psychosomatic medicine and psychotherapy, and another 30.000 patients who are treated in about 300 psychosomatic rehabilitation hospitals for about four weeks.
Given these numbers and costs for psychotherapy, there are multiple regulations for the education and professional practice of therapists. Therapists must undergo three years of training either in cognitive behavior therapy or psychodynamic psychotherapy or systemic psychotherapy, while other forms of psychotherapy, such as Gestalt or Logotherapy are not allowed in training nor patient care. There are detailed requirements in regard to the number of theory lessons, therapeutic self-experience, and treatment with qualified supervision after four sessions. Psychotherapy practice is also restricted to these "scientifically accepted psychotherapies", which is overseen by two state committees. Depending on the psychotherapy school, health insurance reimburses up to 36 sessions for systemic psychotherapy, 80 for cognitive behavior therapy, 100 for psychodynamic psychotherapy and 300 for analytical psychotherapy.
In summary, psychotherapy in Germany is part of regular patient care and therefore submitted to all respective regulations.

Disclosure of Interest: None Declared

SP087

Can network analysis inform diagnostic and treatment procedures? Evidence and perspectives in eating disorders

A. M. Monteleone

Department of Psychiatry, University of Campania L. Vanvitelli, Naples, Italy
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Abstract: Introduction: The network theory of psychopathology has recently provided a novel view of mental disorders. A growing number of studies employing this methodology has been conducted in eating disorders (ED).
Objectives: Clinical implications of network approach to ED will be discussed spanning diagnosis and classification, comorbidity, prognosis, and treatment.
Methods: Evidence from literature studies and reviews exploring ED psychopathology and treatment through the use of network analysis will be provided. Limitations related to the employment of the network approach will be discussed along with recommendations for future directions.
Results: Overvaluation and concerns about body shape and weight and desire to lose weight are the most central symptoms across patients' ages and ED diagnoses. Internalizing symptoms, ineffectiveness, and low interoceptive ability play a central role in the psychopathology of ED and promote psychiatric comorbidity. The main issues of network analysis are the selection of network items and the use of cross-sectional data. Prognosis and mechanisms of treatment-induced changes are under-investigated areas.
Conclusions: Network analysis supports a description of ED psychopathology as including eating specific and general psychological symptoms. Treatments designed to improve the most central symptoms and their connections will be essential to explore assumptions of network theory. Longitudinal data from multilevel assessment will allow exploring within person trajectories of psychopathology, observing the dynamic nature of psychopathology and identifying risk and vulnerability factors. This approach will contribute to describe a staging model of EDs, that is essential to improve prognosis formulation and individualize treatment approaches.

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SP088

Usefulness of severity criteria in DSM Eating Disorders and existing gaps

F. Fernandez-Aranda[1,*] on behalf of Eating Disorders Section, S. Jimenez-Murcia[1] on behalf of Eating Disorders Section and Eating Disorders Working Group

[1]Clinical Psychology, University Hospital of Bellvitge, Barcelona, Spain
*Corresponding author.
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Abstract: Anorexia nervosa (AN), bulimia nervosa (BN) and Binge Eating Disorders (BED) are diagnosed using the DSM-5 (American Psychiatric Association [APA] 2013) and its revised text (DSM-5-TR; APA 2022) or the ICD-11 (World Health Organization [WHO] 2019). While both systems use a severity indicator for AN based on body mass index (BMI), only the DSM-5 proposes a severity indicator for BN, based on the weekly frequency of purging behaviours, and, in the case of BED, based on the weekly frequency of binge episodes. These severity scores aim to index the level of general and eating disorder (ED) psychopathology, and thus, if valid, should serve as a crucial tool for tailoring treatment decisions, including duration, frequency and type of treatment. However, the current literature is contradictory with regard to the appropriateness of the criteria used and their validity. Therefore, alternative criteria have been proposed (e.g. drive for thinness, duration of the disorder…), especially when exploring chronicity and long-lasting EDs. Furthermore, few studies have directly examined the relationship between severity ratings and treatment outcome. In this presentation, we will discuss current gaps in severity indicators and potential alternatives. Data from existing longitudinal cohorts will be described.

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SP089

What do we know about illness stages in anorexia nervosa?

U. Schmidt