

external consultations of the Vall d'Hebron University Hospital. Readiness to change, BMI, dietetic habits and physical activity, self-perception of the body size, satisfaction with self-image and quality of life in relation to body image will be assessed before and after the intervention and at 4-week follow-up. Finally, variables related to the adoption of the VR tool in terms of perceived usability, user's satisfaction and technology acceptance will be also evaluated.

**Results:** Not yet available

**Conclusions:** The study will provide an important advance in the treatment of obesity, first, by improving the effectiveness of available psychological treatments integrating embodiment, MI and CBT techniques, and second, reducing treatment duration and costs compared to conventional therapies.

**Disclosure:** No significant relationships.

**Keywords:** obesity; virtual reality; motivational interviewing; cognitive behavioural therapy

## EPV0274

### The impact of confinement on anxiety rates of the entourage of patients in the psychiatric hospital of Tunis

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**Introduction:** The confinement did begot a recrudescence in the rate of stress within populations. Meanwhile, research targeting the mental health of the psychiatric patients' accompanying are scarce.

**Objectives:** Detect and evaluate anxiety levels of patients' entourage during confinement.

**Methods:** It is a retrospective, descriptive and analytical study based on a random sample of People accompanying psychiatric patients from externals consultations service in the only Psychiatric Hospital in Tunisia. Data were been collected during the month of June 2020 via a 20 items questionnaire and a score HAD issued in Arabic.

**Results:** One hundred thirty five accompanying were surveyed. The age group was predominantly between 51 and 60 with a sex ratio of 0.31. Near half was the parents. eighty seven were unemployed, 38 stopped working due to confinement and 10 have been worked normally. A pathological anxiety HAD score (>7) was found in 36 accompanying (26, 67 %). Amongst them, 19 had manifested symptoms. Anxiety levels are significantly much higher in accompanying of patients with personality disorders ( $p=0.053$ ). Otherwise, 52, 6% of accompanying who stopped working felt more under pressure than before lockdown. In contrary to those who did not worked before at all (29.9 %) and those who continued working (10%).

**Conclusions:** It seems that the entourage of mentally ill patients experience a continuous psychological distress, which was uncovered and marked in confinement period. Thus, it is necessary to establish screening programs, psychological education and early care to ensure their well-being.

**Disclosure:** No significant relationships.

**Keywords:** psychiatric patients' accompanying; confinement; Anxiety

## Eating disorders

### EPV0275

### The role of travel for people with an eating disorder, an optimal leisure experience

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**Introduction:** Project-based leisure would be conducive to enabling people to project themselves into the future and to move away from the eating disorder, which involves a constant preoccupation with food and one's body. According to this, travel could be a leisure opportunity that invites to challenge oneself by going out of one's comfort zone. Coping is a real dilemma for people living with eating disorders and the motivations of a tourism experience could refer to motivation to leave one's current environment. Consequently, travel would be helpful in reducing the individual's focus on the illness in a different environment.

**Objectives:** The aim of this study is to investigate the use of travel to help people living with eating disorders to live in the present moment and to "let go". Then, to understand what are the components of travel that are essential for an optimal leisure experience.

**Methods:** This multiple case study uses mixed data from a sample of five participants with an ED and living in France. They were invited to live a tourism experience in Québec for one week. This data collection was before, during and after the trip, using the Experience Sampling Method with a mobile app pocket and guided interviews to assess sensations and emotions in the ecological context of patients.

**Results:** The trip allowed a letting go and developed a greater ability to live in the present moment. It was a significantly positive moment in the lives of the participants.

**Conclusions:** Travel associate with digital diary are an innovative approach for ED.

**Disclosure:** No significant relationships.

**Keywords:** eating disorder; travel; digital tools; optimal experience

### EPV0276

### Diagnostic challenges presented by women with anorexia nervosa and elevated rates of autistic traits

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**Introduction:** The link between autism spectrum disorder (ASD) and anorexia nervosa (AN) firstly emerged in the 80's. Given the overlap in behavioural and cognitive features between these two seemingly different disorders, AN has been hypothesized to be a female phenotype of ASD.

**Objectives:** This report aims to describe a clinical case of an anorexic female patient diagnosed later in life with ASD, while presenting a bibliographic review on the subject.

