated AN focused family therapy, pediatric care, dietetic counseling and individual psychotherapy. A first intensive 12 days MFT program has been developed since February 2019 as add-on therapy for AN, including 7 families.

Results: The MFT program was offered to 7 families, with adherence and retention rates of 100%. Both parents took part even separated parents. Special days were organized for siblings and extended family. All sibling and about half of grand parents attended these sessions. The current MFT group will end in November 2019. Positive and negative feedback of the families, therapist first impressions and issues are discussed, especially about framework conception and leading process of such MFT groups.

Conclusions: MFT groups is an interesting and powerful add-on treatment for adolescent AN, especially in the context of outpatient settings. Highly structured sessions and reflexive leading are needed to actively involve parents and help them to find out their own resources to support their child. Further evaluations have to be carried out when the program is achieved. Another program is planned at the end of 2019.

REFERENCES

Eisler I, Simic M, Hodsoll J, et al. A pragmatic randomised multi-centre trial of multifamily and single family therapy for adolescent anorexia nervosa. *BMC Psychiatry*. 2016; 16:1-14. doi:10.1186/s12888-016-1129-6
Asen KE, Scholz M. Multi-family Therapy. Concepts and Techniques. London: Routledge 2010.

IMPLEMENTATION OF MAUDSLEY FBT MODEL IN FRANCE: 16 MONTHS LATER IN A PAEDIATRIC DAY HOSPITAL

AUTHORS

Noël Pommepuy, UFITAA, hôpital Jean Verdier & EPS Ville-Evrard, Bondy, France
Antoine Dereux, UFITAA, hôpital Jean Verdier & EPS Ville-Evrard, Bondy, France
Flore Chevet, UFITAA, hôpital Jean Verdier & EPS Ville-Evrard, Bondy, France
Auriane Gibert, UFITAA, hôpital Jean Verdier & EPS Ville-Evrard, Bondy, France
Valérie Belien-Pallet, UFITAA, hôpital Jean Verdier & EPS Ville-Evrard, Bondy, France
Loïc de Pontual, Service de Pédiatrie, hôpital Jean Verdier, Bondy, France

KEYWORDS

Eating disorders; family therapy; Family-Based Treatment

OVERVIEW OF THE PRESENTATION

Introduction: Family therapy for adolescent eating disorders (ED) and its variety, Anorexia Nervosa focused Family Therapy (FT-AN), as developed by the Maudsley hospital in London, is a highly evidence-based approach. It has proved its efficacy on long-term outcomes in adolescent ED. When a specialized center is organized on this model, diagnosis, adherence and prognosis are improved.

Method: A specialized day hospital, build on Maudsley model and on NCCMH/ NHS guidelines, opened in a pediatric department in January 2018 in Seine-Saint-Denis, a French department close to Paris, which had no specialized treatment unit for ED. Treatment pathways were organized to provide integrated FT-AN, pediatric care, dietetic counseling and individual psychotherapy. Wide information was given to first line network partners. Referrals, disease appearance, care pathways and outcome measures (percentage of median body mass index, %mBMI) are described as first data in this poster.

Results: Sixteen months after opening, 45 patients and their families were referred to our unit: 33 were admitted (73.3%), and 12 (26.7%) weren't included after first call (41.7% cancelled first appointment, 58.3% were wrong orientation). Mean age of admitted patients was 14.9 (± 1.5) years old, and sex ratio was 32 girls for 1 boy. Distribution of diagnosis was: Anorexia Nervosa (AN) 57.6%, Bulimia Nervosa 12.1%, other ED 21.3%, other psychiatric diagnosis 9%. Treatment included first-line FT-AN, pediatric care and dietetic counseling, and second-line individual psychotherapy. Only 2 families (6.25%) dropped out. Pediatric inpatient admission was indicated when risk factors were too high as French guidelines recommended, and 4 of 19 AN girls required it (21.1%). Specific issue of model implementation in France are discussed from AN patients data.

Conclusions: Implementing Maudsley model is effective as outpatient specialized treatment unit, offering to young patients and parents dealing with ED an acceptable and supportive care, with low rates of drop-out and less inpatient admissions. Enhancement of therapeutic skills and further clinical description of patients admitted in our day hospital are needed to evidence efficacy of this model on decrease of illness duration and inpatient treatment, and on %mBMI improvement.

REFERENCES

House, J., Schmidt, U., Craig, M., Landau, S., Simic, M., Nicholls, D., Eisler, I. Comparison of specialist and non specialist care pathways for adolescents with anorexia nervosa and related eating disorders. *International Journal of Eating Disorders* 2012; 45(8): 949–956.
Carr A. The evidence base for family therapy and systemic interventions for child-focused problems. *J Fam Ther.* 2014;36(2):107-157.

GENERAL HEALTH AMONGST FASHION MODELS; A REVIEW OF LITERATURE

AUTHORS

Haris Omano, MD, PhD student, UVSQ, Prof. Nathalie Godart, UVSQ

KEYWORDS

Eating disorders, fashion models, general health

OVERVIEW OF THE PRESENTATION

Introduction: There has been widespread concern that the fashion industry, by promulgating ever diminishing extremes of thinness, is creating a ‘toxic’ environment in which eating disorders flourish among models but also among youth as it promotes ideals of extreme thinness (*Treasure JL, 2008*). According to the WHO 3-5% of a healthy population have BMI below 18.5. Due to the risk of malnutrition and ED fashion models are considered to have a great risk of developing a multitude of health problems. Whilst the significance of models as a high-risk group is highlighted by numerous authors, as well as the popular press, research on the prevalence of eating disorders in models is surprisingly scarce, especially the link between thinness and eating disorders symptoms or diagnosis and their impact. Furthermore, knowledge concerning other health related issues are also scarce and largely unknown. It has been speculated that there might be issues regarding body image, addiction and other mental health issues such as depression and anxiety. This review summarizes the current knowledge published on this topic.

Methods: A systematic review of the published literature has been done following the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) guidelines resulting in an inclusion of a total of 17 articles included in the review.

Results: A preliminary result will be presented in the form of a poster containing a summary of four distinct areas of interest which have been observed concerning the general health of fashion models; *eating disorders, body image, BMI & body composition and addiction*.

Conclusions: The current findings do not clearly elucidate the matter of eating disorder and other health related issues among fashion models and cannot be used to derive firm conclusions. Future research is needed to consolidate the findings and to offer a more accurate image and valid explanations, necessary to enhance prevention measures that could properly address the challenges in professional fashion field.

REFERENCES

1. Treasure JL, Wack ER, Roberts ME (2008) Models as a high-risk group: the health implications of a size zero culture. *Br J Psychiatry* 192:243–244. doi: 10.1192/bjp.bp.107.044164

THE FACTORIAL STRUCTURE AND PSYCHOMETRIC PROPERTIES OF THE COMMITTED ACTIONS QUESTIONNAIRE (CAQ-8): CONCLUSIONS FROM A PORTUGUESE CLINICAL SAMPLE OF EATING DISORDERS

AUTHORS

Rodrigues, Tania, MSc¹; Vieira, Ana Isabel, MSc¹; Vaz, Ana Rita, PhD¹; Brandao, Isabel²; Timoteo, Sertorio²; Nunes, Patricia²; Machado, Paulo, PhD¹

¹Psychotherapy and Psychopathology Research Unit CIPsi, School of Psychology, University of Minho, Braga, Portugal

²Department of Psychiatry, Faculty of Medicine, Hospitalar Center of Sao Joao, Porto, Portugal

KEYWORDS

Eating disorders, Committed actions, psychometrics

OVERVIEW OF THE PRESENTATION

Introduction: Individuals with eating disorders (EDs) display core eating pathological attitudes and behaviours often reflecting rigid efforts to down-regulate unwanted/unpleasant internal events (e.g. emotions, thoughts). According to the acceptance and commitment therapy, committed actions refers to a therapeutic process of the psychological flexibility model that entails one's ability to persist with or refrain from behaviours in the service of one's valued life goals, even in the face of unpleasant or/and difficult internal experiences. This process has been significantly associated with better mental health (Trompetter et al., 2013) and lower levels of experiential avoidance (Trindade et al., 2017). Hence, to assess and address the presence of potential barriers to committed action consists of an important treatment goal in EDs. The psychometric properties of the Committed Action Questionnaire (CAQ-8) have been explored in a Portuguese sample of health individuals and breast cancer patients (Trindade et al., 2017). According to McCracken et al. (2015), the suitability of this instrument to different populations is yet to be explored and the cross-validation of this brief measure is needed to further support it. The current study aimed to explore the factor structure and psychometric properties of the Portuguese version of the CAQ-8 in a clinical sample of EDs.

