

Results The men/women ratio was one to five. The most frequent EDs in males was Binge Eating Disorder, whereas in females Anorexia Nervosa and Bulimia Nervosa prevailed. Excessive exercising and fasting were the most common dysfunctional behaviors in men, while self-induced vomiting and laxative-diuretic abuse were more typical in women. Mood and Somatoform Disorders were more common in women, whereas Anxiety and Psychosis Disorders in males. Within personality disorders, borderline and histrionic prevailed in female, while narcissistic and anti-social in males.

Conclusions Male compared to female EDs, show differences in clinical presentation, symptoms and co-morbidities. The increased proportion of affected men should alert general practitioners, clinicians and psychologists working in non-specialized settings to be more aware of the possibilities of encountering an ED in men and of the need of exploring the eating habits in all male patients. The finding of a more pronounced physical hyperactivity in men in order to achieve an ideal body shape which is muscular and athletic suggests the need of a deeper attention to sex-different symptoms and behaviors declination.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.774>

EV0445

Shame traumatic memories and body image shame in Binge Eating Disorder: Can memories of warmth and safeness buffer this link?

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Introduction Growing research show that body image-related shame plays a particularly important role in the vulnerability to and persistence of Binge eating symptoms. Also, shame experiences from childhood and adolescence were found to function as traumatic memories and are significantly associated with eating psychopathology. Nonetheless, little is known about the effect of shame traumatic memories in Binge Eating Disorder (BED), and whether early positive emotional memories of warmth and safeness may buffer against the impact of shame memories on body image shame.

Aims This study examined the moderator effect of positive emotional memories on the association between shame traumatic memories and current body image shame in women diagnosed with BED.

Methods Participants ($N=109$) were assessed through the eating disorder examination and the shame experiences interview, and answered to self-report measures assessing the traumatic features of a key shame memory, positive emotional memories and body image shame.

Results Body image-related experiences were most frequently recalled as significant shame memories. Positive emotional memories were negatively associated with shame traumatic memories and body image shame, and had a significant moderator effect on the association between shame traumatic memories and current body image shame.

Conclusions This study was the first to demonstrate that early shame experiences may contribute for BED patients' shame based on their body image. Data suggest that the access to memories of early feelings of affiliation and safeness may be key to tone down negative affect. These findings have important implications for the conceptualization and treatment of BED.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.775>

EV0446

A new measure of psychological inflexibility related to eating behavior in adolescence: Confirmatory factor analysis and validity assessment

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Introduction On the onset of adolescence there is an increased vulnerability for mental health problems, namely disordered eating symptomatology. Disordered eating symptomatology has been described as a problem of psychological inflexibility. Psychological inflexibility related to eating behaviors, i.e., the adoption of inflexible idiosyncratic dietary rules without considering external and internal contingencies, is associated with disordered eating symptoms in adult populations. Nonetheless, the study of psychological inflexibility related to eating behaviors in adolescence is scarce.

Aims The current study aimed at examining the factor structure and psychometric properties of the Inflexible Eating Questionnaire for Adolescents (IEQ-A).

Methods Participated in this study, 728 adolescents (513 girls and 215 boys), aged 14 to 18 years, who completed self-report measures of psychological inflexibility related to eating behaviors, body image, disordered eating symptoms and general psychopathology symptoms.

Results Results of the confirmatory factor analysis indicated that the IEQ-A replicated the 11-item one-dimensional structure previously identified in adult samples. A multigroup analysis also demonstrated the scale's structure invariance between genders. The scale presented high internal reliability for both boys and girls (95). Correlation analyses confirmed the scale's convergence with psychological inflexibility with body image. IEQ-A was also positively associated with disordered eating symptoms and depression, anxiety and stress symptoms.

Conclusions Findings corroborated the adequacy of the IEQ-A factor structure and supported that this is a valid measure to assess psychological inflexibility related to eating behavior in adolescence. This measure is therefore of potential utility for clinicians and researchers focusing on eating-related difficulties in this vulnerable developmental stage.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.776>

EV0447

New technologies as risk factor for eating disorders

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Introduction Eating disorders (ED) have a significant prevalence in children and adolescents. The use of new technologies allows to access to a big amount of information. Excessive use of these technologies at this stage of life decreases social and family relationships and provides access to online content in favor of these disorders, which can affect to the development of an ED. The aim of this study is to analyze the relationship between the use of new technologies and the risk of developing an ED.

