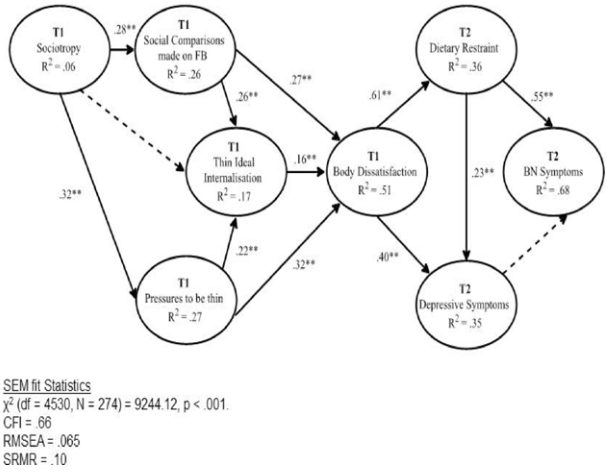

Fig. 2 Revised longitudinal DPM.

book and social media use and these interventions should be tailored to individuals scoring high on sociotropy.

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

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EW128

A meta-analysis on the longitudinal relationship between eating pathology and depression

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Background Despite the considerable number of studies that have assessed evidence for a longitudinal relationship between eating pathology and depression, there is no clear consensus regarding whether they are uni- or bi-directionally related.

Objective To undertake a meta-analysis to provide a quantitative synthesis of longitudinal studies that assessed the direction of effects between eating pathology and depression. A second aim was to use meta-regression to account for heterogeneity in terms of study-level effect modifiers.

Results Meta-analysis results on 30 eligible studies showed that eating pathology was a risk factor for depression ($r_m = 0.13$, 95% CI: 0.09 to 0.17, $P < 0.001$), and that depression was a risk factor for eating pathology ($r_m = 0.16$, 95% CI: 0.10 to 0.22, $P < 0.001$). Meta-regression analyses showed that these effects were significantly stronger for studies that operationalized eating pathology as an eating disorder diagnosis versus eating pathology symptoms ($P < 0.05$), and for studies that operationalized the respective outcome measure as a categorical variable (e.g., a diagnosis of a disorder or where symptoms were "present"/"absent") versus a continuous measure ($P < 0.01$). Results also showed that in relation to eating pathology type, the effect of an eating disorder diagnosis ($b = -0.06$, $t = -7.304$, $P \leq 0.001$) and bulimic symptoms ($b = -0.006$, $t = -2.388$, $P < 0.05$) on depression was significantly stronger for younger participants.

Conclusions Eating pathology and depression are concurrent risk factors for each other, suggesting that future research would benefit from identifying factors that are etiological to the development of both constructs.

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

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EW130

Body image and eating disorders are common in professional and amateur athletes using performance and image-enhancing drugs (pieds). A cross-sectional study

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Introduction The use of Performance and Image-Enhancing Drugs (PIEDs) is on the increase and appears to be associated with several psychopathological disorders, whose prevalence in unclear.

Objectives/Aims We aimed to evaluate the differences–if any–in the prevalence of body image disorders (BIDs) and eating disorders (EDs) in PIEDs users athletes vs. PIEDs nonusers ones.

Methods We enrolled 84 consecutive professional and amateur athletes (35.8% females; age range = 18–50), training in several sports centers in Italy. They underwent structured interviews (SCID I/SCID II) and completed the Body Image Concern Inventory (BICI) and the Sick, Control, One, Fat, Food Eating Disorder Screening Test (SCOFF). Mann-Whitney *U* test and Fisher's exact test were used for comparisons.

Results Of the 84 athletes, 18 (21.4%) used PIEDs. The most common PIEDs were anabolic androgenic steroids, amphetamine-like substances, cathinones, ephedrine, and caffeine derivatives (e.g. guarana). The two groups did not differ in socio-demographic characteristics, but differed in anamnestic and psychopathological ones, with PIEDs users athletes being characterized by significantly (*P*-values < 0.05) higher physical activity levels, consuming more coffee, cigarettes, and psychotropic medications (e.g. benzodiazepines) per day, presenting more SCID diagnoses of psychiatric disorders, especially Substance Use Disorders, Eating Disorders, Body Dysmorphic Disorder (BDD), and General Anxiety Disorders, showing higher BICI scores, which indicate a higher risk of BDD, and higher SCOFF scores, which suggest a higher risk of BIDs and EDs.

Conclusions In PIEDs users athletes body image and eating disorders, and more in general psychopathological disorders, are more common than in PIEDs nonusers athletes.

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

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EW131

Comorbidity between delusional disorder and sensory deficits. Results from the deliranda case register

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Introduction Sensory deficits such as blindness and deafness are very common forms of disability, affecting over 300 million people worldwide according to World Health Organization estimates. These conditions can lead to misinterpretations of the environment, which may contribute to the development of a delusional disorder in predisposed people.

Objectives The objective of this study is to establish the prevalence of blindness and hearing loss across delusional disorder.