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RICERCA, PRATICA CLINICA, RELAZIONI INTERNAZIONALI: NUOVE FRONTIERE NEL TRATTAMENTO DEI DISTURBI DELL'ALIMENTAZIONE E DELL'OBESITÀ

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Lorenzo M Donini, Ottavio Bosello, Massimo Cuzzolaro, Nazario Melchionda, Umberto Nizzoli, Giovanni Spera

O: Oral comunication
P: Poster presentation

O1. FOOD HABITS, EATING BEHAVIOUR AND BODY PERCEPTION IN YOUNG MALES: A MULTICENTRE ITALIAN STUDY

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Keywords: food habits, eating behavior, BMI, body image perception, adolescent males.

Introduction: Scientific research shows a rising prevalence of eating disorders in males.
The growing interest in the causes of altered eating behavior in males leads us to investigate the food habits and the role of bodily dissatisfaction as drivers for eating disorders among male adolescents.
Objective: Our multicentric study aims to investigate the possible correlations between food habits, eating behavior, Body Mass Index (BMI) and body image perception in a nonclinical population of male adolescents.
Materials and methods: The study analyzed a sample of 178 male students, recruited in some high schools in Pisa and Ferrara (Italy), 14-18 years old, (mean age 15,96 yrs - SD 0,641).
Weight, height and BMI (compared to growth percentiles) of the subjects were collected as well as self-reported measures. A structured interview about food habits and the following test were administered: Body Uneasiness Test (BUT), Eating attitude test (EAT-26), Figure Rating Scale (FRS - Stunkard 1983) and a figure photographic test (FPT - currently being validated).

Results: In the whole sample 4,5% of the subjects were underweight, 74,2% normal weight, 14,6% overweight and 6,7% obese. 82% of the subjects have never done a diet and the average of BMI is 21.62 (5,5% underweight 76,7% normal weight, 13% overweight, 4,8% obese).
18% of the subjects had made diets and the average of BMI is 24,18 (62,5% are normal weight, 21,9% overweight, 15,6% obese).
At EAT-26 scale 10,1% of the whole sample show high score indicating a possible eating disorder, the average BMI of these subjects is 22,14 and 55,5% have normal BMI.
With logistic binary regression analysis the positive EAT-26 score correlates positively only with have done diets and with no other factor evaluated (breakfast, the frequency of daily meals, physical activity).
Concerning eating habits, in the whole sample, 90,5% of the subjects haves breakfast every day, 75,9% say they exclude certain foods from their diet, mainly carbohydrates (26.4%), and 12,3% regularly consume light foods.
In the whole sample, comparing the BMI detected with self-reported measures, 27,3% of the subjects attribute to themselves a lower BMI than the actual one and 11,7% attribute to themselves a higher BMI than the actual one.
Furthermore the study shows the presence of significant body dissatisfaction in the whole sample. Indeed, the results obtained from FRS and FPT show that 39,3% people would like to be thinner and 34,3% would want to be stouter.
Finally, in the whole sample, 8,4% report BUT high scores, indicating in these subjects more than a simple body dissatisfaction.
Logistic regression show that positive scores at the EAT-26 test correlate with having done a diet and with a high BUT score.
Conclusions: The study highlights that body dissatisfaction is frequent among young males. Furthermore a high level of body uneasiness and having made diets appear associated with possible eating disordered behaviors.
Body image concerns and eating disorders in men require focused studies with gender-specific psychometric instruments.
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O2. "FATOREXIA™: A NEW BODY IMAGE DISORDER?"

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Keywords: Body Image; Fatorexia; Obesity; Body-size perception; Body-size underestimation;

Introduction and background: a new hypothetical body image disorder, which was named Fatorexia™, has emerged from the study of body image perception in subjects with obesity and consists in the significant underestimation of body size.
Purpose: a cross-sectional study was carried out in order to test the Fatorexia™ hypothesis by comparing the size estimates of some body parts between a sample of inpatients with obesity and a sample of healthy-weight subjects.

Materials and methods: the body estimation task, an individualized metric method, was used to assess the perceived width and circumference of three different body parts (shoulders, waist and hips) in all study participants. An accuracy measure was then computed by subtracting the estimated sizes from the actual ones. The independent-sample t-test (one-sided), the chi-square test, the Pearson correlation and their Bayesian counterparts were then performed for testing the study hypotheses.
Results: Statistically significant differences were found in the accuracy measures of shoulders width and waist circumference between inpatients with obesity and a sample of healthy-weight subjects. Moreover, the obesity condition was significantly associated with the size underestimation of shoulders width, waist and hips circumference. A strong negative correlation was also found between BMI and the underestimation of the waist circumference both in the whole sample and in the sample of inpatients with obesity.
Discussion and conclusion: the present study gives further support to the Fatorexia™ hypothesis by showing that more than half of inpatients with obesity significantly underestimated the sizes of their shoulders and waist. This result was discussed in light of the Allocentric Lock Theory (ALT), a relatively new theoretical model for the interpretation of impairments in the estimation of body size.
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O3. MALE ANOREXIA NERVOSA: A DESCRIPTIVE STUDY OF 48 PATIENTS

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Keywords: Males, Anorexia Nervosa, Eating Disorders, adolescent.

Introduction and background: Anorexia Nervosa (AN) is frequently considered a gender – specific disorder, according to the scientific epidemiologic data which show a prevalent female incidence. However, in the last decades, an increasing number of males express their uneasiness through a dysfunctional eating behavior. Although Bulimia Nervosa (BN) and Binge Eating Disorder (BED) are prevalent in male records, patients with AN diagnosis show a more serious clinical involvment.
Objective: the aim of this retrospective descriptive study is to report the clinical characteristic of a male sample with AN diagnosis collected through the three services (outpatient clinical, hospitalized patients and dayservice) of the Regional Center for Eating Disorder (ED) of Policlinico S. Orsola–Malpighi, Bologna.
Patients and Method: 48 patients were selected among the population afferred to our Regional Center for ED since 2008 up to 2017 for hospitalized and Day Service patients and since 2012 to 2017 for the outpatients. Inclusion / exclusion criteria and clinical characteristics of our sample are shown in Tab. 1 and in Tab.2.

	Min.	***Max.***	***Median***
Age	6	25	14,77
Symptom Age Onset	6	23	13,9
BMI	11,49	19,6	15,71
Hospitalization	1	7	1,9
Hospitalization Lenght	1 *d*	993 *dd*	222,6 *dd*
Outpatient Visit	1	25	8,43

Tab.1

	Presence	***Type***
Psychiatric Comorbities	32	*OCD* (12)
		GAD (14)
		MDD (20)
		SUD (2)
		Other: LD (2), *TPB* (1)
DCA Familiarities	14	AN (7)
		BED (3)
		ARFID (3)
		EDNOS (1)
Psychiatric Familiarities	11	*GAD* (5)
		MDD (7)
		Other: GD (1), *ASD* (1)
Schooling	48	*Primary school* (5)
		Middle school (10)
		High school: Classics - scientific (13) *Tecnical institute* (7) *Professional institute* (9)
		Academy (4)

Tab.2

Results: We compared the most significant clinical characteristics of the sample, comparing the in patient (hospitalized patients and day service) and ou patient clinical reports. By this analysis we found a lower BMI and a higher presence of comorbities in the inpatients sample, suggesting a more complicated clinical situation compared to the outpatients. Furthermore the first sample presents more ED and psychiatric familiarities. The hospitalization duration stresses the necessity of a faster and powerful treatment in the inpatient group, due to the severe situation that had led to the hospitalization.

	Inpatient clinical (18)			***Outpatient clinical (30)***		
	Min	***Max***	***Median***	***Min***	***Max***	***Median***
Age	10	25	16,1	6	20	13,97
Symptom age onset	9	23	15,1	6	20	13,17
BMI	11,49	19,6	15,3	13,8	18,9	15,9
Hospitalization lenght	43 d*d*	474 *dd*	137 *dd*	1 *d*	993 *dd*	271 *dd*

Tab.3

	Inpatient clinical (18)		***Outpatient clinical (30)***	
	Presence	***Type***	***Presence***	***Type***
Psychiatric Comorbities	14	*OCD* (6)	18	*OCD* (6)
		GAD (4)		*GAD* (10)
		MDD (12)		*MDD* (8)
		SUD (No)		*SUD* (2)
		Other: No		*Other: LD* (2), *TPB* (1)
DCA familiarities	9	AN (5)	5	AN (2)
		BED (2)		BED (1)
		ARFID (1)		ARFID (2)

		EDNOS (1)		EDNOS (No)
Psychiatric familiarities	11	*GAD* (4)	3	*GAD* (1)
		MDD (6)		*MDD* (1)
		Other:GD(1),*ASD*(No)		*Other: GD* (No), *ASD* (1)

Tab.4

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O4. "THE GROUP CAN NOT BE SEEN WITH THE EYES" GROUPS IN EATING DISORDERS: THERAPY, TRAINING AND RESEARCH

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Key words: Group therapy, Eating Disorder, integrated and multidisciplinary approach.

Introduction: K. Lewin defines the group as: "*something more than the sum of its members, which has its own structure, peculiar aims and particular relationships with other groups*" (Lewin, 1951). The group is a "whole" that transcends its parts and It can't be seen with the eyes, but to acknowledge It we must look at its effects. (Quattrini, 2017).
Objective: The aim is a descriptive type of study from the theoretical and clinical point of view on the effectiveness of the processes activated by the group dynamics in a context of care, research, and multidisciplinary and integrated training specific for the ED.
Materials & Methods: Group activities and experiential laboratories with the use of different and integrated therapeutic tools, specific for ED: Humanistic Bioenergetic approach, Gestalt with a phenomenological-existential approach, Psychoanalytical approach and psychosexual therapy approach.
Results: Motivation for change and prevention of drop-out, creation of a "common and integrated" language, to highlight new areas of investigation.
Discussion and conclusions: *"The group is an atmosphere, It depends on everyone and not anyone in particular"*. The use of group work is aimed to understanding the problematic situations and promoting change, providing projectual skills and new points of view.
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O5. EATING DISORDERS QUESTIONNAIRE IN CHILDHOOD (EDQ-C), A NEW DIAGNOSTIC TOOL IN PEDIATRIC AGE

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Key Words: childhood, eating disorders, questionnaire

Background: Food Behavior Disorders (FBD) in developmental age are a phenomenon that is still little known in both the medical and psychological fields. This symptomatic picture contains a series of clinical conditions that manifest themselves through an altered relationship with foodand the body, such as to compromise the quality of life and social relationships.
Aim: the EDQ-C aims to formulate, together with the clinical evaluation, an early diagnosis in the age group 0-12 analyzing the subject in his emotional, relational and behavioral manifestations. This will allow to insert the disorders identified in diagnostic categories appropriate to the age of onset and provide useful indications for the intervention.
Materials and Methods: the EDQ-C consists of 5 scales, divided into 3 forms according to age (0-3, 4-7, 8-12), of which one is directed to the minor, three to the parent and one to the teacher. The three scales for the parent are divided into 3 forms: PARENTAL FORM P (general psychopathology of the parent), PARENTAL FORM C (general, food and relational psychopathology, of the child), SHORT FORM (screening scale). The scale addressed to the teacher (TEACHER FORM) investigates the eating, behavioral and relational habits of the childor preadolescent in the school context. The scale for the child aged 8-12 (CHILDREN FORM) consists of a self-report questionnaire and investigates: food psychopathology, general psychopathology, attachment style.
Results: realization of a new product, through an extensive national sampling of families with children between the ages of 8 and 12, usable to various professional sintheclinical-caresectorand schools (Psychologists, Infant Neuropsychiatrists, Pediatricians, Pedagogists, Teachers, Educators) for screening and diagnosis of eating disorders.
Discussion and Conclusion: EDQ-C is a useful tool for the identification of eating disorders in children and possible co-morbidities. The test can be used both for the purpose of primary prevention, with the possibility of identifying those at risk of developing an eating disorder within the normal population, and secondary prevention, indicating the ability to identify the different forms of DCA in developmental age in a timely manner. Its use in the abbreviated form, allow sa quick screening of food problems and social vulnerability.
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O6. MULTY-FAMILY PSICHOANALYSIS IN EATING DISORDERS: THE EXPERIENCE OF THE CENTER FOR EATING DISORDERS OF ASL 2 SAVONESE

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Key words: Family, group, treatment, eating disorders

Introduction: Multi-family psychoanalysis is a relatively new type of intervention, inspired by the work of Jorge Garcia Badaracco in the 1960s, which occupies a strategic position in the treatment of serious mental disorders between family therapy and group psychoanalytic therapy.
The most interesting aspect is the setting that includes at least two generations, psychiatric patients and their families. More patients take part in each group together with their families

This treatment, initially aimed at psychotic patients, was then extended to patients with different diagnoses.
In recent years it has shown significant results with different types of patients.
Focus: The work focuses on the rather young experience of the introduction of multi-family psychoanalysis as part of the program of treatment of eating disorders implemented at the Center for eating disorders at the Department of Psychiatry Asl 2 Savonese.
The multi-family group takes place twice a month for about two hours and includes many families of patients suffering from anorexia and bulimia.
Material and methods: The experience is too young to allow to draw definitive conclusions. The impression, however, is that the work on the transference and the mutual interdependence between the different generational levels, has allowed a better management of the conflicts within the unit and a better respect of the treatment.
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O7. PERSONALIZED GROUP LIFESTYLE WEIGHT LOSS INTERVENTION WITH A COGNITIVE BEHAVIOR THERAPY (CBT-OB) FOR MORBID OBESITY: A LONGITUDINAL OUTCOME STUDY

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Keywords: morbid obesity, therapy, cognitive behavior therapy (CBT), life style modification therapy, group therapy

Background: The gold standard of obesity treatment is lifestyle modification based on the principles of behavior therapy (BT-OB) (1). However, BT-OB has the following main limits: (i) poor weight loss maintenance (e.g., about 30% of the weight lost is regained at 1 year-follow-up); (ii) low personalization therapy; (iii) no attention payed to cognitive processes influencing weight loss and weight maintenance. Moreover, 20% of patients have unsatisfactory results (i.e., weight loss < 5%).Finally, few studies have assessed the effectiveness of BT-OB in the real world and on morbid obesity.
Purpose: To assess the effectiveness of a new personalized group cognitive therapy (CBT-OB) (2-3) for morbid obesity in a real world clinical setting, including the aims of BT-OB and new CBT-strategies and procedures.
Methods: 67 patients of both sexes with morbid obesity (BMI kg/m^2 39.84 ±5.7; 106.76±16.64 kg; age 20-65 yrs) satisfied the eligibility criteria and were included in seven CBT-OB groups (max 10 people per group). CBT-OB included the main procedures of BT-OB and the following specific strategies and procedures, designed to minimize the attrition and improve both the rate of weight loss and weight maintenance: (i) reducing the waiting list duration; (ii) delivering three preparation sessions before the start of the active treatment; (iii) developing a personalized approach with the use of real-time monitoring of food intake and physical activity and the "personalized formulation" of weight loss and

maintenance obstacles; (iv) addressing specific cognitive factors that previous research found associated with attrition, weight loss and weight maintenance (4). Weight and psychological variables were assessed at baseline, at 6-month (end of 14 sessions weight-loss phase), and at 18-month (end of 6 sessions weight maintenance phase). Cardiovascular risk factors were assessed only at baseline and at 6-month. Informed consent was achieved by all participants.
Results: 76.2 percent of the patients were able to complete the treatment and in these patients there was a substantial and healthy decrease in weight (11.6% in completers and 10.4% at the intention to treat analysis) maintained at 18 months. The treatment was also associated with the improvement of cardiovascular risk factors and psychological variables.
Conclusions: Personalized group CBT-OB showed promising data both in term of attrition, weight loss and weight maintenance. In particular, the full maintenance of the weight lost at 18-month, if confirmed by future multicenter studies, suggests that personalized group CBT-OB might become a recommended treatment for patients with morbid obesity in real world clinical settings.
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O8. INSOMNIA PREDICTS HIGHER BODY MASS INDEX IN A SAMPLE WITH BIPOLAR DISORDER

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Introduction and background: Disturbed sleep has been longitudinally shown as a risk factor for developing overweight and obesity which are common among adults with bipolar disorder. Interestingly, insomnia, i.e., difficulties falling asleep and/or maintaining sleep is a hallmark feature of bipolar disorder. Surprisingly, the association between insomnia and overweight/obesity in this population has not been explored yet.
Aim of the study: To explore the cross-sectional association between insomnia and body mass index (BMI) in a sample of patients with bipolar disorder, controlling for the effect of relevant confounding variables.
Materials and methods: Sixty-seven (mean age 38.48±15.27, 60.3% females) participants with bipolar disorder were recruited in two University hospitals in Rome. Participants provided informed consent and completed measures of insomnia severity, bulimic behaviors and BMI. Bivariate correlations were computed. Further, to explore the association between insomnia and BMI, hierarchical multiple regression analysis was computed with BMI as outcome and age (in the first step) and pharmacotherapy (in the second step) as control variables, bulimic behaviors in the third step and insomnia severity in the fourth step.
Results: BMI was significantly associated with insomnia severity ($r=0.27$, $p=0.025$), and marginally associated with age ($r=0.23$, $p=0.061$), pharmacotherapy ($r=0.20$, $p=0.101$) and bulimic behaviors ($r=0.17$, $p=0.160$). Results of the hierarchical multiple regression analysis showed that the last regression equation model was significant ($F_{(1,61)}= 4.060$, $p=0.003$, $R^2=0.232$, R^2 change $=0.051$), with pharmacotherapy ($\beta = 0.315$, $p = 0.010$), bulimic behaviours ($\beta = 0.299$, $p = 0.015$), insomnia severity ($\beta = 0.232$, $p = 0.049$), but not age ($\beta = 0.204$, $p = 0.085$) significantly predicting higher BMI.
Discussion and conclusions: We showed that insomnia, a hallmark symptom of bipolar disorder, predicts BMI in a clinical sample beyond the effects of age, pharmacotherapy consumption and bulimic behaviors. Psychological interventions targeting insomnia in this population may potentially reduce the risk of developing overweight and obesity.

O9. THOUGHT-SHAPE FUSION (TSF) AND RELATIONSHIP WITH BINGE EATING AND FOOD CRAVING IN OBESE AND OVERWEIGHT PATIENTS

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Key words: Food Craving; Binge Eating; Tought-Shape Fusion; Obesity; Overweight.

Introduction. Thought-Shape Fusion (TSF) is considered a specific cognitive distortion associated with eating disorders (ED) (1). However, it has not been clarified whether individuals affected by different EDs are differentially susceptible to this distortion. Furthermore, few data, especially for overweight and obese patients, are available to support the idea that TSF could be a risk and maintenance factor for ED (2).
Aim. The purpose of the study was to investigate the presence of TSF in a population of overweight and obese patients with and without binge eating (BE). Furthermore, we investigated whether Food Craving (FC) and other psychopathological variables were associated with TSF independently from BE.
Material and method. Participants were 79 obese and overweight women with an average BMI of 29.6, who were administered the Binge Eating Scale (BES), Food Craving Questionnaire-Trait reduced version (FCQ-Tr), Thought-Shape Fusion Scale (TSFS), Emotional Dysregulation Scale (EDS), Taite Depression Inventory (TDI), Maudsley Obsessive Compulsive Inventory (MOCI).
Results. Zero-order correlations indicated that TSF was significantly associated with BE ($r = 0.39$; $p < 0.01$), and BE was also strongly related to FC and moderately to depression. Partial correlations (while controlling for BE) indicated that FC was still significantly associated with the EDS and with the TSFS.
Discussion. TSF could represent a cognitive distortion associated with emotional dysregulation and food craving which leads individuals to binge eat as a form of self-regulation strategy. Our results highlight the usefulness of assessing TSF for developing interpretative models and increasingly targeted interventions for EDs.
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O10. WHICH KIND OF "LINKS" WE CAN SUPPOSE BETWEEN PSYCHOLOGICAL PROBLEMS OF EATING DISORDERS AND SOCIAL MEDIA? A BRIEF CONSIDERATION

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Key words: *Eating Disorders - Dipendenza patologica - Social media*

Background: The relationship between social media and communication is one of the main topics on which cultural, antropological and market researches are focused on; the attention on psychological aspects is, instead, very lacking.
There is no datas about the link with ED.

Some of research institutes (Score, Deloitte, and others), evaluating the "viral" spread of the mobile phones (although some kind of settlement is registered), they consider that, in the world, the 82% of the population owns a mobile phone; in Italy the owners of mobile phones are 45.2 million; among a sample of 51000 interviewed people, in 32 countries, the result is that they look at their self-phones about 47 times per day.
Beside, for 20 years the spread of specific apps and social networks (face book, Twitter, etc.) has played an important role for people's way of communicating.
Aims: One of the aims is to underline the psychological implications, the difensive function and the fear strenghtening, which are linked to such communication forms.
Which kind of links we can suppose with psychological problems of Eating Disorders?
Materials and method: Here is the descripion of two cases, to be taken as examples of the problems explained above.
CASE A: A forty years old woman, with para-symptomatic food problems (diet, self-worthlessness, ego-dystonic body image, occasional bulimic crisis) undertakes an extramarital relationtionship only and exclusively through whatsapp: every day she chats per hours with the imaginary partner. While chatting, she constantly has the hope to receive feedbacks and she is constantly obsessed by the possible lack of them.
CASE B: A fifty-years old woman, former anorexic, garish body with a lot of plastic surgery operations; for a few years she is been living searching for love out of her married life. After few months, during her therapeutic relationship, she started to communicate her experiences through Whatsapp so that the therapist was forced to stop this habit.
Discussion: It's hard to admit there is a straight connection with food problems but it is highly probable that the pathologycal addiction and the idealization would lead ED patients to stuck in the use of new communication forms.
As a consequence the patient has new forms of addiction, difficulty to handle the therapeutic relationship and the pathology strenghtening.
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O11. "PICA, A CASE REPORT"

Sassi T, De Blasio A, Palermo M, Senatore I

Definition: According to the DSM-5 criteria, to be diagnosed with Pica a person must display:
Persistent eating of non-nutritive substances for a period of at least one month.
The eating of non-nutritive substances is inappropriate to the developmental level of the individual.
The eating behavior is not part of a culturally supported or socially normative practice.
If occurring in the presence of another mental disorder (e.g. autistic spectrum disorder), or during a medical condition (e.g. pregnancy), it is severe enough to warrant independent clinical attention. Note: Pica often occurs with other mental health disorders associated with impaired functioning.
Anamnesi And Diagnostic Framework: An 18- year- old girl, affected by Pica since about 10 years. The onset of the disorder dates back to the age of 8 when her mother confides her to be part of a twin pregnancy, and that her twin did not survive the birth, because, according to her, she suffocated and absorbed her. Since then the patient starts to ingest paper, performing a precise ritual: she rolls the paper and then she eat it. Afterwards she starts eating other things like clothes, sponges and hair. She hides her disorder for about 1 year: "At first, for shame, I ate the pages of my mother's novels hidden under my bed." At the age of 11, for several months she presents an episode of depression associated to poor personal care and social withdrawal, following the end of the relationship with her aunt,

because of familiar misunderstandings, whom the patient was much attached. "My parents noticed me, they beat me, but my problem worse so they decided to send me to a psychologist". Then the patient goes to the territorial CSM, where a psychiatrist prescribes her Sertraline 50 mg/day and subsequently Fluvoxamine 200 mg/day. Because of persistence of the eating disorder, the patient goes to the Eating Disorders Unit of the AOU Federico II, where she is followed with weekly sessions. During the first interview, the patient tells she eat paper with pleasure ("The more I eat it, the more I need it") and that she chooses different types of tissues based on the different tastes. She doesn't have gastric and/or intestinal problems.