Material and method We have selected a sample of 500 patients who were in the 2nd year of secondary school to which has been applied a battery of scales, including the EAT-26 scale for ED; and has been collected socio-demographic data, including the use of internet and mobile phone. We used SPSS to analyze the relationship between these variables.

Results We have analyzed clinical and socio-demographic characteristics of the sample. In relation to the risk of developing an eating disorder we have found that high frequencies of use of the Internet and high frequencies of use of mobile phones (especially more than 4 hours a day) increases significantly the score in EAT-26 scale for ED ($P < 0.05$).

Conclusions Regarding the results, we can say that, in our sample, the use of Internet and/or mobile phone more than 4 hours a day significantly increases the probability of having a high score on the scale for ED. This data can be essential when planning treatment or establishing a preventive strategy.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.777>

EV0448

The central role of body image in the explanation of the engagement in disordered eating attitudes and behaviors

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Shame is a universal emotion, that has been emphasized as a pathogenic phenomenon in well-being and mental health. In fact, although shame has been considered an adaptive defensive response, higher levels of this painful emotion are strongly associated with different mental health conditions. The current study aimed to test whether the association of external shame with eating psychopathology would be explained by the mechanisms of body image-related cognitive fusion, psychological inflexibility, and also dietary restraint. A path analysis testing a mediational model was conducted in a sample of 787 women from the general community, aged between 18 and 51 years old. The tested model accounted for 71% of the variance of eating psychopathology and revealed an excellent fit to the data. Results demonstrated that external shame's impact on disordered eating attitudes and behaviors is indirect, carried through increased body image-related cognitive fusion, psychological inflexibility related to physical appearance, and dietary restraint. These findings seem to support the association between shame and eating psychopathology. Furthermore, these data add to literature by suggesting that individuals who present higher levels of shame may present increased tendency to engage in dietary restraint and other maladaptive eating behaviors, through higher levels of body image-related psychological inflexibility and cognitive fusion. The current study seems to hold important clinical implications, highlighting the importance of developing intervention programs in the community which target shame and body image-related maladaptive attitudes and behaviors and, in turn, promote adaptive emotion regulation strategies (e.g., acceptance abilities).

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.778>

EV0449

Ghrelin response to hedonic eating in underweight and short-term weight restored patients with anorexia nervosa

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Introduction Recently, anorexia nervosa (AN) has been conceptualized as a reward-related disorder, and brain imaging studies have shown functional and structural abnormalities in areas of the brain involved in reward processes in both acute and recovered AN patients. However, the role of endogenous biochemical mediators, such as Ghrelin, in the modulation of reward processes has been poorly investigated in this eating disorder.

Objectives Hedonic eating, that is the consumption of food exclusively for pleasure and not to maintain energy homeostasis, is a useful paradigm to investigate the physiology of food-related reward.

Aims We assessed the Ghrelin response to food-related reward in symptomatic AN women in order to further explore the modulation of reward processes in this severe and debilitating disorder.

Methods Plasma levels of Ghrelin were measured in 7 underweight and 7 recently weight-restored satiated AN patients before and after the ingestion of a favorite (hedonic eating) and non-favorite (non-hedonic eating) food. Ghrelin responses were compared it that of previously studied healthy controls.

Results We found that in satiated underweight patients with AN plasma Ghrelin levels progressively decreased after the exposure and the consumption of both the favorite and non-favorite food whereas in satiated weight-restored AN patients and satiated healthy controls plasma Ghrelin concentrations significantly increased after the exposure to the favorite food and after eating it, but decreased after the non-favorite food.

Conclusions These results suggest a derangement in the Ghrelin modulation of food-related pleasurable and rewarding feelings, which might sustain the reduced motivation toward food intake of acute AN patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.779>

EV0450

Age at onset of eating disorders: A statistical validation of proposed cut-offs

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Introduction Despite age at onset (AAO) of eating disorders (EDs) has classically been described in adolescence; to date there is not an univocal definition. While initial studies described a bimodal distribution of AAO for ED, recently several studies didn't confirm these findings.

Objectives AAO thresholds definition for anorexia nervosa (AN) and bulimia nervosa (BN) with statistical validation of proposed cut-offs is highly needed, since AAO represents a crucial clinical feature.

Aims We obtained data from subjects with AN and BN to perform a normal distribution admixture analysis to determine their AAO.