

## EPV0473

**Orthorexia and perfectionism in medical students in Tunisia**

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**Introduction:** Orthorexia is defined as a dependence on healthy food or an obsession to consume healthy food. One area deemed influential upon disordered eating and dietary intake is perfectionism.

**Objectives:** To investigate the relationship between orthorexia and perfectionism in medical students.

**Methods:** We conducted a cross-sectional, descriptive, and analytical study in the faculty of medicine of Sfax (Tunisia), between February and April 2023. A self-reported questionnaire was distributed to students via social media. We used ORTO-15 for the assessment of orthorexia, and the Big Three Perfectionism Scale (BTPS) to assess perfectionism.

**Results:** The research has enrolled 220 students. Their mean age was 21.40±1.68 years, with female predominance (70%). The ORTO-15 mean total score was 36.88±6.76. A total of 60% of participants had an orthorexic behavior. The BTPS mean total score was 45.52±12.45 with a mean score of 13.25±4.35 for rigid perfectionism, 18.31±6.37 for self-critical perfectionism, and 13.99±5.47 for narcissistic perfectionism.

Students with orthorexic behavior had significantly higher scores of perfectionism ( $p=0.048$ ).

**Conclusions:** Our study has drawn a significant association between orthorexia and perfectionism among medical students. This result suggests that students experiencing highly critical and judgemental beliefs associated with perfectionism are more susceptible to orthorexic eating behaviors.

**Disclosure of Interest:** None Declared

## EPV0475

**The Portuguese short version of the Eating Disorder Examination Questionnaire: Validity and Reliability in men across multiple ages**

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**Introduction:** The Eating Disorder Examination Questionnaire short version (EDE-Q7) presented better psychometric properties than the Fairburn's 28-items original version, not only in girls (Machado et al. 2018), but also in older women (Pereira et al. 2021; Pereira et al. 2022). It comprises 7 items in three subscales: Dietary Restraint/DR; Shape and Weight Overvaluation/SWO and

Body Dissatisfaction/BD. In a more recent clinical study in men (Laskowski et al. 2023) the factors associated with body concerns and dissatisfaction weren't fully represented in the questionnaire, possibly indicating differences in body ideals, specially relating to musculature.

**Objectives:** We aimed to analyze the psychometric properties of the Portuguese version of EDE-Q7 in males.

**Methods:** Participants were 227 male individuals with a mean age of 30.41 years ( $\pm 13.96$ ; range: 14-73 years). They answered an online survey including the Portuguese versions of the Screen for Disordered Eating/SDE; the Body Image Concern Inventory/BICI and the Muscle Dysmorphia subscale of the Eating Disorder Assessment for Men/DM-EDAM.

**Results:** Confirmatory Factor Analysis showed that the second order model presented good fit ( $\chi^2/df=2.437$ ; RMSEA=.0794; CFI=.986 TLI=.974, GFI=.967). Cronbach's alpha was .856 for the total, .876 for DR and .917 for SWO and .900 for BD. All items contributed to internal consistency and presented high internal validity. Pearson's correlations of EDE-Q7 with BICI (.465), DM-EDAM (.384) and SDE (.361) were significant ( $p<.001$ ) and moderate.

**Conclusions:** Also in men, the Portuguese version of EDE-Q7 demonstrates good validity (construct and convergent) and reliability.

**Disclosure of Interest:** None Declared

## EPV0476

**Muscle dysmorphia subscale of eating disorder assessment for men: validity and reliability of the Portuguese version in men across multiple ages**

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**Introduction:** Although symptom presentation varies by gender, almost all eating disorder/ED instruments have been developed and validated on females. The Eating Disorder Assessment for Men (EDAM; Stanford & Lemberg 2012) is a male specific self-report measure, composed of four sub-scales, proved to be useful to assess gender differences in ED presentations (Nagata et al. 2021). The MD comprises 5 items about the overwhelming concern with muscularity and the false perception of having an underdeveloped body.

**Objectives:** Having already valid measures of body image and eating behaviors in men, we now aim to analyze the psychometric properties of the Portuguese version of MD, in order to have a quick and rigorous measure of this specific construct.

**Methods:** Participants were 227 male individuals (mean age=30.41 years $\pm 13.96$ ; range: 14-73 years). They answered an online survey including the preliminary DM and the Portuguese validated versions of the Eating Disorder Examination Questionnaire (EDE-Q7) and the Body Image Concern Inventory (BICI).

**Results:** Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes ( $\chi^2/df=.6829$ ; RMSEA=.0000; CFI=1.00 TLI=1.01, GFI=.995). Cronbach's alfa was .891; all the items contributed to the internal consistency and had high internal validity. Pearson correlations of DM with EDE-Q7 and BICI were significant ( $p<.001$ ) and moderate-high, respectively, .384 and .522.