The Disappeared Twin Syndrome: It is estimated that a lot of the pregnancies begins as a twin form (from 10% to 70%), thus leading to the survival of only one of the embryos. Studies have shown that from the earliest stages of intrauterine life, twins show specific couple behaviors, confirmed in post-natal life. Communication between twins begins at the fetal level with reciprocal stresses and responses that continue for the rest of their life. The twins are in continuous interaction with each other and they are psychologically and physically conditioned. We can tell about a complementary relationship, a symbiotic bond with a fusion of identities.

Psychoanalytical Interpretations About The Imaginary Twin: After some meetings, we support the hypothesis that compulsive ingestion of clothes, hair and paper is an attempt to feed her imaginary twin and to preserve a magical bond with her. The patient tells she visualized her twin about 5 years ago, during a strong fever, so she is convinced they are inseparable. "I dream to play with her and to stay in the same class; people see us as the same person, even if I know we were heterozygous; there's still an umbilical cord between us ". During subsequent meetings, the patient reports to vomit some black material, so she feels lighter, dissolving the imaginary bond with her twin. This clinical case shows the complexity of this problem related to Eating Disorders, it sinks its roots in unconscious fantasies and only after creating a strong relationship with the patient, they can be explored.

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Filmography: H2Odio di Alex Infascelli – Italia- 2006

O12. SISDCA STUDY PROJECT ON REGIONAL PAPERS ON DIAGNOSTIC AND THERAPEUTIC PROCEDURES AND REHABILITATIVE CARE FOR EATING DISORDERS (PDTA-EDs): FIRST PRELIMINARY DATA.

ITALIAN SOCIETY FOR THE STUDY OF EATING DISORDERS (SISDCA) WORKING GROUP ON PDTA-EDs

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Introduction: Scientific Societies and the Italian Ministry of Health define the guidelines on the levels of prevention, treatment and rehabilitation of eating disorders; recently, PDTAs have been identified as a reference model for the organization of care services for complex diseases (1-4). In particular, within the mental health care system, the organizational criteria and the five levels of care for the treatment of Eating Disorders (ED) have been identified (2): General Medicine; dedicated outpatient service; Day Hospital / Day Service / intensive outpatient care; residential rehabilitation treatment; hospitalization.
Materials and Methods: Review of some documents of the Ministry of Health and of some Italian Regions. The Ministry of Health has defined the organizational criteria of health services, giving the outpatient services the management of various diseases that require long-term treatments (2). EDs are mostly addressed on an outpatient basis. The State Regions Conference approved the National Action Plan for Mental Health, 2013 (3) and Guidelines for Clinical-Career Networks and Time-Dependent Networks, which include the hospital-territory connection (4). Some regions have approved the planning documents for the care of patients with ED (5-8).
Preliminar Results: The revision of existing regulations shows the interest of the legislator of and some Regions for PDTAs. However, some important problems are highlighted. ED services are regulated by different criteria and models according to Regional general health plans, that are not specific to EDs; they are not evenly distributed throughout the territory; they are rarely included in specific ED PDTAs; in many cases they do not guarantee the continuity of taking charge of the person with ED; they do not guarantee appropriate treatment according to the International Guidelines (9).
Preliminary Conclusion and Discussion: The evaluation of Regional organizational documents and models allows some preliminary conclusions. PDTAs are an important opportunity to tackle the problems in the care of EDs in Italy for the following issues: eclectic treatments, often not adhering to guidelines, and with therapeutic goals unbalanced on the nutritional level or on the psycho-emotional and psychopathological level; excessive emphasis on residential rehabilitation programs; little attention to common training and updating of the multidisciplinary team; little guidance on training of GPs and pediatricians to improve the early detection and intervention; indications for patients often insufficient; indications not always clear to health professionals on the structure of the EDs care network and on how to refer patients.
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Poster Presentation

P01. VOLUNTEER IDENTITY CARD: A TRAINING COURSE IN EDO

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Key words: Eating Disorder,volunteer,association.

Introduction: Non-profit organizations play a crucial role in society, dealing with public emergencies and also proposing instances of change thanks to their ability to intercept and interpret new social demands.
In the last ten years, the will of families, patients and professionals sensitive to the issue of Eating Disorders has given rise to a network of associations.
Frida Onlus puts at the core of its work the formation of volunteers, where "gratuity" is not synonymous of "non-professionalism".
Objective: Evaluation of the effects of an integrated multidisciplinary training program addressed to the volunteers of the Frida Onlus association.
Materials and Methods: Analysis of training needs, Information / educational / practical activities, Experiential workshops, Group activity
Results: Social identity, Search for solidarity inside and outside the group, Increased ability to be heard and incisive, Motivational development
Discussion & Conclusions: Thanks to the training experience, within Frida it is possible to experience both moments of recognition and professional and cultural growth in the field of Eating Disorders and Obesity. All this is achieved thanks to a "practical practice" and a transmission of specific knowledge.
The formative action is not neutral, but it is choosing a goal, a method, a theory of reference.
In light of this, we need volunteers who are not only experts, but also people capable of "experiencing themselves among others", in order to direct voluntary action. Over time the need has been growing, on the part of volunteers and institutions, to interact more and more in network in order to effectively respond to emerging needs in the treatment of eating disorders.
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P02. EXPRESSIVE LANGUAGE IN THE TREATMENT OF EATING DISORDERS FOR THE SERVICE: DAY HOSPITAL OF POLICLINICO S. ORSOLA-MALPIGHI IN BOLOGNA.

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Keywords: Eating Disorders, Drama, Psychodrama, Creative writing, Day Hospital.

Introduction and background: Day Hospital (DH) management for Eating Disorders (ED) is an alternative treatment to hospitalization. Among all the activities we propose in the week, there are drama, creative writing and psychodrama.
Aim: The aim of this study is to observe the effectiveness of drama, creative writing and psychodrama in the multidisciplinary treatment for ED in (DH) of Regional Center for Eating Disorders of S. Orsola-Malpighi Hospital in Bologna.
Materials and methods: Through the observative method comes out that the use of body, voice, picture and in general expressive language, has an important therapeutic value. Acting legitimates and permits the expression of more private and often less accepted aspects of ourselves, with a potentionally cathartic effect and personal growth of the patient. It allows the expression of personal potentialities and the elaboration of feelings, generally hard to express by words in everyday life, in an unusual creative way.
Results: This activities are very appreciated by the patients. There is a high percentage of participation and patients shows a lot of interest, this is because it stimulates their expressivity guided by the suggestions of the operators.

Discussion and conclusion: The expressive languages tries to offer the possibility to integrate sane and pathological sides supporting and substaining the ego. The drama therapeutic value stands on the full expression of themselves overcoming stereotipes and prejudice, accepting part of themselves or of their past that they refuse.

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P03. A TYPE OF INTERVENTION WITHIN THE NHS-NPIA: THE MULTIDISCIPLINARY AND TRANSGENERATIONAL APPROACH IN THE CASE OF A.N.

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Key words: Anorexia nervous, approach transgenerational; Maudsley group

The treatment of S., 12 years, affected by a Restrictive Type of Anorexia Nervosa (AN) (ICD-10: F50.0), represents an example of intervention that follows the Emilia-Romagna's regional guidelines for eating disorders. The aim of the study is to prove that a multidisciplinary and transgenerational approach produces a network of clinical meanings that accelerate and clarify the patient care pathway with eating disorders. At the beginning of this pathway, the patient presented alexithymia, mistrust and conflict in relationships with others, limited awareness of her identity and her illness joint to a lack of compliance. After her discharge from hospitalization, a multidisciplinary territorial intervention was initiated. In this context, at the UOSD-NPIA of the territory of origin, a specific psychotherapy path for the girl was activated and led by Dr. Patrizia Caruso (psychodynamic psychologist and psychotherapist), in sinergy with the patientcare by the nutritional diet clinic of the Ospedale Maggiore (Bologna) and the family monitoring through periodic interviews by the Neuropsychiatry Az. USL Città di Bologna with the couple of parents.
The parents were included in a Maudsley Group led by Dr. Stefano Bazzoni (systemically oriented psychologist and psychotherapist), in which the professional educator Francesca Tomesani had the role of non participating observer; the latter then carried out three unstructured interviews to deepen the personal stories of the parents and the nuclear family. Although each of the operators were establishing a different type of relationship with the subjects under treatment (the individual therapeutic one, the one with the group of parents, the one with the couple and each single parent), the shared clinical reflection has highlighted how, in the various fields intervention and therefore in personal histories, common and recurrent themes emerged (i.e. difficulties in the process of separation / individuation, the use of aggression as a driver of growth or defensive one rather than evolutionary use of "staying together"). At the end of the three treatments there was a marked improvement in intra-family communication, in the expressive and decision-making capacity of the minor to self-determination. Currently, the patient's weight has stabilized and the family is coping with a crisis of the parental couple that had been frozen by the disease

P04. THE PSYCHO-NUTRITIONAL REHABILITATION AND THE FAMILY

Bertelli P, Dicembrini D, Razzolini C, Badii S, Billi C, Apazzi G

Auryn Interdisciplinary Day Center - Treatment of Eating Disorders and Obesity Private Institute of Rehabilitation "Mother of Divine Providence" of the Passionist Fathers - Arezzo

Introduction: Auryn Center for the treatment of eating disorders and obesity was born in Arezzo in 2007 as a day center and then became a residential center in 2009.

Background: Psychobiological approach: systemic, non-prescriptive, lenient approach that integrates psychological and socio-cultural biological signals.
Materials and methods: TFC (Familiarization Training with Food) consists in an empowering approach through a process of systemic desensibilization, problem solving and problem defining techniques, assertiveness, control of biological signals, self-control, self-monitoring. Day and residential patients's families are involved in a path of support, information and nutritional training to promote skill's understanding, sharing, and development for managing meals at home. Family path: Theme psychoeducation groups Periodic interviews with the family along with a psychologist, a dietitian and a nutritionist Nutritional training: nutrition education, volumetric quantification of foods, nutritional equivalents. Meals with educator / dietitian, family and patient in the most complex situations.
Conclusion The involvement of families is an important indication about relational and behavioral dynamics, cues and insights enrich and enhance the therapeutic intervention and is a fundamental moment of sharing. Keywords: interdisciplinary, lenient, psychobiological, family
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P05. OUTCOME DATA OF AN OUTPATIENT MULTIDISCIPLINARY TREATMENT FOR EATING DISORDERS IN A PUBLIC SERVICE

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Keywords: outpatient treatment, Eating Disorders, outcome, multidisciplinary treatment

Introduction: The multidisciplinary approach for the treatment of Eating Disorders (ED) is well established according to national and international guidelines. At the same time the outpatient setting is considered the best and first choice for all types of ED.
Aim: to verify the effectiveness of an outpatient multidisciplinary integrated treatment in a specialistic public Service starting since 2003.
Materials And Methods: the total sample was constituted by 1286 subjects, consecutively evaluated since 2003 till December 2017. From the whole sample: 931 subjects had a diagnosis of ED and accepted to start the multidisciplinary treatment; 50 were referred to another specialistic Unit; 25 moved to another city; 147 were not ED or refused treatment. The characteristics of the 931 patients were the following: 89.6% females, 10.4% males; aged from 10 to over 50 years; 32.9% Anorexia Nervosa, 22.4% Bulimia Nervosa, 17.6% Binge Eating Disorder, 22.4% ED-Not Otherwise Specified, 4.7% obese children, 2.4% adult with obesity due to psychological distress. At the first evaluation and at the end of treatment, we administered a semi-structured clinical interview based on DSM-IV-TR and than DSM-5 criteria, together with self-administered questionnaires (SCL-90-R, BDI, EDI-2, EDE-Q, EAT-40, BITE).
Results: Of the 931 patients enrolled in the outpatient treatment: 53.9% was discharged with full-remission of ED symptoms; 7.5% had a negative outcome; 38.6% dropped-out from treatment. 133 patients are still in treatment at our Service.
Conclusions: The multidisciplinary integrated treatment in a Public Service demonstrated good effectiveness with data comparable to that in literature.
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P06. ACCESS AND DROP OUT OF ED OUTPATIENTS IN A PUBLIC CLINICAL NUTRITION UNIT: 2 MODELS TO COMPARE

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Key Words: Eating Disorder (ED), Nutritional Treatment, Outpatients Treatment, Multidisciplinary Team Work

All the most recent Guidelines show how a multidisciplinary team work is indispensable in ED diagnosis and treatment. Given the assumption of the effectiveness of a multi-specialistic treatment, the level of integration between various health professionals can change according to the different local situations, work organizations, dedicated timing and available care settings.
The aim of this work is to compare accesses and drop-outs in a Public Clinical Nutrition Unit in two periods spaced out over one year in which two different organization models were used: in 2016 a multi-specialistic model in which the figures of a MD specialized in nutrition and a registered dietitian acted as external consultants for the pts of the Psychiatric Unit; in 2017 a multidisciplinary model in which MD and dietician were figures within the care team.
We analyzed six months (from May to December) of activity in 2 consecutive years in which work organization for ED care changed.
In 2016 36 patients entered the public clinical nutrition unit, average age 30,8 years, diagnosis: 10 AN (27,8%), 11 BN (30,6%), 8 BED (22,2%), 7 UFED/OSFED (19,4%); 17 patients dropped out after the first access (47,2%). Patients taken into care were 19 (52,8%) and accesses were 97, average number of visits for patient 5,1.
In 2017 53 patients entered the public clinical nutrition unit, average age 26,2 years, diagnosis: 17 AN (32,1%), 13 BN (24,5%), 7 BED (13,2%), 16 UFED/OSFED (30,2%). 24 patients were admitted only for consultation (45,3%). Patients taken into care were 29 (54,7%) and accesses were 150, average number of visits for patient 5,1.
Comparing the 2 organization models in a National Healthcare Clinical Nutrition Unit, we can confirm what in the current literature has been already solidly affirmed: in a multidisciplinary model the items are more targeted, dropouts are reduced because patients go under a previous selection, but average number of visits is the same. We can highlight that in our reality ("Ospedale Maggiore" in Bologna) ED patients are growing in number from one year to the next one. We can hypothesize that the number of ED patients is increasing or that a Multidisciplinary Team Work model leads to greater turnout rate.

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P07. CHANGES IN BODY COMPOSITION RELATED TO LEPTIN VALUES AND MESTRUAL CYCLE IN ANOREXIC PATIENTS AFTER DAY-HOSPITAL CLINICAL REHABILITATION

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Key-words: Anorexia Nervosa, Leptin, Hypothalamic Amenorrhea, Bioelectrical Impedance Analysis (BIA).

Anorexia Nervosa (AN) is associated with adaptive endocrine dysregulation due to the state of chronic starvation, including dysfunction of the hypothalamic–pituitary axis and alterations in adipokines and appetite-regulating hormone levels. AN commonly results in hypothalamic amenorrhea, with reduced gonadotropin-releasing hormone (GnRH) and luteinizing hormone (LH) pulsatility and resultant low estradiol and testosterone levels; adipokine leptin levels are also low in AN due to reduced fat mass.
The aim of our retrospective study was to explore how changes in body compositions are related with leptin levels and gonadal axis recovery in anorexic patients at disease onset and after a day-hospital clinical rehabilitation.
We engaged 30 patients affected by AN in partial remission (BMI > 16 kg/m2) and separated them into two groups: “Group 1, G1” consisting of 17 patients with menstrual cycle, of which 13 patients resumed their cycle spontaneously and 4 patients have always menstruated despite low BMI; “Group 0, G0”, formed by 13 patients who have not yet recovered menstrual cycle. All patients underwent leptin testing at 8.00 am, weight measurement, Free Fat Mass (FFM) and Fat Mass (FM) through Bioelectrical Impedance Analysis (BIA) both at the beginning (TIN) and at the end (TOUT) of therapeutic course.
A statistically significant positive correlation was observed in both groups between BMI and leptin at TIN ($p < 0.05$), BMI and leptin at TOUT ($p < 0.05$), FM and leptin at TIN ($p < 0.01$). There are no differences between groups in changes of body composition and/or serum leptin related to hypothalamic-pituitary-gonadal (HPG) axis recovery. In particular, we studied two patients who, despite a rapid achievement of a normal BMI - but not overlapping the premorbid one - and leptin increasing up to fully normal values, did not resume their menses.
The normalization of weight seems to be a necessary but not sufficient condition for the full correction of the gonadal function, because its impairment is extremely variable from woman to woman; in fact, many patients, even with an extremely reduced body weight and fat mass, did not experience amenorrhea. Furthermore, premorbid BMI is a significant predictor of HPG resumption at discharge.

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P08. GENETICS OF BINGE-EATING DISORDER (BED): A PILOT STUDY

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Key-words: Genetics, Binge-Eating Disorder (BED), Obesity.

Binge-eating disorder (BED) is characterized by recurrent, brief, psychologically distressing binge-eating episodes during which patients sense a lack of control and consume larger amounts of food than most people would under similar circumstances. The prevalence of BED is estimated to be between 2% and 3.5% and majority of individuals with BED are either overweight or obese. Most of the genetic research about eating disorders (ED) has focused on Anorexia Nervosa and Bulimia Nervosa; less data are available for BED due to its status as a newly recognized ED diagnosis. Although family and twin studies suggest the role of genetic factors in BED, candidate gene studies have not clearly confirmed the involvement of any one gene or genetic pathway.
The aim of our study was to examine the existence of genetic variants associated with the onset of BED, using the Next-Generation (NGS) technology.
We analyzed 42 genes involved in neuro-regulation of hunger/satiety associated with BMI and/or obesity and/or eating disorders in 50 obese patients (BMI >40 kg/m2) affected by BED and in a control population (72 normal weight subjects overlapping with our cases by sex and age without a diagnosis of eating disorders).
Twenty-eight obese patients with BED are mutated in 19 of the genes analyzed; of these, 12% vs 4% of controls carries more than one variant in different genes. Within the control population, fewer mutations were found (33%) compared to the case population, in which the percentage of the changes (56%) was higher than the percentage of the Wild-Type (44%). These differences indicate a statistically significant enrichment of rare variants in BED patients compared to controls according to the Exact Fisher Test ($p = 0.0159$). Several genes tested positive are known to be involved in the reward system and in the hedonic hunger (FTO, OPRM1, GHRL and LEPR), but we discovered new loci with a novel possible involvement in hedonic hunger.
To date, our study is the first NGS study in a series of obese patients with BED and suggests for the first time some mechanisms potentially involved in conferring a genetic susceptibility to development of a BED.

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P09. IS BEING UNDERWEIGHT A COPING SKILL FOR MANAGING CONCERNS ABOUT FOOD, WEIGHT AND BODY SHAPE?

Carli L., Bodini L., Todisco P., Cazzola C., Castegnaro R., Buscaglia F., Bucci E., Pillan A.

Keywords: Eating disorders, BMI, comorbidity, worries

Introduction: Concerns about food, weight and body shape is a diagnostic criterion in DSM-5, but the role of being underweight and of dieting as possible coping skills for managing these pervasive thoughts has not been fully studied. Whereas comorbidity with anxiety and depression in Eating Disorders (ED) are well established.
Aim: To assess the relation among symptoms of ED, BMI, concerns about weight, food, body shape and other psychiatric symptoms in a clinical sample.
Materials and method: The sample was composed by 265 patients admitted to an inpatient Unit for ED. The characteristics of the sample were:

DIAGNOSIS	n	Age (SD)	BMI (SD)
ANR	114	24.23 (10.26)	15.12 (3.14)
ANBP	74	28.49 (9.93)	16.62 (2.51)
BN	43	25.81 (10.53)	23 (4.60)
BED	34	38.04 (15.07)	40.24 (8.94)

The research focused in particular on ANR diagnosis. EAT-40, EDE-Q and SCL-90-R were administered within the first week of treatment.
Results: At admission, in the whole sample, the scores at SCL-90-R depression-subscale were in the severity range (>2), whereas the scores at the anxiety-subscale were between 1.5 and 2 (mild anxiety). Scores for concerns about food, weight and body shape (assessed by EDE-Q) were significantly lower in ANR patients.
Discussion: The study seems to confirm the comorbidity with depression and anxiety in ED, as previously demonstrated. Patients suffering from ANR seem to be less affected by concerns about weight, food and body shape, than patients with other diagnosis. These data suggest the possible role of dieting as coping skill in ANR patients. Future studies, performed at the end of a multidisciplinary treatment, will assess whether an increase of the body weight is linked to an increase of concern scores.
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P10. IS THE EXERCISE ADDICTION A TRANSDIAGNOSTIC SYMPTOM OF EATING DISORDERS?

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Casa di Cura Villa Margherita (Arcugnano)

Keywords: exercise addiction, transdiagnostic model of eating disorders, hyperactivity

Introduction Exercise addiction is a typical symptom of Eating Disorders (ED) and strongly affect their maintenance and prognosis. Nevertheless, there is not a general agreement about definition, classification and treatment of this symptom yet.
Aim: The aim of this study were to assess: 1. the actual presence of hyperactivity and to compare it with the patients' awareness; 2. the presence of the symptom within ED diagnostic categories.
Method: The sample was composed by 90 female ED patient (44 Bulimia Nervosa, 28 Anorexia Nervosa, 14 Binge Eating Disorder, 4 Other Specified Feeding or Eating Disorder; 30 underweight, 30 normal-weight and 30 over-weight; mean age 25 years) admitted to an inpatient multidisciplinary treatment for ED. An actometer, worn by the patients continuously for 3 days and 3 nights, was used to assess the amount of physical activity and other physiological variables. A questionnaire developed for the study was employed to collect data on self-reported hyperactivity.
Results: The results of this research show that: 1. patients have a clear awareness of the symptom; 2. there are not significant differences of hyperactive behavior between groups subdivided according to BMI, but Bulimia Nervosa (BN) patients seem to be more involved than others.
Conclusions: The symptom hyperactivity is evenly distributed in our sample. The independence from BMI and the greater involvement of BN patients could suggest an important role of hyperactivity in ED subjects, not only for weight control but also for emotional regulation.
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disorders: An exploratory study of excessive and non-excessive exercisers. *International Journal of Eating Disorders*, *43*, 266-273.

P11. INCREASED FOOD INTAKE AFTER PARTIAL SLEEP DEPRIVATION IN INDIVIDUALS REPORTING BINGE EATING SYMPTOMS IS MEDIATED BY INCREASES IN FOOD CRAVING, ESPECIALLY IN THE DIMENSION OF LACK OF CONTROL

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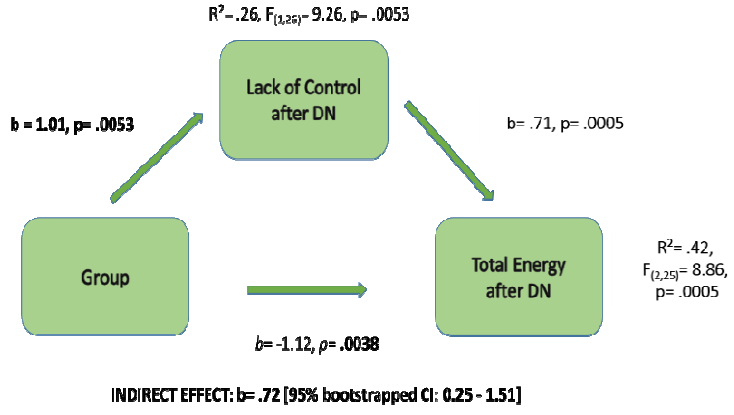
Key words: Sleep deprivation, Food craving, Food intake, Binge Eating.

