

**Objectives:** This report aims to describe a clinical case of an anorexic female patient diagnosed later in life with ASD, while presenting a bibliographic review on the subject.

**Methods:** After gaining consent, detailed information about the case history was collected and medical records were analysed and reviewed. A non-systematic literary review was performed on the Pubmed and Cochrane databases using the key words “anorexia nervosa”, “females”, “comorbidity” and “autism spectrum disorder”.

**Results:** The current case report is of a 28-year-old female, whose extremely low body weight and complete food refusal for three days prompted her first hospitalization in a psychiatric unit with the admission diagnosis of anorexia nervosa. However, long-term impairments in social interaction and flexibility, emotional difficulties and sensory processing overload were acknowledged and the primary diagnosis of ASD was then considered.

**Conclusions:** As illustrated in this case, the diagnosis of ASD should always be considered in females with eating disorders, in particular AN, regardless of age. As this neurodevelopmental condition appears to present differently in females, they also seem more likely to go underdiagnosed. Also, due to poorer treatment outcomes in females with both ASD and AN, the importance of developing a specialized approach and prompt referral of these patients is highlighted.

**Disclosure:** No significant relationships.

**Keywords:** anorexia nervosa; autism; comorbidity; females

## EPV0277

### Preventive medicine for anorexia of female adolescent

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**Introduction:** Anorexia of females adolescents has a high mortality rate and heavy health, psychological, family consequences even in case of survival.

**Objectives:** To reduce the mortality rate and the consequences of anorexia by providing a theory that allows us to have early or even predictive diagnosis

**Methods:** 25 years ago I found blood type (O, A, B, AB) difference between an anorexic patient and her mother. Pregnancy had been with placental detachment and birth was traumatic, presumed causes of a mother/daughter blood contact. From that day on, I checked, in the case of Anorexia of the Female Adolescent, the blood types of the anorexic girl 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 (O, A, B, AB) from the mother are anorexic and from the patient's history, we could think of a mother/daughter blood contact during the pregnancy. There are no exceptions in my data. My new theory is that Anorexia of the Female Adolescent, in addition to the girl's psychological causes, needs a “conditio sine qua non” (a necessary but not sufficient condition): Different mother/daughter blood types (O,A,B,AB) and traumatic contact between the two blood types during pregnancy and/or birth”.

**Conclusions:** My theory facilitates early diagnosis (Preventive Medicine) by limiting observation, for Anorexia risk, to only

daughters with a different blood type than that of the mother. Recognizing this “conditio sine qua non” for Anorexia of the Female Adolescent allows us an early diagnosis and a predictive hypothesis.

**Disclosure:** No significant relationships.

**Keywords:** Anorexia; Blood Types (O; A; B; AB); preventive medicine; Female Adolescent

## EPV0278

### Non bulimic shitty meal

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**Introduction:** Coprophagia is a relatively rare phenomenon characterized by the ingestion of feces, and it is usually classified as a rare form of pica. It has been associated with multiple organic causes or mental disorders such as brain tumors, alcoholism, mental retardation, dementia, schizophrenia, depressive disorders or fetishism.

**Objectives:** Case report and reflection on its etiology

**Methods:** A Pubmed search was performed with the MeSH terms “Coprophagy” and “pica”. Relevant articles obtained from the respective bibliographic references were also consulted.

**Results:** A 56-year-old man with a history of psychiatric follow-up with a diagnosis of schizophrenia and cognitive impairment, assessed for behavioral changes such as cat feces intake. After possible organic causes were excluded, treatment with supportive psychotherapy and pharmacologically began with a selective serotonin reuptake inhibitor, fluoxetine, along with treatment for schizophrenia.

**Conclusions:** According to literature, coprophagia often occurs associated with other medical or neuropsychiatric conditions. Although the etiology, pathophysiology and management remains unclear, several pharmacologic treatments have been attempted with some degree of success. We describe a case of unusual behavior, coprophagia, associated with cognitive impairment and schizophrenia that responded favorably to fluoxetine although without complete remission, in order to contribute to a future nosological redefinition.

**Disclosure:** No significant relationships.

**Keywords:** Coprophagia; Feces; cognitive impairment; schizofrénia

## EPV0279

### Vomitophobia in atypical anorexia nervosa

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**Introduction:** In atypical anorexia nervosa, one of the causes of restrictive eating behavior is prolonged vomitophobia, which leads to a pronounced degree of alimentary exhaustion.

