

Introduction Breast cancer (BC) may cause problems on body perception and awareness which can be perceived as a threat on body attitude among women with breast cancer.

Objectives The Body Attitude Test (BAT) assesses subjective attitude toward women's own body.

Aim The aim of the present study was to develop the Turkish version of the BAT and examine its reliability and validity.

Methods The study group (SD) consisted of 72 women diagnosed with BC while 100 healthy women (HW). The women evaluated by BAT, Eating Disorder Inventory (EDI) and Self Esteem Inventory (SEI) in 7–10 days intervals. Internal consistency was determined with Cronbach's alpha coefficient. Factor analysis was conducted on BAT ratings given by control group.

Results The mean age was 43.7 ± 8.76 of women with BC while 46.4 ± 10.84 in HW. Mean duration of cancer was 2.4 ± 0.7 years. Factor analysis showed BAT was composed of two factors as body dissatisfaction and lack of familiarity with one's body. The BAT demonstrates satisfactory level of internal reliability ($\alpha = 0.932$). BAT was related with EDI subscales: drive for thinness ($r = 0.741$, $P < 0.001$), ineffectiveness ($r = 0.736$, $P < 0.001$) and body dissatisfaction ($P = 0.718$, $P < 0.001$) and SEI subscale: familial self-esteem ($r = -0.629$, $P < 0.001$).

Conclusion The results support the validity and reliability of BAT which is able to differentiate the clinical and non-clinical form of subjective attitude toward women's own body. Turkish version of BAT could be used as an appropriate measure for assessing subjective attitude towards own body in women with and without breast cancer in Turkey.

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EV0479

Eating problems and body image among Finnish adolescents

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Objective To study prevalence of self-reported body image and eating distress symptoms among Finnish adolescents, and to study associations between psychopathology, body image and eating distress.

Design Cross-sectional population-based, survey subjects, 7th to 9th grade students aged 13–15: 3154 in Finland in 2014.

Methods Data were collected by student self-reported questionnaire including scale designed for evaluating attitudes and behaviors towards body shape and eating, and Strengths and Difficulties Questionnaire (SDQ) for assessing emotional and behavioral problems.

Results The female adolescents reported much more dissatisfaction and concerns with their bodies than the males, high levels of distress with body emotional, behavioral and peer problems measured with SDQ. Body image and eating problems were higher in Finnish than Japanese females with peer problems.

Conclusion The finding was in accordance with previous studies that found that body image and eating distress are associated with to gender and wide range of psychiatric problems.

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Self-admission to in-patient treatment: Patient experiences of a novel approach in the treatment of severe eating disorders

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Introduction The course of an eating disorder is often prolonged and can lead to enduring disability for many years, with some patients requiring lengthy periods of in-patient care. Unfortunately, there is still little evidence concerning the optimal model of in-patient care for these patients.

Objectives Self-admission is a novel treatment tool, whereby patients who have high health care utilization are offered the possibility to self-admit to an inpatient ward for up to seven days, because of deteriorating mental health or any other reason. Purposes behind the model are to increase the availability of in-patient care, to promote autonomy and agency, and to decrease total inpatient care utilization.

Aims To investigate whether self-admission can be beneficial for patients with severe eating disorders.

Methods Two beds out of eleven at a specialist eating disorders inpatient unit were reserved for self-admission of well-known patients. All participants were interviewed about their experiences in the program at 6 months.

Results Participants described an increased sense of agency and safety in their everyday lives. Suggestions were also made, such as a more active outreach approach in promoting admission, providing a continual staff contact during the brief admission episode, and offering a similar self-admission model for day treatment.

Conclusions Self-admission is a viable tool in the treatment of severe eating disorders and can increase quality of life by providing a safety net and promoting agency. However, logistical obstacles must be addressed in order to promote a constructive use.

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EMDR therapy on trauma-based restrictive eating cases

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Introduction Eating Disorders (ED) affect an individual's physical and mental health with abnormal eating habits. Traumatic life events may underlie the development of ED as many studies document [1]. In the present study, we examined the effectiveness of EMDR therapy that was originally used to treat Post-Traumatic Stress Disorder (PTSD) [2], on restrictive eating symptoms associated with trauma. Cases B.Ö. (18) and B.S. (20) came to the clinic consecutively for resembling complaints about the sense of food sticking in their throat, breathing difficulties, raised heart beatings, unease to swallow, and choking fear. The patients revealed past traumatic events about being out of breath while swallowing

their bites. Then, they have started to restrict their food intake and the types of food consumed, which led to emaciation with health problems, interrupted daily routines, and social isolation; meeting the diagnosis of avoidant/restrictive food intake disorder (ARFID) in DSM-5. Due to traumatic experiences, EMDR therapy was applied.