**Conclusions:** The Portuguese preliminary version of DM-EDAM demonstrated validity (construct and convergent) and reliability. can be used for clinical and research purposes, namely in an ongoing project we have in progress, about body image, disordered eating, gender and age.

**Disclosure of Interest:** None Declared

## EPV0477

### The Portuguese version of the screen for disordered eating: validity and reliability in men across multiple ages

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**Introduction:** The Screen for Disordered Eating/SDE was created as a primary care screening method for eating disorders, including binge eating disorder (Maguen et al. 2018). The SDE comprises five items (yes/no answers), extracted from other validated self-reported questionnaires assessing eating psychopathology. Its validity and reliability has proved in a Portuguese psychometric study, that only included woman (Pereira et al. 2022). Its psychometric properties have yet to be evaluated in men.

**Objectives:** We aim to assess the psychometric properties of the Portuguese version of SDE in males.

**Methods:** Participants were 227 male individuals with a mean age of 30.41 years ( $\pm 13.96$ ; range: 14-73). They answered an online survey including the Portuguese preliminary versions of the seven-item Eating Disorder Examination Questionnaire/EDE-Q7; the Body Image Concern Inventory/BICI and the Muscle Dysmorphia subscale of the Eating Disorder Assessment for Men/DM-EDAM.

**Results:** Confirmatory Factor Analysis showed good fit for the unidimensional model ( $\chi^2/df=1.483$ ; RMSEA=.0460; CFI=.980 TLI=.961, GFI=.988). Cronbach's alpha was .621 which although inferior to .7 can be explained by the small number of items and the fact that each one assesses different dimensions. All items contributed to the internal consistency and presented high internal validity. Pearson's correlations of SDE with BICI (.317) and EDE-Q7 (.361) were significant and moderate. The correlation with DM-EDAM was non-significant, probably due to its focus on muscle dysmorphia, which is not included in SDE's items.

**Conclusions:** The Portuguese version of SDE demonstrated adequate validity (construct and convergent) and reliability.

**Disclosure of Interest:** None Declared

## EPP0119

### Nomophobia: A Cross-Sectional Study of Lifestyle-Induced Factors Among Global Health Professionals

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**Introduction:** In recent times, Health Professionals (HPs) people may feel a sense of discomfort and nervousness when disconnected from their smartphones, causing the emergence of the new phenomenon of "No Mobile Phone Phobia," or Nomophobia.

**Objectives:** We aim to study lifestyle-related factors that influence HPs' Nomophobia.

**Methods:** From April- June 2023, a global cross-sectional study was conducted using the modified Nomophobia questionnaire (NMP-Q). The original 20 NMP-Q questions (Qs) were reduced to 14 to avoid repetitive Qs with similar meanings. The Qs were categorized into 4 sections, A- Not Being Able to Access Information; B- Losing Connectedness; C- Not Being Able to Communicate; and D- Giving Up Convenience. A new section, "E-Daily Habits", and "F- Smartphone Type", and "Hours Spent Daily" were added. Before the launch, it was internally and externally validated by trained psychiatrists as well as experienced researchers. We utilized social media, WhatsApp, text and emails to share it with HPs of different specialties worldwide. The survey was anonymous and IRB-exempt.

**Results:** Total 105 countries' HPs participation led to 12,253 responses. Total 47.3% of HPs agreed/strongly agreed (A/SA) that they prefer to use their smartphone before bedtime. Over half (57.8%) of HPs A/SA checked their notifications immediately after waking up in the morning. Only 19.4 % of HPs A/SA that woke up in the middle of the night to check notifications. Total 40.5% of HPs A/SA, 22% were neutral, and 37.3% of HPs disagreed /strongly disagreed (D/SD) with using smartphones while eating their meals. A total of 52.7% of HPs preferred smartphone usage over exercising as a break, while 45.9% of HPs A/SA that they chose smartphones over exploring other hobbies for relaxation. A total of 44.2% of respondents A/SA with smartphone usage in the restroom, 39.8% D/SD. 37.4% of participants D/SD with getting distracted by notifications and resisted the urge to answer any calls or texts while performing a focused task, whereas 39.6% A/SA and 23% were neutral. A total of 80% of respondents met the modified criteria for moderate-severe nomophobia.

**Conclusions:** In a large-scale survey-based study on Nomophobia, additional Qs in NMP-Q may help recognize that nomophobia can be a result of daily lifestyle decisions rather than an isolated issue.

**Disclosure of Interest:** None Declared