ECED2025

BUDAPEST, HUNGARY

11-13.09.2025

ABSTRACT BOOK

LONDON-LEUVEN-PRAGUE-DUBLIN-PADOVA-STOCKHOLM
BARCELONA-BUDAPEST-INNSBRUCK-PORTO-LONDON-FLORENCE
OSLO-HEIDELBERG-VILNIUS-PARIS-BELFAST-LEIDEN-BUDAPEST

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PLENARY SESSION I.

"AND DON'T CRITICIZE WHAT YOU CAN'T UNDERSTAND .... FOR THE TIMES THEY ARE A-CHANGIN' (WITH APOLOGIES TO BOB DYLAN)"

RADISSON BÉKE BLU
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HAS THE CLINICAL PRESENTATION OF EATING DISORDERS SHIFTED IN RECENT YEARS?

Nathalie Godart

Fondation Santé des Etudiants De France, Paris

This presentation will examine the evolving clinical manifestations of eating disorders (EDs) as encountered in contemporary practice. We will critically assess whether these apparent changes reflect a genuine transformation in the nature of EDs or whether they are artifacts arising from shifts in diagnostic frameworks, clinical observation, or sociocultural context. Finally, we will explore the broader implications of these developments for future research directions and clinical interventions.

UNMASKING ANOREXIA NERVOSA: A CLINICIAN'S PERSPECTIVE ON PERSONALIZED, DIMENSION-INFORMED THERAPY IN CHILDREN AND ADOLESCENTS

Bea Pászthy

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Anorexia nervosa (AN) in childhood and adolescence is traditionally described in categorical terms, with restrictive and binge–purge subtypes defined by DSM-5 and ICD-11. Yet clinical experience and empirical research increasingly reveal that these diagnostic boundaries obscure significant heterogeneity. Rather than a single presentation, AN in youth emerges through multiple psychopathological dimensions that shape symptom expression, illness course, and treatment response.

This plenary will outline five key dimensions of AN in young people, which I most frequently encounter in clinical practice:

1. Autistic-trait AN – characterized by rigidity, sensory sensitivities, and difficulties in social communication, often requiring structured and predictable therapeutic approaches.
2. Borderline-trait AN – marked by emotional instability, impulsivity, self-harm, and relational turmoil, where treatment must emphasize emotion regulation and therapeutic containment.
3. Obsessive–compulsive AN – dominated by rituals, perfectionism, and compulsive behaviors, where treatment includes exposure, response prevention, and tolerance of uncertainty, alongside consideration of pharmacological therapy.
4. Autonomy/individuation AN – food refusal as an expression of adolescent struggles for independence and control, requiring a balance of firm boundaries and respect for autonomy.
5. Identity-seeking AN – in contemporary youth, anorexia may function as a perceived source of stability and self-definition in an insecure, rapidly changing environment, with therapy focusing on validating identity needs while broadening alternative, healthier sources of belonging and self-expression.

Each dimension will be illustrated with clinical vignettes and linked to tailor-made therapeutic strategies, highlighting the necessity of adapting interventions beyond standard protocols. Recent evidence suggests that treatment outcomes are strongly moderated by individual factors such as comorbidity, personality, and developmental context.

A special focus will be given to the therapist's stance: how effectively clinicians adapt their personality, communication style, and relational approach to each dimension.

In conclusion, unmasking anorexia nervosa in childhood and adolescence means recognizing its dimensional diversity and responding with equally flexible therapeutic strategies. Personalized, stance-sensitive approaches are not only desirable but essential if we are to improve engagement, strengthen therapeutic alliances, and ultimately foster recovery in young lives.

NEURODIVERGENT FRIENDLY EATING DISORDER CARE PATHWAY

Kate Tchanturia

King's College London, Institute of Psychiatry, Psychology and Neuroscience, Psychological Medicine, United Kingdom

Over the last six years in collaboration with patients, families and carers, research and clinical colleagues we produced a clinical pathway called PEACE (the patients' choice of acronym) www.peacepathway.com where we tried to pull together stakeholder perspectives, research and clinical resources to collaborate with experts working in the area of autism, and to start tailoring support. This Pathway is receiving positive feedback from people with lived experience and clinicians, who are gaining more confidence in recognising autism and making adaptations in their delivery of treatments (Tchanturia et al., 2019; Tchanturia et al., 2020). We have learned from PEACE Pathway that:

1. We must be aware of the presence of autism and treat the ED instead of the autistic features in a person-centred way (screening for autism is important, see Kerr-Gaffney et al., 2020; Westwood et al., 2016, Li et al 2022).
2. We needed to acknowledge sensory sensitivities of patients which helped us to tailor the therapeutic environment, clinicians' communication styles and menus, to name a few changes we made in our therapeutic provision (Kinnaird et al., 2020).

Interestingly, the adaptations made in the PEACE Pathway created economic savings (Tchanturia et al., 2021) in addition to positive feedback from all stakeholders regardless of whether they had autism or not.

This talk aims to share experience how to develop autism friendly clinical pathway for the patients with eating disorders.

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STARVING FOR THE SPOTLIGHT: THE FASHION INDUSTRY'S INFLUENCE ON EATING DISORDERS SYMPOSIUM

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STARVING FOR THE SPOTLIGHT: THE FASHION INDUSTRY'S INFLUENCE ON EATING DISORDERS

Nikolett Bogár[1], Ekaterina Ozhiganova[2], Ashley Mears[3], Krisztina Maróy[4], Péter Mérő[5], Eric Van Furth[6]

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2. Model Law, Paris, France
3. University of Amsterdam, Amsterdam, Netherlands
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5. MERO, Budapest, Hungary
6. University of Leiden, Leiden, Netherlands

The fashion industry plays a significant role in constructing and reinforcing beauty standards that permeate modern culture. These standards—often promoting extreme thinness, youth, and perfection—have wide-reaching effects on body image, particularly among vulnerable populations. In recent years, growing attention has been given to the link between the industry's aesthetic ideals and the development or maintenance of eating disorders. However, meaningful dialogue between fashion insiders, scholars, clinicians, and media professionals remains rare.

This 90-minute interdisciplinary workshop will explore the complex relationship between eating disorders, the fashion industry, and sociocultural attitudes. Our goal is to critically examine how cultural pressures embedded in fashion media and modelling can contribute to body dissatisfaction, disordered eating, and the internalisation of unrealistic ideals.

We are proud to bring together voices from across disciplines and sectors. Our invited speakers include:

- Ekaterina Ozhiganova, fashion model based in Paris, and founder of Model Law, will share lived experiences and discuss advocacy for regulatory changes to protect models' well-being.
- Ashley Mears, Professor of Sociology and author of Pricing Beauty, will provide a sociological framework on how fashion markets produce and reproduce thinness norms.
- Krisztina Maróy, Editor-in-Chief of Glamour Magazine Hungary, will reflect on the media's role in shaping body ideals and the evolution of editorial responsibility.
- Péter Merő, Hungarian fashion designer, will speak on the creative challenges and industry pressures designers face regarding sample sizes, casting, and market demands.
- Eric van Furth, Professor of eating disorders at the Department of Psychiatry of Leiden University, will highlight the somatic and psychological consequences of appearance pressure on fashion models and their wider impact on public health from a clinical perspective.

The session will include brief presentations by each speaker, followed by a moderated roundtable discussion and audience Q&A. Emphasis will be placed on bridging practice and research, highlighting both individual and systemic pathways to positive change. We aim to foster dialogue, stimulate new ideas for

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ACTIVELY ENGAGING ADOLESCENT PATIENTS IN THE TREATMENT OF EATING DISORDERS: STRATEGIES AND PROCEDURES OF ENHANCED COGNITIVE BEHAVIOR THERAPY

WORKSHOP

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ACTIVELY ENGAGING ADOLESCENT PATIENTS IN THE TREATMENT OF EATING DISORDERS: STRATEGIES AND PROCEDURES OF ENHANCED COGNITIVE BEHAVIOR THERAPY

Riccardo Dalle Grave MD.

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Engaging adolescents in treatment for eating disorders presents a significant challenge due to the egosyntonic nature of these conditions and their ambivalence toward change. The adolescent version of Enhanced Cognitive Behavior Therapy (CBT-E) focuses on actively engaging young people, helping them stay committed to recovery over time. The treatment employs a structured yet flexible approach to enhance patient engagement and participation. Key strategies include adopting an engaging therapeutic style, explaining the differences between the disease model and the psychological CBT-E model of eating disorders, actively involving patients in the decision to change, agreeing on specific homework assignments between sessions, and involving parents as "helpers" rather "controllers." This engagement-focused approach encourages adolescents to take ownership of their treatment and recovery. By personalizing treatment and helping adolescents understand what keeps their eating disorder going, choose to address it, and manage the steps of change, CBT-E empowers them to move toward recovery with increasing independence. Future research should further evaluate engagement-focused adaptations of CBT-E and their impact on long-term treatment outcomes.

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PARALLEL PAPER SESSION 1A

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P1. CLASSIFYING EATING STYLES BASED ON APPETITIVE AND IMPULSIVE TRAITS

Maria Gemescu[1], Ass. Prof. Cezar Giosan[2], Olguța Ana-MariaBarizi[2], Brîndușa Diana Paraschiv[2], Carmen Andreea Petre[2], Daria Ioana Vasiliu[2]

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Background: Eating styles are stable patterns of eating behavior that have been widely studied in relation to obesity and eating disorder (ED) pathology. The literature on eating styles would benefit from research investigating how appetitive and impulsive traits cluster together to form eating profiles.

Objective: This study aimed to identify and validate latent profiles of eating styles based on appetitive traits and emotion-related impulsivity, using latent profile analysis (LPA).

Method: We conducted a cross-sectional study on a community sample of 232 Romanian-speaking adults who completed an online battery of questionnaires assessing appetitive traits (Adult Eating Behavior Questionnaire; AEBQ), behavioral and cognitive emotion-related impulsivity (Three Factor Impulsivity Index), global ED pathology (HiTOP Self-Report Measure - Eating Pathology), general and ED-specific flexibility (Eating Disorder Flexibility Index Questionnaire), depression (Depression subscale of Depression Anxiety Stress Scale-21), and other clinical and sociodemographic characteristics. LPA models were estimated in R, based on z-standardized scores of AEBQ (Satiety Responsiveness, Slowness in Eating, Enjoyment of Food, and Food Responsiveness) and Three Factor Impulsivity Index (Feelings Trigger Action and Pervasive Influence of Feelings) subscales. We used a stepwise approach to identify the best-fitting profile solution, estimating LPA models with 2-8 classes. Comparisons between latent profiles were conducted using ANCOVA, robust ANCOVA, and post-hoc tests, controlling for age, gender, and educational attainment.

Results: Based on fit indices, entropy, BLRT p-value, and theoretical interpretability, the profile solution with four latent classes was retained as the best-fitting one. Profile 1 (Resilient Eaters; 23.3%) exhibited the lowest levels of food responsiveness and emotion-related impulsivity. Profile 2 (Moderate Eaters; 46.27%) showed about average scores across appetitive and impulsive traits. Profile 3 (Hedonic Eaters; 14.03%) reported the highest enjoyment of food, but lower emotion-related impulsivity. Profile 4 (Uncontrolled Eaters; 16.4%) demonstrated the highest levels of food responsiveness and emotion-related impulsivity. Uncontrolled Eaters consistently showed the most maladaptive profile, characterized by highest global ED pathology and depression, as well as lowest ED-related flexibility. In contrast, Resilient Eaters exhibited the most adaptive profile, with the lowest global ED pathology and depression, and the highest ED-related flexibility. Moderate and Hedonic Eaters displayed intermediate ED and depressive symptomatology, with no significant differences between the two groups.

Conclusions: Classifying eating profiles based on appetitive and impulsive traits may help identify subgroups at elevated risk for ED pathology.

P2. A RANDOMIZED CONTROLLED TRIAL OF TEMPERAMENT BASED THERAPY WITH SUPPORT (TBT-S): STUDY PROTOCOL

Kristin Stedal PhD; Ingrid Funderud PhD
Oslo University Hospital, Oslo, Norway

Temperament-based Therapy with Supports (TBT-S) is a promising new adjunct to treatment as usual (TAU) for adults and young-adults with anorexia nervosa (AN). TBT-S has demonstrated good feasibility, acceptability and outcomes in previous clinical trials. However, there are currently no studies examining the effectiveness of TBT-S in randomized controlled trials (RCTs). The main aim of this study is to determine the short and long-term effectiveness of TBT-S. We will examine whether TBT-S in addition to TAU is more effective than TAU alone in reducing eating disorder psychopathology and service utilization, as well as in improving quality of life. Participants in the intervention arm will receive five days of TBT-S in addition to TAU. Inclusion criteria: i) age ≥18, all genders; ii) a DSM-5 diagnosed AN disorder (F50.0, F50.01, F50.02, also including F50.8 – atypical anorexia nervosa) iii) have Support(s) who can participate in treatment; iv) medically stable and body mass index (BMI) ≥15. Assessments will be conducted at four time-points; at start of TBT-S, post TBT-S and at 3 and 12 months follow-up. A brief assessment of treatment adherence (TBT-S group only) and eating disorder service utilization will be conducted at 6- and 9-months follow-up. We will include a total of 140 patients. Sample size calculation was made for global EDE-Q score at 3 months follow-up as the primary endpoint. This study will be the first controlled trial of TBT-S, and an important first step to assess TBT-S treatment efficacy. If TBT-S in conjunction with TAU demonstrates superior outcome when compared to TAU only, it should be considered whether TBT-S should be part of a standard treatment for AN.

P3. CLINICAL OUTCOMES AFTER TEMPERAMENT BASED THERAPY WITH SUPPORT (TBT-S): A 12-MONTH NATURALISTIC FOLLOW-UP STUDY

Skoog Joakim Msc, Ingrid Funderud PhD, Kristin Stedal PhD

Oslo University Hospital, Oslo, Norway

Background: Temperament Based Therapy with Support (TBT-S) is an intensive 5-day treatment for eating disorders. It builds on neurobiological, temperament and genetic research findings, and is delivered in a multifamily format. Each patient is accompanied by one to four supports, such as a parent, significant other or sibling. While there is a growing body of evidence supporting the acceptability and feasibility of TBT-S, limited research has examined clinical outcomes of adult eating disorder (ED) patients over a 12-month follow-up period. Consequently, the aim of this study was to investigate clinical outcomes after receiving TBT-S at a tertiary eating disorder clinic in Norway.

