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Clinical, psychopathological, and biological predictors of resumption of menses in subjects with anorexia nervosa: A 4-year follow-up study

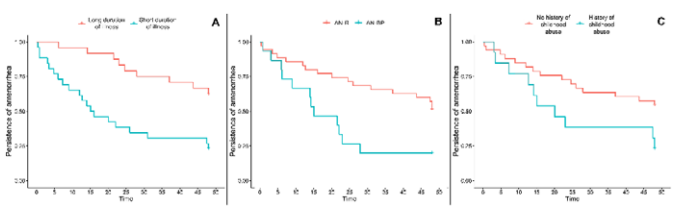
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Introduction: Amenorrhea is one of the most frequent and serious consequences of Anorexia Nervosa (AN). Resumption of menses (ROM) is considered an important goal and is associated with a better outcome.
Objectives: To investigate the role of age, Body Mass Index (BMI), diagnostic subtype (restrictive vs binge-purging), history of childhood abuse, duration of illness, psychopathology and sex hormones on ROM in AN.
Methods: 52 patients with AN and amenorrhea were enrolled at the start of treatment. Clinical parameters of interest were collected, and questionnaires were administered for the assessment of general (SCL-90-R) and specific (EDE-Q) psychopathology. Blood samples were taken to assess FSH, LH and estradiol levels. All patients were monitored regularly through psychiatric checkups until ROM, for up to four years.
Results: A total of 30 (57.7%) subjects recovered their menstrual cycle in the follow-up period (mean time: 18.7 ± 14.8 months). Recovery was more frequent in the binge-purging subtype than in the restrictive subtype (82.4% vs 48.6%, p=0.019), and was significantly associated with diagnostic crossover (odds ratio=10.0, p=0.032). Multivariate Cox regression showed an increased likelihood of menstrual recovery for binge-purging subtype (p=0.005) and for those reporting a history of childhood abuse (p=0.025). Early ROM was also associated with baseline SCL-90-R scores (p=0.002) and FSH (p=0.011), while a longer duration of illness (p=0.003) and EDE-Q scores (p=0.009) predicted a later recovery.
Conclusions: This study highlights the role of duration of illness, childhood abuse history and psychopathological characteristics in subjects with AN at the start of treatment in predicting ROM.

Disclosure: No significant relationships.
Keywords: anorexia nervosa; Amenorrhea; resumption of menses; childhood abuse



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Home treatment for adolescents with eating disorders as an add-on to family based therapy

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Introduction: Family-based therapy (FBT) has been proven effective in treating eating disorders among children and adolescents. However, many families have difficulties implementing the measures recommended in outpatient therapy.
Objectives: This study examines the effectiveness of add-on home treatment (HT) to family based therapy (FBT) in adolescents with anorexia nervosa (AN). The HT intervention is delivered by specialized nurses and aims at supporting patients and parents to re-establish family meals in the home environment.
Methods: We performed an case-control study in AN patients comparing 44 (42 female, 2 male) adolescents receiving FBT augmented with HT compared to 22 (22 female, 1 male) participants receiving FBT alone. Eating disorder diagnosis, psychopathology and severity of clinical symptoms were assessed using (EDE, EDI-2) and clinical parameters (BMI, menstrual status, level of over-exercising) at baseline and after 3-months.
Results: After 3 months both treatment groups showed a significant early weight gain, a reduction in the rate of AN diagnoses assessed with the EDE interview and a reduction in EDI-2 total scores. The combined HT/FBT group showed a significantly greater increase in BMI than the FBT-only group. In the combined HT/FBT group none of the patients had to be admitted to hospital while 13.6% of the FBT-only group had to be referred to inpatient treatment. Treatment satisfaction in the combined HT/FBT group was high in both patients and parents.
Conclusions: Our results suggest that HT augmented FBT is superior compared to FBT alone in terms of early weight gain and might reduce the risk of hospital admission in adolescent AN.