Introduction: Individuals with binge eating have higher levels of food craving. Previous studies showed that sleep deprivation increases food intake in healthy individuals. Nevertheless, findings on food craving after sleep loss are controversial, especially in individuals reporting binge eating.
Aim: This study aimed to evaluate the effect of a night of partial sleep deprivation on food craving and its potential mediating role in increasing food intake, in individuals reporting or denying symptoms of binge eating.
Material and methods: All participants (N=28, age M=23.75±4.03, 21% male) were divided in two groups: Binge Eating Group (BEG) and Control Group (CG). They were assessed before breakfast after a night of habitual sleep (HN) and a night of partial sleep deprivation (DN) in a counterbalanced order. Craving was induced by presenting 3 blocks of images (neutral non-foods, sweet and salty food stimuli), during which skin conductance and hearth rate were measured. Before and after each block, participants rated valence, arousal and craving. Lack of Control was also assessed pre and post task. Finally, a large breakfast was offered and food intake was unobtrusively measured.
Results: After both nights, the task enhanced levels of craving, valence and skin conductance for sweet foods stimuli in both groups (ps<.05). After the task, all participants reported higher Lack of Control ($F_{(1,26)}$=6.23, p=.019) but BEG reported higher Lack of Control than CG ($F_{(1,26)}$=5.81, p=.023). Moreover, BEG reported higher Lack of Control after DN (M=5.07±0.49) compared to HN (M=5.43±0.45, p=.005). The potential mediation role of Lack of Control on food intake after DN was explored. Figure 1 shows that the mediation model is significant.



In order to explore the indirect effect, one-tail bivariate correlations divided per group showed that Lack of Control post exposure after the DN was positively correlated with Total Energy after DN in BEG (r= .694, p= .006), while this correlation was only marginal in Control Group (r= .518, p=.058).
Conclusion: Lack of control mediated the increase of caloric intake after DN in both groups, particularly in Binge Eating Group.

P12. INSIDE THE ROOM OF SIBLINGS. A NEW HORIZON: PROJECT – INTERVENTION IN THE COURSE OF TREATMENT OF EATING DISORDERS

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Center for Eating Disorder - DCA Clinic of Fermo (AN)

Keywords: eating disorders, siblings, caregiver

Introduction: In the literature, the involvement of the family and the resilience of the siblings are described as a prognostic resource of extreme importance with regard to patients suffering from eating disorders. Nevertheless, in the course of treatment of an eating disorder the subsystem represented by the siblings is generally taken little account of, except for specific cases, for instance when both parents are missing or in extremely complicated situations. We decided to emphasise not only the relevance of the siblings as a prognostic resource for the eating disorder, but also the risk that the condition of instability in the family environment becomes the premise for the 'migration' of the symptom from one sibling to the other.
The purpose of this work is to give structure to an intervention-project which involves and addresses siblings, in order to support and provide further instruments to the subsystem of siblings and patients suffering from an eating disorder.
Materials and methods: Eating Attitude test (EAT-26), Semi-structured interview, Group activities, Laboratories.
Project description: The suggested intervention-project is organised in two parts. The first part is aimed at creating a working group that involves brothers and sisters of patients suffering from eating disorders. This group will meet every 15 days for 6 months for a total of 12 meetings and will be guided by experts in eating disorders. Each meeting will last 2 hours, a timeframe during which issues relevant to a specific module will be discussed (for a total of 4 thematic blocks). The suggested experts are as following: Psychologist, Dietician / Nutritionist, Psychiatric Technician.
The second part of the project, which will run parallel with the first one, will be focused on the siblings and the internal dynamics of that specific couple of siblings: a family therapy which involves only the siblings, in order to work on their relationship and the shared experiences is suggested.
Conclusions: The experience of confrontation and sharing that, we suggest, would naturally fit a specific dimension, such as multidisciplinary clinics specialized in eating disorders.
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P13. BODY PERCEPTION TREATMENT™: A THERAPEUTIC- REHABILITATIVE TREATMENT FOR BODY IMAGE DISTURBANCE IN EATING DISORDERS

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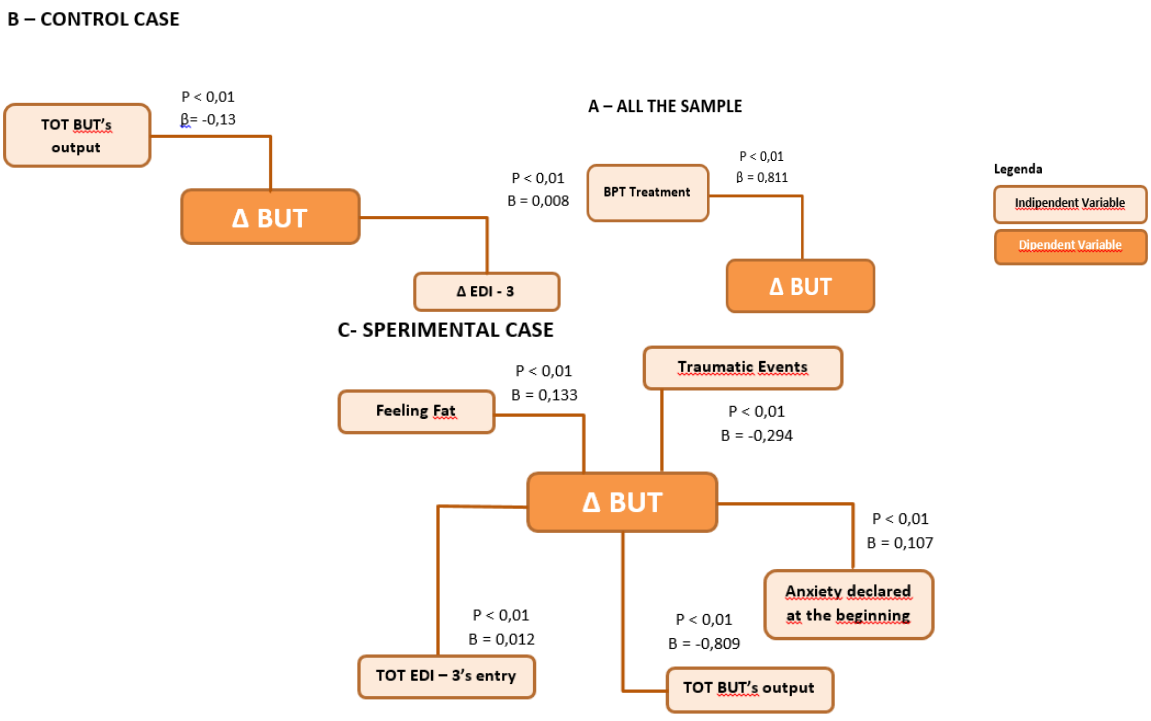
Key word: dysmorphophobia, body perception, body schema, body image, body perception treatment

Introduction: In the understanding of eating disorders, a central role is occupied by the body image disturbance. The altered perception of the forms of its own body, combined with bodily dissatisfaction, seems to be an etiopathogenetic, maintenance and central relapse factor in subjects with NA and NB.
It is therefore possible to hypothesize that an effective treatment of body image disturbance could favor a better treatment of eating disorders in all their phases.
The Aim of study: The purpose of this study is to evaluate the effects of a specific treatment protocol for body image disturbance (BPT, Body Perception Treatment™).
Materials and methods: Sample: 91 treated (from 2014 onwards) + 91 not treated (from 2011 backward).
Variables examined: socio-demographic and clinical variables (QDA); variables related to entry and exit results (BUT, EDI-3, SCL-90).
Exclusion criterion: less than one month hospitalization.
Data processing: SPSS software.
Statistical analysis: T-test for independent samples; Chi-Chi Test ($p < 0.05$); Logistic regression (dependent variable: Δ BUT).
Results:



Discussion and conclusions: The only variable able to affect a variation of the BUT test, in the total sample, is to partecipate at the BPT treatment. This protocol was also efficacious in significantly reducing the score expressed by the Global Gravity Index of the SCL-90 test.
The improvement achieved seems to take place also in patients who show pre-treatment's high levels of a both general and specific psycho-pathological gravity; the method is therefore also applicable to population with BMI <17. On the other hand, since it has been verified that BPT is less effective for those patients who have experienced traumatic events, attention should be paid in order to avoid the activation of serious dissociative states.

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P14. THE MANAGEMENT OF A CASE OF ARFID WITH SEVERE MALNUTRITION IN A HEALTH SERVICES NETWORK

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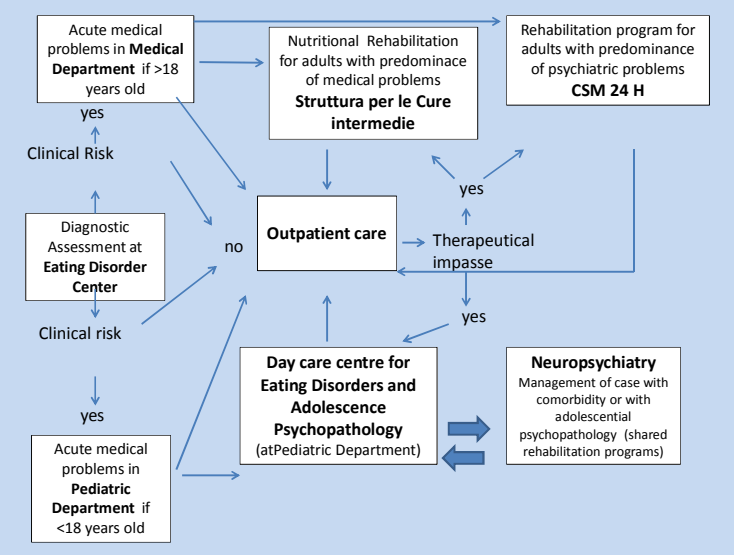
Keyword: severe enduring ED, health services network, integration

Background: Severe enduring anorexia is one of the main issue for a center for eating disorder. According to Theander (1985 e 1992) 36% of girls suffering from anorexia have a poor outcome and develop a chronic condition. An organizational model based on the health services network could improve the management of problematic and complex cases, allowing to keep the patient in his living environment.
Aim of the study: we introduce a clinical case to illustrate a network path able to respond to clinical situations with a high level of complexity.
Materials and methods: the present study is a single case report (female 29 year old, F).
Results: F. fell ill at the age of 17, showing a severe weight loss (8 kg in 40 days, BMI 16.44) that led to being admitted to the specialized clinic of Villa Margherita, where she had a good nutritional recovery. Afterwards she didn't want to continue the treatment at the outpatient service, in agreement with her parents. Twelve years later, in January 2017, at the age of 29, she was admitted to the local Hospital because of a severe malnutrition (BMI 11). After two months F. decided to dismiss and her parents agreed with her decision, since they disagreed with the diagnosis of Eating Disorder. F's parents didn't allow medical visits at home with her GP. The Diagnosis is ARFID (Avoidant/Restrictive Food Intake Disorder) in comorbidity with Psychosis focused on somatic unreasonable beliefs. On June 2017 F. needed emergence care in the Hospital because of weight loss (BMI 10). The parents didn't show illness awareness and compliance to the treatment. This brought to the designation of a legal tutor for clinical matters. After the acute phase, F. started with the nutritional rehabilitation at the Post-Acute Facility and later at the Struttura Intermedia Polifunzionale (S.I.P.) of local Hospital. At the moment F.

is receiving outpatient cares (BMI 14.3) at our center in collaboration with the local Center of Mental Health.

Discussion: The implementation of an organizational model based on the health services network, that implies constant cooperation among healthcare professionals and different settings for a long time, showed to be suitable to different kinds of problems. So we have extended its use to our clinical practice (adults and youths) as showed in the flowchart below.



Reference:

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P15. DOES DBT SKILLS TRAINING IMPROVE EXECUTIVE FUNCTIONS DEFICIT IN EATING DISORDERS?

Cotugno A., Apice R., Gentile B., Longarzo M., Petrucci M., Reda E., Ugolini S.

Introduction: In the last decade there was a growing interest in studying the role of neurocognitive functions in the pathogenesis and maintenance of Eating Disorders (ED). Scientific research focused particularly on Anorexia Nervosa (AN) and on several specific executive functions deficit, in order to build therapeutic rehabilitation protocols, useful in chronic AN (Tchanturia, 2014). Conversely, a few data are available about executive function in Bulimia Nervosa (BN), in which set-shifting, response inhibition, visuo-spatial abilities, central coherence and decision-making have been predominantly investigated (Allen et a., 2012).

Aim of the study: The present study aims at exploring potential deficit in executive functions in two clinical samples of patients, BN or binge eating disorder (BED), before and after Dialectical Behaviour Treatment (DBT; Linehan, 2011; Safer et al., 2009). According with DBT model, BN and BED result by impulse control disorder and emotional dysregulation combination, that are, in turn, behavioural phenomena of executive functions alterations. Basing on DBT rationale, specific skills training on mindfulness, emotion regulation, interpersonal efficacy and tolerance of suffering improves impulse control and promotes decision-making abilities.

Materials and Methods: 19 patients (BN and BED) have been recruited in the outpatient Eating Disorder Unit (ASL Roma1). Several neuropsychological tests were administered in order to investigate executive function before (T0) and after (T1) 6 months DBT protocol. The cognitive battery is composed by: Mini Mental State Examination; Frontal Assessment Battery; Wisconsin Card Sorting Test; Stroop Color Word Interference test; Rey Osterrieth Complex Figure; Reading the Mind in the Eyes test; Digit Span; Tower of London; Trail Making Test; Phonological Fluency; Raven's Coloured Progressive Matrices.

Expected results: Basing of above mentioned explained, our research hypothesis we will test if DBT protocol has an effect on improvement in selective executive functions in BN and BED patients.

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P16. EFFICACY OF FAMILY-BASED TREATMENT (FBT) IN ANOREXIA NERVOSA IN ADOLESCENCE: AN ITALIAN STUDY

Cotugno A., Longarzo M., Petrucci M.

Background: Family Based Treatment (FBT) is a cognitive family approach that integrates several family psychotherapeutic interventions. It has proved to be efficient in treating interpersonal dynamics maintaining eating disorders in adolescents by empowering parents to promote parental action and decrease patients' resistance to assistance.
Aim of the study: the present study aims at verifying FBT efficacy in reducing symptoms of anorexia nervosa in an outpatients sample.
Materials and Methods: 20 female patients with anorexia nervosa, mean age 17.6 **±** 3.2 were recruited in the territorial Eating Disorder Unit (ASL Roma1) Rome. General and specific eating disorder pathological features were assessed using EDE-Q, SCL-90 and EDI 3. Questionnaires were administered before and after 12 months FBT.
Results: After 12 months of treatment, anorexic patients significantly gained weight, as shown by increased Body Mass Index (BMI: T0 – M = 15.7, SE = .5; T1 – M = 17.5, SE = .5; $t(14) = 3.04$, $p = .009$), and showed an overall reduction in eating disorder symptoms, as revealed by decreased EDE-Q Global Severity Index (T0 – M = 3.2, SE = .4; T1 – M = 1.8, SE = .4; $t(14) = 4.74$, $p < .001$). Moreover, the treatment led to a general improvement in psychological well-being, as proved by SCL-90 scores (T0 – M = 1.57, SE = .2; T1 – M = .9, SE = .2; $t(14) = 3.24$, $p = .006$).
Discussion: Taken together, these findings indicate that FBT, with its promotion of care giving of the parents, is efficient in treating anorexia nervosa, and also generally aids adolescent development, producing global beneficial effects on mental health.

P17. USING THE LAUSANNE TRILOGUE PLAY IN FAMILY DIAGNOSIS OF ADOLESCENT ANOREXIA NERVOSA: A PILOT STUDY

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Keywords: Lausanne Trilogue Play, family coordination, anorexia nervosa, family assessment, coparenting

Current guidelines for the treatment of Anorexia Nervosa (AN) in children and adolescents underline the central role of parents' involvement for positive therapy outcomes (APA, 2006). It is therefore important to identify family assessment procedures that allow a better understanding of the complex nature of family functioning and promote adequate therapeutic choices for each single patient and his family. This study show a preliminary data on family assessment of adolescents with AN. We observed 24 family admitted in a children's hospital specialized in the treatment of Eating Disorders whit the clinical Lausanne Trilogue Play (LTPc; Fivaz-Depeursinge & Corboz-Warnery, 1999; Malagoli Togliatti

& Mazzoni, 2006), a problem solving task designed to assess the capacity of the family to be coordinated and to have fun during a moment of play. Families were recruited during the first day of MIT (Zanna, et al., 2017). Video-recording play session were later coded by two independent judges, who obtained a two-way mixed ICC value of uniformity of 0.87. Results are in line with literature and show low family coordination, a strong physically and psychologically participation but a poor definition and respect for each other's roles and a low emotional sharing among members. Families show difficulties not only to manage but also to gain access to a shared and coordinated parental perspective. These findings suggest the validity of LTPc as useful instrument for family coordination and co-parenting assessment, in order to addressing therapeutic work on the most specific aspects that family needs to improve.

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P18. PATHOLOGICAL AND EPIGENETIC DEPENDENCIES

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Keyword: Substance Use Disorders SUD, Alcohol, Adverse Childhood Experiences (CA), Addiction and eating disorders (ED), Epigenetics

Introduction and background. Biological, social, environmental and genetic factors influence the vulnerability to addiction. Recent studies suggest that the hereditary genetic component affects from 20% to 50% on the variability of the development of addiction and forms individual externalized psychopathologies. In the SUD interactions between genotypes and environmental factors seem to play a rather important role for epigenetic mechanisms in the acute response to substances and subsequently to the development of addiction.

Purpose of the study. Study the association between Addiction, ED, CA and condition of genetic susceptibility.(1)

Material and Method. A sample of 20 women - aged 24-56 yo,- in treatment for substance abuse, with the Semi-Structured Assessment for Genetics of Alcoholism II interview - SSAGA II - was examined for multiple data exploring alcoholic phenotypes. Also they allow analysis with standard diagnostic systems such as DSM III R, DSM IV and ICD-10.(2)

Result. 45% of the women during childhood and adolescence were victims of maltreatment in domestic violence, 40% said they had suffered sexual abuse **(Graphic 1).** Between the women maltreated 40% develop Alcohol and ED; 40% are heroin/ED/GAP and 20% are Alcohol/GAP **(Graphic 2).** Among women sexually abused, 50% develop dependence on Alcohol, Cocaine and ED, while 25% are from Heroin and DCA, and the remaining 25% from Cocaine and DCA **(Graphic 3).** Finally, the reconstruction of family history shows that 80% of women have relatives of First and Second degree with a history of Addiction (Graphic 4).This data allows us to hypothesize a correlation between the genetic component and development of Addiction: 34% of our women sample developed addictions to Cocaine and ED; 22% to Alcohol and Psychiatric drugs.(Graphic 5)

Our conclusions: there is a correlation between the family condition (environmental-genetic) and the development of Addiction and/or ED. We hypothesize to aim the therapeutic intervention with

patients in genetic predispositions, a biological and genetic study in-depth.

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P19. SLEEP DISORDERS AND INTESTINAL INFLAMMATION IN A POPULATION OF ADOLESCENT PATIENTS WITH EATING DISORDERS: PRELIMINARY DATA

Dardi A.1, Malaspina E.1, Simone S.1, Cericola J.1, Rapisarda S.1, Vivoli E.1, Pognani A.1, Gualandi P.1, Parmeggiani A.1, Moscano M.1, Francia V.1, Franzoni E.1

1- Child Neuropsychiatry Unit, Regional Centre for Eating Disorders, University of Bologna, Italy.
Keywords : eating disorders, intestinal inflammation, sleep disorders, gut-brain axis

Introduction/Background: According to the DSM-5, Eating Disorders (ED) are classified in Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), Other Specified and Unspecified Feeding or Eating Disorder (OSFED and UFED). These are psychological illness with potential devastating physical consequences; however their pathophysiological mechanisms remain unclear. Since clinical practice has brought to light the relevance of sleep and intestinal disorders in most patients with ED, it is reasonable to speculate that these patients might have an intestinal inflammation and that it is probably related to sleep disorders.

Objective: In this study, which is an epidemiological research with the aim of providing new data, we investigate intestinal inflammation and sleep disorders in a population of adolescent patients afferent to our Regional Centre for ED, and we want to show the distribution of these disorders in each patient subgroup.

Patients and methods: During a period of six months we enlist 70 patients aged 11 to 20 with the diagnosis of ED, all these admitted for the first time at any of our Regional Centre for ED of Policlinico Sant'Orsola-Malpighi services: Hospital Department, Clinic and Day-hospital. The study is divided into a single patient assessment phase (T0) and includes a stool test to evaluate faecal-Calprotectin and the administration of some self-assessment scales. In particular, Calprotectin is a calcium-zinc binding protein that is found in human neutrophils and macrophages; faecal Calprotectin reflects the migration of neutrophils into the gut lumen and thus can be used as sensitive marker of intestinal inflammation1, especially if associated with the administration of the Bristol Stool Scale (BSS), a diagnostic medical tool designed to classify the form of human faeces into seven categories from constipation to diarrhoea. Instead regarding the Sleep Scales we administer the self-assessment Epworth Sleepiness Scale (ESS)2 and Pittsburg Sleep Quality Index (PSQI)3.

Comments: We want to collect data on an inhomogeneous sample of adolescent population with ED, and these data will be subject to statistical evaluation with the goal of highlighting the distribution of disorders that are frequently found in clinical practice with ED patients.

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P20. TFC IN ED OUTPATIENTS: PRACTICE AND ADDED VALUE IN NUTRITIONAL TREATMENT.

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MATRIK gruppo interdisciplinare per la diagnosi e la cura dei DCA Bologna

Key Words: Eating Disorder (ED), TFC, Nutritional Treatment, Outpatients Treatment

Background: In 2015, current Minister of Health B. Lorenzin approved the National Guidelines for nutritional rehabilitation in patients with eating disorder (ED), published in September 2017. The document outlines specific nutritional rehabilitation strategies and procedures, including "Training di Familiarizzazione col Cibo" (TFC).
Introduction: TFC is realized through a psycho-nutritional protocol, based on Blundell model. The purpose is to improve patients' behaviors towards food and to implement new attitudes, empowerment and autonomy. This is possible through the recognition of primary needs and physiological sensations (e.g. hunger and satiety). This approach is useful in adequate settings (medical-center with kitchen), especially for nutritional crucial phases. Expert Dietitian and specialized Physician can develop TFC in an intensive outpatient setting.
Aim: From the above we would like to describe our practical experience in a teamwork reality.
Materials And Methods: During TFC outpatients are invited to get in touch with food and participate actively in the various phases of the meal. They have to:
1- Choose foods for the assisted meal
2- Analyze and purchase chosen foods
3- Prepare and cook them
4- Take the assisted meal
5- Manage the post-prandial anxiety
Phase 1 takes place in an outpatient setting;
Phase 2 takes place at the nearest supermarket (choices: single-portioned foods, easy to prepare)
Phases 3-4 take place in two different environments: the first for the preparation of food and the consumption of meals, the second to cook (electrical appliances, single-use tools);
Phase 5 takes place in a psychotherapeutic study.
Results: We applied TFC (frequency depending on the severity) with success in 28 outpatients (18 AN, 5 ARFID, 4 BED, 1 BN): 23 patients needed to get in touch with anxious, forbidden or phobic foods, even in the pediatric age; 3 patients were in discharge from residential facilities and needed to be reintegrated in their daily environment; 2 patients needed to be evaluated for their nutritional behaviors.
Conclusions: In our opinion, TFC is an indispensable tool for critical outpatients to improve their abilities and autonomy and it can also be used as a diagnostic complement in some doubtful situations.
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P21. PSYCHO-NUTRITIONAL EDUCATIONAL REHABILITATION (PNER): AN INNOVATIVE TRAINING FOR A HOME TREATMENT

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Keywords: assisted meal, integrated home treatment, obesities, BED, teamwork.

