However, everyday more evidence supports that disordered eating could be a significant factor, at least, in development and maintenance of obesity.
Objectives Describe the eating behavior of a 180 obese sample.
Methods One hundred and eighty patients with obesity that went to the endocrinology service in order to lose weight are referred to the Psychiatry department to be assessed. To explore the eating behavior it was administered the Bulimic Investigatory Test of Edinburgh, BITE.
Results A total of 68.7% of patients showed a disordered eating pattern, 71.6% tend to eat a lot when feeling anxious, 63.8% eat rapidly large amounts of food, 72.8% worry about not to have control over how much eat, 40.5% consider that their pattern of eating severely disrupt their life, 40.7% eat sensibly in front of others and make up in private, 59.1% cannot stop eating when they want to and 58.3% admit binges of large amounts of food.
Conclusions Most of our patients showed a pattern of disordered eating, and then our findings support the idea of disordered eating as a significant factor in the development and maintenance of obesity. Therefore, obesity requires a multidisciplinary approach that goes beyond the traditional nutritional guidance.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW203

Randomized controlled trial testing behavioral weight loss versus multi-modal stepped-care treatment for binge eating disorder

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Introduction Binge eating disorder (BED) is prevalent, associated with obesity and elevated psychiatric co-morbidity, and represents a treatment challenge.
Objective and aims A controlled comparison of multi-modal, stepped-care versus behavioral-weight-loss (BWL) for BED.
Methods One hundred and ninety-one patients (71% female, 79% white) with BED and co-morbid obesity (mean BMI 39) were randomly assigned to 6 months of BWL ($n = 39$) or stepped-care ($n = 152$). Within stepped-care, patients started BWL for one month; treatment-responders continued BWL while non-responders switched to cognitive-behavioral-therapy (CBT) and all stepped-care patients were additionally randomized to anti-obesity medication or placebo (double-blind) for five months. Independent assessments were performed by research-clinicians at baseline, throughout treatment, and post-treatment (90% assessed) with reliably-administered structured interviews.
Results Intent-to-treat analyses of remission rates (0 binges/month) revealed BWL and stepped-care did not differ significantly overall (74% vs 64%); within stepped-care, remission rates differed (range 40% - 79%) with medication significantly superior to placebo ($P < 0.005$) and among initial non-responders switched to CBT ($P < 0.002$). Mixed-models analyses of binge eating frequency revealed significant time effects but BWL and stepped-care did not differ overall; within stepped-care, medication was significantly superior to placebo overall and among initial non-responders switched to CBT. Mixed models revealed significant weight-loss but BWL and stepped-care did not differ overall; within stepped-care, medication was significantly superior to placebo overall and among both initial responders continued on BWL and non-responders switched to CBT.
Conclusions Overall, BWL and stepped-care treatments produced improvements in binge-eating and weight loss in obese BED patients. Anti-obesity medication enhanced outcomes within a stepped-care model.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW204

Binge-eating disorder and major depressive disorder co-morbidity: Sequence and clinical significance

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Introduction Binge-eating disorder (BED) is associated with obesity and with elevated rates of co-occurring major depressive disorder (MDD) but the significance of the diagnostic comorbidity is ambiguous—as is the significance of the onset sequence for MDD and BED.
Objective and aims We compared eating-disorder psychopathology and psychiatric comorbidity in three subgroups of BED patients: those in whom onset of BED preceded onset of MDD, those with onset of MDD prior to onset of BED, and those without MDD or any psychiatric comorbidity.
Methods A consecutive series of 731 treatment-seeking patients meeting DSM-IV-TR research criteria for BED were assessed reliably by doctoral-clinicians with semi-structured interviews to evaluate lifetime psychiatric disorders (SCID-I/P) and ED psychopathology (EDE Interview).
Results Based on SCID-I/P, 191 (26%) patients had onset of BED preceding onset of MDD, 114 (16%) had onset of MDD preceding onset of BED, and 426 (58%) had BED without co-occurring disorders. Three groups did not differ with respect to age, ethnicity, or education, but a greater proportion of the group without MDD was male. Three groups did not differ in body-mass-index or binge-eating frequency, but groups differed significantly with respect to eating-disorder psychopathology, with both MDD groups having significantly higher levels than the group without co-occurring disorders. The group having earlier onset of MDD had elevated rates of anxiety disorders compared to the group having earlier onset of BED.
Conclusions MDD in combination with BED—with either order of onset—has a meaningful adverse effect on ED psychopathology and overall psychiatric co-morbidity.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW206

Changes in the electrical properties of the tissues in patients with anorexia nervosa measured by bioelectrical impedance analysis

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Introduction Monitoring patient with anorexia nervosa (AN) include clinical, biological and psychological factors. In recent years many researchers criticize the BMI as useful measure for controlling evolution of AN.