EPP0612

Anorexia nervosa and Wernicke-Korsakoff syndrome: case report an literature review

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Introduction: Wenicke-Korsakoff syndrome (WKS) is a neurological disorder caused by thiamine deficiency. Wernicke Encephalopathy (WE) is the acute phase and the chronic phase is called Korsakoff-syndrome (KS).
Objectives: To review the current literature on the management of WKS in a patient with anorexia nervosa.
Methods: We report the case of a 63-year-old woman admitted to the Psychiatry Unit after weight loss in the last 3 months (from 39 kg to 33,500 kg). She only made one meal a day. By exploration and analysis, neoplastic disease is ruled out (thoraco-abdomino-pelvic CT without pathological findings). She has maintained restrictive intakes for more than 30 years. A long-term anorexia nervosa (AN) is suspected, with a worsening of restrictive behavior in recent months. Upon admission, she has a weight of 33,500 kg and a BMI of 14,10. She has a left palpebral ptosis and an alteration of the anterograde memory as well as affectation of executive functions. Progressive oral diet is started, and due to the suspicion of a WKS, thiamine ev is started for a week and then continued with oral thiamine. Thiamine levels are extracted once the ev treatment has begun, so we do not have previous levels to know if they were decreased. Brain MRI shows bilateral hyperintensities in white matter and at supratentorial level in T2 and FLAIR. After a month and a half of admission, the patient has progressively regained weight, has managed to make adequate intakes and has improvement in memory.
Results: An adverse consequence of severe malnutrition in AN due to severe food restriction and purging behavior is thiamine deficiency, and also global cerebral atrophy and concomitant cognitive deficits can be found. Thiamine deficiency occurs in 38% of individuals with AN and is often unrecognized. WKS is caused by thiamine deficiency, and WE is the acute phase of this syndrome (presentation of triad can vary). The chronic phase is KS and consists in amnesia with confabulations. WKS typically develops after malnourishment in alcoholic patients but can be associated in nonalcoholic such as prolonged intravenous feeding, hyperemesis, anorexia nervosa, refeeding after starvation, thyrotoxicosis, malabsorption syndromes; hemodialysis; peritoneal dialysis; AIDS; malignancy. WKS is a clinical diagnosis, and no specific abnormalities have been found in cerebrospinal fluid, brain imaging or electroencephalograms. MRI has a sensitivity of 53%, but high specificity of 93%, and shows an increased signal in T2 and FLAIR sequences, bilaterally symmetrical in the paraventricular regions of the thalamus, the hypothalamus, mamillary bodies, the periaquedutal region, the floor of the fourth ventricle and midline cerebellum.
Conclusions: If the disorder is suspected, thiamine should be initiated immediately in order to prevent irreversible brain damage, with an estimated mortality rate of about 20%, or to the chronic form of the WE in up to 85% of survivors

Disclosure of Interest: None Declared

EPP0613

The Portuguese version of the Screen for Disordered Eating: Validity and reliability in middle aged and older women

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Introduction: Besides the traditionally studied group of young females, disordered eating occurs in all age groups (Eedena, Hoekena, and Hoek 2021). In recent years, there has been an increase in the prevalence of eating disorders and symptoms in middle-aged and older women (40 years old and over) (Mangweth-Matzek and Hoek 2017).
Experts in eating psychopathology in special groups such as Samuels, Maine and Taltillo (2019) suggest the use of the Screen for Disordered Eating (SDE; Magen et al. 2018) in the psychometric assessment of women in middle age and older. The SDE was developed to allow the Eating Disorders (ED) screening in Primary Health Care in people of all ages and without excluding Binge Eating Disorder (BED).
The SDE is composed of five items (yes or no answers), extracted from other validated self-reported questionnaires for the assessment of eating psychopathology.
Objectives: To analyze the psychometric properties of the Portuguese Version of the Screen for Disordered Eating in a sample of women from the general population aged 40 and over.
Methods: Participants were 516 women with a mean age of 50.28 of years old (± 8.063; range: 40-80). They answered an online survey including the preliminary Portuguese version of the SDE and the *Portuguese version of the* Eating Disorder Examination – Questionnaire (EDE-Q-7; Pereira et al. 2021).
Results: Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes (χ^2/df=1.502; RMSEA=.0311, p<.001; CFI=.987 TLI=.995, GFI=.965). The Cronbach's alfa was .762. All the items contributed to the internal consistency, as they presented item-total correlations above .40 and the exclusion of each one would decrease the alpha. Pearson correlations between SDE and the EDE-Q-7 were significant (p<.01), positive and moderate/high, as follows: .516 with the total score and .318, .503 and .536 respectively with the dimensional scores of Dietary restraint, Shape/weight overvaluation and Body dissatisfaction.

