

Fifty-eight percent of the students (58%) reported that they were dissatisfied with their eating habits, and 27.4% tried to control their weight. Several methods of weight control were used, the most frequent (65.4%) were diet and physical exercise, none resorted to laxatives and 8.4% consulted a nutritionist.

Self-esteem was very low in 27.1% and low in 34.7% of the students. Overall, the prevalence of orthorexia among our participants was 52.6%. The mean score of the ORTO-15 was 39.19 ± 4.48 .

Orthorexia was significantly correlated with the use of weight control measures ($p=0.035$) and physical activity ($p=0.042$).

Students with low self-esteem had higher tendency for orthorexia but with no significant correlation.

Conclusions: Our study supports a non-negligible frequency of orthorexic behaviors in medical students but future studies are needed to assess the direct effect of self-esteem on orthorexia.

Disclosure of Interest: None Declared

EPV0474

A review of mechanistic and clinical evidence for the use of probiotics and prebiotics in anorexia nervosa

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Introduction: Evidence is growing for the bio-immuno-metabolic model of pathogenesis in anorexia nervosa (AN), an eating disorder with a chronic and relapsing nature. The role of the gut microbiome in this process is also receiving intense research interest. The gut microbiome and the use of probiotics and prebiotics have been extensively studied in gastrointestinal (GI) disorders such as inflammatory bowel disease (IBD) and functional GI disorders (FGIDs). Exploring links between AN and these GI disorders may open new avenues of treatment such as the use of probiotics and prebiotics in AN.

Objectives: This review explores: i) GI presentation in AN and its relationship with the gut microbiome ii) factors influencing the gut microbiome presentation in AN including dietary patterns iii) whether the gut microbiome may be involved in the pathogenesis and maintenance of AN iv) gut microbiome presentation in GI disorders and commonalities with AN v) evidence for the potential use of probiotics and prebiotics as adjunct treatment in AN.

Methods: GI symptomatology and gut microbiome presentation in AN were examined through literature searches. Gut microbiome changes related to common dietary patterns in AN were explored. Microbiome changes that may influence development or maintenance of AN were considered. Microbiome alterations seen in relevant GI disorders were explored and commonalities considered between these and alterations in the microbiome in AN. Literature searches were performed for the use of probiotics and prebiotics in AN and relevant GI disorders.

Results: GI symptoms occur commonly in AN with evidence suggesting some symptoms continuing beyond weight restoration. Significant disruption of the gut microbiome has been associated with AN with some changes related to typical dietary patterns seen during AN development. Additionally, similarities exist between microbiome alterations in AN and those seen in IBD and FGIDs indicating factors apart from the diet, such as a pro-inflammatory milieu, in play. These changes may not only influence GI presentation in AN but may also have a role in maintenance of the disorder. Some evidence suggests that the pre-morbid gut microbiome may influence risk for AN development. Preliminary evidence of the use of probiotics in AN indicates a positive influence on immune modulation although no evidence exists as yet of their influence on AN symptomatology. There has been extensive research into the use of probiotics and prebiotics in IBD and FGIDs with some evidence for reduction in disease parameters and symptomatology with the use of multi-strain probiotics.

Conclusions: Some theoretical, mechanistic and clinical evidence exists for the use of probiotics in ameliorating GI symptoms in AN. However, further research is needed into the context of the gut microbiome changes in AN, the specifics of efficacy and the effects that probiotics and prebiotics may have in AN.

Disclosure of Interest: None Declared

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Binge Eating, Anxiety, Depression, and personality disorder in a Clinical sample of obese Adult in Egypt

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Introduction: Obesity is a major public health problem and some developed countries have declared it 'the modern day epidemic'. One of the major eating disorders that leads to obesity is BED, which involves consuming large quantities of high carbohydrate food. Studying the factors that cause and contribute to BED can help tackle this major health hazard and alleviate a huge burden on the nationalized health service.

Objectives: To determine the frequency of Binge Eating Disorder (BED) among obese adults, and to study its relationship to depression, anxiety, life stressors, personality and self esteem.

Methods: The sample was a randomised sample of clinically obese individuals, body mass index (BMI) of 30 and above. The sample was collected from two sites; Nutrition Clinic in Student's Hospital, Cairo University and a Private Nutrition Centre. 250 cases were recruited over one year. All patients were subjected to a clinical interview derived from Kasr El Aini sheet, and measurement of Waist- Hip Ratio. Assessment of depression and anxiety was through Beck Depression Inventory, Hamilton Depression Rating Scale and Taylor Manifest Anxiety Scale (TMAS). Other tools used were the Eysenck's Personality Inventory, Eating Disorder Inventory -2.