

European Council on Eating Disorders General Meeting and Conference Belfast 2022

22-24 September 2022

ABSTRACTS BOOKLET

Conference Theme: Building Bridges

#ecedbelfast2022



BELFAST

ECED Belfast 2022

London (1989) – Leuven (1991) – Prague (1993) – Dublin (1995) – Padova (1997) – Stockholm (1999) –
Barcelona (2001) – Budapest (2003) – Innsbruck (2005) – Porto (2007) – (London (2009) –
Florence (2011) - Oslo (2013) – Heidelberg (2015) – Vilnius (2017) – Paris (2019)

FRIDAY September 23rd

11:30 – 13:00

Parallel Paper Session 1a

Venue: Minor Hall

Chair: John Roche, ENGLAND

11:30 – 11:45

P1) The family in anorexia nervosa: From aetiopathogenesis to maintenance perspective. What to focus on when planning an intervention for parents.

Elena Tenconi, Sofia Calonaci, Elisabetta Iraci, Valentina Meregalli, Marta Magno, Paolo Meneguzzo, Angela Favaro. ITALY

Introduction: The link between anorexia nervosa (AN) and family functioning has been a debated issue since the first descriptions of the disorder itself. Recent research leads to a reciprocal connection between the establishment of AN and family functioning or dysfunctioning. In this context it is striking to notice how the only evidence-based treatment for AN is just for adolescents, and precisely a family-based intervention. So, better insight into family involvement in illness path may represent a key issue in both the early detection and management of AN. The aim of the study is twofold: 1) to look at specific features or patterns that may characterize families of patients compared to controls, and 2) to detect these aspects that should be taken into consideration when we involve parents in the treatment pathway.

Methods: We investigated 97 young women (62 with a diagnosis of AN according to DSM-5 criteria and 35 young controls and 145 parents (87 patients' parents and 58 control parents). Patients and parents were administered a series of questionnaires investigating psychological health (SCL-58), perceived expressed emotion differentiating mother and father roles (LEE; patients only) and Caregiver skills scale and the perceived impact of eating disorder on family functioning (EDSIS) (parents only).

Results: Patients, compared to controls, are in most cases second-born, and perceived higher expressed emotion in both parents. Mothers of patients showed higher psychological distress (both than the spouse/partner and the parents of controls), parents of patients reported a high impact of eating symptoms in family atmosphere, guilt, social isolation, and reduced self-care. Correlations with clinical variables were lastly carried out.

Conclusion: In line with the Academy for Eating Disorders' position paper, our findings support the importance of not blaming parents, and indeed improving their psychological well-being, reducing their social isolation and enhancing their self-care. Only an intervention really based on the specific needs and difficulties of families may transform parents into an effective resource and ally for the care process in the struggle against AN.

11:50 – 12:05

P2) FBT and beyond, experiences in a tertiary treatment center.

Marie-Jeanne J.A.M. Schier¹, Anja Pennings¹, Christien M.T Schilder¹, Annemarie A. van Elburg^{1,2} NETHERLANDS

¹Altrecht Eating Disorders Rintveld, Zeist, The Netherlands

²Department of Clinical Psychology, Utrecht University, Utrecht, The Netherlands

Keywords: FBT, Adolescents, Diagnosis, Treatment

Introduction: Family Based Treatment as single or multifamily form is the treatment of choice in Anorexia and Bulimia Nervosa in youngsters^{1,2}. We introduced this type of treatment in Rintveld in 2018 but wondered about the population we serve. Rintveld has a nationwide catchment area and many tertiary referrals. In a naturalistic study, we looked at the numbers of patients for whom we recommended FBT, to see if there were any differences in age, diagnosis and comorbid disorders.

Methods: One hundred and fifty-three youngsters aging between 10 and 18 yrs. were referred for treatment at Rintveld between October 2019 and December 2020. They were assessed using the EDE or the PARDI and diagnosed according to DSM-5. 12 patients were diagnosed with ARFID, 2 did not have an eating disorder. The remaining 139 were diagnosed with AN, BN, OSFED or UFED and then proceeded with treatment.

Results: Data analysis is still ongoing, at the time of the conference more definite results will be presented. Interim results are as follows: 69 patients were referred for FBT, 70 were not. There were no statistical differences in age (mean age 14,4 and 15,3 yrs respectively) or EDdiagnosis between the two groups. Of the 69 that were referred to FBT, 10 started with inpatient treatment (after discharge 5 started FBT), 3 did not start treatment and 7 chose a different treatment than referred. Of the 49 that started FBT, after first evaluation (after 4-5 weeks of treatment) 36 continued FBT, in 2 home-treatment was added, 5 were referred for inpatient treatment, 1 stopped and 5 changed treatment form.

Conclusion: In this study with preliminary results, FBT implementation in a tertiary referral center was evaluated. Although with the Covid-19 pandemic, circumstances may have deteriorated, we found that only half of referrals to our center got an indication FBT. Their age ranges and diagnosis did not differ. At the time of conference numbers will be available on comorbid diagnosis, illness duration and previous treatment.

References:

Herpertz-Dahlmann B, van Elburg A, Castro-Fornieles J, Schmidt U. ESCAP expert paper: new developments in the diagnosis and treatment of adolescent anorexia nervosa—a European perspective. *Eur Child Adolesc Psychiatry*. 2015;24(10):1153–1167. doi: 10.1007/s00787-015-0748-7.

Eisler I, Simic M, Hodsoll J, Asen E, Berelowitz M, Connan F, Ellis G, Hugo P, Schmidt U, Treasure J, Yi I, Landau S. A pragmatic randomised multi-centre trial of multifamily and single family therapy for adolescent anorexia nervosa. *BMC Psychiatry*. 2016 Nov 24;16(1):422. doi: 10.1186/s12888-016-1129-6. PMID: 27881106

12:10 – 12:25

- P3) User involvement in a PhD project on parents and siblings of individuals with eating disorders.
Jannike Karlstad, Cathrine Fredriksen Moe, Mari Wattum, Ragni A. Stokland & Berit Støre Brinchmann. NORWAY

Keywords: user involvement, co-researcher, PhD project

Introduction: Two user representatives (MW,RAS) with former experience of having an eating disorder and of being the mother of a daughter with an eating disorder, were involved in the PhD project “Being a parent or a sibling of a young woman with eating disorder - experiences and strategies”. The user representatives were defined as co-researchers in the project, and had a consulting role. User involvement in health research is increasingly considered a demand in Norway. This presentation is based on the first author’s experiences of user involvement in this project. What does user involvement mean in this context? And what kind of potential advantages or disadvantages could user involvement entail?

Methods: The project utilised a constructivist grounded theory approach, which is particularly suited to benefit from user involvement. Reflexivity is required throughout the research process by explicating taken-for-granted assumptions and being conscious of how hidden beliefs can enter this process. The first author has clinical experience with patients with eating disorders, which entails a preconception of the topic of study. The researcher strived not to see one perspective as the only possible interpretation and the multiple perspectives contributed by the co-researchers challenged first author’s perspective. Reflexivity was in practice carried out by the authors and co-researchers discussing and reflecting on the data together.

Results: The co-researchers were involved in developing the research questions and the interview guide, and in planning the project as a whole. They participated in discussing the results and in the final analysis. Their ability to view the results from a different angle, based on their experience, was a valuable contribution throughout the research process. So far, MW is co-author on two articles in the project and RAS on one article.

Conclusions: Co-researchers’ insights enabled the authors to develop and expand upon their own original thoughts and perceptions. To actively involve co-researchers throughout the research process added depth and complexity to the study. The presence of multiple perspectives also strengthened the credibility of the study.

References:

- Borg M, Davidson L. The nature of recovery as lived in everyday experience. J Ment Health. 2008;17(2), 129-140. <https://doi.org/10.1080/09638230701498382>
- Charmaz K, Thornberg R. The pursuit of quality in grounded theory. Qual Res Psychol. 2020. <https://doi.org/10.1080/14780887.2020.1780357>

12:30 – 12:45

P4) Parental speeches of adolescents suffering from severe anorexia nervosa – a preliminary lexicometric analysis.

Jeanne Duclos^{1,2}, Alexandra Sarrazin^{2,3}, Vincent Dodin^{2,4}, & EVHAN. FRANCE

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³Université de Médecine de Lille, France

⁴Faculté de Médecine de l'Université Catholique, Lille, France

KEYWORDS: parents; lexicometric analysis; Anorexia Nervosa; qualitative research

Introduction: Parental involvement in the treatment of Anorexia Nervosa (AN) is internationally recommended. But it may result in many difficulties in coping with the child's illness, which can hinder the patient's treatment and recovery, and in turn their caregiving role/experiences. Better understanding of parents' voices and experiences would help therapists to provide the support they need. To do so, we explored parental representations of their daughter (what kind of person they thought she was and their relationship with her). Since interactions between parent and adolescent differ according to the studied dyad, we explored maternal and paternal speech samples separately.

Methods: Parental couples (mothers and fathers) of adolescents' girls (N=20) recently hospitalized for Anorexia Nervosa were included in this study. The validated French version of the Five-Minute Speech Sample (FMSS) was administered and recorded to each parent. Lexicometric analysis - using French software Iramuteq® - were performed on their FMSS' verbatim transcripts.

Results: Vocabulary and choice of words implied that fathers and mothers had similar representations of their daughter. While maternal speech samples were less vague, paternal discourse demonstrated structured thought processes.

Conclusions: Supporting parents in their caregiving-role could usefully target the observed differences. This may be easily achieved in multi-family therapy which offers well differentiated therapeutic spaces.

