Assessment for Autism Spectrum Disorders (SWEAA), which investigates specific eating behaviour related to autism.

Results: 23.55% participants scored above the cut-off at the EAT-26, suggesting that they should be assessed for the presence of an eating disorder by a specialized clinician. The RAADS-R explained a great proportion of variance in the relationship between sensory sensitivity and both the SWEAA (Total Score and sub-scales) and the EAT-26 (Total Scores and subscales).

Conclusions: Our study revealed a substantial prevalence of potential eating disorders among young adults in our sample, with nearly one-fourth of participants surpassing the EAT-26 cutoff score. Additionally, we observed a noteworthy association between the presence of autistic traits and not only autistic-like eating behaviors but also a broader spectrum of eating disorder symptoms; this relationship was found in a cohort of young adult patients seeking clinical attention due to generalized distress, prior to receiving specific diagnoses of Autism Spectrum Disorder (ASD) or Eating Disorders (ED). These findings give rise to several intriguing inquiries. Could the existence of autistic traits, even when subthreshold, function as a mediator between alterations in sensory sensitivity and the emergence of maladaptive eating behaviors? Furthermore, if these traits exist at subthreshold levels, might they manifest in various psychiatric conditions, distinct from traditional categorizations, during episodes of acute distress? What potential precipitating factors should be considered in such cases?

Disclosure of Interest: None Declared

EPP0306

The Evolution of Anorexia Nervosa in Singapore: A 30-year Demographic Analysis

H. Y. Lee* and V. K. H. Wong

Psychiatry, Singapore General Hospital, Singapore, Singapore
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.485

Introduction: New prevalence and time trend data from various Asian countries show that Eating Disorders (ED) are increasingly common in Asia. (Youl-Ri Kim. Int J Eat Disord. Dec 2020). A recent study estimating the prevalence of ED in Singapore found an alarming 6.2% screened positive for a clinical ED diagnosis, 19.5% were screened to be at high risk, and estimated the point prevalence of Anorexia Nervosa (AN) to be 0.9%. (Chua SN et al. Int J Eat Disord. Jan 2021).

The ED unit in Singapore General Hospital (SGH) was set up in 2003 as a National Treatment Programme for patients with ED.

Two local studies have been published to date on the demographics and clinical profile of patients with AN. The first study examined 126 patients from 1994 – 2002 (HY Lee et al. Singapore Med J 2005; 46(6): 275-281). The second study reported on 271 cases from our SGH ED unit from 2003-2010 (Kuek et al. SIngapore Med J 2015; 56(6): 324-328). There have been no further studies in the last decade.

Objectives:
1. Study the demographics and clinical profile of patients who presented with AN to our ED unit from 2011-2022
2. Compare our data with the 2 previous studies and examine for any changes and trends in the past 30 years.

Methods: We conducted a review of the ED unit new case registry at SGH from 2011-2022. A total of 910 patients were diagnosed with AN at presentation. The data was analysed with approval from the hospital instituitional review board.

Results: A total of 910 cases presented with AN over 12 years. Comparing with the 2 previous studies, the number of new cases each year has continued to increase from <15 in the 1990s to hit a peak of 109 per year in 2022. 94% were females, with a mean presenting age of 19. 79.2% were Chinese, 5.2% were Indians and 2.9% were of Malay ethnicity. The Malay population continue to be under-represented whereas other ethnic groups continue to be over-represented, increasing from 3.2% to 7% in the previous studies to 11.1%. Referrals were mainly from tertiary healthcare intuitions accounting for 41.4% of cases. Self-referrals have decreased over the last decade whereas referrals from primary care has increased. The mean presenting body mass index (BMI) was 15.9. Compared to a previous study, there was a significant increase in presenting BMI (15.9+/- 0.78 vs 14.4 +/- 1.77, p value 0.0074).

Conclusions: The number of new cases of AN has seen an almost 10-fold increase in the last 30years. The Malay ethnicity continues to be under-represented – more research is needed if they are somehow culturally protected or if they are not coming forth for treatment. Majority of referrals are from tertiary healthcare institutions but referrals from primary care have increased, reflecting a possible increase in awareness amongst primary care doctors. The mean presenting BMI has increased – hopefully reflecting an increase in ED awareness such that patients are coming forward earlier for treatment.

