Objectives: This report aims to describe a clinical case of an anorexic female patient diagnosed later in life with ASD, while presenting a bibliographic review on the subject.
Methods: After gaining consent, detailed information about the case history was collected and medical records were analysed and reviewed. A non-systematic literary review was performed on the Pubmed and Cochrane databases using the key words "anorexia nervosa", "females", "comorbidity" and "autism spectrum disorder".
Results: The current case report is of a 28-year-old female, whose extremely low body weight and complete food refusal for three days prompted her first hospitalization in a psychiatric unit with the admission diagnosis of anorexia nervosa. However, long-term impairments in social interaction and flexibility, emotional difficulties and sensory processing overload were acknowledged and the primary diagnosis of ASD was then considered.
Conclusions: As illustrated in this case, the diagnosis of ASD should always be considered in females with eating disorders, in particular AN, regardless of age. As this neurodevelopmental condition appears to present differently in females, they also seem more likely to go underdiagnosed. Also, due to poorer treatment outcomes in females with both ASD and AN, the importance of developing a specialized approach and prompt referral of these patients is highlighted.

Disclosure: No significant relationships.
Keywords: anorexia nervosa; autism; comorbidity; females

EPV0277

Preventive medicine for anorexia of female adolescent

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doi: 10.1192/j.eurpsy.2021.1853

Introduction: Anorexia of females adolescents has a high mortality rate and heavy health, psychological, family consequences even in case of survival.
Objectives: To reduce the mortality rate and the consequences of anorexia by providing a theory that allows us to have early or even predictive diagnosis
Methods: 25 years ago I found blood type (O, A, B, AB) difference between an anorexic patient and her mother. Pregnancy had been with placental detachment and birth was traumatic, presumed causes of a mother/daughter blood contact. From that day on, I checked, in the case of Anorexia of the Female Adolescent, the blood types of the anorexic girl and her mother.
Results: In my collection of data (more than 100 cases in 25 years): only the girls who have a different blood type (O, A, B, AB) from the mother are anorexic and from the patient's history, we could think of a mother/daughter blood contact during the pregnancy. There are no exceptions in my data. My new theory is that Anorexia of the Female Adolescent, in addition to the girl's psychological causes, needs a "conditio sine qua non" (a necessary but not sufficient condition): Different mother/daughter blood types (O,A,B,AB) and traumatic contact between the two blood types during pregnancy and/or birth".
Conclusions: My theory facilitates early diagnosis (Preventive Medicine) by limiting observation, for Anorexia risk, to only daughters with a different blood type than that of the mother. Recognizing this "conditio sine qua non" for Anorexia of the Female Adolescent allows us an early diagnosis and a predictive hypothesis.

Disclosure: No significant relationships.
Keywords: Anorexia; Blood Types (0; A; B; AB); preventive medicine; Female Adolescent

EPV0278

Non bulimic shitty meal

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doi: 10.1192/j.eurpsy.2021.1854

Introduction: Coprophagia is a relatively rare phenomenon characterized by the ingestion of feces, and it is usually classified as a rare form of pica. It has been associated with multiple organic causes or mental disorders such as brain tumors, alcoholism, mental retardation, dementia, schizophrenia, depressive disorders or fetishism.
Objectives: Case report and reflection on its etiology
Methods: A Pubmed search was performed with the MeSH terms "Coprophagy" and "pica". Relevant articles obtained from the respective bibliographic references were also consulted.
Results: A 56-year-old man with a history of psychiatric follow-up with a diagnosis of schizophrenia and cognitive impairment, assessed for behavioral changes such as cat feces intake. After possible organic causes were excluded, treatment with supportive psychotherapy and pharmacologically began with a selective serotonin reuptake inhibitor, fluoxetine, along with treatment for schizophrenia.
Conclusions: According to literature, coprophagia often occurs associated with other medical or neuropsychiatric conditions. Although the etiology, pathophysiology and management remains unclear, several pharmacologic treatments have been attempted with some degree of success. We describe a case of unusual behavior, coprophagia, associated with cognitive impairment and schizophrenia that responded favorably to fluoxetine although without complete remission, in order to contribute to a future nosological redefinition.

Disclosure: No significant relationships.
Keywords: Coprophagia; Feces; cognitive impairment; schizophrénia

EPV0279

Vomitophobia in atypical anorexia nervosa

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doi: 10.1192/j.eurpsy.2021.1855

Introduction: In atypical anorexia nervosa, one of the causes of restrictive eating behavior is prolonged vomitophobia, which leads to a pronounced degree of alimentary exhaustion.