

## EPV0462

**Night eating syndrome (NES). A case report of NES**

B. Pascual Garcia\*, C. Boix Abad and D. Vazquez Gonzalez

<sup>1</sup>Mental Health Center, CPB, Barcelona, Spain

\*Corresponding author.

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**Introduction:** The night eating syndrome (NES, DSM-V: 307.59) was described in 1955 as a disorder defined by morning anorexia, nocturnal hyperphagia (25% of the daily intake of food during sleep) and insomnia. Attributed to a delay in the circadian rhythm of feeding is characterized by suppression of the daytime appetite and increased in the early morning. It is more prevalent in obese people. Treatment focuses on selective serotonin reuptake inhibitors (SSRIs) and cognitive behavioural therapy (CBT).

**Objectives:** Description of a NES clinical case demonstrated satisfactory response to pharmacological treatment with trazodone.

**Methods:** Brief case presentation and review of the NES literature.

**Results:** A 40-year-old woman diagnosed with binge eating disorder followed by Endocrinology. She had morbid obesity grade III. After the failure of various treatments addressed to impulse control and early morning intakes (topiramate, zonisamide, liraglutide, gastric balloon, hydrochloride Naltrexone/Bupropion and SSRI) she was referred to a mental health center. She was started on Trazodone therapy. Interestingly, Insomnia/binge decreased from 7 to 2 episodes/ week leading to a significant weight reduction with a 500 mg/week rate, losing 4 kg. The case was oriented as a NES but successfully treated as maintenance insomnia.

**Conclusions:** NES leads to frequent awakenings and early morning intakes. Awareness of the episode and ability to remember differentiates NES from the sleep-related eating disorder, where the nighttime ingestions cannot be remembered. Unlike binge eating disorder, where the goal is satiety and not falling asleep, so the hypnotic function of nocturnal intake is key in the differential diagnosis with NES. Trazodone, indicated in insomnia of maintenance, has not been reported as a treatment of choice in the NES, enabling a significant decrease on awakenings and consequently the intake.

**Disclosure of Interest:** None Declared

## EPV0463

**Application of family therapy in a case of anorexia nervosa**C. Díaz Mayoral<sup>1\*</sup>, I. Romero Gerechter<sup>1</sup>, E. Arroyo Sánchez<sup>1</sup>, M. Martín Velasco<sup>1</sup>, A. Sanz Giancola<sup>1</sup> and M. Martín de Argila<sup>2</sup><sup>1</sup>Psychiatry, Hospital Universitario Príncipe de Asturias and<sup>2</sup>Psychiatry, Hospital Dr. Rodríguez Lafora, Madrid, Spain

\*Corresponding author.

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**Introduction:** Anorexia nervosa is a behavioral mental disorder, characterized by body dysmorphia, an intense fear of gaining weight and behaviors that interfere with this, in addition to a

restriction of food intake, associated usually with medical complications, even a considerable risk of death.

Several psychotherapeutic approaches have been used along last decades. Until relatively recently, parents have been recognized as part of the problem, but nowadays we involve them into the therapeutic process through family therapy based on a systemic approach, recommended in current published clinical guidelines and research findings, with consistent evidence, as the first-line treatment of patients with anorexia nervosa.

**Objectives:** A case of a patient with anorexia nervosa, is presented followed by a theoretical review on the topic.

**Methods:** A case is presented with a bibliographic review.

**Results:** A 24-year-old female was hospitalized for renutrition due to a significant weight loss and multiple physical symptoms. After 4 months without progress, the patient was transferred to the psychiatric ward.

Once there, physical stabilisation was achieved with family therapy and pharmacological treatment, based on progressive administration of Clomipramine, previously assessed by Cardiology, which improved rumination and obsessive behaviour. We conduct daily individual and weekly family interviews, working on family dynamics, emotional regulation strategies and more adaptive ways of communication. Likewise, several lines of action were found in the systemic work: peripheral father; maternal over-involvement; fraternal rivalry; difficulties of interaction between all of them, derived from “the role of the sick person” and intra-family communication around the illness. Finally, showed effectiveness in terms of an improvement in interpersonal relationships, greater assertiveness and an optimistic attitude with an active search for coping strategies.

**Conclusions:** Historically, parents have been recognized by a causal factor in the pathogenesis of this disorder. Nevertheless, the abolition of the emphasis on family responsibility, motivated by a philosophic and evidence-based, has allowed us to see them as an essential resource in aiding the patient in the improvement process. This parental involvement has resulted in a relevant reduction in morbidity, as well as a significant decrease treatment attrition rates. It has been noted a re-establishment in other individual and family factors such as self-esteem, quality of life, and some aspects of the experiences of caregiving, and behavioral symptoms have been resolved.

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## EPV0464

**Psychotic symptoms in eating disorders: a case report**

E. Arroyo Sánchez\*, P. Setién Preciados and A. Sanz- Giancola

<sup>1</sup>Psiquiatría, Hospital Universitario Príncipe de Asturias, Madrid, Spain

\*Corresponding author.

