

autistic-like eating behaviours; iii) higher autistic traits and ED severity and autistic-like eating behaviours.

Conclusions: This study confirms the presence of autistic traits in patients with ED and underscores the significance of conducting additional systematical investigations on this topic across all diagnostic categories of ED. It is becoming progressively evident that identifying and measuring the levels of autistic traits in patients with ASD is crucial not only for a better understanding of the causes of these disorders, but also because it would help to tailor specific therapeutic interventions, especially considering the cognitive flexibility issues presented by these patients and the socio-emotional challenges they face. Additionally, this study has laid the foundation for further insights into the relationship between sensory sensitivity and dysfunctional eating behaviours typical of ED and ASD.

Disclosure of Interest: None Declared

EPP0222

Features of attachment in women with eating disorders

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Introduction: Eating disorders (ED), especially anorexia nervosa, are known to be the most associated with high mortality rates among psychiatric conditions. In many cases, they are resistant to treatment because patients tend to show low compliance, concealing symptoms from doctors. Body image concerns may affect communication and hinder building connections with people, making patients feel alienated.

Objectives: The study aimed to examine the specific characteristics of attachment styles and evaluate their interrelationships with psychological features in women with eating disorders.

Methods: A total of 52 women with a clinical diagnosis of eating disorder (namely, 26 with anorexia nervosa (AN) and 26 with bulimia nervosa (BN)) and 43 healthy controls were included in the study. All participants completed the following psychometric scales: Relationship Questionnaire (RQ), Experience in Close Relationships (ECR), Relationship Profile Test (RPT), and Multidimensional Perfectionism Scale (MPS). The Kolmogorov-Smirnov normality test was applied, confirming a non-normal distribution of the sample; therefore, the non-parametric Mann-Whitney test and Spearman statistics were administered.

Results: The results show a marked difference between the two groups. In the ED patients' group, only 15% of respondents classified their attachment style as secure, compared to 37% of the participants in the control group. 85% of women in the ED group identified themselves as having one of the insecure attachment styles (anxious, avoidant, or disorganized). The level of relationship anxiety and the rate of relationship avoidance in the respondents of

the ED group is 27% and 19% higher, respectively, compared to the control group. Likewise, the level of destructive interpersonal overdependence is 20% higher in the ED patients' group respondents, whereas healthy dependence is 18% lower compared to the controls. The respondents with ED showed 18% higher self-oriented perfectionism and 39% higher socially prescribed perfectionism. A direct correlation between avoidant attachment style and destructive interpersonal overdependence was found in women with diagnoses belonging to the ED group. When comparing AN and BN patients, no statistically significant differences in the distribution and peculiarities of attachment styles in the anorexia and bulimia groups were found.

Conclusions: The study has proved the hypothesis that insecure attachment is more common among women with eating disorders than those without the diagnosis. We suggest a more profound scientific elaboration of the attachment in ED patients to increase the level of compliance of this group of patients, to improve the effectiveness and reduce the duration of treatment, and develop new therapeutic approaches to cure this disease.

Disclosure of Interest: None Declared

EPP0223

Prevalence of orthorexia nervosa among medical students

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Introduction: Orthorexia nervosa is defined as an unhealthy obsession with eating healthy food. Recent studies currently demonstrated that students in health-oriented academic programs, highly focused on nutrition and physical exercise, are more prone to develop orthorexia nervosa than students in other educational areas.

Objectives: Determine the prevalence of orthorexia nervosa in medical students and identify associated factors.

Methods: We conducted a cross-sectional, descriptive, and analytical study in the faculty of medicine of Sfax in Tunisia, between February and April 2023. We used ORTO-15 for the assessment of orthorexia.

Results: The research has enrolled 220 students. Their mean age was 21.40±1.68 years, with female predominance (70%). The mean Body mass index (BMI) was 22.46±4.15 kg/m². The prevalence of overweight (BMI≥25 kg/m²) and obesity (BMI≥30 kg/m²) were respectively 19.5% and 3.6%. Over a third of students (34.1%) were using means of weight control, of which the diet represented 62.66% of cases. The participants had consulted a nutritionist in 11.4% of cases. The ORTO-15 mean total score was 36.88±6.76, with a mean score of 12.95±2.69 for cognitive dimension, 13.31±2.70 for clinical dimension, and 10.61±2.52 for emotional dimension. A total of 60% of participants had a score under the threshold.

