Eating disorders

O120

Eating disturbances in subjects with autism spectrum disorder without intellectual disabilities

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Introduction: There is a growing interest in the relationship between Autism Spectrum Disorders (ASD) and Eating Disorders (ED), two relatively common conditions lying on a spectrum from mild to severe clinical features. However, only limited data are available about pathological eating behaviours throughout adults on the autistic spectrum.
Objectives: The aim of the present study is to assess dysfunctional eating behaviours, including ED manifestations and ASD-related eating disturbances, in a population of adults with ASD with no intellectual disabilities.
Methods: We recruited 115 adults on the autistic spectrum, with no intellectual disability and 114 neurotypical adults (NA). Participants completed the "Eating Attitude Test" (EAT-26), to measure symptoms and concerns characteristic of ED, and the "Swedish Eating Assessment for Autism Spectrum Disorders" (SWEAA), to assess eating behaviours frequently seen within the autistic spectrum.
Results: Subjects with ASD scored significantly higher than NA at the EAT-26 and at the SWEAA. Women reported higher scores than men. Moreover, an interaction effect Group*Gender emerged at the EAT-26 only, with women with ASD scoring higher than men with and than NA overall. ASD subjects scored higher than NA at the EAT-26 subscales Dieting and Bulimia. Furthermore, the higher the SWEAA total score was, the more likely it was that a subject on the autistic spectrum would score above the cut-off of 20 at the EAT-26.
Conclusions: These results indicate that adults with ASD without intellectual disability presented not only a higher prevalence of eating disturbances typical of autistic spectrum, but also other ED symptoms in comparison to NA.

Disclosure: No significant relationships.
Keywords: Autistic Spectrum Disorder; eating disorders; autistic eating disturbances

O121

Dysregulated sexuality and childhood trauma in eating disorders: Psychopathological, biological, and behavioural correlates

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Introduction: Sexual dysfunction is common in eating disorders (EDs), but its relevance is often overlooked.
Objectives: To describe different ED clinical subgroups in terms of psychopathology, putative biological correlates, and consequences of dysregulated sexuality, focusing on the role of childhood trauma.
Methods: Healthy controls (n=60), binge-purging (n=38), and restricting patients (n=24) were compared (age- and BMI-adjusted ANOVA; Bonferroni post-hoc tests), using total scores of Eating Disorder Examination Questionnaire (EDE-Q), Emotional Eating Scale (EES), SCL-90-R Global Severity Index (GSI), Barratt Impulsiveness Scale (BIS-11), Difficulties in Emotion Regulation Scale (DERS), Childhood Trauma Questionnaire (CTQ), Female Sexual Functioning Index (FSFI), Hypersexual Behaviour Inventory (HBI), and patients' hormonal profiles (gonadal and pituitary hormones, ghrelin). Self-reported voluntary termination of pregnancy (VTP) and promiscuous sexual activity were recorded. For ED patients (N=62), regression analyses between significant variables and HBI were carried, applying moderation models for different CTQ scores.
Results: Table 1 outlines significant between-group comparisons (°: different from controls; *: different from restricting patients; $p<0.05$). Binge-purging patients had higher FSH, LH, and ghrelin levels, more VTPs and promiscuity. HBI showed significant correlations with EES, SCL-90-R-GSI, DERS, CTQ, and ghrelin levels. CTQ moderated interactions for DERS and EES (Figure 1).

	Binge-purging	Restricting	Controls	F
EDE-Q	3.86±1.20°	3.41±1.64°	0.85±0.83	67.32
EES	40.85±22.74°*	16.01±15.88	19.87±15.21	7.01
SCL-90-R GSI	1.73±0.65°	1.27±0.69°	0.68±0.44	20.32
BIS-11	62.47±9.91°	60.81±8.56	57.04±10.04	4.99
DERS	106.97±29.15°*	83.97±33.12	78.14±14.12	10.21
CTQ	55.32±21.06°	49.31±10.81°	38.02±8.32	15.24
FSFI	17.32±11.89°*	11.70±10.98°	29.32±7.45	24.02
HBI	28.75±13.89*	20.56±3.12	26.11±4.90	4.92