

29.09±7.666, $t=4.797$, $P=0.000$; 31.82±9.991/29.31±7.205, $t=2.603$, $P=0.009$, respectively). We performed the logistic regression analysis to explore the related factors with ED which included concerning about the idol at media, non-harmonious parents relationships and being abused in childhood.

Conclusion: The prevalence of eating disorders in Chinese female youths is similar to that in west countries and more attention should be paid to them for their mental health.

P0342

Working memory, executive function and depressive symptoms in subjects with pathological obesity

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Eating disorders, leading to pathological obesity can be related to affective and impulse control disorders. Outcomes of research provided in last years indicate the prefrontal cortex dysfunction to play a significant role in etiology of bipolar affective disorder, regulation of impulsive behaviour as well as regulation of the HPA axis function. The purpose of the research was to verify the hypothesis of co-occurrence of pathological obesity with impairment of working memory and executive function, the latter being a marker of prefrontal cortex dysfunction.

The research included 70 (53 females and 17 males) patients diagnosed with pathological obesity aged 39±11 years and 55 sex, age and education years matched healthy controls.

All subjects performed WCST test where following domains were measured:

- perseverative errors (%PE-inability to change the reaction due to ignorance of relevant stimuli)
- non-perseverative errors (%NPE-attentional inability to avoid distraction)
- completed categories (CC-ability to utilize new information and previous experiences)
- conceptual responses (%CONC-ability of conceptual thinking)
- set to complete 1st category (1stCAT-ability to formulate a logical conception).

Depression was measured using Hamilton Depression Scale (HAM-D) and Beck Depression Scale.

The study has demonstrated the significant difference between the groups in all domains of WCST. Patients obtained worse results in %PE, %NPE, CC, %CONC and 1stCAT. There was a significant correlation between results in HAM-D and performance on WCST in %PE and %CONC.

P0343

Association of NTRK3 and its interaction with NGF suggest an altered cross-regulation of the neurotrophin signaling pathway in eating disorders

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Eating disorders (ED) are complex psychiatric diseases that include anorexia nervosa and bulimia nervosa, and have higher than 50% heritability. Previous studies have found association of BDNF and NTRK2 to ED, while animal models suggest that other neurotrophin genes might also be involved in eating behavior. We have performed a family based association study with 151 TagSNPs covering ten neurotrophin signaling genes: NGFB, BDNF, NTRK1, NGFR/p75, NTF4/5, NTRK2, NTF3, NTRK3, CNTF and CNTFR in 371 ED trios of Spanish, French and German origin. Besides several nominal associations, we found a strong significant association after correcting for multiple testing ($p = 1.04 \times 10^{-4}$) between ED and rs7180942, located in the NTRK3 gene, which followed an overdominant model of inheritance. Interestingly, HapMap unrelated individuals carrying the rs7180942 risk genotypes for ED showed higher levels of expression of NTRK3 in lymphoblastoid cell lines. Furthermore, higher expression of the orthologous murine Ntrk3 gene was also detected in the hypothalamus of the anx/anx mouse model of anorexia. Finally, variants in NGFB gene appear to modify the risk conferred by the NTRK3 rs7180942 risk genotypes ($p = 4.0 \times 10^{-5}$) showing a synergistic epistatic interaction. The reported data, in addition to the previous reported findings for BDNF and NTRK2, point neurotrophin signaling genes as key regulators of eating behavior and their altered cross-regulation as susceptibility factors for eating disorders.

P0344

Prevalence of night eating syndrome in psychiatric outpatient population

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Objective: The purpose of this study, was to identify the point prevalence of night eating syndrome (NES) in our psychiatric outpatient population.

Method: subjects were recruited from psychiatric outpatient clinic at The Sisli Etfal Teaching and Research Hospital (n=384). Night Eating Syndrome Questionnaire was used as a screening tool.

Results: 304 patient were female (%79,2), 80 were male (%20,8). Mean age of patients were 37,5±13,7.