FRIDAY September 23rd

11:30 – 13:00

Parallel Paper Session 1b

Venue: The Boardroom

Chair: Jacinta Hastings, IRELAND

11:30 – 11:45

P5) Efficacy of two video-interventions to promote professional help-seeking for bulimia nervosa: results from an online experiment.

Stephanie Bauer, Diana Lemmer, Markus Moessner (University Hospital Heidelberg, Center for Psychotherapy Research), **GERMANY**

Key words: help-seeking; online experiment; video-based interventions

Introduction: Only a minority of eating disorder sufferers seek professional help, some of them only after extended periods of suffering. From a public health point of view, it is of utmost importance to increase help-seeking among eating disorder sufferers. We developed two video-based interventions to promote help-seeking. Intervention 1 aims at destigmatization and improving mental health literacy and knowledge about available professional support. Intervention 2 aims to induce positive outcome expectancies for help-seeking. We tested the efficacy of the interventions in an online experiment.

Methods: We recruited n=240 youth aged 14 to 25 years. Participants were randomly assigned to a control or one of the two experimental conditions in a permuted block design. An audiovisual bulimia nervosa vignette was presented in all experimental groups. No further video was shown to the control group, whereas additional, short intervention videos were presented in each of the intervention groups. Primary outcome were help-seeking intentions measured with the General Help-Seeking Questionnaire(GHSQ). Secondary outcomes were stigma (Universal Stigma Scale; USS), attitudes towards help-seeking (Inventory of Attitudes towards Seeking Mental Health Services; IASMHS), and barriers to help-seeking. Efficacy are tested via analyses of covariance.

Results: Data assessment will be finalized in July, final results will be presented at the conference. We expect higher professional help-seeking intentions and more positive/ less negative attitudes toward help-seeking in the intervention groups compared to the control condition.

Conclusions: We expect our findings to shed light on the effectiveness of different strategies for the promotion of mental health help-seeking in youth. If effective, the video-based interventions can be easily distributed online via social media. Strategies like the ones investigated in this study are important measures to assure that more eating disorder sufferers seek and receive professional support.

11:50 – 12:05

P6) Effectiveness of virtual reality exposure therapy for treatment of dysmorphophobia in patients with anorexia nervosa: A controlled, randomised, superiority trial.

Antoine Manès^{1,2}, Coralie Barbe³, Romain Bouillot¹, Alexandre Novo^{1,2}, Anne-Catherine Rolland^{1,4}, Julien Eutrope^{1,4}. FRANCE

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2. University of Reims-Champagne-Ardenne, Department of Medicine, 51 rue Cognacq Jay 51095 Reims Cedex, France

3. Methodological Support Unit, Robert Debré Hospital, Av du Gl Koenig, University Hospital, 51092, Reims Cedex, France

4. Laboratory of Psychology "Society Health Cognition," University of Reims-Champagne-Ardenne, 51000 Reims, France

Keywords: adolescents, anorexia nervosa, body dysmorphic disorders, virtual reality

Introduction: Anorexia nervosa involves qualitative and quantitative dietary restriction leading to significant weight loss and a change in body shape. Patients with anorexia nervosa are often more concerned with body image than the general population. Dysmorphophobia, a risk factor for relapse, is the most difficult symptom of anorexia nervosa to treat. This study's primary objective is to evaluate the effectiveness of Virtual Reality Exposure Therapy (VRET) for treatment of dysmorphophobia in patients with anorexia nervosa.

Methods: This prospective, multicenter study will be a controlled, randomized, superiority trial. It will be an open trial; however, the assessor will be blind to the randomized group. In total, 40 patients with anorexia nervosa will be divided into two groups by randomization: 20 receiving VRET and 20 receiving treatment with body-first psychomotricity. It will include assessments of dysmorphophobia, eating disorder, anxiety, and executive function, combined with therapy sessions.

Conclusions: The study hypothesizes that the effectiveness of VRET in the treatment of dysmorphophobia is superior to a body-first psychomotricity approach, and this effectiveness has long-term stability, even after stopping treatment. If this hypothesis is confirmed, VRET could represent an interesting new therapeutic alternative to the body-first psychomotricity approach traditionally offered to patients with anorexia nervosa.

References:

Bruch, H. (1962). Perceptual and conceptual disturbances in anorexia nervosa. *Obstetrical & Gynecological Survey*, 17(5), 730–732.

Ferrer-García, M., & Gutiérrez-Maldonado, J. (2012). The use of virtual reality in the study, assessment, and treatment of body image in eating disorders and nonclinical samples: A re-view of the literature. *Body Image*, 9(1), 1–11.

12:10 – 12:25

P7) Weight loss in a pro-ED online community: A longitudinal observational study.

Markus Moessner, Johannes Feldhege, Stephanie Bauer (University Hospital Heidelberg, Center for Psychotherapy Research), GERMANY

Key Words: social media; pro-ED communities; weight loss

Introduction: Online, pro-ED communities are commonly considered potentially harmful and dangerous, mainly because they promote weight loss and extreme thin ideals. Yet, although detrimental effects of social media usage on eating disorder related symptoms and risk factors have been demonstrated in experimental lab studies, and cross-sectional studies support the existence of associations between social media usage and ED risk factors like body dissatisfaction, it is challenging to demonstrate these detrimental effects in actual users, mainly because clinical data are not available. In this observational study, we investigated detrimental effects of an online pro-ED community.

Methods: We collected data from N= 1,170 users of an online pro-ED community on Reddit over a period of 15 months. Data included information on weight, height, and desired weight, which users provided and regularly updated in their profiles. Linear growth models were applied to estimate changes in BMI and desired BMI over the 15 months observation period.

Results: Both BMI and desired BMI of the users decreased over time. More engagement in the pro-ED community yielded greater weight loss and greater decreases in desired weight. Higher BMI at baseline resulted in higher weight loss. Yet, even participants with very low baseline BMIs between 15 and 17 lost weight during the 15 months observation period.

Conclusions: To our knowledge, this is the first study to demonstrate detrimental effects of participation in pro-ED communities in a longitudinal large dataset gathered from a popular social media platform. The results are in line with lab and cross-sectional studies, and demonstrate the potential harm that these communities can cause.

12:30 - 12:45

P8) Mentalisation Based Treatment Groups for Carers.

David Coyle. Consultant Psychiatrist and Regional Lead for Eating Disorders, NORTHERN IRELAND

KEYWORDS: MBT, Group therapy, carers

OVERVIEW:

When we reviewed the caseload of our service 72% of the service users had Emotionally Unstable Personality Disorder documented in their differential diagnoses, meeting several of the diagnostic criterion. Interfaces with self-harm and personality disorder services are challenging, with long waiting lists for treatment. As a result we decided to trial an introductory Mentalisation Based Group Treatment for service users. Outcomes were somewhat disappointing, in part due to the severity of the patients first entered into the treatment. We then expanded this to a group for carers (primarily parents).

Outcomes within the carer's treatment group have been excellent. The documented, narrative feedback has been universally positive. Feedback informally in therapy sessions from carers, as well as from service users who report differences in carer relations at home, has also been encouraging. We provided a likert-scale pre-and post-group questionnaire looking at a number of factors: understanding, emotional regulation, routine building, relationship impact, etc. The difference in pre- and post-group scores has been fascinating: with improvements across the board in two specific areas. 'Struggling with feelings and thoughts' and 'the impact my feelings have on relationships with others' both deteriorated. To us this signified an improved insight, awareness and self-examination that was reflected in what facilitators observed in the group.

We would like to speak of the background to the group and the treatment we actually offer, structured across a 10-week programme. We would intend to demonstrate our findings, including both the narrative and anecdotal feedback received. I think this will be of widespread interest considering the much-discussed overlap between Eating Disorder and Personality Disorder diagnoses, and how challenging this estuary can be. The programme is a simple one to run, and yet has the potential for high impact. There are many future implications: further MBT treatment, streamlining of onward referral, psychoeducational specificity for carer, integration into generalised carer support groups and, most importantly, positive clinical impact for service users.

11:30 – 13:00

Parallel Paper Session 1c

Venue: Meeting Room 6

Chair: Zuzanna Gajowiec, IRELAND

11:30-11:45

- P9) When anorexia nervosa symptoms mask a Kallmann Syndrome: a case report.
Tara Berenbaum. BELGIUM

Background: Although anorexia nervosa might delay puberty, a structured assessment at its onset remains crucial in excluding congenital delayed puberty diseases.

Case Presentation: During the follow-up of a 15-year-old girl suffering from anorexia nervosa, a change of treatment has led to a thorough medical history revealing the absence of the olfactory bulb. Kallmann Syndrome diagnosis was made on a blood analysis and the patient was treated with a multidisciplinary approach.

Conclusion: After the diagnosis, our patient was relieved as it has clarified some of her symptoms including anosmia, poor height and maturational delay. Too often a delayed puberty is attributed to anorexia nervosa itself without considering medical history. This case definitely shows the importance of performing a case history and early diagnosis in pre-pubertal AN in order to rule out other rare diseases and avoid mid- and long-term sequelae.

11:50 – 12:05

- P10) What can we learn from the treatment history of anorexia nervosa patients who have died?
Greta Noordenbos, Clinical Psychology, Leiden University, NETHERLANDS

KEYWORDS: Severe, life-threatening Anorexia Nervosa

Introduction: Unfortunately, not all patients who are treated for their eating disorder will improve or recover. Each year some patients die because of the consequences, or because of suicide. The mean percentage of eating disorder patients who died is estimated as 5% (Fichter & Quadflieg, 2016) but the percentages vary from 1.2% to 12% (Raes e.a., 2005).

Questions: What are the characteristics of patients who died because of the consequences of their eating disorder? What were the main problems in the treatment of these patients?

