

Objectives/aims The authors describe a clinical case of a 51-year-old woman with rumination syndrome and bulimia nervosa.

Methods A detailed report of the clinical case was made as well as a literature review of articles published in Pubmed/Medline on the topic “Rumination syndrome” and “Merycism”.

Results The authors describe a clinical case of a 51-year-old woman who began ruminative behavior when she was 10 years old, describing the regurgitation of the swallowed food back to her mouth shortly after eating and the re-chewing of it. She states that the regurgitated food tastes the same as when she ate it and she denies any pleasure associated with this behavior. When she was 17 years old, by the time she was pregnant, she started bulimic behavior and, as the rumination, it never ceased. Her medical history is significant for chronic gastritis and type 2 diabetes mellitus.

Conclusions Although rare, merycism is an entity in the clinical practice of eating disorders. With this work, the authors share this case report as well as information concerning this topic.

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

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EV0442

Non-invasive brain stimulation treatment in a group of adolescents with anorexia

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Introduction Anorexia nervosa (AN) is characterized eating behaviors and body image disturbances. Given poor treatment outcomes are available for AN, treatment innovations are urgently needed. Recently, non-invasive neuromodulation tools have suggested having potential for reducing AN symptomatology targeting brain alterations.

Objectives The objective was to verify whether an excitatory transcranial direct current stimulation (tDCS) over the left prefrontal cortex may aid in altering/resetting inter-hemispheric balance in AN patients, re-establishing control over eating behaviors.

Aims Research is aimed to evaluate the potential of tDCS treatment in determining a more rapid improvement compared to classical treatments in adolescents with AN.

Methods Twenty-two adolescents with AN, underwent the treatment as usual (AU) plus the tDCS treatment (TDCS+AU: $n=8$, age $M 13.7 \pm 1.9$ years) or a family therapy (FT+AU: $n=14$, age $M 15.1 \pm 1.75$ years), for six weeks. Psychopathological scales (EDI-III, EAT 26, BUT, MASC, CDI) and anthropometric indicator of nutritional status (BMI) were assessed before and after treatment.

Results BMI improved only in the TDCS+AU group ($P<0.01$). Mean BMI percentage of improvement was $14.43\% \pm 10.8$ in the TDCS+AU and $4.83\% \pm 5.4$ in the FT+AU. Both groups improved in the total scores of the EDI, EAT-26, MASC and CDI scales (all $P<0.01$).

Conclusions tDCS treatment improved BMI values more than classical treatment and determined comparable to the classical treatment improvement in the psychopathological scales. This results may be an important starting point to further explore the beneficial effect of brain based treatments for AN.

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Body Image in Bariatric surgery candidates

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Introduction Body image is a multidimensional concept that has assumed a significant role in eating disorders in which affective and perceptual distortions have been documented. Obesity is not a psychiatric disorder according to DSM-5 but several studies highlighted the presence of body image diseases in obesity.

Objectives The aim of this work is to evaluate the presence of body uneasiness in obese seeking for Bariatric surgery and to correlate it with psychopathological symptoms, psychosocial and anamnestic variables.

Methods From June 2014 to June 2016, we enrolled 537 Bariatric surgery candidates. Body image was investigated using the Body Uneasiness Test (BUT-A), a 34-item self-report questionnaire which measures weight phobia (WP), body image concerns (BIC), avoidance (A), compulsive self-monitoring (CSM), detachment and depersonalization (D). Psychopathological symptoms and personality traits have been evaluated using SCL90R and MMPI-2.

Results Descriptive analyzes showed that BUT subscales were altered in most of our sample. Correlations of Pearson underlined significant associations between BUT subscales and SCL90R subscales. No correlation was found between BMI, marital status and BUT scores, while young, female and unemployed people had more difficulties with body.

Conclusions Our data highlight the presence of considerable body uneasiness in obese, correlated with the severity of psychiatric symptoms but independent from the severity of obesity. This seems to reflect the mind-body split detected both in obesity and in eating disorders. Therefore, a multidisciplinary integrated approach including psychological work on cognitive, emotional and perceptual aspects of body image will help patients to improve coping with corporeal changes achieved through surgery.

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Sex-specific issues in eating disorders: A clinical and psychopathological investigation

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Introduction Gender is crucial in many aspects of life, including attitude towards body image perception. Although the well-known female preponderance, recent studies demonstrate an increasing Eating Disorders (EDs) incidence in males but scant literature attention.

Aims This study aims to highlight the growing phenomenon of EDs in males and shed light on sex-related clinical features and psychiatric co-morbidities.

Method Out of 280 persons aged 18–74, consecutively referred to Bologna's outpatients EDs clinic, 267 were included in this retrospective observational study.