Disclosure of Interest: None Declared

EPP0307

The truth about modelling – disordered eating, body image, abuse and more: A content analysis among professional fashion models

N. Bogár[1]*, F. Túry[1] and P. Kővágó[2]

[1]Institute of Behavioural Sciences, Semmelweis University and [2]Institute of Psychology, Pázmány Péter Catholic University, Budapest, Hungary
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.486

Introduction: The escalating demand for models to uphold a slim physique and extremely small measurements could play a pivotal role in contributing to the onset of eating disorders, in their clinical or subclinical forms.

Objectives: The study aimed to explore models' relationship with food, exercise, body image, industry members, experience of abuse and other related factors through self-narrated reports. To our knowledge, this study involved a larger number of multicultural female models than any previous qualitative research and is the first-ever study to use content analysis for the assessment of ED-like symptoms and body image disturbances in this population.

Methods: 87 models' data was analyzed. Snowball sampling was used. Semi-structured interviews targeted models' careers, attitudes towards the fashion industry, their body image, eating, exercising and dieting habits, etc. Thematic content analysis was performed on the transcripts of the interviews. A coding booklet was developed containing instructions on 31 codes. The codes developed for the analysis included calorie restriction, weight gain, loss of control,

laxative abuse, self-induced vomiting etc. They also included specific symptoms of eating and/or body image disorders. the analyses were conducted using relative frequencies. The absolute frequency of the codes was divided by the wordcount corresponding to the interview.

Results: The mean BMI of the subjects was 16.8 (SD= 1.30, range 13.58- 19.37). 44.7% of the models reported BMI of between 18.5 and 17.0, and 21.2% were under 17.0. Body image disorder symptoms were expressed by 63.10% of the models, and 36.90% have referred to eating disorders. The most referenced code was statements about the subjects' bodies (95.24% neutral, 89.29% negative, 64.29% positive statements). Statements about eating included 96.43% neutral and 45.24% negative claims. Monotrophic eating occurred in 27.38% of the answers, and 40.48% claimed to have used extreme calorie restriction. Juice fasting was occurrent amongst 3.57% of the interviewees. 22.62% have lost control over their food intake. 83.33% of the participants received criticizing comments on their bodies and such individuals talk negatively significantly more often about eating. Those individuals who engage in psychotherapy (16.67%) show significantly fewer signs of body image disorders, however, talk significantly more about eating disorder-related content.

Conclusions: The persistent expectation for thinness in the fashion industry elevates the likelihood of eating disorders and body image disorder development among models. The current study aims to offer insights into prevention strategies.

Disclosure of Interest: None Declared

EPP0308

Association Between Eating Disorders and Type 1 Diabetes Mellitus: a Systematic Review and Meta-Analysis

Y. E. Dean[1], K. R. Motawea[1], M. Aslam[2], J. J. Loayza Pintado[3], H. A. Popoola-Samuel[4], M. Salam[5], P. O. R. Dundi[6], W. Donaldy[7], E. M. AlEdani[8], Z. AlQiqie[9], N. Sultana[10], A. R. H. Mohamed[11], A. Elalem[1], S. T. H. Syeda[12], M. S. Mohamed[1], M. W. Assal[13], N. M. Attia[13], H. Hagar[11], H. A. Abdelaziz[14*], M. L. P. Le[15], A. Elbahaie[16], Y. Hazimeh[17] and H. Aiash[18]