Methods: Participants in this cross-sectional study were 102 patients (Mage=28.1, SD=10.60; MBMI=19.99, SD=5.47) recruited from a clinical setting specialised in the treatment of EDs. Participants met either full- or subthreshold DSM-5 criteria for AN-R (37.3%), AN-BP (9.8%), BN (27.5%), BED (7.8%) or OSFED (17.6%). All participants were invited to complete a set of questionnaires, including the Portuguese version of the CAQ-8. A Confirmatory Factorial Analysis was conducted to verify the previously proposed factorial structure of the CAQ-8. Pearson correlation coefficients were conducted to analyse the associations between the CAQ-8 and other measures.

Results: The first-order two-factor structure originally proposed by the CAQ-8 authors was endorsed through a Confirmatory Factor Analysis ($c2/df=1.243$; SRMR=0.0374; RMSEA=0.049; TLI/GFI/IFI>0.95). Items revealed an adequate construct validity ($\lambda=0.56-0.91$; $R^2=0.31-0.82$). The CAQ-8 total scale revealed a good internal consistency ($\alpha=.89$). Acceptable discriminant and convergent validity of the CAQ-8 relative to other measures (DASS-21, AAQ-II, OAS, DERS, ED-15, FSCRS, SELFCS), were verified.

Discussion: This study presents preliminary findings suggesting that the CAQ-8 is a valid and psychometrically sound measure suitable to assess committed actions in clinical samples of eating disorders. Research and clinical implications are discussed.

REFERENCES

McCracken, L. M., Chilcot, J., & Norton, S. (2015). Further development in the assessment of psychological flexibility: A shortened Committed Action Questionnaire (CAQ-8). *European Journal of Pain*, 19(5), 677–685.

Trompetter, H.R., Ten Klooster, P.M., Schreurs, K.M.G., Fledderus, M., Westerhof, G.J., & Bohlmeijer, E.T. (2013). Measuring values and committed action with the Engaged Living Scale (ELS): Psychometric evaluation in a nonclinical sample and a chronic pain sample. *Psychol Assess* 25, 1235–1246.

TYPE 2 DIABETES AND COGNITIVE IMPAIRMENT IN AN ELDERLY SAMPLE WITH OBESITY AND METABOLIC SYNDROME: A CROSS-SECTIONAL ANALYSIS OF THE PREDIMED-PLUS STUDY

AUTHORS

Fernando Fernández-Aranda, Núria Mallorquí-Bagué, María Lozano-Madrid, Dolores Corella, Jordi Salas-Salvadó, Aida Cuenca-Royo, Ramón Estruch, Xavier Pintó, Josep Vidal, Emilio Ros, Roser Granero, Mònica Bulló, Susana Jiménez-Murcia, Miguel A. Martínez-González, Rafael De la Torre and Predimed-Plus Consortium

University Hospital of Bellvitge-IDIBELL

CIBER Physiopathology Obesity and Nutrition, ISCIII

OVERVIEW OF THE PRESENTATION

Introduction: Given the high prevalence of type 2 diabetes among the elderly, the negative effects of this chronic metabolic disease on health and cognitive functioning are of public health interest.

Methods: This study examines: (a) the association of type 2 diabetes with executive functioning (EF); (b) the effect of body mass index (BMI) on both type 2 diabetes and EF; and (c) the association between glycemic control and EF in type 2 diabetes. 6823 older adults with overweight/obesity and metabolic syndrome (mean age: 65 years; 48.6% women; 27.2% type 2 diabetes) participating in the PREDIMED-PLUS study, were assessed with a battery of cognitive tests. BMI, serum glucose and glycated haemoglobin (HbA1c) concentrations were measured.

Results: Significantly worse EF performance in type 2 diabetes vs. non-diabetic individuals was found. Two models were generated using Structural Equation Modeling (SEM): (1) in the whole sample, the presence of type 2 diabetes, depressive symptoms and BMI had a direct negative effect on EF, while apnea had an indirect negative effect; (2) in the type 2 diabetes subsample, higher illness duration was associated with worse EF performance. Participants with type 2 diabetes and HbA1c < 7% (< 53 mmol/mol) had better overall cognitive performance when compared to those with HbA1c ≥ 7% (≥ 53 mmol/mol).

Conclusions: Our results provide a controlled, comprehensive model that integrates relevant neuropsychological and physical variables in type 2 diabetes. The model suggests that, to improve treatment adherence and quality of life, cognitive decline prevention strategies should be implemented that monitor depressive symptoms, BMI and glycemic control.

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PARENT BURDEN AND SKILLS THROUGH THE COURSE OF HOME TREATMENT IN ADOLESCENT ANOREXIA NERVOSA (AN)

AUTHORS

Dahmen B, Altdorf S, Heider K, Dempfle A, Herpertz-Dahlmann B

KEYWORDS

Adolescent anorexia nervosa, family intervention, caretaker burden, therapy, home treatment

OVERVIEW OF THE PRESENTATION

Introduction: Adolescent anorexia nervosa (AN) is a serious psychiatric disorder with a comparatively high risk of chronification and high standardized mortality rates. The psychosocial burden of the caretakers/parents of adolescents with AN has shown to be elevated and can, in addition to a carer's skills or interaction style affect treatment outcome (Salerno et al., 2016; Rhind et al., 2016). The aim of this study was to evaluate the psychosocial burden and skills of the parents in and on the course of home treatment, a novel therapy setting for adolescent AN patients and their families.

Methods: Adolescent AN patients who fulfilled DSM-5 criteria for AN after initial inpatient somatic stabilization and their families were treated at home with multiple weekly visits performed by a multiprofessional team over the course of 3 to 4 months. General and disorder-related burden and the carer's skills were evaluated with standardized questionnaires (CASK, Salerno et al., 2016; EDSIS, Rhind et al., 2016) at admission, at the end of home treatment and at 12-months follow-up.

Results: The results of the first 20 cases regarding general and disorder-related burden of the parents and carer's skills will be reported. General and disorder-related burden of the parents declined and skills improved throughout the observations.

Conclusions: During home treatment, the parents' burden of caring for an adolescent with AN was reduced and the caregiver's skills improved. Thus, home treatment does not seem to put too much strain on the parents, but on the contrary, the parents seem to profit from this novel treatment.

