

but the whole often remains a challenge, a challenge of our values, our motivation, creativity and resilience.

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## EW125

### Agitation in the patient with dual pathology

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**Introduction** The consumption of toxic substances often causes agitation, which makes more difficult the pharmacological management of the symptoms.

**Objective** About one case, a search was performed of the different therapeutic options in the agitation takes place in the context of intoxication.

**Methods** Thirty-five-year-old male patient diagnosed of dual pathology under treatment since 2003 in our outpatient. The patient shows paranoid schizophrenia disorder due to alcohol, cannabis and cocaine use disorder, summing up different pharmacological treatments with no remission. Whilst the examination is taking place the patient is under alcohol and cannabis effects. His physical and verbal behaviour are aggressive showing psychotic instability. The therapeutic team administers loxapine to its patient.

**Results** The inhaled loxapine turned out to be a good alternative in the case given.

**Conclusion** Handling agitation when toxics are involved is complex. The new formulation of inhaled loxapine helps to control agitation quickly and it might be a feasible option for this kind of patients.

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

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## EW126

### Comparing gaze related anxiety in adult subjects with autism spectrum disorder (ASD) or social anxiety disorder (SAD)

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Social anxiety is frequently reported by individuals with ASD. If atypical eye gaze in ASD can not be fully explained by emotional models, a subgroup seems to present an active gaze avoidance associated with the report of social anxiety symptoms. The main objective of our study was to examine the gaze related anxiety in a population of adults with ASD compared with what's observed in adults with SAD. The purpose was to confirm the experience of social anxiety for some individuals with ASD and quantify its impact on gaze functioning. We included adult patients diagnosed with ASD without intellectual disability ( $n = 13$ ) or SAD ( $n = 11$ ) from three outpatient clinics. Patients were divided in two groups, ASD and SAD, and filled three clinical scales: Gaze Anxiety Rating Scale (GARS, Schneier et al., 2011), Liebowitz Social Anxiety Scale (LSAS, Liebowitz et al., 1999), and Social responsiveness Scale-2 (SRS-2, Constantino et al., 2003). Patients with ASD presented higher scores on SRS-2 (M [SD]: 73.5 [8.9] vs 52.4 [10.4];  $P < 0.001$ ) and lower

on LSAS (M [SD]: 58.6 (32.1) vs 83.8 [22.8];  $P < 0.05$ ) but no difference on GARS scores compared to people with SAD. Furthermore, a sub-group of ASD patients, presenting with more social anxiety, reported greater gaze related anxiety and avoidance than other patients with ASD (M [SD]: 57.8 (20.5) vs 19.4 [23.5];  $P < 0.05$ ). Social anxiety can be present in ASD with an impact on gaze functioning. The SRS-2 and LSAS seem to be efficient differentiating anxiety from social ability deficits and maybe useful to guide patients toward a specialised evaluation.

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## EW127

### The influence of social comparisons made on Facebook and sociotropy on bulimia nervosa symptoms: A revised examination of the dual pathway model

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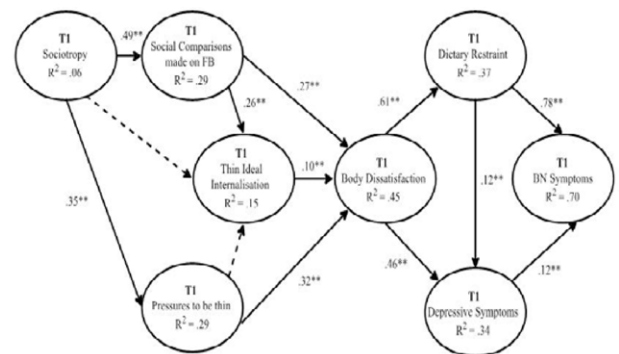
**Background** The dual pathway model (DPM) attempts to explain the processes that are etiological to the development of Bulimia Nervosa (BN) symptomology by examining both individual and sociocultural risk factors of BN. The DPM, however, is yet to incorporate the sociocultural factor Facebook, which is important given the widespread use of the social media website Facebook. In addition, research has suggested that the personality trait sociotropy may increase vulnerability to developing BN symptoms, however, there is limited evidence examining this factor in the DPM.

**Objective** To test a revised DPM with the inclusions of social comparisons made on Facebook and sociotropy both (a) cross-sectionally and (b) longitudinally.

**Method** Four hundred and seventy females participated at baseline (T1). Four weeks later, 274 females completed the follow-up assessment (T2), which assessed a subset of measures from the baseline assessment.

**Results** An acceptable fit for both DM models was obtained through Structural Equation Modeling (SEM) using MPlus (See Figs. 1 and 2).

**Conclusions** Prevention and early intervention efforts for both depression and BN should focus on addressing appropriate Face-



SEM fit statistics:  
 $\chi^2$  (df = 3976, N = 470) = 10536.76,  $p < .001$   
 CFI = .71  
 RMSEA = .059  
 SRMR = .07

Fig. 1 Revised cross-sectional DPM.