Method: We conducted a naturalistic 12-month follow-up study of 46 patients (mean age = 25.1, SD = 6.3) and 65 supports who received the 5-day TBT-S treatment. Clinical outcomes were evaluated using linear mixed models (LMMs) applied to self-reported ED psychopathology and clinical impairment, as measured by the Eating Disorder Examination Questionnaire (EDE-Q) and the Clinical Impairment Assessment questionnaire (CIA), respectively. We also conducted LMMs of state and trait anxiety as reported on the Spielberger State-Trait Anxiety Inventory (STAI), general family functioning using the McMaster Family Assessment Device (FAD), and body mass index (BMI). Assessments were completed at pre- and post-treatment, and at three-, six-, and twelve-month follow-up.

Results: LMM results showed significant reductions in ED symptoms from pre-treatment to post-treatment and three-, six-, and twelve-month follow-up, ranging from -0.60 to -0.67 EDE-Q global score. Patients also reported significantly reduced clinical impairment at all timepoints following TBT-S, ranging from -5.87 to -8.83 CIA score points. Significant reductions in state anxiety were found at post-treatment and after six and twelve months, ranging from -7.10 to -7.57, and in trait anxiety, with an average reduction of -1.50 at each timepoint. Patients with a BMI below 18.5 (n = 19, mean = 16.7) showed a significant increase in BMI after three, six, and twelve months, ranging from 1.07 to 1.44. Patients and their supports reported no significant change in general family functioning over time. Contrary to the patient-reported reduction in ED symptoms, supports reported no significant change in the patients' ED symptoms over time.

Conclusions: Extending previous research on TBT-S, our results show improvements in a broad range of clinical outcomes up to one year following TBT-S. Future research should aim to include randomized controlled trials to evaluate both short- and long-term effects of TBT-S.

P4. EATING DISORDERS IN TWINS: NOT ONLY A QUESTION OF GENES

Dr. Greta Noordenbos

Leiden University, Leiden, Netherlands

Eating disorders are significantly more common in twins (Keski-Rahkonen et al., 2005; Op't Landt-Slof, 2018). These findings contribute to genetic research on eating disorders. An article in Scientas (2010) was even titled, "Genetic Basis of Anorexia Discovered."

This conclusion however can be seriously questioned. Since twins usually grow up in the same family, social and familial factors can also play an important role in the development of an eating disorder. Because most studies concerning eating disorders in twins were conducted in Western countries where the thinness ideal is dominant also cultural factors might be important. And how to explain how it is possible that only one person of an identical twin develops an eating disorder?

In this paper I will present several cases in which only one person of identical twins developed an eating disorders. Relevent factors were the attititude of the mothers who expected one child, the concurrence of the twins for attention and their search for identity.

This paper ends with consequences for treatment of the parents and the twins who developed an eating disorde (Le Grange, Schwarz, 2003: Tury, Szentes & Varga, 2022) .

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P5. THE EXPERIENCE OF NON-AFFECTED SIBLINGS ATTENDING MULTI-FAMILY THERAPY FOR EATING DISORDERS

Ingrid Funderud PhD, Jan Vegard Nilsen PhD, Trine Wiig Hage PhF, Kristin Stedal PhD, Prof. Øyvind Rø

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Background: Eating disorders (EDs) profoundly affect not only the individuals diagnosed, but also their family members. Nonetheless, siblings of individuals with an ED have been given little attention both in research and clinical practice. The limited body of literature indicates that non-affected siblings frequently experience negative consequences, including diminished quality of life and elevated levels of familial conflict. Furthermore, many siblings express a desire to be more involved in their sibling's treatment. Multi-family therapy (MFT) for EDs presents a framework through which siblings can actively participate in treatment and enhance their understanding of the disorder. Despite this, research on sibling involvement in MFT remains scarce. The aim of this study was to explore the perspectives and experiences of non-affected siblings who participated in MFT.

Methods: This mixed methods study included 72 siblings (60 % female; age 7-22 years) of adolescents undergoing MFT for EDs at a specialized, regional eating disorder unit. Siblings participated in MFT as part of the family-based intervention. Questionnaires including closed- and open-ended questions were administered to the siblings at end of treatment and 6 months after. Responses were analyzed using descriptive statistics and thematic analysis.

Results: The findings showed that the majority of siblings valued their involvement in therapy. Nearly all participants (97%) reported that they would recommend MFT to other siblings. Three key themes emerged from the qualitative analyses: "A significant learning experience", "Connecting with others", and "Observing Changes within my family". When asked to rate the extent to which 13 treatment goals had been achieved, the three goals most frequently endorsed as fulfilled were: "Hearing how things are in other families" (100%), "Reducing feelings of guilt" (91.4%), and "Receiving support from others in the same situation" (86.8%).

Conclusion: Our findings suggest that MFT provides a meaningful opportunity to engage and support non-affected siblings within the treatment process. Clinicians are encouraged to facilitate sibling involvement in MFT and to actively promote their sustained engagement throughout the treatment process.

P6. A CROSS-CULTURAL APPROACH TO PREDICTORS OF EATING DISORDER SYMPTOMS

Carmen Petre, Maria Gemescu, , Dr. Cezar Giosan
University of Bucharest, Bucharest, Romania

This study examined cross-cultural differences and psychological predictors of eating pathology among Romanian and South African adults, using a biopsychosocial framework. The final sample consisted of 83 Romanian and 55 South African participants. Romanian participants ranged in age from 19 to 67 years (M = 31.73, SD = 10.35), and South African participants from 25 to 72 years (M = 42.31, SD = 9.81). Data were collected via an online questionnaire in Romanian or English, depending on the country of residence. Instruments included the Three-Factor Impulsivity Index, Interpersonal Sensitivity Measure, Sociocultural Attitudes Toward Appearance Questionnaire-4, HiTOP Self-Report Measure - Eating Pathology, Clinical Impairment Assessment, and the Marlowe-Crowne Social Desirability Scale - Short Form. Exploratory latent semantic analysis was applied to open-ended descriptions of underweight and overweight individuals across family, peer, and media contexts. Romanian participants reported significantly higher levels of eating pathology ($p < .001$, $d = 0.85$) and emotion-related impulsivity ($p < .001$, up to $d = 1.04$). They also scored higher on sociocultural attitudes toward appearance, although this difference was not statistically significant ($p = .086$, $d = 0.29$). Additional group differences were found across several eating-related subdomains and clinical impairment (ps < .05, ds = 0.41–0.90). These group differences in eating pathology remained significant after controlling for age, body mass index, gender, and social desirability in an ANCOVA, which revealed a large effect of country ($F(1, 125) = 30.03$, $p < .001$, $\eta^2_p = .19$). Multiple regression analyses showed that sociocultural attitudes toward appearance were the most consistent predictor of eating pathology across both samples. The overall models were significant in both the Romanian ($R^2 = .636$, $p < .001$) and South African ($R^2 = .629$, $p < .001$) groups. In Romania, sociocultural attitudes and impulsivity predicted a range of eating pathology subdomains, including binge eating, body dissatisfaction, and compensatory behaviours. In the South African sample, sociocultural attitudes remained the dominant predictor, while impulsivity was associated with binge eating and restricted eating. Social desirability uniquely predicted appetite loss in the South African group. The semantic analysis found a small, but significant, correlation between Romanian family-based underweight language and eating pathology ($r = 0.28$, $p = .011$). No significant predictive effects emerged in the South African sample (all $rs < 0.20$, $p > .10$), suggesting limited explanatory value of stigma-related language. Findings underscore the biopsychosocial model's relevance in culturally informed eating disorder research and highlight the need for interventions addressing sociocultural ideals, emotion regulation, and stigma.

P7. DILEMMA'S IN THE TREATMENT OF SEVERE EATING DISORDER PATIENTS

Dr. Greta Noordenbos

Leiden University, Leiden, Netherlands

Although the treatment of eating disorders (ED) has substantially improved, still many patients do not recover and develop a severe ED. Around 5% of them die because of the consequences of starvation or suicide (Touyz e.a., 2016). In my interviews with parents and therapists about the treatment history of patients who had died they told that they were confronted with serious moral dilemmas (Noordenbos, 2021).

The most often dilemma for the parents was the question whether they should accept longduring forced feeding for their child who was extreme afraid for food and increasing weight. Listening to their child might result in a life threatening condition (Neuvel, 2019).

Also for therapists forced treatment confronted them with moral dilemmas. How long might they continue forced feeding and which strategies are acceptable? What to do when the team of therapists became severely divided concerning the treatment of the patient?

Another dilemma was the question whether it was acceptable to start psycho-therapy or trauma therapy when the patients was still underweight (Ten Napel-Schutz, 2023). And what to do with the treatment of co-morbidity in long-term ED patients? Which problem should be treated first, the comorbitiy or the ED, or could these treatments be combined?

The most severe dilemma for parents and therapists was to handle the strong wish of the patient to die and to ask for euthanasia. What to do when the patients is severe suicidal and already had tried several times to commit suicide?

For these dilemma's no Randomized Controlled Trials (RCT) are available. Because each patient and her treatment history is unique there are no protocols concerning the solution for these dilemma's. Questions about these dilemma's will be discussed in an open way.

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PARALLEL PAPER SESSION 1B

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P8. BRIDGING DISCIPLINES: A CASE STUDY ON TEAM-BASED INTERVENTION IN ANOREXIA NERVOSA OVER THE PERIOD OF 2020 - 2024 IN CHILD PSYCHIATRY CLINIC IN RIGA, LATVIA

Ilze Mezraupe

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Background: Anorexia nervosa (AN) is a severe, life-threatening psychiatric disorder typically emerging in adolescence. Chronic AN often involves serious medical complications, significant psychological comorbidities, and strong resistance to treatment. Despite treatment advances, long-standing cases remain challenging in child and adolescent psychiatry.

Objective: To analyse the longitudinal clinical course and treatment outcomes of an adolescent patient with chronic restrictive AN, highlighting the dynamics and efficacy of sustained multidisciplinary care.

Methods: This retrospective case study describes a female patient admitted in 2020 at age 14 and treated continuously until age 18 at a tertiary-level child psychiatry clinic in Latvia. She received comprehensive, developmentally tailored care across inpatient, day treatment, and outpatient settings. The multidisciplinary team included child psychiatry, pediatrics, gastroenterology, endocrinology, gynecology, cardiology, clinical psychology, dietitian, physiotherapy, art therapies, nursing, and social work. Evidence-based approaches included family-based treatment, individual and group psychotherapy and nutritional rehabilitation.

Results: Initially, the patient exhibited marked cognitive rigidity, significant body image distortion, obsessive control, limited insight and affect blunting, with low initial motivation and persistent ambivalence. Food intake was severely restricted and driven by rigid beliefs about body shape and caloric control. Somatic complications included primary amenorrhea and a BMI of 15.5 kg/m^2. A major relapse in 2024 led to critical weight loss (BMI 11.1 kg/m^2) and hypoglycemic collapse, requiring enteral feeding and medical stabilization. Through sustained multidisciplinary intervention, the patient achieved partial remission: weight restoration (BMI 18.7 kg/m^2), resumption of psychosocial functioning, and increased emotional awareness. Anxiety and mood symptoms improved (GAD-7 from 15 to 0 and PHQ-9 from 6 to 1). Residual challenges included amenorrhea, osteopenia, and emotional suppression.

Conclusions: Over the period of 2020 to 2025 the multidisciplinary treatment in managing chronic adolescent AN demonstrated considerable clinical and functional patient's recovery, despite initial resistance and multiple comorbidities.

P9. THE COMORBIDITY BETWEEN EATING DISORDERS AND FUNCTIONAL GASTROINTESTINAL DISORDERS

Matilda Black[1], Dr. Margaret Westwater[2]

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Objective: This review assesses evidence explaining the comorbidity of eating disorders (EDs) and functional gastrointestinal disorders (FGIDs), improving our understanding of potential shared mechanisms. Specifically, it evaluates whether ED-associated behaviours increase FGID risk, the role of FGIDs as potential precursors to EDs, and the temporal precedence of these conditions. We hypothesised that there are shared mechanisms across these conditions, and that this comorbidity should be considered in their clinical management.

Methods: We conducted a comprehensive literature review to explore the intersection of EDs and FGIDs. Relevant studies were identified using targeted keyword searches (e.g., "disorders of the gut-brain axis") in academic databases. Inclusion criteria prioritized relevance, recency, and contribution to understanding shared mechanisms.

Results: A strong relationship was identified between EDs and FGIDs, with many FGID patients having prior ED diagnoses. High rates of shared psychopathology and overlapping personality traits were noted across both conditions. We identified shared perturbations in gut-brain signaling and psychiatric traits, as well as distinct alteration in genetic factors and inflammatory processes. Our findings were suggestive of several bidirectionally causal mechanisms between EDs and FGIDs, suggesting causal associations exist, rather than just correlation.

Conclusions: Bridging the gap between mental and physical health by integrating brain-body care may enhance clinical outcomes. Unifying these often-distinct domains could lead to significant advancements in patient well-being and treatment efficacy. EDs and FGIDs are serious health conditions that have high rates of comorbidity. Dual diagnoses are associated with poorer clinical outcomes, yet the mechanisms underlying the co-occurrence of these disorders remain poorly understood. Shared genetic, physiological, and neurocognitive factors may play significant roles in their pathogenesis, but systematic evaluation is lacking. Addressing this gap will advance knowledge of shared etiological mechanisms, which could, in turn, inform more effective clinical interventions and improve prognoses.

P10. THE DIABETES BODY PROJECT: ACUTE EFFECTS ON EATING DISORDER BEHAVIORS, RISK FACTORS AND SYMPTOMS, DIABETES DISTRESS AND QUALITY OF LIFE AMONG YOUNG WOMEN WITH TYPE 1 DIABETES IN A MULTI-NATIONAL RANDOMIZED CONTROLLED TRIAL

Severina Haugvik Mphil[1, 2, 3], Mareille Hennekes Msc[4, 5], Maartje De Wit PhD[4, 5], Elena Toschi MD[6], Christopher David Desjardins PhD[7], Torild Skrivarhaug MD, PhD[3, 8, 9], Knut Dahl-Jørgensen MD, PhD[3, 8, 9], Eric Stice, PhD[10], Line Wisting, PhD[1, 11]

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4. Amsterdam University Medical Centers, Amsterdam, Netherlands
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6. Harvard Medical School, Joslin Diabetes Center, Boston, United States
7. Saint Michael's College, Department of Statistics, Colchester, United States
8. University of Oslo, Institute of Clinical Medicine, Oslo, Norway
9. Oslo Diabetes Research Center, Oslo, Norway
10. Stanford University, Department of Psychiatry and Behavioral Sciences, Palo Alto, United States
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Introduction: Young women with type 1 diabetes constitute a high-risk group for developing disordered eating behaviors and eating disorders, however effective prevention interventions are lacking.