REFERENCES

- Salerno L, Rhind C, Hibbs R, Micali N, Schmidt U, Gowers S, Macdonald P, Goddard E, Todd G, Lo Coco G, Treasure J. (2016) An examination of the impact of care giving styles (accommodation and skilful communication and support) on the one year outcome of adolescent anorexia nervosa: Testing the assumptions of the cognitive interpersonal model in anorexia nervosa. *J Affect Disord.*, 191:230-6. doi: 10.1016/j.jad.2015.11.016.
- Rhind C, Salerno L, Hibbs R, Micali N, Schmidt U, Gowers S, Macdonald P, Goddard E, Todd G, Tchanturia K, Lo Coco G, Treasure J. (2016) The Objective and Subjective Caregiving Burden and Caregiving Behaviours of Parents of Adolescents with Anorexia Nervosa. *Eur Eat Disord Rev.*, 24(4):310-9. doi: 10.1002/erv.2442. Epub 2016 Apr 1.

SEVERE NEUTROPENIA DURING REFEEDING IN AN INPATIENT ANOREXIC DOLESCENT GIRL: A STIGMA OF UNDERFEEDING SYNDROME?

AUTHORS

N. Ibrahim^{1,3}, A. Barruchet¹, MR. Moro^{1,2,3}, C. Blanchet^{1,2,3}

¹Maison de Solenn-Maison des Adolescents, Cochin Hospital, Assistance Publique-Hôpitaux de Paris, 75014 Paris, France

²CESP, INSERM 1178, France

³Paris Descartes University, USPC, Paris, France

KEYWORDS

Underfeeding syndrome, refeeding, enteral nutrition, neutropenia, anorexia nervosa, adolescent, bone marrow hypoplasia

OVERVIEW OF THE PRESENTATION

Objective: The haematological complications of undernutrition in the context of anorexia nervosa are frequent and most often result from bone marrow hypoplasia. Leuco-neutropenia is reported in 7.9% to 36% of cases, usually quickly reversible with an adequate refeeding. We describe a case of severe neutropenia, in a 16-year-old girl hospitalized for anorexia nervosa, occurred and worsened during a course of refeeding in the absence of gelatinous transformation or inappropriate refeeding syndrome

Method: Case report: the clinical and biological data came from the patient's medical record. A review of the literature on haematological changes during undernutrition and the modalities of refeeding including undernutrition syndrome was carried out

Discussion: We reported a rare case of severe and prolonged neutropenia despite a "well" conducted refeeding conducted in a conventional way allowing rapid and regular weight gain with use of enteral nutrition, without any other complication of refeeding. The diagnosis retained is that of a very serious and prolonged neutropenia linked to an under-feeding syndrome masked by a significant increase in weight. We discuss the differential diagnoses not retained, the clinical tolerance and the prognosis, the etiological and therapeutic haematological approach concerning the surveillance and the question of the treatment by GCS-F but also the nutritional modalities of refeeding used in this case. These situations have to be communicated to the pluridisciplinary teams dealing with anorexic adolescent patients.

INDIRECT ASSOCIATION BETWEEN SYMPTOM SEVERITY AND WORKING ALLIANCE AMONG ADOLESCENT INPATIENTS WITH EATING DISORDERS

AUTHORS

Meilleur¹, D., Morin¹, G., Hetroy¹, E., Bellavance¹, A., Di Pietrantonio¹, O., Taddeo², D., Frappier², J.Y.

¹ Université de Montréal, Laboratoire de recherche sur l'adolescence et les troubles de la conduite alimentaire, Montréal, Canada

² Centre hospitalier universitaire Sainte-Justine mère-enfant, Montréal, Canada

OVERVIEW OF THE PRESENTATION

Introduction: Working alliance has been identified as a central concept in the prediction of favourable psychotherapeutic outcomes among eating disorder patients (Graves & al., 2017). Thus, multiple authors have argued for the consideration of working alliance in the treatment of these disorders. However, many obstacles to the instauration of a strong working alliance may derive from the disorder itself (Lask & Hage, 2013). Indeed, severe symptomatology may undermine the quality of the working alliance, as it is associated with less motivation to change and lower self-efficacy.

Goals and Hypothesis. This study aimed to explore the relationship between eating disorder symptom severity and the quality of the working alliance. It was expected that (*H1*) greater symptom severity would be associated with a weaker working alliance, and that this link would be mediated by motivation to change (*H2*) and self-efficacy (*H3*).

Method: Eighty-seven adolescents in a Canadian eating disorder treatment program were recruited at the moment of their hospitalization. Participants completed several self-reported measures: the Working Alliance Inventory–Short, the Eating Disorder Inventory–3, the Anorexia Nervosa Stages of Change Questionnaire, and the Self-Efficacy Questionnaire for Children and Adolescents. 97% of the participants were females and 90% were diagnosed with anorexia nervosa. Pearson's correlations and path analysis were performed via Mplus.

Results: Symptom severity was negatively associated with the working alliance ($r = -.33$). The proposed mediation model demonstrated a reasonable fit ($CFI = .96$, $SRMR = .05$). The indirect association of symptom severity with working alliance was significant ($\beta = -.48$). Both motivation to change ($\beta = -.25$) and self-efficacy ($\beta = -.23$) significantly mediated this relationship.

Conclusions: Greater symptom severity was associated with a weaker working alliance through its negative relationship with motivation to change and self-efficacy. It may be that more severe symptoms are associated with greater secondary gains from the illness, lack of recognition of one's difficulties, and feelings of inadequacy and helplessness. Although it may be more difficult to form a strong working alliance with more severely impaired patients, initial symptom reduction may have a positive impact on motivation to change and self-efficacy. Working on one's willingness to change and feeling of competence towards change may also be a useful way to counteract the influence of severe symptoms.

MEASURING IMPLICIT ASSOCIATIONS BETWEEN FOOD CATEGORIES AND MORAL ATTRIBUTES IN ANOREXIC PATIENTS

AUTHORS

Lafraire, J.¹, Tournayre, L.^{1,2}, Lakritz, C.^{1,6}, Iceta, V.³, Duriez, P.⁴, Monthuy-Blanc, J.², Foulon, C.⁵ & Masetti, V.⁵

¹Centre de recherche de l'Institut Paul Bocuse, Food Cognition Group, Lyon

²Loricorps, Groupe de Recherche Transdisciplinaire des TCA Université du Québec à Trois-Rivières

³Hospices Civils de Lyon, Centre Référent pour les TCA, Centre Intégré de l'Obésité

⁴Clinique des Maladies Mentales et de l'Encéphale, CH Sainte-Anne, Service du Pr. Gorwood, Paris

⁵Clinea Psychiatrie France

⁶AgroParisTech, UMR 0914 Physiologie de la Nutrition et du Comportement Alimentaire INRA/AgroParisTech - Université Paris-Saclay

OVERVIEW OF THE PRESENTATION

It has been put forward that restrictive dieting was one of the main factors contributing to the persistence of anorexia nervosa. However, the characteristics of food representations and categories in patients suffering from anorexia nervosa remain under-researched despite the fact that these patients are often characterized by a distorted relationship with food and eating combined with a willingness to be knowledgeable about diet and nutrition. The general aim of the present study was to explore anorexic patients' representations about food. More precisely, the study focused on the extent to which food categories are laden with moral attributes in anorexic patients. Two specific research hypotheses have been tested: (H1) food transformation is implicitly associated to "impurity" whereas food naturalness is implicitly associated to "purity" and (H2) the strength of these putative implicit associations is different in anorexic patients compared to control subjects.

