



Fig. 2 Revised longitudinal DPM.

book and social media use and these interventions should be tailored to individuals scoring high on sociotropy.

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EW128

A meta-analysis on the longitudinal relationship between eating pathology and depression

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Background Despite the considerable number of studies that have assessed evidence for a longitudinal relationship between eating pathology and depression, there is no clear consensus regarding whether they are uni- or bi-directionally related.

Objective To undertake a meta-analysis to provide a quantitative synthesis of longitudinal studies that assessed the direction of effects between eating pathology and depression. A second aim was to use meta-regression to account for heterogeneity in terms of study-level effect modifiers.

Results Meta-analysis results on 30 eligible studies showed that eating pathology was a risk factor for depression ($r_m = 0.13$, 95% CI: 0.09 to 0.17, $P < 0.001$), and that depression was a risk factor for eating pathology ($r_m = 0.16$, 95% CI: 0.10 to 0.22, $P < 0.001$). Meta-regression analyses showed that these effects were significantly stronger for studies that operationalized eating pathology as an eating disorder diagnosis versus eating pathology symptoms ($P < 0.05$), and for studies that operationalized the respective outcome measure as a categorical variable (e.g., a diagnosis of a disorder or where symptoms were “present”/“absent”) versus a continuous measure ($P < 0.01$). Results also showed that in relation to eating pathology type, the effect of an eating disorder diagnosis ($b = -0.06$, $t = -7.304$, $P \leq 0.001$) and bulimic symptoms ($b = -0.006$, $t = -2.388$, $P < 0.05$) on depression was significantly stronger for younger participants.

Conclusions Eating pathology and depression are concurrent risk factors for each other, suggesting that future research would benefit from identifying factors that are etiological to the development of both constructs.

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

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EW130

Body image and eating disorders are common in professional and amateur athletes using performance and image-enhancing drugs (pieds). A cross-sectional study

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Introduction The use of Performance and Image-Enhancing Drugs (PIEDs) is on the increase and appears to be associated with several psychopathological disorders, whose prevalence is unclear.

Objectives/Aims We aimed to evaluate the differences—if any—in the prevalence of body image disorders (BIDs) and eating disorders (EDs) in PIEDs users athletes vs. PIEDs nonusers ones.

Methods We enrolled 84 consecutive professional and amateur athletes (35.8% females; age range = 18–50), training in several sports centers in Italy. They underwent structured interviews (SCID I/SCID II) and completed the Body Image Concern Inventory (BICI) and the Sick, Control, One, Fat, Food Eating Disorder Screening Test (SCOFF). Mann-Whitney *U* test and Fisher’s exact test were used for comparisons.

Results Of the 84 athletes, 18 (21.4%) used PIEDs. The most common PIEDs were anabolic androgenic steroids, amphetamine-like substances, cathinones, ephedrine, and caffeine derivatives (e.g. guarana). The two groups did not differ in socio-demographic characteristics, but differed in anamnestic and psychopathological ones, with PIEDs users athletes being characterized by significantly (P -values < 0.05) higher physical activity levels, consuming more coffee, cigarettes, and psychotropic medications (e.g. benzodiazepines) per day, presenting more SCID diagnoses of psychiatric disorders, especially Substance Use Disorders, Eating Disorders, Body Dysmorphic Disorder (BDD), and General Anxiety Disorders, showing higher BICI scores, which indicate a higher risk of BDD, and higher SCOFF scores, which suggest a higher risk of BIDs and EDs.

Conclusions In PIEDs users athletes body image and eating disorders, and more in general psychopathological disorders, are more common than in PIEDs nonusers athletes.

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

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EW131

Comorbidity between delusional disorder and sensory deficits. Results from the deliranda case register

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Introduction Sensory deficits such as blindness and deafness are very common forms of disability, affecting over 300 million people worldwide according to World Health Organization estimates. These conditions can lead to misinterpretations of the environment, which may contribute to the development of a delusional disorder in predisposed people.

Objectives The objective of this study is to establish the prevalence of blindness and hearing loss across delusional disorder.

Aims The aim is to provide useful information regarding this frequent, often disregarded, comorbidity.

Methods Our results proceed from the Andalusian delusional disorder case-register (DelirAnda). We reviewed 1927 clinical histories of patients diagnosed of delusional disorder. Upon having verified the diagnosis following DSM-V criteria, we recollected data on the prevalence of blindness and hearing loss, which were defined based on clinical diagnosis.

Results One thousand four hundred and fifty-two patients matched DSM-5 delusional disorder criteria. Among them, 49.8% of our sample were women. The overall prevalence of sensory deficits was 7.4%, 3.5% of the patients with delusional disorder were blind, while 3.9% of them suffered from hearing loss.

Conclusions Our results are consistent with previous studies, such as the Deliremp study, which found a 5.7% prevalence of sensory deficit among delusional disorder patients. These results show a higher prevalence of sensory deficit among delusional disorder patients compared with the general population. However, causality could not be established. Further study should be undertaken regarding the relationship between these two conditions.

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

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EW132

Comorbidity between delusional disorder and chronic physical conditions. Results from the Deliranda case register

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Introduction Mental disorders are often comorbid with chronic physical conditions. This relationship has been looked into in some mental disorders, such as depression or schizophrenia. However, very few studies have explored this comorbidity in the delusional disorder.

Objectives The objective of this study is to establish the prevalence of common chronic medical conditions across delusional disorder.

Aims The aim is to provide useful information regarding this frequent, often disregarded, comorbidity.

Methods Our results proceed from the Andalusian delusional disorder case-register (DelirAnda). We reviewed 1927 clinical histories of patients diagnosed of delusional disorder. Upon having verified the diagnosis following DSM-5 criteria, we recollected data on the prevalence of 10 different medical conditions, which were defined based on clinical diagnosis.

Results One thousand four hundred and fifty-two patients matched DSM-5 delusional disorder criteria. Among them, 49.8% of our sample were women. The overall prevalence of medical conditions was 66%. Thirty-one percent of the patients with delusional disorder had only one comorbid physical condition, 20% of them suffered from two conditions, and 15% of them had three or more chronic conditions. The most prevalent physical condition among delusional disorder patients was diabetes, affecting 16% of these patients.

Conclusions Chronic physical conditions are highly prevalent among patients with delusional disorder. Comorbid physical conditions may have an important impact on the course of delusional disorder. A correct diagnosis and treatment of this comorbidity should be made to help improve the prognosis and life quality of these patients.

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

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EW133

Punding in Parkinson's disease: To a better understanding of a common phenomenon between Parkinson's disease and addictions

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Introduction Punding is a stereotypical motor behaviour characterized by a repetitive, excessive and non-goal oriented activity that causes an important loss of time. Since its first description in psychostimulant addicts, data on punding has only derived from studies on Parkinsonian patients treated with dopaminergic drugs. Little is known in the literature about Parkinsonian patient's characteristics who suffer from punding.

Objective We propose to study characteristics of Parkinsonian "punders" in order to investigate the pathophysiology of this phenomenon.

Methods In this retrospective study, we use the "Arduin Scale of Behavior in Parkinson's disease" database. This database was initially used to design a global scale to detect changes in mood and behavior of Parkinson's disease (PD) patients. We compared different variables between Parkinsonian patients who suffer from punding with non-punder Parkinsonian patients.

Results Eighty of the 258 patients were identified as punders. In univariate analysis, the punder and non-punder groups differed statistically with regard to the age of diagnostic of PD, hypersexuality and dopaminergic agonist treatment. In multivariate analysis, the punder and non-punder groups only differed statistically with regard to dopaminergic agonist treatment ($P=0.05$).

Conclusion Dopaminergic agonist treatments appear to be more represented among patients with punding in our sample. Impulse control disorders (ICD) are known to be more common in patients treated by dopamine agonists. Punding could be considered as the most severe form of ICD that is linked to psychomotor stimulation and reward mechanisms.

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EW134

Alexithymia and asthma

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Introduction Alexithymia refers to difficulties in verbal expression of emotions, commonly observed in patients with psychosomatic symptoms. In this context, asthma is described as one of psychosomatic diseases.

Objectives Identify clinical profile of asthmatic patients and assess the alexithymia level as well as associated factors.

Methods We conducted a cross-sectional, descriptive and analytic study, including 30 patients followed for asthma at pulmonary outpatient department, Hedi Chaker Hospital, Sfax, Tunisia, during September and October 2015. We collected socio-demographic and clinical characteristics. Asthma control level was assessed by