Methods: To get information about the treatment history of very severe eating disorder patients the parents of 10 anorectic patients who had died because of their eating disorder were interviewed. Also 15 therapists interviewed who had treated severe eating disorder patients who died because of the consequences were interviewed. The treatment history was analysed of 25 severe patients.

Results: Most patients who died because of the consequences of their eating disorder had severe psychological and comorbid problems, such as depression, an anxiety disorder, OCD, a personality disorder or autistic characteristics. More than 50% of these patients were quite young (< 14 years) when they started their eating disorder. They often started to diet in an extreme way and lost much weight in a short period.

Conclusion: Because of their low weight their treatment was directed at improving their food intake and weight. They often had a relapse, followed by tube feeding and when this did not work, they received forced feeding. Although their weight gained, their psychological condition deteriorated, but in order to receive psychotherapy they first needed to develop a healthy weight.

Discussion: Is weight restoration a necessary condition in order to receive psychological help? Is psychotherapy helpful for eating disorder patients who not yet have restored their weight?

References:

- Fichter, M.M. & Quadflieg, N. (2016) Mortality in eating disorders- Results of a large prospective clinical longitudinal study. *International Journal of Eating Disorders*, 49 (4)391-401.
- Raes e.a. (2005) Characteristics of anorexia nervosa-related death in Norway (1992-2000). Data from National Patient Register and Causes of Death Register. *International Journal of Eating Disorders*, 37, 181-187.

12:10 - 12:25

- P11) Admission and goodbye letters from adolescents with Anorexia Nervosa in a day hospital. **Sarah Pinto¹, Nathalie Godart^{1,2,3}, Céline Bréan¹, Samah Belkheir¹, Elodie Betremieux¹, France Boyer¹, Pauline Drecq¹, Charline Gautier¹, France Hirot¹, Flora Hollande¹, Claire Lam¹, Isabelle Leledy¹, Barbara Maison¹, Sophie Nicolich¹, Audrey Paveau¹, Chloé Penabaille¹, Morgane Pidoux¹, Hugo Saoudi¹, Mélanie Urvoy¹, Lisa Minier^{1,4} FRANCE**

¹Adolescent and Young Adult Mental Health University Department, Fondation Santé des Etudiants de France, Paris, France; ² CESP, INSERM, UMR 1018, University Paris-Sud, UVSQ, University Paris-Saclay, Villejuif, France; ³ UFR des Sciences de la Santé Simone Veil (UVSQ), Versailles, France; ⁴ Psychiatric Unit, Institut Mutualiste Montsouris, Paris, France.

Key words: Anorexia Nervosa, Adolescent, Motivation, Day Hospital, Qualitative Method

Introduction:

The aim of this research is to study the evolution of the discourse of adolescents suffering from anorexia nervosa treated in a specialized day hospital through the analysis of letters written before and after the treatment.

Method: In this study, we were interested in subjects between 12 and 20 years with restrictive or hyperphagic/purgative Anorexia Nervosa (respectively 26 and 74%) treated in a specialized day hospital. Of these, 50% had already been hospitalized more than twice. We analyzed 50 admission letters and 18 goodbye letters using general inductive analysis (Thomas, 2006). In order to ensure the analysis rigor and fidelity, double coding was performed.

Results: In the entry letters, the question of symptoms, the call for help, and the report of the care history are central. Patients who had been hospitalized more than twice wrote more about relapse and schooling, and expressed less motivation to change. Patients with hyperphagic episodes seemed less concerned about schooling and focused their letters more on symptoms and their desire to know themselves better. Entrance and goodbye letters' themes are different. In the goodbye letters, the patients wrote about the day hospital team's support, the evolution of their disorder and showed strong gratitude.

Conclusion: This study has highlighted how ambivalence and motivations towards care, recovery and illness are organized, as previously described by Treasure and Ward (1997). It also shows how the patients' positions become more nuanced in the goodbye letters; with the narration of both the experience of a more or less constraining care and the way in which it has been salutary for them. Finally, this study shows how the positive evolution of the disorder is reflected in their discourse through a projection into the future and the construction of new projects, while being vigilant to the signs of relapse.

Reference : Thomas, D.R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237-246.

Treasure, J. and Ward, A. (1997), A Practical Guide to the Use of Motivational Interviewing in Anorexia Nervosa. *Eur. Eat. Disorders Rev.*, 5: 102-114.

12:30 – 12:45

P12) Embodiment in anorexia nervosa: Is there an impairment in the cognitive presentation of the body?

Paolo Meneguzzo^{1,2}, Patrizia Todisco², Enrico Collantoni¹, Valentina Meregalli¹, Elena Tenconi¹, Angela Favaro¹ ITALY

¹University of Padova (Italy)

²Eating Disorders Unit, Casa di Cura Villa Margherita (Vicenza-Italy)

Keywords: anorexia nervosa, atypical anorexia nervosa, embodiment, body representation

Introduction: Embodiment in Anorexia Nervosa (AN) is considered an aspect of the psychopathological core of the disorder linked to bodily experiences, representation, and integration of visuospatial and somatosensory information. Poor is known about embodiment difficulties in AN patients from a neuropsychological perspective. The aim of our study is to evaluate the impairment in the cognitive processes pertaining to cognitive body representation, looking at a specific role of the underweight state.

Methods:

A sample consisting of 45 AN patients, 37 atypical AN patients (aAN), and 52 healthy controls (HC) was evaluated with a novel computerized task. In this task, a set of 48 pictures were presented to participants twice in a randomized order. Each picture showed a stylized human performing an action (e.g. kissing, eating, walking) and was followed by a verb that was either a match or a mismatch with the picture, as well as match or a mismatch with the body district that is depicted as active in the representation.

Results: The results showed that AN patients have the highest response time of all the subgroups in the sample, and the highest number of errors. aAN patients' performance in the test was somewhat intermediate compared with the other groups. AN and aAN patients only showed differences when the pictures and verbs did not match at all, with aAN patients performing similarly to HC.

Conclusion: AN is associated with impaired embodiment and the underweight condition could explain the results only partially, corroborating the evidence for the impaired connection of information linked to the body linked to the underweight condition but with preliminary evidence of some specific differences in body representation due to the disorder.

FRIDAY September 23rd

14:00 – 15:30

Symposium

Venue: Assembly Hall

HOW DAY HOSPITALISATION FOR ADOLESCENTS WITH ANOREXIA NERVOSA (AN) ARE ORGANISED: THREE DIFFERENT APPROACHES. **Flora BAT-PITAU** MD^{1,2,3}, **PhD, Doriane COSTA**^{1,2}, **MD, Corinne BLANCHET**^{3,4,5}, **MD, PhD, Nathalie GODART**^{3,4,7,8}, FRANCE

¹Child and Adolescent Psychopathology Unit, Salvator Hospital, Public Assistance-Marseille Hospitals, 13009 Marseille, France

²Institut de la Timone, CNRS, Aix-Marseille University, 13005 Marseille, France

³ French Federation Anorexia Bulimia (FFAB), 75014 Paris, France

⁴ Maison de Solenn-Maison des Adolescents, Cochin Hospital, Assistance Publique-Hôpitaux de Paris, 75014 Paris, France

⁵ CESP, INSERM 1178, Paris-Descartes University, USPC, 75014 Paris, France

⁷ Adolescent and Young Adult mental health department, Fondation Santé des Etudiants de France, 75014 Paris, France

⁸ UFR Simone Veil-Santé, 78690 Saint-Quentin en Yvelines, France

KEYWORDS Anorexia Nervosa, Day hospitalisation, psychoeducation, scholarship

Rationale: Eating disorders in children and adolescents require specialized care combining somatic, nutritional, and psychiatric care using a transdisciplinary approach. Historically, in severe situations, hospitalisation was the rule. In recent years, and in particular after the Herpertz-Dahlmann randomised controlled trial, day-hospitalization (5days/7) has proved at least as efficient as inpatient care. Day-hospitalisation allows both the delivery of intensive adapted care and the preservation of social integration. In France day-hospitalisation for adolescents with AN has been developed in different ways for the ten past years.

Objectives We will propose three day-hospitalisation programs illustrating the different practices in France.

In the first, Corinne Blanchet will describe the development and organisation of a one day per week day-hospital program based on a psychoeducation program named PETER PAN (psychoeducation therapeutic program for AN). This program, developed since 2010, is included as an outpatient pathway.

In the second part, Doriane Costa will present a non-intensive day-hospitalisation program (only 1 to 4 half-days a week since 2018.) and the preliminary results of an open study. This study compared the evolution of two groups of adolescents treated for AN. The first group were hospitalised and then discharged to day-hospitalisation and the second group admitted from the start to the day-hospitalisation program.

Finally, Nathalie Godart will describe a day-hospitalisation program for adolescents with AN developed since 2019. This program is an intensive one (5days/7) and it includes education. Preliminary results concerning the evolution of the patients' clinical state and their opinion about the program will be described.

FRIDAY September 23rd

14:00 – 15:30

Workshop 1

Venue: Minor Hall

The ROCKETLAUNCH project. Implementing key components of evidence-based Family Therapy for eating disorder in Child and Adolescent Psychiatric Outpatient Care. **Ulf Wallin**, child psychiatrist and family therapist; **Karin Wallin** psychotherapist and research assistant. SWEDEN

Keywords: Family-based treatment, Anorexia Nervosa, Child and Adolescent, Implementation study

Introduction: An early and efficacious intervention is crucial in treatment of restrictive eating disorder in the young patient in order to minimize the risk of the illness becoming longstanding. There is good evidence that weight gain during the first month of treatment goes with a better prognosis. A limited amount of young people suffering from severe restrictive eating disorder receive today an evidence-based treatment. The ROCKETLAUNCH project intends to implement the key components of the evidence-based family therapy that are crucial during the first month of treatment in Child and Adolescent Psychiatric outpatient care.

