

of the resulting articles was made, and selected according to their relevance to the study.

**Results:** Eighteen articles related to the treatment of ED with TMS were selected, either as primary or secondary outcome, of which six were review articles, ten were randomized controlled trials (RCT), one article was an oral communication and another article was a case report. Three RCTs showed improvement in bulimia nervosa, specifically in symptoms of “food craving”. Four RCT and one case report showed improvement in the symptoms of anorexia nervosa, one RCT showed no improvement in anorexia nervosa.

**Conclusions:** TMS appears to have some therapeutic potential for the treatment of ED, particularly in reducing food craving, despite some contradictory results. This work reinforces the need for more robust studies to evaluate the effectiveness of TMS, preferably randomized, with a longer follow-up and a cost-benefit analysis.

**Keywords:** TMS; anorexia nervosa; Bulimia Nervosa; eating disorder

### EPP0619

#### Binge eating disorder, emotional eating and night eating syndrome: A comparative study between subjects with normal weight, overweight and obesity

G. Esgalhado\*, S. Marques and H. Pereira

Psychology And Education, University of Beira Interior, Covilha, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.959

**Introduction:** Obesity has been associated with certain psychiatric disorders, especially in patients seeking treatment. It is known that obesity is not a psychiatric disorder in itself, however, it should be noted that a significant part of the population has some type of clinical eating disorder.

**Objectives:** This study aims to assess levels of Binge Eating Disorder, Night Eating Syndrome and Emotional Eating patterns, according to different groups of Body Mass Index categories.

**Methods:** A sample of 220 subjects, aged between 18 and 81 years old, with an average age of 33 years participated in this study. 140 (63.6%) were female and 80 were male (36.4%) The sample was divided into three comparison groups, according to the Body Mass Index (BMI). The following measures were used: Sociodemographic questionnaire, Binge Eating Scale, Night Eating Habits Questionnaire, and the Emotional Eating Scale.

**Results:** When comparing the different BMI groups, it was found that obese subjects were the ones that most reported binge eating behavior. Overweight subjects had higher levels of binge eating when compared to normal-weight participants, but this was not true for Night Eating habits. Subjects with normal weight reported more nocturnal eating behavior, followed by obese individuals.

**Conclusions:** The prevalence of binge eating disorder seems to be more frequent in obese people, tending to increase according to the level of severity of obesity. Normal-weight subjects reported more nocturnal eating behavior, so they may be more likely to develop this syndrome and, consequently, overweight or obesity.

**Keywords:** Night Eating Syndrome; emotional eating; binge eating disorder

### EPP0620

#### “Anorexia in a patient with psychosis”

C. Capella Meseguer<sup>1\*</sup>, E. Rodríguez Vázquez<sup>2</sup>, J. Gonçalves Cerejeira<sup>2</sup>, I. Santos Carrasco<sup>3</sup>, A. Gonzaga Ramírez<sup>3</sup>, G. Guerra Valera<sup>3</sup>, M. Queipo De Llano De La Viuda<sup>3</sup> and Ó. Martín<sup>3</sup>

<sup>1</sup>Psiquiatria, HCUV, Valladolid, Spain; <sup>2</sup>Psiquiatria, HCUV, VALLADOLID, Spain and <sup>3</sup>Psiquiatria, Hospital Clínico Universitario de Valladolid, Valladolid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.960

**Introduction:** We present the case of a patient with schizophrenia who presents with restriction of intake, fear of gaining weight and alteration in the way of perceiving herself in which we ask ourselves if these behavioral alterations are secondary to her diagnosis of schizophrenia to an anorexia nervosa independent of previous diagnosis.

**Objectives:** We propose to carry out a differential diagnosis of alterations in the perception of self-image in a patient with a diagnosis of schizophrenia. We suggest that these alterations may be secondary to alterations in the experience of the self present due to their psychosis.

**Methods:** In the differential diagnosis of the cause of alterations in self-image and fear of gaining weight, we rely on the psychiatric interview, the study of previous history and different scales: - Eating Disorders Inventory (EDI) - Gardner Body Image Assessment - Weight, body image and self-esteem scale E-PICA - IPASE scale

**Results:** In this patient in whom the differential diagnosis of the cause of her dietary restrictions and weight loss is proposed, there does not seem to be any psychotic symptoms that produce these alterations.

**Conclusions:** In the alterations in self-image in those psychotic patients, there is a doubt as to whether these could be secondary to alterations in the perception of the self typical of psychotic diseases or, on the contrary, be secondary to the spectrum of Eating Disorders.

**Keywords:** Anorexia; schizofrénia; eating disorder

### EPP0621

#### The tpe - teresa project: Enhancing long-term management in obesity and binge eating disorder.

E. Proserpi<sup>1</sup>, G. Guidi<sup>1</sup>, M.F. Calabria<sup>1\*</sup>, L. Gnessi<sup>2</sup> and L. Iocchi<sup>3</sup>

<sup>1</sup>Siet, Italian Society Therapeutic Education, Roma, Italy; <sup>2</sup>Sapienza University, Rome, Italy, Dipartimento di Medicina Sperimentale, Roma, Italy and <sup>3</sup>Sapienza Università Di Roma, Italy, Dipartimento di Ingegneria Informatica Automatica e Gestionale, Roma, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.961

**Introduction:** Therapeutic Education (TE) is a powerful tool in the multidisciplinary intervention to improve lifestyle and acquire management skills for chronic diseases, including obesity, a clinical condition whose cure is highly threatened by low long-term adherence to therapeutic recommendations. The urgent need to promote persistent lifestyle change and concordance to treatment in PwO is globally recognized. TE programs offer a vast number of long-term management skills, but it yet deals with a consistent drop-out rate, and we believe that Assistive Technologies (AT) can become a powerful tool to boost independence and improve participation.

