Eating Disorders

O0048

Assessment of anorexia nervosa according to the DSM-5 alternative personality model using the SCID-5-AMPD diagnostic interview system

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Introduction: Anorexia nervosa (AN) is a chronic disease that significantly impairs the quality of life, with a low (less than 50%) remission rate, the incidence of which is increasing and it appears at younger and younger ages.
Objectives: Our aim is to facilitate effective and targeted therapy for anorexia nervosa by identifying personality traits and endophenotypes that aid diagnosis and identification of psychotherapeutic targets.
Methods: AN patients aged 18-45 years (N=14 female patients in the current study) completed online questionnaires on personality traits (PID-5), eating disorder (EDI-1), emotion regulation style, mentalization (MZQ), dissociation (DIS-Q), current emotional and mood state (SCL-90, PHQ-9), and past traumatic events (CTQ) after MINI and SCID-5-AMPD interview. Results were compared with a matched healthy control sample.
Results: Apart from AN, the most common comorbidity was depressive episode, and anxiety disorders were also present. In the SCID-5-AMPD interview, high scores were obtained for several domains describing personality dysfunction in the AN group. Among self-report questionnaires, we observed significant differences in scores on the SCL-90-R, and no difference in CTQ in the AN patients compared to healthy controls.
Conclusions: Based on the results of our study, the AN group showed more severe personality trauma, especially in the functional domains of identity and intimacy, and more psychological distress. The above may help to identify personalised psychotherapeutic treatment targets in AN patients, which may significantly improve effectiveness and reduce the time spent in therapy.

Disclosure of Interest: None Declared

O0050

Perceived parental bonding and cortisol awakening response in people with eating disorders

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Introduction: Early life experiences may have an impact on hypothalamic–pituitary–adrenal (HPA) axis functioning in eating disorders (EDs). Parental bonding is defined as the parental contribution of care and control to parent–child relationships. We evaluated whether perceived care and protection of parental bonding in childhood and adolescence were associated with HPA axis functioning in adult patients with EDs. The activity of the HPA axis was assessed by measuring the salivary cortisol awakening response (CAR).
Objectives: We evaluated whether parental care and control in childhood and adolescence were associated with HPA axis functioning in adults with EDs. On the basis of literature data on healthy participants, we hypothesized that people with high levels of parental care would show a reduced CAR compared to people with low levels of parental care.
Methods: We admitted patients according to the following inclusion criteria: (a) female sex, (b) age > 18 years, (c) current diagnosis of AN or BN according to DSM-5 criteria, (d) absence of severe physical disorders, (e) no history of endocrine disorders, psychoactive substance use, schizophrenia or other psychoses, bipolar disorders or head trauma. Participants completed the Italian version of the Parental Bonding Instrument (PBI). To measure the CAR, participants were instructed to collect saliva samples at awakening and 15, 30, and 60 min after awakening.
Results: 64 women with EDs participated in the study: 37 with AN and 27 with BN. 28 participants reported low levels of both maternal and paternal care while 12 participants reported high levels of care from both parents; 31 participants reported high levels of both maternal and paternal control, while 12 participants reported low levels of control from both parents. When maternal care was entered as between factor in the analysis, the repeated measures 3-way ANOVA showed a significant time effect (F3, 180 = 2.81, p < 0.05) and a significant maternal care X time interaction (F3, 180 = 2.99, p < 0.05), while, when paternal care was entered as between factor, the repeated measures 3-way ANOVA did not show significant effects for time and no significant paternal care X time interaction.
Conclusions: Our results show an association of perceived maternal care with the time pattern of CAR in female patients with ED, while perceived parental control was not associated with any CAR feature in EDs. Maternal control, paternal care and paternal control were not associated with any difference in the CAR.

Disclosure of Interest: None Declared

Guidelines/Guidance

O0051

Updating the WHO Model Lists of Essential Medicines to promote global access to the most cost-effective and safe medicines for mental disorders

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Introduction: Since its first publication in 1977, the World Health Organization's (WHO) Model List of Essential Medicines (EML) has guided the national procurement of medicines deemed essential to