Method: From the southern part of Sweden local child and Adolescent Psychiatric Mental Health Services will take part. The patients and their families will receive 1 month of intense manualized treatment. Body weight, eating disorder and other psychopathology-related symptoms will be evaluated at end of the intervention after one month and at a 12-months follow-up. A cost-efficiency analysis will also be carried out.

Objective: The workshop will consist of three parts. First a presentation of the study, second a presentation of the key components of family therapy that were chosen in the project and thirdly a presentation of how we intend to implement them. We will describe the key components of evidence-based family therapy and analyse the importance of implementing key components of evidence-based treatment. We will also evaluate the importance of early change in the family in order for the patient to gain weight and have a better prognosis.

FRIDAY September 23rd

14:00 – 15:30

Workshop 2

Venue: The Boardroom

Perspectives from the development of a mentalization-based intensive outpatient service for adolescents with eating disorders. **Lisa Mukherjee, Luwai Odeh, Joseph Stone**, Great Ormond Street Hospital, Great Ormond Street, London WC1N 3JH, ENGLAND.

Keywords: anorexia nervosa, mentalization, intensive out-patient, adolescent

Overview: The Covid-19 pandemic led to an unprecedented rise in child and adolescent eating disorder (ED) referrals. Outpatient services are struggling to meet the demand and there is a severe shortage of inpatient beds in the United Kingdom. Currently there is a lack of evidence to inform our understanding of why the majority of families respond to standard outpatient treatment whilst others require a different approach. However, recent evidence suggests that mentalizing ability may predict treatment response in adolescent anorexia nervosa and could represent a treatment target.

To respond to the urgent need for services for acutely unwell adolescents with EDs, and to see if components of inpatient admission can be recreated in the community, we have developed a mentalization-informed Intensive Outpatient Eating Disorders Service at Great Ormond Street Hospital. This innovative service has blended face-to-face and remote treatment and includes individual, family and group sessions, delivered within a multidisciplinary team including psychiatry, nursing, family therapy, psychology, psychotherapy and dietetics. Our approach aims to provide relational aspects of inpatient admission, such as the containment of the family system through being held in mind by a team of clinicians working together, whilst avoiding the high treatment costs and emotional strain of separation entailed by inpatient care. We appreciate that for the most complex patients, separation is therapeutic and part of what is offered by the in-patient treatment team.

In this workshop, we will:

- Provide an overview of the service and preliminary data on our outcomes.
- Introduce the concept of mentalizing and its relevance to children and adolescent with eating disorders.
- Provide experiential exercises to demonstrate how mentalization-based treatment principles inform our treatment approach.
- Allow opportunities for discussion around the value of intensive outpatient services as an intermediate step between inpatient and standard outpatient treatment.

Content (including timings)

1. Provide an overview of the service (20 mins).
2. Describe our preliminary data on outcomes (weight, eating pathology, treatment satisfaction) (10 mins).
3. Provide experiential exercises to demonstrate how mentalization-based treatment principles inform our model. (15 minutes).
4. Allow opportunities for discussion around the value of intensive outpatient services as an intermediate step between inpatient and standard outpatient.

Time allocated for discussion – 45 minutes

FRIDAY September 23rd

16:30 – 18:00

Parallel Paper Session 2a

Venue: Minor Hall

Chair: Toni O'Connor, IRELAND

16:30 – 16:45

P13) Assessing the risk factors for the development of eating disorders among fashion models: Quantitative research.

Nikolett Bogár, Szilvia Dukay-Szabó, Dávid Simon, Ferenc Túry. HUNGARY

Institute of Behavioural Sciences, Semmelweis University, Budapest

Keywords: eating disorders, anorexia nervosa, bulimia nervosa, fashion models, thin beauty ideal

Introduction: Sociocultural influences, including an ever-increasing pressure for fashion models to maintain a thin body frame and small measurements may be a crucial factor in the development of eating disorders. This quantitative study complements a previous semi structured interview based qualitative research. Both studies evaluate the risk factors of eating disorders amongst top fashion models. The recognition of the risk factors and the potential effect of media pressure has a public health importance.

Methods: In this multinational study female fashion models were involved by snowball sampling (N=181, mean age: 25.9±4.70 years). An anonymous, online questionnaire were used, containing sociodemographic and anthropometric data, Eating Behaviour Severity Scale, Eating Disorder Inventory, Body Attitudes Test, Sociocultural Attitudes Towards Appearance Questionnaire-3, SCOFF questionnaire, and Eating Habits Questionnaire. A control group of internationally heterogeneous university students and individuals pursuing careers other than modeling was involved and was adjusted to age (N= 262, mean age: 25.0±4.96 years).

Results: Fashion models' BMI falls into the underweight range (mean BMI= 18.1±1.68). The control group has a significantly higher BMI (mean= 22.1±4.23, p< 0.001). Prevalence of the simulated anorexia nervosa is 3.9% among fashion models and 1.1% in the control group. 14.6% of fashion models show subclinical anorexia nervosa versus 2.7% found in the control group (p< 0.001). Prevalence of the simulated bulimia nervosa is four times higher in the study group (1.7%) than in the control group (0.4%). The control group showed higher prevalence for subclinical bulimia nervosa (10.0%) than fashion models (6.1%).

Conclusions: The increasing and constant demand for thinness generates a high risk for development of an eating disorder among fashion models. This can be considered an occupational health risk. Moreover, the general population perceives media images showcasing thin models as beauty ideal that needs to be followed causing higher body dissatisfaction. The present study may provide information for prevention strategies.

Reference: The Fashion Industry and Eating Disorders - The dangers of the catwalk. Nikolett Bogár, Ferenc Túry, Cambridge Scholars Publishing, 2019.

16:50 – 17:05

- P14) Developing and evaluating a school-based intervention to promote media literacy and improve body image in young adolescents.

Fiona Flynn. IRELAND

Fiona Flynn is the Youth Development Officer with Bodywhys. Fiona is also a final year PhD scholar in the Centre for Mental Health and Community Research at Maynooth University. Her Irish Research Council-funded research is investigating the impact of social media on body image and self-esteem in secondary school children. This research straddles psychology and education and is guided by the expertise of Principal Supervisor, Prof. Sinéad McGilloway, from the department of psychology and Co-supervisor, Dr Catriona O'Toole, in the Department of Education at Maynooth University.

17:10 – 17:25

- P15) Are subjects suffering from orthorexia nervosa characterized by specific food categorization strategies and cognitive flexibility impairments?

Lakritz, C.^{1,2}, Iceta, S.³, Lafraire, J.¹ FRANCE

¹ *Centre de Recherche de l'Institut Paul Bocuse, Lyon, France,*

² *Laboratoire Parcours Santé Systémique (UR 4129), Université Claude Bernard Lyon 1, Lyon, France,*

³ *Centre de Recherche de l'Institut Universitaire de Cardiologie et de Pneumologie de Québec-Université Laval, Quebec City, QC, Canada*

Orthorexia Nervosa (ON) is generally characterized by a constant preoccupation with one's diet and persistent health related beliefs that can cause psychological and/or social impairments (e.g., distress, social isolation). Studies conducted so far have investigated ON using mainly declarative methodologies (questionnaires, case studies and interviews). One potential limitation is that these methods are liable to self-presentation and social desirability biases. To address this limitation, the present project aims to investigate food categorization strategies and performance in subjects suffering from ON via non-declarative methodologies. Considering the obsession about the healthiness of food in subjects suffering from ON, we expected shorter reaction times for subjects presenting orthorexic traits when it comes to categorize food items into healthy/unhealthy category. We also expected greater transition cost (i.e., longer reaction times) for subjects presenting orthorexic traits when it comes to change the context they categorize food items (e.g. healthy/unhealthy category to sweet/salty category). To test these hypotheses, two studies were conducted among 150 young adults in France and 150 young adults in Québec. The first study was an online food categorization in which participants were asked to classify images of food into healthy/unhealthy categories. The second study was a conceptual flexibility task in the food domain, where subjects were asked to classify food items into one or other of the following categories: healthy/unhealthy, sweet/salty, dry/juicy, snacking/eating at mealtime. Eating behaviours were assessed with the Eating Habits Questionnaires (EHQ, Gleaves et al., 2013) and Eating Disorder Examination Questionnaire (EDE-Q, Fairburn & Beglin, 2008). The expected results will stress specificities in subjects suffering from ON in the way they (over-)categorize foods as healthy/unhealthy and specific executive function impairments. We also expect similarities in food categorization patterns between subjects suffering from ON and subjects suffering from other eating disorders (e.g., anorexia nervosa). Stressing such differences and similarities will represent an original and valuable contribution to the field by stimulating the ongoing debate about whether orthorexia nervosa is a precursor of/overlaps with other eating disorders.

References: Fairburn, C. G., & Beglin, S. J. (2008). Eating disorder examination questionnaire (6.0). In *Fairburn CG (ed) Cognitive behavior therapy and eating disorders*. (p. 309-313). Guilford Press, New-York.

Gleaves, D., Graham, E., & Ambwani, S. (2013). Measuring "Orthorexia." Development of the Eating Habits Questionnaire. *The International Journal of Educational and Psychological Assessment*, 12.

17:30 – 17:45

P16) Does body image disturbance change across female adulthood?

