out a socio-demographic questionnaire. Body mass index (BMI) was calculated from weight and height. The Bulimic Investigatory Test, Edinburgh (BITE) was used to screen and assess the intensity of bulimic behaviors.
Results: A total of 528 responses were included in the study. The mean age of the sample was 33.3±11.95 years, and the M/F sex ratio was 0.41. Subjects were unmarried in 63.4% of cases, of low socio-economic status in 19.5%, with a university education in 75.2%, and with a psychiatric history in 25.6% of cases. The mean BMI was 25.15±4.98. The mean BITE score was 10.76 ±6.85, and 6.6% of our population were at high risk of developing BB.
In the bivariate study, female gender (p<0.001), unmarried marital status (p=0.001), university education (p<0.001), and the presence of a psychiatric history (p<0.001) were significantly associated with a high risk of developing BB. Moreover, the BITE score was negatively correlated with age (r=-0.231; p<0.001) and positively correlated with BMI (r=0.307; p<0.001).
Conclusions: This study highlighted the magnitude of the risk of bulimic behaviors in the Tunisian general population and the need to set up programs to prevent and control these disorders.

Disclosure of Interest: None Declared

EPV0471

Clinical features of depressive states in eating disorders

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doi: 10.1192/j.eurpsy.2024.1168

Introduction: Eating disorders (ED) are one of the most pressing problems of modern society. Eating disorders, due to their heterogeneity, can be considered both an independent form of mental disorders and as part of the manifestations of other mental illnesses. In the vast majority of cases within these pathologies, eating disorder coexists with depressive symptoms, which significantly worsens the prognosis of the disease.
Objectives: Identification of the association of depressive disorders with eating disorders to improve the criteria for nosological diagnosis, prognosis and therapeutic approaches.
Methods: A total of 74 patients aged from 15 to 25 years old (all female, average age 16.2), who were on outpatient and inpatient observation of the clinic were studied.
Results: The study made it possible to establish the characteristics of depressive disorders and the nature of the current course of depression associated with eating disorders. In eating disorders with a predominance of **anorexia nervosa**, the structure of depression was more dominated by the asthenia radical with symptoms of apathy, melancholia, anhedonia, irritability, episodes of anxiety after eating, and sleep disturbances. Patients noted a decrease in performance, mental activity, and a narrowing of their range of interests and communication. Depression became severe as exhaustion progressed. For eating disorders with **bulimia nervosa**. depressive states varied in the severity and polymorphism of their manifestations. Their structure was largely dominated by the apatho-adynamic radical of affect, along with asthenia and anxiety, which often reached the level of panic states. Often, along with this, there were pronounced a guilt feeling and low self-esteem ideas with self-deprecation and self-hatred, which led to the manifestation of auto-aggressive behavior (both non-suicidal and suicidal). Depression reached a severe degree as exhaustion progressed, as well as against the background of more frequent attacks of overeating and vomiting.
Conclusions: The identified associations between depressive disorders and eating disorders allow us to form a clearer picture of the expected course of psychiatric disease and optimize therapeutic intervention algorithms.

Disclosure of Interest: None Declared

EPV0472

Perceptions of Obesity in Old Age: A Qualitative Study

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doi: 10.1192/j.eurpsy.2024.1169

Introduction: The relationship between obesity and mental health in old age is complex and widely impacted by different biological, psychological, and social factors.
Objectives: The primary objectives of this qualitative research study are: a) To understand the influence of obesity on older adults' well-being; b) to assess emotional experiences related to obesity in old age and; c) to explore how obesity influences the mental health of older adults.
Methods: This study included 346 participants aged 65 to 84 years (*M*=73.9; *SD*=5.61) from three different nationalities (English, Spanish, and Portuguese). All interviews went through content analysis.
Results: This study identified four main themes regarding the influence of obesity on older adults' well-being: (1) Insatisfaction with Body Image (66%); (2) Feeling embarrassed (65%); (3) Feeling Social Isolated (57%); and (4) Lost Opportunities (46%)Three main themes for emotional experiences were frequently verbalized by the participants: (1) Shame (81%); (2) Guilt (78%); and (2) Incompetence (76%). Finally, three main influences in mental health due to obesity were reported: (1) Self-concept (88%); (2) Stress (78%); and (3) Melancholia (63%).
Conclusions: These results highlighted that obesity negatively influences older adults' well-being and emotional experiences and has serious mental health-related negative outcomes for older adults. Interventions like community-based weight loss programs can be effective in controlling weight and improving the social interaction of obese older adults.
Keywords: Emotional experiences; mental health; obesity; older adults; well-being.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2024.1169 Published online by Cambridge University Press