Objective: To evaluate acute intervention effects of a novel dissonance-based eating disorder prevention program for young women with type 1 diabetes (Diabetes Body Project) in a multi-national randomized controlled trial (Oslo University Hospital, Amsterdam UMC, Stanford University, Joslin Diabetes Center).

Methods: Young women (14-35 years) with type 1 diabetes and body image concerns were randomized to either virtual Diabetes Body Project groups consisting of 6 weekly 1-hour sessions or an educational video control condition. Primary outcomes included eating disorder behaviors, risk factors and symptoms. Secondary outcomes included diabetes specific psychological constructs and blood glucose time-in-range. Data was collected at pretest and posttest directly after the intervention.

Results: A total of 293 young women with type 1 diabetes were recruited. Compared to educational controls (n=146), participants in the Diabetes Body Project intervention (n=147) showed significant improvements (all $p < 0.001$) with medium effect sizes for diabetes-specific disordered eating behaviors, body dissatisfaction and diabetes distress (Cohen's d ranging from 0.50-0.67), and small effect sizes for thin ideal internalization, eating disorder symptoms, quality of life, negative affect and dietary restraint (Cohen's d ranging from 0.36-0.45). No improvements were found for time-in-range.

Conclusions: The Diabetes Body Project produced significantly greater acute effects with overall small to medium effect sizes compared to the educational video control condition. As a brief low-cost virtual participant-driven eating disorder prevention intervention, the Diabetes Body Project has potential for broad implementation.

P11. RECONNECTING THROUGH DISSOCIATION: A 5-MONTH FOLLOW-UP CASE STUDY ON KETAMINE-ASSISTED PSYCHOTHERAPY FOR ANOREXIA NERVOSA

Prof. Camilla Lindvall Dahlgren[1], Elisabeth Tverrli[2], Dr. Lowan Stewart[2]

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Introduction: Ketamine, an N-methyl-D-aspartate receptor antagonist, has demonstrated rapid antidepressant effects at sub-anesthetic doses, making it a promising candidate for treatment-resistant mood disorders, anxiety, post-traumatic stress disorder, suicidality, and recently, eating disorders (EDs). However, its effects are transient, and Ketamine-Assisted Psychotherapy (KAP) has emerged as a method to extend therapeutic benefits by combining ketamine's heightened neuroplasticity with psychotherapy. Emerging evidence suggests KAP can reduce ED psychopathology and alleviate comorbid symptoms of depression and anxiety, improving patients' engagement in psychotherapy and enhancing treatment outcomes.

Case presentation: This study presents a 5-month follow-up of a 28-year-old female patient who underwent a structured treatment protocol consisting of four KAP sessions and three ketamine booster treatments. At intake, the patient presented with a diagnosis of anorexia nervosa (AN) and comorbid depression, reporting persistent intrusive thoughts about food and body image, dissatisfaction with prior treatments, and only partial relief from antidepressants. The patient sought ketamine treatment to improve energy levels, emotional flexibility, and overall quality of life. Assessments, including medical evaluations and self-reported measures of eating disorder pathology, depression, anxiety, suicidal ideation, quality of life, psychological flexibility, and ketamine-related side effects, were conducted at five time points both before and after the intervention. The primary focus was to investigate potential changes associated with the treatment. The study adheres to CARE guidelines for case reports.

Conclusion: To our knowledge, this is the first documented case of individualized KAP for AN demonstrating rapid and sustained remission of symptoms five months post-treatment, as well as the first European study on ketamine treatment for EDs since 1998. Across all assessment measures, a consistent trajectory emerged: marked improvement from baseline to immediately after the initial KAP sessions, a slight decline between the final KAP session and the first booster dose, further improvement during the booster period, and stabilization or continued progress by the five-month follow-up. Depression, anxiety, ED pathology, and psychological flexibility followed this pattern, while quality of life and general health peaked early and remained relatively stable. The assessment of ketamine's side effects revealed that the treatment was well-tolerated, showing no increase in reported side effects and no emergence of new symptoms.

P12. PERFECTIONISTIC CONCERNS AND STRIVINGS ACROSS TRANSDIAGNOSTIC EATING DISORDER BEHAVIOURAL PRESENTATIONS

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Perfectionism is central to eating pathology. Two dimensions appear to be particularly relevant: i) Concern over Mistakes (CM) reflects fear of mistakes and negative self-evaluation after perceived failure; ii) Personal Standards (PS) reflects setting demanding and perfectionistic self-imposed standards. Evidence suggests that CM may be a transdiagnostic factor across eating disorders (ED), but the role of PS remains unclear. Some studies show that PS may be higher in anorexia nervosa (AN) and restrictive EDs compared to binge-purge presentations. We aim to clarify the roles of CM and PS across ED diagnoses and behavioural presentations (restrictive, binge-purge and binge), and the potential impact of negative affectivity, compared to psychiatric and healthy control (HC) groups. We expected that CM would not differ between EDs or behavioural presentations, PS would be higher in restricting-type EDs, and all ED groups would have higher CM and PS than the control groups.

Participants were drawn from a community sample with n=110 reporting a lifetime ED diagnosis, n=25 reporting a non-ED psychiatric diagnosis and n=73 without any psychiatric diagnosis or ED symptoms. Behavioural presentations were based on Eating Disorder Examination Questionnaire scores.

MANOVAs showed that CM did not differ between ED diagnoses or behavioural presentations. All these groups scored higher than both control groups (ds=1.32-1.82). MANCOVAs showed that depression and anxiety were both significant covariates. All behavioural presentations remained significantly higher on CM than both control groups (ds=0.96-1.42), When comparing ED diagnoses, only those with AN and OSFED scored higher than both controls (ds=1.23-1.37).

MANOVAs showed that PS also did not significantly differ among ED diagnoses or behavioural presentations. Of note, the binge-purge group did not significantly differ from psychiatric controls. Among diagnostic groups, only AN and OSFED scored higher on PS than both control groups (ds=0.93-1.17). MANCOVAs revealed that only anxiety was a significant covariate, and that the binge group scored significantly higher on PS compared to HC (d=0.63). None of the diagnostic groups significantly differed from controls.

Our results suggest that both CM and PS may be transdiagnostic symptoms across eating pathology, and that negative affectivity appears to impact these relationships. Our findings support the transdiagnostic cognitive behaviour theory of eating disorders, which posits that clinical perfectionism, the consuming fear of failure combined with the rigid pursuit of success, as well as negative affectivity, are clinically relevant to eating pathology transdiagnostically.

P13. IMPLICIT BEHAVIORAL TENDENCIES TOWARD FOOD STIMULI IN EATING DISORDERS: DIAGNOSTIC DIFFERENCES, CONTEXTUAL INFLUENCES, AND MODULATION VIA rTMS

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Implicit approach–avoidance tendencies toward food play a key role in eating behaviors and may contribute to the development and maintenance of eating disorders.

In this presentation, I will introduce a novel mobile version of the Approach-Avoidance Task (AAT), designed to enhance ecological validity compared to previous laboratory-based paradigms. In this task, participants are required to approach or avoid stimuli (high-calorie foods, low-calorie foods, and neutral objects) by respectively pulling their phone towards themselves of pushing it away. The phone's accelerometer records both the reaction times and the force of each movement.

Using this tool, we observed that individuals with binge eating disorder and obesity tend to exhibit a stronger automatic tendency to approach food stimuli than healthy controls, which may underlie episodes of loss of control and disordered eating. In contrast, individuals with restrictive anorexia nervosa showed a reduced approach tendency, which might support persistent caloric restriction and the maintenance of the disorder.

In a subsequent study, we investigated how mood states may influence automatic approach–avoidance tendencies. To this end, we experimentally induced a negative mood in patients with anorexia nervosa by showing brief video clips of social rejection. Following the induction, the already reduced tendency to approach food stimuli appeared to become even more pronounced, suggesting that negative emotional states may further amplify avoidance behaviors toward food in this population.

Although implicit tendencies may play a key role in the maintenance of eating disorders, the neural mechanisms underlying these automatic responses remain poorly understood, and there are currently no effective interventions to modify them.

In the final study I will present, we aimed to explore the potential role of the intraparietal sulcus (IPS), a region implicated in goal-directed motor planning, attentional orientation, and cognitive control, in regulating these tendencies. A group of healthy participants underwent three sessions of repetitive Transcranial Magnetic Stimulation (rTMS) at 1 Hz over the right IPS, left IPS, and sham (control condition). At the end of each session, participants completed the mobile AAT. Results showed that inhibitory stimulation over both the left and right IPS led to an increase in the approach bias toward high-calorie foods compared to the sham condition.

This finding highlights the critical role of the IPS in modulating implicit approach–avoidance responses and suggest that targeting this region could offer a novel avenue for interventions aimed at reshaping maladaptive eating-related behaviors.

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P14. ADOLESCENT ANOREXIA NERVOSA: DISENTANGLING INPATIENT THERAPEUTIC INTERVENTIONS

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Background: Inpatient treatment for adolescents with Anorexia Nervosa (AN) includes structured multidisciplinary interventions. However, little is known about how specific therapeutic interventions impact weight gain and engagement during hospitalization.

Objective: This study examined the influence of six targeted motivational interventions on weight gain trajectories in female adolescents hospitalized for AN, aiming to explore how clinical events shape treatment progress.

Methods: A retrospective analysis of 42 female adolescents (ages 12–18) treated for AN was conducted. Weight was measured biweekly, and changes were examined in relation to six common therapeutic interventions: contract renewal, treatment pause, senior clinician consultation, transition to day treatment, informing transition weight, and achieving transition weight. Paired t-tests compared standardized weight one week before and after each event.

Results: Contract renewal, senior clinician conversations, and treatment pauses were associated with significant weight gain ($p < .01$), suggesting that perceived threats to treatment continuity may paradoxically enhance motivation. Setting a transition weight also predicted weight gain, while achieving it did not, indicating a potential ceiling effect. Transition to day treatment showed modest but significant gain. Effect sizes ranged from large ($d > 1.4$) to small ($d < 0.3$), indicating variable impact. Notably, interventions that introduced uncertainty or boundary-setting were among the most effective in promoting change.

Conclusions: Findings emphasize the therapeutic impact of structured motivational events and patient-clinician dynamics in inpatient care. Interventions that symbolically or concretely challenge treatment stability may trigger renewed motivation and behavior change. Clinicians should consider these psychological dynamics when planning and sequencing interventions. Future research should explore these findings in larger cohorts and consider integrating live progress tracking and structured intervention protocols to optimize recovery trajectories.

P15. TWO YEARS OF BODY PROJECT PORTUGAL: OUTCOMES OF AN EATING DISORDER PREVENTION AND BODY ACCEPTANCE PROMOTION PROGRAM

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The Body Project (Stice et al., 2000) is a dissonance-based group intervention that prevents the development of eating disorders by targeting thin-ideal internalization. It is the outgrowth of over two decades of research on the risk factors for eating disorders and has received extensive empirical support (see reviews by Dakanalis et al., 2019 and Watson et al., 2016). Specifically, the intervention has been successfully replicated by independent laboratories, reducing eating disorder's symptoms, future onset, and risk factors in comparison to control conditions and alternative interventions (Becker & Stice, 2017; Stice et al., 2019), with gains maintained at 4-year follow-ups (Stice et al., 2020). The Body Project has also been shown to increase body appreciation and self-esteem (Diedrichs et al., 2014; Ergut & Keser, 2022).

The Body Project has been successfully implemented in several countries including the United States (Stice et al., 2000), England (Diedrichs et al., 2014), Mexico (Unikel-Santoncini et al., 2019), Brazil (Amaral et al., 2019), Sweden (Ghaderi et al., 2020), China (Luo et al., 2021), Türkiye (Ergut & Keser, 2022), and Norway (Wisting, et al., 2024). However, its effectiveness has yet to be tested in Portugal. Dakanalis et al. (2019) emphasize the urgent need for effective eating disorder prevention programs in Europe, while Stice, Onipede, Shaw, et al. (2021) recommend further research on the applicability of such programs across different countries and cultures.

In this oral presentation, we will share 2-year findings from an ongoing research project - Body Project Portugal. To date, 255 participants have taken part in the program. Intervention groups have been conducted with different age ranges (13-17, 18-30, 31-46, and 47-60 years), gender compositions (all-women and mixed-gender), and delivery formats (online and in-person). We have also compared the outcomes for young women (aged 18-30 years) who participated in the group intervention with those assigned to a waitlist control or an asynchronous individual version based on the Body Project homework exercises. Finally, we will present 6- and 12-month follow-up data for young women in the group intervention.

P16. INTEGRATIVE TREATMENT FOR EATING DISORDERS: A DYNAMIC THIRD-WAVE APPROACH

Dr. Michal Hason Rozenstein

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The adage "one size doesn't fit all" is profoundly relevant in eating disorder treatment. While evidence-based treatments (EBTs) are valuable, their rigid protocols often fall short for the diverse and complex presentations of these disorders. Many individuals struggle with compliance, experience persistent symptoms, or find conventional methods insufficient. This inherent variability, comorbidity, and underlying psychological factors complicate standardized approaches. Traditional dynamic processes, though insightful, are often time-intensive and may not maintain symptomatic stability. Conversely, behavioral treatments, effective for acute symptoms, frequently miss the deeper emotional dysregulation, experiential avoidance, and trauma that perpetuate these conditions, leading to relapse or treatment dropout, especially in chronic cases.

This presentation outlines a novel integrative treatment model that thoughtfully combines a dynamic understanding of personality with the strategic application of third-wave behavioral treatments. This dynamic formulation offers a personalized assessment framework. We will examine the synergistic utility of three distinct third-wave modalities:

1. Acceptance and Commitment Therapy (ACT): Focuses on psychological flexibility and values-driven action, addressing experiential avoidance.
2. Dialectical Behavioral Therapy (DBT): Provides structured approaches for emotion regulation, distress tolerance, and mindfulness, crucial for managing intense affect.
3. Eye Movement Desensitization and Reprocessing (EMDR): A powerful tool for processing traumatic memories and adverse life experiences contributing to symptoms.

Each modality will be discussed within the context of tailoring interventions to individual patient needs and complexities. This flexible, integrative model provides therapists with a robust framework for personalizing treatment, fostering enhanced engagement, and leading to more effective, sustainable long-term outcomes for highly complex eating disorders.