The aim of our work is to offer a theoretical-methodological point of view on a food familiarization training developed from a real in housing experimentation by a multi and inter-professional team through an assisted home-meal. The patient – a 35 years old woman – presents a borderline personality with phobic-anxious traits and eating disorder (ED) – more specifically, impulse dyscontrol with class 1 obesity (O). What drives the intervention proposal is the non-universality principle. It aims to offer a therapeutic proposal co-constructed with care givers and family: the assisted person and care givers are actively supported and guided in searching a conscious and bearable life style.
In order to develop an operational model in EDs and Os, we reviewed and applied the main clinical practice guidelines, the appropriate levels of care and the main framework of our theoretical point of view and clinical intervention: home treatment. Psycho-Nutritional Educational Rehabilitation (PNER) is situated in the central phase of the rehabilitation process. The food familiarization training during the assisted meal at home will be concretely presented through a clinical case: this will be the opportunity to show more in depth the several steps involved in the intervention.
Interdisciplinary and an empowering focused approach are the methodological and clinical heart of PNER. The core of our investigation is therefore: the house and the habits of people who live there, the relationship between the family and the rehabilitative project, the teamwork - from the set up to the methodology and the professional tools' choice.
Possible applications and implications in contexts characterized by a low level of care intensity and possible developments of guidelines – in a framework of networking and community approach - will be discussed.

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P22. TEMPORAL ANTECEDENTS OF BODY DISSATISFACTION AND MUSCLE DYSMORPHIA IN ADOLESCENT BOYS: PRELIMINARY FINDINGS FROM A LONGITUDINAL STUDY

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Keywords: body dissatisfaction, muscle dysmorphia, adolescence, boys

Body dissatisfaction (BD) contributes to body image disturbances and represents a core aspect of eating disorders (ED) development. Research has focused attention on ED behaviors and BD in woman, mainly. However, there is increasing evidence that males are dissatisfied with their weight and body shape. In addition, they are at risk of excessively exercising in order to gain weight and muscularity. Thus, Muscle Dysmorphia (MD) represents a dysfunctional ED-related behavior in males. Given substantial sex differences in ED behaviors and attitudes, more research is needed on risk factors for ED development in males only [1].
The present study explores how base-line self-esteem, body uneasiness, and personality ED-related characteristics predict changes in BD and MD in adolescents boys 7 months later.

Participants (N= 136) were boys, 16 ± 1.3 yrs, who self-reported on Eating Disorders Assessment for Man [2], EDI-2 Perfectionism, Interoceptive Awareness, and Ineffectiveness, Rosenberg Self-Esteem, also reflected, and Body Uneasiness Test. They completed the questionnaires twice, 7 months apart, further reporting on their weight and height.
After controlling for base-line BMI, age, BD, and MD, results ($p \leq 0.05$) showed that higher initial reflected self-esteem (β=-.12) predicted decreases in BD; in addition changes in BD positively correlated with changes in BUT Avoidance and Weight Phobia. EDI-2 Interoceptive Awareness (β=.16) and BUT Compulsive self-monitoring (β=.32) accounted for increases in MD.
Consistently with previous research, the present study revealed some sex commonalities and differences in relation to ED vulnerabilities [1,2]. Specifically, our findings suggest that reflected self-esteem and compulsive self-monitoring, that is, reflected social image and attractiveness, may represent risk factors for EDs in young boys especially. Overall, the present results confirm that more attention is needed on male-specific indicators and vulnerability factors, in order to prevent the development of dysfunctional body weight and image in adolescence.

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P23. EATING DISORDERS IN ADOLESCENCE: THE PAIN OF HOPING

Esposito C, Longobardi A, Esposito C E, Fiorenza A, Di Mauro V, Sansone G

Key words: Eating disorders, adolescence, youth, integrated interventions; outcomes monitoring.

Background and introduction: Adolescence and young adulthood are the period of greatest onset of eating disorders. In particular, eating disorders express the young person's difficulty in integrating his internal world and integrating with the outside world; at the same time, through these dysfunctional behaviors, young people try to activate possible substitutions, to face such difficulties. However, this attempt, from transient research, often becomes a permanent *place of escape*, which blocks the evolution of the young.
Objective: This work aims to contribute to the understanding of eating disorders in adolescents and young adults, as well as of care and rehabilitation pathways. This aim has been pursued through the monitoring of clinical outcomes of adolescents and young people being treated at the semi-residential Eating Disorders Care and Rehabilitation Service called "Continuum", operating on the territory of ASL Napoli 3 sud.
Method: Continuum Service provides a multi-dimensional and integrated intervention model. The program consists of treatment steps with variable intensity. The clinical protocol provides for the monitoring of the clinical outcomes through the administration of Eating Disorder Inventory -3 (EDI -3) on three steps: ex ante (at the entrance) in itinere (after six months) and ex post (after 18 months). In the present work it will be illustrated an analysis of ex ante, in itinere and ex post administrations data patient who have completed the treatment path. The sample consists of 55 people, aged from 13 to 26.
Results: The data about EDI-3 scale scores showed a different trend of those subscales relating to the symptomatic aspects of eating disorders than those related to the psychopathological factors associated. The comparison among ex-ante, in itinere and ex post data, showed that the scoring decrease in symptom subscales does not correspond directly to a scoring decrease in those subscales concerning psychopathology. Furthermore Young people with Anorexia and BED have better clinical outcomes than those with bulimia nervosa.
Conclusion: Such different trend of EDI-3 scale scores focuses on the appropriateness of taking care about the complexity that Eating disorders expresses. Especially in adolescence and early adulthood, eating disorders can be the expression of a broader psychopathological picture, and may represent the

person's attempt to overcome the unease of underlying issues. Care processes should aim to bring out the person with his or her needs, *freeing the hope* contained in the symptom, through territorial treatment pathways, allowing the continuation of the patient take charge, even after symptom management.

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P24. THE "CONTINUUM" OF ADDICTIONS

Esposito C, Longobardi A, Esposito C E, Fiorenza A, Di Mauro V, Sansone G

Key words: Eating disorders; addiction; integrated interventions; treatment paths.

Background and introduction: Eating disorders present different points of contact with addictions. This reflection arises from the analysis of clinical and scientific data related to addiction:
- the change in of drug use style ;
- the coexistence of eating disorders and drug addiction or gambling;
- frequent steps, observed in clinical practice, from one kind of addiction to another.
- frequent migration from one kind of eating disorder to another.

Objective This work aims to contribute to a multi-dimensional reading of ED as well as of care and rehabilitation pathways, through the sharing of the treatment path implemented by a semi-residential Eating Disorders Care and Rehabilitation Service called "Continuum", operating on the territory of ASL Napoli 3 sud; particular attention will be given to strengths and critical issues emerged.

Method: *Continuum* Service was founded in 2006, starting from a synergy between Public Health Service and Third Sector. The treatment path implemented was borrowed from the clinical experience of the Community for drug addicts *Fanelli*. *Continuum* provides a multi-dimensional and integrated intervention model. The program consists of treatment steps with variable intensity throughout the care process; specific attention is payed to clinical monitoring and evaluation of outcomes**.**

Results: ED present multifactorial causes and are closely related to the socio-relational context in which they emerge. This means that the recovery path often lasts several years with a relapse course of the disorder. Continuum Service treatment shows some important strengths:
- to promote a contextualized care processes, which involve the context belonging;
- to respond adequately to relapse;
- to reduce the economic and social costs of the disease;
- to create a therapeutic setting shared with the person who is the leading actor of the care process.

Conclusion: Addiction, due to the compulsion, require two levels of intervention that must be coordinated and integrated with each other: rehabilitative interventions, for the suspension of dysfunctional behaviors, and care interventions, for the underlying psychopathological dynamics.

Addiction care services provide care pathways closely linked to the kind of addiction rather than to the *need* that the relationship with addiction expresses. The medicalization of the care path does not allow the person to experience himself as the leading actor of the care process. Care pathways should be *open places*, where "the person could free the *hope* that the symptom itself contains".
An important challenge for addiction care services should be to coordinate adequately rehabilitation and care interventions, rather than focus on specific kinds of addiction varying over time.

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P25. LONG-TERM CARE IN EATING DISORDERS

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Key words: long-term care, quality of life, relapse

Background: Long term treatments and resistance to change represent a scientific and cultural challenge in the care of eating disorders where the drop-out rates are still very high.
Object: The Eating Disorder Center (CDAA) has been operating since 2002. It is located in Santa Corona hospital of Pietra Ligure and has 10 inpatient beds and 4+4 beds for Day Hospital treatment.
In 2017 there were 98 hospitalizations for 65 patients, with an average hospital stay of 35.3. This data highlights the remarkable problem of relapses.
The focus of our work is the problem of long-term care because, over the years, not a few patients had to deal with to multiple hospitalizations, despite the care received and the continuity of a subsequent outpatient therapeutic treatment.
We prefer to talk about patients who need "long-term care" to achieve a good quality of life, rather than "chronic patients": in psychiatry the word "chronicity" has often promoted pessimism, obtuseness and lack of clinical and scientific curiosity.
Material and methods: As a paradigmatic example, we present the human and clinical history of a patient we can include in the so-called "Grand Tour patients" group, ie those patients who spend most of their life in hospitalization.
Discussion and conclusions: Long term treatments highlight many problems. We have emphasized two aspects: : a) To train the staff requires huge human and economic resources b) the risk of iatrogenic therapies that are frequent especially when therapists can not think about change anymore

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P26. EFFECT OF WEIGHT LOSS ON OBESITY CORRELATED DISABILITY AND PSYCHOLOGICAL DISTRESS

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Keywords: obesity, disability, psychological distress

Background: obesity represents a clinical condition that has a strong impact on quality of life due to correlated physical disability and psychological distress as a result of disability, pain, stigma, lack in autonomy in ordinary life activity. The burden of psychological disease in people with extreme weight should be taken into consideration by health professionals in order to choose an effective treatment to these patients. Multidisciplinary approach seams to be the best way.
Aim: to evaluate how weight loss can correlate with reduction of disability and psychological distress in a sample of obese patients that perform a multidisciplinary therapeutic course in "Villa Pia", Center for treatment of eating disorder and Obesity in Guidonia (RM).
Materials And Methods: we enrolled 24 obese patients (mean age 49,4 years; 6 male and 18 female) with Body Mass Index (BMI)>30; 8 of them made a semi-residential therapeutic course and 16 of theme a residential therapeutic course. Obesity correlated disability was measured with SIO (Italian Society of Obesity) Obesity correlated disability test (TSD-OC) a self-report test containing 7 sections (pain, rigidity, ADL and motility indoor, housework, activity out of home-IALD, occupational activity, social life). Psychological distress was measured with SCL90-R a self-report inventory containing 90 items. It includes the Global Severity Index (GSI), which is the mean score of all items. The GSI is considered the single best indicator of current distress level and should be utilized when a single summary measure is required. Each patient underwent TSD-OC and SCL90-R the first and the last day of therapeutic course.
Results: mean input and output values of Body Mass Index (BMI) is respectively 46,3 and 40,45 that represents a mean reduction of 11,55% of starting weight. TSD-OC mean total scores is 153,1 in input and 111,3 in output, respectively 42,5% and 30,91% of maximum score obtainable (360) (table 1). That output score is <33% of total score obtainable (absence of disability). Reduction in percent of single scores is: Pain – 33,96%, Rigidity -29,67%, ADL -35,48%, Housework -24,4%, IALD -23,45%, Occupational Activity - 2,8%, Social Life -34,58%. The GSI of SCL90-R shows a mean reduction from the value of 1,4 to 0,91. The PST (Positive Symptom Total) and the PSDI (Positive Symptoms Distress Index) mean scores are shown in table 2. Somatization and depression scores show a reduction of mean value too (SOM from 1,6 to 0,99; DEP from 1,75 to 1,07). See table 3.

Table 1

TSD -OC	PAIN	RIGIDITY	ADL	HOUSEW	IALD	OCCUP.	SOCIAL LIFE	TOTAL	% 360
INPUT	24,41	8,29	28,08	29,87	20,08	18,16	24,2	153,1	42,52

OUTPUT	16,12	5,83	18,58	22,58	15,37	17,65	15,83	111,3	30,91

Table 2

SCL90-R	GSI	PST	PSDI
INPUT	1,4	51,96	2,13
OUTPUT	0,91	36,91	1,75

Table 3

SCL90-R	SOM	DEP
INPUT	1,6	1,75
OUTPUT	0,99	1,07

Discussion: this observational study shows that a multidisciplinary approach to obesity leads to an improvement of physical condition (decrease of weight and disability) and reduction of psychological distress. Each patient referred an improvement of quality of life at the end of the course. A therapeutic approach excluding a psychological treatment would not reach the same target. We'll try to enlarge the sample to demonstrate the linear correlation between body weight, comorbidity and psychological health.

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P27. THE CONNECTION BETWEEN ATTACHMENT STYLES, FOOD AND SEXUAL DISORDERS: A NEW CLINICAL APPROACH

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Key Words: food, love, sexuality, attachment, disorders

Introduction And Purpose: The scope of this investigation is to verify the relationships and influences between attachment style, eating disorders, and female sexual disorders.
Background: A sample among 50 women between 18 and 60 years with diagnosed eating disorders has been analysed.
Materials And Methods: It was administered the FSFI, the McCoy Female Sexuality Questionnaire and a questionnaire on attachment styles ASQ. The FSFI index of Female Sexual Function was used to determine the level of sexual function, pathological or normal, analysing the five operating areas: sexual activity, sexual intercourse, sexual stimulation, sexual desire, and excitement. The McCoy Female Sexuality was used to assess sexual interest, satisfaction with the frequency of sexual activity, vaginal lubrication, orgasm, the partner's sexuality. The Questionnaire ASQ Attachment Style Questionnaire proposed in self-administration has been used to investigate areas of confidence, discomfort for the intimacy, the secondary nature of the relationships, the need for approval and concern for relationships.
Results: The results reveal that the interviewed women with eating disorders have mostly an attachment fearful and worried or anxious ambivalent, and show obvious problems in sexual activity, several have lack of desire, a minority does not feel orgasm during intercourse, only a 10% presents no sexual disorder.
Conclusions: Initial though, these data show the close relationship between the three areas studied: Sex, Food, and Relational. All this confirms the importance of a new clinical approach that addresses the three issues presented.

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P28. THE DAY HOSPITAL OF REGIONAL CENTRE FOR EATING DISORDERS OF S. ORSOLA-MALPIGHI HOSPITAL IN BOLOGNA: A RESEARCH ABOUT EATING DISORDERS AND PERSONALITY DISORDERS

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Keywords: Eating Disorders, Personality Disorders, Day Hospital, Effectiveness, Satisfaction

Introduction and background: Day Hospital (DH) for Eating Disorders (ED) is an alternative treatment to hospitalization. There are studies evaluating its effectiveness a, less the comorbidity with Personality Disorders (PD) in this type of DH b.
Aim: The aim of this study is to evaluate the effectiveness and the satisfaction of a multidisciplinary treatment for ED in the DH of Regional Centre for ED of S. Orsola-Malpighi Hospital in Bologna.
Materials and method: The study involved 77 inpatients of DH (mean age 19; 95% F; 5% M), with diagnosis of Anorexia Nervosa (AN; 51%), Bulimia Nervosa (BN; 32%), Binge Eating Disorder (BED; 8%), EDNOS (9%). At beginning and discharge were administered EAT-40, BAT, EDI-3, MMPI-2. PD were assessed by SCID-II. Parents and inpatient filled the Satisfaction Questionnaire (SQ).
Results: At discharge there was statistically significant improvement in all tests of patients with AN and BN, in particular subscales Drive for Thinness (AN), Body Dissatisfaction (BN), ED Risk, General Psychological Problems (EDI-3), Depression, Hysteria, Social Introversion (MMPI). Patients with BED reported an improvement in Familiarity with own body (BAT). Patients with EDNOS, an improvement in Body Dissatisfaction (EDI-3), Depression (MMPI), General body dissatisfaction (BAT). Borderline PD was the most represented. In the SQ parents and patient evaluated as good the treatment and the service.
Discussion and conclusion: Data support the therapeutic effectiveness of DH treatment, that can be useful alternative to hospitalization and outpatient treatment, showing advantages in terms of assistance and costs.
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P29. NEW MAUDSLEY METHOD: EXPERIENCES IN EMILIA ROMAGNA

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Key words: Eating Disorder, Model Approach, Institutional Organization, New Maudsley Method.

The eating disorders (DA) is a multidisciplinary management, in order to perform a multidimensional diagnostic evaluation and to prepare suitable treatment models.
At local and regional level two documents have been issued on the modality of intervention the DGR 1016/04 and the DGR 1298/09, moreover, the ER Region has chosen as the organizational address the Programs, in order to insert the citizen at the heart of the healing process.
The treatment model foresees that the team deals with acute and sub-acute disorders, personal aspects and psychiatric and medical co-pathologies.
The care protocol model of intervention complies with International Guidelines that made evidence signs. For that reason we chose to introduce the New Maudsley Method, developed by Prof. J. Treasure at the King's College of London. The family treatment NMM is part of collaborative FBT treatment.
Starting from 2013 was introduce the specific training about this methodology by Dr. Stefanini and Troiani (Mayer Hospital of Florence) both in Bologna (UONPIA) and Romagna. Since 2015 the New Maudsley Method has been indicated as an effective intervention to be developed in the other healthcare organizations of Emilia Romagna. From 2016 a specific training has been activated also in the Area Vasta Emilia Nord (AVEN).
The work with family members of patients with Alimentary Disorders, according to the New Maudsley Method, is conducted by 2-3 operators (Child Neuropsychiatry/Psychiatry, psychologists, nurses and dieticians/nutritionists) and consists of 6/7 meetings lasting 2 hours each at intervals weekly/fortnightly. The methodology adopted in all the meetings with the parents is aimed at encouraging reflection, discussion and the acquisition of practical tools (role playing, work group, practical demonstrations, etc.). The work group with parents is allowing to meet the needs of families and has the purpose of interrupting some of the maintenance mechanisms of DA. Furthermore, at the start and end of the meetings a psychometric test assessment is carried out on stress, on the expressed emotionality, on the impact of eating disorder and on the mechanisms of adaptation and facilitation in the careers of patients with DCA.
The data about groups activities in the different healthcare organization will be illustrated.

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P30. IS BODY IMAGE DISTURBANCE A CORE SYMPTOM OF FOOD ADDICTION? A PRELIMINARY INVESTIGATION IN A NON-CLINICAL SAMPLE

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Key words: Food Addiction; Body Image Disturbance, Binge Eating Severity; Psychopathology Body Mass Index

Introduction. Although in the last decade the construct of Food Addiction (FA) has gained increasing attention from researchers, it is still unclear whether it should be considered valid and useful concept1. Indeed, FA seems to have significant psychopathological overlap (e.g., reduced control over eating) with other eating disorders (EDs), particularly with binge eating disorder (BED) and Bulimia Nervosa (BN)1. Body image disturbance (BID) is a diagnostic criterion and crucial symptom of both anorexia nervosa and BN, and it seems to occur also in BED. To date, only one study has investigated the association between body image and FA. In university students, it has been reported that FA symptoms were negatively associated with body satisfaction2.
Aim. To extend these previous findings by exploring the association between FA and BID controlling for potential confounding variables (e.g. psychopathology, binge eating etc.).
Material and Methods. Participants were 396 Italian adults (272 women). All patients were administered self-report measures investigating FA, binge eating, body image disturbance, psychopathology (i.e., depressive symptoms and emotion regulation) and socio-demographic variables.
Results. FA symptoms were strongly associated with body image disturbance ($r = 0.41$; $p < 0.001$).Variables significantly associated with FA at the bivariate level were inserted as independent variables into a hierarchical linear regression analysis with FA severity (i.e., symptom counts) as the criterion. The models explained between 7% and 29% of the variability of the data. In the last block, when controlling for the presence of other confounding variables, BID was independently associated with FA severity ($\beta = 0.22$; $p < 0.001$).
Discussion. Our results seem to suggest that BID is a core symptom of FA. Our data may be useful in the current debate about the controversies of the nosological status of the FA, suggesting that FA may be conceptualized as a trans-nosografic construct existing in all EDs as well as in obese and overweight patients.
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P31. DEFAULT MODE NETWORK ALTERATIONS IN SUBJECTS WITH BULIMIC SYMPTOMS: AN ELORETA STUDY

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Key words: Default Mode Network; Bulimic Symptoms, EEG connectivity; Eloreta

Introduction. Abnormalities in default mode network (DMN) activity and its functional connectivity have been widely reported in several psychiatric disorders1. However, up to now, few studies have investigated DMN alterations in eating disorders (EDs), especially in Bulimia Nervosa (BN)2.
Aim. To extend these previous findings by investigating the modifications of electroencephalographic (EEG) functional connectivity in the (DMN) in a non-clinical sample with bulimic symptomatology.
Material and Methods. Using a Two Step Cluster Analysis procedure, twenty-three subjects (4 men and 19 women) with high bulimic symptoms (BS+) and thirty (12 men and 18 women) subjects with low bulimic symptoms (BS-) were included in the study. EEG was recorded during two different conditions: 1) five minutes resting state (RS), 2) five minutes resting state after a single taste of a chocolate milkshake (ML-RS). DMN EEG connectivity analyses were conducted by means of the exact Low Resolution Electric Tomography software (eLORETA).
Results. No significant modification was observed in the between comparison (BS+ vs BS-). However, after a single taste of a chocolate milkshake, a significant increase of DMN functional

connectivity (T = 3.71; p < 0.05), was observed only in the BS+ group (Figure 1) between the left anterior cingulate cortex (ACC; Brodmann area [BA] 25) and the right inferior parietal lobe (IPL; BAs 39-40).
Discussion. Our results showed that, only in subjects with bulimic symptomatology, a single taste of a chocolate milkshake was associated with an increase of DMN connectivity between the left anterior cingulate cortex (ACC) and the right parietal lobe. Our data are in accordance with previous functional magnetic resonance imaging (fMRI) of DMN in EDs2. This neurophysiological pattern might reflect the increased self-focus, rumination and increased cognitive control related to eating typically associated with BN.
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P32. VALIDITY OF THE ITALIAN VERSION OF THE NIGHT EATING DIAGNOSTIC QUESTIONNAIRE (NEDQ)

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Key words: Night Eating Syndrome; Validity; Night Eating Diagnostic Questionnaire (NEDQ).