Akansha Mahesh Naraindas, Sarah Maeve Cooney. IRELAND

KEYWORDS: body dissatisfaction, body image disturbance, adult women, aging, body image

Introduction: Body image disturbances (BID) are a common mental health phenomenon, estimated to be prevalent in 20-40% of the adult female population (Frederick et al, 2002). Two fundamental elements of BID are defined in the diagnostic criteria for Anorexia Nervosa (AN) and Bulimia Nervosa (BN) in the DSM-V: a cognitive affective element, and a perceptual sensory element, which is extended to include the processing of sensory states, especially in relation to internal (interoceptive) sensory signals. Currently, it is unclear how these varied sensory and affective elements of BID develop and link to one another, and how they contribute to BID in healthy body processing before it approaches a clinical level. BID is commonly thought to be highest in late adolescence and this is the assumed critical period for eating disorders. However, less is known about BIDs in mid to later adulthood. Therefore, investigating the developmental trajectory of BID in individuals with non-clinical BIDs is of utmost importance to fill the knowledge gap that persists with regards to BID symptom trajectory, and can point to how the aetiology shapes the dynamics of eating disorders

Methods: This was a within-subjects cross sectional study hosted online. 1200 female participants with 250 subjects per 4 target age groups: Young adults (18-24), Adults (25-39), Middle aged adults (40-59), Older aged adults (60-75) were recruited. Body Image disturbance was indexed by questionnaires measuring the following constructs: Body objectification (body surveillance and body shame), Body dissatisfaction, and awareness of internal bodily states (Interoceptive awareness). Body representation was assessed via a cognitive body rotation task.

Results: The study found that overall BID remained stable from young adulthood to middle adulthood after which it significantly declined in older adulthood. However, only body surveillance was significantly different across adulthood; it was highest in young adulthood after which it steeply declined into middle and older adulthood. BID also predicted how the quickly own body judgements were made in the body rotation task in all age groups indicating that affective bodily states can influence body representation in memory.

Conclusions: These findings indicate that overall BID remains consistent from young to middle adulthood. This indicates that age is not necessarily a protective factor in preventing BIDs and as such, future research should investigate the manifestation of eating disorders in adulthood and beyond.

Reference: Frederick DA, Jafary AM, Gruys K, Daniels EA. Surveys and the epidemiology of body image dissatisfaction. In: *Encyclopedia of body image and human appearance*. Amsterdam: Academic Press; (2012). p. 766–74

FRIDAY September 23rd

16:30 – 18:00

Parallel Paper Session 2b

Venue: The Boardroom

Chair: David Coyle, NORTHERN IRELAND

16:30 – 16:45

- P17) Symptoms, quality of life and psychosocial functioning of patients presenting at a psychiatric hospital-based eating disorders treatment programme: A model of recovery at its broadest.
Jane O’Riordan, Peter Gallagher, Terence Larkin, Katie Crean. IRELAND

Keywords: Eating Disorders, Occupational Functioning, Quality of Life, Anxiety, Body Image, Recovery, Psychological Wellbeing

Introduction: Outcome studies of eating disorder treatment have traditionally focused on improvements in BMI and eating disorder pathology. This study explores the impact of eating disorders on quality of life, mood, anxiety and occupational functioning and the effect that treatment has on these important dimensions of recovery.

Methods: The study was a naturalistic cohort design; participants of a full-time hospital based eating disorder treatment program (n=27) completed outcome measures at admission, discharge and six month follow up. Outcome measures included the Hospital Anxiety and Depression Scale, The Eating Disorder Examination Questionnaire, the Occupational Self-Assessment and the Eating Disorder Quality of Life Scale.

Results: Significant improvements in mean scores were seen at discharge and maintained at follow up for all measures, with the exception of the Shape Concern subscale of the Eating Disorder Examination Questionnaire. Anxiety scores; although significantly improved with treatment, remained elevated above those of the normal population. Specific areas of occupational functioning that were prioritized for change by participants, were self-care, relaxation and relating to others. Significant improvements in mean scores were seen in two of these areas; with difficulties relaxing and enjoying oneself continuing to present a challenge.

Discussion: For study completers there was significant improvement in symptoms, functioning, quality of life, anxiety and mood. Anxiety and over-concern with body image and body dissatisfaction were persistent in recovery, as found in previous research. The development of specific interventions to target residual anxiety and body image difficulties in particular during the aftercare and relapse prevention stages seem vital to improving the degree of recovery from eating disorders.

References

- Bardone-Cone AM, Harney MB, Maldonado CR, et al. (2010) Defining recovery from an eating disorder: Conceptualization, validation, and examination of psychosocial functioning and psychiatric comorbidity. *Behav Res Ther* 48 (3):194-202. doi:10.1016/j.brat.2009.11.001
- De Vos JA, LaMarre, A, Radstaak, M, Bijkerk CA, Bohlmeijer ET & Westerhof, GJ. (2017) Identifying fundamental criteria for eating disorder recovery: a systematic review and qualitative meta-analysis. *Journal of Eating Disorders*; 5:34 – DOI 10.1086/s40337-017-0164-0

16:50 – 17:05

P18) HSE National Clinical Programme for Eating Disorders in Ireland: a pragmatic review of the development of a new national eating disorder service. **David J. O Driscoll^{1,3,4}, Jennifer Fagan^{2,3}, Rhona Jennings³, Michelle Clifford^{2,3}, Caroline Maher^{3,5}, Marie Corbett¹, Sarah Wade⁵, Sara McDevitt^{1,3,4}**. IRELAND

¹ Cork and Kerry Regional Eating Disorder Service (CAREDS), Unit 9, St. Stephens Hospital, Glanmire, Cork

² Linn Dara Child & Adolescent Mental Health Services, Eating Disorder Service, Cherry Orchard Hospital, Dublin 10.

³ Health Service Executive, National Clinical Programme for Eating Disorders.

⁴ University College Cork, Cork.

⁵ St. Vincent's University Hospital Eating Disorder Service, Dublin.

Objective: The HSE (NCPED) launched a national Model of Care for Eating Disorder Services in Ireland in 2018. Currently, one adult and two child and adolescent eating disorder services of a total of sixteen recommended are operational. The three objectives of this paper are to describe the early (1) referral pattern, (2) level of service activity and (3) the level of service user satisfaction.

Method: Monthly submitted service activity data from each service to the NCPED between March 2018 and October 2020 were retrospectively analysed. One hundred and fifty-nine carers and service users completed an experience of service questionnaire (ESQ). A descriptive analysis of referral pattern, level of service activity and ESQ was performed. A thematic analysis was performed on three qualitative questions on the ESQ.

Results: There was an increased number of referrals every six months of each service by 18 months (n=258). The main referral source was community mental health teams. The majority (n=222, 86%) were offered an assessment. The most common age profile was 10-17 years of age (n=120, 54.1%) and Anorexia Nervosa was the most common disorder (n=96, 43.2%). Most discharges were to primary care (n=54, 24.3%). ESQ results demonstrate that most service users were satisfied with their service, and the main themes were carer involvement, staff expertise, therapeutic alliance, and service access.

Conclusions: This preliminary service activity and satisfaction data highlights potential trends when setting up a regional eating disorder service, potential pitfalls of pragmatic data collection and the need for adequate information-technology (IT) infrastructure.

National Clinical Programme for Eating Disorders: a pragmatic review of a new national eating disorder service in Ireland. **Driscoll DJO**, Fagan J, Jennings R, Clifford M, Maher C, Corbett M, Wade S, McDevitt S. *Ir J Psychol Med.* 2022 Jun 9:1-10. doi: 10.1017/jpm.2022.30. Online ahead of print. PMID: 35678376

17:10 – 17:25

P19) Clinical meaning of body temperature in anorexia nervosa

Philibert Duriez^{1,2}, **Tomas Mastellari**³, **Odile Viltart**^{1,4}, **Philip Gorwood**^{1,2} FRANCE

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² Clinique des Maladies Mentales et de l'Encéphale, CH Ste Anne, GHU Paris Psychiatrie et Neurosciences, Paris, France

³ Université de Lille, Faculté de Médecine Henri Warembourg, Lille, France

⁴ Université de Lille, Faculté des Sciences et Technologies, Villeneuve d'Ascq, France

Keywords: anorexia nervosa; bulimia; bradycardia; thermoregulation abnormalities; surface body temperature; body core temperature

Introduction: Bradycardia is one of the main causes of mortality in patients with anorexia nervosa. It ensues from hypometabolism, which results from reduced caloric intake and the consequential weight loss. Hypothermia is another consequence of hypometabolism. While at-rest metabolism and body mass index (BMI) are typically used to assess hypometabolism and predict bradycardia, we hypothesized that body temperature, which is easy to measure, could also capture the presence of this threatening cardiac condition.

Methods: We monitored cardiac activity for 72 hours, measured resting energy expenditure (REE) and assessed body temperature in 12 body parts of 58 patients with anorexia nervosa (AN) and 29 patients with bulimia nervosa (BN).

Results: Our results indicate that palm temperature reflects bradycardia in both AN and BN, explaining 18% of its variance ($p < 0.001$), capturing this aspect even more efficiently than BMI. We also observe different correlations between palm temperature, abdominal temperature, BMI, REE and levels of physical activity.

Conclusions: The present study shows that palm temperature could be used as a warning of bradycardia, a serious cardiac condition which can be difficult to detect in short visits with outpatients. Further studies are needed to determine how useful bradycardia and palm temperature could be to assess severity and prognosis of the disorder.

17:30 – 17:45

P20) Intra-individual structural covariance networks in anorexia nervosa: Evidence from a longitudinal dataset.