**Objectives:** The goal of our study was to devise and validate an innovative multidisciplinary approach to obesity and binge eating disorder, based on the synergy between the medical-psychological field and assistive technology.

**Methods:** We developed “TERESA” (Therapeutic Educational Robot Enhancing Social interActions) (fig. 1), a social humanoid robot, and implemented it to collaborate in a TE programs in order to enhance social interactions, improve knowledge acquisition and adherence to treatment. The specific TE intervention, called Education towards Choice and Awareness, was based on 3rd generation cognitive-behavioral approaches and consisted in eight informative and experimental meetings.



**Results:** Taking part in the TE-TERESA integrated protocol determined and improvement in psychopathological domains (anxiety, negative mood, quality of life) and a stronger concordance to the therapeutic protocol.

**Conclusions:** Our research paves the way for the clinical use of Assistive technology (AT), highly promoted by the WHO to help people with numerous disabling clinical conditions improve their quality of life and acquire self-management skills.

**Keywords:** therapeutic education; obesity; binge eating disorder; assistive technology

## EPP0622

### Childhood traumatic experiences and functioning of both neurobiological components of the endogenous stress response system in adult people with eating disorders

F. Pellegrino<sup>1\*</sup>, G. Cascino<sup>2</sup>, E. Barone<sup>3</sup> and A.M. Monteleone<sup>1</sup>

<sup>1</sup>Department Of Psychiatry, University of Campania “Luigi Vanvitelli”, Naples, Italy; <sup>2</sup>Department Of Medicine Surgery And Dentistry - Section Of Neuroscience, University of Salerno, Salerno, Italy and

<sup>3</sup>Department Of Psychiatry, University of Campania “Luigi Vanvitelli”, Naples, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.962

**Introduction:** A large body of literature suggests that childhood trauma exposure is a non-specific risk factor for development of eating disorders (EDs) later in life. One potential mechanism through which early traumatic experiences may increase the risk for EDs is represented by long-lasting changes in the body stress response system.

**Objectives:** We investigated the activity of the hypothalamus-pituitary-adrenal axis and of the sympathetic nervous system in adult ED patients with or without a history of childhood trauma exposure.

**Methods:** We recruited 35 women with EDs, admitted to the Eating Disorders Center of the Department of Psychiatry of the University of Naples “Luigi Vanvitelli”. Participants filled in the Childhood Trauma Questionnaire (CTQ), to assess exposure to childhood trauma. They were instructed to collect saliva samples at awakening and after 15, 30 and 60 minutes, in order to measure cortisol levels and salivary alpha-amylase (sAA), a marker of the sympathetic nervous system activity.

**Results:** According to the CTQ cut-off scores, 21 ED women were classified as maltreated (Mal) participants and 14 women as no-maltreated (noMal) ED participants. Compared to noMal ED women, Mal ED participants showed significantly decreased cortisol awakening response (CAR) and sAA morning secretion.

**Conclusions:** Present findings confirm that childhood trauma exposure impairs the CAR of adult patients with EDs and show that also the morning secretion of sAA is decreased in childhood maltreated adult ED patients. Therefore, our study shows for the first time a dampening in the basal activity of both components of the endogenous stress response system in childhood maltreated adult ED women.

**Keywords:** childhood trauma; eating disorders; alpha-amylase; stress

## EPP0623

### Eating disorders and diabetes: A meta-analysis

T. Mastellari<sup>1\*</sup>, M. Speciani<sup>2</sup>, F.F. Gelati<sup>2</sup>, D. De Ronchi<sup>2</sup>, F. Panariello<sup>3</sup> and A.R. Atti<sup>2</sup>

<sup>1</sup>Faculté De Médecine Henri Warembourg, University of Lille, Lille, France; <sup>2</sup>Department Of Biomedical And Neuromotor Sciences, University Of Bologna, Italy., University of Bologna, Bologna, Italy and <sup>3</sup>Mental Health, AUSL Bologna, Bologna, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.963

**Introduction:** Diabetic patients are asked to focus on their eating habits and calories intake. Together with individual factors, this could increase the risk of developing Eating Disorders (ED) associated with diabetes. A score of 20 points at the Diabetes Eating Problem Survey-Revised (DEPS-R) scale is considered as a valid threshold to identify Disordered Eating Behaviours (DEB) in diabetic patients. DEB can be considered as altered eating behaviours not fully meeting criteria for ED. As DEB are not formally recognised as specific ED in DSM-5, there is a great risk of not detecting them, thus underestimate their consequences.

**Objectives:** To meta-analyse literature on ED and DEB, when in comorbidity with Type 1 and Type 2 Diabetes Mellitus, focusing on pathological medical consequences.

**Methods:** PRISMA guidelines were followed for this meta-analysis. Articles were identified in literature by searching into PubMed, PsycINFO and Embase.