Introduction. Night eating syndrome (NES) is characterized by morning loss of appetite, evening hyperphagia, awareness of nocturnal eating episodes, insomnia, and nocturnal awakening to eat. Recently Nolan and Geliebter (2017) validated the Night Eating Diagnostic Questionnaire (NEDQ) to establish a diagnosis of NES.
Aim. The aim of the study was to estimate prevalence of NES, and to assess convergent validity between the NEDQ and the Night Eating Questionnaire (NEQ) in a sample of Italian adults.
Material and method. Participants were 482 (380 women and 102 men) Italian adults nonrandomly recruited from the general population. Participants were administered the NEQ and the NEDQ.
Results. Nine participants scored ≥ 25 on the NEQ (1.9%), and three of them also expressed distress or impairment (0.6%) as a result of their night eating (based on NEDQ). On the NEDQ four participants met the criteria for NES (0.8%). Of the three participants who scored ≥ 25 on the NEQ and expressed distress or impairment only two met criteria for NES on the NEDQ (kappa = 0.57, 95% CI = 0.34/0.95, $p < 0.001$).
Discussion. Number of people who met the criteria for NES were lower than those reported in Nolan and Geliebter (2017) (6.9%) and Rand, Macgregor, and Stunkard (1997) (1.5%). Low number of positive cases affects the possibility of estimate reliably the convergent validity between the NEDQ and the NEQ.
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P33. "MEDIAMENTE, COLLAGE E CINEFORUM": WORKING WITH IMAGES IN THE CONSTRUCTION OF SELF IN PATIENTS WITH EATING DISORDERS

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Keywords: Eating Disorders, Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Day Hospital, Mass media, Multicultural society, Images, Cinema.
Introduction and background: Projection process, as a psychodynamic mental functioning, helps the emersion of painful emotional contents. Working with chosen and specific images can help the patients with Eating Disorders to process emotional experiences hard to tell with words.
Aim: The aim of this study is allow the patient to explore symbolically their own lived experience, to encourage communication and expression of ideas and emotions and to promote the development of an image that is more appropriate to reality.
Materials and methods: For the workshop named "Collage" are used very simple materials like magazine and newspaper stand. For the workshop named "MediaMente" are used a PC to show images and commercials. Finally, for the workshop named "Cineforum" patients watch a movie. All three workshops are followed by questions and a discussion. Images, commercials and movies have a specific relevance to the eating disorders, family ties and specific role in the society.
Results: The patients show greater awareness about their inner world and about their role as a male/female. They have a greater ability to reflect on themselves and on the social system, including family and peer relationships.
Discussion and conclusion: Working with images allows to promote a process of greater awerness about their own emotional experience, about their psychopathological situation and their role in a increasingly multicultural society.
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P34. EFFECT OF THE MANIPULATION OF PERFECTIONISM ON ATTENTIONAL BIAS FOR FOOD CUES

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Keywords: perfectionism, eating disorder, experimental, attentional bias

Perfectionism is a multidimensional personality trait that encompasses two higher-order constructs: "Positive Striving" (PS, the pursuit of high standards) and "Evaluative Concerns" (EC, worry of making mistakes and being valued negatively from others) (1). Previous studies showed that both dimensions are related to eating disorders (ED) (2). Boone et al. (3) reported that the experimental induction of perfectionism caused an increase in ED symptoms thus evidencing that not only perfectionism is causally related to ED, but also that it could be experimentally modified. We aimed to test whether the experimental induction of a perfectionistic attitude influences selective attention to food-related words in participants reporting or not ED symptoms. The DEQ (4) was administered to 161 university female students (*M age* = 23.18 years; *SD* = 2.63) to distinguish symptomatic (DEQ > 30) from non-symptomatic group (DEQ < 30). Participants were randomly assigned to one of three experimental conditions: two verbal inductions of PS perfectionism and of EC perfectionism, and a standard condition (ST) with no stimulation. Attentional-bias was measured using the two Stroop Tasks: the

standard version and an emotional version that used food related words (5). A state-modified version of the FMPS (6) was used to assess post-manipulation changes in state levels of perfectionism. A mixed ANOVA revealed that EC condition is associated with longer reaction time in the standard Stroop Task, compared to ST and PS ($F(2, 155) = 5.626$; $p < 0.01$), suggesting that perfectionism may be experimentally induced. A significant interaction effect between DEQ groups and conditions ($F(2, 154) = 2.99$; $p = 0.05$) showed that symptomatic group reported significantly higher levels of EC state perfectionism when received ST or PS instruction, compared to the control group. Among participants in the EC condition, time reactions to hypercaloric food words were shorter than those to words indicating animals or low calories foods ($F(2,106) = 3.135$; $p < 0.05$). This result support the activation of an avoidant strategy for coping with relevant stimuli induced by the increased EC state perfectionism (7, 8, 9). The hypothesized difference between groups defined on the bases of the DEQ scores was not found maybe because hypercaloric foods are salient for all women (not only for women with ED) as reported by previous research (10-11).

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P35. PEOPLE WITH DISABILITIES: A CATEGORY AT RISK OF NUTRITION AND EATING DISORDERS

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Keywords: nutrition, disability, comorbidity, prevention.

Introduction: "Physical, mental and financial barriers among persons with disabilities limit their access to healthier diet" write an American research group, which studied the nutrition of people with disabilities in the United States.1 It is shared by several authors that people with intellectual disabilities are at increased risk for development of psychopathological symptoms. An Italian study2 shows that in people with intellectual disabilities, nutrition and eating disorders have a high prevalence (about 1/3).
A proper way of eating is important in people with disabilities, who may have a lack of cognitive tools that does not allow them to approach food in a healthy way and, because of the disability, they are at higher risk of psycho-physical comorbidity.
Purpose of the study: The aim of the research was to detect the presence of behavioral problems related to nutrition and/or clinical conditions that require specific educational and nutritional interventions, in people with disabilities.
Materials and methods: A survey was carried out in 8 facilities for disabled adults in the South East District of the Local Health Authority in Ferrara, by the administration of a questionnaire to the Coordinators of these Centers. The survey examined a sample of 137 people with different diagnoses: neurodevelopmental disorders, genetic syndromes, cerebral palsy, metabolic or neuromuscular or cerebral diseases, epilepsy, sensory deficit.
Results: More than half of the guests (69%) show problematic behaviors related to food, and/or medical conditions that require specific precautions or targeted interventions, in order to ensure proper nutrition.
Discussion and conclusions: A strong correlation between obesity and hyperphagic conduct with loss of control and dysfunctional behavior can be observed.
Nutrition is one of the major risk factors for the health of people with disabilities, but it can become a protective factor with early interventions through prevention and screening programs for specific population groups, in order to: establish correct and accessible food plans, decrease comorbidities, prevent the onset of chronic-degenerative diseases, contributing to the reduction of disability, increasing personal and social autonomy.
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P36. THE REHABILITATION OF CHILDHOOD AND YOUNG ADULTHOOD OBESITY: THE IMPORTANCE OF PSYCHOLOGICAL SUPPORT

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Key Words: childhood obesity, overweight, psychological support, adolescents

Introduction and background: Studies about overweight and obese adolescents and young adults highlighted the numerous complications that this condition might cause on physical and psychological health and the significant association between pediatric and adult obesity. Therefore, it may be necessary to conceive preventive and curative plans since childhood and, also, to develop interventions which might foster compliance to the rehabilitation.
Objective: Given the importance of the compliance to the rehabilitation and that, in our clinic, the percentage of drop-out was over 70% in the 2013-2015 period, the aim of the present study is to estimate if, in the following two years (2016-2017), the introduction of sessions of psychological support could represent a good strategy to increase rehabilitation compliance. Another objective is to verify the eventual presence of psychological distress.
Patients and methods: The sample is composed by 88 subjects (Tab.1; Tab.2), who were admitted, for the first time, into our clinic for Eating Disorders (ED) between January 2013-December 2017. All of them presented a condition of overweight/obesity and their age ranged from 14 to 25 years (mean 16,5). Thirty patients were assessed using EDI-3. Data were analyzed employing IBM SPSS statistics and, particularly, contingency tables and Chi square test (*X2*).

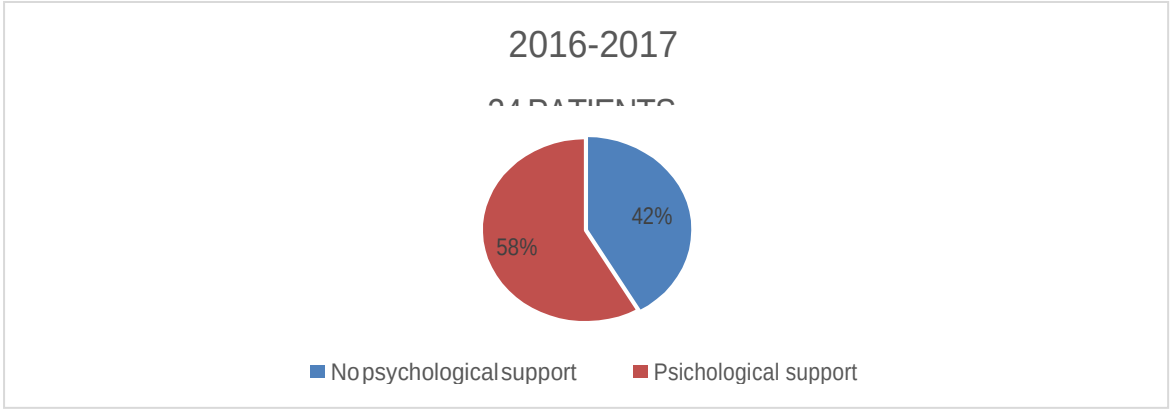
PATIENTS		OVERWEIGHT (%)	OBESE (%)
88		38 (43,2%)	50 (56,8%)
Males (%)	Females (%)		
20 (22,7%)	68 (77,3%)		

(Table.1)Description of the sample

Inclusion Criteria	Exclusion Criteria
signed informed consent diagnosis of overweight/obesity	Anorexia diagnosis Patient from age <14 to >18

(Table.2). Inclusion criteria and exclusion criteria

Results: Data analyses demonstrate that, among the 24 patients who attended the clinic in the 2016-2017 period, only 14 benefited from psychological sessions and were more prone to continue them (Fig.1; Fig.2); furthermore, overweight subjects exhibit higher levels of psychological pain if compared to obese ones *X2 (1, N=30)* = 5,92; *p.* = .015.
Figure 1. Patients admitted, for the first time, into our clinic for Eating Disorders (ED) Between January 2013-December 2017.



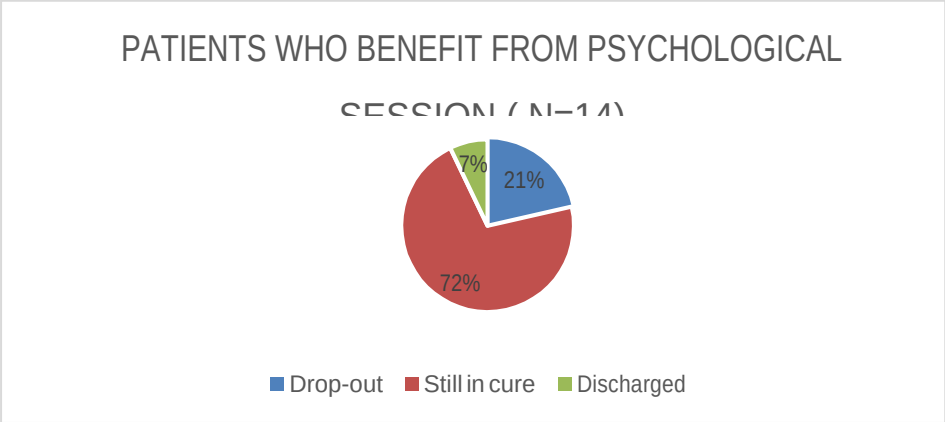


Figure 2. Patients who benefit from psychological sessions and percentage of: 1) drop-out; 2) still in cure; 3) discharged.

Comments:
Results show two important conclusions: 1) overweight patients experience higher levels of psychological distress and pain; 2) Psychological sessions seem to encourage compliance to the rehabilitation. One of the principal limit of the study is sample scarcity. Therefore, these data have to be considered only preliminary and, above all, a starting point for future research in order to find better strategies to increase therapeutic compliance.

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P37. EATING BEHAVIOURS AND BODY SIZE PERCEPTION IN A GROUP OF MALE ADOLESCENTS

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Keywords: Body Size Perception; Dieting; Male adolescents

Introduction: The physical and psychological changes typical of the adolescence facilitate, along with other risk factors, a distortion in the body size perception (BSP) and a dysfunctional eating behaviour as well. In males, altered BSP can be associated to ideals of 'thinness' or, more often, of 'muscularity'. Furthermore, distortions in BSP could encourage body dissatisfaction (BD), that can lead to altered eating behaviours. Al these factors could be risk factors for an eating or weight disorders (ED).
Study goals: The aim of our study is to examine possible relations between BSP, BMI, and eating habits in a non-clinic group of male adolescents.
Method: The sample consists of 68 adolescent boys attending a public high school in Ferrara (Italy) aged between 15 and 18 (M=15.5). Heights and weights were measured in standard conditions. Participants also completed a self-reported questionnaire of their eating routines. Cacciari *et al* (2006) growth charts were adopted to classify the BMI (underweight, normal weight, overweight, obese). A

distortion in BSP was defined as a difference of at least 1.5 BMI points between the measured BMI and the self-reported BMI. To calculate self-reported BMI, self-reported heights and weights were used.
Results: 34% of the participants present an altered BSP, especially among normal-weight (74%) and overweight (22%) boys. The most frequent distortion in BSP regards an under-estimation of the body shape. In the altered BSP group, the exclusion of one or more high energy density food (80%) and the recourse to products with low level of sugar and/or fat (27%) is more frequent than the non-altered BSP group. In the group with high BMI, dietary restriction is common.
Discussion and Conclusions:
Our study highlights how an altered BSP may be associated with disturbed eating behaviour also in a non-clinic group of male adolescents, BSP could be a possible risk factor of an ED. Our study requires more detailed investigations to better understand the real attitudes of non-clinic adolescent population towards Body Image and Eating Behaviour
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P38. THE TREATMENT FOR VEGETARIAN PATIENTS IN A MULTIDISCIPLINARY EATING DISORDER UNIT

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Keywords: vegetarians, eating disorders, psychonutritional rehabilitation, eating disorders treatment

Introduction: The choice of being vegetarian often hides the necessity to justify dieting styles for weight control.
Aim: To collect preliminary data about: 1. The effectiveness of a nutritional rehabilitation treatment for desensitizing Eating Disorder (ED) patients with vegetarian choice to animal foods; 2. The psychopathological features of the sample.
Materials And Methods: 209 patients have been consecutively admitted since January 2016 to December 2017 in our ED Unit: 75 Anorexia Nervosa restrictive type (ANR), 46 Anorexia Nervosa Bingeeating/ Purging type (ANBP), 36 Bulimia Nervosa (BN), 23 Binge Eating Disorder (BED), 29 Other Specified Feeding or Eating Disorder (OSFED); 6 males e 203 females; mean age 27.5 years (SD=12.25 years). 10 female patients (4 ANR, 2 ANP, 3 BN, 1 BED) were vegetarians (2 vegans): mean age 26.5 years (SD=13.39 years); BMI ranged from 13.83 to 32.24 kg/m2. Dietary choices were collected through anamnesis and 24h food recall. SCL-90, EDE-Q, BDI and CIA questionnaires were administered for the psychopathological assessment. The nutritional approach was based on the possibility to comply with the patients the gradual re-integration of animal foods in their dietary plan.
Results: 1) 6 patients (2 ANR, 2 ANBP, 2 BN) out of 10 collaborated in the re-integration of white meat and fish in their dietary plan while 2 vegan patients (1 ANR, 1 BED) and 2 vegetarians (1 ANR, 1 BN) did not; 2) The vegetarian patients showed high rate of concerns about food, weight and body shape (EDE-Q total 82.36□37.66), severe depressive symptoms (BDI 32.60□11.72; Depression subscale of SCL-90 2.14□0.91) and psychosocial impairment (CIA 26.36□14.16).
DISCUSSION: the experience of re-ingrate animal foods in the dietary plan of vegetarian ED patients through explained proposal followed by patient's agreement in the contest of a multidisciplinary treatment it's promising.
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P39. ANALYSIS OF INDIVIDUAL VARIABLES ASSOCIATED TO THE RISK OF DEVELOPING EATING DISORDERS IN A NON-CLINICAL SAMPLE

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Keywords: eating disorders, psychopathology, metacognition, mental inflexibility, emotion dysregulation

Background Many data in the literature on eating disorders (ED) point out the presence of dysfunctions at various interacting levels, specifically at cognitive, metacognitive and affective levels. However, such data depict a complex and fragmented scenario because the different deficits have been only rarely considered simultaneously to estimate their reciprocal relationships and their specific contribution in determining eating symptoms.
Aim: The aim of this study was to investigate the relationships between self-report measures of variables pertaining to the above-mentioned levels for the risk of developing eating disorder and psychopathology in a non-clinical sample of adults.
Methods: The final group was composed of 33 volunteers who completed a set of questionnaire assessing eating and psychopathological symptoms (EDI 2 and SCL-90), cognitive flexibility (Dflex), metacognitive beliefs (MCQ-30), and emotion dysregulation (DERS). Correlation analyses showed many associations between the investigated variables, therefore we performed regression analyses to disentangle their unique contribution to the risk of developing ED and psychopathology.
Results: ED risk was predicted by high levels of a dysfunctional metacognitive belief (i.e., the need for control thoughts), whereas the risk of psychopathology was predicted by low levels of another metacognitive belief (i.e., the cognitive confidence) and by high levels of emotion dysregulation.
Discussion and conclusions: Dysfunctional metacognitive beliefs might represent a specific marker of ED and of psychopathology as well (in the last case concurrently with emotion dysregulation). Despite the limitations of this pilot study, the present preliminary findings can be already useful for structuring specific prevention programs, for early detecting individuals at risk of mental illness, and, possibly, for integrating the current treatment of patients with ED.
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P40. FAMILIES AND PARENTS, THE TREATMENT OF EATING DISORDERS IN THE DAY HOSPITAL SERVICE AT ST.ORSOLA-MALPIGHI POLYCLINIC IN BOLOGNA

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Keywords: Eating Disorders, Anorexia Nervosa, Bulimia Nervosa, Family Treatment, Parents

Introduction and background: It is used a systemic relational approach. The family is considered as objects inserted in the specific context of relationships where each member interacts with the other and where the change of the individual influences the change of the whole system.
Aim: To support parents and the whole family during the care process inside the Day Hospital, to improve family relationships and to promote change.
Materials and methods: The path foresees psycho-educational interviews with parents fortnightly of an hour duration and, based on individual patient's path, interviews with the whole family, interviews with mother and daughter or son, interviews with father and daughter or son.

Results: The path brings to the family better understanding of disease, facilitates the comprehension of the dysfunctional relational dynamics that favours the symptom, and leads to the new family order. Improves emotional communication and helps the autonomies inside the system.
Discussion and conclusion: The family path supports parents, modifies the pre-existent relational dynamics, brings the change inside the family system. This also helps the therapeutic path and the care of individual patient, favouring the best result of the treatment.
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P41. CASE REPORT: A PERSONALIZED TREATMENT PATH FOR BULIMIA IN COMORBIDITY WITH PERSONALITY DISORDER

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Key words: Comorbidity, Eating Disorders, Personality Disorders, Personalized Therapy.

Introduction: The establishment of an interdisciplinary group (NPI, Infantile Neuropsychiatry, and Department of Mental Health and Addiction) for the treatment of Eating Behavior Disorders at Asl 5 La Spezia, has allowed contact with a now considerable number of clinical cases of Eating Disorders, according to the path determined by a Therapeutic Diagnostic Protocol . In light of this experience some reflections on the effectiveness of therapeutic strategies are possible beyond the shared protocols at the time of taking charge.
Scope of the study: Examination of the therapeutic stages and of the influence of the Disorder in comorbidity on the outcome of therapies
Material and method: A Case Report of Bulimia Nervosa in comorbid Borderline Personality Disorder that has come to our attention at the age of 18 after a history of Eating Disorders which began at the age of 11. It examines the need to develop a highly personalized therapeutic strategy in view of the poor response to the application of therapeutic protocols.
Results: Partial remission of symptoms, greater adaptability of the patient, reduction of family conflict.
Discussion: The case has involved considerable resources at all levels of the entire structure, with repercussions on the care team that, that, however, reached a professional growth.
Conclusions: The need in some cases to personalize the therapeutic procedure with the use of new strategies adapted to the clinical condition and environment. Need to follow up
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P42. ALEXITHYMIA IN EATING DISORDERS: A PRELIMINARY STUDY USING THE TORONTO ALEXITHYMIA SCALE (TAS-20)

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Keywords: Alexithymia; Eating Disorders; TAS-20 Scale; PTSD

Background: Alexithymia is considered a construct that reflects a difficulty in identifying, describing, one's own feelings reflecting a pragmatic style of thought with introspective difficulties. Several studies show that alexithymia might have a relationship with the Eating Disorders (EDs) [1; 2] .
Objective: The aim of this preliminary study is to investigate the link between alexithymia and the psychological characteristics of ED patients and potential comorbidities.
Methods: The study has been performed in a Specialized Multidisciplinary Outpatient Treatment Center for EDs. A sample of 149 ED patients (DSM 5: BN 26,8%, AN 30,9%, BED 26,2%, OSFED 16,1%) was evaluated with TAS-20 [3] for the assessment of alexithymia. The sample has also been divided into High Alexithymia (HA, n=48), Intermediate Alexithymia (IA, n=43) and Low Alexithymia (LA, n=58). In addition, Eating Disorder Inventory-3, Three Factor Eating Questionnaire, the Eating Attitude Test, General Health Questionnaire, Metacognition Questionnaire and Cognitive Behavioural Assessment have been evaluated.
Results: The results show a prevalence of LA for 32% of the sample, 29% for IA and 39% for HA; there is no significant difference between specific ED diagnoses. HA scores, compared to the other subgroups, are significantly higher in restriction of eating behavior ($p < 0.01$), cognitive restriction ($p<0.01$), deficits in enteroceptive awareness and emotional dysregulation ($p<0.01$), depressive aspects ($p<0.01$), cognitive controllability ($p<0.01$), obsessions and compulsions, checking, doubting and ruminating ($p<0.01$). Furthermore, in the HA subgroup there is a statistically significant difference ($p<0.01$) between ED diagnoses, in particular in BN patients there is a positive correlation with the presence of comorbid PTSD.
Conclusions: Results in all ED diagnosis show high values in the clinical factors of extended need of control, restrictive eating behavior and depressive mood in correlation with high difficulties in recognizing and describing emotions. It might be important to research the link between alexithymia, obsessiveness and difficulties in Affect Regulation [4] and the correlation between these aspects and comorbid PTSD. Future research could evaluate a longitudinal correlation to check for any changes over time and to stratify the sample according to the ED diagnosis, including a control group.
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P43. BODY IMAGE AND EATING BEHAVIOUR IN THE ADOLESCENT POPULATION OF A PROVINCE OF SOUTHERN ITALY

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Key words: Body image, Eating behaviour, Adolescence

Introduction: There is an increased risk of developing body dissatisfaction during adolescence due to the significant physical changes to the body that occur during this period.
Body dissatisfaction has different characteristics in female and male populations (generally females pertain to an ideal of slimness whereas in male populations an ideal of muscularity prevails) and can lead to changed eating behaviours intended to altered the body's shape. Both these eating behaviours and body dissatisfaction can be risk factors for the development of an eating disorder.
Scope of work: This study investigates the self-perception of physical size and weight in, and the eating behaviour of (in particular, dieting), a sample of adolescents without diagnosed eating disorders. The study is the first of its kind to be conducted using a large sample of youth in the Syracuse province of Sicily, Italy.
Methods: The Department of Food Behaviour Disorders of the Provincial Health Authority of Syracuse has conducted a self-administered questionnaire with a sample of 600 students aged between 15 and 17. The questionnaire investigated body image, concerns about fitness and food restriction.
Results: Body dissatisfaction was more prevalent in females than males, and more prevalent in respondents with a higher BMI. Regarding self-perception of weight, 22% of overweight respondents did not perceive themselves to be overweight, whilst 11% of underweight respondents did perceive themselves to be overweight.
Whilst the majority of respondents had a healthy weight, 43% of the respondents reported that they had already followed slimming diets, and of these, 16% were underweight. Calorie restriction was reported in 12.8% of underweight boys and in 27% of all overweight respondents (of which 8% were obese).
Conclusions: The results of the study show that, even in a healthy population of adolescents, both body dissatisfaction and eating behaviours intended to control weight are prevalent. Preliminary results corroborate other research carried out across Italy. Further study is required, in particular through controlled tests.

