and ASD symptoms, particularly BAP features in parents, suggests shared neurodevelopmental pathways. These findings underscore the need for increased clinical awareness of ARFID in both ASD children and their families, as well as the importance of incorporating ARFID assessments into ASD treatment plans. Future research should focus on the genetic and developmental mechanisms linking ARFID and ASD.

Disclosure of Interest: None Declared

EPP171

The impact of viewing thinness and fitness transformation images on women's body dissatisfaction, weight management intentions, and emotions - an ecological momentary assessment study

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Introduction: Transformation images, widely circulated on social media, depict a contrast between an 'unideal' body state and an 'ideal' one, often categorized under 'thinspiration' or 'fitspiration'. Unlike 'ideal' images shown individually, transformation images not only showcase an 'ideal' physique but also suggest its attainability. Although research has found that exposure to 'ideal' images is linked to risk factors for eating disorders, scant research has focused on the effects of transformation images.

Objectives: This study aims to investigate the impact of viewing transformation images on body dissatisfaction, weight management intentions, and emotions in adult young women.

Methods: 137 Chinese adult women (mean age 21.7±3.0 years) were randomly assigned to one of four image conditions: side-by-side thinness transformation images, side-by-side fitness transformation images, thinness images shown individually, and fitness images shown individually. After baseline assessment of Body Dissatisfaction, Body Mass Index, Internalization of Thinness/Muscularity, participants underwent a 7-day Ecological Momentary Assessment. Prompts were delivered four times per day at 3 to 4-hour intervals. Each prompt included the display of an image for 5 seconds, followed by a survey assessing body dissatisfaction, weight management intentions (intentions to diet, binge eating, and work out), and emotions (positive and negative emotions). Linear mixed models were used to analyze the data, controlling for baseline assessments, autocorrelation, and within-person variability.

Results: Fitness transformation images significantly increased intentions to diet ($p < 0.05$), binge eating ($p < 0.01$), and work out ($p < 0.05$) compared to fitness images shown individually (Table 1). However, this impact was not observed with thinness transformation images (Table 2). Neither thinness nor fitness transformation images had a significant impact on body dissatisfaction or emotions.

Image 1:

Table 1. Summary statistics for viewing fitness transformation images on body dissatisfaction, weight management intentions, and emotions.

Predictor	Body dissatisfaction			Intention to diet			Intention to binge eating		
	b	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
Fitness transformation image	0.37	-0.29 – 1.04	0.273	0.49	0.03 – 0.95	**0.036**	0.39	0.10 – 0.68	**0.009**
Group mean centered lagged outcome	-0.09	-0.14 – -0.05	**<0.001**	0.10	0.05 – 0.14	**<0.001**	0.14	0.10 – 0.19	**<0.001**
Group mean centered inter-survey time lag	-0.00	-0.01 – 0.01	0.447	0.00	-0.01 – 0.01	0.486	-0.01	-0.02 – -0.00	**0.023**
Baseline body mass index	-0.03	-0.21 – 0.15	0.757	0.14	0.01 – 0.26	**0.028**	-0.04	-0.12 – 0.03	0.265
Baseline body dissatisfaction	0.08	0.04 – 0.12	**<0.001**	0.04	0.01 – 0.07	**0.003**	0.02	-0.00 – 0.04	0.077
Internalization of muscularity	0.09	-0.29 – 0.48	0.629	-0.07	-0.33 – 0.20	0.628	0.08	-0.08 – 0.25	0.335

