

## Eating Disorders

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O0048

### Assessment of anorexia nervosa according to the DSM-5 alternative personality model using the SCID-5-AMPD diagnostic interview system

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doi: 10.1192/j.eurpsy.2024.180

**Introduction:** Anorexia nervosa (AN) is a chronic disease that significantly impairs the quality of life, with a low (less than 50%) remission rate, the incidence of which is increasing and it appears at younger and younger ages.

**Objectives:** Our aim is to facilitate effective and targeted therapy for anorexia nervosa by identifying personality traits and endophenotypes that aid diagnosis and identification of psychotherapeutic targets.

**Methods:** AN patients aged 18-45 years (N=14 female patients in the current study) completed online questionnaires on personality traits (PID-5), eating disorder (EDI-1), emotion regulation style, mentalization (MZQ), dissociation (DIS-Q), current emotional and mood state (SCL-90, PHQ-9), and past traumatic events (CTQ) after MINI and SCID-5-AMPD interview. Results were compared with a matched healthy control sample.

**Results:** Apart from AN, the most common comorbidity was depressive episode, and anxiety disorders were also present. In the SCID-5-AMPD interview, high scores were obtained for several domains describing personality dysfunction in the AN group. Among self-report questionnaires, we observed significant differences in scores on the SCL-90-R, and no difference in CTQ in the AN patients compared to healthy controls.

**Conclusions:** Based on the results of our study, the AN group showed more severe personality trauma, especially in the functional domains of identity and intimacy, and more psychological distress. The above may help to identify personalised psychotherapeutic treatment targets in AN patients, which may significantly improve effectiveness and reduce the time spent in therapy.

**Disclosure of Interest:** None Declared

O0050

### Perceived parental bonding and cortisol awakening response in people with eating disorders

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doi: 10.1192/j.eurpsy.2024.181

**Introduction:** Early life experiences may have an impact on hypothalamic–pituitary–adrenal (HPA) axis functioning in eating disorders (EDs). Parental bonding is defined as the parental contribution of care and control to parent–child relationships. We evaluated whether perceived care and protection of parental bonding in childhood and adolescence were associated with HPA axis functioning in adult patients with EDs. The activity of the HPA axis was assessed by measuring the salivary cortisol awakening response (CAR).

**Objectives:** We evaluated whether parental care and control in childhood and adolescence were associated with HPA axis functioning in adults with EDs. On the basis of literature data on healthy participants, we hypothesized that people with high levels of parental care would show a reduced CAR compared to people with low levels of parental care.

**Methods:** We admitted patients according to the following inclusion criteria: (a) female sex, (b) age > 18 years, (c) current diagnosis of AN or BN according to DSM-5 criteria, (d) absence of severe physical disorders, (e) no history of endocrine disorders, psychoactive substance use, schizophrenia or other psychoses, bipolar disorders or head trauma. Participants completed the Italian version of the Parental Bonding Instrument (PBI). To measure the CAR, participants were instructed to collect saliva samples at awakening and 15, 30, and 60 min after awakening.

**Results:** 64 women with EDs participated in the study: 37 with AN and 27 with BN. 28 participants reported low levels of both maternal and paternal care while 12 participants reported high levels of care from both parents; 31 participants reported high levels of both maternal and paternal control, while 12 participants reported low levels of control from both parents. When maternal care was entered as between factor in the analysis, the repeated measures 3-way ANOVA showed a significant time effect ( $F_{3, 180} = 2.81, p < 0.05$ ) and a significant maternal care X time interaction ( $F_{3, 180} = 2.99, p < 0.05$ ), while, when paternal care was entered as between factor, the repeated measures 3-way ANOVA did not show significant effects for time and no significant paternal care X time interaction.

**Conclusions:** Our results show an association of perceived maternal care with the time pattern of CAR in female patients with ED, while perceived parental control was not associated with any CAR feature in EDs. Maternal control, paternal care and paternal control were not associated with any difference in the CAR.

**Disclosure of Interest:** None Declared

## Guidelines/Guidance

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O0051

### Updating the WHO Model Lists of Essential Medicines to promote global access to the most cost-effective and safe medicines for mental disorders

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doi: 10.1192/j.eurpsy.2024.182

**Introduction:** Since its first publication in 1977, the World Health Organization's (WHO) Model List of Essential Medicines (EML) has guided the national procurement of medicines deemed essential to

inform public health policy worldwide. Aiming to include the most effective, safe, and cost-effective medicines for priority conditions, WHO updates the EML every two years. However, over the past 45 years, updates to the mental health section of the EML have been infrequent, mostly involving the addition of individual medicines. A comprehensive revision of the entire section was never attempted.

