

adolescence and the likelihood of developing an eating disorder (ED) later in life.

Method: Participants were a consecutive series of 879 ED cases from five different European countries. The ED cases were compared to a control group of 785 healthy individuals. Assessment: Participants completed the Early Eating Environmental Subscale of the Cross-Cultural (Environmental) Questionnaire (CCQ), a retrospective measure, which has been developed to detect dimensions associated with EDs in different countries. In the control group, also the GHQ-28, the SCID-I interview and the EAT-26 were used.

Results: Five individual CatPCA procedures revealed five predetermined dimensions which were labeled: 1.) food as individualization; 2.) control and rules about food; 3.) food as social glue; 4.) healthy eating and 5.) food neglect. Logistic regression analyses indicated that the domains with the strongest effects were: food used as individualization ($p=0.001$; $OR=1.76$) and control and rules about food ($p=0.001$; $OR=1.76$). Conversely, healthy eating was negatively related to a later ED ($p=0.001$; $OR=0.629$). The pattern of associated ED factors was found to vary between countries. There was very little difference in early eating behavior on the subtypes of the ED.

Conclusions: The fragmentation of meals within the family and control and rules about food appears to be linked to the development of a subsequent ED. On the other hand maintaining a structured and balanced diet during infancy seems to protect from a later ED.

P0348

Meta-analysis on drugs in people with eating disorders

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Aims: To examine whether drug use (DU) is higher in people with eating disorders (EDs) than in matched comparison groups and to collate, summarize and perform a meta analysis where possible on the literature related to DU in people with EDs.

Method: We searched electronic databases including Medline, PsycINFO, Web of Science and CINAHL and reviewed studies published from 1994 to August, 2007, in English, German or Spanish against a priori inclusion/exclusion criteria. A total of 248 papers were eligible for inclusion. Only a total of 16 papers fulfilled all the inclusion criteria and were finally included in the systematic review.

Results: The meta-analysis including all the different drugs for every sort of ED revealed a negligible albeit significant ($z=2.34$, $p<.05$), pooled standardized effect size of 0.119. The data showed a high degree of heterogeneity across the studies ($X^2(74)=1267.61$, $p<.001$). When ED subdiagnoses were assessed individually, DU was found to be higher in people with bulimia nervosa (BN) as a moderate sized increase in DU was found in this ED subtype ($\delta=0.462$, $z=6.69$, $p<.001$). People with binge eating disorder (BED) had a small increased risk of DU ($\delta=0.14$, $z=2.28$, $p<.05$). In contrast, people with anorexia nervosa (AN) had a lower risk of DU ($\delta=-.167$, $z=1.81$, $p=.070$, $p=NS$).

Conclusion: The differential risk observed in BN patients might be related to differences in temperament or might be the result of

reward sensitisation as a result of the ED behaviours specifically associated with BN.

P0349

Duloxetine treatment in binge eating disorder and in its subclinical presentations: Preliminary results from a 12 weeks open trial

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Duloxetine has demonstrated efficacy in the treatment of major depressive disorder. A recent review suggests that this antidepressant has minimal effects on weight. Moreover a case report of a patient affected by bulimia nervosa refractory to multiple drugs, but responsive to duloxetine, suggests also that duloxetine may be used to reduce bingeing behaviours.

The aim of this study was to assess the efficacy of duloxetine over a period of 12 weeks in obese persons with binge eating behaviour, as confirmed by high scores of Binge Eating Scale (BES).

16 obese outpatients with full criteria for BED or only binge episodes but BES score higher than 17, were treated with duloxetine 60 mg/die. At baseline, after 8 weeks and 12th week we assessed number of binges, weight and psychopathology using Eating Disorder Inventory 2, State and Trait Anger Inventory, BES, Beck Depression Inventory and Clinical Global Impression.

After 12 weeks of treatment 71% of the subjects reported an improvement of the BES score and 64% of the subjects lost weight. Only one patient reported a worsening at the BDI score. 1 patient reported a small increase in blood pressure. 2 patients dropped.

Preliminary results of this open study seem to suggest that duloxetine treatment could be partially effective in patients with binge behaviours, regarding bingeing and weight, in the short term. Further studies, especially double-blind trials, with a larger sample, are needed to confirm these data and to assess the efficacy of duloxetine in a more long-term treatment.

P0350

Feeders: Eating or sexual disorder?

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Introduction: The feeders are usually people who encourage others (the "gainer") to increase their weight by the pleasure of seeing eat or see "fat" or, more often, because of the relationship of domination, control and dependency that this holds. Although still little studied, there are references to "feeding" as a fetishism, disturbance of eating, or even as a form of physical and psychological violence with special features.

Target, Material and Methods: Presentation of a clinical case (emerged in the consultation of general psychiatry) of a patient for 43 years, married, overweighted (because of imposed feeding of her husband) that presents depressive episodes. Hold a literature review based on the search Pubmed / Medline on the concepts of feeders and gainers and pharmacological approaches and psychotherapy.