P17. ADOLESCENT ANOREXIA NERVOSA: DISENTANGLING INPATIENT THERAPEUTIC INTERVENTIONS

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Background: There is compelling evidence that individuals with eating disorders (EDs) experience cognitive difficulties. Research har found that patients with anorexia nervosa (AN) often exhibit impairments in executive functions such as cognitive flexibility and inhibition, and in central coherence. Similar cognitive challenges have also been observed in individuals with other types of EDs, including bulimia nervosa and binge eating disorder. Despite this, such difficulties are rarely addressed in standard treatment. This randomized controlled trial (RCT) examined the effect of an adapted version of cognitive remediation therapy (CRT) for a transdiagnostic sample (TCRT) as an adjunct to treatment as usual (TAU), compared to TAU alone, in patients with EDs and co-occurring cognitive difficulties.

Methods: A total of sixty patients with different types of EDs were recruited from three specialized ED treatment units in Norway. Prior to randomization, participants completed a comprehensive neuropsychological test battery and several self-report questionnaires. Those assigned to the intervention group received individualized TCRT in addition to TAU, while the control group received TAU only. Assessments were conducted at baseline, 12 weeks post-baseline (T2), and six months after T2 (T3). Primary outcomes included self-reported executive functioning, selected neuropsychological test scores, and ED symptoms.

Results: Participants were randomly assigned to either the intervention group (n = 30) or the control group (n = 30). No significant differences were found between groups in demographic or clinical characteristics at baseline. At the six-month follow-up, the intervention group demonstrated significantly more pronounced improvements in self-reported executive functioning relative to the control group. Nonetheless, the analysis revealed no significant between-group differences in improvements on objective neuropsychological assessments or ED-related symptoms.

Discussion/Conclusions: The findings of this RCT indicate that while TCRT did not lead to measurable improvements in objective neuropsychological performance or ED symptoms, it was associated with significant improvements in self-reported executive functioning. These findings suggest that TCRT may support the development of compensatory strategies, contributing to a subjective sense of improved cognitive functioning in individuals with EDs.

P18. #SKINNYTOK: HOW SHOULD WE RESPOND TO SOCIAL MEDIA CRISES?

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In early 2025, a concerning trend emerged on TikTok under the hashtag #Skinnytok, featuring content that promoted extreme thinness, glorified restrictive eating behaviours, and triggered guilt in vulnerable viewers. The virality of these videos - often algorithmically amplified - led to widespread exposure among adolescents and young adults, amplified by traditional media, raising alarms within both the general public and health professionals.

The French Federation Anorexia and Bulimia (FFAB) was solicited to help build a public response on behalf of national healthcare services. This institutional intervention highlighted the psychological risks associated with such digital content, particularly its potential to exacerbate or trigger eating disorders in vulnerable populations. As media did embrace the subject with many shortcuts on how social media seemed to provoke eating disorders, we also emphasized that this phenomenon is not the direct cause of eating disorders and urged public authorities to develop a national care system centered on ED.

This presentation aims to provide a structured analysis of the French response to the #Skinnytok phenomenon. It will examine the timing, relevance, and impact of the government's actions, as well as the role of FFAB as a mediating voice between healthcare expertise and public communication. It will also address limitations in current strategies for content moderation, early detection, and prevention, and suggest recommendations for proactive, coordinated responses to future crises at the intersection of social media and mental health.

P19. A NOVEL SELF-HELP MOBILE APP FOR OUTPATIENTS WITH EATING DISORDER: PRELIMINARY RESULTS OF THE INTERCONNECT-ED TRIAL

Prof. Cristina Segura-Garcia[1], Dr. Daria Quirino[1], Dr. Elvira Anna Carbone[1], Prof. Gaia Albano[2], Prof. Valentina Cardi[3], Prof. Gianluca Lo Coco[2]

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3. University of Padova, Padova, Italy

Background: Many studies have investigated guided self-help (GSH) in the treatment of eating disorders (EDs). The COVID-19 pandemic determined a change of trend from face-to-face treatments with clinically trained specialists, to online or app-based interventions delivered by recovered individuals or low experienced professionals. The aim of this study is to presents preliminary data on the feasibility of an eight week mobile app GSH intervention focused on interpersonal maintenance factors (INTERconNEcT-EDs) in adults with EDs.

Methods: Two randomized controlled trials (RCTs) are conducted to examine the impact of INTERconNEcT-EDs program on a range of psychological outcomes of 1) outpatients with a proper ED or people in the community with symptoms of disordered eating, in Italy. In the first RCT, 47 adult outpatients (Mage = 26.00 (10.7) with EDs have been randomised to treatment as usual alone (n = 23) or TAU plus INTERconNEcT-EDs (n = 24). In the second RCT, 25 individuals from the community (Mage = 3.00 (8.7) have been randomised to receive INTERconNEcT-EDs program (n = 13), or a waiting list condition (n=12).

Results: In light of the ongoing recruitment, the preliminary results showed a significant effect of time on eating disorder symptoms (EDE-Q), $F(1,33) = 4.216$, $p = .048$, indicating a reduction in symptoms across groups. However, the interaction between time and group was not significant, $F(3,33) = 1.199$, $p = .325$, suggesting no differential effect of treatment across conditions. For psychological wellbeing (CORE-OM), there was no significant effect of time.

Conclusions: The results suggest that a novel online guided self-help intervention may be feasible for individuals with EDs at different stages of the intervention. However, given the small sample size, these findings should be considered preliminary and will be further validated as the ongoing study progresses.

Clinical Trial Registration: www.ClinicalTrials.gov, identifier NCT02336841.

P20. FEEL THE (HEART)BEAT: A BRIEF MINDFULNESS- AND COMPASSION-BASED PRACTICE COMPONENT AMONG FEMALE COLLEGE STUDENTS – AFFECTIVE AND PHYSIOLOGICAL CORRELATES OF INTEROCEPTION AND EMOTION REGULATION

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Introduction: Mindfulness-based interventions (MBIs) have a positive impact on emotion regulation and interoceptive skills, which are linked to enhanced mental health. This pilot study consisted on the implementation of a brief mindfulness- and compassion-based component practice among female college students. The impact of the intervention was assessed.

Methods: Participants in this study were 29 female college students (Mage = 22.1, SD = 5.8; MBMI = 22.8, SD = 4.6), who partook a brief mindfulness- and compassion-based practice component, consisting of four sessions with a duration of 30-minutes each, delivered online within a week. Participants completed a two-point assessment (pre- and post-intervention), including: 1) online completion of self-report measures, and 2) in-person completion of a heartbeat discrimination task and a heartbeat tracking task, preceded by the recording of peripheral physiological indices (e.g., heart rate).

Results: Of 29 participants allocated to the intervention, 26 (89.7%) initiated and completed all the sessions. 24 (92.3%) participants completed the post-treatment assessment. Paired samples t-test statistics showed the presence of significant pre to post mean differences, indicating higher heart rate (HR), $t(25) = -2.95$, $p = .007$, $d = -.58$; and lower heart rate variability (HRV), $t(25) = 3.83$, $p < .001$, $d = .75$. Results demonstrated improvements in experiential avoidance, $t(23) = 2.66$, $p = .014$, $d = .54$; cognitive fusion, $t(23) = 2.83$, $p = .009$, $d = .58$; depression, $t(23) = 4.02$, $p < .001$, $d = .82$; anxiety, $t(23) = 4.03$, $p < .001$, $d = .82$; and stress, $t(23) = 3.76$, $p = .001$, $d = .77$. Cohen's d values indicated the presence of small effect sizes trending towards participants' improvement regarding difficulties in emotion regulation, weight, shape and eating concerns, self-regulation, negative urgency, and self-compassion.

Discussion: The results offer preliminary and partial support for the efficacy of a brief mindfulness- and compassion-based component in decreasing symptoms of depression, anxiety, and stress, experiential avoidance, and cognitive fusion, among female college students. Marginal effects point towards improvements regarding difficulties in emotion regulation, weight, shape and eating concerns, interoceptive awareness and negative urgency. Implications for the clinical practice in clinical ED samples are discussed.

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P21. INTEGRATIVE TREATMENT FOR EATING DISORDERS: A DYNAMIC THIRD-WAVE APPROACH

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A national-level study conducted in 2024 revealed an increase in the prevalence of mental disorders among Ukrainian adolescents amid the ongoing war (Goto et al, 2024). A significant proportion — 29.5%, accounted for eating disorders. War-related changes, such as forced emigration, changes in family structure, limited access to specialists in eating disorders at the patient's location, compel Ukrainian doctors to be adaptive in their treatment approach.

This report describes the experience of managing 2 adolescent patients with anorexia nervosa who are undergoing treatment at Dr. Lakusta Clinic, Kyiv.

Two girls aged 13 and 15, presented with critically low body weight (BMI 13.1 and 12.6, respectively), limited nutrition, lack of insight and resistance to treatment, bradycardia in the older patient. They had comorbid psychiatric conditions and needed hospitalization, but due to family circumstances were treated as outpatients.

Psychotherapy was initiated alongside nutritional rehabilitation along with the inclusion of antidepressants to treat mixed anxiety-depressive syndrome. Patients have weekly sessions with their therapist: the 13-year-old girl receives Gestalt therapy and the 15-year-old receives Cognitive Behavioral Therapy (CBT). Elements of the MANTRA model are also integrated into the psychotherapeutic process for both patients.

For the 13-year-old girl, who lives abroad, all interventions are provided exclusively online. The 15-year-old patient received the first month of rehabilitation in person and later continued treatment online due to relocation.

After 5 months, weight normalization was achieved in the 13-year-old patient (BMI 18.4; Z-score > –1) and weight gain of 8 kg in the 15-year-old patient (BMI 15.4; Z-score > –3), normalization of somatic status, resumption of menstrual cycle, and improvement in anxiety-depressive symptoms in both adolescents. Both mothers were trained in meal organization techniques, understand adolescent nutritional needs, and can manage relapses and prevent return of restrictive eating behaviors. Medical monitoring by the pediatrician and psychiatrist, as well as psychotherapy, continue.

Conclusions: These two clinical cases demonstrate that active family involvement in the nutritional rehabilitation process, with a trained multidisciplinary team, and systematic interventions can make it possible to avoid hospitalization in patients with severe anorexia nervosa. In adverse conditions such as the war in Ukraine, teleconsultations and messenger-based communication can and should be used alongside in-person consultations in the care of patients with eating disorders.

Reference: Goto R, Pinchuk I, Kolodezhny O, Pimenova N, Kano Y, Skokauskas N. Mental Health of Adolescents Exposed to the War in Ukraine. JAMA Pediatr. 2024;178(5):480–488. doi:10.1001/jamapediatrics.2024.0295

P22. INVESTIGATING TRAUMA IN EATING DISORDER PATIENTS – INSIGHTS FROM THREE STUDIES

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Aim: During the years 2013 to 2025 we have studied trauma in eating disorder (ED) patients. The aim of this presentation is to summarize and synthesize the findings from three published papers.

Methods: Participants were adult ED patients from the Internet-based Stepwise quality assurance database for specialised ED care in Sweden. Data were extracted at different time points and the total number of participants in the studies ranged between 4524 and 8906. ED diagnosis was based on either the ED module of the Structured Clinical Interview (SCID-I) or the Structured ED interview (SEDI). Trauma history and Post-Traumatic Stress Disorder (PTSD) was based on SCID-I. Other measures included the Eating Disorder Examination Questionnaire (EDE-Q), the Clinical Impairment Assessment (CIA), the Comprehensive Psychiatric Rating Scale (CPRS-S-A), and Structural Analysis of Social Behavior (SASB), as well as questions on self-harm and suicidality.

Methods matter: Our findings shed light on the importance of having a clear definition of trauma, assessing the psychological impact (DSM-IV PTSD A2 criterion) and the timing of the traumatic event as well as separating traumatic exposure from PTSD.

Trauma and PTSD matters. Our results are consistent with trauma playing a role in increasing the risk for specific ED subtypes, especially increased risk for EDs with purging behaviour. However, we found no significant effect of either trauma or PTSD on self-reported binge-eating and/or purging at beginning of treatment. PTSD did however appear to hinder treatment of binge eating and purging behaviors. Further, PTSD was significantly cross-sectionally and longitudinally associated with more frequent self-injurious and suicidal symptoms.

Discussion: In line with previous research, our findings suggest that trauma history may impact ED symptoms and hinder treatment success, especially in those who develop PTSD. Traumatic exposure is associated with complex patterns of psychological responses, not all related to ED symptoms, and careful assessment and tracking of symptoms is important during the course of treatment. Problem formulation in ED patients should include both assessment of traumatic exposure and its impact on current symptomatology in individual patients.

P23. NEURODIVERSITY AND EATING DISORDERS: DIAGNOSTIC AND THERAPEUTIC CHALLENGES IN THE CONTEXT OF WAR

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'Redefine' Eating Disorder Rehabilitation Centre, Kyiv, Ukraine

Introduction: While the co-occurrence of eating disorders (EDs) with neurodevelopmental conditions such as autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) is increasingly recognized, the role of neurodivergent traits more broadly remains an area that warrants further exploration. Clinical experience and emerging data suggest that traits like sensory sensitivity, emotional dysregulation, cognitive rigidity, and difficulties in social functioning — even when not meeting full diagnostic thresholds — may significantly shape the presentation and trajectory of EDs in adolescents. Importantly, these features can affect body image perception and self-esteem, and in interaction with rigidity or repetitive behaviors, may contribute to disordered eating patterns. Differentiating between self-regulatory behaviors such as stimming and compensatory behaviors linked to EDs remains a diagnostic challenge.

In times of crisis, such as the ongoing war in Ukraine, these complexities are further amplified. Displacement, trauma, disrupted routines, and loss of social support systems may exacerbate underlying neurocognitive vulnerabilities or trigger new maladaptive coping strategies. For neurodivergent individuals, such instability may not only intensify underlying traits but also lead to the emergence of disordered eating behaviors as a way to regain control, predictability, or emotional regulation. The wartime context has also highlighted the urgent need for adaptive, trauma-informed, and neurodiversity-aware clinical approaches.

Conclusion: This presentation will outline the key diagnostic and therapeutic challenges in working with adolescents who exhibit overlapping features of EDs and neurodevelopmental conditions. It will argue for a dimensional, neurodiversity-informed perspective that considers the functional impact of traits rather than relying solely on formal diagnoses. In the context of war-related stress and displacement, such an approach becomes even more critical. A deeper understanding of individual neurocognitive profiles can guide tailored interventions and promote better engagement, helping clinicians move beyond symptom management toward meaningful, person-centered care.