Enrico Collantoni¹, Francesco Alberti¹, Paolo Meneguzzo¹, Valentina Meregalli^{1,2}, Elena Tenconi^{1,2}, Brigitte Dahmen³, Angela Favaro^{1,2}, Beate Herpertz-Dahlmann³, Jochen Seitz³ ITALY

¹ Department of Neurosciences, University of Padua, Padua, Italy.

² Padova Neuroscience Center, University of Padua, Padua, Italy.

³ Child and Adolescent Psychiatry, RWTH University Hospital, Aachen, Germany

Keywords: Anorexia Nervosa, Neuroimaging, Cortical Thickness, Graph Theory

Introduction: Studies investigating cortical structure in patients with AN evidenced widespread volumetric changes and reduced cortical thickness and gyrification. Interestingly, all these parameters appear to largely normalize after adequate nutritional programs. This research aims to compute graph properties on cortical data at an individual level and to longitudinally evaluate them in an adolescent sample of patients with anorexia nervosa (AN) before and after short-term weight restoration.

Methods: 38 female adolescents with AN underwent MRI scans at baseline and after 2.5 months on average following weight gain while 53 age-matched healthy controls (HC) were scanned once. The MRI data were processed using FreeSurfer. Cortical parcellation was performed using the Destrieux atlas. Individual regional values of cortical thickness have been replaced with the residuals of a linear model using age and acquisition site as predictors. The residuals were normalized using the mean and SD of the HC sample. Individual connectivity matrices were populated calculating region-to-region connections as:

$$w_{ij} = \frac{1}{e^{(z_i - z_j)^2}}$$

Where w_{ij} is connection weight between nodes i and j , and z_i, z_j are their z-scores. The graphs were binarized converting to 1 the strongest $k\%$ of all connections setting other elements to 0. Graph measures were extracted using the Brain Connectivity Toolbox and correlated with specific clinical measures. Group comparisons were performed using AUC.

Results: Patients with acute AN displayed lower global efficiency ($\Delta AUC=.021, p=.038$), modularity ($\Delta AUC=.270, p=.003$) and small-worldness ($\Delta AUC=.325, p=.009$). Weight recovered patients had higher modularity than at baseline ($\Delta AUC=.167, p=.015$). In patients with acute AN, transitivity was positively associated with BMI ($r=.380, p=.038$) and BMI change ($r=.415, p=.022$), while the clustering coefficient correlated negatively with illness duration ($r=-.367, p=.046$) and positively with BMI ($r=-.368, p=.045$). In weight recovered patients, characteristic path length was negatively associated with age of onset ($r=-.362, p=.049$) and with BMI change ($r=-.427, p=.019$), global efficiency was positively associated with age of onset ($r=.411, p=.024$) and BMI change ($r=.467, p=.009$), and negatively associated with BMI ($r=-.381, p=.038$). In the same group, the small-world index was correlated with BMI change ($r=.408, p=.025$).

Conclusions: Our results indicate a shift towards less modular and organized cortical thickness networks in patients with AN than in HC. At follow-up, the disarrangement seems to progress toward recovery. The presence of significant associations between clinical parameters and graph measures suggests a possible effect of factors related to malnutrition, disorder duration and age of onset on the global cortical architecture of patients with AN.

FRIDAY September 23rd

16:30 – 18:00

Parallel Paper Session 2c

Venue: Meeting Room 6

Chair: Stephanie Bauer, GERMANY

16:30 – 16:45

P21) Does parental reflective function change during parent-focussed early intervention?

Cecily Donnelly, Dasha Nicholls. Imperial College London, ENGLAND

Keywords: parenting interventions; parent group; anorexia nervosa; NHS treatment; autism; reflective functioning; mentalisation; CAMHS; adolescence; young people

Introduction: Parental reflective functioning (PRF) is a parent's ability to understand their child's mental states. PRF can change and may be important in treatment outcome for eating disorders (ED) in adolescents. The aim of this study was to establish if PRF changes through parent focused intervention and what parental factors are associated with change.

Methods: 20 parents of children receiving ED treatment enrolled in a 6-week early intervention parent group. Parents completed questionnaires at beginning and end of the group, and at 6-week follow up. PRF was assessed with the Parental Reflective Functioning Questionnaire (PRFQ). Parental factors assessed included the Autism Spectrum Quotient (ASQ).

Preliminary results: 24 parents have completed questionnaires at beginning and end of group; 10 at follow up. High ASQ scores correlated with low PRFQ subscale scores (interest in child) ($r_s(22) = -.43$, $p < .05$). T-tests show no significant improvement in PRF after 6 weeks ($t(20) = .66$, $p = .25$); change at follow up is analysed. High ASQ scores correlated with bigger change in PRFQ subscale scores (certainty of child's mental states) ($r(19) = .63$, $p < 0.01$).

Conclusions: From initial analyses, PRF does not appear to improve for parents of children undergoing ED treatment. However, how much PRF changes correlates with autistic traits. Data analysis is now focused on whether PRF changes at follow up, what other parental factors correlate change and what change or lack of change means

16:50 – 17:05

P22) Patients with anorexia nervosa display aberrant developmental trajectories of cognitive performance and brain structural characteristics.

Favaro A, Collantoni E, Meneguzzo P, Tenconi E. ITALY

Although many neuropsychological weaknesses and brain morphological changes have been associated with anorexia nervosa (AN), we still do not know the alterations of developmental trajectories of these important features in patients with AN. In recent years, our group of researchers performed a series of studies with the aim of comparing the developmental trajectories of several neuropsychological characteristics and brain connectomic features in patients with AN and healthy women.

The study sample consisted of 380 female patients (age range 13-30) diagnosed with lifetime anorexia nervosa, according to DSM-5 criteria, recruited from the Eating Disorders Unit of the Hospital of Padova, Italy, and 265 healthy women (age range 13-30) recruited from the general population. Patients were grouped according to their age at assessment, diagnostic status and age at onset, in order to understand the impact of weight status and onset on the developmental trajectories. A broad neuropsychological and clinical test battery was employed to assess executive functions, visuospatial abilities, emotional processing and psychopathology. In a subgroup of patients and healthy women (36 patients and 36 controls), brain characteristics were studied using cortical thickness, gyrification, probabilistic tractography, and fMRI data.

For most cognitive tasks, the developmental trajectory in healthy women significantly fitted a linear or a quadratic curve, whereas abnormal trajectories were present in patients with AN. Analyzing brain structural characteristics, patients with AN showed alterations of the relationship between brain features and age that were particularly evident (and not weight-related) for white matter connectivity characteristics.

In conclusion, AN is associated with aberrant developmental trajectories of cognitive performance and structural connectivity features.

17:10 – 17:25

P23) Reflective functioning and disordered eating behaviours in school populations.

Cecily Donnelly, Dasha Nicholls. Imperial College London, ENGLAND

Keywords: reflective functioning; mentalisation; schools; adolescence; young people; eating behaviours; disordered eating behaviours; non-clinical population

Introduction: Reflective functioning (RF) is the ability to understand the mental states of oneself and others; it is important for psychological wellbeing and interpersonal function. Interpreting others' motivations may play a protective role against mental health problems in adolescence, including eating disorders. Studies of RF in adolescents have all been in clinical samples. This study aims to examine the relationship between RF, disordered eating behaviours (DEB) and known risk/protective factors in a representative, non-clinical adolescent sample.

Methods: School children (age 11-16) in England have been invited to take part (N=900). Participants complete a set of online questionnaires while under the supervision of a teacher. Measures include self-reports for: RF, DEB, emotion regulation, family functioning, self-esteem, body image and peer relationships. Data analysis uses correlational and regression analysis, including statistical modelling and latent class analysis.

Early Results: 312 out of 900 schoolchildren have completed measures to date. 57% of respondents were male. 25% of participants described themselves as Black, while 16% were White and 24% were Asian. Mean age was 13.4 years (SD = 1.18). Children reported low levels of DEBs (mean = 1.79, SD = .69), while children have moderate RF (mean = 4.08, SD = 1.14). Female participants had significantly higher levels of DEBs compared to male participants ($t(303) = 2.594, p < .005$). There was a weak but significant negative correlation between DEBs and RF ($r = -.144, p < .05$).

Conclusions: better RF ability is associated with lower levels of DEBs. Further analysis will examine this relationship, and any potential relationships with risk/protective factors. Data collection will continue to focus on obtaining a representative sample to establish normative data for RF in adolescence.

17:30 – 17:45

P24) Emotional cognition in eating disorders: What can we gather from self-report?
Elena Tenconi^{1,2}, Valentina Meregalli^{1,2}, Marta Magno¹, Marianna De Martino¹, Paolo Meneguzzo¹, Angela Favaro^{1,2} ITALY

¹ Department of Neuroscience (DNS)

² Padova Neuroscience Center, University of Padova, Padova, Italy

Introduction: The ability to detect, correctly recognize, express and regulate emotions (both in oneself and in others) is a key skill strongly associated with survival likelihood and it appears typically compromised in a wide variety of psychopathological frameworks, including eating disorders (EDs). Emotional processing difficulties represent an underlying factor of interpersonal dysfunction negatively impacting on social cognition itself. The aim of this work was to investigate “hot cognition” in patients with EDs, particularly anorexia nervosa (AN), both through self-report assessment and a theory of mind task.

Materials and Methods: A sample of 54 girls (22 patients with AN and 32 healthy controls) aged 14 to 30 were given the following questionnaires: TAS-20 (Toronto Alexithymia Scale), IRI (Interpersonal Reactivity Index), DERS (Difficulties in Emotion Regulation Scale), R-SAS (Revised Social Anhedonia Scale), BECK (Beck Insight Cognitive Scale) and, only to healthy controls, SCL-58 (Symptoms Check List) and Structured Clinical Interview (SCID-DCA). The reading the mind in the eyes task was also administered to a subgroup of participants.

