

experimental treatment strategies, namely those related with neuromodulation, particularly Transcranial Magnetic Stimulation (TMS).

Conclusions: Emotional regulation, particularly the processing of negative emotions, appears to be a key element in the neurobiology of AN.

With new neuromodulation techniques, specially TMS, it seems possible to modulate the neuronal circuits inherent to emotional processing, such as the L-DLPFC.

Future randomized clinical trials are needed in order to understand how neuromodulation can contribute to exploring the neurobiology of AN and to become more targeted and effective therapeutic options.

Disclosure of Interest: None Declared

EPP0827

I-TREAT: Internet-based Cognitive Behavioral Treatment for Other Specified Feeding or Eating Disorders (OSFED) in Danish Adolescents and Adults – Study Protocol for a Randomized Controlled Trial

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Introduction: Eating disorders severely impair psychosocial functioning, physical health, and quality of life. In particular, Anorexia Nervosa has the highest mortality rate among all psychiatric diseases. Other Specified Feeding or Eating Disorders have the highest lifetime prevalence with weighted means of 7.64% for women. Eating disorders are considered hard-to-treat, and studies have indicated that people suffering from eating disorders prefer low-threshold interventions compared to traditional mental health care. International studies show promising results of internet-based interventions for Other Specified Feeding or Eating Disorders.

Objectives: To test the effectiveness of an internet-based psychologist-guided cognitive behavioral treatment program (I-TREAT) to reduce eating disorder symptoms in Danish adolescents and adults with Other Specified Feeding or Eating Disorders.

Methods: This study is a randomized controlled trial with two arms: 1) an intervention group and 2) an active control group. Participants are adolescents from the age of 15 or above, as well as adults, diagnosed with Other Specified Feeding or Eating Disorders. The intervention group receives the I-TREAT program while the control group receives self-guided mindfulness exercises. I-TREAT comprises 12 text-based treatment sessions with psychoeducation and treatment-related tasks, based on cognitive behavioral therapy and elements of compassion-focused therapy. The treatment duration is approximately 12 to 36 weeks. Videos, pictures, and animations support the treatment content and the program is accessible by web-browser and app. A specialist in eating disorders guides the patient through treatment with task-related feedback and asynchronous written communication. Patients will answer questionnaires regarding eating disorder symptoms, quality of life, and motivational states before, during, and after treatment, with follow-up measures at 3, 6, and 12 months. We expect to include

63 patients to each group and commence recruitment in August 2023. Preliminary results from a feasibility study on I-TREAT show good evaluations from clinicians and patients (N=30).

Results: No results have yet been obtained. The results will be submitted to international scientific journals and presented at conferences.

Conclusions: The internet-based cognitive behavioral treatment program I-TREAT may be a promising tool for effectively treating adolescents and adults with Other Specified Feeding or Eating Disorders in Denmark.

Disclosure of Interest: None Declared

EPP0828

Anorexia nervosa in adolescence from oral health perspective

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Introduction: Management of patients with anorexia nervosa (AN) desires psychiatric/medical care. In average AN disease onset they represent a younger generation than 18 y.o. In this age typically children and adolescents are under regular dental care. Whether young AN patients should be included to intensive oral supervision may be still questionable. In literature little information on changes in oral cavity caused by AN were reported.

Objectives: Therefore, the aim of the study was to evaluate caries incidence, tooth wear, gingival inflammation, and oral hygiene level among adolescent AN inpatients, highlighting the aspect of oral health manifestations in case-control study.

Methods: Based on clinically confirmed 130 AN restrictive subtype hospitalized female subjects (BMI <15 kg/m², age 14.8±1.8), dental status has been examined regarding the occurrence of caries lesions using *Decay Missing Filling Teeth* (DMFT), erosive wear as *Basic Erosive Wear Examination* (BEWE), gingival condition as *Bleeding on Probing* (BOP) and plaque deposition as *Plaque Control Record* (PCR). The results were compared with age-matched 110 female controls (BMI 19.8±2.3 kg/m², age 15.5±1.8, p=0.744) dentally caried in public University dental clinic (p<0.05) in the same time period.

Results: AN patients compared with healthy adolescents were found to present higher incidence of oral-related complications according to dental status (DMFT 3.9±4.5 vs. 2.0±1.8, p=0.005), erosive tooth wear (BEWE 18.9% vs. 2.9%, p<0.001), less efficient in controlling plaque (PCR 43.8% vs. 13.7%, p<0.001) and gingival inflammation (20.0% vs. 3.9%, p<0.001). AN group, a significant correlation between BOP, BEWE, and duration of AN symptoms (p<0.05), similarly to the number of decayed teeth D, filled teeth F and PCR were detected (p<0.05).

Conclusions: Although the obtained results did not reveal any severe oral complications, AN diagnosis in adolescence may influence to numerous oral-related symptoms from dental caries, the onset of erosive tooth wear, failure in dental hygiene to be