

of sexual, physical, and emotional traumas suffered from 0 to 18 years, paying particular attention to emotional neglect.

Methods Fifty-seven consecutive DSM-V ED patients (91.2% females; age range: 18–42 years) were recruited at the Psychiatric Outpatient Clinic of our University Hospital. Ninety controls (78.9% females; age range: 20–39 years) were also recruited. Among ED patients, 43.9% had restrictive anorexia nervosa (AN), 29.8% binge/purging AN, 26.3% bulimia nervosa. Individuals completed the Eating Disorder Inventory-2 (EDI-2) and the Traumatic Experiences Checklist (TEC).

Results The severity of all traumatic events, according to the TEC total score, was significantly higher in ED patients than controls ($P < 0.001$). Moreover, ED patients showed significantly higher scores with regard to emotional neglect ($P < 0.001$) and emotional abuse ($P < 0.001$). The same can be said for physical traumas ($P < 0.01$) and physical abuse ($P < 0.01$), although with a lower significance, and for sexual abuse ($P < 0.05$), with an even lower significance. No difference in the severity of sexual harassment was found.

Conclusions All types of traumas, especially neglect, can occur in ED patients and controls, however they are reported as more severe by ED patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.332>

EW215

The relationship of perfectionism with changes in body dissatisfaction in eating disorders treatment outcome

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Introduction Body dissatisfaction is one of the core psychopathological components in Eating Disorders (EDs) and it tends to persist over time regardless treatment interventions. Perfectionism is considered as a mediator and moderator between body dissatisfaction and disordered eating.

Objectives To study the influence of Perfectionism in EDs outcome.

Aims To analyze changes in body dissatisfaction at one year follow-up in patients with eating disorders and the effect of perfectionism over these changes.

Methods Participants were 151 patients with eating disorders. DSM-IVTR diagnoses were as follows: 44 (29.1%) Anorexia Nervosa (AN), 55 (36.4%) Bulimia Nervosa (BN) and 52 (34.4%) Eating Disorders no Otherwise Specified (EDNOS). Perfectionism was assessed with the Edinburg Investigatory Test (EDI-2). The Body Shape Questionnaire (BSQ) was also distributed. One year after the beginning of their treatment, patients were reassessed.

Results Patients with BN showed significantly higher scores on BSQ than those with AN. There was a significant improvement in BSQ after one year of treatment regardless the diagnostic (repeated measures ANOVA: $F = 8.4$, $P < .01$). Perfectionism was a co-variable that influenced in those changes.

Conclusions The results confirm the interaction between perfectionism and body dissatisfaction in the treatment outcome of EDs. It has been described an interplay between Perfectionism, body dissatisfaction and disordered eating attitudes and behaviours, being Perfectionism a moderator factor. The results highlight the need of

dealing not only with the core symptoms of EDs, but also with the moderator factors such as Perfectionism to enhance the outcome.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.333>

EW216

Perfectionism in eating disorders: Temperament or character? Does perfectionism improve on treatment outcome?

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Introduction Perfectionism is considered a risk factor and is very close related to Eating Disorders (EDs). It estimates heritability of 29–42%. However, it has also been related to psychosocial factors such as the insecure attachment style.

Objectives To study the relationship of perfectionism with personality dimensions, its likelihood of improvement and its treatment.

Aims To analyze if Perfectionism is associated with dimensions of Temperament or dimensions of Character and therefore more psychosocial.

Methods Participants were 151 female outpatients who consecutively started treatment at the Eating Disorders Unit (Ciudad Real University General Hospital). Personality was assessed by using the Temperament and Character Inventory (TCI). Perfectionism was assessed by using the Edinburg Investigatory Test (EDI-2) subscale (t0). One year later, patients were re-assessed with the EDI-2 (t1).

Results The scores on Perfectionism significantly improved from t0 to t1, (repeated measures ANOVA, $F = 6.6$, $P < 0.01$). At baseline, Perfectionism was related to any of the Temperament dimensions, but the Character variable Purposefulness (SD2) ($\beta = .25$ 95% CI .17, .98), 2.7% of variance). Responsibility (SD1) and Self-Acceptance (SD4) were inversely associated with Perfectionism. At t1, Responsibility still was a protective factor for Perfectionism, regardless the effect of Perfectionism at t0.