Patients (female, n=32, mean age= 24.4 y.± 4.7) diagnosed with anorexia nervosa and control subjects (female, n=32, mean age 24,7 y. ± 3.4) were asked to complete a modified version of the Go/No-go Association Task (GNAT, Nosek & Banaji, 2001). On-screen instructions were given before each block of trials. The participants were instructed to press the space bar as rapidly and accurately as possible if the picture or the word belonged to one of two target categories (e.g., natural food or purity word). The experiment consisted in four combined tasks. Two blocks consisted in congruent associations (pictures of natural food + words related to purity, pictures of processed food + words related to impurity) and two blocks consisted in the incongruent one (picture of natural food + words related to impurity, pictures of processed food + words related to purity). All stimuli were taken from validated databases. Reaction times (RTs) and accuracy of the participants' responses were recorded. Results confirmed (H1), both patients and control subjects' RTs were significantly shorter in the congruent compared to incongruent conditions. However, results did not confirm (H2). Indeed, analyses of D-measures capturing the strength of the implicit associations at hand did not reveal any significant difference between patients and control subjects.

To conclude, results confirmed for the first time the existence of implicit associations between food categories and moral attributes in both anorexic patients and control subjects. However, further research is needed to determine whether these implicit associations influence actual food choices in the same way in both populations.

REFERENCES

Nosek, B. A., & Banaji, M. R. (2001). The go/no-go association task. *Social cognition*, 19(6), 625-666.

MULTICENTER RANDOMIZED CONTROLLED TRIAL ON THE COMPARISON OF THE MULTI-FAMILY THERAPY (MFT) AND INDIVIDUAL SYSTEMIC FAMILY THERAPY (SFT) IN YOUNG PATIENTS SUFFERING FROM ANOREXIA NERVOSA: STUDY PROTOCOL OF THE THERAFAMBEST STUDY

AUTHORS

Benjamin Carrot^{*,1,2}, Jeanne Duclos^{*,3}, Caroline Barry², Leslie Radon^{2,4}, Anne-Solène Maria², Irène Kaganski¹, Zorica Jeremic¹, Vesper Barton-Clegg¹, Maurice Corcos^{1,5}, Malaïka Lasfar⁶, Priscille Gerardin⁶, Aurélie Harf^{2,7}, Marie-Rose Moro^{2,5,7}, Corinne Blanchet^{2,5,7}, & Nathalie Godart^{2,8,9}

¹Psychiatry Unit, Institut Mutualiste Montsouris, Paris, France

²CESP, INSERM, UMR 1018, University Paris-Sud, UVSQ, University Paris-Saclay, Villejuif, France

³University of Lille, CNRS, UMR 9193 - SCALab - Cognitive and Affective Sciences Laboratory, Villeneuve d'Ascq, France

⁴Department of Addiction, Eating Disorders Unit, Paul Brousse Hospital, Villejuif, France

⁵Department of Clinical Psychology, Psychopathology, Psychoanalysis - EA 4056 (PCPP), University of Paris Descartes, Paris, France.

⁶Department of Medical Pediatrics and Child and Adolescent Psychiatry, Rouen University Hospital and Rouvray Hospital, University of Rouen, Rouen, France

⁷Maison de Solenn, Maison des Adolescents, Hôpital Cochin, Paris, France

⁸UFR des Sciences de la Santé Simone Veil (UVSQ), Versailles, France.

⁹Fondation de Santé des Etudiants de France, Paris, France

KEYWORDS

Anorexia Nervosa, Adolescents, Systemic Family Therapy, Multifamily Therapy, Randomized Controlled Trial, Cost-efficiency analysis

OVERVIEW OF THE PRESENTATION

Introduction: Anorexia Nervosa (AN) is a serious psychiatric illness that begins most of the time during adolescence. An early and efficacious intervention is crucial, to minimize the risk of the illness from becoming chronic and limit the occurrence of comorbidities. There is a global consensus on optimal treatment for adolescents suffering from AN: international guidelines recommend single family therapy that involves the patient and his/her family. Several family therapy techniques have been developed to date. However, these approaches, which imply a direct questioning of intrafamilial dynamic, are not suitable for all patients and families, and the rates of drop-out or poor response to treatment remain quite high. A modality of family therapy has been adapted to AN, the Multi-Family Therapy (MFT), which consist in bringing together several families whose child suffers from the same illness. Objectives of the present randomized clinical trial are to evaluate whether the implementation of MFT in a multidisciplinary treatment program for adolescents with AN is at least as efficacious as it is with a systemic single-family therapy (SFT), with respect to the evolution of Body Mass Index and other clinical outcome twelve and eighteen months after the start of treatment. A cost-efficiency analysis will also be conducted.

Methods: It is a Randomized Clinical Trial (ClinicalTrials.gov id: NCT03350594, Registered on November 22, 2017; IDRCB number: 2016-A00818-43). 150 patients meeting the inclusion criteria will be randomly assigned to one of the two treatment groups. Patients and their family will receive 10 sessions of therapy spread over 12 months. Body weight, eating disorder and other psychopathology-related symptoms, quality of family relationships and family satisfaction with treatment will be evaluated during the treatment and across a 18-month follow-up period. A cost-efficiency will also be carried out.

Discussion: We hypothesize that MFT is at least as efficacious as SFT, but at a lesser cost. The identification of possible preferential indications for each technique could enable to improve therapeutic indications for adolescents suffering from AN and to contribute to the earliness of intervention which is associated to a better outcome.

DEVELOPMENT OF A FAMILY THERAPY MANUAL FOR ADOLESCENT ANOREXIA NERVOSA

AUTHORS

Lisa Minier^{1, 2}, Jeanne Duclos³, Benjamin Carrot^{1, 4}, Juliette Gueguen⁴, Helen Pote⁵, Nathalie Godart^{4, 6, 7}

¹Psychiatry Unit, Institut Mutualiste Montsouris, Paris, France.

²Laboratoire « EvaCliPsyD », Université Paris Nanterre, Nanterre, France

³University of Lille, CNRS, UMR 9193 - SCALab -, Villeneuve d'Ascq, France.

⁴CESP, INSERM, UMR 1018, University Paris-Sud, UVSQ, Villejuif, France.

⁵Royal Holloway University of London, London, United Kingdom

⁶UFR des Sciences de la Santé Simone Veil (UVSQ), Versailles, France.

⁷Fondation de Santé des Etudiants de France, Paris, France.

KEYWORDS

Family Therapy; Anorexia Nervosa; Manual-based practice.

OVERVIEW OF THE PRESENTATION

Introduction: In the context of a research program (THERAFAMBEST ; Carrot, Duclos et al., 2019), we developed a manual of our AN-FT which we practiced since 30 years. To do so, we used a methodology initially proposed by Helen Pote (2001, 2003).

Method: Thirteen to 18 years-old patients suffering from either AN or EDNOS (DSM-5), and their family involved in FT. The Brief Structured Recall method was used to structure the interviews, inviting therapists to review and comment their own recorded FT sessions. Our team conducted series of semi-structured interviews, with two expert family therapists from IMM, on the following topics: i. therapist intentions; ii. systemic guiding principles; iii. systemic methods and techniques; iv. indirect work; and v. proscribed practices.

Result: Our model for therapeutic changing combines the following four main theoretical basis: i. cybernetics , ii. Transgenerational and narrativity, iii. Attachment theory and psychoanalysis, and iv. institutional psychotherapy. Four stages of therapy were identified: i. (initial objectives – part I) presenting family therapy; setting up therapeutic alliance and affiliation; and encourage family members' commitment in treatment; ii. (initial objectives – part II) widen family's preoccupations to other topics than symptom and pathology; and underline redundancies; iii. (intermediate objectives) describe symptoms' roles in family dynamics; circularizing communication within the family system; allow sharing and the expression of affects in front of the therapist; initiate changes; help patients to find other relationship patterns improving the resolution of symptoms; iv. allow sharing and expression of affects without involvement of the therapist; develop autonomy of each family member while perpetuating strong bonds; help family to recover resources to cope with future life events.

