

by responding with adequate affective adjustment. High levels of insecure attachment are present in adults with Eating Disorders (EDs).

Objectives The variables that mediate the association between attachment style and EDs have not been investigated enough. The possibility exists that the endogenous stress response system is involved.

Aims To appraise the role of the endogenous stress response system, we studied the effect of attachment styles on the hypothalamus-pituitary-adrenal (HPA) axis functioning in ED patients.

Methods Fifty-two women with EDs and 25 healthy women completed the ECR questionnaire to assess their attachment style. Saliva samples were taken in the morning to measure the Cortisol Awakening Response (CAR). Moreover, the saliva cortisol response to the Trier-Social-Stress-Test (TSST) was measured in 30 ED patients and 15 healthy controls.

Results Patients with avoidant attachment showed an increased CAR compared to both healthy controls and to patients with anxious and secure attachment styles. In the initial TSST phase, cortisol levels decreased in the secure attachment group but not in patients with avoidant attachment. In the TSST stress response phase, the cortisol raise was higher in insecure patients and delayed in avoidant ones.

Conclusions In adults with EDs, attachment styles affect the HPA axis functioning and this could have a role in the pathophysiology of EDs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.783>

EV0454

Insidious: The relationship between patients and their eating disorders and its impact on ED symptoms, illness duration and self-image

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Patients with eating disorders (EDs) often spontaneously talk about their disorder in terms of a symbolic other (a demon, a voice, a guardian). Further, externalizing exercises where patients are encouraged to separate their true self from their ED self are common in some treatment approaches. Yet, no previous quantitative study has investigated this phenomenon. We examined the patient-ED relationship (using the interpersonal structural analysis of social behavior methodology) and its implications for ED symptoms, illness duration and self-image. Participants were 16–25 year old female patients ($N=150$) diagnosed with anorexia nervosa ($N=55$), bulimia nervosa ($N=33$) or eating disorder not otherwise specified ($N=62$). Results suggested that patients had comprehensible and organized relationships with their EDs. EDs were primarily experienced as acting critical and controlling towards patients. Higher ED control was associated with more ED symptoms and longer illness duration, especially when coupled with patient submission. Patients reacting more negatively towards their EDs than their EDs were acting towards them had lower symptom levels and more positive self-images. Externalizing one's ED, relating to it like a symbolic other, seemed to make sense to patients and depending on its quality seemed to influence ED symptoms, illness duration and self-image. We put forward both clinical and theoretical implications based on the assumption that the patient-ED relationship may function in similar ways as real-life interpersonal relationships do.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.784>

EV0455

Anorexia nervosa and attachment

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Introduction Attachment is an innate programming whereby a child seeks for security. There is scientific and empirical evidence that insecure attachment is usual in eating disorder patients [1].

Objectives To highlight the relevance of attachment between child and caregivers, as well as its significance in therapeutic approach.

Methods A 17-year-old girl hospitalized after attending to emergency department due to fainting. BMI: 12.89. She reports restrictive behavior since age 11 that her mother regards as "child issues". Divorced parents, she grew up with her mother, diagnosed of hypochondria, who mentions not understanding why she is not the one who is hospitalized.

Results During hospitalization, she turned 18-years-old. Guardianship of her younger siblings was removed to her mother. She had a secure relationship with her 24-year-old sister, so she decided to move in with her. Later on, she had a positive progress, maintaining the gained weight and mood stability, although cognitive distortions persist.

Conclusions Among developmental and maintaining factors of eating disorders, impaired attachment is becoming increasingly interesting. Even though the main goal of treatment is weight restoration, exploring attachment patterns can facilitate to achieve that aim. This clinical case emphasizes the importance of attachment in eating disorders among child and young adults.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.785>

EV0456

Immunity and eating disorders.

Clinical description of a case

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Introduction Recently, there is an increasing interest in the link between anorexia nervosa and autoimmune diseases. Studies show

significant association between anorexia nervosa, diabetes mellitus, autoimmune thyroid disease and Crohn's disease [1]. The findings of significantly elevated autoantibodies (anti α -MSH, anti ACTH) and cytokines (IL-1, IL-6, IFN- γ , TNF- α) support this relationship.

