

significant association between anorexia nervosa, diabetes mellitus, autoimmune thyroid disease and Crohn's disease [1]. The findings of significantly elevated autoantibodies (anti  $\alpha$ -MSH, anti ACTH) and cytokines (IL-1, IL-6, IFN- $\gamma$ , TNF- $\alpha$ ) support this relationship.

**Objectives** To illustrate with a clinical case the connection between eating disorders and Crohn's disease.

**Methods** Fourteen years-old boy with moderate depression syndrome after his grandfather's decease. Since overweight diagnosis by his pediatrician, he begins to restrict food intake with an important weight loss (19 kg in 9 months) and over exercising. Blood test reveals microcytic and hypochromic anaemia, rest of the examination shows no other disorder. Psychometric assessment EDI-3 suggests Anorexia Nervosa restricting type.

**Results** Two months after clinical stabilization, he is hospitalized due to abdominal pain. Exploration including blood test, serology, coproculture, sonography and colonoscopy reveals severe Crohn's disease.

**Conclusions** This case is about a patient diagnosed of moderate depressive syndrome, who develops anorexia nervosa and Crohn's disease during his follow up. It exemplifies the link between stress, immunity and eating disorders. Recent findings suggest that immune diseases are involved in onset and maintenance of eating disorders. More studies are required in order to inference its consequences in evaluation, prognostic, treatment and identification of subgroups of patients.

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

**Reference**

[1] Raevuori, Anu, et al. The increased risk for autoimmune diseases in patients with eating disorders. *PLoS One* 2014;9(8):e104845.

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#### EV0457

### Alexithymia, recognition of facial emotion and inference in patients with Eating Disorders (ED) or Substance Abuse Disorders (SAD)

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Alexithymia is a psychological construct characterized by difficulty describing emotions and distinguishing them from somatic components of the emotional activation. Patients with eating disorders (ED) or substance use disorders (SAD) commonly present also impairment of recognition of facial expressions and deficits in social inference. Patients with ED and SAD may present impulsiveness, difficulty in emotion-focused coping skills, and search for a concrete relief from psychological suffering. The purpose of study is to compare the ED, SAD and healthy controls (HC), in several variables, including Alexithymia, empathy, and ability to recognize

emotions, social inference. Thirty-two patients with ED, 27 patients with SAD and 31 HC were recruited between September 2016 and April 2016 at the psychiatric ward of Novara Hospital, nursing home of Nebbiuno and the nursing home of Viverone. We administered to patients the same battery of tests, composed by Toronto Alexithymia Scale-20 (TAS-20), Facial Emotion Identification Test (FEIT), the awareness of Social Inference Test (TASIT), temperament and Character Inventory (TCI), Interpersonal Reactivity Index (IRI), Symptoms Checklist-90 (SCL-90). The two clinical groups showed differences in TAS, FEIT and TASIT, highlighting Alexythimic traits, difficulty in recognizing emotions and deficit of social inference, compared to HCs. The TCI and SCL-90 have also highlighted the common psychopathological characteristics and temperamental in patients with ED and SAD. Alexythymia is particularly represented in patients with ED and SAD, and could represent a maintenance factor, together with deficits in emotions recognition and social inference. The similarities between ED and TD seem to suggest the possibility of shared core features.

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#### EV0458

### A family-based intervention of adolescents with eating disorders: The role of assertiveness

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**Introduction** One of the key profile features of adolescents with Eating Disorders (ED) is a difficulty with assertiveness. Indeed, current research points to the importance of these patients' perception of excessive control exerted by their families. Because these adolescents generally live with their families of origin, family-based variables may impact the development and evolution of psychosocial risk factors associated with this psychiatric disorder.

**Objective** To investigate whether adolescents with ED improve on assertive communication as a result of parental assertiveness training.

**Methods** The sample was comprised of 50 female adolescents with ED receiving group therapy treatment at Niño Jesús hospital in Madrid. Out of the 77 parents participating in the study, 36 were part of the experimental group and subjected to training in assertive skills (8-week sessions for about 2 hours). In addition, 41 parents formed the control group (with no assertiveness training). Before and after this training (or the same amount of time for the control group), adolescents were administered the psychometric test known as the Rathus Assertiveness Schedule (RAS).

**Results** A significant increase in RAS scores was found in adolescents whose parents were subjected to the assertiveness training. Moreover, there was a significant decrease in self-restriction scores in patients with ED after their parental assertiveness intervention. No significant changes were observed, however, in the control group.

**Conclusions** Our results indicate that providing families with educational tools that aim at developing assertive communication may boost the level of assertiveness in adolescents and, thereby, presumably help in the prognosis of ED.

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