

EPV0462

Night eating syndrome (NES). A case report of NES

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Introduction: The night eating syndrome (NES, DSM-V: 307.59) was described in 1955 as a disorder defined by morning anorexia, nocturnal hyperphagia (25% of the daily intake of food during sleep) and insomnia. Attributed to a delay in the circadian rhythm of feeding is characterized by suppression of the daytime appetite and increased in the early morning. It is more prevalent in obese people. Treatment focuses on selective serotonin reuptake inhibitors (SSRIs) and cognitive behavioural therapy (CBT).

Objectives: Description of a NES clinical case demonstrated satisfactory response to pharmacological treatment with trazodone.

Methods: Brief case presentation and review of the NES literature.

Results: A 40-year-old woman diagnosed with binge eating disorder followed by Endocrinology. She had morbid obesity grade III. After the failure of various treatments addressed to impulse control and early morning intakes (topiramate, zonisamide, liraglutide, gastric balloon, hydrochloride Naltrexone/Bupropion and SSRI) she was referred to a mental health center. She was started on Trazodone therapy. Interestingly, Insomnia/binge decreased from 7 to 2 episodes/ week leading to a significant weight reduction with a 500 mg/week rate, losing 4 kg. The case was oriented as a NES but successfully treated as maintenance insomnia.

Conclusions: NES leads to frequent awakenings and early morning intakes. Awareness of the episode and ability to remember differentiates NES from the sleep-related eating disorder, where the nighttime ingestions cannot be remembered. Unlike binge eating disorder, where the goal is satiety and not falling asleep, so the hypnotic function of nocturnal intake is key in the differential diagnosis with NES. Trazodone, indicated in insomnia of maintenance, has not been reported as a treatment of choice in the NES, enabling a significant decrease on awakenings and consequently the intake.

Disclosure of Interest: None Declared

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Application of family therapy in a case of anorexia nervosa

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Introduction: Anorexia nervosa is a behavioral mental disorder, characterized by body dysmorphia, an intense fear of gaining weight and behaviors that interfere with this, in addition to a

restriction of food intake, associated usually with medical complications, even a considerable risk of death.

Several psychotherapeutic approaches have been used along last decades. Until relatively recently, parents have been recognized as part of the problem, but nowadays we involve them into the therapeutic process through family therapy based on a systemic approach, recommended in current published clinical guidelines and research findings, with consistent evidence, as the first-line treatment of patients with anorexia nervosa.

Objectives: A case of a patient with anorexia nervosa, is presented followed by a theoretical review on the topic.

Methods: A case is presented with a bibliographic review.

Results: A 24-year-old female was hospitalized for renutrition due to a significant weight loss and multiple physical symptoms. After 4 months without progress, the patient was transferred to the psychiatric ward.

Once there, physical stabilisation was achieved with family therapy and pharmacological treatment, based on progressive administration of Clomipramine, previously assessed by Cardiology, which improved rumination and obsessive behaviour. We conduct daily individual and weekly family interviews, working on family dynamics, emotional regulation strategies and more adaptive ways of communication. Likewise, several lines of action were found in the systemic work: peripheral father; maternal over-involvement; fraternal rivalry; difficulties of interaction between all of them, derived from “the role of the sick person” and intra-family communication around the illness. Finally, showed effectiveness in terms of an improvement in interpersonal relationships, greater assertiveness and an optimistic attitude with an active search for coping strategies.

Conclusions: Historically, parents have been recognized by a causal factor in the pathogenesis of this disorder. Nevertheless, the abolition of the emphasis on family responsibility, motivated by a philosophic and evidence-based, has allowed us to see them as an essential resource in aiding the patient in the improvement process. This parental involvement has resulted in a relevant reduction in morbidity, as well as a significant decrease treatment attrition rates. It has been noted a re-establishment in other individual and family factors such as self-esteem, quality of life, and some aspects of the experiences of caregiving, and behavioral symptoms have been resolved.

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Psychotic symptoms in eating disorders: a case report

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Introduction: Psychotic symptoms and eating disorders can occur in the same person, sometimes at the same time. This comorbidity is not well studied despite the difficulties of management at both clinical and pharmacological levels that it may entail. We present the case of a 35-year-old female patient with anorexia nervosa with years of