

**Methods:** A community sample of 229 (16.2% male) participants, with a mean age of  $29.08 \pm 10.68$  reported online on traumatic events (Life Events Checklist), dissociation (Dissociative Experiences Scale – II), emotional dysregulation (Difficulties in Emotional Regulation Scale), ED symptoms (Eating Disorders Examination – Questionnaire) and BD (Figure Rating Scale).

**Results:** Participants reported experiencing a mean of  $2.87 \pm 2.27$  traumatic events, with a relatively high percentage (~86%) reporting at least one. The most commonly reported traumatic events were transportation accidents and physical assault. Although frequency of traumatic events did not directly predict ED symptoms, BMI, dissociation, emotional dysregulation and BD did. An SEM model showed that traumatic events predicted ED symptoms indirectly through dissociation, emotional dysregulation and BMI. Dissociation and emotional dysregulation predicted ED symptoms directly. BMI also moderated the association between traumatic events and both ED symptoms and BD.

**Conclusions:** Therapists treating patients with high BMI or obesity should be aware of these relationships and investigate the possibility that trauma and/or PTSD may underlie the presenting disordered eating or eating disorder.

**Disclosure:** No significant relationships.

**Keywords:** Eating disorder symptoms; Emotion dysregulation; Dissociation; Trauma

### EPV0691

#### Comorbidity of Substance Use Disorders and Eating Disorders: a major concern for mental health care professionals

C. Tapoi

Prof. Dr. Alexandru Obregia Clinical Psychiatry Hospital, Psychiatry, Bucharest, Romania  
doi: 10.1192/j.eurpsy.2022.1481

**Introduction:** During the last 30 years, many studies have shown a high prevalence of substance use among patients diagnosed with an Eating Disorder (ED). Almost 50% of the patients with ED have a history of substance use, and 35% of the patients that seek help for an addiction disorder also meet criteria for ED. Nevertheless, both substance abuse specialists and practitioners with expertise in ED have difficulties in treating these dually diagnosed patients.

**Objectives:** The aim of this study is to emphasize the importance of assessing substance use in patients with ED and disturbed eating behaviors in patients with Substance Use Disorders (SUD), as well as the need for evidence-based treatment guidelines for this comorbid condition.

**Methods:** A literature search of published articles on substance use patterns in ED and on the therapeutic approach for this comorbid condition was performed on PubMed database.

**Results:** A diagnosis of Bulimia Nervosa and the presence of binge/purging behaviors are strongly associated with substance use. Most frequently used substances are represented by nicotine, caffeine and alcohol, followed by cannabis and amphetamines. Reasons why patients with ED use substances are emotional regulation and appetite suppression. Detailed and systematic evaluation of the substances used and for other psychiatric comorbidities is mandatory. Management plan involves simultaneously treating ED and SUD.

**Conclusions:** The comorbidity of Substance Use Disorders and Eating Disorders is a complex entity, but nonetheless treatable.

Further studies are needed to specify the patterns of substance use in Eating Disorders and their implications for treatment.

**Disclosure:** No significant relationships.

**Keywords:** bulimia nervosa; dual diagnosis; eating disorder; substance use disorder

### EPV0693

#### Assessment of physical activity level in young adults with eating disorder risk: a cross-sectional study in a non-clinical sample

M. Mróz and A. Brytek-Matera\*

University of Wrocław, Institute Of Psychology, Wrocław, Poland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1482

**Introduction:** Physical activity (PA) level has been found to be an important correlate of eating disorders (EDs). The literature is inconclusive to whether PA is related to symptoms of EDs in non-clinical sample.

**Objectives:** The first study aim was to assess the level of PA in non-clinical group of young adults with symptoms of EDs. The second aim was to evaluate the association between PA level and severity of EDs symptoms.

