

ysis had been held to determine whether the differences founded in the 3 populations were significant or not (P -value < 0.05).

Results Table 1. The differences founded were significant.

Conclusion Anxiety and stress (DASS21, STAI): AN have reported higher levels than OB and HC that present similar levels. Depression (DASS21): AN have reported higher levels than OB and HC; OB higher levels than HC.

Table 1

| Samples | Scores | DASS 21-Subscales | | | |
|---------|-----------|-------------------|------------|-------------|-------------|
| | | Depression | Stress | Anxiety | Total |
| AN | Mean (SD) | 26.5 (12.8) | 23.1 (9.8) | 28.4 (8.8) | 80.4 (25.3) |
| OB | Mean (SD) | 10.8 (9.3) | 8.8 (6.8) | 13.7 (10.0) | 33.5 (23.6) |
| HC | Mean (SD) | 8.0 (7.4) | 4.5 (4.8) | 13.1 (10.3) | 25.6 (20.1) |
| STAI-Y | | | | | |
| State | | | | | |
| AN | Mean (SD) | 63.1 (11.8) | | 65.9 (10.4) | |
| HC | Mean (SD) | 39 (14.6) | | 42.9 (12.5) | |
| OB | Mean (SD) | 39 (10.0) | | 43.4 (9.4) | |

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV558

Contribution of Night Eating Syndrome to the evolution of anorexia nervosa – Case report

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Introduction Night Eating Syndrome (NES) was described in 1955 in a subset of patients resistant to weight loss. It is characterized by morning anorexia, evening hyperphagia and sleep disturbances. It is also more prevalent among patients with another eating disorder (ED), particularly binge-eating disorder (BED) or bulimia nervosa (BN).

Objective Review of the literature about the relationship between NES and another EDs and to present a case report of a patient with a long-standing purgative anorexia nervosa (AN-BP) and comorbid NES.

Methods review of the literature using the database Medline through Pubmed, with the keywords: “night eating syndrome” and “eating disorder”.

Results NES is highly prevalent among patients with EDs, with an estimated prevalence of about 5–44%. However, most of the existent literature explores the relationship between NES and BED or BN, and it is not consensual if NES is a subtype of another ED. There is still scarce evidence about NES and AN comorbidity.

Conclusion In this case report, we present a patient with a history of AN-BP, in which the recovery of lost weight and the increase of body mass index (BMI) occurred simultaneously with a period of worsening NES symptoms, which leads the authors to question if the psychopathology of NES has contributed to the recovery of BMI at the expense of maintaining a dysfunctional eating pattern.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV559

Effectiveness of Enhanced Cognitive Behavioral Therapy (CBT-E) in the treatment of anorexia nervosa – A prospective multidisciplinary study

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Introduction According to the most widely influential treatment guidelines from the National Institute for Health and Clinical Excellence and the American Psychiatric Association, existing evidence for adult AN treatment is weak, and more treatment studies are needed.

Objectives/aims The primary objective of this project is to gain knowledge about the effectiveness of CBT-E in the treatment of Anorexia Nervosa (AN). Secondary objectives are to prospectively examine baseline predictors of treatment outcome/drop-out and to examine variables related to treatment process and patient engagement as predictors of outcome/drop-out. Thirdly, in a multidisciplinary approach, to focus on selected pathophysiological mechanisms including disturbed neuropsychological functioning, changes in the gut microbiota, immunological and genetic measures in patients with severe AN in different stages of the disease, and further to investigate to what extent they are related to treatment outcome.

Methods The sample consists of patients aged ≥ 16 years with AN admitted to outpatient treatment (CBT-E) at Section for Eating Disorders, Haukeland University Hospital, Bergen, Norway. Outcome measures include BMI, self-reported eating disorder symptoms (EDE-Q), depression (BDI), anxiety (BAI) general psychiatric symptomatology (SCL-90-R, M.I.N.I 6.0), health related quality of life (CIA, RAND-36), physical activity (accelerometers) and neuropsychological functioning. The main measurement points are at the start of treatment, 3 months, end of treatment and one year follow-up. Baseline predictors of treatment outcome and drop-out will be examined as well as the association between early adherence, behavioral change, therapeutic alliance and treatment outcome. In addition biochemical, genetic and bacteriological assessments will be conducted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV560

Attachment style and cortisol response to psychosocial stress in eating disorder patients

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Introduction Stress exposure is a risk factor for both the onset and the maintenance of Eating Disorders (EDs). The attachment theory may provide a framework to explain the relationship between social stress and EDs, since secure attachment promotes the seeking for support in order to help people to face stressful events. The endogenous stress response system, including the hypothalamus-pituitary-adrenal (HPA) axis, is likely involved in mediating the role of attachment in the subjects' coping with stressful situations.