Discussion After five EMDR therapy sessions, patients turned back to healthy eating habits, normal BMI, and effective daily life. As expected, EMDR therapy made significant improvements in the treatment of ARFID.

Conclusion EMDR can be useful to treat ED with traumatic background.

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

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EV0482

Sleep disturbances in anorexia nervosa

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Introduction In clinical practice, insomnia is a common feature in anorexia nervosa (AN). Sleep self-reports in AN suggest that these patients report poor sleep quality and reduced total sleep time. Weight loss, starvation and malnutrition can all affect sleep. Patients with eating disorders who have sleep disturbances have more severe symptomatology.

Objectives The authors intend to review sleep disturbances observed in AN, describe possible pathophysiological mechanisms and evaluate the clinical impact of sleep disturbances on the treatment and prognosis of the disease.

Methods In this study, a non-systematic search of published literature from January 1970 and August 2015 was carried out, through PubMed, using the following keywords: 'sleep', 'anorexia nervosa' and 'insomnia'.

Results These patients subjectively report having poor sleep quality, with difficulty falling asleep, interrupted sleep, early morning waking or reduced total sleep time. Sleep disturbances found in AN using polysomnography are: reduction in total sleep time, decrease in slow wave sleep, slow wave activity and reduced sleep efficiency.

Conclusions Privation of adequate and restful sleep has a negative impact on the quality of life of patients, may contribute to the appearance of co-morbidities, such as depression and anxiety, and to a poor prognosis for AN.

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Eating disorders symptoms related to gestational BMI in breastfeeding mothers

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Background and aims Research has shown that maternal obesity and underweight are major risk factors for reduced initiation, duration, and exclusivity of breastfeeding. This prospective, cohort study analysed the association between gestational body mass index (BMI) and symptoms of eating disorders (ED) in breastfeeding women.

Methods The study involved 1318 consecutive, at term, healthy mothers, who delivered at the division of Perinatal Medicine of Policlinico Abano Terme, located in a North-Eastern Italy industrialized area, supporting advanced educational levels, good socio-economic status and low and late fertility. The day of discharge mothers completed the eating disorder examination-questionnaire (Fairburn and Beglin, 2008), including four subscales, restraint (R), shape concerns (SC), weight concerns (WC), eating concerns (EC) and a global score (GS). Mothers' BMI groups were categorized as underweight, normal weight, overweight and obese, according to 2009 IOM guidelines.

Results EDE-Q mean values (\pm SD) significantly increased with BMI increasing categories. Compared to normal weight mothers ($n=290$, 22.0%), obese women ($n=273$, 20.7%) had higher significant GS (0.6 ± 0.7 vs. 0.2 ± 0.3 ; $P=0.006$), R (0.6 ± 0.9 vs. 0.3 ± 0.6 ; $P<0.0001$), EC (0.4 ± 0.6 vs. 0.3 ± 0.5 ; $P<0.0001$), SC (0.9 ± 1.0 vs. 0.3 ± 0.5 ; $P<0.0001$) and WC (0.7 ± 0.8 vs. 0.1 ± 0.3 ; $P<0.0001$). In addition, formula-feeding adoption at discharge significantly increased with BMI increasing categories (P per trend = 0.01).

Conclusions We present evidence that gestational obesity is associated with reduced breastfeeding rates at discharge and higher ED symptomatology. Women need information and support to gain adequate weight during pregnancy.

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Bulimia nervosa in Singapore: Clinical profile, comorbidity and gender comparisons

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Introduction Though eating disorder cases have been on the rise in Asia, little is known about them. Bulimia nervosa (BN) has been associated with poor treatment outcome and high mortality risk, and is the second most commonly diagnosed eating disorders in Singapore, after anorexia nervosa (AN), yet no report thus far has explored this condition.

Objectives The current study seeks to describe the clinical population diagnosed with BN in our hospital treatment program, as well as to compare their clinical characteristics with a previously published local study on patients with AN.

Method Retrospective medical records review was carried out for patients diagnosed with BN in our hospital's eating disorders treatment program. Patient records from 2003 to 2013 were retrieved and analyzed. We also further compared presenting characteristics across genders and with AN patients.

Results Between 2003 and 2013, 348 patients were diagnosed with BN by psychiatrists based on the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR). BN patients presented with high rate of self-harm behaviors (37.1%), previous suicide attempts (19.0%) and psychiatric comorbidities (67.5%), many of which require inpatient treatment. Significant differences were found between genders and in comparison with the AN patients.

Conclusion Our results suggest that many patients with BN present with severe psychiatric comorbidities, in some aspects more severe than the AN population. The current study appeals for the development of more effective detection and treatment of vulnerable populations in Singapore. We further discuss about