

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

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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, Edinburgh (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

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