Methods: A community sample of 229 (16.2% male) participants, with a mean age of 29.08±10.68 reported online on traumatic events (Life Events Checklist), dissociation (Dissociative Experiences Scale – II), emotional dysregulation (Difficulties in Emotional Regulation Scale), ED symptoms (Eating Disorders Examination – Questionnaire) and BD (Figure Rating Scale).
Results: Participants reported experiencing a mean of 2.87±2.27 traumatic events, with a relatively high percentage (˜86%) reporting at least one. The most commonly reported traumatic events were transportation accidents and physical assault. Although frequency of traumatic events did not directly predict ED symptoms, BMI, dissociation, emotional dysregulation and BD did. An SEM model showed that traumatic events predicted ED symptoms indirectly through dissociation, emotional dysregulation and BMI. Dissociation and emotional dysregulation predicted ED symptoms directly. BMI also moderated the association between traumatic events and both ED symptoms and BD.
Conclusions: Therapists treating patients with high BMI or obesity should be aware of these relationships and investigate the possibility that trauma and/or PTSD may underlie the presenting disordered eating or eating disorder.

Disclosure: No significant relationships.
Keywords: Eating disorder symptoms; Emotion dysregulation; Dissociation; Trauma

EPV0691

Comorbidity of Substance Use Disorders and Eating Disorders: a major concern for mental health care professionals

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Introduction: During the last 30 years, many studies have shown a high prevalence of substance use among patients diagnosed with an Eating Disorder (ED). Almost 50% of the patients with ED have a history of substance use, and 35% of the patients that seek help for an addiction disorder also meet criteria for ED. Nevertheless, both substance abuse specialists and pratictioners with expertise in ED have difficulties in treating these dually diagnosed patients.
Objectives: The aim of this study is to emphasize the importance of assessing substance use in patients with ED and disturbed eating behaviors in patients with Substance Use Disorders (SUD), as well as the need for evidence-based treatment guidelines for this comorbid condition.
Methods: A literature search of published articles on substance use patterns in ED and on the therapeutic approach for this comorbid condition was performed on PubMed database.
Results: A diagnosis of Bulimia Nervosa and the presence of binging/ purging behaviors are strongly associated with substance use. Most frequently used substances are represented by nicotine, caffeine and alcohol, followed by cannabis and amphetamines. Reasons why patients with ED use substances are emotional regulation and appetite suppression. Detailed and systematic evaluation of the substances used and for other psychiatric comorbidities is mandatory. Management plan involves simultaneously treating ED and SUD.
Conclusions: The comorbidity of Substance Use Disorders and Eating Disorders is a complex entity, but nonetheless treatable. Further studies are needed to specify the patterns of substance use in Eating Disorders and their implications for treatment.

Disclosure: No significant relationships.
Keywords: bulimia nervosa; dual diagnosis; eating disorder; substance use disorder

EPV0693

Assessment of physical activity level in young adults with eating disorder risk: a cross-sectional study in a non-clinical sample

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Introduction: Physical activity (PA) level has been found to be an important correlate of eating disorders (EDs). The literature is inconclusive to whether PA is related to symptoms of EDs in non-clinical sample.
Objectives: The first study aim was to assess the level of PA in non-clinical group of young adults with symptoms of EDs. The second aim was to evaluate the association between PA level and severity of EDs symptoms.
Methods: The sample consisted of 327 young adults (M_{age} = 21.72±2.00;M_{BMI} = 23.20±7.43). All participants completed the *Eating* Attitudes Test (*EAT-26*) and the *International Physical Activity Questionnaire*(IPAQ). Finally, 32 individuals (9.79%) of the total sample scored above clinical cut-off on the EAT-26 (≥ 20) indicating a high level of symptoms and concerns characteristic of EDs.
Results: The non-clinical group differed significantly in PA level (low-intensity, moderate-intensity, vigorous-intensity levels of PA; $H(2,32)=26.19, p<0.001$). There was no difference in the severity of ED symptoms between the groups of PA level. Our findings demonstrated a positive relationship between PA (IPAQ total score) and bulimic behaviour and thoughts about food (rho-Spearman=0.31,p=0.04). The highest Bulimia and Preoccupation scale scores were observed in group with vigorous-intensity levels of PA (Me=8.5).
Conclusions: Our findings indicate that the severity of ED symptoms did not differ across the PA levels in a non-clinical sample of young adults. However, PA was positively associated with bulimia and food preoccupation. Since, excessive physical could be an important risk-factor of EDs, the recommended levels of PA for health in non-clinical sample should be enhanced in effective prevention programs.

Disclosure: No significant relationships.
Keywords: physical activity; eating disorder risk; non-clnical sample

EPV0695

Levels of intervention and support for newly presenting clients with eating disorders

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