Discussion: Manualization is needed to conducted high-quality research on the efficiency of family therapy for adolescent anorexia nervosa. In addition, such a manual, which theorizes over 30 years of expert family therapists' practice, offers a substantial guideline for clinical therapist.

REFERENCES

- Carrot, B., Duclos, J., Barry, C., Radon, L., Maria, A., Kaganski, I., ... Godart, N. (2019). Multicenter randomized controlled trial on the comparison of multi-family therapy (MFT) and systemic single-family therapy (SFT) in young patients with anorexia nervosa : study protocol of the THERAFAMBEST study. *Trials*, 20(249).
- Godart, N., Berthoz, S., Curt, F., Perdereau, F., Horreard, A., Fermanian, J., ... Jeammet, P. (2012). A Randomized Controlled Trial of Adjunctive Family Therapy and Treatment as Usual Following Inpatient Treatment for Anorexia Nervosa Adolescents. *Plos One*, 7(1). <https://doi.org/10.1371/journal.pone.0028249>

THE SILENT SCREAM. MOTIVATION-BASED COMPLEX TREATMENT FOR ANOREXIA NERVOSA IN CHILDHOOD AND ADOLESCENCE

AUTHOR

Bea Pászthy, MD., MSc., PhD.

Semmelweis University, Faculty of Medicine, Department of Pediatrics, Budapest

KEYWORDS

Childhood, anorexia nervosa, motivation, family therapy, complex treatment

OVERVIEW OF THE PRESENTATION

The peak age at onset of AN is mid adolescence, however the number of younger children with AN is increasing. In our unit the average age of onset is 13,1 years.

AN is associated with the highest mortality rate of any psychiatric disorders. High rates of medical complications and psychiatric comorbidity occurs in young adulthood, therefore early detection and efficient interventions are urgently needed.

The etiology of AN is multidimensional: biological vulnerability (genetics, personality), psychological predisposition (stress, trauma), and sociocultural influence (life transitions, bullying, entering puberty, family problems) precipitate dieting and weight loss and make a person vulnerable to develop the onset.

There are perpetuating factors that maintain the eating disorder, such as ongoing stress, abuse, peer pressure, overprotection or family tension. AN is a very complex disorder that needs complex, comprehensive and personalized treatment. The most important step to start with, is conceptualizing the individual case: identifying the predisposing, the precipitating and the perpetuating factors on the personal, on the family and on the peer/social interactions level.

The next step is motivation. Patients with AN are known to be ambivalent about their symptoms. On one hand the AN is perceived as a burden, but on the other hand it also provides reasons to hold on to it. Consequently, adolescents with AN often display a low motivation to change and this is the cause for the lack of engagement which is the major problem in the treatment. As the denial of the illness is a central phenomenon in AN, the motivation for treatment/the motivation for life is the core element of the successful therapy. Gaining motivation and personal involvement in the treatment versus legal/familial enforcement is a key moment in the treatment plan.

After conceptualizing the case and motivating the patient and family comes the integrated, complex psychotherapy. For children and adolescents family-based treatment is the best evidenced-based approach for AN. Besides family therapy we also provide our patients individual psychotherapy (combination of CBT, CRT, EMDR-if trauma is in the background), group therapy (anorexia-specific art therapy, dance and movement therapy, mentalization- based therapy, assertive communication skills training, a special “hero-therapy” for smaller children) and personalized nutrition therapy.

The treating of anorexia nervosa in childhood and adolescence, is a fun and challenge, where the therapeutic stance should contain warmth, respect, empathy, curiosity, acceptance, humility, honesty and flexibility. I am grateful to Bryan Lask who helped me to understand my patients better and to find joy in treating them.

PILOT STUDY: BINGEING/PURGING ANOREXIA NERVOSA + SUBSTANCE USE DISORDER + HISTORY OF SUICIDE ATTEMPT = BORDERLINE PERSONALITY DISORDER?

AUTHORS

Michel Danon¹, Philibert Duriez¹, Lila Mekaoui¹, Christine Vindreau¹, Isabelle Roy¹, Philip Gorwood

¹Clinique des Maladies Mentales et de l'Encéphale

KEYWORDS

Anorexia, Borderline

OVERVIEW OF THE PRESENTATION

Eating disorders (ED) are associated with a personality disorder in 75% of cases. The most common personality disorders associated with binge-eating/purging type anorexia nervosa (BPAN) are paranoid and borderline personality disorders (BLPD).

78% of people with BLPD have a substance use disorder (SUD). 42% of people with BLPD have a history of suicide attempt. Among patients with BLPD there is about seven times more suicide and four times more SUD. Some authors consider ED as a form of drug-free addiction. The proximity of these two entities may not be unrelated to their entanglement in the BLPD.

There appears to be a synergistic relationship between BLPD and ED in suicidal risk. ED may confer greater risk for suicidal and self-injurious behavior to women with BLPD.

ED with BLPD are more severe, more resistant, more likely to relapse or migrate and have five times more suicide attempts than without BLPD.

1Moreover switching to BPAN seems to be more frequently associated with suicidal attempts than major depressive disorder itself.

2Does BPAN with SUD and history of attempted suicide means BLPD?

Method: This is a cross-sectional epidemiological study taking place at Sainte-Anne Hospital. Patients are divided into 3 groups: BPAN with SUD, BPAN with history of suicide attempt, restricting anorexia nervosa type.

Anorexia, SUD and suicide disorder diagnosis are made by the MINI for DSM-5. Tobacco addiction has been deliberately excluded because of its high prevalence in the general population thus decreasing its discriminatory character. BLPD diagnosis is made by the Diagnostic Interview for borderline (DIB-R).

Results: Early results show:

- No patient with BLPD among control group
- More than half of the patients of the other 2 groups with BLPD

Conclusions: Early results foreshadow that BLPD must be tracked when the patient has BPAN with history of suicide attempt and SUD.

REFERENCES

1Nutzinger DO et al. (2008). Prevalence and clinical impact of self-injurious behavior in eating disorder patients with and without a comorbid borderline personality disorder. European Psychiatry.

2Foulon C et al. (2007). Switching to the bingeing/purging subtype of anorexia nervosa is frequently associated with suicidal attempts. European Psychiatry.

PRIMARY PREVENTION OF EATING DISORDERS, A SYSTEMATIC LITERATURE REVIEW OF EFFICIENT AND EFFECTIVE INTERVENTIONS

AUTHORS

Saoudi H¹, Lapierre P¹, Cottencin O¹

¹Univ. Lille, CNRS UMR 9193 SCALab (Sciences Cognitives et Sciences Affectives) & CHU Lille, Department of Psychiatry and Addiction Medicine, F-59000 Lille, France

Corresponding Author: Saoudi H hugo.saoudi@chru-lille.fr

OVERVIEW OF THE PRESENTATION

Introduction: Eating disorders (ED) are a major public health issue. Before suffering from an eating disorder, one often presents risk factors such as body dissatisfaction or thin-ideal internalization. It is possible to work on those risk factors once the patients are already ill, to decrease the importance of the symptoms, or even before the disorder starts, thus preventing its appearance.

Objective: This work aims at systematically reviewing the literature for efficient or effective primary prevention interventions in real or experimental conditions.

Methods: This research has been conducted until January, 2017, on PubMed, AscodocPsy, Cairn, Cochrane Library, clinicaltrials and controlled-trials databases. The keyword algorithm was (« Eating Disorders » OR « Anorexia Nervosa » OR « Bulimia Nervosa » OR « Binge eating Disorder » OR « Hyperphagia ») AND (« Universal Prevention » OR « Selective prevention » OR « primary prevention » OR « prevention »). Randomized controlled trials conducted on a healthy population and written in French or English have been selected and included in the review.