Continued

Predictor	Body dissatisfaction			Intention to diet			Intention to binge eating		
	b	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
Fitness transformation image	0.53	0.10 – 0.96	**0.015**	-3.65	-13.74 – 6.43	0.478	5.81	-1.96 – 13.58	0.142
Group mean centered lagged outcome	0.15	0.10 – 0.20	**<0.001**	0.18	0.14 – 0.23	**<0.001**	0.12	0.07 – 0.17	**<0.001**
Group mean centered inter-survey time lag	-0.00	-0.01 – 0.01	0.401	-0.11	-0.25 – 0.02	0.109	-0.01	-0.16 – 0.14	0.905
Baseline body mass index	0.05	-0.06 – 0.17	0.364	1.31	-1.40 – 4.03	0.343	-0.86	-2.95 – 1.23	0.420
Baseline body dissatisfaction	0.04	0.01 – 0.07	**0.005**	-0.64	-1.29 – 0.01	0.053	1.02	0.52 – 1.52	**<0.001**
Internalization of muscularity	0.05	-0.20 – 0.30	0.706	2.88	-2.94 – 8.69	0.332	2.55	-1.93 – 7.02	0.265

Note: *b* = unstandardized regression coefficient, *CI* = confidence interval, **Bold** = statistically significant at $p < .05$.

Image 2:

Table 2. Summary statistics for viewing thinness transformation images on body dissatisfaction, weight management intentions, and emotions.

Predictor	Body dissatisfaction			Intention to diet			Intention to binge eating		
	b	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
Thinness transformation image	0.38	-0.29 – 1.05	0.269	0.02	-0.42 – 0.47	0.924	-0.01	-0.29 – 0.27	0.955
Group mean centered lagged outcome	-0.18	-0.23 – -0.14	**<0.001**	0.21	0.16 – 0.25	**<0.001**	0.08	0.03 – 0.12	**0.001**
Group mean centered inter-survey time lag	0.00	-0.01 – 0.01	0.349	0.00	-0.01 – 0.01	0.584	-0.01	-0.01 – 0.00	0.062
Baseline Body Mass Index	0.07	-0.12 – 0.26	0.491	0.06	-0.06 – 0.19	0.323	-0.05	-0.13 – 0.03	0.250
Baseline body dissatisfaction	0.08	0.03 – 0.13	**0.002**	0.04	0.01 – 0.07	**0.017**	0.02	-0.01 – 0.04	0.153
Internalization of thinness	0.19	-0.36 – 0.73	0.500	0.46	0.11 – 0.82	**0.011**	0.00	-0.23 – 0.23	0.986

Continued

Predictor	Body dissatisfaction			Intention to diet			Intention to binge eating		
	b	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
Thinness transformation image	0.38	-0.02 – 0.78	0.060	-5.41	-16.19 – 5.36	0.325	1.86	-6.76 – 10.48	0.672
Group mean centered lagged outcome	0.22	0.18 – 0.27	**<0.001**	0.23	0.19 – 0.28	**<0.001**	0.21	0.17 – 0.26	**<0.001**
Group mean centered inter-survey time lag	0.00	-0.01 – 0.01	0.657	-0.17	-0.31 – -0.03	**0.016**	-0.13	-0.26 – -0.01	0.063
Baseline Body Mass Index	0.05	-0.06 – 0.17	0.345	-0.24	-3.32 – 2.83	0.876	0.98	-1.49 – 3.44	0.437
Baseline body dissatisfaction	0.01	-0.01 – 0.04	0.340	-0.82	-1.61 – -0.02	**0.044**	0.77	0.14 – 1.40	**0.017**
Internalization of thinness	0.45	0.13 – 0.77	**0.005**	2.44	-6.23 – 11.11	0.581	4.94	-1.99 – 11.87	0.162

Note: *b* = unstandardized regression coefficient, *CI* = confidence interval, **Bold** = statistically significant at $p < .05$.

Conclusions: Our study demonstrates that fitness transformation images have a stronger impact on weight management intentions than fitness images presented individually. This finding aligns with the cultural shift in the ideal of physical attractiveness, which now emphasizes 'fitness' and a 'healthy lifestyle' over 'thinness' in women. It is essential to focus on the exposure fitness transformation images on social media and to develop strategies for mitigating potential negative effects in the future.