Disclosure: No significant relationships.
Keywords: eating disorders; home treatment; adolescents; family based treatment

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The relationship between perfectionism, generalized problematic internet use and bulimic behaviours

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Introduction: Perfectionism is a consistent risk factor for various psychopathological conditions, including psychological distress and

eating disorders. Recently, we have shown, for the first time, that there is a relationship between perfectionism and generalized problematic internet use/GPIU (Sobral et al. 2020). Specifically, we found that the role of perfectionism in psychological disorder is partially mediated by GPIU. On the other hand, it has been suggested that the widespread use of digital media can lead to negative body image perception and abnormal eating attitudes and behaviors.
Objectives: To explore, for the first time, the relationship between perfectionism, GPIU and disordered eating behavior.
Methods: 475 university students (78.9% girls; mean age 20.22±1.695) answered the Portuguese validated versions of: Composite Multidimensional Perfectionism Scale, GPIU Scale and Eating Attitudes Test-25. SPSS and Hayes' Process Macro (2020) were used.
Results: Bulimic Behaviours/BB significantly and moderately correlated with Perfectionist efforts (r=.263), Perfectionist concerns (r=.284) and GPIU (r=.25) (all p<.001). The mediation analyses revealed that GPIU is a partial mediator of the relationship between both perfectionism dimensions and BB.
Conclusions: The evidence that both negative and "positive" perfectionism dimensions are associated to eating pathology is in line with our previous research. The present study adds, for the first time, that one of the perfectionism pathways of influence on BB operates through UGPI. Assessment and intervention to diminish eating psychopathology should focus on perfectionism and compulsive traits which could be involved in both ED and GPIU and in their comorbidity.

Disclosure: No significant relationships.
Keywords: Perfectionism; Generalized problematic internet use; Bulimic Behaviours

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ECG changes associated with lithium intoxication – a study based on the lisie project

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Introduction: It currently remains unclear in how far supratherapeutic lithium serum concentrations can affect the cardiac conduction system. Prolonged QT interval, arrhythmias and cardiac death have all been anecdotally reported, but the systematic studies are few.
Objectives: To examine ECG changes occurring with supratherapeutic lithium concentrations that have given rise to lithium toxicity.
Methods: We examined all episodes of lithium intoxication defined as serum lithium level (≥ 1.5 mmol/L). We analyzed ECG before, during and after intoxication and recorded ECG changes. These, we then assessed according to type of intoxications, clinical and other pharmacological characteristics. The study is based on 20-year data (1997-2020) from the retrospective cohort study (LiSIE) in the Swedish region of Norrbotten.
Results: Of 1101 patients treated with lithium, 77 patients had experienced lithium intoxications. 12 patients had more than one episode of intoxication, yielding 91 episodes. 39 had ECG available both as reference and during lithium intoxication. We found no statistically significant prolongation of the QTc interval during lithium intoxication, compared to respective reference ECG (p = 0.364). Heart rate during lithium intoxication was significantly lower, mean 73 beats/min (SD 16,8, range 43 - 112), compared to the reference ECG, mean 79 beats/min (SD 15,3, range 48-112; p = 0.006). No patient died. All findings were independent of whether an intoxication was acute or chronic.
Conclusions: In our study, heart rate was significantly lower during episodes of intoxication. However, this decrease was of no clinical relevance in most cases. Lithium intoxication was not associated with prolonged QT time.

Disclosure: M. Ott: scientific advisory board member of Astra Zeneca, Sweden. U. Werneke: received funding for educational activities on behalf of Norrbotten Region; Astra Zeneca, Eli Lilly, Janssen, Novartis, Otsuka/Lundbeck, Servier, Shire, Sunovion. Others: None
Keywords: ECG; Lithium intoxication

Emergency psychiatry

O135

Intensive home treatment in comparison with care as usual: Cost-utility analysis from a pre-randomized controlled trial in the netherlands

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Introduction: The implementation of Intensive Home Treatment (IHT) aims to decrease the pressure on acute inpatient services that could lead to prevent hospitalization and reduce the number of hospitalization days and, ultimately, reduce cost in the mental health services. Although there are studies assessing the effectiveness of IHT, there is a shortage of research studying the cost-effectiveness.
Objectives: The aim of this study is to present an cost-utility analysis of IHT compared to care as usual (CAU)
Methods: Patients between 18 and 65 years of age whose mental health professionals considered hospitalization were included. These patients were pre-randomized in either IHT or CAU and followed up for 12-months. For this study, the base case analysis was performed from the societal and healthcare perspective. For the cost-utility analyses the Euroqol 5D was used to calculate quality adjusted life years (QALYs) as a generic measure of health gains.
Results: Data of 198 patients were used. From a sociatal perspective, the cost-utility analysis resulted in an incremental cost-effectiveness ratios (ICERs) of €58 730, and a 37% likelihood that IHT leads to higher QALYs at lower costs. The probability of IHT being cost-effective was >50% if there was no willingness to pay more for extra QALY than in the current situation under CAU.

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