Results: There was consensus regarding the areas to be assessed: cognition, emotion, social support, and psychiatric comorbidities. Variation was found in the protocols and instruments used for PP-BSM, with each hospital using its own protocol. Semi-structured clinical interviews, along with self-reported scales and questionnaires, were used by most psychologists.
Conclusions: Although the psychological aspects assessed are aligned with current Brazilian guidelines, there is a lack of either standardized protocols among services or specific instruments for bariatric surgery candidates. Providing adequate tools and training professionals in their use may contribute to increasing safety and long-term positive surgical outcomes.

Disclosure of Interest: None Declared

EPV0728

Pharmacological treatments for eating disorders – How far are we from new solutions?

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doi: 10.1192/j.eurpsy.2025.1415

Introduction: Eating disorders (EDs) are an important and highly prevalent class of disorders worldwide, with the global lifetime prevalence reaching more than 8% in females and 2% in males. Also, EDs associate high rates of mortality, comorbidity, organic and psychiatric complications, and years lived with disability (YLD), low quality of life and increased healthcare costs. Yet, the pharmacological armamentarium available to treat EDs is quite reduced, a phenomenon that creates difficult challenges for the case management of these patients.
Objectives: To review the existing literature in order to find new targets explored for the treatment of EDs.
Methods: A literature review was conducted in four electronic databases (PubMed, EMBASE, Cochrane, and Clarivate/Web of Science) and the US National Library of Medicine database for clinical trials (www.clinicaltrials.gov) to find clinical studies published between January 2000 and September 2024. The keywords used were "eating disorders", "feeding disorders", "anorexia nervosa", "bulimia nervosa", "binge eating disorder", "drugs in pipeline", and "pharmacological treatment". Only adult participants were included, and only sources published in English were selected.
Results: The following data are based on 33 sources found during the literature search. Lisdexampheatmine and vortioxetine are explored for in BED, with the first agent receiving FDA approval for moderate and severe binge eating disorder (BED) in adults. Olanzapine is explored in patients with anorexia nervosa (AN), chromium picolinate for BED, methylphenidate + CBT also for BED, and antibiotics for bulimia nervosa (BN). Psychedelics, e.g., psilocybin and MDMA, are explored for AN and BED, but there is a limited number of trials dedicated to these agents that reach only phase 2a. Therapeutic guidelines dedicated to EDs have very few level A recommendations, i.e., fluoxetine and topiramate for BED, lisdexamphetamine for BED, and olanzapine for AN, with several cautionary notes regarding adverse events and restricted availability for some of these drugs.
Conclusions: There is a dearth of good-quality data regarding the efficacy and tolerability of newer pharmacological agents for treating EDs. Therapeutic guidelines dedicated to this type of disorders have only scarce recommendations regarding pharmacotherapy, and there is an urgent need to find more agents that could improve the prognosis of patients with ED.

Disclosure of Interest: None Declared

EPV0729

Longitudinal observational study of resting-state brain functional connectivity changes in anorexia nervosa post-treatment

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doi: 10.1192/j.eurpsy.2025.1416

Introduction: Altered brain functional connectivity (FC) of patients with anorexia nervosa (AN) has been observed in the acute phase of the disorder, but it remains unclear to what extent these alterations recover during weight normalization.
Objectives: In this study, we used resting-state functional imaging data collected during hospitalization and six months post-treatment to investigate longitudinal changes in FC patterns in patients with AN during weight normalization. Since a core feature of AN is the disconnect between body signals and the brain, we aimed to elucidate whether treatment led to changes in the FC of the anterior cingulate cortex (ACC), a part of the brain's limbic system that plays a crucial role in integrating visceral, attentional, and emotional information.
Methods: Seventeen women with restricting type AN underwent MRI scans and assessments to measure BMI and eating disorder symptomatology (Eating Disorder Inventory- EDI) upon hospital admission and six months after discharge. Functional imaging data were processed using seed-based connectivity analysis with ACC as a seed.
Results: Longitudinal analyses showed a significant ($p<0.05$ FDR corrected) increased FC post-treatment between the ACC and the precuneus, specifically Brodmann area 7. Participants demonstrated significant BMI increases, although no significant changes were observed in clinical symptomatology assessed by EDI.
Conclusions: The findings indicate greater FC between the ACC and the precuneus as patients with AN complete treatment and undergo weight normalization. The precuneus is integral to one's sense of self, perceived information integration, and reaction to cues. Therefore, increased FC between the ACC and precuneus might improve proprioception, body awareness, and frequency of body image disturbances—all abnormalities central to AN.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2025.1416 Published online by Cambridge University Press