[1]Alexandria University, Faculty of Medicine, Alexandria, Egypt; [2]Shaikh Khalifa Bin Zayed Al-Nahyan Medical and Dental College, Lahore, Pakistan; [3]Universidad de San Martin de Porres Facultad de Medicina Humana, Lima, Peru; [4]College of Health and Sciences, Rush University, Chicago, United States; [5]Mediclinic City Hospital, Dubai, United Arab Emirates; [6]Karnataka Institute of Medical Sciences, RHUHS, Hubli, India; [7]Harlem Hospital Center, New York City, United States; [8]University of Basra, Medical College, Basra, Iraq; [9]Odessa national medical university, Odessa, Ukraine; [10]Shadan Institute of Medical Sciences, Hyderabad, India; [11]Faculty of Medicine, Suez Canal University, Ismailia, Egypt; [12]Deccan College of Medical Sciences, Telangana, India; [13]Zagazig University, Faculty of Medicine, Zagazig; [14]Alexandria University, High Institute of Public Health, Alexandria, Egypt; [15]Poznan University of Medical Sciences, Ponzan, Poland; [16]Ibn Sina National College, Jeddah, Saudi Arabia; [17]Lebanese University, Beirut, Lebanon and [18]SUNY Upstate Medical University, Syracuse, United States
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.487

Introduction: Type 1 diabetes mellitus (T1DM) patients are treated via insulin which could result in weight gain. Studies have coined a new term, "Diabulimia" which refers to the limitation or skipping of insulin doses, with the objective of weight control. A previous meta-analysis has found that eating disorders (ED) are significantly associated with T1DM (Mannucci, E et al. J Endocrinol Invest 2005; 417-9), while a more recent one, has shown an insignificant association between ED and T1DM on analysis of diabetes-adapted questionnaires only (Young V, et al. Diabet Med. 2013:189-198)

Objectives: We aimed to re-analyze the association between ED and T1DM, whilst taking into account recently published literature and the type of questionnaire utilized.

Methods: A literature search of PubMed, Scopus, and Web of Science was conducted on 17th January 2023, using the key terms " T1DM", "Eating Disorders", and " Bulimia". Only Observational controlled studies were included.

Results: T1DM was associated with increased risk of ED compared to non-diabetic individuals (RR = 2.47, 95% CI = 1.84 to 3.32, p-value < 0.00001), especially bulimia nervosa (RR = 2.80, 95% CI = 1.18 to 6.65, p-value = 0.02) and binge eating (RR = 1.53, 95% CI = 1.18 to 1.98, p-value = 0.001), while no significant association was seen between T1DM and anorexia nervosa. Our sensitivity analysis has shown that increased risk of ED among T1DM persisted regardless of the questionnaire used to diagnose ED; DM-validated questionnaires (RR = 2.80, 95% CI = 1.91 to 4.12, p-value <0.00001) and generic questionnaires (RR = 2.03, 95% CI = 1.27 to 3.23, p-value = 0.003). Furthermore, the Eating Attitudes Test-26 (EAT) showed a significant increase in the dieting subscale (MD = 2.95, 95% CI = 1.84 to 4.06, p-value < 0.00001) and bulimia subscale (MD = 0.78, 95% CI = 0.12 to 1.44, p-value = 0.02) among T1DM patients. Additionally, the Bulimic Investigatory Test, Edinburg (BITE) showed a significant increase in the symptom subscale (MD = 0.31, 95% CI = 0.12 to 0.50, p-value = 0.001), however, no significant difference was detected between T1DM and controls in the severity subscale. Prevalence of insulin omission/misuse was 10.3% (95% CI = 8.1-13); diabetic females demonstrated significantly higher risk of insulin omission (RR = 14.21, 95% CI = 2.66 to 76.04, p-value = 0.002) and insulin misuse (RR = 6.51, 95% CI = 1.14 to 37.31, p-value = 0.04) compared with diabetic males. Analysis of other potentially unhealthy weight control behaviors showed insignificant associations between fasting, excessive exercise, dieting pills misuse, diuretics misuse, and T1DM.

Conclusions: T1DM patients are at higher risk of developing ED according to both generic and diabetes-validated questionnaires. Moreover, female diabetics are at higher risk of insulin misuse/omission. Subsequently, patients should be regularly screened and early psychiatric management is warranted.

Disclosure of Interest: None Declared

EPP0309

Eating disorders in medicine university students in a city in the interior of the state of São Paulo Brazil

M. C. V. R. De Oliveira*, C. B. Soares de Oliveira, N. D. Rejali, M. B. Machado, M. H. Formaio and S. Umbelino da Silva

FACULDADE DE MEDICINA, UNOESTE, PRESIDENTE PRUDENTE, Brazil
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.488