

vs late (0-7 vs 8+ days after admission) start of NGT, drugs). Models for specific contributions of predictors related to outcomes were assessed with analysis of covariance (ANCOVA).

**Results:** Fifty-three inpatients ( $F=53$ , mean age  $15.1\pm 2.0$  years) were enrolled. Both higher DT ( $F(1,22)=15.07$ ,  $p<0.001$ ) and BD improvement ( $F(1,22)=7.73$ ,  $p=0.011$ ) were predicted by lower admission BMI. Higher BMI improvement was predicted by lower admission BMI ( $F(1,47)=10.39$ ,  $p<0.001$ ) and age ( $F(1,47)=6.12$ ,  $p=0.011$ ). AN subtypes, comorbidities, antidepressants, and different antipsychotics did not predict any outcome.

**Conclusions:** In this study, greater improvement in AN-specific psychopathology (DT and BD) and weight in patients treated with NGT was predicted by lower admission BMI. These results suggest that young patients with greater severity may highly benefit from NGT. These findings, if confirmed in wider and controlled samples, could help in optimizing the treatment with NGT in young inpatients with AN.

**Disclosure:** No significant relationships.

**Keywords:** Anorexia nervosa; children and adolescents; Nasogastric tube feeding

## EPP0826

### Impact of COVID19 Lockdown in Eating Disorders: A Multicenter Collaborative International Study

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**Introduction:** COVID19 lockdown is having a significant impact on mental health, patients with eating disorders (ED) are particularly vulnerable.

**Objectives:** 1) To explore changes in eating and other psychological features due to confinement in patients with ED from various European and Asian countries; and 2) to assess differences related to diagnostic subtypes, age and geography.

**Methods:** The sample comprised 829 participants, diagnosed with an ED according to DSM-5 criteria from specialized ED units in Europe and Asia. Participants were assessed using the COVID19 Isolation Scale (CIES).

**Results:** On one hand, patients with Binge Eating Disorder experienced the highest impact on weight and ED symptoms due to confinement. Together with subjects diagnosed with Other Specified Feeding and Eating Disorders (OSFED), they also experienced a deterioration in general psychological state. On the other hand, there was less symptomatic impact on people with Bulimia Nervosa or Anorexia Nervosa and asian and younger individuals appeared to be more resilient in this situation.

**Conclusions:** The impact of COVID varied by cultural context and individual variation in age and form of illness. Services may need to target preventive measures and adapting therapeutic approaches for the most vulnerable patients.

**Disclosure:** No significant relationships.

**Keywords:** COVID Isolation Eating Scale (CIES); Eating Disorders; Covid-19; lockdown

## EPP0827

### Attention-deficit/hyperactivity disorder (ADHD) in adult obese patients referred to bariatric surgery

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**Introduction:** Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition characterized by symptoms of inattention, hyperactivity, and impulsivity, which only rarely remits in adulthood<sup>[1]</sup>. A positive association between ADHD and obesity has been repeatedly observed, especially in adult samples<sup>[2]</sup>. However, only a few studies investigated the prevalence and correlates of ADHD in obese patients seeking bariatric treatment<sup>[3,4]</sup>.

**Objectives:** Our study was aimed to examine the prevalence of probable ADHD comorbidity in a sample of obese patients referred for bariatric surgery. Secondly, we sought to characterize differences in eating behaviour between obese subjects with and without probable ADHD.

**Methods:** The study sample was composed of 110 adult obese patients ( $BMI \geq 30$  kg/m<sup>2</sup>) consecutively referred for bariatric surgery to the Obesity Center of the Endocrinology Unit in Pisa University Hospital between November 2010 and May 2012. Probable ADHD was identified using a recently developed screening scale based on items selected from Symptom Check-List-90-R (SCL-90-R)<sup>[5]</sup>. The extent of binge-eating/purging and night-eating behaviours were respectively estimated using the Bulimic Investigatory Test, Edinburgh (BITE)<sup>[6]</sup> and the Night-eating Questionnaire (NEQ)<sup>[7]</sup>. Wilcoxon test was used for statistical comparisons, with a significance level of  $p<0.05$  set for all tests.

**Results:** Probable ADHD was found in 14 subjects (12.7%, 95% CI=7.1-20.4%). Patients with probable ADHD showed significantly higher BITE symptom score ( $20.4\pm 9.3$  vs.  $12.1\pm 7.5$ ,  $r=0.31$ ,  $p=0.001$ ) and NEQ total score ( $16.1\pm 9.2$  vs.  $9.5\pm 3.9$ ,  $r=0.27$ ,  $p=0.005$ ).

**Conclusions:** ADHD is a relatively common comorbidity in obese patients seeking bariatric treatment, which is positively associated with disordered eating habits, such as binge-eating/purging and night-eating behaviours.

**Disclosure:** No significant relationships.

**Keywords:** Eating Disorders; obesity; adhd; bariatric surgery