

Methods A total of 806 ED patients (792 females; 379 AN and 427 BN) were recruited. Diagnosis of AN and BN were ascertained according to the DSM-IV-TR criteria by means of the SCID – Patient Edition. AAO was assessed by a clinical interview performed by a psychiatrist matched with a systematic review of medical records. To test AAO subgroups, we used a normal distribution admixture analysis.

Results A bimodal normal distribution of AAO with an early onset and late onset component was found for both AN and BN. Most of the subjects with AN (75.3%) and BN (83.3%) belonged to the early onset group. Both groups had a mean AAO of about 18 years. No significant differences were found concerning the AAO between groups.

Conclusion Consider clinical history and course of AAO for EDs may be crucial for planning treatment. To our knowledge, this is the first study that applied a validated statistical procedure to identify AAO cut-off points for AN and BN.

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

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EV0451

Interhemispheric functional connectivity in anorexia and bulimia nervosa

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Introduction The functional interplay between brain hemispheres is fundamental for behavioral, cognitive and emotional control. Several pathophysiological aspects of eating disorders (EDs) have been investigated by the use of functional Magnetic Resonance Imaging (fMRI).

Objectives The objective of the study was to investigate functional brain asymmetry of resting-state fMRI correlations in symptomatic patients with anorexia nervosa (AN) and bulimia nervosa (BN).

Aims We aimed at revealing whether brain regions implicated in reward, cognitive control, starvation and emotion regulation show altered inter-hemispheric functional connectivity in patients with AN and BN.

Methods Using resting-state fMRI, voxel-mirrored homotopic connectivity (VMHC) and regional inter-hemispheric spectral coherence (IHSC) analyses in two canonical slow frequency bands (“Slow-5”, “Slow-4”) were studied in 15AN and 13BN patients and 16 healthy controls (HC). Using T1-weighted and diffusion tensor imaging MRI scans, regional VMHC values were correlated with the left-right asymmetry of corresponding homotopic gray matter volumes and with the white matter callosal fractional anisotropy (FA). **Results** Compared to HC, AN patients exhibited reduced VMHC in cerebellum, insula and precuneus, while BN patients showed reduced VMHC in dorso-lateral prefrontal and orbito-frontal cortices. The regional IHSC analysis highlighted that the inter-hemispheric functional connectivity was higher in the ‘Slow-5’ Band in all regions except the insula. No group differences in left-right structural asymmetries and in VMHC vs callosal FA correlations were found.

Conclusions These anomalies indicate that AN and BN, at least in their acute phase, are associated with a loss of inter-hemispheric connectivity in regions implicated in self-referential, cognitive control and reward processing.

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EV0452

Investigation of endocannabinoids and endocannabinoid-related compounds in obese subjects during an hedonic eating experimental test

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Introduction Hedonic eating refers to the consumption of food just for pleasure and not for energetic needs. Endocannabinoids and endocannabinoid-related compounds play an important role in food-related reward and are likely involved in hedonic eating.

Objectives In a previous study we found that in normal weight healthy subjects plasma levels of 2 arachidonoylglycerol (2-AG) decreased progressively after food ingestion in both hedonic and non-hedonic eating condition, but they were significantly higher in hedonic eating. Plasma levels of anandamide (AEA), oleoylethanolamide (OEA) and palmitoylethanolamide (PEA), instead, progressively decreased in both eating conditions without significant differences.

Aims In order to investigate the physiology of endocannabinoids in obesity, we assessed the responses of AEA, 2-AG, OEA and PEA to hedonic and non-hedonic eating in obese individuals.

Methods Fourteen satiated obese patients consumed favorite (hedonic eating) and non-favorite (non-hedonic eating) foods in two experimental sessions. During the tests, blood was collected to measure peripheral levels of AEA, 2-AG, OEA and PEA.

Results Plasma levels of 2-AG progressively decreased in non-hedonic eating whereas they gradually increased after hedonic eating. Plasma levels of AEA decreased progressively in non-hedonic eating, whereas they initially decreased after the exposure to the favorite food and then returned to baseline values after its consumption. The responses of OEA and PEA to favorite and non-favorite food did not show significant differences.