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**Introduction:** Psychotic symptoms and eating disorders can occur in the same person, sometimes at the same time. This comorbidity is not well studied despite the difficulties of management at both clinical and pharmacological levels that it may entail. We present the case of a 35-year-old female patient with anorexia nervosa with years of

evolution, currently admitted to a center specializing in Eating Disorders, who comes to the emergency department with psychotic symptoms.

**Objectives:** To know the prevalence of comorbidity of psychotic symptoms in people with eating disorders, as well as possible risk factors, severity and management of them.

**Methods:** Presentation of a case and review of the available literature on the presence of symptoms of the psychotic sphere in persons diagnosed with eating disorders.

**Results:** The literature reflects data of a prevalence of 10-15% of patients with eating disorders presenting psychotic symptoms. The presence of psychotic symptoms is not directly related to a greater severity of the eating disorder. Some genetic associations have been found, as well as alterations at the physiological, cognitive and brain structure level that coincide in both pathologies. In some cases, an improvement in eating behavior has been observed when the psychotic symptomatology is resolved. In the case of patients with bulimia nervosa, a higher number of psychotic symptomatology has been observed, such as paranoid ideations, which some studies relate to a greater emotional capacity and histrionic expressiveness of this patient profile.

**Conclusions:** The comorbidity of psychotic symptoms and eating disorders is relatively frequent and makes us face challenges in the diagnosis, as well as in the management of these patients. This comorbidity is especially important in patients with bulimia nervosa. Future research is necessary to know a more exact management of these pathologies.

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## EPV0466

### The psychodynamic role of the displacement defense mechanism in people with obesity and anorexia nervosa

F. Mustać<sup>1\*</sup>, M. Matovinović<sup>2</sup> and D. Marčinko<sup>1</sup>

<sup>1</sup>Department of Psychiatry and Psychological Medicine and <sup>2</sup>Department of Endocrinology, University Hospital Centre Zagreb, Zagreb, Croatia

\*Corresponding author.

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**Introduction:** Feeding plays a very important role in our lives. First of all survival, but in general it has a much wider and important social role. Through feeding, in addition to satisfying life's needs and basic instincts, we experience a sense of satisfaction through the investment of libido. Anorexia nervosa and obesity as the two extremes of eating disorders can be considered as a disturbed experience of the satisfaction of eating, and in the background there is usually a very weak, fragile personality structure. A fragile personality structure tends to use primitive defense mechanisms, but the use of healthier, neurotic defense mechanisms in people with eating disorders should not be neglected.

**Objectives:** To investigate the role of the psychological defense mechanism of displacement in people with obesity and anorexia nervosa.

**Methods:** Search of contemporary professional and scientific literature in the field of psychodynamics of eating disorders.

**Results:** Displacement is a defense mechanism in which, when faced with a problem, the problem is not solved with the initial object of aggression, but the problem is moved to another object or situation that the individual perceives as less dangerous. Thus, when faced with a stressful situation or sadness, obese people may have a need for emotional eating, which can be interpreted as displacement of the problem, which is temporarily "solved" by satisfying the basic instinct, but later the person becomes overwhelmed by internal and external shame. Equally so, a traumatic upbringing and disturbed interpersonal family dynamics, which are often present in people with anorexia nervosa, can cause anxiety drives that are displaced in the form of the need for a strong restriction of food intake.

**Conclusions:** In people with obesity and anorexia nervosa, the use of the defense mechanism of displacement is pointed out. Through psychodynamic psychotherapy it can be very useful to recognize and interpret the use of displacement and, thus to enable reaching a neurotic and healthier level of functioning in people with the aforementioned eating disorders.

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## EPV0468

### How do men differ from women? Case-Control study on clinic and personality characteristics of eating disorders

F. Ruiz Guerrero\*, J. Gonzalez Gómez, C. Cobo Gutierrez, L. Castro Fuentes, C. Hernández Jimenez, J. Romay González and A. Gómez del Barrio

<sup>1</sup>Psychiatry, Eating Disorders Unit, Hospital Universitario Marqués de Valdecilla, Santander, Spain

\*Corresponding author.

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**Introduction:** A review of the literature shows how female sex is a crucial factor in the development of ED, being the proportion of women and men 10 to 1 regardless of the location of the sample (Duncan, Ziobrowski & Nicol, 2017) and different clinical subtypes (AN, BN) (Swanson et al., 2011). However, male population has always been less studied, some works find that only 1% of the articles published in AN is aimed at the study of males (Galusca, 2012).

Nowadays it is accepted that the etiopathogenesis of these disorders is multifactorial and in addition to female gender other risk factors have been identified, such as neurobiological alterations, psychological predictors, personality traits, low self-esteem, extreme perfectionism or thinness values focused on body and figure. On the other hand, certain impulsive behaviours such as self-harm, substance use, physical activity or diets are factors that may be confused as predisposing or as symptoms of the pathology itself (Connan et al., 2003, Treasure, Stein and Maguire, 2015).

Recently, Kinasz, Accurso, Kass and Le Grange (2016) have compared the clinical characteristics that differentiate men (59) from women (560) in a sample of children and adolescents between 6 and