associated with a higher probability to have a full recovery at three years follow up.
Conclusions These results challenge a concept of recovery in EDs exclusively based on weight restoration or behavioral changes. An assessment including sexual functioning and core psychopathology might identify the residual pathological conditions, and it is able to provide information regarding the long term recovery process.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.170

S097

Oxytocin as a treatment enhancer in anorexia nervosa

J. Russell[1,*], S. Maguire[2], A. Kesby[2], I. McGregor[2], A. O'Dell[3], J. Treasure[4]
[1] *Discipline of psychiatry university of Sydney Northside clinic, department of psychology, Greenwich NSW, Australia*
[2] *University of Sydney, department of psychology, Sydney, Australia*
[3] *Discipline of psychiatry university of sydney northside clinic, department of psychology, Sydney, Australia*
[4] *Kings college London, psychological medicine- the eating disorders research group, London, United Kingdom*
[*] *Corresponding author.*

Introduction Nutritional rehabilitation in anorexia nervosa (AN) is impeded by fear of food, eating and change leading to treatment resistance. Oxytocin exerts prosocial effects on anxiolysis, fear modulation, trust and brain plasticity.
Objective A placebo-controlled RCT examined the effects of self-administered intranasal oxytocin (IN-OT) in AN patients.
Aim To ascertain whether single and repeated doses of IN-OT enhance treatment in AN.
Methods Female AN patients self-administered twice daily 18IU IN-OT ($n = 21$) or placebo ($n = 21$) for 4–6 weeks during hospital treatment. Weight and BMI were measured at baseline and after treatment. The Eating Disorders Examination (EDE) was the primary outcome measure. Cognitive rigidity was compared between groups after four weeks repeated dosing. The effects of the first and last doses of IN-OT versus placebo, on salivary cortisol before a high-energy afternoon snack, were compared.
Results Weight gain was similar in IN-OT and placebo groups. Only the EDE eating concern subscale score was significantly lower after 4–6 weeks (mean 35 days) of IN-OT ($p = 0.006$). Anticipatory levels of salivary cortisol fell from baseline after the initial dose in contrast to the placebo group where levels increased. After four weeks IN-OT, salivary cortisol was significantly lower ($p = 0.023$) overall with little anticipatory increase compared to placebo. There were no differences in anxiety scores. Cognitive rigidity was significantly lower in the IN-OT group ($p = 0.043$)
Conclusions Self-administered IN-OT might enhance nutritional rehabilitation in AN by reducing eating concern and cognitive rigidity. Lower salivary cortisol before a high-energy snack, suggests reduction of fear rather than anxiety.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.171

Symposium: Role of psychiatry in dementia care

S098

Pychiatrists and legal issues in dementia care

M.M. Carrasco
Instituto de investigaciones, Psiquiátricas, Spain

During more than half a century, Psychiatry has extensively accepted a biomedical model studying mental disorders (including schizophrenia, affective disorders and the large group of stress-related disorders, including anxiety disorder. Thus, the classical dichotomy between functional and organic psychiatric disorders is obsolete and from a theoretical point of view there should be no obstacle for Psychiatry to deal with the study of dementias from gene to clinical levels using empirical methods, including neurotransmitters and scanning techniques. However, in many European countries, the dementias have been claimed as belonging primarily to Neurology, leaving the role of psychiatrists to treat psychotic symptoms and bizarre behavioral disturbances.
However, psychiatrists have a long tradition of detailed psychopathological description and great skill in coping with the many psychological, ethical and social problems that are such important features of mental disorders and particularly the dementias, and so, the specific skills of psychiatrists will certainly be warranted in managing the many significant psychological and social problems of the patient both within the family and in society. The discussion must overcome the sterile debate between specialties to focus on the skills needed to adequately address the needs of patients with dementia and their caregivers.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.172

S099

Role of psychiatrists in memory clinics

F. Verhey
University of Maastricht, The Netherlands

Memory clinics (MCs) are multidisciplinary teams involved with early diagnosis and treatment of people with dementia. In this presentation, we will discuss several trends of the role of psychiatrists over the last twenty years, on the basis of five questionnaires that were sent to MCs every 5 years in the Netherlands.
MCs have developed in Europe using a range of service models but providing similar functions, which include assessment, information, treatment monitoring, education, training and research. MCs may vary among each other, and across countries. Psychiatrists used to play a coordinating role in most MCs, but there is now a tendency that MCs are more frequently led by other specialists, notably neurologists. In 1998 in the Netherlands, only a small minority of the MCs had a structural cooperation with local service providers, but 10 years later, most of them were collaborating with other regional care organizations. In most cases, the collaborating partner was a community mental health team or a long-term care facility.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.173