Conclusions These findings demonstrate that, compared to normal weight healthy subjects, obese subjects exhibit different responses of peripheral endocannabinoids to the ingestion of food for pleasure and this could have implications for the onset/maintenance of obesity.

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EV0453

Attachment and hypothalamus-pituitary-adrenal axis functioning in patients with eating disorders

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Introduction Attachment theory suggests that different attachment styles influence the development of individual's self-esteem and modulate the individual's ability to manage stressful events

by responding with adequate affective adjustment. High levels of insecure attachment are present in adults with Eating Disorders (EDs).

Objectives The variables that mediate the association between attachment style and EDs have not been investigated enough. The possibility exists that the endogenous stress response system is involved.

Aims To appraise the role of the endogenous stress response system, we studied the effect of attachment styles on the hypothalamus-pituitary-adrenal (HPA) axis functioning in ED patients.

Methods Fifty-two women with EDs and 25 healthy women completed the ECR questionnaire to assess their attachment style. Saliva samples were taken in the morning to measure the Cortisol Awakening Response (CAR). Moreover, the saliva cortisol response to the Trier-Social-Stress-Test (TSST) was measured in 30 ED patients and 15 healthy controls.

Results Patients with avoidant attachment showed an increased CAR compared to both healthy controls and to patients with anxious and secure attachment styles. In the initial TSST phase, cortisol levels decreased in the secure attachment group but not in patients with avoidant attachment. In the TSST stress response phase, the cortisol raise was higher in insecure patients and delayed in avoidant ones.

Conclusions In adults with EDs, attachment styles affect the HPA axis functioning and this could have a role in the pathophysiology of EDs.

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EV0454

Insidious: The relationship between patients and their eating disorders and its impact on ED symptoms, illness duration and self-image

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Patients with eating disorders (EDs) often spontaneously talk about their disorder in terms of a symbolic other (a demon, a voice, a guardian). Further, externalizing exercises where patients are encouraged to separate their true self from their ED self are common in some treatment approaches. Yet, no previous quantitative study has investigated this phenomenon. We examined the patient-ED relationship (using the interpersonal structural analysis of social behavior methodology) and its implications for ED symptoms, illness duration and self-image. Participants were 16–25 year old female patients ($N=150$) diagnosed with anorexia nervosa ($N=55$), bulimia nervosa ($N=33$) or eating disorder not otherwise specified ($N=62$). Results suggested that patients had comprehensible and organized relationships with their EDs. EDs were primarily experienced as acting critical and controlling towards patients. Higher ED control was associated with more ED symptoms and longer illness duration, especially when coupled with patient submission. Patients reacting more negatively towards their EDs than their EDs were acting towards them had lower symptom levels and more positive self-images. Externalizing one's ED, relating to it like a symbolic other, seemed to make sense to patients and depending on its quality seemed to influence ED symptoms, illness duration and self-image. We put forward both clinical and theoretical implications based on the assumption that the patient-ED relationship may function in similar ways as real-life interpersonal relationships do.

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EV0455

Anorexia nervosa and attachment

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Introduction Attachment is an innate programming whereby a child seeks for security. There is scientific and empirical evidence that insecure attachment is usual in eating disorder patients [1].

Objectives To highlight the relevance of attachment between child and caregivers, as well as its significance in therapeutic approach.

Methods A 17-year-old girl hospitalized after attending to emergency department due to fainting. BMI: 12.89. She reports restrictive behavior since age 11 that her mother regards as "child issues". Divorced parents, she grew up with her mother, diagnosed of hypochondria, who mentions not understanding why she is not the one who is hospitalized.

Results During hospitalization, she turned 18-years-old. Guardianship of her younger siblings was removed to her mother. She had a secure relationship with her 24-year-old sister, so she decided to move in with her. Later on, she had a positive progress, maintaining the gained weight and mood stability, although cognitive distortions persist.

Conclusions Among developmental and maintaining factors of eating disorders, impaired attachment is becoming increasingly interesting. Even though the main goal of treatment is weight restoration, exploring attachment patterns can facilitate to achieve that aim. This clinical case emphasizes the importance of attachment in eating disorders among child and young adults.

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

Reference

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EV0456

Immunity and eating disorders.

Clinical description of a case

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Introduction Recently, there is an increasing interest in the link between anorexia nervosa and autoimmune diseases. Studies show