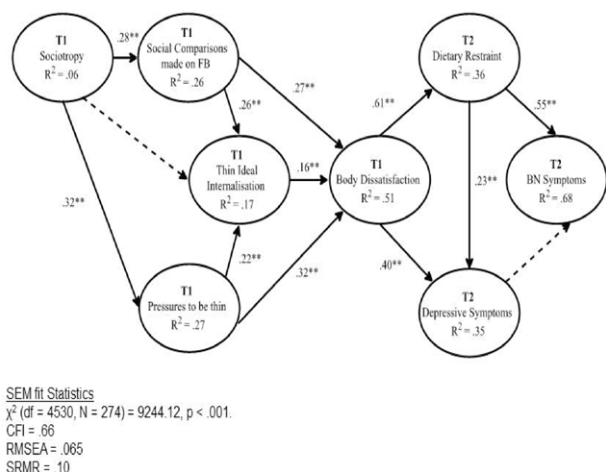


Fig. 2 Revised longitudinal DPM.

book and social media use and these interventions should be tailored to individuals scoring high on sociotropy.

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#### EW128

### A meta-analysis on the longitudinal relationship between eating pathology and depression

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**Background** Despite the considerable number of studies that have assessed evidence for a longitudinal relationship between eating pathology and depression, there is no clear consensus regarding whether they are uni- or bi-directionally related.

**Objective** To undertake a meta-analysis to provide a quantitative synthesis of longitudinal studies that assessed the direction of effects between eating pathology and depression. A second aim was to use meta-regression to account for heterogeneity in terms of study-level effect modifiers.

**Results** Meta-analysis results on 30 eligible studies showed that eating pathology was a risk factor for depression ( $r_m = 0.13$ , 95% CI: 0.09 to 0.17,  $P < 0.001$ ), and that depression was a risk factor for eating pathology ( $r_m = 0.16$ , 95% CI: 0.10 to 0.22,  $P < 0.001$ ). Meta-regression analyses showed that these effects were significantly stronger for studies that operationalized eating pathology as an eating disorder diagnosis versus eating pathology symptoms ( $P < 0.05$ ), and for studies that operationalized the respective outcome measure as a categorical variable (e.g., a diagnosis of a disorder or where symptoms were “present”/“absent”) versus a continuous measure ( $P < 0.01$ ). Results also showed that in relation to eating pathology type, the effect of an eating disorder diagnosis ( $b = -0.06$ ,  $t = -7.304$ ,  $P \leq 0.001$ ) and bulimic symptoms ( $b = -0.006$ ,  $t = -2.388$ ,  $P < 0.05$ ) on depression was significantly stronger for younger participants.

**Conclusions** Eating pathology and depression are concurrent risk factors for each other, suggesting that future research would benefit from identifying factors that are etiological to the development of both constructs.

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

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#### EW130

### Body image and eating disorders are common in professional and amateur athletes using performance and image-enhancing drugs (pieds). A cross-sectional study

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**Introduction** The use of Performance and Image-Enhancing Drugs (PIEDs) is on the increase and appears to be associated with several psychopathological disorders, whose prevalence is unclear.

**Objectives/Aims** We aimed to evaluate the differences—if any—in the prevalence of body image disorders (BIDs) and eating disorders (EDs) in PIEDs users athletes vs. PIEDs nonusers ones.

**Methods** We enrolled 84 consecutive professional and amateur athletes (35.8% females; age range = 18–50), training in several sports centers in Italy. They underwent structured interviews (SCID I/SCID II) and completed the Body Image Concern Inventory (BICI) and the Sick, Control, One, Fat, Food Eating Disorder Screening Test (SCOFF). Mann-Whitney *U* test and Fisher’s exact test were used for comparisons.

**Results** Of the 84 athletes, 18 (21.4%) used PIEDs. The most common PIEDs were anabolic androgenic steroids, amphetamine-like substances, cathinones, ephedrine, and caffeine derivatives (e.g. guarana). The two groups did not differ in socio-demographic characteristics, but differed in anamnestic and psychopathological ones, with PIEDs users athletes being characterized by significantly ( $P$ -values  $< 0.05$ ) higher physical activity levels, consuming more coffee, cigarettes, and psychotropic medications (e.g. benzodiazepines) per day, presenting more SCID diagnoses of psychiatric disorders, especially Substance Use Disorders, Eating Disorders, Body Dysmorphic Disorder (BDD), and General Anxiety Disorders, showing higher BICI scores, which indicate a higher risk of BDD, and higher SCOFF scores, which suggest a higher risk of BIDs and EDs.

**Conclusions** In PIEDs users athletes body image and eating disorders, and more in general psychopathological disorders, are more common than in PIEDs nonusers athletes.

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#### EW131

### Comorbidity between delusional disorder and sensory deficits. Results from the deliranda case register

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**Introduction** Sensory deficits such as blindness and deafness are very common forms of disability, affecting over 300 million people worldwide according to World Health Organization estimates. These conditions can lead to misinterpretations of the environment, which may contribute to the development of a delusional disorder in predisposed people.

**Objectives** The objective of this study is to establish the prevalence of blindness and hearing loss across delusional disorder.