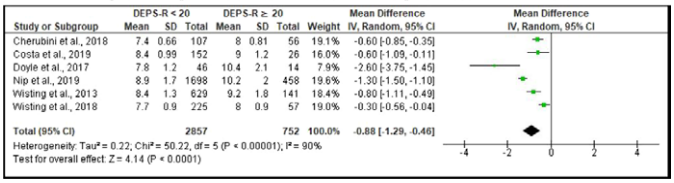
Results: 1141 records were identified through database search. Figure 1 shows six studies comparing HbA1c % values for 2857 diabetic patients versus 752 diabetic patients with DEB. HbA1c % levels appear to be higher in patients with DEPS-R ≥ 20, compared to those with DESP-R scores below 20.

Figure 1. Comparison of HbA1c % values for diabetic patients with and without DEB



Conclusions: Routine screening for DEB using DEPS-R scale could favour early identification of diabetic individuals, at risk for progression into a proper ED. Clinicians should be vigilant about potential DEB when patients show poor long-term glycaemic control; similarly, patients with a DEPS-R score over 20 points may require more frequent glycaemic checks. This could help prevent serious medical complications.

Keywords: eating disorders; disordered eating behaviours; diabetes

EPP0624

Eating disorder examination-questionnaire – 7: Construct validity in a sample of portuguese overweight women

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Introduction: Although the Eating Disorder Examination Questionnaire (EDEQ; Fairburn et al. 2008) is the most used instrument worldwide for the assessment of eating disorders symptoms, its factorial structure considerably varies, which limits its construct validity. Using exploratory factor analisys in data from a sample of overweight women, our group found a three-factors structure of the EDEQ Portuguese version (Peixoto et al. 2013), Although it was in accordance with other psychometric studies (eg. Peterson et al 2007), it was different from the original matrix. Further investigation regarding its factor structure has been conducted, with studies supporting a modified seven-item-three-factors structure (dietary restraint, shape/weight overvaluation, body dissatisfaction) with improved psychometric properties (Grilo et al. 2013, 2015), including with Portuguese samples (Machado et al. 2018; Santos et al. 2019).
Objectives: To analyze if the EDEQ version composed of seven items and three factors is replicated in a Portuguese sample of overweight women.
Methods: The EDEQ was administered to an outpatient sample of 276 women (Mean age= 43.85±11.89 years; Mean BMI=32.82±5.43 Kg/height^2) attending a weight loss treatment consultation in a public hospital.
Results: Confirmatory factor analysis (CFA) revealed an adequate fit of the EDEQ-7 second order model with three dimensions (χ^2/df=1.5497; RMSEA=.0452, CFI=.9955, TLI=.9914, GFI=.xxx; p<.001). The EDEQ7 Cronbach's alphas for the total and its dimensions were α<.70.
Conclusions: Given its good psychometric properties, the overlap of the measurement model with those found with different samples and the reduced number of items, the EDEQ7 will be very useful both in research and clinical settings with/for overweight women.

Keywords: eating disorders; overweight; confirmatory factor analysis; EDEQ7

Emergency psychiatry

EPP0625

Factors of psychiatric emergencies affecting boarding time in the emergency department

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Introduction: Psychiatric emergencies are acute disturbances in thought, behavior or mood which require immediate medical intervention. As a substantial number of patients with mental illness present as psychiatric emergencies, the sustainability and management of psychiatric emergency services becomes significant.
Objectives: In this study we aimed to examine the factors associated with psychiatric emergency care, taking the boarding time in the emergency department as primary outcome measure.
Methods: Charts of 466 psychiatric emergency cases admitted to the Hacettepe University Emergency Department (ED) between December 2018 – September 2019 were evaluated. Boarding time (BT) in the ED, presence of self-harm, psychotic symptoms and agitation were noted.
Results: In the examined period, number of patients admitted increased with time significantly (r= 0.562, p <0.01). However, increase in the number of patients was not correlated with an increase in BT. Patients with psychotic symptoms had greater BT compared to non-psychotic patients (7.01 hours vs. 11.24 hours, T= -2.796 df = 182.717 p <0.01). Patients with self-harm also had greater BT (7.47 hours vs. 9.85 hours, T = -2.013 df = 433 p <0.05). Patients with self-harm in relation with previous suicidal ideation displayed significantly a longer BT when compared with patients admitted due to self-harm without any suicidal plan (U=2572,5 p<0.01).
Conclusions: A significant increase in BT with psychosis and self-harm due to a suicidal plan supports the need of intermediate facilities between the ED and inpatient units, as such facilities would create a positive impact in the care of psychotic and suicidal patients.

