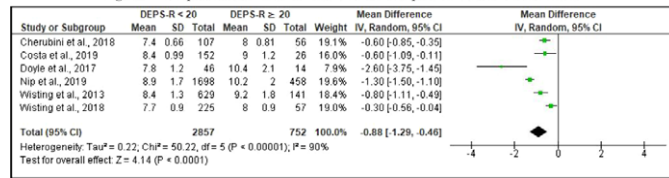


**Results:** 1141 records were identified through database search. Figure 1 shows six studies comparing HbA1c % values for 2857 diabetic patients versus 752 diabetic patients with DEB. HbA1c % levels appear to be higher in patients with DEPS-R  $\geq 20$ , compared to those with DEPS-R scores below 20.

**Figure 1.** Comparison of HbA1c % values for diabetic patients with and without DEB



**Conclusions:** Routine screening for DEB using DEPS-R scale could favour early identification of diabetic individuals, at risk for progression into a proper ED. Clinicians should be vigilant about potential DEB when patients show poor long-term glycaemic control; similarly, patients with a DEPS-R score over 20 points may require more frequent glycaemic checks. This could help prevent serious medical complications.

**Keywords:** eating disorders; disordered eating behaviours; diabetes

## EPP0624

### Eating disorder examination-questionnaire – 7: Construct validity in a sample of portuguese overweight women

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**Introduction:** Although the Eating Disorder Examination Questionnaire (EDEQ; Fairburn et al. 2008) is the most used instrument worldwide for the assessment of eating disorders symptoms, its factorial structure considerably varies, which limits its construct validity. Using exploratory factor analysis in data from a sample of overweight women, our group found a three-factors structure of the EDEQ Portuguese version (Peixoto et al. 2013). Although it was in accordance with other psychometric studies (eg. Peterson et al 2007), it was different from the original matrix. Further investigation regarding its factor structure has been conducted, with studies supporting a modified seven-item-three-factors structure (dietary restraint, shape/weight overvaluation, body dissatisfaction) with improved psychometric properties (Grilo et al. 2013, 2015), including with Portuguese samples (Machado et al. 2018; Santos et al. 2019).

**Objectives:** To analyze if the EDEQ version composed of seven items and three factors is replicated in a Portuguese sample of overweight women.

**Methods:** The EDEQ was administered to an outpatient sample of 276 women (Mean age= 43.85±11.89 years; Mean BMI=32.82±5.43

Kg/height<sup>2</sup>) attending a weight loss treatment consultation in a public hospital.

**Results:** Confirmatory factor analysis (CFA) revealed an adequate fit of the EDEQ-7 second order model with three dimensions ( $\chi^2/df=1.5497$ ; RMSEA=.0452, CFI=.9955, TLI=.9914, GFI=.xxx;  $p<.001$ ). The EDEQ7 Cronbach's alphas for the total and its dimensions were  $\alpha<.70$ .

**Conclusions:** Given its good psychometric properties, the overlap of the measurement model with those found with different samples and the reduced number of items, the EDEQ7 will be very useful both in research and clinical settings with/for overweight women.

**Keywords:** eating disorders; overweight; confirmatory factor analysis; EDEQ7

## Emergency psychiatry

### EPP0625

#### Factors of psychiatric emergencies affecting boarding time in the emergency department

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**Introduction:** Psychiatric emergencies are acute disturbances in thought, behavior or mood which require immediate medical intervention. As a substantial number of patients with mental illness present as psychiatric emergencies, the sustainability and management of psychiatric emergency services becomes significant.

**Objectives:** In this study we aimed to examine the factors associated with psychiatric emergency care, taking the boarding time in the emergency department as primary outcome measure.

**Methods:** Charts of 466 psychiatric emergency cases admitted to the Hacettepe University Emergency Department (ED) between December 2018 – September 2019 were evaluated. Boarding time (BT) in the ED, presence of self-harm, psychotic symptoms and agitation were noted.

**Results:** In the examined period, number of patients admitted increased with time significantly ( $r= 0.562$ ,  $p<0.01$ ). However, increase in the number of patients was not correlated with an increase in BT. Patients with psychotic symptoms had greater BT compared to non-psychotic patients (7.01 hours vs. 11.24 hours,  $T= -2.796$   $df = 182.717$   $p <0.01$ ). Patients with self-harm also had greater BT (7.47 hours vs. 9.85 hours,  $T = -2.013$   $df = 433$   $p <0.05$ ). Patients with self-harm in relation with previous suicidal ideation displayed significantly a longer BT when compared with patients admitted due to self-harm without any suicidal plan ( $U=2572,5$   $p<0.01$ ).

**Conclusions:** A significant increase in BT with psychosis and self-harm due to a suicidal plan supports the need of intermediate facilities between the ED and inpatient units, as such facilities would create a positive impact in the care of psychotic and suicidal patients.

**Keywords:** Psychiatric Emergency Services; Quality of Care; Suicide; psychosis