(GAF), Structured Clinical Interview (SCID 1-2), Level of Expressed Emotion Scale (LEE), Paykel scale, State and Trait Anxiety Inventory (STAY 1-2), State-Trait Anger Expression Inventory (STAXY), Barratt Impulsiveness Scale (BIS-11).
Results Levels of anxiety (both state and trait) are higher in the ED group than in SCHZ. As far as the STAXY is concerned, SCHZ patients score higher than ED ones on control over anger, while general index of anger expression was higher in ED patients. We did not find significant differences in EE between two groups, except for the patient's emotional response of the patient to the disease, which was greater among SCHZ. Both SCHZ and ED patients scored higher on the LEE, Paykel and STAY than their caregivers.
Conclusions SCHZ and ED patients show different patterns of anxiety and anger, but similar profile as far as EE is concerned. Implications for treatment will be discussed.
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EV567

Multifactorial ethiopathogenic in eating disorders

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Eating Disorders is a heterogeneous group of syndromes which includes many factors in their develop. The three main syndromes, AN, BN and EDNOS has been defined in last DSM as independent entities. However is well known that a group of patients may change its presentation along time, so also been at first diagnosed of AN, lately will fulfil criteria for BN or EDNOS.
In the other hand, if we compare two patients with the same syndrome, as BN, or AN. . .
We may easily find big differences in personality, stressors. . .and in some cases the only common factor is the clinical presentation. Behind all of this is the fact that syndromic classification drives to empiric treatments that are far the most validated.
But although there is a well known evolution in this disorders, with a not so bad income as one could think initially (in some cases one third could recover without treatment), what may we do with those patients that are resistant for empiric treatments?
And it is our opinion that a deeper knowledge of all the factors that contribute to the syndrome or its presentation, as well as those related to treatments results, should be taken into account.
We have reviewed all knowledge about these issues and we have completed it with our clinical practise using a 50 patients data base, here we will show our results, that are basically that even the same factors interact in different ways in each patient, so it is not just the ingredients but the recipe.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV568

Atypical antipsychotics use in eating disorders. Review

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Introduction Eating disorders often have serious medical complications, including the highest mortality rates of any psychiatric disorder. The search for an optimal therapeutic strategy during the last decades has been difficult and it has included antidepressants, antipsychotics, anticonvulsants, benzodiazepines and mood stabilisers.
Objectives To review the medical literature related to the treatment of eating disorders with atypical antipsychotics.
Methods Medline search and ulterior review of the related literature. Keywords: "eating disorders"; "anorexia nervosa"; "bulimia nervosa"; "binge eating disorder"; "antypsychotic agents".
Results To the date, most of the studies have been with olanzapine. Olanzapine has shown effects, not only on weight gain, but also on management of other psychological features such as obsessive-compulsive symptoms, depression, aggression, persistence and interpersonal distrust. However, most of these studies have been compared to placebo, and binge-eating behaviour has also been described when using olanzapine (not with aripiprazole or ziprasidone). Recently, Marzola et al, when comparing olanzapine + SSRIs versus aripiprazol + SSRIs, described that aripiprazole (compared to olanzapine) is significantly more effective in reducing purging episodes, eating preoccupations and rituals.
Conclusions So far, aripiprazol and olanzapine have been proved to be the most effective atypical antypsichotics in eating disorders, especially in anorexia nervosa. However, most of studies were placebo-controlled and in quite small samples. Further investigation is needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Further readings
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EV569

Patients with anorexia nervosa: Outcome inpatient care

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Introduction Anorexia nervosa (AN) is characterized by self-induced starvation coupled with fear of gaining weight and a distorted body image. Its treatment is complex and challenging, and sometimes hospitalization is needed.
Santa Maria Hospital's Eating Disorders Unit (SMH-EDU) is a multidisciplinary team, formed in 1989, that provides both outpatient and inpatient treatment.
Objective To present and discuss SMH-EDU's AN treatment and its results.
Methods Revision and statistical analysis of all hospitalized AN' patients' clinical files, from 1 January 2014 to 31 December 2014. Treatment outcome was assessed by BMI variation.
Results A total of 45 admissions (41 patients) were analysed: 75.65% had AN restricting type and 24.45% had AN purging type. All patient were females, with median age of 27 years old (range 12–57 years). Average admission BMI was 14.51 kg/m^2 (ranging from 11.19 to 17.77 kg/m^2). The mean lengths of stay were 39 days. Thirty-six percent of the patients had at least one previous hospitalization. Only 2 patients were readmitted at SMH-EDU: triple readmissions. The mean time between the beginning of the disorder and the admission was 111 months (ranging 2 to 408 months). Average discharged BMI was 16.32 kg/m^2 (ranging from 13.24 to 19.11 kg/m^2).
Conclusion Inpatient treatment for AN at SMH-EDU is considered only for those patients whose disorder has not improved with appropriate outpatient treatment. Therefore, most inpatients at