Conclusions: As observed with the original English-language scale, the Portuguese version of the SDE has shown good validity (construct and concurrent) and internal consistency. As such, the SDE might be a useful tool to investigate disordered eating psychopathology in older women. In the near future we will determine the SDE cut-offs with the best combination of sensitivity and specificity to screen for eating disorders in this populational group.

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EPP0614

Fathers' Role in Bulimia Nervosa: A Systematic Review

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Introduction: Bulimia Nervosa (BN) is a highly prevalent eating disorder related to multiple risk factors. In this regard, familial variables can play a critical role in the development and maintenance of BN.
Objectives: The existing studies frequently explored mothers and maternal factors, while fathers and paternal variables have been less extensively investigated in this field. Therefore, we aimed to systematically review the studies on the role of paternal factors in BN.
Methods: This systematic review process was carried out according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. As a result of the literature search on PubMed, Web of Science TM, and APA PsycINFO, 419 candidate papers were determined and evaluated based on the eligibility criteria. The quality assessment of the final 59 studies was conducted using the JBI Critical Appraisal Tools.
Results: Then, we thematically arranged and narratively reported the qualitative and quantitative research findings. Paternal attitudes (e.g., critical, abusive, aggressive, uncaring, and unaffectionate), family dynamics (e.g., chaotic, rigid, less communicative, and emotionally involved), and father-specific features (e.g., personality traits, eating psychopathology features) were found as three main groups that could be directly or indirectly associated with the development and maintenance of BN symptoms. The eligible qualitative studies also indicated that fathers could positively influence the recovery process of their daughters with BN (e.g., by helping them develop healthy adaptive body image, self-adequacy, and self-esteem).
Conclusions: The contradictory outcomes were discussed for further research and clinical implications.

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EPP0615

Childhood maltreatment is associated with cortical thinning in people with eating disorders

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Introduction: Childhood maltreatment (CM) is recognized as non-specific risk factor for the onset of various psychiatric disorders and is associated with a greater severity in their clinical presentation and poorer treatment outcome. These data suggest that maltreated people with eating disorders (ED) may be biologically other than clinically different from non-maltreated people.
Objectives: Aim of the present study was to investigate cortical thickness (CT), a possible biomarker of neurodevelopment, in people with ED with or without history of CM and in healthy women.
Methods: Study participation was proposed to patients consecutively admitted to the adult ED outpatient centre of the University of Salerno. Twenty-four healthy women, 26 with anorexia nervosa (AN) and 24 with bulimia nervosa (BN) underwent a 3T MRI scan. All the participants completed the short form of the Childhood Trauma Questionnaire (CTQ). All neuroimaging data were processed by FreeSurfer. Maps of CT were computed in order to perform a vertex-by-vertex analysis. CT maps underwent a general linear model analysis to evaluate differences among groups. Age and body mass index (BMI) were included as nuisance covariates.
Results: Based on CTQ cut-off scores, 12 participants with AN and 12 with BN were identified as maltreated and 14 participants with AN and 12 with BN as non-maltreatment. All healthy women were "non-maltreated". Therefore, participants were split in 3 groups: 26 maltreated participants with ED, 24 non-maltreatment participants with ED and healthy control (HC). Compared to HC, maltreated people with ED showed lower CT values in the left rostral anterior cingulate gyrus, while compared to non-maltreatment people with ED showed lower CT values in the left superior frontal, in right caudal middle frontal and in right superior parietal gyri. No significant differences emerged in CT measures between HC and non-maltreatment people with ED.
Conclusions: Present findings show for the first time that in adult people with ED childhood maltreatment is associated with cortical thinning in areas implicated in the modulation of brain processes that are acknowledged to play a role in the psychopathology of ED.

Disclosure of Interest: None Declared

EPP0616

Orthorexia and perceived stress by medical students: which association?

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