P24. ADAPTING SERVICES IN TIMES OF CRISIS: EATING DISORDERS DURING THE RUSSIAN-UKRAINIAN WAR

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Since the onset of Russia's full-scale invasion of Ukraine, we have found ourselves not only in a humanitarian catastrophe but also in a deep mental health crisis. Data from JAMA Pediatrics (Goto, 2024) shows that over 96% of Ukrainian adolescents living abroad and 92% of those who remained in Ukraine show signs of psychological trauma. 30% of adolescents living in Ukraine exhibit symptoms of EDs, and 25% of Ukrainian refugees experience disordered eating. Research also shows that 63% of children aged 5–17 experienced changes in eating behaviors, and 17% of medical students have signs of binge eating disorder (BED).

Ukraine does not have any state-run programs for ED treatment, insurance coverage, or specialized public healthcare institutions. Most patients and families must seek help in private clinics. Emotionally and financially exhausted families — many of whom have lost their house and income or have at least one adult on full-time service in the military — face a situation where EDs not only emerge but often progress rapidly and become extremely difficult to treat.

We present the experience of the clinic that has continued to provide in-person care for EDs throughout wartime. Our team created a multidisciplinary model for treating adolescents and adults, which includes medical supervision, dietetic support, group and individual psychotherapy, and intensive family involvement and psychoeducation.

We implemented the MEED algorithm for objective risk assessment and opened a Day Treatment Room, to avoid hospitalization and manage high-risk patients in outpatient facilities.

With wartime displacement, our team is geographically dispersed across cities and countries, so we were forced to adapt: we developed mini-teams for each shared case, implemented food diary systems via messengers accessible to all specialists, and established cooperation with volunteers to help with providing enteral nutrition and medications.

However, we still face daily challenges. Many doctors give consultations after sleepless nights spent in shelters, during ongoing air raids, or while grieving for their loved ones who died at the frontline. This leads to exhaustion, burnout, and a sense of helplessness. Nevertheless, our medical team is functioning, we regularly have supervision and InterVision meetings and continue supporting each other.

Within the Ukrainian healthcare system, we hope that with the support of the international medical community, the development of clinical guidelines adapted to low-resource conditions, exchange of strategies for ED care in conflict zones, establishment of specialized training and mentorship programs, etc., it will be possible to reach more patients and provide necessary therapeutic interventions.

We do not want to be left alone with war and eating disorders.

Reference: Goto R, Pinchuk I, Kolodezhny O, Pimenova N, Kano Y, Skokauskas N. Mental Health of Adolescents Exposed to the War in Ukraine. JAMA Pediatr. 2024;178(5):480–488. doi:10.1001/jamapediatrics.2024.0295

P25. POST-PANDEMIC TRENDS IN THE INCIDENCE OF EATING DISORDERS IN NORWAY

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Objective: This study investigated post-pandemic trends in the incidence of eating disorders (EDs) by comparing the annual observed incidence from January 1st, 2020 to December 31st, 2023 to the expected incidence based on pre-pandemic trends (2010-2019).

Method: Primary and auxiliary ICD-10 diagnoses of new-onset ED cases were retrieved from the Norwegian Patient Registry which is a national register covering all specialized healthcare services in Norway. Incidence rates (IRs) per 100,000 were stratified by age, sex, and diagnosis: anorexia nervosa (AN; F50.0 + 50.1), bulimia nervosa (BN; F50.2 + 50.3), and other EDs (F50.4-50.9). To assess the impact of the COVID-19 pandemic, linear regression models were used to estimate annual excess incidence between 2020-2023.

Results: IRs for EDs peaked in 2021, with the overall rate for females being 45.5% higher than expected before declining to an excess of 19.4%. The highest IRs were observed in females aged 15-19, followed by those aged 10-14 and 20-24 years. In 2021, the IR for females aged 15-19 was 64.7% higher than expected before declining sharply to 10.9% in 2023, whereas IRs for ages 10-14 and 20-24 remained approximately 30% higher than expected. Increases were particularly pronounced for AN, while the incidence of BN remained comparatively low, tracking with observed pre-pandemic declines.

Conclusions: New-onset ED cases peaked in 2021, then declined by 2023, despite remaining higher than expected based on 10 years of pre-pandemic data. Specifically, the overall incidence rate of EDs remained about 20% higher than predicted, and disproportionately higher rates were found among younger females and those affected by AN. This study was limited to cases detected within the specialized healthcare services and therefore, data provide an estimate of the true number of cases occurring in the community. Future research should continue to monitor time trends in the incidence of EDs to determine if rates continue to decline or whether rates stabilize at a “new normal” level.

P26. SOMATIZATION AS AN ENTRY POINT INTO AN EATING DISORDER: A CLINICAL PERSPECTIVE

Alona Solomatina

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In clinical practice, eating disorders (EDs) often begin with a range of physical complaints that lack an organic basis. This is especially common among adolescents and young adults with high levels of anxiety, emotional sensitivity, and difficulties in recognizing or expressing emotions. Instead of a typical preoccupation with body image or weight, these patients often experience an intense fear of pain, nausea, heaviness, or other bodily sensations after eating.

This leads to progressive avoidance of food, restriction of portion sizes, and the exclusion of "triggering" foods. As a result, weight loss occurs, gastrointestinal motility slows down, and post-meal discomfort intensifies—creating a vicious cycle of pain, fear, and restriction. In many cases, somatic symptoms act as a trigger for food restriction rather than a consequence of it. This significantly complicates diagnosis, as the clinical picture may appear to be purely gastroenterological (or conversely—as an eating disorder when in fact the primary issue is somatization).

Somatization as a gateway into an ED requires a distinct clinical approach, combining psychoeducation, gradual nutritional rehabilitation, anxiety management, and work with bodily perception. Compared to classical anorexia nervosa, these patients tend to show less denial of the problem, but more intense fear of the physical experience of eating itself. At the same time, a rational understanding of the need to recover may coexist with an emotional inability to implement regular eating behavior without continuous external support.

The aim of this presentation is to draw attention to a less common pathway into EDs through somatic symptoms, to highlight typical behavioral and emotional patterns in such patients through clinical case material, and to outline the main stages and challenges of treatment.

P27. THE FEASIBILITY AND ACCEPTABILITY OF A TRAINING TARGETING INTOLERANCE OF UNCERTAINTY IN ADOLESCENTS WITH ANOREXIA NERVOSA: FIRST DATA FROM A PILOT STUDY

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Background: Intolerance of uncertainty (IU) refers to the excessive negative response to uncertainty. Those with high IU regard uncertainty as unfair and experience high levels of distress and anxiety in the face of uncertainty. Behaviors associated to uncertainty-related anxiety include avoidance, freezing, excessively seeking reassurance with others or overpreparing. Originally studied in the context of anxiety disorders, a growing field of research highlights the relevance of IU in eating disorders (ED). Levels of IU are clinically elevated across ED groups, and higher IU is associated to both more severe ED pathology (particularly restrictive type symptoms) and to poorer cognitive and social-emotional functioning. There is some evidence of IU-related neural substrates.

Seeing that ED treatment is inherently uncertain (i.e. what will I have to do in treatment, what will my body look like, what will my life without ED be), not tolerating uncertainty will likely hinder treatment engagement and outcomes. Targeting IU in those with ED may improve ED treatments.

Study aims: to assess the feasibility and acceptability of a training targeting intolerance of uncertainty in adolescents with anorexia nervosa.

Methods: a CBT-based training targeting IU developed for emotional disorders has been adapted and is currently delivered to adolescents with anorexia nervosa. Patients are recruited from a specialized ED center in the Netherlands. The training (12 sessions over 8 weeks) includes psychoeducation, behavioral experiments challenging beliefs about uncertainty and a relapse-prevention plan. IU scores were assessed before and after the IU training and at session 8. Therapists shared their experiences.

Result and discussion: data for the first 5 patients (aged 14-18) and therapists' experiences will be presented. Data include demographic and clinical information (age, ED severity and symptoms, duration of illness, comorbidity, stage of treatment) and IU scores will be presented per patient and discussed in relation to clinical variables. Therapists' experienced practical difficulties (e.g. planning sessions) and clinical observations (e.g. challenge of disentangling uncertainty cognitions and related anxiety from low self-esteem, interpersonal cognitions and obsessive compulsive symptoms) will be shared.

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P28. ASSESSING ANOREXIA NERVOSA WITHIN THE DSM-5 ALTERNATIVE PERSONALITY MODEL USING THE SCID-5-AMPD

Dr. Judit Bognár[1], Dr. Szilárd Hamvas[2], Dr. Katalin Bai-Nagy[1], Dr. Kristóf Kollár[2], Dr. Xénia Gonda[2], Kornél Vajsz[2], Prof. Dr. János Réthelyi[2], Prof. Dr. György Purebl[1], Kinga Nőger[2]

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2. Semmelweis University, Department of Psychiatry and Psychotherapy, Budapest, Hungary

Introduction: Anorexia nervosa (AN) is a severe psychiatric disorder characterized by high morbidity and mortality rates. It often becomes chronic, substantially impairing quality of life, with an increasing incidence and onset at progressively younger ages.

Objectives: Our study aims to enhance the effectiveness of therapeutic interventions in AN by identifying relevant personality traits and potential endophenotypes that may support diagnostic accuracy and the identification of targeted psychotherapeutic strategies.

Methods: A total of 44 AN patients aged 18-45 years (N=42 female and 2 male patients in the current study) completed a set of online self-reported questionnaires following structured diagnostic interviews (MINI and SCID-5-AMPD). In this presentation, the following instruments are presented: eating disorder (EDI-1), current emotional and mood state (SCL-90, PHQ-9), and past traumatic events (CTQ). Results were compared with a matched healthy control group.

Results: Our preliminary findings indicate, that in addition to AN, the most frequent comorbid condition was major depressive episode, anxiety disorders were also present. In the SCID-5-AMPD interview, higher scores were obtained for several domains describing personality dysfunction in the AN group. When comparing purging and restrictive subtypes, the purging group reported higher CTQ scores for emotional abuse (vs. control: $p=0.07$; vs. restrictive: $p=0.019$) and physical abuse ($p=0.019$). The restrictive group scored higher on denial ($p=0.038$). On the SCL-90-R, significant differences were observed in 7 of the 9 scales ($p<0.001$) between the AN and control groups. Data collection is ongoing; updated results will be presented at the congress.

Conclusions: Our preliminary results suggest that individuals with AN exhibit greater severity of personality-dysfunction, particularly within the functional domains of identity, self-regulation, and intimacy, alongside elevated levels of psychological distress. These insights may facilitate the identification of personalized psychotherapeutic treatment targets, potentially enhancing therapeutic efficacy and reducing overall treatment duration for individuals with AN. Further studies are required with more participants.

The study was supported by bilateral science and technology (S&T) cooperation project 2019-2.1.11-TÉT-2020-00242

P29. FACTORS ASSOCIATED WITH UNHEALTHY EATING PATTERNS: EVIDENCE FROM RECENT STUDIES IN GEORGIA

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Eating Disorders (ED) represent a challenge in Georgia, a developing country, where still no epidemiological data on ED are available. Clinicians are overwhelmed with self-referrals of ED-s, and the need for increased local research and capacity-building is rampant. The series of small-scale studies examined the links between unhealthy eating patterns and other psychological and behavioral variables.

Study 1: involved 100 participants (aged 18-30) and examined how social media addiction, loneliness, and self-efficacy were linked with unhealthy eating patterns. Measures included Bergen Social Media Addiction Scale, UCLA loneliness Scale, Generalized Self-Efficacy scale, and The Eating Disorder Examination Questionnaire (EDE-Q). The results showed that social media addiction and loneliness significantly predicted disordered eating, while self-efficacy acted as a substantial negative predictor. These findings inform on emerging mental health needs against the backdrop of growing dependence on social media and its potential impact on loneliness.

Study 2: included 135 participants (aged 18-45) and explored unhealthy eating patterns in connection with self-control and loneliness. UCLA loneliness Scale, Brief Self-Control Scale, and EDE-Q, short version (EDE-QS) were used as measures. The results established significant negative correlation between disordered eating and self-control, and positive one – between loneliness and unhealthy eating. Regarding predictions, only self-control acted as a significant negative predictor of disordered patterns pinpointing to its notable protective role.

Study 3: examined disordered eating in the context of collective stress (COVID-19 pandemics, War in Ukraine) exploring its interplay with situational anxiety, global worry, and coping strategies. The study involved 121 participants (aged 18-58). Variables were measured by Spielberger State Anxiety Inventory, COVID-19 Worry Scale, War in Ukraine Worry Scale, Ways of Coping Scale tailored to Pandemics, and EDE-QS. The results indicated that women showed significantly higher global worry as well as unhealthier eating than men. However, situational anxiety and global worry did not predict unhealthy eating. The latter strongly correlated with avoidant coping and was significantly predicted by passive-submissive coping style.

The findings of the above studies highlight the complex interplay among multiple variables and eating patterns confirming the multifaceted nature of disordered eating highly susceptible to psychosocial factors. The findings inform clinicians on the importance of addressing identified risk factors (e.g. social media addiction, loneliness, passive-submissive coping) and enhancing self-efficacy and self-control as protective factors. to promote healthy eating.

P30. ASSESSING THE IMPORTANCE AND SEEKING THE ORIGIN OF DISSOCIATION IN ANOREXIA NERVOSA. PRESENTING THE COMBINATION OF TWO WELL-KNOWN PSYCHODYNAMIC PSYCHOTHERAPEUTIC METHODS APPLIED AS GROUP THERAPY

Dr. Szilárd Hamvas[1], Kinga Nőger[1], Zsófia Nemoda MD. PhD[2], Prof. Xénia Gonda[1], Judit Bognár MD.[3], Zsofia Bana[1], Tamara Renkó[1], Katalin Bai-Nagy MD.[3], Kristóf Kollár MD.[1], Kornél Vajsz[1], Prof. György Purebl[3], Prof. János Réthelyi[1]

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2. Douglas Mental Health University Institute, Montreal, Canada
3. Semmelweis University Institute of Behavioural Sciences, Budapest, Hungary

Introduction: Anorexia nervosa (AN) is a chronic disease with a low (less than 50%) remission rate. Patients suffering from AN frequently present with two distinctive parts of the self that oppose each other. This inner division appears to be a significant hindrance of recovery.

