S0102

Food addiction and gender aspects: Risk factors, co-morbidites and treatment

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Abstract: Food addiction (FA) is characterized by poorly controlled intake of highly-palatable, calorically-dense, high-sugar, high-fat, and usually processed foods. Although not existing in the DSM-5 or ICD, it has been a widely discussed clinical and research entity for more than a decade, in the understanding of both obesity and also disordered eating behaviours. Most studies indicate that risk factors for FA are similar to substance use disorders. FA is also found to be linked with emotion regulation problems, impulsivity, distinct personality features, and other major psychopathologies including depression and anxiety. Morevoer, in several studies, female gender is found to be associated with more prevalent food addiction, up to 7 times. Female gender is also a predictor of severe food addiction, and high reward sensitivity was significantly associated with more severe FA symptoms in females. It is known that women are more likely to self-medicate than men in the acquisition phase of addiction and show a more rapid escalation of use than men (telescoping), whereas in general substance use disorders are much more common in men. The wide availability of hyperpalatable, high-calorie, and inexpensive food and the contextual and social factors that do not necessarily prevent women from consuming these drugs, contrary to that of illicit drugs, might explain why FA is more frequently observed in women than in men. Also, biological factors, hormonal changes and body-image disturbances might also be among the reasons why females are more affected from FA. Aspects related to gender should be taken into account for proper recognition and treatment of FA, a diagnosis of growing importance.

Disclosure of Interest: None Declared

S0100

Mental pain and suicide risk: implications for neuroimaging

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Abstract: Campaigns have been launched to make sense of what makes a specific individual suicidal. We know that suicidal individuals give definite warning signs, mainly from their ambivalence about ending their own lives. Classical suicidology posited that the suicidal individual experiences unbearable psychological pain (*psychache*) or suffering and that suicide might be, at least in part, an attempt to escape from this suffering, emphasizing that suicide is not a movement toward death but rather an escape from unbearable emotion and unendurable or unacceptable anguish. Suicide occurs when that individual deems the psychache to be unbearable. Neuroimaging studies demonstrated that such emotional pain shares the same neuroanatomical circuit of somatic pain. Furthermore, concepts related to death, failure, or other unfortunate circumstances activate specific cerebral areas in a suicidal individual compared to a non-suicidal subject. The author conducted a sizeable clinical investigation on mental pain related to psychiatric disorders and suicide risk. Implications for further research are discussed during the presentation.

Disclosure of Interest: M. Pompili Consultant of: Janssen, Lundbeck, Recordati, MSD, Speakers bureau of: Janssen, Lundbeck, Angelini Pharma, Pfizer

S0101

Post-migration trajectories and psychopathological vulnerability

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Abstract: Background: Psychosis rates are higher among some migrant groups. We hypothesized that psychosis in migrants is associated with cumulative social disadvantage during different phases of migration.
Methods: We used data from the EUropean Network of National Schizophrenia Networks studying Gene-Environment Interactions (EU-GEI) case-control study. We defined a set of 3 indicators of social disadvantage for each phase: pre-migration, migration, and post-migration.
Results: 249 cases and 219 controls were assessed. Pre-migration (OR 1.61, 95%CI 1.06-2.44, p=0.027) and postmigration social disadvantages (OR 1.89, 95%CI 1.02-3.51, p=0.044), along with expectations/achievements mismatch (OR 1.14, 95%CI 1.03-1.26, p=0.014) were all significantly associated with psychosis. We found a dose-response effect between number of adversities across all phases and odds of psychosis (≥6: OR 14.09, 95%CI 2.06-96-47, p=0.007).
Conclusions: The cumulative effect of social disadvantages before, during and after migration was associated with increased odds of psychosis in migrants, independently of ethnicity or length of stay in the country of arrival. Public health initiatives that address the social disadvantages that many migrants face during the whole migration process and post-migration psychological support may be reduce the excess of psychosis in migrants.

Disclosure of Interest: None Declared

S0102

Positive and negative correlates of social media use, including aggression, trauma and suicide

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