Orthorexia was significantly associated with female gender ($p<10^{-3}$), overweight or obesity ($p=0.037$), the use of weight control methods

($p < 10^{-3}$), following a diet ($p < 10^{-3}$), and consulting a nutritionist ($p = 0.009$).

Conclusions: In our study, orthorexia seems to be quite widespread among medical students, particularly females, who are overweight or obese, and who use weight control methods.

Disclosure of Interest: None Declared

EPP0224

Efficacy of transcranial direct current stimulation for controlling of food craving in subjects with overweight or obesity

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Introduction: This study investigates the effects of transcranial direct current stimulation (tDCS) on food craving improvement and changes in brain function associated with craving in overweight and obese subjects.

Objectives: Food craving disregards the homeostatic mechanisms related to appetite and nullifies the rewarding effects of food, directly contributing to body weight and eventually leading to obesity. In this study, we aim to explore the effects of transcranial direct current stimulation (tDCS) on food craving improvement and changes in brain function associated with craving by conducting a total of 10 sessions of tDCS over a period of 2 weeks on overweight and obese subjects.

Methods: A total of 86 patients who were overweight or obese (BMI ≥ 23 kg/m²) during the study period were included. The tDCS montage involved placing the anode over the left and the cathode over the right DLPFC. Weight, BMI, neuropsychological variables, and food craving-related variables were assessed. We measured absolute and relative EEG power in 19 channels and analyzed QEEG according to the following frequency ranges: delta (1–4 Hz), theta (4–8 Hz), alpha (8–12 Hz), beta (12–25 Hz), high beta (25–30 Hz), and gamma (30–80 Hz).

Results: After the application of tDCS, there was no significant reduction observed in weight and BMI. However, all measures related to food and eating showed a decrease in the intensity of cravings, and there was also a significant reduction in depression, anxiety, and perceived stress. In quantitative EEG analysis, an increase in theta waves was observed in the left frontal area (F7 and F3), an increase in alpha waves in the right parietal area (P4), and a decrease in beta waves in the frontal area (FP2) and occipital area (O1).

Conclusions: This study investigated the effects of tDCS on food craving in overweight and obese individuals, and it was found that there were improvements in psychological factors such as depression and anxiety. Additionally, using quantitative EEG, neurophysiological changes were observed, including an increase in theta waves and a decrease in beta waves.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP0225

The social determinants of depression: social support, loneliness, and the impact of the COVID-19 pandemic

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Introduction: The COVID-19 pandemic involved stringent social restrictions, a surge in mortality, and significant economic consequences, affecting age groups differently and leading to increases in loneliness and mental health problems, particularly depression, which was already very common before the pandemic.

Objectives: Analyse changes and related factors of the relationship between loneliness and depression by age group from (1) before to the COVID-19 outbreak, (2) during the pandemic, and (3) after the last state of emergency. Moreover, we aim to (4) evaluate the effect of social support to alleviate feelings of loneliness and improve the course of depression.

Methods: We used data from three different cohorts, all representative of the Spanish adult population. (1) We longitudinally analysed the association between loneliness and depression with a sample interviewed before ($N = 1,880$) and during ($N = 1,103$) the pandemic. We used mixed-models to study changes in major depressive disorder (MDD) by age group and regression models to quantify the association between age and potential mediating effects. (2) We analysed data of 2,000 adults during the pandemic. Several regression models were constructed to assess the impact of pre-pandemic mental disorders on the main association by age group. (3) Out of those 2,000 participants, 1,300 were interviewed 9 months later, to determine group-based loneliness trajectories and its associated risk factors. (4) We analysed the relationship between loneliness, social support, and MDD over a 7-year period ($N=404$ individuals aged 50+ having MDD). We tested cross-lagged panel models using structural equation modelling.

Results: During the pandemic the probability of having MDD increased significantly among younger individuals, and was partly explained by loneliness, low resilience, and worsened economic situation. Loneliness was associated with more depressive symptoms, and this association was stronger in younger adults without pre-pandemic mental disorders and in older adults with them. At the end of pandemic, three courses of loneliness were detected: invariant low loneliness (42.6%), decreasing medium loneliness (51.5%), and fairly invariant high loneliness (5.9%). Risk factors for worse trajectories were being younger, female, not married, and, notably, having pre-pandemic mental disorders. Among individuals with depression prior to the pandemic, lower social support predicted higher subsequent levels of loneliness, resulting in an increase in MDD recurrence.

Conclusions: Strategies to decrease the impact of loneliness on depressive symptoms should consider individuals mental health background, address social determinants, and adopt an age-driven perspective.

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