

disordered eating behaviour. Moreover, eating disorder symptomatology is associated with inappropriate eating behaviours (e.g. excessive consumption of high-calorie foods and comfort foods).

Objectives: The objective of the present study was to investigate the differences in eating behaviour among adults with different levels of emotional suppression and eating disorder symptomatology.

Methods: Two hundred seventy adults ($M_{age} = 29.44 \pm 9.32$) completed the Three-Factor Eating Questionnaire (eating behaviour), the Eating Attitudes Test (eating disorder symptomatology) and the Emotion Regulation Questionnaire (emotional suppression).

Results: Three clusters were identified through cluster analysis: cluster 1 ($N = 115$) presenting low emotional suppression and low eating disorder symptomatology; cluster 2 ($N = 43$) presenting high emotional suppression and high eating disorder symptomatology and cluster 3 ($N = 112$) presenting high emotional suppression and low eating disorder symptomatology. Our results showed that individuals in cluster 2 had significantly greater levels of cognitive restraint, uncontrolled eating and emotional eating than individuals in clusters 1 and 3. Moreover, individuals in clusters 1 and 3 did not differ significantly in terms of any of the TFEQ subscales.

Conclusions: These preliminary findings may suggest that the tendency to persistently suppress emotions exacerbate disordered eating behaviour. Therefore, this factor together with symptoms of eating disorders should to be considered when planning prevention and intervention programs among adults presenting disordered eating behaviour.

Disclosure: No significant relationships.

Keywords: adults; eating disorder risk; eating behaviour; emotion regulation

EPP0070

Is decision-making impairment an endophenotype of Anorexia Nervosa?

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Introduction: Patients with anorexia nervosa (AN) show impaired decision-making ability, but it is still unclear if this is a trait marker, i.e. a stable endophenotype of AN, or a state parameter, i.e. being explained by present symptoms and associated comorbidity.

Objectives: We aimed to determine whether decision-making impairment is an *endophenotype* of AN. We hypothesized that decision-making alteration would not respect the criteria of an endophenotype, and that these alterations would have a relationship with illness severity.

Methods: Ninety-one patients with acute AN (A-AN), 90 unaffected relatives (UR), 23 patients remitted from AN (R-AN) and 204 healthy controls (HC) underwent the Iowa Gambling Task (IGT) and psychometric assessments. Prospective Valence

Learning model (PVL) was employed to distinguish the cognitive dimensions underlying the decision-making process. Performance at the IGT was compared between the four groups and then analysed according to clinical and psychometric variables.

Results: Patients with A-AN scored worse than UR and HC at the IGT ($p < .01$). PVL-feedback sensitivity parameter was lower in patients with R-AN and A-AN than in the two other groups ($p < .01$) and PVL-loss aversion parameter was lower in A-AN than in UR and R-AN ($p < .01$). Decision-making style, in particular learning and loss aversion parameters, accounted for a significant part of variance of psychopathology in patients with AN ($p < .01$).

Conclusions: Impaired decision-making represents a state-associated, cognitive hallmark of AN. The aggravation of reward modulation along with illness progression may explain the persistence of symptoms despite their consequences on health. Reversal of decision-making impairment should not be limited by inherited vulnerability.

Disclosure: No significant relationships.

Keywords: endophenotype; decision making; iowa gambling task; Anorexia nervosa

EPP0071

Eating disorders in the structure of depressive states.

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Introduction: Anorexia nervosa is a disease that occurs mainly in adolescent and young girls and is expressed in a conscious, extremely persistent and purposeful desire to lose weight, often reaching severe cachexia with a possible fatal outcome.

Objectives: Clinical and psychopathological analysis of eating disorders and modeling of clinical and dynamic patterns in terms of their association with depressive disorders, improving the criteria for nosological diagnosis, prognosis and therapy.

Methods: 58 patients aged 15 to 25 years who were on outpatient and inpatient observation of the clinic were studied.

Results: It was found that eating disorders are divided into 2 types. The first type is an overvalued eating disorder. In this category, the depressive state developed either during the course of the eating disorder or preceded its development. The second type is delusional eating disorder. In this type, the development of the depressive state did not depend on the eating disorder and proceeded independently of it. At each of these levels, three types of dynamics were identified: narrative type of dynamics (44%), implicit type (25%) and type of selective dissociation (22.4%).

Conclusions: Eating disorders in the structure of depression are heterogeneous and have different degrees of association with depressive symptoms and different variants of the dynamics of their course. The revealed patterns make it possible to formulate a clearer idea of the prognosis of the disease as a whole and to optimize the algorithms for the therapeutic intervention of these conditions.

Disclosure: No significant relationships.

Keywords: Eating disorders; Anorexia nervosa; Depression

EPP0072

Art therapy in eating disorders. A systematic review of literature.

