

eating disorders (EDs), not finding high quality studies (meta analysis, systematic review). ARFID is characterised by a lack of interest in eating or avoiding specific types of foods because of their sensory characteristics. This avoidance results in decreased nutritional intake, eventually causing nutritional deficiencies. In severe cases, ARFID can lead to dependence on oral nutritional supplements, which interferes with psychosocial functioning. The prevalence of ARFID can be as high as 3% in the general population, and it is often associated with gastrointestinal symptom. Given the high prevalence of ARFID, a rapid and systematic nutrition survey should be conducted during every consultation. Its treatment should also be adapted depending on the severity of the nutritional problem and may involve hospitalisation with multidisciplinary care (paediatrician, nutritional therapist, dietitian, psychologists, and speech therapists).

In regards to potential treatments, there is no evidence-based psychological treatment suitable for all forms of ARFID at this time. Several groups are currently evaluating the efficacy of new psychological treatments for ARFID, particularly, family-based and cognitive-behavioural approaches, but results have not yet been published.

Conclusions: Future directions for research could be usefully informed by closer collaboration with other fields, including feeding disorders, emotion processing and regulation, neurodevelopment, and appetite.

Disclosure of Interest: None Declared

EPV0463

Using network analysis to explore the association between eating disorders symptoms and aggressiveness in Bulimia nervosa

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Introduction: Aggressive behaviors have been reported to be more frequent in people with eating disorders (ED), especially bulimia nervosa (BN). Network Analysis (NA) is particularly useful for examining the interactions among symptoms of comorbid conditions through the identification of "bridge symptoms," defined as those symptoms playing a key role in the connection between two syndromic clusters.

Objectives: The aim of the present study was to investigate the association of ED core symptoms and ED-related psychopathology with aggressiveness in a clinical sample of women with BN through NA.

Methods: A NA was conducted, including ED symptoms and aggressiveness measures. The bridge function was implied to identify symptoms bridging ED symptoms and aggressiveness.

Results: The most connected nodes among communities were asceticism and impulsivity from ED-related psychopathology, drive for thinness from ED- core psychopathology and guilt and suspicion from aggressiveness domain. In particular, drive for thinness

connected ED-core community to verbal hostility, while impulsivity connected ED-related symptoms to guilt and suspicion of aggressiveness community.

Conclusions: In conclusion the present study showed that in people with BN guilt is the specific negative emotion of the hostile dimensions that may be bidirectionally associated with ED symptoms.

Disclosure of Interest: None Declared

EPV0464

Emotional non-acceptance mediates the relationship between insecure attachment and specific psychopathology in women with eating disorders

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Introduction: Insecure attachment is considered a general risk factor for eating disorders (ED). Emotion dysregulation has been proposed as one of the possible mechanisms by which attachment insecurity may affect ED psychopathology.

Objectives: Aim of the present study was to investigate whether difficulties in acceptance of emotions or emotional clarity may mediate the connection between insecure attachment and ED psychopathology.

Methods: One hundred and twenty patients participated and completed the Italian version of Eating Disorder Inventory-2 (EDI-2), Experience in Close Relationship questionnaire (ECR) and Difficulties in Emotion Regulation Scale (DERS). A mediator path model was performed, in which insecure attachment dimensions were set as independent variables, ED specific psychopathology measures as dependent variables, and non-acceptance of emotion and lack of emotional clarity as mediators.

Results: The association between both attachment avoidance and anxiety and ED specific symptoms was mediated by emotional non-acceptance, but not by emotional clarity.

Conclusions: This study showed the importance to address emotion regulation in individuals with ED, focussing on improving emotional acceptance. Exploring early developmental processes which lead to non-acceptance of emotions could improve this psychological trait in people with ED.

Disclosure of Interest: None Declared

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Addiction Transfer Post Bariatric Surgery- A Case Report

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