population in Norway. In addition, the relationship between eating disorders and physical activity has been studied.

Results: The mean age in the sample was 44.8 (SD=12.9), 56.7% were married, 18.1% were single, 39.5% had a University degree, 83.3% were working, and 7.8% were on sick leave. The mean weight was 86.4kg (SD=23.01), the mean height was 180.7cm (SD=7.99), and the mean BMI was 26.6 (SD=7.85).

More men than expected with symptoms of ED. Prevalence numbers for the different eating disorders according to DSM-IV will be presented in March. In addition, data on the relationship between eating disorders, physical activity, and exercise dependence will be presented.

P278

The association between eating disorders and level of physical activity among norwegian women

E. Vedul-Kjelsaas ¹, G. Braein ², K.G. Gotestam ³. ¹ Department of Neuroscience, Faculty of Medicine, NTNU and Division of Psychiatry, Department of Research and Development, St. Olavs University Hospital, AFFU, Ostmarka, Trondheim, Norway ² Department of Neuroscience, Faculty of Medicine, NTNU, Trondheim, Norway ³ Department of Neuroscience, Faculty of Medicine, NTNU and St. Olavs University Hospital, Division of Psychiatry, Department of Research and Development, AFFU, Ostmarka, Trondheim, Norway

Several studies have shown high prevalence of eating disorders among elite athletes. In particular, weight-related sports focusing on body and body shape have indicated high numbers. Studies including lower-level athletes have failed to find strong a relationship between amount of training (hours per week) and prevalence of eating disorders.

The aim of the present study was to study the relationship between eating disorders and physical activity among 1500 Norwegian women aged 18-65 years.

In addition, we wanted see whether the prevalence of eating disorders is higher among competitive athletes than among recreational athletes.

The Survey for eating disorders (SEDs, 37 questions), which assesses full DSM-IV diagnoses for anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and eating disorders not otherwise specified (EDNOS) based on self-report, was used. In addition, the respondents answered specific questions related to different aspects of exercise and physical activity, such as hours of exercise, type of sport and competency level. As far as we know, no earlier studies on eating disorders and physical activity in general population have presented data to differentiate between competitive athletes and recreational athletes.

Preliminary analyzez indicate that women with AN exercised more than all the other ED groups, and the BN group also showed a high number of weekly physical activity. More results will be presented in March. The analyses are expected to shed some light over the discussion concerning sport as a risk group for eating disorders in relation to competition and level of performance.

P279

Eating disorders and psychopathological comorbidity in obesity patients

E. Vedul-Kjelsaas, S.A. Sandnes, J.K. Dahl, K.G. Gotestam, M. Strommen, B. Kulseng, R. Mårvik. *Department of Neuroscience*,

Faculty of Medicine, NTNU and Division of Psychiatry, Department of Research and Development, St. Olavs University Hospital, AFFU, Ostmarka, Trondheim, Norway

The treatment of overweight and obesity has recently been given priority by the Norwegian Government. A research project has been started in the Central Norway Regional Health Authority which includes surgical treatment (gastric bypass), and non-surgical treatment.

The focus on eating disorders and comorbid psychiatric diagnoses has to some extent been ignored in this patient group. Important questions are: How will an eating disorder and/or other psychopathology affect treatment outcome? How should the follow up procedures be tailored in regard to psychopathological status?

The main aim of this study was to describe the prevalence of eating disorders in obese patients. In addition, data on depression, anxiety, quality of life, and personality will be presented in groups with and without and eating disorder.

Methods: Cross-sectional study of patients on a waiting list for obesity treatment, n=160, 117 women and 43 men.

Postal questionnaires were used. Instruments: Eating disorders in obesity (EDO), HADS, SF-12, and EPQ.

Results: Mean age for the sample was 41.2 years, and the mean height and weight was 171 cm and 138 kg. A total of 20% showed symptoms of eating disorders, 24.7% of the men, and 17.1% of the women, respectively. Preliminary analyses indicate that the groups with an eating disorder had more psychopathology, and lower quality of life compared to other groups.

More results will be prepared in March.

Discussion: The results gave higher numbers than a similar Swedish study. Results from this study should be used in the future treatment of this neglected patient group.

P280

The influence of the study profile on early anorexia symptoms expression in women

R.W. Wojciak. Department of Human Nutrition and Hygiene, August Cieszkowski Agricultural University of Poznan, Poznan, Poland

The purpose of this preliminary study was to examine the share of women with incorrect eating behavior in the group of young women studying courses join with food technology. The 120 women studying food technology, human nutrition, and dietetics ("food" group) and 118 women from the humanistic study (philosophy and pedagogic courses) ("humanistic" group) aged 20-24 years were examined by the Eating Attitude Test, designed according to DSM-IV and adapted to the Polish conditions. It was obtained statistically significant differences between different profiles of the study. However in the "humanistic" group 12% had early anorexia symptoms, in the "food" group it was approximately 29%. It could be in accordance with literature data concern interest in food, cocking, dietetic etc. in anorectics. The purpose of this study was also to compare the some elements of quality of life women with and without incorrect eating attitude in "food" group. There were significant differences in the assessment of own body shape (incorrect), imaging of perfect body shape (too thin), physical activity (high), reaction on stress situations (withdraws and escapes usually), frequency of physical symptoms (headache and stomachache, irregular menstruation) as well as home conflicts especially with old sisters or mothers. The social position of respondents were not influenced on expression of early symptoms of anorexia. This study suggests that profile of university education could depend on incorrect eating attitudes and should be common to focus on the