

**Objectives** Bioelectrical impedance analysis (BIA) is one of the main methods for nutritional status assessment.

**Aims** The aim of this study was the assessment of the nutrition status in a group of patients with anorexia nervosa in comparison to healthy population (HP).

**Methods** The study involved 37 participants: 21 patients with AN and 16 healthy volunteers constituting the control group (HP). The patients were divided into two groups according a BMI: I group  $14 < \text{BMI} < 15,5$  ( $n = 11$ ; age  $18.0 \pm 4.37$ ) and II group:  $15,5 < \text{BMI} < 17,5$  ( $n = 10$ ; age  $17.82 \pm 3.68$ ). The mean age of HP was  $17.68 \pm 1.57$  and BMI  $20.56 \pm 1.16 \text{ kg/m}^2$ . BIA was performed by using ImpediMed bioimpedance analysis SFB7 Biolmp. The parameters: phase angle (PA), TBW%, ECW, ICW, ECW/ICW were analyzed.

**Results** PA was decreased significantly in the I ( $4.5^\circ \pm 0,6$ ) and II group ( $4.7^\circ \pm 0,6$ ) of AN patients' in comparison with HP ( $5.6^\circ \pm 0,7$ ). TBW was 9% higher in I group and ECW was increased 6% in the both AN groups compared with HP ( $P < 0.01$ ). Additionally ECW/ICW ratio indicated the higher transfer of water into the extracellular compartment in AN group ( $P < 0.01$ ).

**Conclusions** BIA is accurate tool to indicate the valuable indicators of detecting malnutrition in AN. Further studies are needed to validate the significance of these parameters for the full identification of the nutrition status of AN patients'.

**Keywords** Anorexia nervosa; Bioelectrical impedance; Phase angle; TBW; ECW; ICW

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW208

### Trends of hospitalization for anorexia nervosa in USA: A nationwide analysis

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**Objectives** Anorexia Nervosa (AN) is an important cause of morbidity and mortality in hospitalized patients. While AN has been extensively studied in the past, the contemporary data for impact of AN on cost of hospitalization are largely lacking.

**Methods** We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998-2011 using the ICD-9 codes for AN. Severity of co-morbid conditions was defined by Deyo modification of Charlson co-morbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, chi-square test, t-test and Cochran-Armitage test were used to test significance.

**Results** 28,150 patients were analyzed. 93.94% were female and 6.06% were male ( $P < 0.0001$ ). 88.67% were white, 2.93% were black and 8.4% were of other race ( $P < 0.0001$ ). Rate of hospitalization decreased from 1530/million to 1349.5/million from 1998-2011. Overall mortality was 0.78% and mean cost of hospitalization was 25,829.82\$. The in-hospital mortality reduced from 0.95% to 0.44% ( $P < 0.0001$ ) and mean cost of hospitalization increased from 11,956.55\$ to 39,831.51\$. Total yearly spending on AN related admissions increased from \$145.33 million/year to \$420.61 million/year.

**Conclusions** While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$145.33 million/year to \$420.61 million/year, which leads to an estimated \$275.28 million additional burden to the US health care system. In the era of cost conscious care, preventing AN related Hospitalization could

save billions of dollars every year. Focused efforts are needed to establish preventive measures for AN related hospitalization.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW209

### Trends of hospitalization for bulimia nervosa in USA: A nationwide analysis

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**Objectives** Bulimia Nervosa (BN) is an important cause of morbidity and mortality in hospitalized patients. While BN has been extensively studied in the past, the contemporary data for impact of BN on cost of hospitalization are largely lacking.

**Methods** We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998-2011 using the ICD-9 codes. Severity of co-morbid conditions was defined by Deyo modification of Charlson co-morbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, chi-square test, t-test and Cochran-Armitage test were used to test significance.

**Results** 19,441 patients were analyzed. 94.13% were female and 5.87% male ( $P < 0.0001$ ). 85.72% were white, 4.55% black and 9.73% of other race ( $P < 0.0001$ ). Rate of hospitalization decreased from 1136.99/million to 802.47/million from 1998-2011. Overall mortality was 0.20% and mean cost of hospitalization was 15,496.82\$. The in-hospital mortality reduced from 0.23% to 0.15% ( $P < 0.0001$ ) and mean cost of hospitalization increased from 8,194.53\$ to 22,547.86\$. Total spending on BN related admissions have increased from \$73.96 million/year to \$139.93 million/year over the last decade.

**Conclusions** While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$73.96 million/year to \$139.93 million/year, which leads to an estimated \$65.97 million/year additional burden to US health care system. In the era of cost conscious care, preventing BN related Hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for BN related hospitalization.

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## EW210

### Current and emerging drugs treatment for night eating syndrome

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**Introduction** The night eating syndrome (NES) is a categorized in the diagnostic and statistic manual (DSM-5) as an "Other Specified Feeding or Eating Disorder" and it is characterized by a reduced feeding during the day, evening hyperphagia accompanied by frequent nocturnal awakenings associated with conscious episodes of compulsive ingestion of food and abnormal circadian rhythms of food and other neuroendocrine factors. Frequently it is associated with obesity and depressed mood.