P44. A FOLLOW-UP STUDY ON PSYCHOLOGICAL ANTECEDENTS OF WEIGHT REGAIN IN OBESE PATIENTS ONE YEAR AFTER BARIATRIC SURGERY

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Keywords: Bariatric surgery – Body Image – Impulsivity – Obesity – Depression

Concurrent associations between BMI and poor body image, impulsivity, and depression and anxiety have been robustly demonstrated in bariatric patients (BP) both before and after surgery. Pre-operative psychological profiles have been demonstrated to predict post-operative weight loss as well [1]. Yet findings from longitudinal studies are sparse and not fully consistent either across studies or surgery programs [2]
The present longitudinal study explored how psychological vulnerabilities such as impulsivity, depression, anxiety, and poor body image predicted BMI in obese patients one year after bariatric surgery.
We included 79 BPs (32 males) who underwent gastric bypass surgery (N = 43) or sleeve gastrectomy, between 2011 and 2017. Before surgery, their mean BMI level was 43.9 ± 5.4 and one year later it was 29.7 ± 5.2. Each patient had provided self-ratings on their body image (BUT and BSQ questionnaires),

impulsivity (BIS-11), anxiety (SAS) and depression (SDS) 8.8 ± 3.4 months before s/he underwent surgery.
Results ($p \leq 0.001$) showed that higher BUT Avoidance (sr = .29) and BIS Motor Impulsiveness (sr = 0.24) predicted higher BMI levels one year after surgery, with BSQ scores accounting for additional variance (sr = -.22) but in women only, after equating BPs for their pre-operative BMIs (sr = .50), months passed between the psychological assessment and surgery, and further controlling for surgery program, sex, anxiety, and depression.
The present findings call attention on pre-operative psychological risk factors for weight regain in BPs after surgery. They indicate that those patients with pre-operative higher impulsivity and body image avoidance reached higher BMI levels after surgery, equating them on pre-operative BMIs. Sex differences emerged as well, with a pre-operative poorer body shape image protecting women only. More longitudinal research is needed in order to systematically investigate psychological vulnerabilities in bariatric patients.
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P45. EVALUTATING PERSONALITY CHARACTERISTICS COMORBIDITY IN A CLINICAL ADOLESCENTS POPULATION DIAGNOSED WITH ANOREXIA NERVOSA (AN) OR BULIMIA NERVOSA (BN): AN EXPLORATORY CROSS-SECTIONAL STUDY

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Keywords: Anorexia, Bulimia, Depression, MMPI-A, EDI-3.

Introduction and background: While considerable clinical literature exists on the personality characteristics of the different eating disorders' cluster, standardized psychometric measures have not often been utilized to compare the various disorders with each other. Recent research showed that in eating disorders (ED) personality plays a role as a risk factor, as a moderator of symptomatic expression, and as a predictor of outcome.
Aims: Our study was aimed at exploring how adolescents anorexia and bulimia's personality characteristics are associated across three different hospital treatment services: hospitalization, day service and outpatients settings of Regional Center for Eating Disorders of S. Orsola Malpighi Hospital in Bologna.
Patients and methods: The outcome was evaluated also through the administration of Eating Disorder Inventory-3 (EDI-3) in inpatients and DS population. We only considered MMPI-A data that resulted with a valid profile. In case of dual diagnosis (AN-BN) for a pre-existing AN, we considered the BN diagnosis. Correlation and multiple regression analysis of clinical features, body mass index (BMI), psychological tests (MMPI-A and EDI-3) will complete the assessment evalutation.
Preliminary results: Hospitalized population descriptive analysis showed that MMPI-A Depression is strongly correlated to the hospitalization's period (r = 0.051), and MMPI-A Social Introversion (r=.000); same data were collected within the outpatients population (r = .006 in SI MMPI-A) and (r = .034 in the period spent at ambulatory).Most of hospitalized population reported high level of depression (MMPI-A Depression scale), regardless of the two type of diagnosis. Table 2 summarized EDI3 scales that resulted strongly correlated with the MMPI-A scales:

Population	Inclusion criteria	Exclusion criteria
over 1 thousand adolescents population were screened to select: • 47 (hospitalized) • 22 (followed by outpatients clinic) • 9 (from Day Service)	• Diagnosis AN/BN/AN+BN • Age from 14 to 18 • Signed informed consent.	• Binge eating disorder • inability to complete a self-report questionnaire.

Table 1: patients exclusion and inclusion criteria.

With the purpose to esteem if there are some EDI3 variables in degree to foretell particular personality's traits investigated with MMPI-A, multiple regression analysis with our dependent MMPI-A variables and our indipendent EDI3 variables are going to be completed.

Discussion and conclusion:

At present Preliminary results suggest the importance of a careful search for the pathological personality's traits also in young patients.

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P46. REAL UTILITY OF BIA IN SEVERELY MALNOURISHED PATIENTS WITH ANOREXIA NERVOSA

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Key Words: anorexia nervosa, bioimpedance analysis (BIA)

Introduction: it has already been described how BIA evaluation of fat-free mass (FFM) could be not reliable in patients with BMI < 15 Kg/mq, because of the hydratation coefficient's inadequacy in such severe condition [1,2,3] Otherwise phase angle (PA) and body cellular mass (BCM) have been proved effective prognostic parameters [4,5]

Objectives. We aimed at evaluating BCM and PA correlations to malnutrition blood markers when applied to a sub-population of severly malnourished patients with anorexia nervosa.

Methods. Sample: 14 patients (13 women, 1 man) affected by anorexia nervosa (according to DSM-5 criteria) with BMI < 15 Kg/mq, mean age 30,5 ± 11,5 ys**.**

Outcomes: body composition (evaluated through BIA), lenght of illness, blood tests (within 3 months from the BIA): serum proteins, albumin, creatinine. Statistics: mean values, SD, statistical significance (p-value **<**0,05) obtained through two-tailed Student's t-test, linear correlation coefficient (Pearson's).

Results. Our sample's body composition was characterized by mean BMI 13,7 ± 1,0 Kg/mq and mean FM 6,7 ± 2,3 %; body water distribution was inadequate (mean ECW 57,5 ± 8,7 %); mean PA 4,1 ± 1,0°. Metabolically active tissues were represented by BCM and BCMI, both extremely low (41 ± 9,5 % and 5,69 ± 1,5 Kg/mq respectively). BCM and BCMI had significant correlations (p-value **<** 0,01) to all blood markers; BCM only linked to disease length (p-value **<** 0,0001). PA had a significant relation to proteins and creatinine but was not related to albumin's levels.
Disease lenght was related to BCM and ECW (p-value **<** 0,0001), but not to BMI, FM or PA; it was related as well to creatinine (p-value **=** 0,006) but not to proteins nor albumin.
Discussion. Considering malnutrition blood markers, BCM and PA were statistically related to most of them (with the exception of PA – albumin lack of correlation), but showed the most strong linear correlations to creatinine (Pearson coefficient 0,43 and 0,45 respectively): these data are reasonably explained by muscolar tissue being the source of creatinine. ECW showed this relation as well.
We found BCM interestingly related to disease lenght, on the opposite, neither BMI nor FM could show such a relation. BCM-disease lenght's correlation coefficient was poor (0,26), but this finding could be explained by the small sample.
Conclusions. BCM, BMCI and PA are the few reliable parameters to evaluate body composition when BMI is extremely low: they demonstrate a correlation with malutrition blood markers and mainly to creatinine, which could be considered a valuable marker of metabolically active tissues' state when BIA is not available. BCM relevance is remarked by its correlation with disease lenght (the same cannot be demonstrated for BMI or FM).
A main limitation of this study is the small sample.
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P47. BEYOND THE BMI. BODY COMPOSITION AND MENSES RESUMPTION IN YOUNG FEMALE WITH AN

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Keywords: eating disorder, BMI, body composition, menstrual status

Introduction: In Anorexia Nervosa restricting type (ANr), the severe malnutrition often results in amenorrhea of variable duration. In young females, the recovery of menstrual function represents a considerable treatment goal to prevent long-term consequences of the disease, including bone mass density and reproductive health.
In literature the mainly factors reported for menses resumption are the weight gain and the increase of Fat Mass percentage (FM%).

Objective: The present study evaluates the association between the body composition and amenorrhea, investigating the predictive factors for the resumption of menses in a cohort of young girls with ANr.
Materials and methods: 34 young females with AN 16 - 23 years old (mean BMI 18.6, mean FM 13.3%) with amenorrhea, and positive outcome at the end of treatment (EoT), have been studied monitoring anthropometrics data, clinical variables (i.e. premorbid BMI, duration of amenorrhea, achievement of target weight at discharge, hormonal assays) and body composition (by BIA Akern 101).
Results: At the EoT, in a variable time from 12 to 24 months, we obtained an adequate weight restoration in all subjects, with average values in the whole sample of 49.59 Kg (SD ± 4.47), BMI 18.56 kg/m2 (SD ± 1.31), FM 18.27 % (SD ± 4.53), daily caloric intake 1820 Kcal/die (SD ± 230).
82,4% of the subjects had menses recovery (GROUP A) and 17,6% did not have it (GROUP B).
However, the subjects of GROUP B had a greater weight gain and BMI than GROUP A (average BMI increase 2.3 vs. 1.85 points), a greater increase of the daily caloric intake than GROUP A (average increase of 930 Vs 630 kcal/day), but a minor increase of the FM% compared to GROUP A (average increase of 3.26 Vs 5.30 %).
At the EoT in GROUP A it is noted a more appropriate lipids percentage (27-35%) in the daily calorie intake compared to GROUP B.
Conclusions: In subjects with AN the BMI and FM% gain are both considered as positive predictors of the resumption of menses. Our data showed that the increase of FM could be a better predictor than the weight gain only; in fact the weight gain may not correlate with menses recovery without the necessary increase in FM. For this, in the AN nutritional treatment, it's useful to regard an appropriate composition of macronutrients, focusing also on the lipid percentage, in the whole daily calorie intake.
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P48. PRELIMINARY DATA ABOUT THE MALADAPTIVE SCHEMAS OF PATIENTS WITH EATING DISORDERS ACCORDING TO THE SCHEMA THERAPY MODEL

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Key Words: Schema Therapy, eating disorders, maladaptive schemas

Introduction: A significant presence of dysfunctional beliefs is typical in Eating Disorders (ED). According to the
literature, the domains more involved are disconnection and rejection, impaired autonomy and performance, therdirectedness.

Purpose: Based on the Schema Therapy model, the aim of the study was to assess: 1. the presence and pervasiveness of the maladaptive schemas; 2. unsatisfied emotional needs; 3. coping modes activated by schemas (e.g.: self-criticism and perfectionism).
Materials And Methods: the sample was constituted by 18 female patients (11 Anorexia Nervosa restricting type,
3 Anorexia Nervosa Binge-eating/Purging type, 4 Eating Disorders Not-Otherwise Specified), aged between 16 to 56 years, admitted in a unit for the treatment of ED. The following questionnaires have been administered a month after the
admission: Young Schema Questionnaire(YSQ-L3); Schema Mode Inventory (SMI).
Results: In our sample we found: 1. a high presence of maladaptive schemas, independently from the type of ED
diagnosis; patients scored high and very high in every schema identified by Young; 2. the presence of unsatisfied emoziona needs in every domain of the Schema Therapy Theory. 3. the results related to Child mode, Coping mode and Internalized parents mode, are comparable to the ones of patients with DSM IV-R Axis II diagnosis, as reported in literature.
Discussions and conclusions: Our data are consistent with previous published studies. The YSQ- L3 results show that the Child mode of our sample is represented by feelings of vulnerability (loneliness, abandon and abuse, humiliation, dependence) and sudden frustration. Anger is not expressed and probably felt inappropriate.
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P49. PSYCHIATRIC COMORBIDITY OF EATING DISORDERS: A FIVE YEARS LONGITUDINAL STUDY IN A RESIDENTIAL TREATMENT CENTER

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Villamare eating disorders inpatient treatment center

Key words: psychiatric, comorbidity, inpatient treatment

Introduction: A growing number of studies confirm that coexisting mental health conditions can make eating disorder recovery more challenging. High comorbidity across a range of psychiatric illnesses is common in this population. In particular, there is increased frequency of mood and anxiety disorders, substance abuse and personality disorders in a substantial number of patients[1].
Objective: Analyse DSM-IV-TR axis I and II comorbidities for inpatients eating disorder referred to our center from psychiatric services.
Methods: The sample included 90 inpatients (86 female and 4 male) admitted between August 2012 and December 2017 for primary DSM IV-TR diagnosis of Anorexia Nervosa (45 cases), Anorexia Purging Type (10 cases), Bulimia Nervosa (25 cases) or Binge Eating Disorder (10 cases). Analyses were analysis of variance and descriptive statistics; sociodemographic and severity-of-illness measures were controlled.
Results: 60.3% of patients evidenced > or = 1 comorbid diagnoses; 31.5% evidenced comorbid mood disorders, largely bipolar disorder type II (20%) with differences across eating disorders; 7.2% evidenced anxiety disorders, in particular obsessive-compulsive disorder; 34.2% evidenced personality disorders, largely borderline personality disorder; 3% evidenced previous substance abuse. 29 % of the sample evidenced one comorbid diagnose, 15.3% two comorbid diagnoses, 9% three comorbid diagnoses, 7% four comorbid diagnoses.

Conclusions: In our sample the majority of patients with primary DSM-IV-TR diagnosis of eating disorder present a comorbid psychiatric disorder (60.3%). Most commonly patients present a comorbid personality or mood disorder. The comorbidity rank-ordering for eating disorder patients was personality disorders (34.2%), mood disorders (31.5%) and anxiety disorders (7.2%).

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P50. BRIEF STRATEGIC THERAPY AND COGNITIVE BEHAVIORAL THERAPY FOR THE INPATIENT AND TELEPHONE-BASED OUTPATIENT TREATMENT OF BINGE EATING DISORDER: THE STRATOB RANDOMIZED CLINICAL TRIAL - ONE-YEAR FOLLOW-UP

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Keywords: Drunkorexia; Italy; Adolescents, Young Adults; Eating Disorders; Alcohol Consumption.

Introduction and background: the term "drunkorexia" indicates the deliberate use of disordered eating practices as compensation for calories consumed through alcohol. Malnutrition associated with the alcohol effects causes damage at multiple levels. The recognition of the phenomenon, and the structuring of ad hoc interventions is necessary to tackle its rise.
Purpose: primary aim of the present study was to estimate the frequency of drunkorexia-type behavior in a sample of Italian youth aged 14-30. A secondary aim was to explore whether drunkorexia may be listed among traditional eating disorders. Among those presenting this behavioral pattern, motives for alcohol consumption were also explored.
Materials and methods: drunkorexia behaviors, eating habits and reasons for alcohol consumption of 274 subjects (183 F and 91 M) were investigated in a cross-sectional study.
Results: 63.3% reported drunkorexia-type behavior, which were mainly motivated by the need to socialize and have fun. The existence of statistically significant correlations between drunkoressia scores and indicators of disordered eating, supports the hypothesis that drunkorexia and disordered eating behavior share similar characteristics.
Discussion and conclusion: findings show converging data to the only Italian study already conducted on the topic. Further empirical investigations are necessary for better understanding of the phenomenon, as well as for supporting the development of interventions for the prevention and treatment of this disordered eating pattern.

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P51. CORPORAL LANGUAGES AND PSYCHO BODY ACTIVITIES IN THE TREATMENT OF EATING DISORDERS FOR THE DAY HOSPITAL SERVICE OF POLICLINICO SANT'ORSOLA-MALPIGHI – THE EVIDENCE BASE FOR PSYCHO – BODY TREATMENT

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Keywords: Day Hospital, corporal treatment, contact, Shiatsu, Assertivity, body psychotherapy.

Introduction And Background: Day Hospital (DH) management for Eating Disorders (ED) is an alternative treatment to hospilization. Among all activities in the week, there are corporal activities which includes psycho-body treatment, Shiatsu and some assertivity's techinque.
Aim: The aim of this study is to observe the effectiveness of these corporal activities in the multidisciplinary treatment for ED in DH of Policlinico S.Orsola-Maplighi.
Matherials And Methods: As many different study shows, the use of body has an important therapeutic value in ED treatment. Body and mind includes all our personality and we cannot treat ED disease without an attention to the body. Body treatment – also called body-oriented treatment- is an approach which applies basic principles of somatic psychotherapy and is one modality used in a multi-modal approach to treating psychological and physical trauma. It is very important – we can also say that it is necessary- to re.establishing global health. This approach includes touch, Shiatsu treatment, breathing and movement techiniques to adress a wide range of mental and physical health diseases.
The activity of assertivity can shows the integration of body and mind: to elevate the valutation of self and to take awareness of body and self, patients learn new system to express theirselves, theirs needs and what that they feels.
The beneficial effects are different: it increase life satisfaction, improve attitudes towards self and others, improve the locus of control, reduce signs of physiological arousal, spur enteroception, transform the body pattern and image, decrease anxiety and improve good relationship.
Results: This activities are very appreciated by the patients. Our tests shows high percentage of partecipations.
Discussion And Conclusions: Body treatment and assertivity tries to offer the possibility to integrate sane and pathological sides supporting and substanding the ego.
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P52. EMOTIONS AND ASSERTIVENESS IN ADOLESCENTS WITH EATING DISORDERS

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Keywords: eating disorders, assertiveness, adolescents, emotions, therapeutic group

Introduction and background: According to the 2017 National Institute for Clinical Excellence (NICE) guidelines, CBT-ED is a recommended treatment for all eating disorders and for all ages. Alexithymia and emotional dysregulation seem to be central aspects to understand the functioning of an adolescent with eating disorders (Fonagy & Target 1997). Clinical observation also shows low self-esteem and difficulties in being assertive. The intervention project started in Ravenna, where the eating disorders operation unit of AUSL Romagna developed a group clinical setting for adolescents which is meant to work alongside individual psychotherapy. The modules proposed by the group used CBT-based strategies for which there is clinical evidence (Compton et al. 2004) when it comes to adolescents and also specifically to eating disorders (Dalle Grave et al. 2013).
Purpose: Reduce psychic distress of adolescents diagnosed with eating disorders by increasing their awareness while training them to recognize and handle emotions and helping them develop assertiveness skills.
Materials: The study involved 7 patients (2 males and 5 female) aged between 17 and 21 (there were 2 drop-outs). The project consisted of 16 meetings, held once a week and lasting 90 minutes each, which pointed out the importance of the emotional module and assertiveness training.
Results: We found a significant difference between the scores of RAS at the baseline and at follow-up, with an increase in assertiveness behaviors and less alarming results of the Scl-90 test at follow-up.
Conclusions: In general, the improvement of emotional and assertive skills had an influence over the reduction of psychic distress in the patients, which confirms its importance in the clinical treatment of patients with eating disorders. The group setting proved to be efficient in working alongside individual therapy, functioning asr a "third element" in the therapeutic process.

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P53. AT HOME IN ONE'S OWN BODY –DANCE MOVEMENT THERAPY GROUP FOR WOMEN WITH EATING DISORDERS

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Keywords: eating disorders, dance movement therapy, body image, expressive psychotherapy

Introduction and background: Among the several interventions for the prevention and treatment of Eating Disorders there are body-mind expressive therapies. The main purpose is improving body image, that seems to be the core of this pathology. The Eating Disorders operation unit of AUSL Romagna in Ravenna started up a group of Expressive Psychotherapy with the use of Dance Movement Therapy (DMT): a psychodynamic psychotherapy that uses body/movement and creative process as expressive preverbal codes, together with the verbal ones. The DMT group was combined with verbal psychotherapy in a individual setting.
Linking psychodynamic DMT methodology to psychoanalysis and neurosciences, this article describes and evaluates this treatment and its results.
Purpose: Improving Body-Self image promoting the transition to the symbolic level. Laying the groundwork for the connection between body and sensation, emotions, thoughts. Establishing an interpersonal framework to let patients discover new ways of expressing themselves and establishing relationships.
Materials: The treatment involved 8 patients (female) aged between 26 and 57, already being treated by the Eating Disorder team: 2 with diagnosis of AN, 3 of BN and 3 of BED. There were 2 drop-outs. The treatment consisted of 12 sessions of 90 minutes each, once a week.
Results: An increase of body awareness has been clinically observed, together with a more realistic body perception by each other's reflection and self attunement. Modulating emerging emotions has allowed the patients to relate more satisfactory and more consciously to others; some of them have come out of their isolation and begun to nurture their interpersonal relationships.
Conclusions: The clinical evaluation comes out in favor of the use of Dance Movement Therapy in a psychotherapeutic setting, in addition to individual psychotherapy. We hope to carry on this project with measurement and verification of the results.
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P54. IMPEDENZIOMETRIC PARAMETERS ANALYSES IN THE REHABILITATION OF ADOLESCENT INPATIENTS AFFECTED BY EATING DISORDERS: PRELIMINARY DATA

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Keywords: Anorexia Nervosa, impedenziometric parameters, Eating Disorders, hospitalized adolescents

Introduction and background: There are several useful biological and instrumental parameters for short and long term monitoring of the rehabilitation of hospitalized adolescents affected by Eating Disorders. Among these, in the Regional Centre for Eating Disorder of Bologna, weight, BMI, blood tests, psychological tests, are routinary employed to monitor the evolution of psychomotivational, nutritional and medical Standard Treatment (ST). In the last year a multidimensional psychophysical activity (Method Body and Conscience -Dr Courchinoux) was added to the Standard Treatment (ST) for the adolescents inpatients of our Centre. For a more precise definition of the potential nutritional improvements, we have recently associated impedance evaluation to standard measurements.
Aim: The aim of this multidisciplinary experimental study is to investigate the effects of physiotherapy treatments with impedenziometric parameters in patients hospitalized for ED. The results were then compared to those observed in a control group consisting of patients matched for number, age, BMI, sex and diagnosis.
Patients and Method : patients characteristics of the experimental group in tab1.

	Age	Diagnosis	BMI T0	BMI T1	Attendancefrequency
PATIENT1	16	AN	14,36	14,83	100%
PATIENT2	14	AN	12,98	13,60	100%
PATIENT3	13	AN	15,20	15,45	100%
PATIENT4	17	AN	13,69	14,82	100%
PATIENT5	13	AN	16,83	16,83	100%

The Method Body and Conscience was carried out twice a week by two trained Physiotherapists for 8 consecutive sessions. At the beginning and at the end of each cycle, self report psychometric questionnaires (BDI, PWBNRS, Wong-Bakerindex, BAT and postural evaluations) and biometric evaluations (TBW,ECW,ICW,FFM,FAT,BMC and BMR) were analyzed. Bioimpedentiometry allows to analyze the body composition (lean and fat mass, liquids, active mass and basal metabolism).
Results:

	ΔTBW	ΔECW	ΔICW	ΔFFM	ΔFAT	ΔBMC	ΔBMR	ΔPESO	ΔBMI
PATIENT1	-4,5%	-0,8%	+0,82%	-1,5%	+1,66%	+3%	0	+ 1,3	+0,47
PATIENT2	-0,9%	+0,7%	-0,7%	-1%	+1,1%	-2%	+16	+2	+0.62
PATIENT3	+3	+1.03	-0,72	+1,1	-1%	+0,1	-20	+0,7	+0,25
PATIENT4	+4,7%	+1,59%	-1,81%	+0,8%	-0,78%	-2	+34	+ 3,3	+1,13
PATIENT5	0	-0,4	-0,37	0	0	+2,1%	-1	0	0
WEIGHTED AVERAGE	+0,5%	+0.5%	-0,5%	-0,1%	+0,2%	+0,2%	+5,8	+1.5	+0,5

Considering the measurements calculated through the electrical impedance test, we saw an increase in all the parameters. The comparison of these data with those relating to the control group showed a slight difference: in the control group we found a mild worsening of all the parameters.