**Objectives:** The aim of this project was to update the mental health section of the EML to identify the most effective and safest medicines for mental disorders in the light of the most up-to-date evidence base.

**Methods:** A series of nine evidence-based applications were submitted to the WHO Expert Committee on the Selection and Use of Essential Medicines in December 2022, recommending a substantial revision of the entire mental health section.

**Results:** All of our applications were accepted by the WHO Expert Committee. For psychotic disorders, aripiprazole, olanzapine, paliperidone, and quetiapine were added as therapeutic alternatives to risperidone; short-acting intramuscular chlorpromazine was replaced by short-acting intramuscular olanzapine; first-generation antipsychotics were limited to oral haloperidol and chlorpromazine. For bipolar disorder, the list now includes second-generation antipsychotics such as quetiapine, aripiprazole, olanzapine, and paliperidone. Tricyclic antidepressants for depressive disorders were limited to amitriptyline alone. Treatment options for anxiety and obsessive-compulsive disorder are now expanded to include SSRIs. For anxiety disorders, diazepam and lorazepam became the only benzodiazepines recommended, with the specific caveat that they should only be used for short-term emergency treatment of acute and severe anxiety symptoms. Finally, chlorpromazine and haloperidol are no longer considered essential medications for psychotic disorders in children under 13 years of age.

**Conclusions:** The WHO released the 23<sup>rd</sup> EML in July 2023. After decades of minimal and inconsistent updates, groundbreaking changes have been made to its mental health section. The updated mental health section provides a compelling opportunity to improve the quality of medicine selection at the country level, with the goal of increasing the availability of the safest and most effective psychotropic medicines worldwide.

**Disclosure of Interest:** None Declared

## Women, Gender and Mental Health

### O0053

#### Mental Health and Addictions in Pregnancy: Feasibility and Acceptability of a Computerized Clinical Pathway and Prevalence Rates.

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doi: 10.1192/j.eurpsy.2024.183

**Introduction:** Mental Health problems and substance misuse during pregnancy constitute a serious social problem due to high maternal-fetal morbidity (Cook et al, 2017; JOCG, 39(10) ,906-915) and low detection and treatment rates (Carmona et al. Adicciones. 2022;34(4):299-308)

**Objectives:** Our study aimed to develop and test the feasibility and acceptability of a screening and treatment clinical pathway in pregnancy, based on the combination of e-Health tools with in-person interventions and, secondly, describe the prevalence of mental illness and substance use problems in this population.

**Methods:** 1382 pregnant women undergoing her first pregnancy visit were included in a tailored clinical pathway and sent a telematic (App) autoapplied questionnaire with an extensive battery of measures (WHO (Five) Well-Being [WHO-5], Patient Health Questionnaire [PHQ-9], General Anxiety Disorder [GAD-7], Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST], Columbia Suicide Severity Rating Scale [C-SSRS] and specifically designed questions on self-harm and psychopharmacological drugs).

Patients who did not respond to the questionnaire on their own received a counseling call.

Based on the screening results, patients were classified into five groups according to severity (Figure 1) and assigned a specific action pathway (Figure 2) that included a range of intervention intensity that goes from an individual psychiatric appointment to no intervention.

**Results:** Of the 1382 women included in the clinical pathway, 565 (41%) completed the evaluation questionnaires. Of these, 205 (36%) were screened as positive (Grades III,IV or V. Table 1) and 3(0.5%) were classified as needing urgent care. Of the patients offered on-line groups (100), 40% (40) were enrolled in them. Concerning prevalence rates, 73 (12,9%) patients endorsed at least moderate anxiety according to GAD-7 ( $\geq 10$ ), 65 (11,5%) endorsed at least moderate depression according to PHQ-9 ( $\geq 10$ ), 17 were positive on DAST (3%) and 63 (11%) patients scored above the threshold in AUDIT-C( $\geq 3$ ) for alcohol use.

**Table 1:** Grade distribution of those screened as positives

Grade III	97 (17,2%)
Grade IV	105 (18,6%)
Grade V	3 (0,5%)

#### Image:

