

## EPP0614

**Personal and clinical traits in adolescents, diagnosed with «anorexia nervosa».**E. Balakireva<sup>1</sup>, N. Zvereva<sup>2\*</sup> and S. Voronova<sup>2</sup><sup>1</sup>Child Psychiatry, Federal State Budgetary Scientific Institution Mental Health Research Center, Moscow, Russian Federation and <sup>2</sup>Clinical Psychology, Federal State Budgetary Scientific Institution Mental Health Research Center, Moscow, Russian Federation

\*Corresponding author.

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**Introduction:** Eating disorders are among the most common mental health problems. The prevalence of diseases in this circle is 1-2% of the population; in adolescents - 1%. There is a significant "rejuvenation" of eating disorders with the appearance anorexia nervosa cases in preschool and primary school age. The prevalence of such disorders among adolescents is a significant reason for detailed and comprehensive study of the issue. Many factors lead to development of eating disorders: genetic predisposition, family background, socio-cultural factors, life experience. We suggested that due to many mutually overlapping factors in the syndrome of anorexia nervosa, there may also be distortions of personality characteristics, sometimes reaching the level of personality disorders.

**Objectives:** assessment of personality features 34 patients with leading diagnosis of F-50.0 (ICD-10) were examined in FSBSI MHRC (inpatient treatment/outpatient observation). All adolescents received drug therapy.

**Methods:** The study was carried out using modern psychopathological methods with the inclusion of research questionnaires aimed at identifying personal pathology (LoPF 12-18, AIDA).

**Results:** During the research, the following personality traits were revealed: perfectionism, the desire to correspond to a certain ideal image of oneself, instability of Ego, unstable identity violations; reduced ability to form a picture of the future and themselves in the future; also showed a tendency to abuse psychoactive substances.

**Conclusions:** Thus, the general for all patients with diagnosed disorder was persistent refusal to eat (up to dystrophy), distortion of Ego, characteristic of personality disorders were also observed. Further studies are required to obtain a more detailed picture and clarify the prognostic outcome.

**Keywords:** anorexia nervosa; adolescents; eating disorders

## EPP0613

**Dysmorphophobia as a factor that worsens the affective state and the life quality of patients with eating disorders. The final data of the study**

E. Okonishnikova\*, A. Bryukhin, T. Lineva and I. Belokrylov

Department Of Psychiatry And Medical Psychology, RUDN University Moscow., Moscow, Russian Federation

\*Corresponding author.

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**Introduction:** Anorexia nervosa (AN) and bulimia nervosa (BN) take one of the first places in the risk of fatal outcome among eating disorders, have a tendency to chronicity and high suicidal risk. Psychopathological basis for AN and BN is a dysmorphophobia or a pathological dissatisfaction with one's body, characterized by intrusive,

overvalued or delusional ideas of physical disability. Dysmorphophobia affects the formation of affective pathology and reduces the life quality.

**Objectives:** The study of the correlation between the degree of dissatisfaction with one's bodies, affective disorders and life quality of patients with AN and BN.

**Methods:** 130 female patients with AN and BN at the age of 13-44 years (the average age is 18). The disease duration from 6 months to 24 years. Validated Questionnaire image of one's own body (QIOB) and the Scale of satisfaction with one's body (SSOB); Hospital anxiety and depression scale (Zigmond A.); Questionnaire for the assessment of life quality (SF-36); Microsoft Excel standard correlation calculation.

**Results:** Dissatisfaction with one's body based on QIOB and SSOB tests has a significant positive correlation with anxiety and depression, a significant correlation with the psychological component of health, a weak correlation with the physical component of health.

**Conclusions:** Dissatisfaction with one's body or dysmorphophobia of patients with AN and BN significantly affects their affective state and psychological component of life quality which leads to a decrease in functioning up to social maladaptation and disability to social maladjustment. The publication was prepared with the support of the "RUDN University Program 5-100".

**Keywords:** eating disorder; body dysmorphic disorder

## EPP0614

**Clinical manifestations of vomitomania in bulimia nervosa.**A. Bryukhin<sup>1</sup>, E. Okonishnikova<sup>1\*</sup>, T. Lineva<sup>1</sup> and Y. Batyrev<sup>2</sup><sup>1</sup>Department Of Psychiatry And Medical Psychology, RUDN University Moscow., Moscow, Russian Federation and <sup>2</sup>Department Of Psychiatry And Medical Psychology, Peoples Friendship University of Russia (RUDN University), Moscow, Russian Federation

\*Corresponding author.

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**Introduction:** In the dynamics of bulimia nervosa, a significant proportion of patients show a pathological attraction to purifying behavior in the form of artificially induced vomiting. This variant of the pathology of the drives significantly aggravates the symptoms, causes a severe degree of maladaptation of patients and great difficulties in the treatment of the disease.

**Objectives:** To identify and describe the manifestations of vomitomania in patients with bulimia nervosa, the impact on the outcome of the disease.

**Methods:** Clinico-psychopathological, psychological, catamnestic.

**Results:** 120 patients with bulimia nervosa were examined: 112 women and 8 men aged 22-43 years. 86 of them (80 - women, 6 - men) were found to have vomitomania (a pathological urge to induce vomiting). Patients with pleasure, without feeling shy, awkward, described their own vomiting behavior - noted the expectation of vomiting, prepared for its implementation, observing complex rituals, imagined the vomiting act and its consequences in their minds, imagination. Describing vomiting, patients used superlative degrees of comparison, noted a sense of bliss, pleasure, "high" in the implementation of this irresistible desire. If it was impossible to induce vomiting, there was a feeling of depression, depressed mood, irritability, anger, physical distress - in fact, manifestations of withdrawal syndrome. Critical attitude to the above-described pathological behavior was absent in a significant part of cases.