

comprehensive approach with multiple therapeutic goals should be taken during the intervention.

Disclosure of Interest: None Declared

EPP0512

From guided self-help to comprehensive ED treatment

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Introduction: The incidence of eating disorders is increasing in Hungary and Central-Eastern Europe. The number of complex/severe cases is also increasing. Accordingly, several new unmet needs of the users and their relatives appear in the clinical care.

Objectives: As a possible response to these unmet needs, we have introduced a multifaceted care model for eating disorders. To facilitate easily accessible yet effective care close to home, a support programme with an online guided self-help tool and regular consultations with first responder psychiatrists or clinical psychologists has been introduced. For non (or partial) responders, a multifaceted modular treatment programme has been developed with an individualised combination of different therapeutic approaches, including family therapy, dialectical behaviour therapy (DBT) specific to binge eating disorder and bulimia, CBT and the use of virtual reality as an adjunct treatment. The most severe cases are referred for (also multifaceted) inpatient treatment. In terms of research, we want to focus on the key issues for rapid, cost-effective treatment. Firstly, we want to develop an individual profiling system at the start of therapy to assess which individual combination of modules can produce a rapid therapeutic response. Secondly, we want to identify the active gamechanger elements of therapy that are associated with the greatest change in symptoms.

Methods: Patients complete the following questionnaires:

- in the guided self-help group: Eating disorder inventory, (EDI-I), McMaster Family Assessment Device (FAD), Eastin Disorder Diagnostic Scale (EDDS), Eating Behavioral Severity Scale, Eating Disorders Symptom Impact Scale (EDSIS-S)

- in DBT groups: Eating Disorder Examination Questionnaire (EDE-Q), Three Factor Eating Questionnaire-R21, Rosenberg Self-Esteem Scale, Patient Health Questionnaire-(PHQ-9), Cognitive Emotion Regulation Questionnaire (CERQ)

- in individual therapies: Mini International Neuropsychiatric Interview (MINI) and Structured Clinical Interview for DSM 5- Alternative Model for Personality Disorders (SCIP-5-AMPD), EDI-I, Mentalization Questionnaire (MZQ), Dissociation Questionnaire (DIS-Q), Symptom Checklist-90 (SCL-90), (PHQ-9), Childhood Trauma Questionnaire (CTQ) and Young Parenting Inventory (YPI).

Results: Patient recruitment and therapies are currently underway, the first preliminary results are expected in the spring period.

Conclusions: In order to provide individualized care more effectively, it is important to identify the factors that determine which therapeutic modalities work best for the patient.

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EPP0513

Association between childhood maltreatment and cortical folding in women with eating disorders

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Introduction: Childhood maltreatment (CM) is associated with distinct clinical and biological characteristics in people with eating disorders (EDs). The measurement of local gyrification index (LGI) may help to better characterize the impact of CM on cortical structure.

Objectives: The objective of this study was to investigate the association of CM with LGI in women with EDs.

Methods: Twenty-six women with anorexia nervosa (AN) and 24 with bulimia nervosa (BN) underwent a 3T MRI scan. All participants filled in the Childhood Trauma Questionnaire. All neuroimaging data were processed by FreeSurfer. LGI maps underwent a general linear model to evaluate differences between groups with or without CM. People with AN and BN were merged together.

Results: Based on the Childhood Trauma Questionnaire cut-off scores, 24 participants were identified as maltreated and 26 as non-maltreated. Maltreated people with EDs showed a significantly lower LGI in the left middle temporal gyrus compared with non-maltreated people, whereas no differences emerged in the right hemisphere between groups.

Conclusions: The present study showed that in people with EDs, CM is associated with reduced cortical folding in the left middle temporal gyrus, an area that could be involved in ED psychopathology. This finding corroborates the hypothesis of a ‘maltreated ecophenotype’, which argues that CM may allow to biologically, other than clinically, distinguish individuals with the same psychiatric disorder.

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EPP0514

The Portuguese version of the Screen for Disordered Eating: Validity and reliability in the perinatal period

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Introduction: Despite the increased knowledge about the prevalence and consequences of eating disorders (ED), they continue to be underdiagnosed and undertreated. Being more common in women of childbearing age, the perinatal period may play a decisive role in the incidence and course of these pathologies. The Screen for Disordered Eating (SDE) was developed for the screen of ED in primary care.

Objectives: Our aim was to analyze the psychometric properties of the Portuguese Version of SDE in women during the perinatal period.

Methods: Participants were 346 women with a mean age of 31.68 of years old (\pm 4.061; range: 18-42). 160 were pregnant (second or third trimester) and 186 were in the post-partum (mean baby's age=4.37 months (\pm 2.87; range: 1-12). They answered an online survey including the Portuguese version of the SDE and of the Eating Disorder Examination – Questionnaire (EDE-Q-7).