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Schizophrenia and Other Psychotic Disorders

EPP172

Adaptation and evaluation of the program based on Specialized Coordinated Care for First Psychotic Episode in Chile - OnTrackChile: preliminary results of implementation fidelity

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Introduction: In high-income countries, Coordinated Specialized Care for First Psychotic Episode (FEP) programs have been shown to be effective in reducing symptoms and disability. Chile guarantees universal access to these services through a national policy, but previous research indicates that evidence-based approaches are not used. Our team adapted the OnTrackNY (OTNY) program to the Chilean context, called OnTrackChile (OTCH), to evaluate its effectiveness and implementation. This summary presents preliminary results on model fidelity, one of the primary outcomes of the study.
Objectives: To evaluate the fidelity of the implementation of the OTCH program in comparison with usual care services for FEP, analyzing its compliance in 18 key domains of care and its alignment with the National Mental Health Plan.
Methods: A fidelity scale was designed to guide data collection on OTCH implementation. The scale included the name and definition of each domain, along with a set of expectations. The scale assessed 18 key domains, such as staffing, team integration, communication, burden of care, service flexibility, crisis, treatment planning, prescribing, care management, working with families, and education and employment support, among others. The scale was applied in the 5 OTCH intervention sites and 8 control sites that maintained usual care included in the cluster-randomized controlled clinical trial.
Results: OTCH sites met more than 80% of the criteria for the domains assessed in the fidelity scale, which is more than twice the compliance observed in the control sites. In domains related to the usual functioning of the centers coincident with those established in the National Mental Health Plan, OTCH intervention sites exceeded compliance standards to control sites ($p<0.001$). In situations where the frequency of problems was similar between both types of centers, such as suicidal risk and risky substance use, OTCH centers showed significantly better performance ($p<0.001$) compared to control centers.
Conclusions: The implementation of the OTCH model has not only allowed the introduction of specific aspects of the program, but has also improved the overall performance of the centers in key areas defined by the National Mental Health Plan. This suggests that the implementation of OTCH in the Chilean context is not only feasible, but can also improve the quality of community mental health care.
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Schizophrenia and Other Psychotic Disorders

EPP173

Toward precision psychiatry: multimodal machine learning combining neurophysiological and language features to predict symptoms severity in schizophrenia

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Introduction: Capturing the complex and heterogeneous clinical phenotypes across Schizophrenia Spectrum Disorders (SSD) is still challenging and Artificial Intelligence is a promising tool. In the past years, machine learning (ML) models have been developed for diagnostic classification, highlighting both neuroimaging and language measures as relevant predictors (Zucchetti et al. It J of Psy (2024). Fewer studies focused on predicting symptom severity or quality of life, based on clinical variables, but with relatively low performance (Beaudoin, et al. Schizophrenia (2022); 8.1 29; Podichetty et al. Clin and Transl Sc (2021), 14(5), 1864-1874). However, to the best of our knowledge, no previous studies have applied ML regression tasks using neurophysiological features, nor combining them with language ones.
Objectives: The aim is to combine neurophysiological and language features via ML to predict symptoms severity in schizophrenia.
Methods: Forty-one individuals with a diagnosis of schizophrenia were enrolled and assessed for psychopathology, communicative-pragmatic abilities and underwent a 5-minute resting state EEG recordings.
A Least Absolute Shrinkage and Selection Operator (LASSO) regression was employed to identify significant EEG and language features, extracted through Natural Language Processing to predict symptoms severity. After feature selection, two LASSO models were built and compared: Model 1 (M1) included the most important EEG features, while Model 2 (M2) included both the most important EEG and language features.
Results: Feature selection led to the identification of main predictors, including EEG microstates and aperiodic activity, lexical-semantic features and imageability of words.
Both models reached an acceptable performance (MSE=0.590, adj. R^2= 0.344; MSE= 0.334, adj. R^2 =0.582), but the Diebold-Mariano test and BIC highlighted a significant difference between M1 and M2, indicating an improved performance in predicting symptoms, when adding language features. See Fig.1 for more details