

were normal weighted; %32,6 were overweighted and %17,2 were obese.

Two hundred seven participants (%54) scored  $\geq 20$  on the night eating questionnaire. 168 of these were female, 39 were male; no significant differences were found between genders. No significant differences were found between total scores of Night Eating Questionnaire and BMI, weight, age and gender.

**Discussion:** In our study we found point prevalence of NES %54. This high prevalence could be related with our sample features like higher female proportion and higher proportion of obese or overweighted patients. The prevalence of NES is estimated at 1,5% in general population, 6-% to 14% in obesity clinics and 8-42% in pre-operative bariatric surgery patients in the US. Such a wide range of estimates is most certainly influenced by varying assessment methods and diagnostic criteria. Another limitation to be noted is related to the self-report nature of the data.

### P0345

Anorexia mentalis-our experience

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Anorexia mentalis represents mental disorder followed by physical breakdown. We are talking about anorexia when it comes to the weight loss 20%-25%.

The disorder is caused by psycho-social factors.

The treatment includes the team of doctors coordinated by psychiatrist, internist, gynecologist, radiologist, nutritionist and psychologist.

The procedure of treatment begins with:

1. the assessment of mobility: in hospital, dispensary, or in combined treatment (the shorter treatment in hospital the better, with necessary achievement of physical balance, and afterwards obligatory treatment in dispensary)

2. in dispensary it is done:

A. by using therapy-in two tracks-we follow the input (highly energetic products and meals) and the curve of weight growth, i.e. simultaneous physical and mental state.

B. By using pharmaco-therapy (neuroleptics, antidepressants)

C. Psychotherapy(individual, family, behavioral, psychodynamical)

The treatment is done stage by stage and pervading, with individual corrections made by therapist, according to the specificity of particular patient.

From January to the beginning of May, 6 female patients aged 14-18 have been treated.

**Conclusion:** Patients treat with this therapy add 7-15 kilos in average during the period of two to three months, menstrual cycle and the change of psycho-pathological appearance are settled which makes good conditions for further psychotherapeutic interventions.

### P0346

Lifetime comorbidity of tobacco, alcohol and drug use in eating disorders: A European multicenter study

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**Objectives:** To assess the differences in comorbid lifetime substance use (tobacco, alcohol and drug use) between eating disorder (ED) patients and healthy controls.

**Method:** Participants were a consecutive series of 779 ED cases, who had been referred to specialised ED units in five European countries. The ED cases were compared to a balanced control group of 785 healthy individuals. Assessment: Participants completed the Substance Use Subscale of the Cross Cultural Questionnaire (CCQ), a measure of lifetime tobacco, alcohol and drug use. In the control group, also the GHQ-28, the SCID-I interview and the EAT-26 were used.

**Results:** ED patients had higher lifetime consumption of tobacco and drugs ( $p < 0.01$ ). The only insignificant result was obtained for alcohol (OR= 1.29;  $\delta = 0.157$ ; N.S.) and cannabis use (OR= 1.21;  $\delta = 0.037$ , N.S.). Significant differences across ED sub diagnoses also emerged for all of the assessed variables ( $p < 0.01$ ), with the BN and AN-BP patients generally presenting the highest prevalence rates. The only exception was detected for alcohol consumption where EDNOS patients demonstrated the highest values ( $p = 0.008$ ). Only a few cultural differences between countries emerged ( $p < 0.05$ ).

**Conclusions:** Lifetime tobacco and drug use but not alcohol consumption are more prevalent in ED patients than healthy controls. While alcohol appears to be more common in EDNOS, smoking and drug use are more frequent in patients with bulimic symptomatology. The differential risk observed in patients with bulimic features might be related to differences in temperament or might be the result of increased sensitivity to reward.

### P0347

Individual and family eating patterns during childhood and early adolescence: A multicenter European study of associated eating disorder factors

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**Objectives:** To examine whether there is an association between individual and family eating patterns during childhood and early