**Methods:** The sample consisted of 327 young adults ( $M_{age} = 21.72 \pm 2.00; M_{BMI} = 23.20 \pm 7.43$ ). All participants completed the *Eating Attitudes Test (EAT-26)* and the *International Physical Activity Questionnaire (IPAQ)*. Finally, 32 individuals (9.79%) of the total sample scored above clinical cut-off on the EAT-26 ( $\geq 20$ ) indicating a high level of symptoms and concerns characteristic of EDs.

**Results:** The non-clinical group differed significantly in PA level (low-intensity, moderate-intensity, vigorous-intensity levels of PA;  $H(2,32) = 26.19, p < 0.001$ ). There was no difference in the severity of ED symptoms between the groups of PA level. Our findings demonstrated a positive relationship between PA (IPAQ total score) and bulimic behaviour and thoughts about food ( $\rho\text{-Spearman} = 0.31, p = 0.04$ ). The highest Bulimia and Preoccupation scale scores were observed in group with vigorous-intensity levels of PA ( $Me = 8.5$ ).

**Conclusions:** Our findings indicate that the severity of ED symptoms did not differ across the PA levels in a non-clinical sample of young adults. However, PA was positively associated with bulimia and food preoccupation. Since, excessive physical could be an important risk-factor of EDs, the recommended levels of PA for health in non-clinical sample should be enhanced in effective prevention programs.

**Disclosure:** No significant relationships.

**Keywords:** physical activity; eating disorder risk; non-clinical sample

### EPV0695

#### Levels of intervention and support for newly presenting clients with eating disorders

A. Grau<sup>1\*</sup>, C. Evans<sup>2,3,4</sup>, J.C. Medina<sup>5</sup> and C. Paz<sup>6</sup>

<sup>1</sup>ITA Mental Health, Avenir Unit, Barcelona, Spain; <sup>2</sup>PSYCTC.org, Research, Aime la Plagne, France; <sup>3</sup>University of Sheffield, Psychology,

Sheffield, United Kingdom; <sup>4</sup>Universidad de Las Américas, Ecuador, Psychology, Aime, France; <sup>5</sup>Universitat Oberta de Catalunya, Psychology, Barcelona, Spain and <sup>6</sup>Universidad de Las Américas, Ecuador, Psychology, Quito, Ecuador

\*Corresponding author.

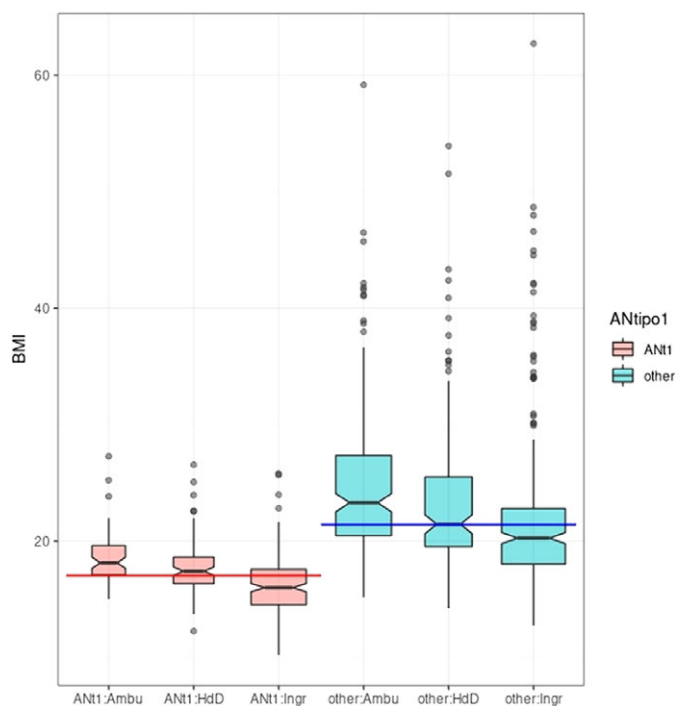
doi: 10.1192/j.eurpsy.2022.1483

**Introduction:** Clients with Eating Disorders may be treated as inpatients (IP), day hospital (DH) or community patients (Ambu). The ITAMITED study is following to treatment termination (or end of October 2025) all new clients with EDs presenting between November 2017 and October 2020 to eight centres in Spain.