Results: One hundred and six articles have been included in the review. Results show that dissonance-based interventions are the most effective in teenage girls and young women. Media Literacy seems to be more effective in universal prevention on younger children. Interventions based on cognitive-Behavioural therapy or psychoeducation show strong limits in maintaining their long-term effects. Some promising interventions use new technologies as computer-based programs to lower the importance of ED risk factors. Integrative interventions promoting mental health or targeting diverse psychological issues show some interesting results that need to be confirmed by further studies. No family-based intervention was included in this review.

Conclusion: Primary prevention for eating disorders is possible. It is still a complex question and needs adapted interventions to show long-lasting results. Dissonance-Based Interventions should be disseminated further for teenage girls and young women as Media Literacy should be used in school to prevent eating disorders.

A SYSTEMATIC REVIEW OF THE EFFICACY OF NEW TECHNOLOGIES FOR THE TREATMENT OR RELAPSE PREVENTION OF EATING DISORDERS

AUTHORS

Ringot C ^{1,2} Carton L ³ Saoudi H ^{1,2} Cottencin O ^{1,2}

¹Univ. Lille, CNRS, UMR 9193 - SCALab, Lille, France.

²CHU Lille, Psychiatry and Addiction Medicine, Lille, France.

³Univ. Lille, INSERM U1171 'Degenerative and Vascular Cognitive Disorders', F-59000 Lille France & CHU Lille, Department of Pharmacology F-59000, Lille, France.

Corresponding author: camille.ringot@chru-lille.fr

KEYWORDS

Eating disorders, Relapse Prevention, Treatment, Connected tools, New Technologies

OVERVIEW OF THE PRESENTATION

Introduction: The objective of this study was to systematically review the literature on interventions using new technologies for the treatment or relapse prevention of eating disorders (EDs).

Method: A PubMed search was conducted targeting articles studying the utilization of new technologies for the treatment or relapse prevention of EDs in accordance with PRISMA guidelines. Only randomized controlled trials (RCTs) were retained.

Results: Twenty-nine studies were included. Among the therapeutic support tools evaluated, we mainly found Internet programs based on cognitive behavioral therapy (CBT), self-help and health education programs, as well as CD-ROM interventions, virtual reality programs and text message monitoring. Studies show that new technologies are less effective than face-to-face but effective on EDs symptoms and better accepted when they use personalized supports (sms, email, phone). The effectiveness is reflected both in treatment and relapse prevention of EDs, in comparison to usual treatment or waiting list.

Conclusion: We found promising results concerning new technologies in EDs. This personalized care would allow avoiding the loss of follow-up and maintaining the motivation to care. It seems promising to develop care programs based on these new connected technologies associated with personalized monitoring in future research for the treatment and relapse prevention of EDs.

THE RELATIONSHIP BETWEEN PHYSICAL ACTIVITY AND COGNITIVE RIGIDITY IN ANOREXIA NERVOSA

AUTHORS

Laura Di Lodovico ⁽¹⁾, Philip Gorwood ^(1, 2)

¹Clinique des Maladies Mentales et de l'Encéphale (CMME), Hôpital Sainte-Anne, GHU Paris Psychiatrie et Neurosciences

²Institut de Psychiatrie et de Neurosciences de Paris, Inserm U1266

KEYWORDS

Anorexia Nervosa; Cognitive Flexibility; Exercise Addiction; Heart-rate monitoring; Unhealthy Exercise

OVERVIEW OF THE PRESENTATION

Introduction: A tenacious drive for physical hyperactivity despite being underweight is a core feature of anorexia nervosa. There is still no consensus on the valid aspect of physical activity measurement¹. On the other hand, different assessments could also reflect different facets of physical activity, which could be considered as an asset, given the potentially great heterogeneity of the concept of unhealthy physical activity². This pilot study detects which aspect of physical activity, if any, could be related to cognitive rigidity in anorexia nervosa.

Methods: Outpatients with anorexia nervosa and healthy participants were assessed for cognitive flexibility with the Trail Making Test (TMT) and for multiple dimensions of physical activity by both subjective and objective assessments. Subjective, retrospective assessment of the amount of physical activity practiced was performed by using the Godin Leisure Time Exercise Questionnaire. Qualitative assessment of pathological exercise was performed by the Exercise Addiction Inventory. Objective, ecological physical activity assessment was performed by heart rate monitoring on 72 hours. A correlation analysis was conducted to disentangle the relationship between cognitive rigidity and the different aspects of physical activity, while a principal component analysis was performed to incorporate all variables of physical activity in (a) global factor(s) and to assess the weight of each variable in this multidimensional construct(s).

Results: Cognitive rigidity (TMT b - a score) was significantly correlated to the amount of objectively assessed, vigorous intensity physical activity only in the sample of patients with anorexia nervosa ($r = 0.572$; $p = 0.002$). The principal component analysis confirms the correlation between a single construct of "physical activity", incorporating the qualitative and quantitative dimensions assessed, and cognitive rigidity in anorexia nervosa ($r = 0.586$; $p = 0.003$).

Conclusions: This pilot research furnished preliminary evidence of a link between cognitive rigidity and physical activity specifically in AN patients, that could help explain the persistence of the latter despite ongoing malnutrition in patients with anorexia nervosa. Such results, if confirmed, could have therapeutic implications. For example, it would be interesting to assess whether cognitive remediation therapy to improve cognitive flexibility could ameliorate the drive for physical activity or, to approach it the other way around, to evaluate whether treatment devoted to controlling and smoothing physical efforts could have a beneficial effect on cognitive rigidity.

REFERENCES

- 1: Dalle Grave, R. (2009). Features and Management of Compulsive Exercising in Eating Disorders. *The Physician and Sportsmedicine*, 37(3), 20–28. <https://doi.org/10.3810/psm.2009.10.1725>
- 2: Rizk, M., Lalanne, C., Berthoz, S., Kern, L., EVHAN Group, & Godart, N. (2015). Problematic Exercise in Anorexia Nervosa: Testing Potential Risk Factors against Different Definitions. *PLOS ONE*, 10(11), e0143352. <https://doi.org/10.1371/journal.pone.0143352>

CONTRIBUTION OF PHYSICAL EXERCISE TO BODY IMAGE DISTORTION IN ANOREXIA NERVOSA

AUTHORS

Laura Di Lodovico ¹, Philip Gorwood ^{1,2}

¹CMME, Hôpital Sainte-Anne, GHU Paris Psychiatrie et Neurosciences

²Institut de Psychiatrie et de Neurosciences de Paris, Inserm U1266.

KEYWORDS

body image distortion, physical exercise, central coherence, cognitive rigidity

OVERVIEW OF THE PRESENTATION

Introduction: Body image disturbance is one of the core characteristics of anorexia nervosa, defined as a multidimensional construct embodying dissatisfaction and overvaluation towards body appearance and, to a lesser extent, weight and shape preoccupations¹. One of the natural consequences of body image distortion is the maintenance of maladaptive weight loss behaviors such as compulsive physical exercise². We sought to explore the nature and the direction of the relationship between body image distortion and compulsive exercise in anorexia nervosa, in order to understand if physical exercise may play a distinct role on body image distortion besides the already known cognitive vulnerabilities of anorexia nervosa.