Objectives: Our aim is to confirm that this kind of dissociation is a significant psychopathological phenomenon, that determines the prognosis. We also intend to understand the origin of the dissociation and to identify a therapy that could target that.

Methods: AN patients aged 18–45 years (n = 41; 39 females, 2 males) completed online questionnaires on assessing dissociation (DIS-Q) and past traumatic events (CTQ), along with additional online questionnaires prior to an interview. The results were compared to a matched healthy control (HC) group (n = 29). We also compared patients with Restrictive AN (R-AN, n = 15) with Binge-Purge AN (BP-AN, n = 26), and have compared patients who are close to be weight restored with chronically ill patients.

Results: The Kruskal-Wallis test showed significant differences with large effect sizes in DIS-Q identity confusion scores among the three groups (R-AN, BP-AN, and HC) ($H(2) = 21.236$, $p < .001$, $\eta 2 = .287$) (Cohen, 1988).

Post hoc Mann-Whitney tests with Bonferroni correction indicated a significant difference with medium effect size between R-AN and HC ($Z = 3.329$, $p = .003$, $r = .449$), and a significant difference with large effect size between BP-AN and HC ($Z = 4.255$, $p < .001$, $r = .641$) (Cohen, 1992).

Significant differences with large effect sizes were also found in CTQ scores for emotional and physical neglect among the three groups (R-AN, BP-AN, and HC) (Emotional neglect: ($H(2) = 6.980$, $p = .030$, $\eta 2 = .074$); Physical neglect: ($H(2) = 9.380$, $p = .009$, $\eta 2 = .11$) (Cohen, 1988).

Conclusions: Our findings suggest that dissociation is a significant factor in Anorexia nervosa, particularly in patients with BP-AN, and is associated with childhood trauma, especially emotional and physical neglect.

In the second part of the presentation, a psychotherapeutic method (katatym imaginative therapy combined with psychodrama) will be introduced. This group-based approach targets the unconscious layer of the personality and has shown promising benefit.

The study was supported by bilateral science and technology (S&T) cooperation project 2019-2.1.11-TÉT-2020-00242

P31. DNA METHYLATION IN WOMEN WITH ANOREXIA NERVOSA: A LONGITUDINAL STUDY ON THE ROLE OF ILLNESS DURATION AND SYMPTOM REMISSION

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Background: Previous studies have shown altered DNA methylation levels in disorder-relevant genes in people with Anorexia Nervosa (AN). The aim of the present study was to investigate the extent to which illness duration in AN affects DNA methylation and to examine the impact of illness duration on the responsiveness of methylation changes to later symptom remission.

Methods: The study was conducted at the Eating Disorders Continuum of the Douglas Mental Health University Institute in Montreal, Canada. We assessed leukocyte genome-wide DNA methylation in 198 adult women with active AN, 62 showing one-year weight restoration after a previous full-threshold episode of AN (AN-remitted) and 93 who never had an eating disorder (NED). Follow-up data (after 15.3 weeks, on average) were available for 108 participants with active AN. Data were analyzed with linear mixed-effects models. Estimated cell proportions, age, smoking, and use of psychotropic medication were included as covariates. Array was included as a random factor, as appropriate.

Results: Compared to NED and AN-remitted participants, individuals with active AN had altered methylation in genes involved in mental health, metabolism and immune function (296 CpG sites, Q<.01). There were no differences between long-term remitted participants and people with no eating disorder. In participants with active AN, a longer illness duration was associated with lower DNA methylation in seven CpG sites of the serotonin receptor 2A gene (Q<.05), which was previously linked to AN and to obsessive-compulsive behaviours. Prolonged illness duration was also linked to DNA methylation changes in genes related to bone, liver, eye, and heart function (Q<.05). Our longitudinal analyses further showed that increases in BMI were associated with DNA methylation changes in genes involved in lipid and glucose metabolism, cellular function, and immune processes, irrespective of illness duration.

Conclusion: Our findings corroborate past results on state-related methylation alterations in AN and confirm a pathophysiological model that encompasses psychiatric, metabolic, and immune components. Epigenetic mechanisms– and DNA methylation in particular– may have the potential to impact the progression from genetic susceptibility to full-blown illness, and back. Our findings suggest that DNA methylation measures may be a potential biological marker of illness entrenchment or response to treatment.

P32. COMPREHENSIVE TREATMENT OF COMPLEX ED CASES IN OUTPATIENT SETTINGS

Katalin Bai-Nagy, Prof. József Kovács, Ágnes Dósa, Tamás Szalai, Bernadett Babusa, Prof. Purebl György

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The incidence of eating disorders is increasing in Hungary as well as in Central-Eastern Europe. Accordingly, several new unmet needs of the patients and their relatives appear in the clinical care. As a possible response to these unmet needs, we have introduced a multifaceted care model for eating disorders. In order to promote easily accessible yet effective care close to home, our institute has developed a support program that offers an online self-help tool and regular consultations with first-aid psychiatrists or clinical psychologists. For non (or only partially responder) patients, a versatile, modular treatment program has been developed that includes a personalized combination of different therapeutic approaches, including family therapy, dialectical behavior therapy specializing in eating disorders, or eating disorder-specific CBT groups based on the transdiagnostic model. Our care also includes CBT-e based individual therapies, which are supplemented with schema focus in cases of more severe personality pathology. If necessary, we supplement the treatment with pharmacological therapy in complex cases. The 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.

P33. INCONSISTENCIES IN THE EATING ATTITUDES TEST-26 (EAT-26): FINDINGS FROM NEW ISRAELI STUDIES

Prof. Daniel Stein

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Background: The Eating Attitudes Test-26 (EAT-26) in the tool of choice to differentiate community samples with and without eating disorder (ED) symptoms, showing a classical three-factor structure. Nonetheless, studies in different cultures have found other non-three-factor structures.

Aim: To assess the consistency of the EAT in different Israeli populations

Methods: First, we assessed the EAT-26 in community Israeli Jews, Muslims, and Christians. Second, we compared the EAT-26 between community adolescents and adolescents hospitalized with EDs. In the third study, we compared the EAT-26 between hospitalized adolescents with EDs at admission and discharge.

Results: 1. Different factors were found in the three ethnic groups, most of which did not correspond with the 3-factor structure. 2. Neither the clinical nor the community groups presented with the 3-factor structure. A 19-item EAT version was more stable and suited to capture ED symptoms in both groups; a cutoff point of 22 best differentiated the clinical from the non-clinical sample. 3. The factor structures of the EAT-26 at admission and discharge were different. A 15-item EAT version was more stable at both admission and discharge vs. the EAT-26 version. A cutoff score of 23 in the EAT-15 better defined patients improved at discharge vs. the original cutoff score of 20.

Conclusions: The three studies demonstrate inconsistencies of the EAT in different ethnic groups, clinical vs. community samples, and different illness stages.

P34. DNA METHYLATION IN WOMEN WITH ANOREXIA NERVOSA: A LONGITUDINAL STUDY ON THE ROLE OF ILLNESS DURATION AND SYMPTOM REMISSION

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Introduction: Despite reduced numbers of white blood cells in individuals with anorexia nervosa (AN), actively-ill patients are unusually resistant to infection. Previous studies on immune system functions in AN have focused on pro-inflammatory cytokines and ratios of granulocyte and lymphocyte subsets in young women and girls with eating disorder symptoms. However, immune studies of individuals in remission are rare.

Objective: To study the roles of specific lymphocyte subsets in AN pathophysiology, such as B, CD4+ T helper and CD8+ cytotoxic lymphocytes in women with AN with two different techniques: the classical flow cytometry and a white blood cell ratio estimation method using epigenetic markers.

Methods: Morning blood samples were measured by flow cytometry with a panel of antibodies (against CD3, CD4, CD8, CD14, CD19, CD45, and CD56) in a Hungarian pilot sample of 36 women with AN (age range: 18–45) compared to age-matched controls. Supportive analyses were carried out using estimated cell ratios (of the six main leukocyte subtypes, such as neutrophil granulocytes, B lymphocytes, CD4+ and CD8+ T lymphocytes, natural killer cells, monocytes) calculated from whole blood DNA methylation data from a Canadian sample described by Steiger et al. (2023). Participants of the latter study included 179 women with active AN (AN-active), 49 women previously ill with AN who no longer met eating- disorder criteria for at least one year (AN-remitted), and 86 women without any eating disorder.

Results: The CD4+/CD8+ (helper/cytotoxic) T lymphocyte ratio was higher among the Hungarian patients with AN vs. controls (1.79±0.62 vs. 1.42±0.55; p=0.43). The estimated cell ratio supported the higher CD4+ T-helper lymphocyte fraction in the Canadian sample: AN-active: 1.89±1.07, AN-remitted: 2.06±1.98 vs. NED: 1.58±1.12. The corresponding effect sizes for the comparisons between AN-active and controls were Cohen's d=0.63 (medium-large) when measured by flow cytometry, and 0.29 (small-medium) when estimated from blood DNA methylation data. Effect size for the difference between AN-active and remitted participants was negligible (d=-0.13).

Conclusions: The proportion of CD4+ T-helper lymphocyte in whole blood samples was increased in people with AN relative to the control group in both samples. The finding that the CD4+/CD8+ T cell ratio was also elevated in the long-term remitted group may reflect a lasting compensatory mechanism even after one year of remission.

The research is supported by bilateral science and technology cooperation project 2019-2.1.11-TÉT-2020-00242.

P35. THE ROLE OF PERSONALITY FUNCTIONING AND MENTAL DISTRESS IN THE LINK BETWEEN CHILDHOOD MALTREATMENT AND EATING DISORDER SYMPTOMS: A PARALLEL MEDIATION ANALYSIS

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Introduction: Childhood maltreatment is recognized as a risk factor for eating disorder symptoms (Talmon et al., 2021); however, the variables underlying this relationship remain poorly understood. Mental distress, including anxiety and depression, is frequently linked to eating disorders (Samder et al., 2021), as is personality dysfunction (Klein et al., 2022). Whether these variables act as distinct, independent mediators in the association between childhood maltreatment and eating disorder symptoms remains unclear. The study aims to determine whether mental distress and personality functioning act as parallel mediators in the relationship between childhood maltreatment and eating disorder symptoms, and to identify if one pathway is dominant.

Methods: A total of 800 participants aged 18–30 years (M = 24.46, SD = 3.77; 48.75% female) from a demographically representative sample in Lithuania completed the EDE-Q 6.0 to assess eating disorder symptoms, the Adverse Childhood Experiences Questionnaire, the Level of Personality Functioning Scale - Brief Form 2.0, and the Patient Health Questionnaire-4 (PHQ-4) to measure mental distress.

Results: Both mental distress and personality functioning were significant partial mediators in a parallel mediation model. The standardized indirect effect of mental distress (SIE = 0.099) was marginally greater than that of personality functioning (SIE = 0.095). Both factors contribute to the relationship between childhood maltreatment and eating disorder symptoms.

Conclusion: These findings underscore the importance of screening for childhood maltreatment and addressing mental distress and personality functioning when developing interventions for individuals with eating disorder symptoms.

This research was funded by the Lithuanian Research Council (No S-MIP-23-10).

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UNTANGLING COMPLEXITIES: EQUIPPING CLINICIANS TO SUPPORT NEURODIVERGENT INDIVIDUALS WITH EATING

WORKSHOP

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UNTANGLING THE COMPLEXITIES: EQUIPPING CLINICIANS TO SUPPORT NEURODIVERGENT INDIVIDUALS WITH EATING DISORDERS AND THEIR FAMILIES?

Zuzanna Gajowiec[1, 2]

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[2] Supported Families, Dublin, Ireland

The intersection of eating disorders with neurodiversity is increasingly recognized as a critical challenge for clinicians, introducing complexities that may be overlooked in standard treatment models.

This 90-minute interactive and practical workshop is designed for clinicians working with individuals experiencing eating disorders, equipping them with the knowledge and tools necessary to effectively understand the impact of neurodiversity on eating disorder presentation and recovery.

This workshop provides an engaging and applied learning experience. Attendees will gain hands-on skills, insights, and resources to implement meaningful changes in their clinical practice. The session will explore key considerations such as:

- Overview of Eating Disorders and Neurodiversity:
  - » Understanding different types of neurodiversity, including associated challenges and strengths
  - » Addressing common misconceptions and myths
  - » How neurodivergent traits influence eating disorder development and maintenance
  - » Challenges in conventional treatment approaches
  - » Best practices for screening both eating disorders and neurodivergence
- Deeper Exploration into Neurodiversity & Eating Disorders:
  - » Treatment considerations and adaptations for neurodivergent clients
  - » Perspectives from lived experience on effective therapeutic approaches
  - » The importance of peer support in recovery
- Practical Tools for Professionals:
  - » How to ensure that services are neurodiversity-informed
  - » Building trust and addressing unique sensory and emotional needs in treatment

Key Takeaways:

- Practical strategies for adapting interventions to support neurodivergent individuals
- Enhanced understanding of neurodiversity-inclusive treatment models
- Tools for fostering collaboration with clients and their families

Participants will receive an accompanying booklet containing resources, workbooks, and reading materials to support ongoing learning and implementation of neurodiversity-informed practices. This workshop aims to bridge the gap between research, clinical practice, and lived experience, empowering clinicians to provide inclusive and effective support for neurodivergent individuals struggling with eating disorders.

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ASSESSING RISK AND TREATING MALNUTRITION IN PATIENTS WITH EATING DISORDERS: USING THE MEED GUIDANCE

WORKSHOP

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ASSESSING RISK AND TREATING MALNUTRITION IN PATIENTS WITH EATING DISORDERS: USING THE MEED GUIDANCE

Prof. Paul Robinson

University College London, London, United Kingdom

Background: Eating disorders have a high mortality and morbidity, with a mortality in Anorexia Nervosa of around 5%, around 1/5 of deaths resulting from suicide. As treatment becomes more focussed on community care, risk assessment assumes greater importance as clinicians need to decide whether treatment outside an inpatient setting is acceptably safe. Some patients with eating disorders are admitted to emergency departments and medical wards. Clinicians in those services need tools for diagnosis and risk assessment as well as guidelines for medical management including refeeding. MEED, (Medical Emergencies in Eating Disorders) was published by the UK Royal College of Psychiatrists in 2022 and endorsed by the UK Academy of Royal Colleges representing all medical specialties. It provides risk assessment and guidance on a wide range of urgent treatments and has been supported by a website meed.org.uk which has had the effect of broadening its use especially among doctors in different fields. The site currently has over 12000 users, the majority are doctors, and the main groups are 1. Psychiatrists, 2. Paediatricians and 3. Adult physicians. Most are in the UK, but around 500 are in Ireland and 250 in the US with smaller numbers in other countries. 1 in 20 users of the site is a parent or carer.