Comments: Data from literature as well as this experimental study confirm that physical controlled activity, in this context, has no negative effects on the general clinical evolution of adolescent patients hospitalized for ED. Moreover, the introduction of impedance parameters allowed us to evaluate more accurately the nutritional evolution of these patients.

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P55. PROFESSIONAL AND AMATEUR BODY BUILDERS: SIMILARITIES AND DIFFERENCES OF BODY IMAGE AND EATING HABITS

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Keywords: body image, body building, nutritional supplements, eating disorder.

Introduction and Background: Studies on bodybuilders (BB) highlight the presence of risk factors for Eating Disorders (EDs).

In fact, in order to improve their body image, BB tend to use compulsive training to increase their muscle mass. Furthermore, they tend to control their daily calorie intake and use/abuse of dietary supplements.

Objective: The aim of this study is to compare the characteristics of body image and eating habits in a sample of professional BB with a sample of amateur BB and to evaluate the presence of risk behaviours for developing an ED.

Method and Material: Body Uneasiness Test (BUT) and a questionnaire investigating BMI, eating habits and body image, have been administered to a non-clinical sample of 62 individuals (10 professional BB and 52 amateur BB).

Results: 70% of professional BB and 36.5% of amateur BB show an altered perception of their body size (as is evident from the discrepancy between the question "How do you see yourself?" and the BMI reported).

In both groups the use of the scale proves to be excessive (more than 1 t/week: 72,8% amateur BB vs. 60% pro BB). Pro BB show more body checking (CSM scale of BUT 0,87 vs. 0,54 of amateur BB) and greater concerns about specific body parts, as shown by the PSDI of BUT scores (higher score than cut-off in the 70% of pro BB and 15,4% of amateur BB).

All pro BB follow a controlled diet schedule mainly on calorie and nutrient intake (only 10% is prescribed by a nutrition expert) and regularly use dietary supplements, while only 23,1% of the amateur BB are on a controlled and mostly energy-restricted diet (only 18.5% is prescribed by a nutrition expert) and only 36,5% use supplements.

Discussion and Conclusions: This study highlights the importance to examine the characteristics of body image and eating habits for risk groups for developing an ED, such as BB, especially pro BB.

In fact the compulsive training common for pro BB, associated with altered perception of body size, body checking, concerns about specific body parts, controlled food intake and abuse of supplements can be risk factors for developing an ED.

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P56. VEGETARIAN DIET: ETICHAL OR "DIET-ETHICAL" CHOICE? STUDY ON EATING HABITS IN A NON-CLINICAL SAMPLE OF VEGETARIANS

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Keywords: Vegetarianism/ food restriction / health food / eating attitude

Introduction: Vegetarianism is an increasingly widespread dietary style in Italy, requiring a total abstention from any food of animal origin. Therefore, it implies a "qualitative" food restriction of some specific categories of foods. Although it does not represent a proper disease, if associated with other predisposing factors, it can become a risk factor in developing an Eating Disorder.
Aim Of This Study: To evaluate eating attitudes, body perception and the presence of any dysfunctional ways to control weight and food, which can become risk factors in developing altered eating behaviours, in a non-clinical sample of individuals having vegetarian eating habits.
Materials And Methods: Two psychometric tests (Eating Attitudes Test and Orto-15) and a questionnaire investigating the nutritional status, eating behavior and body perception, have been administered to a non-clinical sample of 30 individuals having vegetarian eating habits.
Results: In most cases, the choice of adopting vegetarian eating habits was made for ethical (70%) and health (73,3%) reasons, not as a means for weight management. Only 10% turns, or has turned, to diets to manage their weight and only 20% shows a distorted body perception. The EAT-26 data confirm the absence of any risk eating behaviours. 36,7% is taking food supplements and 86.7% is positive to the Orto-15, which indicates the possible presence of obsessive behaviours related to selecting, buying, preparing and consuming foods considered healthy.
Conclusions: In most of the vegetarians in this sample no eating attitudes focusing on weight control were noted. However, some rigid-compulsive behaviours aimed at a hyper-healthy food management were spotted.
(Abstract translated by Sandra Zodiaco – International Counselor at Ca' Foscari University of Venice – Guidance Unit)

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P57. MULTIDISCIPLINARY TREATMENT OF EATING DISORDERS: THE CHILD AND ADOLESCENT NEUROPSYCHIATRY DAY HOSPITAL OF POLICLINICO S. ORSOLA-MALPIGHI IN BOLOGNA

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Keywords: Eating Disorders, Day Hospital, Multidisciplinary treatment, Adolescents, Rehabilitation

Introduction and background: Day Hospital (DH) for Eating Disorders (ED) is effective in transitional phase from hospitalization to outpatient treatment and is a valid alternative of thesea. At the present there are few DH for ED in Italyb.
Aim: The aim of this service is to offer a multidisciplinary treatment, psychological, nutritional and social rehabilitation to adolescents with diagnosis of ED, following the national guide lines.
Materials and method: Patients (16-24 years) are from all Italy regions. The treatment is weekly (2-5 months). The methodological approach is person-oriented, includes integrated treatments: psychodiagnostic assessment at the beginning and discharge for evaluate the severity of ED and psychological symptoms, psychotherapy, check nutritional plan, prescription drug treatment. The rehabilitation program consists of 13 activities: expressive, psycho-corporeal and communication. There is a psychoeducational/support intervention for parents.
Results: The pharmacological, psychotherapy, nutritional treatments improve ED and psychological symptoms. The rehabilitation activities improve assertiveness, interpersonal relations. Very important is the treatment focused on body (meaning, relationship, influence of media) and emotional expression by images, art, theatre, psychodrama.
Discussion and conclusion: The DH reduces the severity of typical and general psychological symptoms of ED. Permits patients to maintain social relations, personal interests, more autonomy than hospitalization because they can test daily the new competences acquired. It is also less expensive.
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P58. EATING DISORDERS QUESTIONNAIRE IN CHILDHOOD (EDQ-C), A NEW DIAGNOSTIC TOOL IN PEDIATRIC AGE

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Key Words: childhood, eating disorders, questionnaire

Background: Food Behavior Disorders (FBD) in developmental age are a phenomenon that is still little known in both the medical and psychological fields. This symptomatic picture contains a series of clinical conditions that manifest themselves through an altered relationship with foodand the body, such as to compromise the quality of life and social relationships.
Aim: the EDQ-C aims to formulate, together with the clinical evaluation, an early diagnosis in the age group 0-12 analyzing the subject in his emotional, relational and behavioral manifestations. This will allow to insert the disorders identified in diagnostic categories appropriate to the age of onset and provide useful indications for the intervention.
Materials and Methods: the EDQ-C consists of 5 scales, divided into 3 forms according to age (0-3, 4-7, 8-12), of which one is directed to the minor, three to the parent and one to the teacher. The three scales for the parent are divided into 3 forms: PARENTAL FORM P (general psychopathology of the parent), PARENTAL FORM C (general, food and relational psychopathology, of the child), SHORT FORM (screening scale). The scale addressed to the teacher (TEACHER FORM) investigates the eating,

behavioral and relational habits of the childor preadolescent in the school context. The scale for the child aged 8-12 (CHILDREN FORM) consists of a self-report questionnaire and investigates: food psychopathology, general psychopathology, attachment style.
Results: realization of a new product, through an extensive national sampling of families with children between the ages of 8 and 12, usable to various professional sintheclinical-caresectorand schools (Psychologists, Infant Neuropsychiatrists, Pediatricians, Pedagogists, Teachers, Educators) for screening and diagnosis of eating disorders.
Discussion and Conclusion: EDQ-C is a useful tool for the identification of eating disorders in children and possible co-morbidities. The test can be used both for the purpose of primary prevention, with the possibility of identifying those at risk of developing an eating disorder within the normal population, and secondary prevention, indicating the ability to identify the different forms of DCA in developmental age in a timely manner. Its use in the abbreviated form, allow sa quick screening of food problems and social vulnerability.
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P59. EATING DISORDERS AND POSSIBLE EVOLUTIONS: EARLY DETECTION AND COMORBIDITIES IN A SAMPLE OF 0 TO 7 AGED PATIENTS

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Key words: eating disorder in childhood, EDB, comorbidity

Background: longitudinal studies have shown that children affected by early onset Eating Disorders (EDs) are exposed to an increasedriskcomparedtotheinfantpopulation,duebothtothe evolution of the disorder and to the comorbidity (anxiety and behaviour disorders). Children with eating disorders usually show symptoms associated with low self-esteem and guilt, depression and anxiety which may precede the onset of the disorder or persist after its resolution. An early diagnosis/assessment of the above mentioned comorbidities is fundamental as it can influence the evolution of the patient's psychophysical state.
Aims: the aim of this study is to analyse the development of the eating disorder throughanadhoc questionnaire administered to a clinical sample consisting of two groups of subjects (0-3 and 4-7 years). Specifically, the investigation focuses not only on the pathological evolution of the eating disorder but also on the early identification of its comorbidities. Given that at the time of the administration of the questionnaire children of 4-7 years showed a greater reduction in eating disorders symptomatology compared to the 0-3 age group and that the subjects undergoing a treatment presented a reduced improvement, it can be hypothesize that:
1. this could be due to an increase in cognitive, social and affective abilities that develop with age;
2. only the comorbidities evaluated by the questionnaire improve (anxiety, mood and behavioural disorders);
3. The younger group could be less responsive to the direct treatment. As the less of the abilities mentioned above, the treatment is adressed to their parents.

Material and Methods: subjects under the age of 8 years affected by eating disorders and hospitalized between 2010 and 2012. The time window between the diagnosis and the administration of the questionnaire varies between 36 and 60 months. The questionnaire given to the sample was developed specially for this research. At the time of diagnosis, participants were divided into 2 groups (0-3 and 4-7 years) to assess the influence of the "age" variable on the evolution of the disorder.
Discussion and Conclusion: the results showed that the age group 0-3 years showed a smaller improvement in the symptomatologycomparedtotheagegroup4-7years.Oneinterpretationcould be that the group of younger children is less responsive to the treatment and thus does not benefit from both direct and indirect methods. Furthermore, the results indicate thatthetreatmentdoesnot necessarily influence inapositivemannertheevolutionofthedisorder.Itseemsthattheearlyonset EDs indeed has a natural tendency towards indeed they are associated with a higher persistence of the symptomatology (chronicity). This could be partly due to the specificity of the disorder in the developmental age, to its early identification and diagnosis, which requires treatments that are age specific and suitable for the individual's cognitive and social abilities.

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P60. BODY IMAGE DISTURBANCE TREATED WITHIN EXPERIENTIAL DYNAMIC THERAPIES: A SINGLE CASE STUDY

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Keyword: Body Image Disturbance, Affective Neuroscience, Experiential Dynamic Psychotherapy

Background: Body Image Disturbance (BID) are at the core of the psychopathology of Eating Disorders (ED), Experiential Dynamic Therapies (EDTs) has its background into the psychoanalytical model, one aim is to build anxiety tolerance so that the subject can face the true emotion from which anxiety rises. PANIC /GRIEF signals feelings of sadness and suffering, its aim is to activate SEEKING system in order to stimulate a response of CARE from attachment figures.
Aim of the study: 1) To approach BID visual disperception as a sign of unconscious anxiety discharging by cognitive-perceptual disruption and 2) to accelerate the process by SEEKING stimulation.
Materials and methods: The present study is a single case study (male 15 year-olds)
with BID, depression and avoidant strategies approached with EDTs.
Results: Symptom extinction and relief from depression came after four 1-hour sessions.
Discussion: The continuous work within the transfert on defenses and pressure on SEEKING and PAIN / GRIEF has exposed F. more and more to anxiety. Active intervention on anxiety lowered it from

the perceptive system (defects of the face), to the cognitive system (confusion and loss of logical links). Once anxiety discharge from perceptual system to cognitive system BID is absent. Pressure on SEEKING into the transfert and the relation with the therapist leads the possibility to bring corrective emotional experience from the transfert to the primary attachment bond, and so lowering the risk of relapse.

Conclusion: EDTs has proven effective in solving BID. Given the importance of BID as the core of psychopathology within ED more account should be given to EDTs in ED research programs.

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P61. COMPULSIVE PHISICAL EXERCISE (HYPERACTIVITY): A NEW TREATMENT MODEL. PRELIMINARY RESULTS

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Key words: Hyperactivity, Anorexia Nervosa, Physical Exercise, Compulsive Physical Exercise.

Introduction and Background: The use of excessive physical exercise, as a tool to maintain a strict control on body weight, is one of the symptoms most frequently found in Anorexia Nervosa, especially in its "restrictive" variant (APA, 2013). Considered as one of the "Primary Factors" for maintaining the eating disorder, it describes a condition characterized by inability or reluctance to interrupt or limit physical activity even when it is harmful to health.

Some features of excessive exercise (hyperactivity), especially in the so-called "compulsive" variant, seem, better than others to define, to describe the phenomenon: 1- a subjective feeling of being “driven” or “forced” to make physical activity; 2- giving priority to physical activity rather than to other activities (e.g. socialization); 3- the presence of any physical damage does not limit its use (e.g. an injury/impairment in progress or the risk of incurring a fracture /damage) (Fairburn, 2010).

Physical hyperactivity also seems to be determined and maintained by some peculiar elements:

- dysfunctional affect regulation;
- dysfunctional thoughts about the consequences of stopping or reducing exercise;
- perfectionism and rigid/inflexible behaviour (Taranis *et al*., 2011).

The scientific literature on the subject is still rather sparse, both in reference to the role played by hyperactivity in reinforcing the dysfunctional mental patterns (mind set) typical of Anorexia Nervosa, and regard to the best therapeutic strategy to address it with reference to the capacity to condition the results of the treatments (Dalle Grave *et al*., 2008, Vansteelandt *et al*., 2004).

Aim: The dissatisfaction of the treatment techniques usually used (e.g. gradual disassuefaction, cognitive restructuring, psychopharmacological therapy, variation of the calorie intake, etc.) led the team of the Center for the treatment of eating disorders of the Maria Luigia Hospital to search for new and original approaches to the phenomenon. The methodology developed at the English University of Loughborough, "LEAP"(Loughborough Eating Disorders Activity Program, Taranis *et al*., 2011) provided a valuable starting point, made the appropriate changes, for the design of a specific program of treatment of physical hyperactivity.

The main purpose of the program is to educate and promote functional attitudes, beliefs and behaviours for health improvement. Patients are not required to stop physical activity but to learn, through the development of greater awareness and acquisition of new cognitive and behavioral skills, what constitutes a healthy physical exercise in op position to a compulsive and unhealthy one.

Materials and Methods: The "Hyperactivity Group" is carried out in the following ways:
- one weekly group lasting 60 minutes for a total of 8 weeks according to the LEAP methodology;
- two weekly monitoring groups lasting 60 minutes for 8 weeks with specific structured tasks.

The program has been applied on two groups:
- the first composed of 5 patients
- the second consisting of 7 patients.

The treatment methodology applied in the second group was partially modified in order to supplicate gaps and critical issues that emerged during the first treatment cycle (e.g., the use of a single weekly monitoring group and the introduction of a specific control by the nursing staff of department, in order to record the actual physical activity performed).
The structured activities are divided into 8 different sessions:
Session 1: orientation for patients by showing the Model underlying the protocol;
Session 2: Myths and Facts, Bodybuilder Analogy;
Session 3: Compulsive exercise and the eating disorders;
Session 4: Healthy and unhealthy exercise;
Session 5: Activity for Anorexia (the Leptin hypothesis);
Session 6: Psychological dependence on mood regulation and "Exercise Addiction" (analogy with alcohol addiction);
Session 7: Exercise rigidity;
Session 8: Initiating and maintaining factors, and the function of exercise.
Some of the LEAP's scales were used as an assessment tool. Moreover, the scales allowed the development of a graphic profile for every patient, both before and after the cycle.
During the last class, the patients received the scores of every scale and a feedback showing change over time.
Results: Results are obtained from the analysis of the scores obtained in the scales provided by the "LEAP" program comparison between the averages of the pre and post treatment scores of each group).
In scale 1 "mood improvement as a positive reinforcement", results show a decrease, even if limited, in both groups.
In scale 2 "withdrawal symptoms: negative reinforcement (mood avoidance)", preand post-intervention mean scores decreased in both groups; moreover, in the second group, the difference between pre- and post-intervention scores results statistically significant (p= 0,045).
In scale 3 "behavioural rigidity". Since new goals were set in every session (i.e. limited number of footsteps or limited minutes of hyperactivity), in the first group analyzed the average of the scores had not changed (as if the prescriptions provided had somehow reinforced the behavioral rigidity already present). In fact, the first group mean scores did not change. More flexible (and achievable) goals were set in the second group. This seemed to help patients and their "rigid behaviour". Results show a substantial decrease of mean scores (p= 0,072).
In scale 4 "compulsive exercise". The scores decrease in both groups, especially in the first group.
In scale 5 "weight and shape exercise", the scores decrease only in the first group, while they even increase in the second group. This result could be due to group assignment of patients who differ in steps achieved in their treatment program. In fact, most of the first-group patients were at the end of their treatment program, which could facilitate a higher decrease in the control of their own physical appearance, i.e. body weight and shape.
In scale 6 "lack of exercise enjoyment". Mean scores increased in both groups, especially in the second one. This result could suggest that patients gradually perceived hyperactivity as un-enjoyable and exhausting (cognitive dissonance). The following graphs were obtained using the protocol's scales. The graphs show the trend of pre- and post-test scores in the first group and the second one.
Discussion and Conclusions: The findings support the few studies (Dalle Grave *et al*., 2008; Vansteelandt et al., 2004) showing a trend for AN patients to exhibit a greater percentage of high-level exercise (Solenberger, 2001).

The aforementioned data leads to the following points concerning the usefulness and impact on patients with AN and Hyperactivity:

1. Patients derive an improvement in their mood as a result of exercising (positive reinforcement).
2. Patients use exercise as a means of avoiding (regulating) a wide range of negative mood states or emotions (e.g. depression, anxiety, irritability), and indicates a high level of psychological dependence on the mood regulatory effect of exercise.
3. Patients recognize their difficulty in cutting down, stopping or even altering their exercise behaviour.
4. Patients recognize that exercise has become over-inflated in terms of its importance, and as such they feel that they "must" to exercise (demandingness); they recognize to hold false beliefs about the importance of exercise for their general wellbeing and health as well as to be concerned (afraid) of what may happen to them if they stop or cut down exercise (awfulizing or catastrophizing).

These dysfunctional thoughts are also often associated with certain maladaptive attitudes such as using exercise as a means to "earn" certain rights like eating, relaxing, or going out. In view of the above, the integration between this program and psychoeducational interventions is necessary. The latter should especially focus on the consequences of both severe underweight and impact that hyperactivity can have on a body already severely tested by a state of severe malnutrition.

5. Patients recognize that compulsive exercise influences weight and shape; they recognize the consequences of excessive physical activity as an important reinforcement in the maintenance of restraints, beliefs and dysfunctional behaviours. Again, psychoeducation could play an important role since patients do not distinguish between daily physical exercise and compulsive exercise (e.g. housework).
6. Finally, patients recognise that they don't consider physical activity as an enjoyable activity and they understand they are exercising for the wrong reasons. In this case, patients should re-learn what constitutes "healthy" and enjoyable exercise so that they may continue to exercise in a manner that improves health and wellbeing.

The comparison between monitoring activities, provided to both patients and Ward's nurses, allowed to detect a physical activity reduction among some patients. Among the other patients, physical activity reduction did not occur and this seemed to be associated with a low symptom awareness. These results highlight the importance to intervene on hyperactivity and its related features.

The present study has no control group and it could be interpreted as a potential limitation; but, as a preliminary study, our purpose was to intervene, describe and investigate compulsive physical exercise in a specific and limited patients' population, where hyperactivity is often neglected.

Therefore, these findings can be seen as a starting point, a source for future studies in order to plan new specific and effective treatments and interventions.

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P62. EATING DISORDERS IN CHILDHOOD: A CASE STUDY OF ANOREXIA NERVOSA WITH BIPOLAR DISORDER TYPE I COMORBIDITY

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Keywords: Multidisciplinary team, mood disorders, differential diagnosis, anorexia nervosa.

