

Introduction: Bariatric surgery is an effective treatment for patients with obesity. Rates of obesity are increasing worldwide as are the number of bariatric procedures performed. Following bariatric surgery patients have increased contact with psychiatric services, there is an increased risk of deliberate self-harm, suicide attempts and completed suicide. Compared to the general population there is 8 fold higher than average suicide rate. In Ireland wait lists for bariatric surgery are long, resulting in many patients seeking surgery abroad. Bariatric ‘tourism’ often results in reduced psychological supports both pre and post op as well as reduced pre surgical screening for psychiatric illness. Bariatric surgery is also associated with ‘addiction transfer’. The literature suggests that patients often substitute the maladaptive coping mechanism of eating with other impulsive behaviors such as substance misuse or gambling.

Objectives: Case report highlighting the issue of addiction transfer among patients that have undergone bariatric surgery.

Methods: Case report: A 38 year old woman admitted to the acute psychiatric unit with self harm, suicidal ideation, low mood, and recent overdose of venlafaxine. On initial presentation, she was intoxicated with alcohol, her toxicology was positive for cocaine and benzodiazepines. She had undergone a gastric bypass 14 months previous, having travelled abroad to have the procedure. She had not attended for any bariatric follow up with her GP post operatively. She was not taking any vitamins post operatively despite advice from the clinic. The patient was admitted to the acute psychiatric unit. She admitted to drinking excessively in the last year. She denied any history of mood disturbance or substance or alcohol misuse prior to surgery. She had no previous contacts with psychiatric services. Her GP had commenced her on venlafaxine for low mood 6 months prior to psychiatric admission. She was admitted to the acute unit for 5 days after which she left against medical advice. She was followed up in the day hospital and referred to addiction services.

Results: case report

Conclusions: There is growing evidence about the psychiatric and addiction implications of bariatric surgery. Offering psychological support for patients post operatively is essential. Unfortunately, because of long wait lists in Ireland many patients chose to travel abroad and often are unable to avail of MDT support. The emerging field of bariatric psychiatry could provide a useful addition to the bariatric specialist services.

Disclosure of Interest: None Declared

EPV0466

The role of gender in the prevalence of eating disorders

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Introduction: Eating disorders have a key paper at the ongoing society. A key symptom of the Anorexia Nervosa and the Bulimia Nervosa is the alteration of the corporal image which observes that

it continues being present after remitting the most flowery symptomatology. In terms of gender, we can observe that the eating disorders have a higher incidence in the feminine gender.

Objectives: Research how body image affects eating disorders and how the role of gender is a risk factor for developing Anorexia Nervosa or Bulimia Nervosa.

Methods: A systematic review was conducted using PubMed. Twelve studies were identified in order to do this review.

Results: At the twelve surveys included at the review we can observe that the incidence of Anorexia Nervosa and Bulimia Nervosa is higher in women than men. There are many facts that take part on the development of eating disorders, but there is consensus to understand them with a biopsicosocial point of view (interaction between the environment and biological facts). Body image disturbance takes part in both men and women, but it affects them in different ways.

Conclusions: Body image disturbances are a crucial factor when considering eating disorders’ symptomatology. One of the main components that affects its alteration is the internalization of standards of beauty. Women tend to focus on thin body types, meanwhile men’s attention tends to point to muscular and defined body types. Nevertheless, it must be taken into account that today’s gender conception may appear as one of the most important roles to understand Anorexia and Bulimia aetiology. Regarding gender, in nowadays society exists a dichotomy where masculinity and femininity lie in total opposites poles; but if the gender approach socially changed, Anorexia and Bulimia might take a different portrayal.

Disclosure of Interest: None Declared

EPV0467

Body image as a mediator in the relationship between psychotic experiences and later disordered eating: A 12-month longitudinal study in high school adolescents

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Introduction: Psychotic experiences (PE) and disordered eating (DE) are frequently observed among the general population, especially in childhood and adolescence. However, the relationship between the two groups of disorders is still unclear.

Objectives: To explore the hypothesis that the pathways from PEs to DE are mediated by body-image disturbances in a sample of adolescents

Methods: We conducted a 12-month longitudinal study on high school students from four different high schools from the Ariana governorate, from April 2022 to April 2023.

Participants were evaluated at baseline then every 6 months with a target length of follow-up of 1 year.