**Objectives:** To describe to what extent initial care levels (IP, DH, Ambu) are associated with gender, age, social relationships, ED diagnosis Body Mass Index (BMI) and baseline medication.

**Methods:** The study is exploratory/descriptive, practice-based evidence (PBE). Consecutive new clients were approached for participation. Inclusion criteria were a diagnosis of an ED and opting in to treatment.

**Results:** The only variables *not* showing a statistically significant relationship with level were gender (*no* relationship), diagnosis of bulimia and use of prescribed psychostimulant medication (which was rare). OP care was associated with older age which did not discriminate between DH and IP. Similarly, being in a relationship was associated with OP care but didn't differentiate between DH and OP. Relationships with ED diagnosis other than AN type I were complex but significant. Relationships with AN type I, BMI and being on antipsychotics, antidepressants, anxiolytics, mood stabilisers and a catch-all category of all other medication all showed an ordered relationship IP > DH > Ambu. The most powerful relationships were with BMI and diagnosis of AN type I.



**Conclusions:** Initial level of care is associated with many factors and strongly with many of them. This will complicate the analyses of trajectories of change but reflects the heterogeneity of this client group.

**Disclosure:** I am Clinical Director of ITA but analyses are prespecified. Evans, Medina and Paz are not remunerated by ITA nor related to ITA or any of its employees they would counter any pressure on analyses or reporting that might arise from my position.

**Keywords:** Eating Disorders; levels of care; personalised care; Psychotherapy

## EPV0696

### Attitudes towards body and perception of parental care and close relationships in anorexia nervosa (AN)

P. Karpenko<sup>1</sup>, L. Pechnikova<sup>1</sup>, E. Zhuykova<sup>2</sup>, E. Sokolova<sup>1</sup>, A. Ryzhov<sup>1\*</sup> and O. Ioannisyants<sup>3</sup>

<sup>1</sup>Lomonosov MSU, Faculty Of Psychology, Moscow, Russian Federation; <sup>2</sup>Russian State University for the Humanities, L.S. Vygotsky Institute Of Psychology, Moscow, Russian Federation and <sup>3</sup>G. E. Sukharevascientific and practical center for mental health of children and adolescents of the Moscow department of Public Health, Division 5, Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1484

**Introduction:** The links between body image disturbances and distorted relationships with parents were supposed since the early conceptualizations of AN by Hilde Bruch. The empirical studies however were concerned with perceptual aspects of body image and much less is known about how the attitudinal aspects and the body-related behaviors are affected.

**Objectives:** To study the attitudinal and behavioral aspects of body image in adolescents with AN in relation to perceived parental care and the attachments to close people.

**Methods:** The Body Investment Scale (BSI), Parental Bonding Instrument (PBI) and Attachment Style Questionnaire (ASQ) were used. 53 girls with Anorexia Nervosa were compared to 63 controls (adjusted by age).

**Results:** Girls with AN scored significantly higher on BIS Body attitude ( $p < .001$ ) and Protection scales ( $p < .01$ ), while displayed equal results on Body Care scale. They displayed lower Confidence in relationships ( $p < .01$ ), higher Need for approval, Discomfort and preoccupation in close relationships ( $p < .05$ ). No differences were found on PBI, except for AN group perceiving less paternal control ( $p < .05$ ). The correlation analysis, while showing a number of similar correlations within groups, suggests that in AN group positive Body image was more closely linked to perceived early care, especially from father ( $r = .6$ ), in contrast with controls. In current relationships negative Body image for AN is stronger related to Discomfort and Need for approval ( $r > 0.6$ ), while Discomfort with Touch is less linked to problems in relationships than in controls.

**Conclusions:** Results suggest the importance of studying the father's mediating role in the formation of body attitudes in AN.

**Disclosure:** No significant relationships.

**Keywords:** perceived parental care; Anorexia nervosa; attachment in close relationships; body image