Results: Patients with AN compared to healthy controls showed significant differences in emotion identification, social anhedonia and emotional regulation strategies. Considering age as a grouping factor (adult vs adolescent) we found further and greater differences. In particular, AN adolescents reported higher alexithymia and externally-oriented thinking style (TAS-20), greater difficulties in interpersonal relationships, affective empathy and emotional regulation (IRI) than HC peers.

Conclusions: Emotional processing in EDs represents a key aspect to consider in treatment planning as it contributes to a full and satisfying life once more symptoms more closely associated with eating have been reduced. In the light of the differences observed between young people and adults, it is also worth considering interventions tailored to specific age-related difficulties.

References: Tauro JL, Wearne TA, Belevski B, Filipcikova M, Francis HM. (2022). Social cognition in female adults with anorexia nervosa: a systematic review. *Neurosci Biobehav Rev.* 132:197-210.

Treasure J, Willmott D, Ambwani S, Cardi V, Bryan DC, Rowlands K, Schmidt U. (2020). Cognitive interpersonal model for anorexia nervosa revised: the perpetuating factors that contribute to the development of the severe and enduring illness. *Journal of Clinical Medicine*, 9:630.

This work was supported by the "Department of excellence 2018-2022" initiative of the Italian Ministry of education (MIUR) awarded to the Department of Neuroscience - University of Padova.

Saturday September 24th

09:00-10:30

Workshop 3

Venue: Minor Hall

How to reduce critical thoughts and voices in eating disorder patients
Greta Noordenbos, Clinical Psychology, Leiden University, NETHERLANDS

Keywords: Critical thoughts, anorectic voices

Introduction: Eating disorder patients often suffer from severe self-criticism (Noordenbos et al., 2014). They are critical about themselves, their body, weight and eating behaviour. Critical thoughts can be heard as inner voices which command them to reduce their food intake and weight. Inner voices become more negative when the weight of the patients becomes very low (Pugh & Waller, 2016). In the first part of this workshop the results of research of anorectic voices are presented.

Workshop: In the second part of this workshop the main goals of a treatment programme are presented, directed at reducing the critical thoughts and voices. The first aim is to get insight in the content of the critical thoughts and voices and to learn to analyse them: are they realistic and fair? The second aim is to develop more positive thoughts about themselves, their body and figure and their eating behaviour. Several strategies are used to reduce negative thoughts and critical voices and to replace them with healthy and positive thoughts. The participants in this workshop will be actively involved in several exercises in which they explore the content of inner critical voices and can ask questions.

Aims of this workshop

- 1) Getting insight in the development of inner critical thoughts and voices in eating disorder patients
- 2) To be able to use exercises which help to reduce inner critical thoughts

References:

Noordenbos G, Aliakbari N, Campbell R. (2014). The relationship among critical inner voices, low self-esteem, and self-criticism in eating disorders
Eating Disorders, The Journal of Treatment and Prevention, 22: 337-351.
Pugh, M., Waller, G.(2016) The anorexic voice and severity of eating pathology in anorexia nervosa.
International Journal of Eating Disorders, 49: 622-625.

Saturday September 24th

09:00-10:30

Workshop 4

Venue: The Boardroom

Anxiety, Body, and Motherhood: Eating Disorders in Pregnancy and Postpartum

Finn Skårderud^{1,2,3} & Bente Sommerfeldt^{1,4}, NORWAY

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⁴ Department of Psychology, University of Oslo, NORWAY.

Introduction: In this workshop we will pay attention to the importance of eating problems during pregnancy and postpartum. There are well-known health risks both for mothers and the babies. And we document a risk of relapse for women with a history of eating disorder. We will discuss how pregnancy and the postpartum period can complicate an eating disorder.

The incidence of eating disorders (ED) among pregnant women is significantly higher than previously known and increases during the first year after birth. Eating disorders often go undetected by first-line health services. Identification of this particular group of women can be difficult. The ego syntonic nature of the disorder with the feeling of shame experienced by women with eating disorders, can lead to reluctance to disclose their disorder. Moreover, lack of training and knowledge about ED among healthcare professionals can lead to underestimate the prevalence of ED symptoms.

Experiences of pregnancy vary across pregnancy stages, and in the first pregnancy compared to subsequent pregnancies. We will present preliminary results from an ongoing study on how the eating problems through pregnancy and childbirth are experienced by 24 women. Using a triangulation of quantitative measures and qualitative interviews, the women were interviewed twice, firstly in pregnancy and again in postpartum. We will describe how the women perceived the process. Eating disorders are often linked to the cognitive and emotional preoccupation of control. Pregnancy and birth do in many respects represent a loss of control.

In this workshop we will present coherent and systematic descriptions of the complexity of the women's narratives about how the pregnancy and postpartum can complicate and worsen the eating disorder symptoms. This knowledge will form the basis for development of adapted help and support. Hence, we will discuss how pregnancy can both be a period of risk and an important window to change. We will also give some concrete examples on what these mothers themselves experienced as useful help or what could have helped them and their babies best through these periods. The understanding of how women experience pregnancy is important for us to be able to support and prevent ED relapses or the onset of eating disorder – hence “two for the price of one”.

POSTERS

A psychodynamic exploration of the experience of dietitians working with patients with severe eating disorders in community-based adult eating disorder services.

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Dietetic expertise in the assessment of nutritional health, medical monitoring and understanding of food-related behaviours are fundamental within eating disorder services (NICE, 2017). However to give dietary advice to those for whom food is terrifying is an unenviable task. It is surprising that there is a dearth of literature on the impact on the paradoxical and demanding role of the specialist dietitian.

Aims: Patients with eating disorders typically defensively split off the physical and psychological. Dietetics focuses on the nutritional health of the body and the patients' relationship with food, whilst mental health staff seek to address the conscious and unconscious psychopathological mechanisms underlying this relationship. Healthcare systems may inadvertently mirror and reinforce the mind-body split in the organisation and delivery of services with the specialist dietitian inhabiting the lonely space in between. The study examined the experience of dietetic staff working at this interface using a contemporary psychoanalytic lens.

Method: An interpretive phenomenological approach was used to explore the essence of dietitians' experience of working with eating-disordered patients in a community-based service in Northern Ireland.

Results: Three inter-related superordinate themes emerged: **completely zapped; a step back; learning from experience.** Within the team, dietitians were found to be routinely working with the most unwell patients. They experienced powerful distressed and distressing persecutory anxieties, eliciting overwhelming emotions that could at times make the role seem intolerable. Toxic anxieties permeated and were enacted within healthcare systems confusing and overriding role expectations. Preparatory training and support for dietetic staff was found to be very variable across medical and psychiatric care.

Conclusion: Eating disordered patients may be unable to think about themselves in an embodied way. In a parallel process, individual and institutional defences may interfere with the awareness and processing of painful feelings for the staff who work with them. Therapeutic work with patients involves creating an embodied space to absorb, integrate and digest both physical and emotional experiences. Dietitians are a pivotal part of multi-disciplinary community eating disorder teams and it is essential that they can access supportive processes to help contain and process their emotional material so that they can contribute to an optimally therapeutic working that is healthy for both staff and patients. Further research is required to consider and co-create training and support programmes with appropriate line-management structures to help dietitians in what is an especially challenging role.

Jenny Harron, June 2022

An Irish regional eating disorder service: the societal cost burden of completing an eating disorder programme either in-person and/or by telehealth.

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Background: Eating disorders have the highest mortality of all mental health disorders and first line treatment for anorexia nervosa in adolescents is Family-Based-Therapy (FBT). There is emerging evidence that treatment for eating disorders can be offered using telehealth. COVID-19 global pandemic greatly increased the availability and utility of telehealth in the mental health services of Ireland.

Objective: The objectives of this study are (1) to determine if service users had similar clinical outcomes if they attended for eating disorder intervention in-person or a blended model of care (in-person and telehealth), and (2) to calculate the family travel and opportunity cost burden (societal cost) for attending for intervention by in-person only or a blended model of care at an eating disorder service.

Method: Data was collected retrospectively from the first 300 service users that were referred to a single regional eating disorder service from April 2020 until December 2021. The societal unit cost was calculated for a attending a single 60 minute (min) appointment: unit travel time (min), unit travel cost (€), and unit add-on opportunity salary cost (€). Forty service users (from the initial 300) had a further retrospective chart review of service users outcomes (%mBMI, treatment and engagement status) that were discharged (n=40). The total saving by travel time, travel cost and add-on opportunity salary cost were calculated on those discharged to determine total cost for attending for complete intervention.

Results: There was no statistically significant difference in %mBMI change ($p=0.1854$), treatment ($p=0.656$) nor engagement status ($p=0.693$) between in-person or blended model. The estimated societal cost saving of a 20 telehealth session intervention instead of in-person care for anorexia nervosa is €1 312 with similar outcomes.

Conclusions: This study provides preliminary data that if service users opt for a blended-model they may have similar outcomes and may have a travel time, travel cost, and add-on opportunity (salary) cost saving.

Change in admission BMI at a UK specialist eating disorder unit between 2013 and 2021.

