

addiction and impulsivity relations biological rhythms differences and insomnia in university students.

**Method** One thousand and five hundred students planned to participate who studies in Konya Selcuk University central campus. Participants were to fill out the test during their classes under physician supervision. The volunteers completed a package of psychological instruments including the Morningness–Eveningness Questionnaire, Yale Food Addiction Scale, Insomnia Severity Index, and Barratt Impulsiveness Scale administered by two investigators in their classrooms.

**Results** In total, 1323 forms were suitable for statistical analysis. The mean age was 20.83, mean BMI was 22.02. Food addiction prevalence was 18.2%. Our study showed that association between the eveningness type and food addiction ( $P < 0.045$ ). Also, the eveningness type and insomnia were in positive correlation in impulsivity ( $P < 0.001$ ).

**Conclusion** This study has explored the association between eveningness type of biological rhythms, food addiction, insomnia and impulsivity.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.139>

#### EW0526

### Are low body weight and psychological symptoms associated with cognitive function in children and adolescents with anorexia nervosa?

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**Introduction** Despite an increasing focus on cognitive functions in eating disorders, only limited and contradictory knowledge regarding the relationship between cognitive functions and anorexia nervosa symptomatology currently exist.

**Objectives** The aim of this study was to investigate potential associations between cognitive functions and anorexia nervosa symptomatology in children and adolescents.

**Method** Eating disorder symptoms and cognitive functions were examined in this cross-sectional, multi-centre study. Diagnostic scores i.e. BMI, psychological symptoms, and global EDE-16 were stratified on cognitive function. Children and adolescents suffering from severe recent-onset anorexia nervosa ( $n = 94$ ) and healthy controls ( $n = 94$ ), between the age 10.6 and 17.9 years (mean age 14.9 years, SD 1.8), participated in the study. The patients were divided into two groups, respectively above and below the median of cognitive functions.

**Results** The study findings revealed that Global EDE score significantly increased with age ( $P = 0.002$ , CI 0.08–0.36). Besides this, no significant associations between low body weight or psychological symptoms and cognitive functions were found. However, a large variability in cognitive functions was found on all measure in patients with anorexia nervosa than healthy controls.

**Conclusion** While age seems to be significantly correlated to symptom burden the study results indicate that patients with anorexia nervosa is a much more heterogeneous group with regard to cognition than healthy controls. However, cognitive functions and anorexia nervosa symptomatology does not appear to be associated.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.140>

#### EW0527

### Comparative assessment of cognitive function and mood dynamics in patients with depression and eating disorders in the process of treatment

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Eating disorders of bulimic type are among the most common comorbidities with depression. The objective is to evaluate cognitive function and mood dynamics in patients with depression and eating disorders in pharmacotherapy. In total, 52 outpatients, who met criteria for "major depressive episode" (ICD-10), participated. The level of depression was estimated with Hamilton Depression rating scale (HAM-D) and cognitive function–Montreal Cognitive Assessment (MoCa). Sample was divided into two groups. Patients of group 1 also met criteria for eating disorder of bulimic type and patients of group 2 did not have any eating disorder. Treatment included standard doses of SSRI. Assessments were performed after 2, 4 and 8 weeks (D14, D30, D60). The level of HAM-D was significantly greater ( $P < 0.05$ ) in eating disorders group ( $16.75 \pm 2.83$  in group 1;  $13.04 \pm 1.93$  in group 2 at screening) and significance was preserved till D60 ( $9.39 \pm 2.54$  in group 1;  $6.32 \pm 1.27$  in group 2 at D60). Clinically significant antidepressive effect was revealed faster in group 2 (at D7) compared to group 1 (at D14). Overall score of MoCA was significantly lower ( $P < 0.05$ ) in eating disorders group ( $20.33 \pm 0.54$  in group 1;  $23.43 \pm 2.32$  in group 2 at screening) at all stages of treatment ( $23.39 \pm 0.78$  in group 1;  $26.96 \pm 3.27$  in group 2 at D60) and it reached normal range (25 and more) only in group 2 at D60. Significant change from screening was revealed at D30 at group 2 and at D60 at group 1.

**Conclusion** Eating disorder have an impact on SSRI treatment efficacy including antidepressive and procognitive effects. It is necessary to reveal eating disorders as a co-morbidity in patients with depression.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.141>

#### EW0528

### Is there an association between body uneasiness and aberrant salience in anorexic patients? A preliminary study

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