eating disorders (EDs), not finding high quality studies (meta analysis, systematic review). ARFID is characterised by a lack of interest in eating or avoiding specific types of foods because of their sensory characteristics. This avoidance results in decreased nutritional intake, eventually causing nutritional deficiencies. In severe cases, ARFID can lead to dependence on oral nutritional suplemments, which interferes with psychosocial functioning. The prevalence of ARFID can be as high as 3% in the general population, and it is often associated with gastrointestinal symptom. Given the high prevalence of ARFID, a rapid and systematic nutrition survey should be conducted during every consultation. Its treatment should also be adapted depending on the severity of the nutritional problem and may involve hospitalisation with multidisciplinary care (paediatrician, nutritional therapist, dietitian, psychologists, and speech therapists).
In regards to potential treatments, there is no evidence-based psychological treatment suitable for all forms of ARFID at this time. Several groups are currently evaluating the efficacy of new psychological treatments for ARFID, particularly, family-based and cognitive-behavioural approaches, but results have not yet been published.
Conclusions: Future directions for research could be usefully informed by closer collaboration with other fields, including feeding disorders, emotion processing and regulation, neurodevelopment, and appetite.

Disclosure of Interest: None Declared

EPV0463

Using network analysis to explore the association between eating disorders symptoms and aggressiveness in Bulimia nervosa

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Introduction: Aggressive behaviors have been reported to be more frequent in people with eating disorders (ED), especially bulimia nervosa (BN). Network Analysis (NA) is particularly useful or examining the interactions among symptoms of comorbid conditions through the identification of "bridge symptoms," defined as those symptoms playing a key role in the connection between two syndromic clusters.
Objectives: The aim of the present study was to investigate the association of ED core symptoms and ED-related psychopathology with aggressiveness in a clinical sample of women with BN through NA.
Methods: A NA was conducted, including ED symptoms and aggressiveness measures. The bridge function was implied to identify symptoms bridging ED symptoms and aggressiveness.
Results: The most connected nodes among communities were asceticism and impulsivity from ED-related psychopathology, drive for thinness from ED- core psychopathology and guilt and suspicion from aggressiveness domain. In particular, drive for thinness connected ED-core community to verbal hostility, while impulsivity connected ED-related symptoms to guilt and suspicion of aggressiveness community.
Conclusions: In conclusion the present study showed that in people with BN guilt is the specific negative emotion of the hostile dimensions that may be bidirectionally associated with ED symptoms.

Disclosure of Interest: None Declared

EPV0464

Emotional non-acceptance mediates the relationship between insecure attachment and specific psychopathology in women with eating disorders

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Introduction: Insecure attachment is considered a general risk factor for eating disorders (ED). Emotion dysregulation has been proposed as one of the possible mechanisms by which attachment insecurity may affect ED psychopathology.
Objectives: Aim of the present study was to investigate whether difficulties in acceptance of emotions or emotional clarity may mediate the connection between insecure attachment and ED psychopathology.
Methods: One hundred and twenty patients participated and completed the Italian version of Eating Disorder Inventory-2 (EDI-2), Experience in Close Relationship questionnaire (ECR) and Difficulties in Emotion Regulation Scale (DERS). A mediator path model was performed, in which insecure attachment dimensions were set as independent variables, ED specific psychopathology measures as dependent variables, and non-acceptance of emotion and lack of emotional clarity as mediators.
Results: The association between both attachment avoidance and anxiety and ED specific symptoms was mediated by emotional non-acceptance, but not by emotional clarity.
Conclusions: This study showed the importance to address emotion regulation in individuals with ED, focussing on improving emotional acceptance. Exploring early developmental processes which lead to non-acceptance of emotions could improve this psychological trait in people with ED.

Disclosure of Interest: None Declared

EPV0465

Addiction Transfer Post Bariatric Surgery- A Case Report

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Introduction: Bariatric surgery is an effective treatment for patients with obesity. Rates of obesity are increasing worldwide as are the number of bariatric procedures performed. Following bariatric surgery patients have increased contact with psychiatric services, there is an increased risk of deliberate self-harm, suicide attempts and completed suicide. Compared to the general population there is 8 fold higher than average suicide rate. In Ireland wait lists for bariatric surgery are long, resulting in many patients seeking surgery abroad. Bariatric 'tourism' often results in reduced psychological supports both pre and post op as well as reduced pre surgical screening for psychiatric illness. Bariatric surgery is also associated with 'addiction transfer'. The literature suggests that patients often substitute the maladaptive coping mechanism of eating with other impulsive behaviors such as substance misuse or gambling.
Objectives: Case report highlighting the issue of addiction transfer among patients that have undergone bariatric surgery.
Methods: Case report: A 38 year old woman admitted to the acute psychiatric unit with self harm, suicidal ideation, low mood, and recent overdose of venlafaxine. On initial presentation, she was intoxicated with alcohol, her toxicology was positive for cocaine and benzodiazepines. She had undergone a gastric bypass 14 months previous, having travelled abroad to have the procedure. She had not attended for any bariatric follow up with her GP post operatively. She was not taking any vitamins post operatively despite advice from the clinic. The patient was admitted to the acute psychiatric unit. She admitted to drinking excessively in the last year. She denied any history of mood disturbance or substance or alcohol misuse prior to surgery. She had no previous contacts with psychiatric services. Her GP had commenced her on venlafaxine for low mood 6 months prior to psychiatric admission. She was admitted to the acute unit for 5 days after which she left against medical advice. She was followed up in the day hospital and referred to addiction services.
Results: case report
Conclusions: There is growing evidence about the psychiatric and addiction implications of bariatric surgery. Offering psychological support for patients post operatively is essential. Unfortunately, because of long wait lists in Ireland many patients chose to travel abroad and often are unable to avail of MDT support. The emerging field of bariatric psychiatry could provide a useful addition to the bariatric specialist services.

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EPV0466

The role of gender in the prevalence of eating disorders

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Introduction: Eating disorders have a key paper at the ongoing society. A key symptom of the Anorexia Nervosa and the Bulimia Nervosa is the alteration of the corporal image which observes that it continues being present after remitting the most flowery symptomatology. In terms of gender, we can observe that the esting disorders have a higher incidence in the feminine gender.
Objectives: Research how body image affects eating disorders and how the role of gender is a risk factor for developing Anorexia Nervosa or Bulimia Nervosa.
Methods: A systematic review was conducted using PubMed. Twelve studies were identified in order to do this review.
Results: At the twelve surveys included at the review we can observe that the incidence of Anorexia Nervosa and Bulimia Nervosa is higher in women than men. There are many facts that take part on the development of eating disorders, but there is consensus to understand them with a biopsicosocial point of view (interaction between the environment and biological facts). Body image disturbance takes part in both men and women, but it affects them in different ways.
Conclusions: Body image disturbances are a crucial factor when considering eating disorders' symptomatology. One of the main components that affects its alteration is the internalization of standards of beauty. Women tend to focus on thin body types, meanwhile men's attention tends to point to muscular and defined body types. Nevertheless, it must be taken into account that today's gender conception may appear as one of the most important roles to understand Anorexia and Bulimia aetiology. Regarding gender, in nowadays society exists a dichotomy where masculinity and femininity lie in total opposites poles; but if the gender approach socially changed, Anorexia and Bulimia might take a different portrayal.

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EPV0467

Body image as a mediator in the relationship between psychotic experiences and later disordered eating: A 12-month longitudinal study in high school adolescents

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Introduction: Psychotic experiences (PE) and disordered eating (DE) are frequently observed among the general population, especially in childhood and adolescence. However, the relationship between the two groups of disorders is still unclear.