

Eating disorders

EV553

Food, body image, perfectionism

R. Alonso Díaz^{1,*}, E. Cortázar Alonso²,
H. Guillén Rodrigo², S. Fuentes Márquez², R. Remesal Cobreros²
¹ Huelva, Spain

² Hospital Juan Ramón Jiménez, Salud Mental, Huelva, Spain

* Corresponding author.

Introduction The eating disorder (ED) are anorexia nervosa, bulimia and unspecified eating disorder behavior according to ICD-10. Currently the ED have become a social and health problem of the first kind that require specialized and interdisciplinary approach to the response of such disorders.

The growing demand observed in different assistive devices is associated with increased incidence of eating disorders in recent decades.

Case description She is a woman of 23 years old, single. It is the small two brothers. He lives with his parents and brother 25 years. It is fourth-year student of law. It is derived from primary care by their GP after significant weight loss by decreasing the intake of foods high in calories and low mood. It is defined as a very responsible person, controller and is always looking for perfection in every activity performed. He began to try to lose weight about a year that relates to start time of stress ago. She speaks that had many exams and wanted to get top marks in all. With good adherence to psychotherapy and monitoring by nurses. Aspects of body image as well as traits such as perfectionism work.

Conclusions These clinical conditions are characterized by their complexity and diversity symptomatology, which involves a significant interference in their functioning in different vital areas and clinically significant distress. After the psychotherapeutic approach, a significant reduction in the clinic that she had at the beginning and an improvement in mood was observed.

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Full of nothing

E. Cortazar Alonso*, H. Guillen Rodrigo,
S. Fuentes Marquez

Hospital Juan Ramón Jiménez, Salud Mental, Huelva, Spain

* Corresponding author.

The eating disorders like anorexia, bulimia nervosa, and obesity are known and described from the principles of Western civilization. Eating disorders affect a large number of people, which about the 90–95% of them are women. Not to forget is their multicausality. Though their etiology is not exactly known yet, being on a diet is the most important predictor of having an eating disorders.

We summarize here a case of R. a 30-year-old woman, who visited the Infant Mental Health Institut for the first time at the age of 13 referred by her pediatrician and suspected to have an eating disorder. R. lived with her parents and an older sister. The patient suffered an underweight below the healthy and a distorted perception of her body among other symptoms. She has gone through several specialists and treatments including day hospital since her first entrance at the hospital.

The flexibility and cooperation between the different therapists involved in the treatment is essential for a good outcome of the patient. There are many factors that can have an influence in the treatment, like the reluctance to the treatment, the countertransference feelings that the therapy can cause and the way of relationship. These factors can often cause situations of confusion and misunderstandings between the different professionals who

attend the patient, who have to be well coordinated. Not to forget is that the biggest loser of all is the patient itself.

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The co-occurrence of eating disorders and psychosis

C. Alves Pereira*, J.R. Silva, R. Cajão, J.P. Lourenço, T. Casanova
Centro Hospitalar Tondela Viseu, Departamento de Psiquiatria e
Saúde Mental, Viseu, Portugal

* Corresponding author.

Introduction Several reviews have reported the incidence of schizophrenia in patients with eating disorders (ED) to be between 3–10% and the incidence of transient psychotic episodes to be 10–15%. On the other hand, anorexia nervosa appears to affect 1 to 4% of schizophrenia patients. Reports of psychosis and ED occurring in the same patient have led to various views as to the nature of the relationship between the two.

Objective Analysis of the literature illustrated by different clinical cases in which appears to be a relationship between ED and psychosis.

Aims Critical reflection about the hypothesis that could underlie the comorbidity of psychotic illness and ED.

Methods Non-systematic review of a literature search using the keywords: eating disorders; psychosis; comorbidity.

Results There is no consistent sequence in the co-occurrence of the two conditions – ED sometimes precede and sometimes follows the onset of psychosis. ED patients can develop psychotic symptoms, most frequently transient in the course of the disorder, while others are subsequently diagnosed with a chronic psychotic disorder. On the other hand, patients with a primary psychotic illness can develop an eating disorder. The connection between the two, however, remains speculative, considering the hypothesis that ED and psychosis can be entirely separate disorders that can, by chance, occur in the same person.

Conclusions The area of comorbidity and overlapping symptoms in psychiatry requires more deep research. Despite evidence from case series, the comorbidity between ED and psychosis is poorly understood, and firm conclusions cannot be drawn from this analysis.

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Anxiety, stress and depression: A comparison between anorexic, obese and healthy control women

G. Botteon

University of Trieste, Scuola di Specializzazione in Psichiatria, Trieste, Italy

Introduction Several studies have proved that people who suffer from Anorexia Nervosa (AN) experience higher levels of anxiety, stress and depression than general population; while controversial results have been found among obese people (OB); the purpose of this study is to compare levels of anxiety, stress, and depression in AN sample, in OB sample and in Healthy Control Group (HC).

Methods AN sample: 27 anorexic inpatient women in an eating disorder unit. OB sample: 27 obese women evaluated for eligibility of bariatric surgery intervention. HC group: 27 women from different countries had been recruited. DASS 21 and STAI-Y questionnaires had been administered to evaluate anxiety, stress and depression. The questionnaires had been scores and statistical anal-