Objectives: The presenters will be experts in the field. We wish to present a number of case descriptions for participants to discuss in small groups, using meed.org.uk and decide on management strategies for each of the supplied cases. They will also discuss opportunities in their place of work for implementing MEED and obstacles to implementation.

Main themes to be addressed: The cases presented will include the following: 1. An adult female with a very low BMI presenting to the Emergency Department. 2. An adult male presenting with liver disease due to anabolic steroid abuse, with a high BMI, excess muscularity and a very low body fat level. 3. A child of 13 with food refusal and weight loss brought to his GP by his parents.

Anticipated learning: As this is an eating disorders conference, we expect most participants to be working in mental health. We hope that they will take this knowledge and inform colleagues in other branches of health care. First participants will be able to use MEED guidance in a variety of situations to assess risk factors in med, women and children with a variety of eating disorders. They will be able to receive the MEED reports and by assessing red, amber and green risks, be in a position to decide on management for a particular patient, especially whether inpatient admission may be required. Using the Refeeding Risk assessment, they will be alerted to the possibility that a patient may suffer refeeding syndrome during nutrition therapy and hence take the precautions recommended in MEED. They will have basic information on refeeding and be able to work with or as dietians on nutritional treatment.

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INTEGRATIVE TREATMENT: CHANGING THE 'REVOLVING DOOR' WITH THIRD-WAVE THERAPEUTIC MODALITIES WORKSHOP

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INTEGRATIVE TREATMENT: CHANGING THE REVOLVING DOOR

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Background and Aim: Treating individuals with severe and enduring eating disorders (EDs) presents a significant clinical challenge. These patients often experience chronic comorbidities—such as suicidality, self-harm, anxiety, dissociation, and even psychotic episodes—that complicate treatment and result in poor recovery outcomes. Many find themselves repeatedly hospitalized, caught in a "revolving door" of acute care with limited long-term improvement. Traditional treatment protocols are often insufficient for these complex cases. A shift is needed toward integrative, community-based approaches that offer both clinical containment and life-sustaining support outside the hospital setting.

Workshop Aims and Content: This workshop will present an integrative treatment model combining dynamic understanding of personality structure with third-wave therapeutic modalities including Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Eye Movement Desensitization and Reprocessing (EMDR). The model emphasizes clinical flexibility, long-term support, and interdisciplinary cooperation. Three core components will be discussed:

1. Day Hospital Program: An intensive, structured treatment focused on emotional regulation and self-care, utilizing integrative techniques tailored to individual needs.
2. Community-Based Rehabilitation: Daily-life support systems including therapeutic group homes and outpatient structures that provide continuity, structure, and belonging.
3. Continuum of Care: Cross-sector collaboration between inpatient units, outpatient clinics, and rehabilitation services, aimed at building a sustainable support network and reducing re-hospitalizations.

Contribution and Timing: This workshop will offer a comprehensive, field-tested model for professionals seeking effective strategies for individuals with severe EDs and complex psychiatric comorbidities. The "holding and handling" framework supports patients in developing greater tolerance of their internal states, reducing symptom escalation and hospital dependency. The integrative model not only addresses ED symptoms but also accommodates trauma, personality disorders, and other severe psychopathologies.

Schedule:

- 30 minutes: Overview of the day hospital treatment program
- 30 minutes: Presentation of community-based rehabilitation models
- 30 minutes: Interactive discussion on implementing an integrative continuum of care.

Keywords: Integrative treatment, eating disorders, personality dynamics, DBT, ACT, EMDR

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MANAGEMENT OF LONG-STANDING EATING DISORDERS: DIFFICULTIES AND CHALLENGES

SYMPOSIUM

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CLINICAL AND COGNITIVE SIGNATURE IN LONG-STANDING EATING DISORDERS: IMPLICATIONS FOR TARGETED INTERVENTIONS

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Chronic eating disorders (EDs) such as long-standing anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED) are frequently accompanied by persistent neurocognitive inefficiences that complicate recovery and treatment planning. Several reviews, meta-analyses, and empirical studies made attempt to caracterice the cognitive signature of enduring EDs. Core features include difficulties in set shifting, weak central coherence, poor feedback learning. These cognitive features often persist beyond acute illness phases. Emotional processing difficulties, including alexithymia and poor emotion regulation, further compound illness severity and functional outcomes. Evidence from self-report and performance-based measures reveals that patients with chronic EDs exhibit neurocognitive rigidity, which interferes with behavioral adaptation and responsiveness to standard interventions. These findings highlight the need for individualized treatment approaches that incorporate cognitive remediation, emotion regulation training, and executive function support. Addressing these cognitive dimensions may enhance treatment engagement and efficacy, particularly in cases of severe and enduring illness.

FINDING THE BALANCE BETWEEN RESPECTING AUTONOMY AND LIFE-SAVING CARE IN ANOREXIA NERVOSA

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If there is any consensus surrounding the debate regarding the compulsory treatment of individuals with AN, then it is the need for further qualitative and quantitative research to address significant gaps in knowledge. Systematic reviews have been far from consistent in their choice of search items and studies exploring this topic have been inconclusive, likely because of differences in study populations, illness duration and the nature of the treatment utilised. There are variations in length of compulsory treatments (a few days versus many weeks), as well as setting (psychiatric wards, general hospital mental health facilities, residential units), differing national/state legislation and disparate definition of formal coercion versus "strong persuasion". One might have thought that by this time, there would at least be an emerging consensus as to the clinical efficacy and usefulness of invoking compulsory treatment in ED to guide clinical practice. Sadly not. This paper will briefly explore the use of involuntary treatment or coercion in the treatment and management of eating disorders taking into account its clinical, legal or ethical standpoints. With particular reference to Victorian (Australian) reforms to mental health and guardianship legislation, and selected developments elsewhere, this presentation reviews the role of law in authorising the use, duration and oversight of use of coercion in the treatment of eating disorders.

CHALLENGES IN TREATING SE-AN: REFLECTIONS FROM A PSYCHIATRIST IN FULL-TIME CLINICAL PRACTICE

Geoffrey Buckett

Ramsay Wentworthville Clinic, Sydney, Australia

Confessions and accusations from an inveterate clinician. Once no one wanted to treat Anorexia Nervosa because it was too hard. Now no one wants to treat it because the champions have abandoned the territory for more agreeable landscapes. But they have taken the warrants with them. For which they must now face challenge. It is time to report what we do, who with and how we justify ourselves. Even more. Can the bloating expansion of the Eating Disorders world stand scrutiny and remain a coherent whole? Is it time for a new split. Does SEAN help or hinder?

The answer -as ever - that depends.

INSIGHTS FROM ONE OF THE WORLD'S FIRST SPECIALIZED UNITS FOR LONG-STANDING EATING DISORDERS

Prof. Fernando Fernández-Aranda[1, 2, 3, 4], Dr. Nuria Jaurrieta[3], Prof, Stephen Touyz[5], Prof. Susana Jiménez-Murcia[1, 2, 4], Dr. Carlos Franquelo[3], Team Integrated Long-Standing Eating Disorders Unit[3]

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Background: Eating disorders (EDs) are severe and complex mental disorders. Despite therapeutic advancements, there remains a critical lack of evidence-based interventions for individuals with long-standing and treatment-resistant EDs.

Objective: To address this unmet clinical need, a specialized residential unit was launched within the Catalan Public Health System in January 2024. This unit is dedicated exclusively to the care of adults with long-standing and treatment-resistant EDs.

Methods and Preliminary Findings: Since its establishment, the unit has treated over 60 patients. All individuals underwent comprehensive psychometric assessments, including evaluations of psychopathology, quality of life, and social functioning. The cohort presented with a mean illness duration exceeding 12 years and had experienced at least three unsuccessful full-treatment attempts. High rates of psychiatric comorbidity were observed, particularly with Personality Disorders, Obsessive-Compulsive Disorder, Autism Spectrum Disorder, and Substance Use Disorders.

Therapeutic Approach: The unit implements a personalized, integrative treatment model grounded in CBT-E, DBT, and FBT principles. Beyond symptom reduction and weight restoration, the program emphasizes motivational enhancement, emotional regulation, patient co-responsibility, and family dynamics. The therapeutic alliance is considered a cornerstone of the intervention, with empathy, respect, and the promotion of patient autonomy guiding clinical practice.

Discussion: Preliminary outcomes indicate notable improvements in quality of life and psychopathological symptoms, alongside increased patient autonomy. Ongoing research is essential to assess long-term efficacy and to further refine interventions aimed at disrupting the trajectory toward chronicity.

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ETHICAL DILEMMAS IN EATING DISORDERS: A NEED FOR OPEN DISCUSSION

WORKSHOP

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ETHICAL DILEMMAS IN EATING DISORDERS: A NEED FOR OPEN DISCUSSION

Prof. Paul Robinson

University College London, London, United Kingdom

Background: Although eating disorders often respond to treatment, some patients do not and their eating disorders can last for years. While full recovery is always possible, health care workers need to help patients and families deal with long lasting eating disorders and their profound effects on all aspects of health. In recent years some very challenging questions have faced clinicians and some have found their way to the UK courts. These cases involve patients who have not responded to the best available treatment, and who reject life saving treatment so that clinicians need to use compulsion to keep them alive. This can be traumatic for the patient and family but also for the staff. The Court of Protection in England, considering some of these cases, has sometimes ruled that the patient's best interests are NOT to be force fed, even though that might mean that their survival may be compromised. These issues have led to sometimes headlines in the press and confrontations on social media and the clinical and service user communities are both divided by the issues.

Purpose/objectives: These issues are not clearcut and clearly need calm and rational debate if clinicians are to be guided on how to handle these very difficult matters. We hope to be able to clarify the issues and express different views in the form of a document emerging from the workshop which may help to guide clinicians, patients and families.

Main topics: The following case description will be offered to participants: A 24 year old woman with AN since age 11. She has spent most of the past 13 years in hospital often against her will. She has been diagnosed with autism. She has symptoms suggestive of PTSD related to forced nasogastric feeding. She applied to the Court of Protection in the UK to allow her to be treated without being forced to have NG feeding.The court agreed in 2023 when her BMI was 9.5. However, her weight continued to drop and in March 2025 her BMI was 7.8. Her aunt has applied to the Court to save her life using NG feeding. Her parents disagree with the idea. However, medical opinion is that forced NG feeding or PEG insertion would be too dangerous. The question now is how to treat her?

Methodology: The workshop participants will be split into groups of 6. In each group a scribe will be appointed to record the conversation. The groups will consider the following questions: 1. What would a reasonable care plan look like? 2. If she rejects feeding how should her care be managed? 3. Is there a role for palliative care in this situation? 4. Should she receive forced feeding in spite of the dangers? 5. What support should the family receive? The views expressed will be written by the scribe abd conveyed to the chair of the workshop.

Expected outcomes: We expect a range of opinions to be expressed, with no unitary outcome. These views will be written up in a paper by the presenter and circulated to the participants for approval before being submitted to a journal.

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POSTER SESSION

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OPINIONS AND KNOWLEDGE OF WEIGHT LOSS INJECTIONS AMONGST EATING DISORDER STAFF, NON-EATING DISORDER STAFF AND EATING DISORDER PATIENTS

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Background: The use of weight loss injections is becoming increasingly common in the UK. Clinical experience suggests this is also apparent amongst eating disorder patients. Greater insight into the perceptions of these drugs amongst eating disorder patients and staff is called for.

Aims: To understand people's opinions of these drugs and whether these opinions vary between eating disorder staff, non-eating disorder staff, and eating disorder patients.

Methods: A sample of participants from the aforementioned three groups were invited to participate by email, in which a link to the 9-question survey was included.

Results: Responses from 182 participants were received. This sample comprised n=24 patients (13%), n=25 eating disorder staff (14%), and n=132 non-eating disorder staff (73%).

Free text responses to two questions regarding thoughts and opinions about this medication were subject to thematic analysis. Three themes were identified: (i) 'pros', (ii) 'cons', and (iii) context.

Within the 'pros' theme there were three subthemes; a) great result, b) good if used properly, and c) quick fix. The subthemes for 'cons' were a) side effects, b) dangerous/ misuse, c) long term effects, d) long term outcomes, and e) quick fix; and the subthemes for 'context' were a) lifestyle, b) regulation, c) support/ monitoring, d) social media/celebrity, and e) quick fix.

Two questions elicited a dichotomous yes/no response. The finding from these questions were: (i) 97% were aware of weight loss injections and (ii) 4% have used them.

More detailed analysis regarding the remaining responses will be presented.

Conclusions: This study revealed that clinicians (both in eating disorders and other areas) and eating disorder patients hold a diverse range of views about weight loss injections. Interestingly, the perception of weight loss injections as a 'quick fix' featured across the three themes, indicating that this perceived aspect of the medication is seen variably as positive, negative and as a contextual factor.

If further research confirms the results of this preliminary study, clearer education about this treatment is indicated.

ATHLETES WITH EATING DISORDERS: ANALYSIS OF THEIR CLINICAL CHARACTERISTICS, PSYCHOPATOLOGY AND RESPONSE TO TREATMENT

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Eating disorders (ED) are commonly observed among athletes. Nevertheless, there is limited research addressing their specific characteristics and treatment outcomes within this population. The aims of this study were to compare clinical, psychopathological, and personality profiles between professional athletes with ED (ED-A) and non-athlete individuals with ED (ED-NA), and to examine potential differences in treatment response. The sample consisted of 104 individuals diagnosed with ED according to DSM-5 criteria, including 52 ED-A patients and 52 matched ED-NA patients. Assessment involved a semi-structured clinical interview conducted by trained clinicians and a comprehensive psychometric battery. Treatment outcomes were evaluated at the end of the intervention program. ED-A patients exhibited lower levels of body dissatisfaction and psychological distress compared to ED-NA. No significant differences in treatment outcome were found between the two groups. However, within the ED-A group, those involved in individual and aesthetic sports showed higher eating psychopathology, more general psychopathology, differential personality traits, and poor therapy outcomes. Participation in individual and aesthetic sports presented was more severity and worse prognosis. While standard ED treatment may be equally effective for both athletes and non-athletes, the development of prevention and early detection programs involving sports medicine professionals, psychologists, coaches, and families is recommended throughout the athlete's career and beyond.