Results: Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes in pregnancy ($\chi^2/df=2.0335$; RMSEA=.0547, $p<.001$; CFI=0.9976 TLI=0.9939, GFI=0.9906). The Cronbach's alfa were \geq 0.65. All the items contributed to the internal consistency and presented high internal validity. Pearson correlations between SDE and EDE-Q-7 total scores were significant ($p<.001$) positive and high in pregnancy (.639), postpartum (.583) and the perinatal period (.617).

Conclusions: The Portuguese version of SDE has shown good validity (construct and concurrent) and internal consistency. As such, SDE might be a useful tool to screen ED in women during the perinatal period.

Disclosure of Interest: None Declared

EPP0515

Clinical and psychopathological features of parents of patients with anorexia nervosa.

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Introduction: Anorexia nervosa (AN) is a widespread chronic mental disorder with severe negative medical and social consequences. Treating patients with AN is a complex and time-consuming process, as persistent forms are often encountered. The studies' results indicate a possible influence of psychoemotional state and/or existing psychopathological manifestations in parents on AN development.

Objectives: To investigate the clinical and psychopathological characteristics of parents of patients with AN based on the study of emotional regulation, alexithymia, depression, and anxiety.

Methods: The study population (N=110) consisted of fathers (N=47 (42.7%)) and mothers (N=63 (57.3%)) of patients with AN. The mean age was M=44.90 (SD=5.9; SE=0.567). All participants completed the emotional regulation scale (DERS), Toronto Alexithymia Scale (TAS-26), Hospital Anxiety and Depression Scale (HADS).

Results: According to DERS: "rejection" - 21.86 (SD=5.675; SE=0.541); "goals" - 19.13 (SD=2.028; SE=0.193); "impulse" - 24.17 (SD=4.908; SE=0.468); "awareness" - 21.93 (SD=1.999; SE=0.191); "strategies" - 30.75 (SD=2.173; SE=0.207); "clarity" - 18.58 (SD=1.486; SE=0.142). The sum was 136.42 (SD=8.119; SE=0.774). The TAS results of the study group were 80.45 (SD=13.699), which characterizes the average personality type as alexithymic. According to HADS, the average values were distributed: the anxiety scale M=7.96 (SD=1.347) the depression scale

M=7.95 (SD=1.442). These indicators can be considered as the extreme limit of the norm or subclinically expressed anxiety and depression. The next step was to find statistically significant relationships between the DERS methodology and the HADS and TAS for the study group. According to Spearman's correlation coefficient, there is a direct stable relationship between the variables "anxiety" and "impulse" ($r=0.257$), awareness ($r=0.255$), and the total score of emotional regulation according to "DERS" ($r=0.246$); A direct correlation was found between the indicators "depression" and "rejection" ($r=0.151$), "goals" ($r=0.233$), "awareness" ($r=0.138$); Alexithymia, in turn, has a direct correlation with the "goals" scale and an inverse correlation with the "strategies" scale ($r=-0.141$)

Conclusions: Parents of patients with AN have various manifestations of psychoemotional disturbances, namely subclinical levels of depression and anxiety, high levels of alexithymia, and emotional regulation problems. The correlation analysis showed that the anxiety score for parents of patients with AN is higher if difficulties with impulse control, emotional awareness, and general emotional regulation are problematic. Depressive tendencies are also associated with the subjects' rejection of emotional reactions and problems with goal-directed behavior. The inverse correlation indicates that the higher the index of alexithymia, the less limited access to emotion regulation strategies, and vice versa.

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Epidemiology and Social Psychiatry

EPP0516

Exploring the associations between involuntary treatment and gender in a portuguese acute psychiatric unit

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Introduction: Involuntary admission rates differ between gender across various countries. In several European Union countries, men are more frequently involuntarily admitted, while an opposite trend, associating women with involuntary care, has been observed in countries like Switzerland, Brazil, and China.

Objectives: Considering the contradictory evidence about gender and involuntary care in the literature, we aim to analyze the gender patterns of involuntary care in Centro Hospitalar Médio Tejo's Psychiatric Acute Unit, exploring the gender differences in diagnosis among involuntary patients.

Methods: We stored and analyzed the data using Microsoft Excel and IBM SPSS Statistics. We studied psychiatry admissions at Centro Hospitalar Médio Tejo, Portugal over 2 years. The Acute Psychiatric Unit, located within a general hospital, has 24 beds, and offers acute mental healthcare services to adults aged 18 and above, serving a coverage area of approximately 251,000 residents. As part of our data collection process for all admissions to the Acute Psychiatry Unit, we recorded information such as gender, age, diagnosis at discharge, treatment type (voluntary or involuntary), and length of stay.