Methods: Forty patients with anorexia nervosa and 21 healthy controls were assessed for commonly impaired cognitive features in anorexia nervosa, such as visuospatial construction and cognitive flexibility. The amount of physical exercise practiced in a week was assessed by a standardized questionnaire, and body image distortion was assessed by a three-dimensional silhouette battery test where participants were asked to indicate which silhouette, each corresponding to a different BMI, best represented their own.

Univariate correlation was performed to assess which of the tested variables was correlated to body image distortion in the anorexia nervosa sample and in the control group. Linear regression analysis searched for the best predictor of body image distortion in anorexia nervosa. Finally, to assess if physical exercise had an effect on body image distortion, body image distortion was assessed before and after a standardized effort test.

Results: In the anorexia nervosa group, we found a correlation between physical activity and body image distortion ($r = 0.478$; $p = 0.002$), still significant in partial correlation analysis after controlling for cognitive rigidity, visuoconstructional ability ($r = 0.368$; $p = 0.045$), and psychopathological severity ($r = 0.475$; $p = 0.002$), this correlation was not found in healthy controls. Linear regression analysis in anorexia nervosa patients presents the weekly amount of physical exercise practiced as the strongest predictor of baseline-BID ($p = 0.023$), catching 43% of the variance ($r^2 = 0.521$; $p = 0.017$).

After a standardized effort, patients with anorexia nervosa had a significantly higher increase of body image distortion compared to healthy subjects ($p = 0.002$) with an average augmentation of almost 4 kg/m² of their baseline self-rated BMI against the 0.8 kg/m² increase in healthy controls.

Conclusions: Physical exercise may contribute to the distortion of body image in anorexia nervosa, and explain the paradoxical augmentation of unhealthy exercise despite ongoing weight loss.

REFERENCES

- 1: Zipfel S, Giel KE, Bulik CM, Hay P, Schmidt U. Anorexia nervosa: aetiology, assessment, and treatment. *Lancet Psychiatry*. 2015 Dec;2(12):1099–111.
- 2: Tabri N, Murray HB, Thomas JJ, Franko DL, Herzog DB, Eddy KT. Overvaluation of body shape/weight and engagement in non-compensatory weight-control behaviors in eating disorders: is there a reciprocal relationship? *Psychol Med*. 2015 Oct;45(14):2951–8.

BONE MINERAL DENSITY STATUS AND EVOLUTION IN SEVERELY MALNOURISHED ADULT PATIENTS WITH ANOREXIA NERVOSA

AUTHORS

P. Bemer,¹ M. Mendes¹, M. Dicembre¹, K. Briot², R. Carlier¹, J.-C. Melchior¹, M. Hanachi¹

¹Raymond Poincare Hospital, Garches, France

²Cochin Hospital, Paris, France

KEYWORDS

Anorexia nervosa, bone mineral density

OVERVIEW OF THE PRESENTATION

Rationale: Anorexia nervosa (AN) is a psychiatric disorder with potentially serious somatic consequences and high rate of mortality. Reduced bone mineral density (BMD) is the most frequent chronic complication. We aimed to study the prevalence of low BMD (Z-score < -2 SD) and fractures in severely malnourished inpatients with AN and to describe their evolution during nutritional care.

Methods: We conducted a retrospective study including all consecutive AN patients hospitalized in Nutritional Care Unit of Raymond Poincare University Hospital over 2 years. Clinical and biological data were collected. BMD was evaluated by dual energy X-ray absorptiometry.

Results: One hundred and one patients were included (97 F/4 M), age 30.7 + 12.1, BMI 12.6 + 1.6, 68% of patients had a restrictive type (DSM IVr). At baseline, mean values of lumbar spine BMD Z-score was -2.2 + 1.2 SD and of femoral neck was -1.9 + 0.86 SD. The prevalence of Z-score < -2 SD for the lumbar spine was 51% and 38% for the femoral neck ($p < 0.01$). The prevalence of fractures was about 9.1%. Associations of low BMD and BMI, restrictive type, onset of disease and amenorrhea were found ($p < 0.01$, $p < 0.05$, $p < 0.01$, $p < 0.001$). After 3 years mean evolution, the mean of BMD increased in 36 % of patients ($p = 0.007$) in association with improvement of their weight about 11 + 10.5 kg ($p = 0.04$) and vitamin D status ($p = 0.002$).

Conclusions: AN is associated with a high risk of low BMD and low kinetics fractures at very young age. Improvement of BMD was associated with weight gain. Further studies are needed to assess the management of bone disease in patients with AN.

EFFECT OF AN ADAPTED PHYSICAL ACTIVITY PROGRAM ON PROBLEMATIC PHYSICAL ACTIVITY IN ANOREXIA NERVOSA

AUTHORS

Kern, L^{1,2}; Godart, N^{3,4}; Morvan, Y, Molina, E, Rizk, M^{4,5}; Fautrelle, L^{6,7}

¹ Laboratoire EA 4430 CLIPSYD Clinique Psychanalyse Développement, Université Paris Nanterre, Nanterre, France

² Laboratoire EA 2931, LINP2APS, Université Paris Nanterre, Nanterre, France

³ CESP, Fac. de médecine – Univ. Paris-Sud, Fac. de médecine –UVSQ, INSERM, Université Paris-Saclay, 94805 Villejuif, France

⁴ Service de psychiatrie, Institut Mutualiste Montsouris, Université Paris Descartes, Faculté de Médecine, Paris, France

⁵ CESP, INSERM, University of Paris-Descartes, Paris, France

⁶ Institut National Universitaire Champollion, STAPS, Équipe Interdisciplinaire en Activités Physiques, Campus de Rodez, 12000 Rodez, France

⁷ Laboratoire ToNIC, Toulouse NeuroImaging Center, Université de Toulouse, Inserm, UPS, Toulouse, France

KEYWORDS

Anorexia Nervosa, Adapted Physical Activity program, Problematic Physical activity

OVERVIEW OF THE PRESENTATION

Introduction: Problematic physical activity (PPA) is commonly observed in patients suffering from anorexia nervosa (AN). It increases resistance to treatment programs. Recent studies demonstrated that adding a controlled and adapted physical activity (APA) program to the treatment programs had a better impact on patients suffering from AN than suppressing physical activity all together. To our knowledge, there is no research on the effect of an APA program on the PPA.

Methods: 49 AN females, aged 14 to 25 years, with an average body mass index (BMI) of 16.76 (± 2.03) were included. An eight-session (1h30/session) standardized APA program (available online) was delivered during eight consecutive weeks. The participants were evaluated using questionnaires about exercise dependence, perceived PA, and eating disorders symptoms (ED) before and after the APA program.

Results: After the completion of the APA program, we found that BMI and PA score increased ($p < 0.01$); ED and total score of exercise dependence decreased ($p < .01$), as well as three of its dimensions (lack of control, reduction in other activities, and time).

Discussion/conclusion: The APA program seemed to help AN participants control their PPA, without any deleterious effect on BMI nor ED symptoms. The increase of PA score could be due to a better evaluation of their PA or an increase of PA linked to an increase in weight. This should be investigate in future research. This primary data are leads as to develop a RCT

LINK BETWEEN NUTRITIONAL STATUS, ANXIO-DEPRESSIVE SYMPTOMS AND HYPERACTIVITY IN SEVERELY MALNOURISHED ADULT ANOREXIA NERVOSA (AN) INPATIENTS AT ADMISSION AND DURING NUTRITIONAL CARE

AUTHORS

M. Dicembre*, ¹, C. Rives-Langes ², A. Pleple ¹, D. Okamba Belle ¹, N. Kayser ¹, D. Ringuenet ³, N. Godart ⁴, J.-C. Melchior ¹, M. Hanachi ¹

¹Nutrition Unit, Raymond Poincaré University Hospital, Garches,

²Nutrition Unit, Georges Pompidou University Hospital, Paris,

³Department of Addictology, Eating Disorder Unit, Paris-Sud, Paul Brousse Hospital, Villejuif,

⁴CESP, INSERM, UMR 1018, University Paris-Sud, UVSQ, University Paris-Saclay. Fondation Santé des étudiants de France, Villejuif, Paris, France

KEYWORDS

Anorexia nervosa, anxio-depressive symptoms

OVERVIEW OF THE PRESENTATION

Rationale: The link between nutritional status and psychiatric symptoms in malnourished AN patients is described since two decades, but has not been described in an homogeneous sample of very severely malnourished patients. The aim of this study was to describe the evolution of anxio-depressive symptoms, and hyper activity after nutritional care in a sample of very severe malnourished AN patients.

