

period regardless of pregnancy status (delivery, induced/planned or spontaneous abortion); this cohort was further stratified on COVID-19 status. The second cohort included all non-pregnant women (aged 15-45) with a positive COVID-19 test. COVID-19 infection in pregnant or non-pregnant women was assessed using COVID-19 test results or ICD-10CM code U07.1 from hospital data. COVID-19 severity was categorized based on hospital admission. Women were considered exposed to COVID-19 medications if they filled at least one prescription for a medicine included in the WHO list in the 30 days pre- or 30 days post-COVID-19 positive test/diagnosis. Considering potential confounders, association between COVID-19 during pregnancy, treated vs not, and perinatal outcomes were quantified using log-binomial regression models.

Results: 150,345 pregnant women (3,464 (2.3%) had COVID-19), and 112,073 non-pregnant women with COVID-19 diagnoses were included. Pregnant women with COVID-19 were more likely to have severe infections compared to non-pregnant women with COVID-19 (11.4% vs 1.6%, $p < 0.001$). The most frequent medications used in pregnancy to treat COVID-19 were antibacterials (13.96%), psychoanaleptics (7.35%), and medicines for obstructive airway disease (3.20%). In pregnancy COVID-19 was associated with spontaneous abortions (adjRR 1.76, 95%CI 1.3, 2.25), gestational diabetes (adjRR 1.52, 95%CI 1.18, 1.97), prematurity (adjRR 1.30, 95%CI 1.01, 1.67), NICU admissions (adjRR 1.32, 95%CI 1.10, 1.59); COVID-19 severity was increasing these risks but COVID-19 treatment with study medications reduced all risks.

Conclusions: Severity of COVID-19 was greater in pregnancy. Antibacterials, psychoanaleptics, and medicines for obstructive airway disease were the most used overall. Severe COVID-19 in pregnancy was associated with higher risks of adverse maternal, and neonatal outcomes.

Disclosure of Interest: None Declared

Eating Disorders

EPP0021

Impact Of Emotion Dysregulation On Eating Behavior Among The Tunisian General Population

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doi: 10.1192/j.eurpsy.2024.259

Introduction: Previous theoretical models and reviews have documented a strong connection between emotion dysregulation and eating disorders (ED) psychopathology among the general and clinical populations.

Objectives: We aimed to assess the link between emotional dysregulation and ED in the Tunisian general population.

Methods: We conducted a cross-sectional, descriptive and analytical study among Facebook group members, using an online questionnaire, over the period from February 17, 2023 to May 26, 2023. Emotional dysregulation was assessed via the “Difficulties in Emotion Regulation Scale” (DERS), which is composed of six sub-scores: “Non-acceptance” (N), “Strategies” (S), “Impulse” (I), “Goal” (G),

“Clarity” (C) and “Awareness” (A). The Eating Attitude Test (EAT-26) was used to assess the risk of developing ED.

Results: A total of 528 responses were included. The mean EAT-26 score was 12.36 ± 10.34 ; and 12.3% of our population were at high risk of developing an ED. The mean N, S, I, B, Cl, C and overall DERS scores were 7.78; 8.24; 7.08; 9.57; 6.46; 7.61 and 46.74, respectively.

We showed that the EAT-26 score was correlated with the overall DERS score ($r=0.260$; $p < 0.001$) as well as with the N ($r=0.208$; $p=0.002$), S ($r=0.228$; $p < 0.001$), I ($r=0.212$; $p=0.025$), B ($r=0.198$; $p < 0.001$), C ($r=0.122$; $p=0.005$) and Cl ($r=0.136$; $p=0.002$) scores.

Conclusions: Our study showed that participants with a high risk of developing an ED seem to have more difficulties with emotional regulation. Thus, our findings call for interventions that target emotion regulation in the treatment of ED.

Disclosure of Interest: None Declared

EPP0022

The Zen Garden Virtual Reality App for eating disorders: description and preliminary results

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doi: 10.1192/j.eurpsy.2024.260

Introduction: Virtual Reality (VR) represents an emerging and promising tool to enhance standard care for patients with eating disorders (EDs). Indeed, VR provides an immersive and interactive experience in a safe and controlled environment that can simulate real-life situations, showing encouraging findings on various components of psychological treatments such as exposure therapy, psychoeducation, and emotional regulation.

Objectives: This study aims to evaluate the Zen Garden VR App in patients with anorexia nervosa (AN) in order to obtain pilot data regarding changes in mood, relaxation, anger, anxiety, and weight and shape concerns. A secondary aim was to receive feedback from participants about the VR experience, its components, and its possible application for people with AN.

Methods: Self-reported baseline and post-intervention data were collected from a sample of six female inpatients with AN recruited at the Eating Disorders Service at the Bethlem Royal Hospital of the South London and Maudsley NHS Foundation trust (SLaM). The technology used during the VR session consisted of an Oculus head-mounted display headset and two controllers which provided continuous rotational and positional tracking (Figures 1, 2 and 3).

Results: Findings showed a global improvement after the VR Zen Garden App session, mainly in reducing levels of anxiety (Cohen’s $d=1.07$) and promoting relaxation (Cohen’s $d=0.95$), with possible applications especially before and after meals when food fears are at

their highest. In addition, the music that was played during the intervention had a particularly positive effect.

Image:



Image 2:



Image 3:



Conclusions: Despite limitations, such as the small sample size and the one time point measurement, positive clinical implications have been highlighted for the Zen Garden VR App in patients with AN, although further studies are needed to confirm these preliminary findings. It is possible that VR could usefully augment and personalize care for people with an EDs. A range of interventions might be used to target the most compromised symptoms such as designing interventions that can help with triggers to eating disorder psychopathology.

Disclosure of Interest: None Declared

EPP0023

Comparative Analysis of Impulsivity Profiles in Children and Young Patients with Anorexia Nervosa Restrictive Type, Anorexia Nervosa Binge Eating/Purging Type, Bulimia Nervosa, and Binge Eating Disorder

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doi: 10.1192/j.eurpsy.2024.261