Introduction: Mood disorders are frequent among adolescents with eating disorders (ED). Around 3-11% of patients are estimated to suffer from bipolar disorder (BD) and subthreshold symptoms are estimated to be even higher. Mood disorders might affect the negative outcome of anorexia nervosa (AN), so an early diagnosis and a suitable pharmacological and psychotherapeutic treatment is necessary, especially with young patients who, by definition, need a multidisciplinary team.
Aim: Describing the peculiar case of an adolescent affected by AN and BD, in long-term hospitalization.
Case presentation: The patient developed AN at the age of 15, between September and November 2016, when she started a strict diet without compensatory behavior. The loss of weight was around 21 kg (BMI 15,8). After the onset of medical complications, hospitalization was necessary and as she kept refusing to eat, a feeding tube became mandatory. She was transferred to the ED ward of the Sant'Orsola – Malpighi hospital in Bologna. At admission she weighed 43,5 kg (BMI15.7) and she had fluctuating mood with emotional liability and hyperactivity. The hyperactivity was so severe that led to lower limb inflammation and myopathy. Later, she went through a longer period of sadness, hopelessness and suicidal ideation, which could be seen as a more serious depressive episode. Several antidepressants drugs were used with poor effect on her hyperactivity and mood liability. At this point, due to the suspected bipolar disorder, she started a pharmacological therapy with Olanzapine, Carbolithium and Fluoxetine, with positive effects on her mood and her eating behavior. This was also confirmed by psychometric evaluation. The patient was dismissed with a stable BMI (15.7) and followed up in our ED outpatients clinic.
Conclusion: This case highlighted the opportunity to carefully monitor mood disorders even in young patients in critical conditions, to avoid misdiagnosis and prevent the chronicity's risk. The pharmacological therapy needs to be integrated with a valid psychotherapeutic support, also for bipolar disorder, both in hospital and outpatient settings.
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P63. APPLICATION OF YOGA IN SYMPTOMATIC AND BEHAVIORAL EATING PATTERNS IN A TEENAGE POPULATION: PRELIMINARY ANALYSIS OF A SISTEMATIC REVIEW

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Keywords: yoga, alternative or complementary medicine, eating disorders, review

Introduction and Background: the growing necessity to evaluate the efficacy of treatments, matched to the strong interest for alternative and complementary medicine, made yoga one of the most widespread and studied method. Several studies have shown the impact of yoga on eating symptoms in adulthood. This review collects and critically evaluates the studies in which yoga has been used in prevention and treatment programs for adolescents with eating disorders (ED).
Aim: in this review we'll systematic examine the existing empirical evidence about the effect of yoga on the symptomatology and the physical-psychological aspects of ED in a teenage population.
Materials and Methods: bibliographic searches were conducted using the following databases: PubMed, PsychINFO, Web of Knowledge and Cochrane Library. Within the bibliographies of the articles and Google Scholar, a manual search was carried out and ended in April 2016. Randomized-Controlled Trials (RCT) and non-Randomized Controlled Trials (nRCT) in which yoga has been used on patients aged 0-24 have been selected. Data were extracted and the methodological quality of the studies was evaluated using a modified version of Downs & Black Scale, instead the clinical impact oh the results was assessed using the evidence levels of Sackett.
Results: the research produced a total of 196 articles of which 3 RCT and 3 nRCT meet the selection criteria, involving 329 participants.
Only 2 of the included studies show a strong methodological quality, while all the trials reveal a moderate methodological rigor. The most important methodological limitations concern the methods of randomization and the details of yoga used in treatments. The main results would show how, following a treatment based on yoga, a significant decrease in body dissatisfaction and the impulse to thinness emerges. Furthermore, yoga would lead to a reduction in symptoms of ED.
Discussion and Conclusions: There's a limited amount of data concerning the application of yoga in the context of ED among adolescents. Most of the studies show beneficial effects, however the results are preliminary because of their heterogeneity and quality. Therefore emerges the need to conduct further research on these aspects in order to overcome the limitations highlighted by today's literature.
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P64. LOW SELF-ESTEEM, FEELINGS OF INADEQUACY AND INTERPERSONAL DIFFICULTIES IN PATIENTS WITH ANOREXIA NERVOSA IN A RESIDENTIAL MULTIDISCIPLINARY TREATMENT

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Introduction. Low self-esteem, feelings of inadequacy and interpersonal difficulties are aspects widely studied as maintaining factors in eating disorders. The residential treatment is a suitable place to receive these nuclear aspects and to promote a good level of an interpersonal motivational system of

peer cooperation.
Objective. The objective of this study is to evaluate the effects on the construction of self-esteem, feelings of adequacy and interpersonal competences in a residential treatment that provides therapeutic groups aimed at modifying these factors.
Materials and Methods. The sample was composed by 20 female patients (mean age 23 years) with Anorexia Nervosa and psychiatric comorbidity admitted to a residential treatment for Eating Disorders. The residential treatment is composed by psycho-nutritional rehabilitation (PNR) individual psychotherapy and a broad range of group therapies aimed in treating the various features and psychosocial impacts of the illnesses, such as body image groups, nutrition groups, social skills groups, and psychotherapy groups. The mean treatment period were 100 days. The psychometric data, used for this study, were recorded by EDI-3 at the beginning and at the dismissal time (t0-tf). Comorbidity was measured with SCID I-II, SCL-90. SPSS was used for statistical analysis.
Results. The data show a significant improving in the EDI-3 subscales of interpersonal alienation (p=0,004) and insecurity (p=0,002), self-inadequacy (p=0,001) and low self-esteem (p=0,000). Emotional Dysregulation (p=0,009) and obsessive-compulsive symptoms (p=0,001) show significant differences at the end of residential treatment.
Discussion: The data of this preliminary study suggest that an intensive group setting can be a useful therapeutic context to address the important interpersonal impairments in Anorexia Nervosa patients with ongoing psychiatric comorbidity. It might be important to integrate a qualitative methodology to understand which therapeutic content is related to the improvement of interpersonal confidence and competences. Different psychotherapeutic models are provided in a residential setting by individual and group dynamics. The effects of these different interventions on promoting recovery shall be investigated to define the integration of psychotherapies with the medical and psycho-nutritional rehabilitation. It is strongly important to analyze follow up data to understand the factors which mediate the stability of psychopathological change.
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P65. "THERAPEUTIC GROUP SFAMI(LIARIZZI)AMO"

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Key Words: family systems-group therapy; group of patients with eating disorder

Introduction: According to the magazine "Connessioni" of the year 2001, No. 9, it is clear that there is a growing use of systemic techniques in group therapies. There is no explicit theoretical scheme as a basis for the clinic shared in the literature though. Only in 2016 with the release of the "Manual of systemic group psychotherapy" written by M. Tirelli, A. Mosconi and M. Gonzo, we find the proposal of a definition of the concept of "Group" and "Change" in systemic group psychotherapy, which establish the theoretical basis on which our project is actually based. The project proposes itself to involve all the children hospitalized in a day care center of the eating disorder in group activities that deal with family relationships or other significant relationships and communication in the family. In this project, there will be given a large space to the use of images and photographs considered as metaphorical objects that can open to insights difficult to imagine through the use of words, able to bring out affective components of the personality that often in patients with Eating Disorders are too well defended to be reachable.

Aim: Use of family psychotherapy techniques in group of patients who have an Eating Disorder to increase self-understanding.
Objectives: To increase self-knowledge through the analysis of family relationships; sharing in the group of the family stories and experiences lived by the participants; to promote new renovations and meanings and to formulate new hypotheses on their family story and on themselves thanks to the contributions that emerge from the group
Instruments: photographic genogram; Collage of significant relationships; family drawings; family sculptures.
Conclusions: in group patients get: mirroring; interpersonal validation through consent; sharing; cognitive renovations compared to one's own identity focus; comparison; opportunity to express oneself without judgment or fear of hurting family members; possibility to access their relational and behavioral maps experienced in the "there and then" of the family of origin through the "here and now" of the group; transferability and integrability of what emerged in the group in classical family therapy.
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P66. GROWTH EVALUATION IN ANOREXIA NERVOSA: PRELIMINARY DATA IN ADOLESCENT OUTPATIENT POPULATION

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Keywords: adolescents, statural growth, Anorexia Nervosa, BMI.

Introduction and background: Anorexia nervosa (AN) would be expected to cause short stature or growth retardation, however findings concerning final height of AN patients are inconsistent.
The goal of this retrospective study is to evaluate and describe the growth trend of male and female adolescent patients who developed AN in prepuberal and puberal age.
Patients and methods: 42 patients (7male and 35 female) aged between 9 to 17 years old with the diagnosis of AN with a compromission of BMI parameter were enrolled among 140 outpatients discharged from the outpatient clinic of the Regional Center for ED in a 4 years (2014-2017) period. Selection criteria were: diagnosis of Anorexia Nervosa, age (9-17 years), BMI <18. We divided the population in prepuberal (famale and male) and puberal and then we considered: in prepuberal females and males the age, the weight, BMI and height from admission to discharge, the duration of disease, maximum and minimum BMI reached during the period of treatment and related to the age and minimum BMI value in which there is no stunting of growth. Furthermore, if menarche appears, we consider BMI value and the age. For puberal female we evaluated the same features with particular attention to secondary amenorrhea: when present, we consider BMI value which causes the resumption of menstruation.
Results: Weight restoration resulted in accelerated growth antecedent to menarche in patiens
who had a growth retardation, and this occurs. About puberal female patients with secondary amenorrhea we noticed, in some cases, a small increase in height when the menstruation reappears.
In male too,we noticed a recovery in height with rehabilitation and a weight increase.

Discussion and conclusions: despite the peak of growth that followed the gain of weight, final patient's height at the moment of discharge is variable. The ongoing follow-up study has the aim to evaluate if these patients will reach the average height of the population despite the slowdown in height growth for the previous ED.

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P67. MULTISTEP PSYCHO-NUTRITIONAL THERAPY (PNT) FOR EATING DISORDERS (ED) IN A PUBLIC CENTRE OF THE ITALIAN NATIONAL HEALTH SERVICE

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Background: This study shows the PNT based on enhanced cognitive-behavior therapy (CBT-E) by Christopher Fairburn (1,2) and conducted in the Eating Disorder (ED) Centre of Modena, Italy. PNT is performed by a multistep approach, designed to be applicable in different clinical settings (outpatients, intensive outpatients, inpatients), according to 2017 NICE guidelines (3) and the local planning (4).

Methods: Patients are treated in different clinical settings, with progressive intensity of care: outpatients, intensive outpatients, inpatients (Internal Medicine Unit). If necessary, patients are admitted in rehabilitative structures. Therapy is delivered by a team (physician specialized in nutrition, dietitian, psychologist, psychiatrist) in each clinical setting. The team is also involved in the initial assessment. The same physicians and dietitians take care of the patient from the outpatients clinic to the Internal Medicine Unit admission. Treatment of ED is composed by PNT and psychotherapy.

PNT is based on enhanced-cognitive behavior therapy (CBT-E) for eating disorders, a "transdiagnostic" personalized psychological treatment developed by Christopher Fairburn, 2008 (1). CBT-E addresses the psychopathology of each ED and their maintaining mechanisms, which are involved in the persistance of the disorder. Treatment follows a standardized protocol with 4 phases: 1. restructuring eating habits (i.e "starting well") 2. reviewing progresses and planning the rest of the treatment (i.e "taking stocks") 3. addressing left maintaining mechanisms of ED (i.e "dietary restraint" or "events, mood" and "eating or body image") 4. dealing with setbacks and maintaining the changes that have been obtained (i.e "ending well"). Duration of the entire therapy: six months for patients who are not underweight, twelve months for patients with underweight.

Multistep procedure is about using the same treatment model in the three levels of care, delivered from the same nutritionist professionals, in collaboration with psychotherapists. The same outcome indicators are used in each settings: weight and BMI, eating behavior, blood exams, psychometrics tests, attrition rate.

Results And Conclusions: Analysis of the number of patients and their outcomes

In 2017 146 patients have been treated by our Team. Among these 146, 110 (75,3%) have been cured in an outpatients setting; 15 (10,3%) in an outpatients plus an intensive outpatients setting; 21 (14,4%) in an outpatients plus an intensive outpatients plus an inpatients setting. In this last group we found the following results: BMI T0 15,3 +/- 4,1 kg/cm2; BMI T1 18,4 +/- 5,4 kg/cm2. EDE-Q T0 3,68 +/- 1,91; EDE-Q T1 2,41 +/- 1,2 (T0= baseline; T1= end of therapy)

Strenghths of the multistep approach: enhancing the continuity of care, in order to avoid the possibility of patients receveing different treatments by different therapists. We had a lot of outpatients

treatments and a low rate of inpatients treatments.
Cautions: multistep model needs accuracy in following standardized protocol of treatment and in evaluating the outcomes. It is important for the Team members to have regular and periodical meetings and to work in synchrony to make the best decisions for each patient, when a change in clinical setting is needed. Further evaluation of outcomes are incoming.

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P68. CONDITIO SINE QUA NON FOR ANOREXIA OF FEMALE ADOLESCENTS

Different Blood Types between Mother/Daughter with Traumatic Blood Contact During Pregnancy and/or Birth

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Background: Anorexia of the Female Adolescent is the most important and most dangerous kind of anorexia. This anorexia manifests itself precisely after menarche, the first step in a young woman's developing femininity and fertility. This kind of anorexia begins within a limited time frame after menarche and is characterized by weight loss and loss of the menstrual cycle for more than three months. There can also be relapses of this kind of anorexia over the course of life.
Introduction: My new theory is that Anorexia of the Female Adolescent, in addition to psychological causes, needs a conditio sine qua non: "Different mother/daughter blood types (0, A, B, AB) and traumatic contact between the two blood types during pregnancy and/or birth".These two dynamics together create the development of female adolescent anorexia.
Objectives: To reduce the mortality rate and the consequences of anorexia by providing a theory that allows us to have an early or even predictive diagnosis.
Methods: 25 years ago, in a purely casual way, I came upon the blood type difference between an anorexic patient and her mother. Pregnancy had been with placental detachment and birth was traumatic, which was the presumed cause of mother/daughter blood contact. From that day on, I regularly checked, in the cases of anorexia of female adolescents, the blood types of the anorexic and her mother.
Results: In my collection of data (more than 100 cases in 25 years): only the girls who have a different blood type (0, A, B, AB) from the mother are anorexic and from their details I determined a mother/daughter blood contact. There are no exceptions in my data.
Conclusions: Anorexia of the Female Adolescent recognizes that there are some psychological causes, but also requires the "conditio sine qua non" described above. Recognizing this condition allows an early diagnosis, a predictive hypothesis and a new understanding and even a reframing of the mother/daughter relationship, that is not primarily about emotional conflict but is simply the reflection of a relationship disturbed by an immunological alarm.

P.69. DISSOCIATIVE SYMPTOMS AND SUICIDE RISK IN SUBJECTS WITH EATING DISORDER

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Introduction: Suicide rates in subjects affected by eating disorders are higher than the percentages found in other psychiatric illnesses. Meta-analyses find that individuals with anorexia nervosa are 31 times more likely to die by suicide than gender and age matched samples, while individuals with bulimia nervosa are 7.5 times more likely to die by suicide than gender and age matched samples (Chesney et al, 2014). Depression, alcohol abuse, social isolation and major medical conditions are generally associated to suicide risk and are traceable to many subjects affected by an eating disorder. According to Joiner's Theory (2006), people who commit suicide are mainly used to suffering, to experience a feeling of loneliness and nonbelonging and a feeling of being a burden to others, as well as being used to bearing pain. Individuals with anorexia (unlike the bulimics) are particularly used to experience a greater suffering throughout the course of their disease and consequently seek suicide using highly lethal methods.
Aims: The aim of the study is to evaluate the possible relationships between suicide risk and dissociative symptoms in subjects affected by eating disorder.
Method: The sample consists of 200 subjects affected by Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder (BED) according to the DSM 5. They have been subjected to a multidimensional evaluation at the Center for Treatment and Research on Eating Disorders (Mental Health Department, ASL Lecce). The diagnosis of eating disorders was performed through psychiatric interviews and semi-structured interviews based on the DSM 5 criteria. All the subjects were given numerous psychometric tools including DIS.Q (a questionnaire on dissociative experiences) that allows to identify: a) a total score result and b) a score in 4 subcategories: Confusion of identity and Fragmentation (IC: referred to the experiences of derealization or depersonalization); Loss of control (LC: referring to experiences in which there is a loss of control over behavior, thoughts and emotions); Amnesia (AMN), Absorption (ABS). In a previous study, the authors had evaluated risk of suicide and its distribution in the different categories of eating disorders, using Beck Depression Inventory 2 (BDI 2, Beck et al, 1976) and Symptom Checklist 90 - R (SCL 90 R, Derogatis, 1997) whose items had been elaborated in order to obtain a Suicide Risk Index. The data obtained were analyzed using the Statistical Package for Social Science software (SPSS, ver.24).
Results: Data analysis shows that 42% of subjects present a low suicide risk, 23.5% a medium risk, 34.5% a high risk. Analyzing the diagnostic categories, the highest suicide risk belongs to subjects who's suffering from binge-purge anorexia nervosa, followed by bulimics, subjects suffering from binge eating and from restricter anorexia. Suicide risk is related to a greater severity of specific and non-specific psychopathology, higher impulsivity and also to relational problems.
In particular, subjects with the highest suicide risk present more severity of dissociative symptoms which is statistically significant (p 0.000). The average values of GSI and subcategories at DIS.Q respectively for low, medium and high suicide risk are: GSI 1.79 – 2.39 – 2.56; IC 1.68 – 2.38 – 2.62; LC 1.91 – 2.67 – 2.78; AMN 1.42 – 1.89 – 2.18; ABS 2.42 – 2.80 – 2.72.
Conclusions: Results appear to be interesting, especially if we consider that adverse childhood experiences increase the risk to developed dissociative symptoms and that dissociative symptoms are related to a highr suicide risk . The detection of these symptoms in subjects affected by eating disorders, must alert to the high suicide risk in order to prepare therapeutic strategies programs able to prevent this eventuality.
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P70. MOOD ALTERATIONS IN EATING DISORDERED SUBJECTS

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Introduction: Eating disorders are serious psychiatric illnesses that occour often in association with an alteration of mood in both depressive and hypomanic/manic direction. Several studies show percentages of association with depression about 80%, with bipolar disorders in outpatient about 34% (Mc Elroy et al, 2011; Campos et al, 2013) and in admitted about 64% (Hudson et al, 1988; Simpson et al, 1992). Both Bipolar II Disorder and Cyclothymia generate several problems in the diagnosis, even more because hypomanic symptoms, as well as the cyclothymic temperament, are deceptively considered as adaptive. Moreover, especially in the past, increase in energy and activity levels were not considered to be the same as the alteration of mood among the criteria for the diagnosis of these disorders (as it happens with the new classification proposed by DSM 5). While many authors have investigated the effects of mood depression on food psychopathology, studies on the effects of mood alteration in the hypomanic/manic direction are minimal (Tseng et al, 2016; Campos et al, 2013).
Aims: The aim of the study is to detect the presence of significant depressive symptomatology and significant hypomanic/manic symptomatology in a sample of subjects suffering from eating disorders and to evaluate any discriminating elements between depressive and hypomanic/manic symptoms on the specific and non-specific psychopathology of eating disorder.
Method: The sample consists of 200 subjects affected by Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder (BED) according to the DSM 5. They have been subjected to a multidimensional evaluation at the Center for Treatment and Research on Eating Disorders (Mental Health Department, ASL Lecce). The diagnosis of eating disorders was performed through psychiatric interviews and semi-structured interviews based on the DSM 5 criteria. All subjects were given numerous psychometric tools including the Self Report Moods Spectrum (SR-MOODS – Fagiolini et al, 1999) for the detection of depressive and hypomanic/manic symptoms during lifetime (lifetime, LT) and during last month (last month, LM). With regard to specific and non-specific psychopathology, this study consider two psychometric tools: Eating Disorders Inventory 2 (EDI 2 – Garner, 1991) and Symptom Check List 90 R (SCL 90 R – Derogatis, 1997). The data obtained were analyzed using the Statistical Package for Social Science software (SPSS, ver. 24).
Results: Data analysis from SR-MOODS highlights that values are higher than the cut off (≥22) for depressive symptomatology LT in 62.2% of cases (22.4% AN R; 15.2% AN B/P; 34 , 4% BN; 28% BED); for hypomanic/manic symptomatology LT in 55% of cases (28.2% AN R; 11.8% AN B/P; 34.5% BN; 25.5% BED); for depressive symptomatology LM in 63.5% of cases (26.8% AN R; 14.2% AN B/P; 31.5% BN; 27.6% BED); for the hypomanic/maniac symptomatology LM in 21.5% of the cases (34.9% AN R; 11.6% AN B/P; 39.5% BN; 14% BED). The presence of clinically relevant symptomatology both in a depressive and hypomanic/manic direction determines statistically significant differences, that appear discriminating, both as regards the specific and non-specific psychopathology of eating disorder.
Conclusions: Results shows us that a high percentage of subjects with eating disorders have a clinically relevant depressive and hypomanic/manic symptomatology, able to affect specific and non-specific psychopathology of eating disorder. Therefore, it seems necessary to include tools to improve diagnostic procedures for mood comorbidities in order to develop specific, multidisciplinary treatment programs, that consider both biological and psychological approaches.
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P71. ANOREXIA NERVOSA: A READING OF THE DISORDER AND ITS DECLINATIONS THROUGH PSYCHODIAGNOSIS

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Introduction: Anorexia Nervosa (AN) is a complex clinical phenomenon, in which the food symptom can express a plurality of different meanings. These meanings are comprehensible only if they are put in relation to the personal history of the individual and in hisown peculiar character.It is necessary to distinguish anorexia as a symptom from anorexia as a syndrome, and thus differentiate the different forms of anorexia that lie behind the symptom.The aim of this study is to use psychometric and projective assessment scales (drawing test) in order to set an accurate psychopathological assessment and characterization of AN, assuming that a diagnosis based mostly on aspects such as personality, character, defensive styles, rather than on the symptoms of the disorder,is more useful in building individualized and therefore more effective therapeutic strategies.
Materials and Methods: A sample of 36 outpatient patients was enrolled, including 15 patients with Anorexia Nervosa, Binging-Purging Type (AN-BP) and 21 by Anorexia Nervosa, Restriction Type (AN-R). Patients have compiled self-administered psychometric scales (EDI-2, TCI-R, BAT, TAS-20) and projective (drawing tests).
Results: methodologically correct and integrated use of tests, psychometric and projective instruments has produced convergent and comparable results with the data already available in the literature regarding the psychopathological characteristics of AN-R and AN-BP and a very large number of Data for individual patient evaluation, confirming the importance of psychodiagnosis in the various phases of the diagnostic and therapeutic pathway.
Conclusions: Psychodiagnosis enables a qualitative and quantitative evaluation of psychic functioning, facilitates hooking and therapeutic alliance, increases precision in diagnosis, allowsthe formulation of prognostic hypotheses and sets the basis for an individual therapy project. Drawing testshave shown particular effectiveness in this regards, through drawing (analogue language) and projection mechanisms allow to explore individual psychic experience by highlighting aspects that can escape from a digital level of communication and instead manifest themselves in the expressive immediacy of the image. Pointing out these aspects can be very helpful in understanding such a complex and heterogeneous phenomenon in its clinical expressions, so that the therapeutic intervention plan can be personalized and increase the chances of success of the treatment strategy.
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P72. "I HAVE A BODY, I AM MY BODY". EATING DISORDERS IN PREADOLESCENCE: ANALYTIC TREATMENT WITHIN AN INTEGRATED MULTIDISCIPLINARY APPROACH

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Keywords: preadolescence, analytical approach, eating disorders,

Introduction: Epidemiological studies on ED in developmental age show an onset peak of AN between 14 and 18 years and an incidence of early-onset of 3 / 100,000 children under the age of 13.

Pediatric age has peculiarities that together with the eating-related psychopathology, bring up problems in clinical practice and in particular in psychotherapeutic practice.
In adults, the multidisciplinary approach is the only one indicated but in preadolescence, the approach must be redefined according to the developmental age aspects. To date, there is no specific analytical model for ED .
Objective: The objective of the study is to evaluate the possibility of having an analytical approach, specific for adolescence, within an integrated multidisciplinary approach for ED.
Methods: Psychiatric assessment.
First-level multi-professional intervention.
Stages of therapy: therapeutic alliance, Transference and interpretation, conclusion of treatment.
Results: The analytic work, centered on the needs and desires of the "here and now" of the children and the family context, is added in the integrated path of care gradually and without interruption.
Discussion and conclusions: *"The mental is based on the organic, but the analytic work can lead to that point and not beyond it"* (Freud, 1910).
The analytical approach seems adequate in considering the aspects related to neurodevelopment (Cioni, 2016) and the influence that these aspects have on the phenomenology of ED, which in preadolescence turns out to be temporary and at the same time mutant. This age of suspension marks the fall of the child from fairy tales and involves the body and identity; an evolutionary moment full of pitfalls to which analytical therapy offers a different way of expression: "*It is essential to listen and read, not just to look at the inscriptions on the body of psychic suffering"* (Crocetti 2007, Cuzzolaro 2014).
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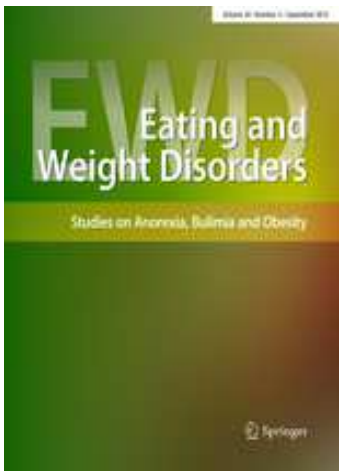

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Aims and Scope

Eating and Weight Disorders. Studies on Anorexia, Bulimia, and Obesity (EWD) is a quarterly international e-only journal for research and treatment of eating disorders and obesity.

The months of publication are March, June, September and December.

EWD publishes peer-reviewed articles and is intended to provide an interdisciplinary forum devoted to the sectors of eating disorders and obesity and the significant interrelationships between them. Topics covered include also over and under-nutrition, obesity surgery.

The journal publishes editorials, review articles, clinical research, psychometrics, pharmacological studies, basic science and animal research, technical innovations, brief and case reports, new concepts and hypotheses, historical notes, medico-legal issues, guidelines, meeting abstracts, letters to the editor, correspondence, invited commentaries and book reviews.
The journal benefits psychiatrists, psychologists, internists including endocrinologists and diabetologists, nutritional scientists, bariatric surgeons, nurses, dietitians and others dealing with eating disorders and obesity.