Methods: All consecutive very severe malnourished AN adult patients (DSM-5), hospitalized in a clinical nutritional unit between July 2018 and February 2019 were included. Psychiatric symptoms were assessed by self-report questionnaires: anxio-depressive symptoms by Beck Depression Inventory II (BDI II) and Hospital Anxiety and Depression Scale (HADS), obsessive-compulsive symptoms by Maudsley Obsessive-Compulsive Inventory (MOCI), social phobia symptoms by using Liebowitz Social Phobia Scale (LSAS) and Godin Leisure time exercise to assess physical activity. Patients were evaluated at admission and at discharge.

Results: Thirty-nine patients (2 Men/37 Women), age: 30.2 ± 11.4 years, BMI: 12.6 ± 2.7 kg/m², Albumin: 36.5 ± 9.1 g/L, TTR: 0.310 ± 0.110 mg/L were included; scores levels of psychiatric symptoms were high: 51.2 ± 16.3 for BDI, 34.3 ± 2.9 for HAD, 43 ± 2.3 for MOCI, 97.9 ± 29.5 for Liebowitz and level of physical activity was important 41.1 ± 60.8 for Godin time exercise. After 6 ± 4 weeks of nutritional care all patients improved their nutritional status (Delta-BMI 2 ± 0.5 , $p < 0.05$) and decrease significantly their psychiatric symptoms. Weight gain was not link to trends to be associated with the decrease of depressive symptoms (BDI $r = -0.5$, $p = 0.07$) and with social phobia (LSAS $r = -0.41$ $p = 0.08$).

Conclusions: In very severely malnourished AN patients following enteral nutrition, a decrease of depressive symptoms and social phobia has been observed along with an improvement of nutritional status. This study suggest that nutritional care contributes not only to somatic treatment of AN, but also to the treatment of at least a part of anxio depressive symptoms. Larger prospective studies are needed to confirm these results.

MICRONUTRIENTS DEFICIENCIES IN 374 SEVERELY MALNOURISHED ANOREXIA NERVOSA INPATIENTS

AUTHORS

M. Hanachi*, ¹, M. Dicembre ¹, C. Rives-Langes ², P. Bemer ¹, J. Poupon ³, A. Dauvergne ⁴, J.-F. Zazzo ¹, J. Ropers ⁵, J.-C. Melchior ¹

¹Clinical Nutrition Unit, Raymond Poincaré University - Garches – France

²Nutrition Unit, Georges Pompidou University Hospital, Paris,

³Laboratory of Biological Toxicology, Saint Louis–Lariboisière, University Hospital, Paris,

⁴Laboratory of Biochemistry, Beaujon University Hospital, Clichy,

⁵Clinical research unit, Pitié-Salpêtrière University Hospital, Paris, France

KEYWORDS

Anorexia nervosa; micronutrients

OVERVIEW OF THE PRESENTATION

Rationale: Anorexia nervosa (AN) is a psychiatric disorder, which can lead to somatic complications. Undernourished AN patients could have micronutrients deficiencies. We aimed to determinate the prevalence and the associated factors of micronutrients deficiencies in the two subtypes of AN (restricting type (AN-R) and binge-eating/purging type (AN-BP)).

Methods: A retrospective study of all consecutive malnourished AN adult patients, hospitalized in clinical nutritional unit of Raymond Poincaré University hospital, between 2011 and 2017, was conducted.

Results: In all, 374 AN patients (351 (94%) W, 13 (6%) M), age: 31.3 ± 12.9 years, Body Mass Index (BMI): 12.5 ± 1.7 kg/m² were included; 121 (32%) patients had AN-BP while 253 (68%) had AN-R subtype. Zinc had the highest deficiency prevalence 64.3%, followed by vitamin D (54.2%), copper (37.1%), selenium (20.5%), vitamin B1 (15%), vitamin B12 (4.7%) and vitamin B9 (8.9%). Patients with AN-BP type had longer disease duration history, were older, and had a lower left ventricular ejection fraction (LVEF) ($p < 0.001$, $p = 0.029$, $p = 0.009$), when compared with AN-R type patients who, instead, had significantly higher Alanine Aminotransferase (ALT) and Brain Natriuretic Peptide (BNP) levels ($p < 0.001$, $p < 0.021$). In AN-BP subgroup, as compared to AN-R, lower selenium ($p < 0.001$) and vitamin B12 plasma concentration ($p < 0.036$) were observed; whereas lower copper plasma concentration was observed in patients with AN-R type ($p < 0.022$). No significant differences were observed for zinc, vitamin B9, vitamin D, and vitamin B1 concentrations between the two types of AN patients.

Conclusions: Malnourished AN patients have many micronutrient deficiencies. Differences between AN subtypes are identified. Micronutrients status should be monitored and supplemented to prevent deficiency related complications and to improve nutritional status. Prospective studies are needed to explore the symptoms and consequences of each deficiency, which can aggravate the prognosis during recovery.

INFLAMMATORY CYTOKINES AND ANOREXIA NERVOSA: A LONGITUDINAL STUDY

AUTHORS

Sébastien Guillaume^{1,2}, Benedicte Nobile^{1,2}, Laurent Maimoun¹, Isabelle Jaussent¹, Anne marie Dupuy^{1,2}, Jean-Paul Cristol¹, Maude Seneque¹, Nicolas Ramoz³, Philippe Courtet^{1,2}

¹CHU Montpellier, Montpellier, France/²INSERM U1061, Montpellier, France/³INSERM UMR894, Paris, France

OVERVIEW OF THE PRESENTATION

Purpose: Anorexia nervosa (AN) seems associated with increased inflammatory cytokines. Nevertheless, there are few studies and it is unclear if this reflects AN or undernutrition.

Methods: 69 women suffering from AN at their baseline assessment (T1) were compared to 29 healthy women (HC). Participants with AN were reassessed 12 months later (T2), and split in two subgroups according to their evolution: a group who restored a normal weight (NW) (n=37) and a group presenting still a low weight (LW) (n=32). Interleukine 1 β (IL1 β), Interleukine 6 (IL6), TNF α and CRP were dosed.

Results: At baseline, we found higher levels of IL1 β and IL6 in AN versus HC (p= 0.007 and 0.03 respectively). IL1 β levels seem to be associated with lower BMI (p-value = 0.02) while IL6 levels seem to be associated with AN duration (p= 0.03). Baseline IL6 levels were higher in patient who will not recover a normal weight 12 months later (p= 0.002). At T2 (12 months later) AN patient NW had similar level of IL6 than AN LW patients whereas IL1 β level have significantly decreased and are no longer different from controls.

Conclusion: Those results confirm low-grade inflammation in AN. This inflammation might be prognosis marker of poor evolution. IL1 β could be a malnutrition marker while IL6 could be a marker of the disease itself

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