Objectives and aims We explored cortisol responses to the Trier Social Stress Test (TSST) of patients with EDs in order to evaluate

possible associations between subjects' attachment styles and HPA axis functioning.

Methods Twenty-one adult patients with EDs (7 with secure attachment and 14 with insecure attachment) filled in the Experience in Close Relationship (ECR) questionnaire, which assesses the adult attachment style, and were exposed to the TSST. Saliva samples were collected before and after the stress in order to measure cortisol levels.

Results As compared to ED patients with secure attachment, those with insecure attachment showed a significant different pattern of the HPA response to the stress test.

Discussion Present findings suggest that attachment style may influence the HPA response to stress in patients with EDs and this effect may have relevant implications for the pathophysiology of EDs.

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EV561

Recognition of emotional prosody in anorexia nervosa

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Deficits in emotional processes are often observed by clinicians in anorexia nervosa and may have an impact on social functioning. Recognition of emotion was mostly investigated using visual stimuli as faces of emotional scenes. Only one study (Kucharska-Pietura et al., 2004) demonstrated impairments in emotional prosody using positive and negative valenced stimuli. However, this study did not provide a highlight for the identification of emotional bias (for example, to recognize an intense fear in a friendly voice). The aim of this study is to better understand the recognition of emotional prosody in anorexia nervosa using a wide range of positive, negative and neutral stimuli (Belin et al., 2008).

In order to test emotion recognition biases in emotional prosody, we exposed 15 patients with anorexia nervosa and 15 healthy controls (HCs) to emotional vocal tasks asking them to rate emotional intensity on visual analog scales. In addition, we assessed clinical symptomatology and cognitive functioning for all participants.

We showed that patients with anorexia nervosa provided higher intensity ratings on the non-target scales (e.g., surprise scale for fear stimuli) than HCs for sadness, fear and neutral voices. Furthermore, with the exception of neutral vocal stimuli, they provided the same intensity ratings on the target scales as the HCs.

These findings suggested a bias in the processing of emotional prosody and may impact the social functioning of patients with anorexia nervosa. The bias may result from a sensorial deficit or a high-order cognitive dysfunction and have to be investigated in future studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV562

Men with Anorexia: A descriptive study of the characteristics of male patients in an intensive psychotherapy day hospital for eating disorders during 2015 in Madrid

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Objective To describe the main characteristics of male patients suffering from anorexia in a specialized unit for eating disorders management.

Introduction As a result of a more prevalent diagnosis of eating disorders in women (including anorexia among others), male patients characteristics have been less described in current literature.

Methodology The authors retrospectively reviewed the clinical history of all male patients attending our unit of Eating Disorders in a period of one year (2015). The recorded characteristics were analyzed and classified as demographic, clinical and biographical. Finally a bibliographic review was also performed and correlated with our results.

Conclusion During our review (currently being performed) we have found that, even if in much less numbers than in women, the characteristics of male patients suffering anorexia have recognizable patterns and for instance can be used for the better understanding of this pathology in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV563

'Dar Kenn Ghal Sahhtek' – An effective therapeutic intervention

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Introduction 'Dar Kenn Ghal Sahhtek' is a residential service for patients suffering from eating disorders, namely Bulimia Nervosa, Anorexia Nervosa and Obesity (Binge Eating and Non Binge Eating type). The focus will be made on the obesity services.

Objectives 1. To show that Dar Kenn Ghal Sahhtek has proved to be an effective therapeutic intervention towards obesity (with or without binge eating). 2. To show that from a recruitment of 30 obese subjects a substantial proportion met the DSM-5 criteria for Binge Eating Disorder.

Aims 1. To show that by means of questionnaires and physical testing a marked improvement was made following the therapeutic interventions offered at DKGS. 2. To highlight the high incidence of binge eating disorder in a sample of 30 obese subjects recruited via DKGS.

Methods 1. Interviewing the patient for the DSM-5 criteria of binge eating. 2. Comparing scores of questionnaires before admission and prior to discharge. 3. Evaluating the response to various treatment modalities.