

O131

Clinical, psychopathological, and biological predictors of resumption of menses in subjects with anorexia nervosa: A 4-year follow-up study

E. Rossi^{1*}, E. Cassioli¹, G. Castellini¹, L. Giardinelli¹, A. Fanelli², A. Fisher³, L. Vignozzi³ and V. Ricca¹

¹Psychiatry Unit, Department Of Health Sciences, University of Florence, Florence, Italy; ²Central Laboratory, Azienda Ospedaliero-Universitaria Careggi, Florence, Italy and ³Andrology, Women's Endocrinology And Gender Incongruence Unit, Department Of Experimental, Clinical, And Biomedical Sciences, University of Florence, Florence, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.330

Introduction: Amenorrhea is one of the most frequent and serious consequences of Anorexia Nervosa (AN). Resumption of menses (ROM) is considered an important goal and is associated with a better outcome.

Objectives: To investigate the role of age, Body Mass Index (BMI), diagnostic subtype (restrictive vs binge-purging), history of childhood abuse, duration of illness, psychopathology and sex hormones on ROM in AN.

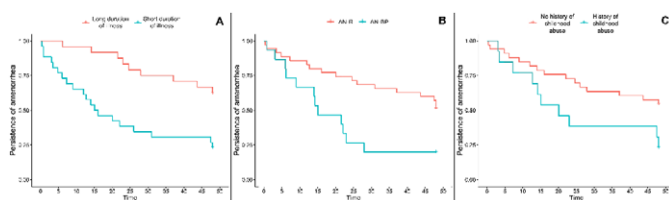
Methods: 52 patients with AN and amenorrhea were enrolled at the start of treatment. Clinical parameters of interest were collected, and questionnaires were administered for the assessment of general (SCL-90-R) and specific (EDE-Q) psychopathology. Blood samples were taken to assess FSH, LH and estradiol levels. All patients were monitored regularly through psychiatric checkups until ROM, for up to four years.

Results: A total of 30 (57.7%) subjects recovered their menstrual cycle in the follow-up period (mean time: 18.7 ± 14.8 months). Recovery was more frequent in the binge-purging subtype than in the restrictive subtype (82.4% vs 48.6%, $p=0.019$), and was significantly associated with diagnostic crossover (odds ratio=10.0, $p=0.032$). Multivariate Cox regression showed an increased likelihood of menstrual recovery for binge-purging subtype ($p=0.005$) and for those reporting a history of childhood abuse ($p=0.025$). Early ROM was also associated with baseline SCL-90-R scores ($p=0.002$) and FSH ($p=0.011$), while a longer duration of illness ($p=0.003$) and EDE-Q scores ($p=0.009$) predicted a later recovery.

Conclusions: This study highlights the role of duration of illness, childhood abuse history and psychopathological characteristics in subjects with AN at the start of treatment in predicting ROM.

Disclosure: No significant relationships.

Keywords: anorexia nervosa; Amenorrhea; resumption of menses; childhood abuse



O132

Home treatment for adolescents with eating disorders as an add-on to family based therapy

N. Flütsch* and D. Pauli

Department Of Child And Adolescent Psychiatry And Psychotherapy, University of Zurich, Zurich, Switzerland

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.331

Introduction: Family-based therapy (FBT) has been proven effective in treating eating disorders among children and adolescents. However, many families have difficulties implementing the measures recommended in outpatient therapy.

Objectives: This study examines the effectiveness of add-on home treatment (HT) to family based therapy (FBT) in adolescents with anorexia nervosa (AN). The HT intervention is delivered by specialized nurses and aims at supporting patients and parents to re-establish family meals in the home environment.

Methods: We performed an case-control study in AN patients comparing 44 (42 female, 2 male) adolescents receiving FBT augmented with HT compared to 22 (22 female, 1 male) participants receiving FBT alone. Eating disorder diagnosis, psychopathology and severity of clinical symptoms were assessed using (EDE, EDI-2) and clinical parameters (BMI, menstrual status, level of over-exercising) at baseline and after 3-months.

Results: After 3 months both treatment groups showed a significant early weight gain, a reduction in the rate of AN diagnoses assessed with the EDE interview and a reduction in EDI-2 total scores. The combined HT/FBT group showed a significantly greater increase in BMI than the FBT-only group. In the combined HT/FBT group none of the patients had to be admitted to hospital while 13.6% of the FBT-only group had to be referred to inpatient treatment. Treatment satisfaction in the combined HT/FBT group was high in both patients and parents.

Conclusions: Our results suggest that HT augmented FBT is superior compared to FBT alone in terms of early weight gain and might reduce the risk of hospital admission in adolescent AN.

Disclosure: No significant relationships.

Keywords: eating disorders; home treatment; adolescents; family based treatment

O133

The relationship between perfectionism, generalized problematic internet use and bulimic behaviours

M. Pereira¹, A.T. Pereira^{2*}, A. Araujo³, M.J. Soares⁴, J. Sobral¹, D. Mota^{3,4}, B. Maia⁴ and A. Macedo³

¹Faculty Of Medicine, University of Coimbra, Coimbra, Portugal;

²Institute Of Psychological Medicine, Faculty Of Medicine, University of Coimbra, Coimbra, Portugal; ³Cri Psiquiatria, Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal and ⁴Institute Of Psychological Medicine, Faculty Of Medicine, University of Coimbra, Coimbra, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.332

Introduction: Perfectionism is a consistent risk factor for various psychopathological conditions, including psychological distress and