**Objectives** The purpose of this review is to investigate the state of art concerning the psychopharmacological treatment of NES.

**Methods** A Medline enquiry of published articles from 2005 to October 2015 was performed using the following keywords: "NES,

pharmacological treatment, SSRI, antidepressants, antipsychotic, sertraline, citalopram, escitalopram, duloxetine, venlafaxine, paroxetine, fluoxetine, fluvoxamine, topiramate". Reviews, single case studies and RCT were also analyzed.

**Results** Only few studies met the selection criteria. A recent 8-week double-blind placebo controlled study, in 34 patients with NES, has confirmed the efficacy of sertraline. Sertraline was associated with significantly greater improvement than placebo in overall symptomatology.

**Conclusions** SSRIs should be considered the drug of choice for the treatment of NES not only because of evidence in the literature but also since they display the best pharmacological profiles with fewer adverse events. More evidence of efficacy is shown for some SSRIs such as paroxetine, fluvoxamine and especially sertraline. Topiramate should be reserved for cases resistant to treatment with SSRIs.

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## EW211

### Childhood trauma and cortisol awakening response in eating disorders: A dose-dependent trauma effect

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**Introduction** A role for the hypothalamus-pituitary-adrenal (HPA) axis has been suggested in the pathophysiology of anorexia nervosa (AN) and bulimia nervosa (BN), and childhood trauma experiences have been detected frequently in patients with AN and BN. Since trauma exposure in the childhood may persistently affect HPA axis functioning, we explored HPA axis activity in AN and BN patients with and without childhood trauma history.

**Objectives and aims** We aimed to examine possible associations between childhood traumatic experiences and HPA axis functioning, as assessed by the cortisol awakening response (CAR), in adult patients with AN or BN as compared to adult healthy controls.

**Methods** Saliva samples were collected by 41 patients with symptomatic AN, 32 with symptomatic BN and 45 healthy controls at waking and after 15, 30 and 60 min. They filled in the Childhood Trauma Questionnaire (CTQ), which assesses five specific types of childhood trauma.

**Results** As compared to the control group, the no-maltreated AN patient group exhibited an enhanced CAR whereas the no-maltreated BN patient group showed a similar CAR. On the contrary, both AN and BN patients with a positive history of childhood maltreatment exhibited statistically significant blunted CAR as compared to no-maltreated patients. Moreover, in maltreated ED patients the CAR tended to decrease when the number of trauma types increased.

**Discussion** Present findings confirm a dysregulation of the HPA axis activity in symptomatic patients with AN and BN and suggest a dose-dependent effect of childhood adverse experiences on the CAR of adult ED patients.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW213

### Emotional neglect as the colossus among traumas in patients with eating disorders. A case-control study

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**Introduction** Individuals with eating disorders (EDs) often report a history of early traumatization. Although a great attention has been paid to sexual and physical trauma, less is known about emotional one, especially neglect.

**Objectives/aims** We aimed to estimate the prevalence of sexual, physical, and emotional trauma-occurring under 18 years of age-in ED patients vs. healthy controls, focusing on emotional abuse and neglect.

**Methods** We consecutively recruited 57 DSM-V ED outpatients (91.2% females; age range = 18–42 years) at the Psychiatric Outpatient Clinic of our University Hospital and 90 healthy controls (78.9% females; age range = 20–39 years). Among ED patients, 43.9% had restrictive anorexia nervosa (AN), 29.8% binge/purging AN, 26.3% bulimia nervosa. Individuals completed the Eating Disorder Inventory-2 (EDI-2) and the Traumatic Experiences Checklist (TEC). We used Mann-Whitney U test and  $\chi^2$  test for comparisons.

**Results** ED patients scored significantly higher than controls on all EDI-2 subscales ( $P$ -values < 0.05). On the TEC, emotional trauma was more frequent than sexual/physical ones in both ED patients and controls. Emotional trauma, and to a lesser extent physical one, were significantly more frequent in ED patients than controls. Distinguishing between emotional abuse and neglect, the latter had a higher prevalence than the former in both groups. Additionally, ED patients reported significantly more neglect, but not emotional abuse, than controls.

**Conclusions** Our findings show a high prevalence of emotional trauma in EDs, mainly neglect, i.e., a lack of care and attention potentially contributing to EDs. Thus, it is crucial to investigate emotional neglect in ED patients.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW214

### Severity of traumatic events in patients with eating disorders. A case-control study

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**Introduction** A high proportion of individuals with eating disorders (EDs) report childhood abuse and neglect. The prevalence of traumatic events in ED patients has been extensively investigated; less is known about their self-perceived-and reported-severity. **Objectives/Aims:** We aimed to assess in ED patients vs. healthy controls the severity, i.e., duration, perpetrator, and subjective impact,