Dr Victoria Cowell (CT3 Psychiatry), Dr Anusha Akella (CT1 Psychiatry), Dr Sofia Almeida (Trust Grade Doctor Psychiatry), Dr Niall Fitzpatrick (GPST2) and Dr Alys Cawson (CT3 Psychiatry). Supervised by Dr Matthew Cahill (Consultant Psychiatrist in Eating Disorders). Oaktrees Ward, Springview, Clatterbridge, Wirral, UK (Cheshire and Wirral Partnership NHS Foundation Trust) ENGLAND

Introduction: Referrals to eating disorder inpatient services in parts of England have increased by a fifth since the start of the Covid-19 pandemic. Data was collected on a 14-bed regional adult SEDU (Oaktrees Ward Specialist Eating Disorder Unit) based at Clatterbridge, UK, to study the trend in admission BMI over the last nine years. A similar study had been completed in 2013 and had found a trend for a continued reduction in admission and discharge BMI over the preceding ten years. This study aimed to establish whether the mean admission BMI had continued to reduce over the last nine years at Oaktrees Ward.

Methods: Junior doctors identified eligible patients from a search of the patient electronic record system, Carenotes, and the relevant data was collected from their electronic patient records. All admissions between 26th May 2013 and 31st December 2021 were included (excluding current inpatients), and comparisons were made with the findings of the 2013 study.

Results: There is no significant trend in the mean admission BMI over time between 2013 and 2021, which is in contrast with the 2013 study findings where both admission and discharge BMI were found to reduce over time. However, there was a decrease in both mean admission and discharge BMI when comparisons were made between the time periods studied (2002-2013 and 2013-2021). The median length of stay has also increased between the two time periods studied from 63 days to 105 days.

Conclusions: Mean admission BMI has reduced and median length of stay has increased over time when the two studied time periods were compared. Interestingly, there was no significant year on year reduction in admission BMI between 2013 and 2021, which goes against the general hypothesis and overall 'feel' amongst eating disorders clinicians that patients now present to inpatient services at a lower BMI and in poorer physical health. The increasing median length of stay could be attributed to the fact that patients are now admitted at a lower BMI, and so may require a longer admission for treatment. The service pressures identified here are likely to be seen on a global scale, and this study is easily replicable in order to assess if the patterns are consistent worldwide.

Learning more about the evolving challenges facing inpatient eating disorder services will be vital in order to inform future strategy and service development.

Embodied cognition impairments in patients with anorexia: preliminary evidence from a controlled study.

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Keywords: Anorexia Nervosa, Embodied Cognition

Introduction: Patients with Anorexia Nervosa (AN) have difficulties in correctly estimate their body size and usually display a distorted and oversized body schema [1]. According to the embodiment approach, the execution of many high-order cognitive functions relies on the sensory-motor system and body schema representation and thus could be altered in patients with AN. This preliminary study aimed to assess the performance of AN patients on three cognitive functions which are thought to be grounded in the body schema and rely on temporo-parietal networks: mental rotation of body images, visuospatial perspective-taking, and motor imagery.

Methods: The sample included 37 patients with AN and 25 healthy controls (HC). Each participant performed a cognitive battery which included a modified Mental Rotation Test (MRT) with both 3D objects and human figures, the Object Perspective Taking Test, and the Test of Ability in Movement Imagery. Differences between patients and HC in both accuracy and reaction times (RT) were tested using independent sample t-tests. Pearson's correlations between BMI and cognitive scores were estimated for the entire sample.

Results: In the mental rotation of human figures, patients with AN, as compared to HC, displayed significantly lower accuracy scores ($t=2.991$, $p=.004$) and longer RT ($t=-2.395$, $p=.023$). In the 3D object condition, on the contrary, no differences were observed between groups in neither accuracy ($t=.885$, $p=.380$) or RT ($t=-1.061$, $p=.294$). In the Object Perspective Taking Task, patients displayed lower accuracy ($t=-2.052$, $p=.045$) and longer reaction times than HC ($t=-2.576$, $p=.012$). In the TAMI, although no significant group difference was observed in accuracy scores ($t=1.429$, $p=.158$) patients with AN took longer than HC to complete the task, although not significantly ($t=-1.912$, $p=.061$). Negative significant correlations emerged between BMI and RT in the perspective-taking task ($r=-.374$, $p=.006$) and in the MRT human figures condition ($r=-.346$, $p=.031$).

Conclusions: The results obtained in this preliminary study are consistent with our hypothesis. Indeed, patients with AN appeared to be generally slower in performing tasks requiring embodied cognition and displayed more difficulties than HC in mentally rotating human figures and in adopting different visuospatial perspectives. Interestingly, the impairment seems to be limited to those tasks which specifically rely on body schema, as suggested by the fact that patients and HC performed similarly in 3D objects MRT. Although these results should be taken with caution given the small sample size, they provide preliminary evidence of impaired embodied cognition in patients with AN.

References: [1] Gadsby, S., 2017. Distorted body representations in anorexia nervosa. *Consciousness and cognition* 51, 17-33.

How calorie content influences automatic behavioural tendencies in patients with restrictive anorexia nervosa: A mouse-tracker study.

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Keywords: Anorexia Nervosa, Mouse-Tracker, Automatic Tendencies

Introduction: Automatic behavioural tendencies toward food stimuli may influence actual food consumption. In patients with Anorexia Nervosa (AN), a reduced approach tendency toward high-calorie foods (HCF) and/or an increased automatic tendency toward low-calorie foods (LCF) could thus contribute to the maintenance of calorie restriction. The aim of the present study is to assess automatic tendencies toward both HCF and LCF stimuli in patients with AN by looking at mouse trajectories collected during an irrelevant distractor task.

Methods: The sample included 40 patients with acute AN restrictive subtype and 40 healthy controls. All participants performed an irrelevant distractor task designed with the MouseTracker Software. During the task, participants were required to perform a reaching movement from a starting point to a green dot while an irrelevant distractor (an HCF, LCF, or neutral picture) was presented in the middle of the screen. Mouse trajectories were recorded and two measures of spatial attraction to the distractor were calculated: maximum deviation (MD) and area-under-the-curve (AUC). The analyses were performed with Matlab and for both measures, we conducted a general linear mixed model (LMM).

Results: The LMMs for both MD and AUC revealed a significant group by stimulus interaction. In particular, while the trajectories of control participants were similar for the three categories of stimuli, AN patients showed an increased attraction toward LCF and a decreased attraction toward HCF compared to the neutral objects. Moreover, the attraction for HCF was lower in patients with AN than in healthy controls.

Conclusions: Consistent with our hypothesis, the results show a difference in automatic tendencies toward foods between healthy controls and patients with AN, whose mouse trajectories appear to be less influenced by the presence of highly caloric foods.

Impact of the Covid-19 pandemic on a Northern Ireland eating disorder charity.

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Keywords: eating disorders, disordered eating, mental health service, covid-19

Introduction: The Eating Disorders Association of Northern Ireland (EDANI) was established in 1992 to provide support, advocacy and education to people with eating disorders, their loved ones, professionals and the wider community. Over the past thirty years, the charity has offered a peer support service to eating disorder sufferers and carers. During that time data on the service has been collated as part of the organisation's monitoring arrangements with the Northern Ireland Department of Health. This data provides insight into how the COVID-19 pandemic (2020-2021) changed the frequency of support contacts, who reached out to the charity for support and how they contacted the organisation.

Method: Any external contacts to EDANI have been logged and information was catalogued about how the individual got in contact (call, email or appointment), who the contact was (person with an eating disorder, carer, healthcare professional/other), the contact's gender, and whether they were an adult or a child. These figures were entered into an annual spreadsheet to compare each month and to create annual totals. The number of support groups, attendees, events and event attendees were also documented in the annual spreadsheet. Annual totals were added to a third spreadsheet so that the charity could compare each year of the service.

Results: Firstly, the figures showed that the overall number of contacts rose consistently between 2013 and 2019. However, there was a decrease in contacts during the pandemic. Projections indicate this number will increase to pre-pandemic levels by the end of 2022. Secondly, the data shows that from 2013 to 2019, most contacts came from carers. This changed during the pandemic, with the majority of contacts coming from healthcare professionals and others. This is projected to continue for the rest of 2022. Lastly, there was a change in how people reached out for support. From 2013 to 2019 most contacts were made via telephone. Whereas during the pandemic, there was a sharp decrease in telephone contacts and a steep increase in email contacts. Projections indicate that this trend will continue for the rest of 2022.

Conclusions: This data provides a novel insight into the eating disorder population in Northern Ireland and the impact that the COVID-19 pandemic had on their lives.

Validation of a Dutch translation of the Caregivers Scale (CASK) scale.

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Keywords: Caregiver Skills; Eating Disorders; Validation

Introduction: The Caregiver Skills (CASK) scale¹ is developed for the assessment of skills of caregivers related to caring for adolescent patients with eating disorders. The aim of this study is to evaluate the reliability and factor structure of a Dutch translation of the CASK scale.

Methods: One hundred and thirty-five caregivers (56% females, 44% males) of adolescent patients with eating disorders (mean age 14.52, standard deviation 1.47, range 12-18) completed the 27 items of the CASK. Cronbach's α was used to measure the internal consistency of the total scale and the six subscales. Confirmatory factor analyses was used to test the goodness-of-fit of the 6-factor model.

Results: Data collection is still ongoing, at the time of the conference more definite results will be presented. Interim results are as follows: the internal consistency was excellent for the total CASK scale (.91). For the subscales 'bigger picture' and 'emotional intelligence' it was good (.81), for the subscales 'self-care', 'frustration tolerance' and 'biting your tongue' it was acceptable (.77-.80) and for the subscale 'insight and acceptance' it was questionable (.65). The fit of the 6-factor model was marginal (Root Mean Square Error of Approximation: 0.087, Standard Root Mean Square Residual: 0.097).

Conclusion: In this study with preliminary results, the Dutch version of the CASK seems a reliable instrument to assess caregiver skills in parents of patients with eating disorders. The factor structure is in the current analyses not yet satisfactory, but might increase when the number of participants is sufficient.

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