Keywords: Psychiatric Emergency Services; Quality of Care; Suicide; psychosis

EPP0626

Self-amputation: Case report.

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Introduction: Self-amputation, the most severe form of self-mutilation, is unusual. In most cases, self-mutilation is related to psychiatric disorders, mainly psychotic spectrum disorders and substance abuse.
Objectives: This case report aims to describe a case of unusual self-amputation in a man with a psychiatric history.
Methods: Case report and literature review.
Results: A 35 years old man patient, divorced, unemployed, with 15 years of treatment history for anxiety and low mood. The patient reported history of childhood trauma. He was inpatient (2019) after a suicide attempt. The psychiatrist who was treating him did not give a diagnosis (referral diagnosis). The patient mentioned several times that he desired feet amputation, without planification, in context of high anxiety. He was distressed by the shape and noise of his ankles. The patient was not diagnosed with genuine hallucinations or delusions. Four months after his divorce he amputated his feet with an electric saw. He denied any intention to commit suicide by committing this act. He admitted that he wanted to get rid of discomfort. Despite this drastic action, his mood did not improve.
Conclusions: Self-amputation is not a common condition. Although some cases of self-amputation have been reported, this case illustrates not only the difficulty of making a differential diagnosis (psychosis, dissociation, trauma, dysmorphophobia, body identity integrity disorder…) but also the challenge of a multidisciplinary approach in the treatment of patients with self-amputations.

Keywords: Self-amputation; differential diagnosis; case report

EPP0627

Gayet wernicke encephalopathy: Don't miss this neuropsychiatric emergency!

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Introduction: Gayet Wernicke Encephalopathy (GWE) is a diagnostic and therapeutic neuropsychiatric emergency due to thiamin deficiency (vitamin B1).
Objectives: The purpose of our work is to recall some clinical situations suspecting GWE, along with radiological and evolutionary profile.
Methods: We conducted a retrospective study concerning patients who were hospitalized in the neurology department of Habib Bourguiba Hospital between 2013 and 2020 for management of GWE.
Results: The median age of 7 patients was 39.57 years with sex ratio (H/F):1.33. The most common risk factor found is incoercible vomiting (5 patients), followed by chronic alcoholism (3 patients). Confusional state was the most frequent symptom found in 4 patients. The characteristic clinical triad of confusion, oculomotor disorders and ataxia was only found in 2 patients. Neuroimaging showed a typical aspect in 3 patients. The serum levels of thiamine were low in five patients and normal in two patients. After receiving parental than oral thiamin supplementation, three patients were independent after one month with a mRS score <3.
Conclusions: GWE is an acute neuropsychiatric emergency. Chronic alcoholism is recognized as its most common cause. The clinical triad is not constantly present. MRI shows typically bilateral symmetrical hyperintensities in periaqueductal area, periventricular region, thalami and mammillary bodies. Thiamin level can be normal since it does not accurately represent body thiamine status or in case of mutations in a thiamine-transporter gene. Thiamine therapy is warranted if any component of the GWE triad is present in an appropriate clinical setting to prevent irreversible neurological sequelae.

Keywords: Gayet Wernicke encephalopathy; thiamin; clinical symptoms; Radiologic features

EPP0628

Monoaminoxidase inhibitors as a cause of serotonin syndrome – a systematic case review based on meta-analytic principles

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Introduction: Serotonin syndrome (SS) is a toxic state characterized by increased serotonin activity. It has been suggested that severe serotonin syndrome usually involves monoaminoxidase inhibitors (MAOIs).
Objectives: To quantify in how far severe SS is associated with MAOIs.
Methods: Systematic review and quantitative analysis of all SS cases published between 1 January 2004 and 31 December 2014. Severe SS was defined as cases, either requiring intensive care or resulting in death. Cases were included if they met the diagnostic criteria for SS according to at least one of the three diagnostic criteria systems (Hunter, Radomski and Sternbach).
Results: Of the 299 included cases, 118 (39%) met the definition for severe SS. Eight cases had insufficient information to enable severity classification. Of the severe cases, 48 (40%) involved a MAOI. Of these, 67% related to psychiatric MAOIs, such as phenelzine and moclobemide and 33% to a somatic MAOI, such as methylene blue and linezolid. Of the remaining 173 non-severe SS cases, 24 cases (13%) involved a MAOI. In these, 12% related to a psychiatric MAOI and 83% to a somatic MAOI. One case (4%) had a combination of both. The odds ratio for MAOI involvement in severe versus non-severe serotonin syndrome was 4.3 (CI 2.4 – 7.5; $p < 0.001$).
Conclusions: In the majority of published case reports, drugs other than MAOIs are involved in serotonin syndrome, even in severe

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