

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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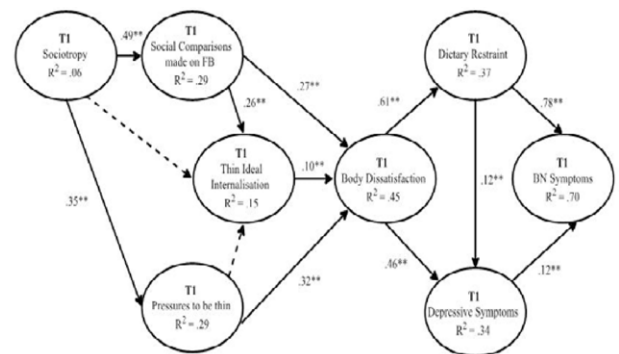
Background The dual pathway model (DPM) attempts to explain the processes that are etiological to the development of Bulimia Nervosa (BN) symptomology by examining both individual and sociocultural risk factors of BN. The DPM, however, is yet to incorporate the sociocultural factor Facebook, which is 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:
 χ^2 (df = 3976, N = 470) = 10536.76, $p < .001$
 CFI = .71
 RMSEA = .059
 SRMR = .07

Fig. 1 Revised cross-sectional DPM.