**Objectives:** To study the existence and prevalence of vomitorium atypical anorexia nervosa

**Methods:** Psychopathological, anamnestic, psychological

**Results:** It was found that in atypical anorexia nervosa, vomitophobia is observed in 30% of cases. The initial stage is a psychotraumatic situation unrelated to eating behavior. In the future, the pathological fear of vomiting is fixed, which is due to the presence of personal deviations and anxiety disorders. The initial stage of an eating disorder is a psychotraumatic situation that is not directly related to eating behavior. However, after Psychotrauma, there is anxiety with its subsequent somatization and vegetative dysfunction of the gastrointestinal tract. In the future, the pathological fear of nausea and vomiting is fixed, which is due to the presence of significant personal characteristics and perceiving of anxiety disorders. Dymorphophobic experiences appear as you lose weight and have an inverted character-discontent with thinness, exhaustion.

**Conclusions:** The presence of massive vomitorium leads to restrictive eating behavior. Therefore, there is a need to differentiate this pathology from typical anorexia nervosa with vomiting and from hypochondriac disorders. Against the background of adequate complex therapy with food rehabilitation, anti-anxiety medication, psychotherapy, atypical anorexia nervosa with vomitophobia undergoes a fairly rapid reverse dynamics with the appearance of a critical attitude to the existing pathological eating behavior. The prognosis in these cases is quite favorable.

**Disclosure:** No significant relationships.

**Keywords:** eating disorder; Vomitophobia

## EPV0280

### Severe pica in long-term schizophrenia, a case report

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**Introduction:** Pica is a strange eating disorder that consists of eating non-nutritive substances, inappropriate to the developmental level/ cultural normative of the individual. The prevalence is not widely studied, but might occur in the context of other mental disorders, such as schizophrenia, that hinders the management and treatment of these patients.

**Objectives:** To report a severe pica in a patient with late schizophrenia, and highlight the impact this syndrome might cause on the life of these patients.

**Methods:** We present a case of a 65 year-old-woman with schizophrenia attended in the emergency area for dysphagia due to the intake of a metal washer. Reviewing the patient medical history, an early and severe schizophrenia was described. Within years, disorganization and residual symptoms have become the main disabilities, developing a pica eating disorder with preference in greater metal objects (images are included).

**Results:** The management has been hindered due to the consequences of pica eating disorder. The patient describes an unstoppable urge to make the intake when she sights wide metallic objects (batteries, docks, washers...). Different antipsychotic drugs have been used, combined with psychotherapy and family education. Despite this, the patient has required multiple attentions in the

emergency area due to esophageal impaction, intestinal obstruction, perforation and peritonitis, that have led to countless surgeries and hospitalizations.

**Conclusions:** Pica can become a highly dysfunctional syndrome that may lead to severe organic and life impact. The comorbidity with schizophrenia is understudied, but further investigation might be useful to show up specific management strategies of these patients.

**Disclosure:** No significant relationships.

**Keywords:** schizofrenia; Pica; eating disorder

## EPV0281

### Psychodynamic phenomena in obese patients

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**Introduction:** Obesity is one of the leading problems of today's society. According to WHO, 650 million people worldwide are obese, which is 13% of total population (in Croatia 21.5%). There are various psychodynamic theories that interpret the psychological aspects of obesity.

**Objectives:** The aim of this paper is to present psychodynamic and contemporary psychiatric concepts that explain the interrelated phenomena presenting in obese patients.

**Methods:** The review of the literature included the investigation of the existing studies in the field of modern psychiatry, as well as previous knowledge in the field of psychodynamics.

**Results:** Obesity is associated with the emptiness of not recognizing one's own emotions from hunger, and the need for constant replacement. The everyday life of the obese is filled with shame, an uncomfortable perception that is so intense that can be unbearable. The emptiness and shame which overwhelm and create discomfort cannot be fulfilled by constant food intake and are associated with pathological narcissism (grandiose or vulnerable), which in turn is associated with more regressive behaviour. Thus, obesity may sometimes be associated with addictive behaviours, and a cognition that a bad pattern of rewarding behaviour through food has been adopted in parallel with poor self-control.

**Conclusions:** Relationship between psychodynamic phenomena and obesity is complex and multidimensional. Further research is needed in order to ameliorate our understanding of these connections.

**Disclosure:** No significant relationships.

**Keywords:** obesity; shame; pathological narcissism; eating

## EPV0282

### Remote psychoeducation for eating disorders: An exploratory study during lockdown

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