Objectives To illustrate with a clinical case the connection between eating disorders and Crohn's disease.

Methods Fourteen years-old boy with moderate depression syndrome after his grandfather's decease. Since overweight diagnosis by his pediatrician, he begins to restrict food intake with an important weight loss (19 kg in 9 months) and over exercising. Blood test reveals microcytic and hypochromic anaemia, rest of the examination shows no other disorder. Psychometric assessment EDI-3 suggests Anorexia Nervosa restricting type.

Results Two months after clinical stabilization, he is hospitalized due to abdominal pain. Exploration including blood test, serology, coproculture, sonography and colonoscopy reveals severe Crohn's disease.

Conclusions This case is about a patient diagnosed of moderate depressive syndrome, who develops anorexia nervosa and Crohn's disease during his follow up. It exemplifies the link between stress, immunity and eating disorders. Recent findings suggest that immune diseases are involved in onset and maintenance of eating disorders. More studies are required in order to inference its consequences in evaluation, prognostic, treatment and identification of subgroups of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.786>

EV0457

Alexithymia, recognition of facial emotion and inference in patients with Eating Disorders (ED) or Substance Abuse Disorders (SAD)

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Alexithymia is a psychological construct characterized by difficulty describing emotions and distinguishing them from somatic components of the emotional activation. Patients with eating disorders (ED) or substance use disorders (SAD) commonly present also impairment of recognition of facial expressions and deficits in social inference. Patients with ED and SAD may present impulsiveness, difficulty in emotion-focused coping skills, and search for a concrete relief from psychological suffering. The purpose of study is to compare the ED, SAD and healthy controls (HC), in several variables, including Alexithymia, empathy, and ability to recognize

emotions, social inference. Thirty-two patients with ED, 27 patients with SAD and 31 HC were recruited between September 2016 and April 2016 at the psychiatric ward of Novara Hospital, nursing home of Nebbiuno and the nursing home of Viverone. We administered to patients the same battery of tests, composed by Toronto Alexithymia Scale-20 (TAS-20), Facial Emotion Identification Test (FEIT), the awareness of Social Inference Test (TASIT), temperament and Character Inventory (TCI), Interpersonal Reactivity Index (IRI), Symptoms Checklist-90 (SCL-90). The two clinical groups showed differences in TAS, FEIT and TASIT, highlighting Alexythimic traits, difficulty in recognizing emotions and deficit of social inference, compared to HCs. The TCI and SCL-90 have also highlighted the common psychopathological characteristics and temperamental in patients with ED and SAD. Alexythymia is particularly represented in patients with ED and SAD, and could represent a maintenance factor, together with deficits in emotions recognition and social inference. The similarities between ED and TD seem to suggest the possibility of shared core features.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.787>

EV0458

A family-based intervention of adolescents with eating disorders: The role of assertiveness

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Introduction One of the key profile features of adolescents with Eating Disorders (ED) is a difficulty with assertiveness. Indeed, current research points to the importance of these patients' perception of excessive control exerted by their families. Because these adolescents generally live with their families of origin, family-based variables may impact the development and evolution of psychosocial risk factors associated with this psychiatric disorder.

Objective To investigate whether adolescents with ED improve on assertive communication as a result of parental assertiveness training.

Methods The sample was comprised of 50 female adolescents with ED receiving group therapy treatment at Niño Jesús hospital in Madrid. Out of the 77 parents participating in the study, 36 were part of the experimental group and subjected to training in assertive skills (8-week sessions for about 2 hours). In addition, 41 parents formed the control group (with no assertiveness training). Before and after this training (or the same amount of time for the control group), adolescents were administered the psychometric test known as the Rathus Assertiveness Schedule (RAS).

Results A significant increase in RAS scores was found in adolescents whose parents were subjected to the assertiveness training. Moreover, there was a significant decrease in self-restriction scores in patients with ED after their parental assertiveness intervention. No significant changes were observed, however, in the control group.

Conclusions Our results indicate that providing families with educational tools that aim at developing assertive communication may boost the level of assertiveness in adolescents and, thereby, presumably help in the prognosis of ED.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.788>