The mean weight of our population was 63,4±13,8; average BMI calculated 25,7±5,24 . %4,7 of patients were low weighted; %45,6

were normal weighted; %32,6 were overweighted and %17,2 were obese.

Two hundred seven participants (%54) scored ≥ 20 on the night eating questionnaire. 168 of these were female, 39 were male; no significant differences were found between genders. No significant differences were found between total scores of Night Eating Questionnaire and BMI, weight, age and gender.

Discussion: In our study we found point prevalence of NES %54. This high prevalence could be related with our sample features like higher female proportion and higher proportion of obese or overweighted patients. The prevalence of NES is estimated at 1,5% in general population, 6-% to 14% in obesity clinics and 8-42% in pre-operative bariatric surgery patients in the US. Such a wide range of estimates is most certainly influenced by varying assessment methods and diagnostic criteria. Another limitation to be noted is related to the self-report nature of the data.

P0345

Anorexia mentalis-our experience

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Anorexia mentalis represents mental disorder followed by physical breakdown. We are talking about anorexia when it comes to the weight loss 20%-25%.

The disorder is caused by psycho-social factors.

The treatment includes the team of doctors coordinated by psychiatrist, internist, gynecologist, radiologist, nutritionist and psychologist.

The procedure of treatment begins with:

1. the assessment of mobility: in hospital, dispensary, or in combined treatment (the shorter treatment in hospital the better, with necessary achievement of physical balance, and afterwards obligatory treatment in dispensary)

2. in dispensary it is done:

A. by using therapy-in two tracks-we follow the input (highly energetic products and meals) and the curve of weight growth, i.e. simultaneous physical and mental state.

B. By using pharmaco-therapy (neuroleptics, antidepressants)

C. Psychotherapy(individual, family, behavioral, psychodynamical)

The treatment is done stage by stage and pervading, with individual corrections made by therapist, according to the specificity of particular patient.

From January to the beginning of May, 6 female patients aged 14-18 have been treated.

Conclusion: Patients treat with this therapy add 7-15 kilos in average during the period of two to three months, menstrual cycle and the change of psycho-pathological appearance are settled which makes good conditions for further psychotherapeutic interventions.

P0346

Lifetime comorbidity of tobacco, alcohol and drug use in eating disorders: A European multicenter study

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Objectives: To assess the differences in comorbid lifetime substance use (tobacco, alcohol and drug use) between eating disorder (ED) patients and healthy controls.

Method: Participants were a consecutive series of 779 ED cases, who had been referred to specialised ED units in five European countries. The ED cases were compared to a balanced control group of 785 healthy individuals. Assessment: Participants completed the Substance Use Subscale of the Cross Cultural Questionnaire (CCQ), a measure of lifetime tobacco, alcohol and drug use. In the control group, also the GHQ-28, the SCID-I interview and the EAT-26 were used.

Results: ED patients had higher lifetime consumption of tobacco and drugs ($p < 0.01$). The only insignificant result was obtained for alcohol (OR= 1.29; $\delta = 0.157$; N.S.) and cannabis use (OR= 1.21; $\delta = 0.037$, N.S.). Significant differences across ED sub diagnoses also emerged for all of the assessed variables ($p < 0.01$), with the BN and AN-BP patients generally presenting the highest prevalence rates. The only exception was detected for alcohol consumption where EDNOS patients demonstrated the highest values ($p = 0.008$). Only a few cultural differences between countries emerged ($p < 0.05$).

Conclusions: Lifetime tobacco and drug use but not alcohol consumption are more prevalent in ED patients than healthy controls. While alcohol appears to be more common in EDNOS, smoking and drug use are more frequent in patients with bulimic symptomatology. The differential risk observed in patients with bulimic features might be related to differences in temperament or might be the result of increased sensitivity to reward.

P0347

Individual and family eating patterns during childhood and early adolescence: A multicenter European study of associated eating disorder factors

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Objectives: To examine whether there is an association between individual and family eating patterns during childhood and early