

Eating Disorders

EPP168

Role of Naltrexone Plus Bupropion in Eating Behavior Adjustment: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: Binge-eating disorder (BED) is a significant global health challenge associated with obesity and psychological issues. The combination of Naltrexone-Bupropion (NB) has emerged as a promising pharmacological approach for managing eating behaviors. **Objectives:** This meta-analysis aims to evaluate the efficacy and safety of Naltrexone-Bupropion compared to placebo in managing eating behaviors, focusing on weight loss, binge-eating frequency, eating disorder psychopathology, quality of life, and adverse effects. **Methods:** PubMed, Embase and Cochrane databases were searched for randomized controlled trials (RCT) comparing NB versus placebo for BED. Primary endpoints were weight loss and binge-eating frequency. Secondary endpoints included eating disorder psychopathology, depression, quality of life, food cravings, and adverse effects. The mean differences (MD) were applied with their 95% confidence intervals (95% CIs) for continuous outcomes, using a random-effects model. We used RevMan 5.4.1 for statistical analyses. Heterogeneity was assessed using the I² statistic. **Results:** Five RCTs with 2,466 adult participants (mean age 46.5 years, BMI 21.5-50 kg/m²) were included. NB was associated with a statistically significant reduction in weight loss percentage compared to placebo (MD -3.67%, 95% CI [-4.30; -3.03], I²=98%; Figure 1). However, no significant differences were found between NB and placebo in reducing binge-eating episodes(SMD 0.02, 95% CI [-0.30; 0.34], I²=0%, Figure 2) , improving eating disorder psychopathology, alleviating depression, or decreasing food cravings. Although NB showed some benefits in improving the quality of life, the results were not statistically significant. NB was associated with a higher risk of adverse effects, including nausea, headache, constipation, dizziness, vomiting, insomnia, and dry mouth. The certainty of the evidences is in the Summary of findings (SOF) of GRADE evaluation (Figure 3). After leave-one-out sensitivity analysis, no single study was found to influence the effect estimate or drive heterogeneity excessively.

Image 1:

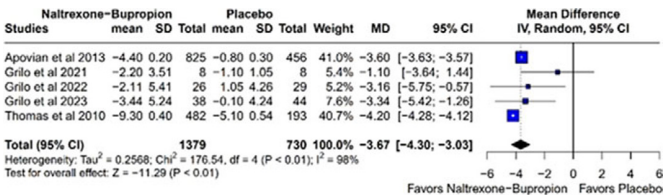


Figure 1 Forest plot of Naltrexone-Bupropion produces higher weight loss change (%).

Image 2:

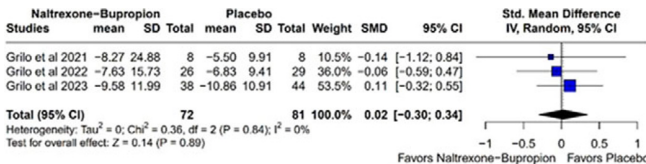


Figure 2 Forest plot of EDE Binge eating scores, no significant differences were found between NB and placebo in reducing binge-eating episodes.

Image 3:

Outcome	Risk difference with NB	95% CI	Nº of participants (studies)	Certainty of the evidence (GRADE)
Weight loss (%)	MD: 3.67 % lower	(-4.30 to -3.03)	2109 (5 RCTs)	⊕⊕⊕⊕ High
EDE Binge	SMD: 0.02 SD	(-0.30 to 0.34)	153 (3 RCTs)	⊕⊕⊕⊕ Low
EDE total	SMD: 0.11 SD	(-0.37 to 0.60)	153 (3 RCTs)	⊕⊕⊕⊕ Very low
Depression	SMD: 0.08 SD	(-0.24 to 0.39)	153 (3 RCTs)	⊕⊕⊕⊕ Low
Food craving	SMD: 0.07 SD	(-0.46 to 0.31)	812 (3 RCTs)	⊕⊕⊕⊕ Very low

Figure 3. Summary of findings (SOF) of GRADE evaluation.

Conclusions: NB demonstrated efficacy for weight loss in individuals with eating behavior issues but showed no significant benefits for core eating disorder symptoms. The higher risk of adverse effects necessitates careful consideration in clinical decision-making. Further research is needed to determine optimal patient populations, treatment duration, and strategies to mitigate adverse effects.

Disclosure of Interest: None Declared

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Social media influence on eating disorder: a pilot study

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Introduction: Eating disorders are a group of mental illnesses determining general health consequences. Several studies suggest that social media influence body image concerns, considered the core of eating disorder pathology. Thin idealization has become an increasing cultural focus, leading young people to pursue body image as a symbol of success. **Objectives:** Aim of this study is to assess the quality and quantity of Social Network (SN) use and their influence on body uneasiness in individuals with Disordered Eating Behaviours (DEB) or Eating Disorders(ED) **Methods:** 69 individuals suffering from Disordered Eating Behaviours (Grazing, Sweeteating, Food Addiction) or Eating Disorders (Night Eating Syndrome, Anorexia nervosa, Bulimia nervosa or Binge eating disorder) were enrolled. Mean age was 34 (SD ±11,33), mean BMI 28,68 (SD ±12,23). 93% of individuals were females. 20,29% (14) of the sample suffered from ED and 79,71% (55) from DEB. A social network self-administered questionnaire was used to