Conclusions: There are numerous cases described in both sexes, weighing above normal and that fail to reach the ideal weight for food imposition of other persons, most often, someone close to the patient (spouse, parents, etc.). There is a need to distinguish this from the "fat lovers", that as a sexual link. The imposition food

can lead to an addiction control and the patient and the feeder often requires the psychiatry assistance in a systemic perspective.

P0351

Corporal image and attitude towards food: Study made with young students in Portugal

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In modern society there is evidence of a great concern with overweight and body image in both genders. We also know that diet is a risk factor for future diseases like anorexia and bulimia.

Objectives: Assessing the existence of risk behavior for the development of eating disorders in young people,

Methods: Cross study of students attending two schools (semi-urban and rural) and the university. There was registered individual weight and height and implemented questionnaires of food history, relationship with food, body image (BSQ) and the test of attitude towards food (EAT-26).

Results: In the samples, there was a predominance of the female population (57%, 68%, 74% in Ceira, Pombal and the University). In samples with less than 18 years, the average weight is situated in the range 50-59 kg and the sample university in the range 60-69Kg. In all samples the height average is located in the range 1.60 m to 1.67 m. The satisfaction with the weight is higher in rural population (74%). It is, paradoxically, in the rural population, with mean age of 18 years who are the largest percentage of change in scales EAT-26 and BSQ (29 and 23%).

Conclusions: In all populations are uniform in terms of weight and height, and noted however, that the rural population, with an average of 18 years of age there is a predominance of abnormal behavior food and dissatisfaction with body image.

P0352

The need of psychotherapy in case of disease acceptance in adolescents with overweight and obesity

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Obesity is very serious problem for health care on a level of society, community and individuals. Psychology of health looks for intrapsychic determinants of anti health behaviors. Knowledge of these may improve the quality of treatment activities toward patients with overweight and obesity. The aim of the study was to estimation the acceptance of the disease in persons with overweight and obesity. 60 persons, 32 girls and 28 boys, with the mean of age 12,84, medium BMI factor 29 participated in the study.

Anthropometric measure – BMI factors, psychological tests of locus of health control illness acceptance in adaptation of Juczyński used in the study.

The results show that BMI doesn't differentiate group in the acceptance of the disease parameter. There was a strict correlation between the estimation of somebody's own obesity as a disease and the acceptance of the illness. In the group of persons with overweight and obesity there is the correlation the lower pain the higher illness acceptance. There was a question how to inform patients about the disease - obesity and how to support them in psychological way.

P0353

Prevalence and clinical impact of self-injurious behaviour in eating disorder patients with and without a comorbid borderline personality disorder

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Background and Aims: A high prevalence of Self-Injurious Behaviour (SIB) and suicide attempts has been found in patients with Eating Disorders (ED) as well as in patients with a Borderline Personality Disorder (BPD). Since there is a high comorbidity of these two disorders the impact of BPD on the occurrence of self-harm in patients with ED is unclear. This study examined the occurrence and clinical relevance of SIB and suicide attempts in a large sample of 1638 female inpatients with ED, comparing patients with and without a comorbid BPD.

Methods: The sample consists of 632 patients with anorexia, 659 with bulimia nervosa and 347 with EDNOS according DSM-IV; 100 had a comorbid BPD. The assessment included the Eating Disorder Questionnaire, the Eating Disorder Inventory, the Self-Harm Behaviour Survey, the Traumatic Life Event Questionnaire, the Dissociative Experience Scale, the Barratt Impulsivity Scale and other.

Results: The lifetime prevalence for the whole sample of SIB and for suicide attempts was 34% and 33% respectively. The risk for SIB doubled with the presence of a comorbid BPD and the risk for suicide attempts increased fivefold. The presence of BPD was associated with significantly severer psychopathology but neither SID nor BPD did compromise the treatment outcome.

Conclusion: SIB and suicidal behaviour are common and important issues in patients with eating disorders. A comorbid BPD increases the risk of SIB and especially of suicide attempts dramatically. This should be taken into account in primary care in order to identify this high risk group.

P0354

Traits related to social anxiety in the eating disorders

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To determine the extent to which ED psychopathology and underlying personality traits account for social anxiety in EDs while controlling for potential confounding factors such as age, ED duration, inpatient status, body mass index, ED subtype and overall level of self-reported psychopathology.

Methods: 927 ED women completed standardized measures of social anxiety (SADS), eating behaviors (EAT-40, EDI-II, BITE), personality (TCI-R) and general psychopathology (SCL-90-R).

Results: Regression analyses showed that EAT-40, EDI-Social insecurity and interpersonal distrust, TCI-Harm avoidance (HA) and low Reward Dependence (RD) highly explained (57%) social anxiety in this population.

Conclusions: This is the first and largest study to date examining the specific association of social anxiety with different eating and personality characteristics in ED controlling for confounds. The