Conclusions Perfectionism is also related to psychosocial and developmental factors. People with an internal locus of control tend to take responsibility for their own actions and are resourceful in solving problems. Thus, Self-directedness, mainly Responsibility for their own actions, is a protective factor for Perfectionism in EDs.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.334>

EW218

Internet and smartphone application usage in eating disorders: A descriptive study in Singapore

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Introduction Eating disorders are associated with significant morbidity and mortality. The Internet is a popular medium for individuals with eating disorders to discuss and reinforce their affliction. However, the available literature on Internet usage and

eating disorders is scarce, especially in the area of social media and smartphone application (“app”) usage.

Objectives & aims To look at the Internet and smartphone app usage patterns of participants who presented with an eating disorder in Singapore, and whether it corresponded to severity of illness.

Methods Individuals who presented to the Eating Disorders clinic at the Singapore General Hospital from 13th June 2013 to 20th December 2013 completed a self-reported questionnaire on Internet and app usage. They also completed the EDE-Q, EAT-26 and CIA 3.0.

Results Fifty-five participants completed the study. A total of 41.8% had anorexia nervosa, 34.5% had bulimia nervosa, and 9.1% were ED-NOS. 41.8% felt that apps helped to perpetuate their illness, while 32.7% felt that apps were helpful for recovery. Overall, any smartphone application usage was associated with younger age and greater eating disorder psychopathology and psychosocial impairment. While 30.9% had encountered eating disorder-related content on Facebook, only 12.75 visited Facebook groups related to eating disorders. For YouTube, “Cooking and Food” and “Beauty and Fashion” videos were among the top 3 types of videos that participants watched.

Conclusions Internet and smartphone app usage is significant, and they are used to prolong or worsen eating disorder behavior in those with greater severity of illness. It is necessary to include interventions in this aspect as part of treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.336>

EW220

Eating disorders: What has the society to do with it?

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The prevention of eating disorders is a main concern of the Vienna Women's Health Programme, which was adopted by the Vienna City Council in 1998. Eating disorders are very serious mental health problems in adolescence. There is evidence that media exposure of the thin ideal body image leads to uncertainty, low self-esteem and dieting. To examine the current state of body (dis-)satisfaction and the risk of eating disorders among Viennese adolescents, we surveyed 1427 participants at the age of 12 to 17, using a self-assessment questionnaire that included the Eating Disorder Inventory (EDI-2), the SCOFF-questionnaire and the Rosenberg self-esteem scale. Results support our hypothesis. The highest concern among adolescents is about their weight and body shape. 76% of the girls surveyed wanted a skinny body, 31% were afraid of gaining weight, and 32% have already been dieting - 13% took appetite suppressants, 5% used vomiting, 3% took laxatives. According to the SCOFF-questionnaire, 30% of the girls were at risk of having eating disorders. Trends were evaluated via regression analysis. In 2012 girls used less dieting and had lower scores in the EDI-2 subscales 'body dissatisfaction', 'drive for thinness' and 'bulimia' than in 2001. Boys had less conspicuous scores than girls in total, but have shown an alarming increase in body dissatisfaction. School prevention programmes are indicated to enhance media literacy and encourage self-esteem among adolescents. To be successful, an interdisciplinary approach has to be established. The City of Vienna has already launched several awareness campaigns to counter unhealthy body ideals.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.338>

Education

EW222

Professional stress among psychiatrists—a Delphi study

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Introduction Professional stress is a misfit between a person's skills and demands of the job. It has been found to be common among psychiatrists and affects their personal and professional life.

Objectives To rank order the factors and manifestations of professional stress among Indian psychiatrists.

Aims To determine the factors and manifestations associated with professional stress among Indian psychiatrists.

Methods A qualitative ranking type Delphi study was conducted at National Institute of Mental Health & Neurosciences, Bangalore. The Delphi team comprised of 43 randomly selected Indian psychiatrists with at least 10 years of clinical experience in psychiatry. Questionnaires were mailed & the replies were analyzed and a consolidated list was sent back to rank order them. Agreeability was assessed & the final list of factors and manifestations was shared with the experts.

Results Forty-eight percent of the experts completed all 3 stages of the study, 53% opined that age & gender were not a factor; however 58% & 44% opined that personality attributes & relationship status were significant factors contributing to professional stress (Table 1).

Conclusion Professional stress in Indian psychiatrists is largely secondary to increased workload and inadequate support system. System level changes, like increase in manpower and handling stigma regarding psychiatry, is required.

Table 1 Top 3 factors & manifestations associated with professional stress.

Sl no.	Factors	Manifestations
1	Not enough time to complete all tasks satisfactorily	Emotional exhaustion
2	Too much work to do / too many different things to do	Poor communication with the patients
3	Lack of adequate staffing/ inadequate technical / clerical back up	Loss of idealism / zeal

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.340>