The questionnaire contained

Questions about socio demographic variables

The Eating Attitude Test (EAT-26)

The Multidimensional Body Self-Relations Questionnaire Appearance Scale (MBSRQ-AS)

The Community Assessment of Psychic Experiences (CAPE-42)

Results: 1) Sample characteristics

Sample was constituted of 510 individuals. Of those, 312 (61.2%) were females. Mean age was of 16.05 (SD=1.01) years.

The majority of the students resided in urban areas, accounting for 97.8% of the total.

When it comes to family income, 4.1% of the students' families had an income of less than 1000 Tunisian Dinars (TD), 25.9% had an income between 1000 and 2000 TD, 32.2% had an income ranging from 2000 to 3000 TD, and the remaining 37.8% had a family income of over 3000 TD.

The EAT-26, MBSRQ-AS and CAPE-42 scores are shown in table 1.

Table 1. The longitudinal evolution of study variables

	Baseline	T 6 months	T 12 months	p	Partial Eta Squared η^2
Disordered eating (EAT-26)	11.9 ± 9.4	11.9 ± 9.7	12.6 ± 10.2	.080	.006
Self-classified weight (Body image)	6.0 ± 1.7	5.9 ± 1.6	6.0 ± 1.6	.946	.001
Body areas satisfaction	30.9 ± 6.4	31.8 ± 6.4	31.4 ± 6.8	.025	.010
Overweight preoccupation	9.3 ± 3.6	9.2 ± 3.7	9.2 ± 3.7	.545	.001
Appearance Orientation	41.0 ± 5.4	41.6 ± 5.4	41.6 ± 5.5	.007	.014
CAPE positive dimension (total)	39.6 ± 8.7	39.1 ± 9.1	39.7 ± 9.5	.756	.001
Body Mass index	21.6 ± 3.4	21.5 ± 3.2	21.7 ± 3.2	.034	.009

2) Findings of the mediating analysis

Disordered Eating scores had no significant effect in subjects across time. However, the effect of the interaction between baseline Overweight Preoccupation with Disordered Eating across time was statistically significant (p=0.036). Overweight Preoccupation (Z=85.095, p<0.001), Body Area Satisfaction (Z=25.053, p<0.001), and CAPE positive dimension (Z=59.931, p<0.001) scores had significant main effects between subjects. (figure 1 and figure 2)

Image:

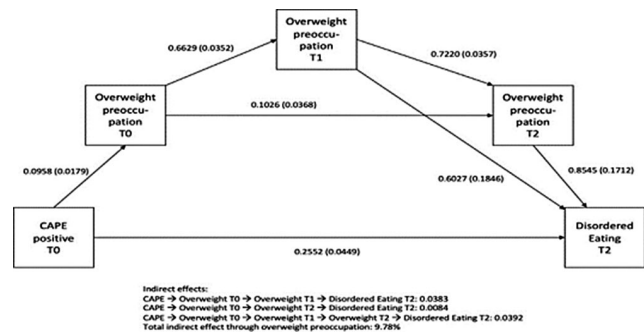
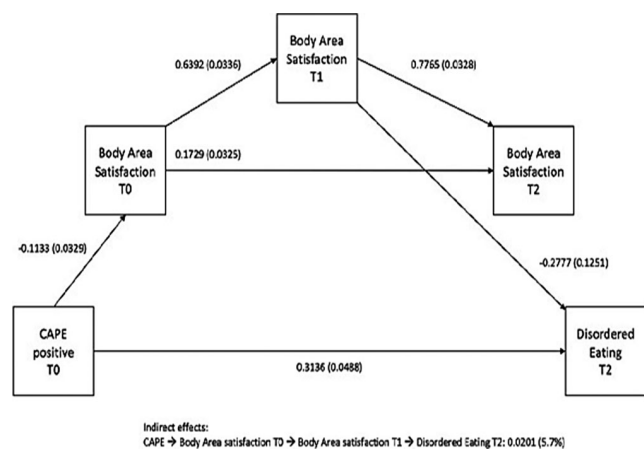


Image 2:



Conclusions: Findings showed that body image disturbances mediated the prospective association between PEs and DE. Adolescents with increased PEs were more likely to experience body image disturbances and, in turn, DE symptoms. These findings offer promising new avenues for prevention and early intervention.

Disclosure of Interest: None Declared

EPV0468

The presence of personality traits of borderline personality disorder in anorexia nervosa and obesity

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