**Methods:** After gaining consent, detailed information about the case history was collected and medical records were analysed and reviewed. A non-systematic literary review was performed on the Pubmed and Cochrane databases using the key words “anorexia nervosa”, “females”, “comorbidity” and “autism spectrum disorder”.

**Results:** The current case report is of a 28-year-old female, whose extremely low body weight and complete food refusal for three days prompted her first hospitalization in a psychiatric unit with the admission diagnosis of anorexia nervosa. However, long-term impairments in social interaction and flexibility, emotional difficulties and sensory processing overload were acknowledged and the primary diagnosis of ASD was then considered.

**Conclusions:** As illustrated in this case, the diagnosis of ASD should always be considered in females with eating disorders, in particular AN, regardless of age. As this neurodevelopmental condition appears to present differently in females, they also seem more likely to go underdiagnosed. Also, due to poorer treatment outcomes in females with both ASD and AN, the importance of developing a specialized approach and prompt referral of these patients is highlighted.

**Disclosure:** No significant relationships.

**Keywords:** anorexia nervosa; autism; comorbidity; females

## EPV0277

### Preventive medicine for anorexia of female adolescent

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**Introduction:** Anorexia of females adolescents has a high mortality rate and heavy health, psychological, family consequences even in case of survival.

**Objectives:** To reduce the mortality rate and the consequences of anorexia by providing a theory that allows us to have early or even predictive diagnosis

**Methods:** 25 years ago I found blood type (O, A, B, AB) difference between an anorexic patient and her mother. Pregnancy had been with placental detachment and birth was traumatic, presumed causes of a mother/daughter blood contact. From that day on, I checked, in the case of Anorexia of the Female Adolescent, the blood types of the anorexic girl and her mother.

**Results:** In my collection of data (more than 100 cases in 25 years): only the girls who have a different blood type (O, A, B, AB) from the mother are anorexic and from the patient's history, we could think of a mother/daughter blood contact during the pregnancy. There are no exceptions in my data. My new theory is that Anorexia of the Female Adolescent, in addition to the girl's psychological causes, needs a “conditio sine qua non” (a necessary but not sufficient condition): Different mother/daughter blood types (O,A,B,AB) and traumatic contact between the two blood types during pregnancy and/or birth”.

**Conclusions:** My theory facilitates early diagnosis (Preventive Medicine) by limiting observation, for Anorexia risk, to only

daughters with a different blood type than that of the mother. Recognizing this “conditio sine qua non” for Anorexia of the Female Adolescent allows us an early diagnosis and a predictive hypothesis.

**Disclosure:** No significant relationships.

**Keywords:** Anorexia; Blood Types (O; A; B; AB); preventive medicine; Female Adolescent

## EPV0278

### Non bulimic shitty meal

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**Introduction:** Coprophagia is a relatively rare phenomenon characterized by the ingestion of feces, and it is usually classified as a rare form of pica. It has been associated with multiple organic causes or mental disorders such as brain tumors, alcoholism, mental retardation, dementia, schizophrenia, depressive disorders or fetishism.

**Objectives:** Case report and reflection on its etiology

**Methods:** A Pubmed search was performed with the MeSH terms “Coprophagy” and “pica”. Relevant articles obtained from the respective bibliographic references were also consulted.

**Results:** A 56-year-old man with a history of psychiatric follow-up with a diagnosis of schizophrenia and cognitive impairment, assessed for behavioral changes such as cat feces intake. After possible organic causes were excluded, treatment with supportive psychotherapy and pharmacologically began with a selective serotonin reuptake inhibitor, fluoxetine, along with treatment for schizophrenia.

**Conclusions:** According to literature, coprophagia often occurs associated with other medical or neuropsychiatric conditions. Although the etiology, pathophysiology and management remains unclear, several pharmacologic treatments have been attempted with some degree of success. We describe a case of unusual behavior, coprophagia, associated with cognitive impairment and schizophrenia that responded favorably to fluoxetine although without complete remission, in order to contribute to a future nosological redefinition.

**Disclosure:** No significant relationships.

**Keywords:** Coprophagia; Feces; cognitive impairment; schizofrénia

## EPV0279

### Vomitophobia in atypical anorexia nervosa

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**Introduction:** In atypical anorexia nervosa, one of the causes of restrictive eating behavior is prolonged vomitophobia, which leads to a pronounced degree of alimentary exhaustion.