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Introduction: Art-therapy (encompassing plastic arts, music, theater and writing) is a promising and acceptable management strategy of eating disorders (ED). It has the potential to improve well-being and therapeutic alliance, targeting psychological dimensions of ED, and dealing with difficulties of expression and rationalization of patients. Nevertheless, the efficacy of this approach is difficult to evaluate because of the lack of studies in this area.

Objectives: We sought to provide an overview on the efficacy of art therapy in the management of ED, by a systematic review of all controlled trials using art therapy on patients with ED.

Methods: This systematic review included all controlled trials using art-therapy on a population of adolescent and adult patients with ED. The effect of art therapy on clinical indicators such as anthropometric variables, symptoms and dimensions of ED was evaluated.

Results: Of the 1286 screened records, only four respected inclusion criteria. These four trials evaluated plastic art therapy, music therapy, writing therapy, and dance-movement therapy. A large number of bias and strong heterogeneity of inclusion criteria, techniques and variables prevented any attempt of quantitative synthesis. Music therapy appeared to have a significant effect on post-prandial anxiety, while dance-movement therapy showed an effect on body dissatisfaction.

Conclusions: The generalizability of the results found is weakened by the high heterogeneity of trials. Replication studies and a rigorous methodologies are necessary for more reliable conclusions. Art therapy could help improving some specific dimensions of ED.

Disclosure: No significant relationships.

Keywords: Psychotherapy; Eating Disorders; systematic review; art therapy

EPP0073

Vulnerability to acute psychosocial stress in subjects with eating disorders and history of childhood trauma: experimental evidence of a "Maltreated Ecophenotype"E. Barone^{1*}, M. Carfagno¹, A.M. Monteleone¹, V. Ruzzi¹, F. Pellegrino¹, N. Marafioti¹ and R. Toricco²¹University of Campania "Luigi Vanvitelli", Department Of Psychiatry, Naples, Italy and ²Università degli studi della Campania "L. Vanvitelli", Psichiatria, napoli, Italy

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Introduction: Subjects with eating disorders (ED) show a high prevalence of childhood trauma.

Objectives: Aim of the study is to evaluate the emotional, biological and behavioral responses to an experimental acute psychosocial stress in subjects with ED with or without childhood maltreatment.

Secondary aim is to evaluate the effects of different traumatic experiences (physical and emotional).

Methods: 48 women with ED completed the Childhood Trauma Questionnaire (CTQ). 29 participants (14 with Anorexia Nervosa [AN] and 15 with Bulimia Nervosa [BN]) reported an history of childhood maltreatment, while 19 (11 with AN and 8 with BN) did not. Cortisol levels, anxiety and hunger perceptions have been assessed in all participants throughout the Trier Social Stress Test (TSST) as well as body dissatisfaction after stress exposure.

Results: Subjects with childhood trauma showed higher emotional reactivity and body dissatisfaction and lower hunger throughout the TSST than those without childhood trauma. Higher cortisol levels were observed in patients with AN, regardless of the presence of childhood trauma, and in those with BN and history of emotional trauma. Emotional trauma was the childhood trauma explaining most of the observed differences.

Conclusions: Childhood trauma, especially emotional one, can lead to vulnerability to interpersonal stress in individuals with ED. The present study is the first that supports the "maltreated ecophenotype" hypothesis in subjects with ED through an experimental task and the evaluation of multiple levels of response. These data may provide new perspectives on the pathogenetic mechanisms of ED and novel therapeutic implications.

Disclosure: No significant relationships.

Keywords: TSST; maltreated ecophenotype; ED

EPP0075

Bulimia nervosa and borderline personality disorder - case report and literature review

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Introduction: Bulimia Nervosa (BN) is a debilitating eating disorder characterized by bingeing and purging episodes generally accompanied by excessive concern with body weight and shape as well as body image disturbance. BN and Borderline Personality Disorder (BPD) may co-occur. In fact, studies estimate that one quarter to one third of patients with BN also meet criteria for BPD. However not much is known about the relationship between these two diseases. Nevertheless, the high comorbidity rate might not be surprising as both BN and BPD may share interacting aetiologies and common core symptoms such as impulsivity and emotional instability. So far, only very little is known about the clinical presentation of patients with both BN and BPD and their response to treatment.

Objectives: Literature review on BN and comorbid BPD. An illustrative clinical case is presented.

Methods: Case report and non-systematic review of the literature - sources obtained through search on Pubmed.gov database.

Results: Female, 19-year-old, student, lived with her mother and stepfather. Developed a poor relationship with her body image due to dental problems during high school. The patient started to binge eat, exhibit compensatory behaviors, restrictive eating pattern, body dissatisfaction and emotional instability while maintaining a