ONLINE DAY CARE APPEARS TO BE AS EFFECTIVE AS IN PERSON FOR ANOREXIA NERVOSA

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Rationale: Anorexia nervosa (AN) is a common eating disorder with a high morbidity and mortality due to weight loss, electrolyte disturbance and suicidality. Community care is recommended by NICE for treatment if hospital admission is not mandatory. In this study patients with AN had either online or in person day care or a combination of the and the different models of care were compared in a non-randomised, uncontrolled trial.

Methods: Patients with AN admitted to a private day service for Eating Disorders in London (www.orri-uk.org) had online treatment during the Covid lockdown and in person treatment otherwise. Other patients elected for online care or a combination of the two models. BMI and dietary restriction were recorded at admission and discharge and the models compared using repeated measures ANOVA. Questionnaires administered at admission and discharge were the EDE-Q and the DASS.

Results: The three programmes (online, in person, blended) all resulted in increased BMI (average +7.65%) ($p<.001$) and decreases in DASS and EDE-Q scores. ($p<.05$). Effect sizes were large or very large. EDEQ-G scores reduced by 36.4%. DASS depression ratings reduced by 11.2%. However, there was no statistical difference between the three treatment models on any variable. ($p>.1$).

Conclusion: Online intensive day care appears to be as effective as in person treatment for Anorexia Nervosa in leading to weight gain and improved general and eating disorder questionnaire scores. Further qualitative and quantitative studies are required including long term follow up but the study suggests that online treatment is an effective alternative in anorexia nervosa treatment. We suggest that online day care can be regarded as an acceptable;le alternative to in person day care for AN, especially when accessibility to clinical services is limited.

EXPLORING THE RELATIONSHIP BETWEEN EMOTION REGULATION, INHIBITORY CONTROL, AND EATING PSYCHOPATHOLOGY IN A NON-CLINICAL SAMPLE

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Introduction: The present study aimed to explore the relationship between difficulties in emotion regulation and deficits in inhibitory control, and the role of these processes in eating psychopathology in a non-clinical sample. We also explored the specificity in which deficits in inhibitory control may underlie eating psychopathology, namely whether they can be conceptualised as context specific or more extensive in nature.

Methods: Participants were 107 healthy individuals recruited at a major Portuguese university, aged between 18 and 43 years-old (M = 21.23, SD = 4.79). Two computerised neuropsychological tasks (i.e., emotional go/no-go and food go/no-go tasks) were used to assess response inhibition in the presence of general versus context-specific stimuli.

Results: Results indicated higher response inhibition deficits among participants with higher difficulties in emotion regulation, particularly in the context of food-related stimuli ($p = .009$). In addition, the relationship between difficulties in emotion regulation and eating psychopathology was moderated by inhibitory control deficits in both the context of food ($b = -0.050$, $t = -2.34$, $p = .02$) and pleasant ($b = -0.054$, $t = -2.67$, $p \leq .01$) stimuli.

Conclusions: The present findings highlight inhibitory control as an important process underlying the relationship between difficulties in emotion regulation and eating psychopathology in non-clinical samples, which have important implications for clinical practice.

PERIPERSONAL SPACE IN ANOREXIA NERVOSA: ASSOCIATION WITH BODY IMAGE REPRESENTATION AND DISTORTION

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Introduction: One of the main symptoms of Anorexia Nervosa (AN) is body image distortion, which, according to some authors, may extend to more implicit forms of body representation, such as the body schema. A construct closely related to the body schema is peripersonal space (PPS). PPS is the space surrounding our body where all physical interactions with objects in the environment occur. Given the strong connection between PPS and body representation, we investigated PPS representation in patients with AN compared to healthy controls.

Methodology: 38 patients with AN and 54 healthy controls completed a task measuring PPS, which involved responding to a vibrotactile stimulus while observing a visual stimulus approaching them in virtual reality. This task is based on the evidence that visual stimuli can speed up the detection of tactile stimuli—but only when they are within PPS. By fitting the relationship between the visual stimulus distance and reaction time to a linear function, we extracted the slope of the line, representing the segregation between PPS and extrapersonal space, and the intercept, which provides a measure of PPS extension. In a subgroup, resting-state functional connectivity between areas of the sensorimotor network was also recorded and analyzed using MRI.

Results: ANOVAs conducted to analyze the influence of group and condition on the PPS slope and intercept did not yield significant results. However, correlational analysis showed that healthy controls with higher BMI had a more segregated and smaller PPS. In AN patients, PPS was not associated with actual BMI, but only with the BMI they felt they had and with body image distortion. Neuroimaging results will also be presented.

Conclusions: The shape and extent of PPS did not differ between AN patients and healthy controls. However, we observed some interesting correlations with BMI. The fact that in AN patients only perceived BMI was associated with PPS suggests that PPS may be more closely linked to the subjective experience of body size rather than to actual body size.

BINGE EATING DISORDER AND FOOD ADDICTION. DIFFERENTIAL CLINICAL CHARACTERIZATION

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Background: Food Addiction (FA) have been found highly present in Eating Disorders (EDs), especially in Binge Eating Disorder (BED), bringing into debate if the FA construct is present in all patients with this diagnostic subtype. However, different studies have reported a percentage of patients with BED who do not present FA. Therefore, the objective of the present study is to characterize a group of patients with BED, differentiated by the presence or absence of FA, considering variables of interest such as emotional regulation, impulsivity, and others associated with ED symptoms.

Methods: The sample consisted in N=121 female participants, N=109 BED FA+, N=12 BED FA-. All participants completed a comprehensive battery of questionnaires, including the Yale Food Addiction Scale 2.0. (YFAS-2), and others for the assessment of the ED symptomatology, impulsivity and emotional regulation.

Results: The prevalence of FA in patients diagnosed with BED was consistent with the literature (90%). Both groups, BED FA+ and BED FA- present no differences in age, body mass index (BMI), onset of the disorder, years of evolution of the disorder, and binge frequency. Among the variables of interest, no differences were found in emotion regulation, but statistically significant differences were found in variables associated with impulsivity, as lack of premeditation and lack of perseverance, with higher scores in the BED FA+ group. Considering other clinical aspects, no differences were found in the ED-related symptoms, considering the total score of the Eating Disorder Inventory-2 (EDI-2), however, the BED FA+ group present statistically significant higher scores in the drive for thinness, bulimia and ascetic subscales.

Conclusions: These findings have important implications for the development of personalized treatment strategies for individuals with BED that also present FA, since strategies aimed to reduce impulsivity could be of special interest to this group.

Keywords: Binge Eating Disorder; Food Addiction; Impulsivity; Emotional Regulation

DOES PROMOTING SUSTAINABLE EATING HABITS INCREASE THE RISK OF EATING DISORDERS? INSIGHTS FROM TWO EXPERIMENTAL STUDIES USING NETWORK AND REGRESSION ANALYSES

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Introduction: In response to the escalating climate crisis, environmental awareness and sustainable behaviors are gaining attention worldwide. While this focus reflects a growing societal commitment to ecological responsibility, it may also cause emerging psychological concerns both in the clinical (CP) and general (GP) population. Research is exploring how environmental concerns might influence eating attitudes and practices, particularly in relation to eating disorder (ED) and orthorexia nervosa (ON) risk. The present work includes two independent studies to examine the association between eating-related ecological concern (EREC), anxiety about climate change, sustainable food practices, and ED symptoms in both CP and GP.

Methods: Study 1 involved 846 participants from the GP, completing the EREC, Climate Change Worry Scale (CCWS), Eating Disorder Examination Questionnaire (EDE-Q) for ED symptoms, Eating Habits Questionnaire (EHQ) for ON, Depression Anxiety and Stress Scale (DASS-21), and the Sustainable and Healthy Dietary Behaviors Questionnaire (SHDB). Network analysis was used to examine the associations between variables.

Study 2 included 39 ED patients recruited from an ED outpatient clinic in Bologna (Centro Gruber) and 40 GP individuals recruited online who completed the EREC, CCWS, Eating Attitute Test-26 (EAT-26), and EHQ. Regression analyses explored the predictive role of EREC in influecing eating behaviors.

Results: In Study 1 network analysis revealed positive associations between EREC and CCWS, EREC and SHDB, SHDB and EHQ, and EREC and EHQ. EREC and SHDB emerged as the most central nodes. Negative associations emerged between EREC and EDE-Q, SHDB and DASS-21-Stress, and CCWS and SHDB.

In Study 2, GP participants exhibited greater levels of EREC ($p=.012$) and CCWS ($p<.001$) compared to CP. While EREC did not emerge as a significant predictor of ED symptoms, SHDB-cooking behaviors predicted lower EAT-26 scores ($R^2=.134$, $\beta=-.366$, $p=.024$) in the CP.

Conclusions: Together, the two studies underscore the complex interplay between EREC, climate change worry, and eating behaviors. While EREC and sustainable dietary habits may motivate environmentally conscious choices and even support recovery in ED populations, they may also increase vulnerability to ON tendencies. These findings highlight the need to investigate the psychological mechanisms linking sustainability, eco-anxiety, and ED symptoms in the context of the ongoing ecological transition both in CP and GP.

LONG-TERM COGNITIVE OUTCOMES AFTER TREATMENT IN ANOREXIA NERVOSA: A RESEARCH PROTOCOL FOR A FOLLOW-UP STUDY

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Background: Patients with anorexia nervosa (AN) exhibit at range of cognitive difficulties in the acute stage of the illness. Low mental flexibility and low central coherence are of special interest. There is also some evidence indicating that these difficulties maintain after weight stabilization. Notably, similar neurocognitive findings have been found in healthy relatives of patients with AN, and these difficulties have therefore been suggested as possible endophenotypes in AN. However, long-term studies of cognitive function in patients with AN are scarce and are necessary to investigate the trajectories of these cognitive difficulties. The current study includes both a cross-sectional study on former patients 20-25 years post- admission and a study on the trajectories from baseline to follow-up 6-25 years post-admission. In addition, we plan to investigate predictors for cognitive outcome.

Method: This study will include individuals who were previously treated for anorexia nervosa (AN) at the in- and outpatient unit of the Specialized Eating Disorder Unit at Levanger Hospital in Norway. Primarily, we want to include patients that have previously undergone neuropsychological assessments, either as part of their clinical treatment or as participants in earlier studies on neuropsychological functioning during the acute phase of the illness. Participants will be evaluated using a comprehensive neuropsychological test battery, along with a series of self-report questionnaires. These questionnaires will assess eating disorder symptoms, depression, anxiety, quality of life, and self-reported executive functioning.

Results: Data collection is scheduled to begin in the fall of 2025.

Conclusion: This study will make a valuable contribution to the existing knowledge base on cognitive functioning in individuals with anorexia nervosa (AN), the developmental trajectories of these functions, and the predictors of cognitive outcomes.

ORTOREXIA AND SPORT – AN OBSERVATIONAL STUDY

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The extreme research of a healthy nutrition through rigid and strict diet plans and the obsessive attention towards food quality and purity may lead to significant distress or impairment in social, occupational, or other important areas of functioning. This phenomenon is known as Orthorexia nervosa (ON). The line between healthy and pathological behaviour is very thin and it can be influenced by many factors: social media trends, beauty standards and prototypes imposed by society, rigidity and inflexibility as personality traits and body's uneasiness. The aim of this study is to identify in a sample composed by both sporty and active people and sedentary individuals the main characteristics that can lead to a higher risk of ON. We also evaluate the connection between sports and this kind of pathological behaviour. We administered a questionnaire to a sample of 580 people divided in 405 female, 175 male and 6 non-binary (main age 25,6 ± 6,7) uploaded on QUALTRIC's online platform using the following tools: Eating disorder inventory 3 (EDI-3), Body Uneasiness Test (BUT). The results show how moderate to high levels of ON risk factors can be significantly predicted by measuring levels of drive for thinness, perfectionism, hypercontrolled behavior ($p<0.01$). Moderate to elevated levels of perfectionism and hypercontrolled behavior and low levels of drive for thinness predict at 92.8% high or moderate levels of ON; meanwhile low levels of perfectionism and hypercontrolled behavior drop the percentage at 40%. The female sample showed higher scores on the submitted scales and on the ON risk factors, these gender differences are significative for drive of thinness, hypercontrolled behavior, ON risk and body dysmorphia ($p< 0.01$) but not for perfectionism ($p>0,05$). A marginally significative ($p =0,05$) difference has been found in the scale of hypercontrolled behavior and ON risk among those who didn't practice any sports in comparison with the ones who did it. In conclusion we can say that these results can contribute to a better diagnostic definition of ON, helping to found valid strategy of intervention (prevention or therapeutic). Even if the relationship between sports and risk of developing ON is not yet fully clarified, it would be interesting for the future to study in a more specific way some types of sports (in particular agonistic practice) where there's a strong relationship between body image-diet-performance to see if there is in individuals with certain personality traits a higher risk of food-related pathological behavior.

PILOTING FRITH-HAPPÉ ANIMATIONS TO ASSESS COGNITIVE EMPATHY IN FEMALE ADOLESCENTS

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Background: Determining whether adolescent social functioning difficulties arise from normal developmental processes or require clinical assessment is challenging. Tools to identify cognitive empathy deficits that do not rely on parent or clinician assessment might improve detection of clinically significant impairments. The Frith-Happé Animations (FHA) are widely used in autism research to assess Theory of Mind (ToM). Since eating disorder (ED) psychopathology disproportionally affects female adolescents and is associated with autistic traits, we also measured ED psychopathology. We hypothesised that cognitive empathy would predict FHA scores and explored whether ED symptomology and pubertal status but not social anxiety, would moderate this.

Methods: A community sample of 73 females aged 12-16-years-old was recruited from schools and social media. Participants completed the FHA, which comprises ToM, goal-directed (GD) and random animations, the Basic Empathy Scale and questionnaires on social anxiety and ED symptoms during a single testing session.

Results: Contrary to expectations, linear regressions demonstrated that only ToM scores were predicted by cognitive empathy ($p = .002$). Neither GD ($p = .205$) or random scores ($p = .499$) were predicted by cognitive empathy. Eating psychopathology, pubertal status and social anxiety did not moderate the relationship between cognitive empathy and FHA ToM.

Conclusions: In adolescents, cognitive empathy predicted ToM FHA but did not predict deliberately ambiguous GD animations. Cognitive empathy explained about a third of variance in ToM scores, irrespective of eating psychopathology, social phobia, or pubertal status. We identified modifications to the FHA to increase its utility in future implementations among adolescents.

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