EPV0690

Bulimic behavior in euthymic bipolar disorder patients

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Introduction: Bulimic behavior has been increasingly recognized in patients with bipolar disorder (BD). Even during euthymic phases, individuals with BD may remain vulnerable to disordered eating patterns such as bulimia and binge eating.
Objectives: This study aims to examine the occurrence of bulimic behavior in euthymic patients with BD and identify associated clinical and sociodemographic factors.
Methods: We conducted a cross-sectional, descriptive, and analytical study of 93 patients followed for bipolar disorder at the psychiatry outpatient unit at the Hedi Chaker University Hospital in Sfax. The questionnaire included sociodemographic data, medical and psychiatric history, and anthropometric characteristics. Bulimic behavior was assessed using the Bulimic Investigatory Test Edinburgh (BITE).
Results: The mean age of the participants was 41.49±12.33 years, with a M/F sex ratio of 2.58. Among the patients, 58.1% were married, 45.2% had secondary education, and 47.3% were unemployed. Personal somatic history was reported by 35.5%, while 11.8% had psychiatric comorbidities in addition to bipolar disorder.
The mean body mass index (BMI) was 27.4 kg/m² (SD=5.96), with 29% of patients being overweight and 31.2% classified as obese.
Eight patients (8.6%) had BITE scores above the threshold of 20, indicating bulimic behavior.
Significant associations were found between elevated BITE scores and female gender (p=0.012), comorbid medical conditions (p=0.005), family history of schizophrenia (p=0.024), weight ($p<10^{-3}$), BMI ($p<10^{-3}$), hypomanic residual symptoms ($p<10^{-3}$), irregular follow-up (p=0.027), and delayed management of BD (p=0.04).
Conclusions: Our results highlight the importance of early identification and comprehensive management of disordered eating in bipolar patients, even during periods of mood stability, to optimize overall health and psychiatric outcomes.

Disclosure of Interest: None Declared

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Correlation of Symptoms of Anxiety-Depressive and Obsessive-Compulsive Spectrum and BMI in Patients with Eating Disorders

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Introduction: Eating disorders (EDs) are characterized by intrusive thoughts about food, weight loss, and body image, often accompanied by compulsive behaviors related to weight control. Obsessive-compulsive behavior is frequently observed in individuals with EDs. The relationship between obsessive-compulsive disorder (OCD) and EDs is complex due to overlapping symptoms. Research indicates that individuals with both OCD and EDs are prone to depression and anxiety, which may manifest as secondary responses to stress. Symptoms of OCD can significantly impair functioning, leading to maladjustment. Some studies have noted a correlation between increased body mass index (BMI) and reduced depressive symptoms in patients suffering from anorexia nervosa.
Objectives: This research aimed to investigate the severity of anxiety-depressive and obsessive-compulsive symptoms in relation to changes in BMI among patients with eating disorders.
Methods: The study was conducted at the Center for Eating Disorder Research in collaboration with the Department of Psychiatry and Medical Psychology at the Peoples' Friendship University of Russia. A sample was created from patients undergoing inpatient treatment with diagnoses according to ICD-10 (F50.0, F50.1). Clinical interviews were conducted during the first and fourth weeks using PHQ-9 (for depression), GAD-7 (for anxiety), and the Yale-Brown Obsessive Compulsive Scale. Statistical analysis was performed using Jamovi 2.3.28.
Results: Thirty female patients participated in the study. All received psychopharmacotherapy. The average age was M=14.4, SD=1.5. The mean BMI at the start was M=13.3, SD=1.69, increasing by M=1.20, SD=0.612 by the second assessment. Depressive symptoms were observed in 28 (93.33%) during week one and in 25 (83.33%) during week four. Elevated anxiety levels were noted in 24 (79.99%) during week one and in 25 (83.33%) during week four. Significant OCD symptoms were present in 25 (83.33%) during week one and in 21 (70%) during week four. Correlation analysis revealed no significant relationships ($p > 0.01$) between BMI levels and OCD symptoms on the Yale-Brown scale ($r = 0.099$), depressive symptoms on the PHQ-9 scale ($r = 0.28$), or anxiety levels on the GAD-7 scale ($r = 0.369$).
Conclusions: Findings indicate certain relationships between BMI and psycho-emotional states among patients with eating disorders; however, statistically significant correlations were not identified ($p > 0.01$). This underscores the need for further research to deepen understanding of these relationships, especially since none of the respondents achieved normal BMI values (18.5). Future studies should involve larger sample sizes and extended time frames for more reliable data.

Disclosure of Interest: None Declared

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The Impact of Periconceptional Alcohol Use on the Etiology of Eating Disorders

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Introduction: The adverse social impact of parental alcoholism on children's development is well known and is primarily associated with difficulties in social adaptation, a higher risk of anxiety, depression, personality disorders, etc. At the same time, in the genesis of neuropsychiatric disorders in such children, parental alcoholism can be both a socio-psychological and biological factor, through its

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