Eating Disorders

EPP168

Role of Naltrexone Plus Bupropion in Eating Behavior Adjustment: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

D. F. Holanda[1]*, M. G. Ruelas[2], F. R. de Lima[3], G. H. S. da Silva[4], C. M. C. G. Q. Campos[4] and B. S. Pinto[1]

[1]Medicine, Federal University of Amazonas, Manaus, Brazil; [2]Instituto de Investigación Nutricional, Lima, Peru; [3]Independent practice, São Paulo and [4]Medicine, Catholic University of Pernambuco, Recife, Brazil

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.493

Introduction: Binge-eating disorder (BED) is a significant global health challenge associated with obesity and psychological issues. The combination of Naltrexone-Bupropion (NB) has emerged as a promising pharmacological approach for managing eating behaviors.
Objectives: This meta-analysis aims to evaluate the efficacy and safety of Naltrexone-Bupropion compared to placebo in managing eating behaviors, focusing on weight loss, binge-eating frequency, eating disorder psychopathology, quality of life, and adverse effects.
Methods: PubMed, Embase and Cochrane databases were searched for randomized controlled trials (RCT) comparing NB versus placebo for BED. Primary endpoints were weight loss and binge-eating frequency. Secondary endpoints included eating disorder psychopathology, depression, quality of life, food cravings, and adverse effects.The mean differences (MD) were applied with their 95% confidence intervals (95%CIs) for continuous outcomes, using a random-effects model. We used RevMan 5.4.1 for statistical analyses. Heterogeneity was assessed using the I^2 statistic.
Results: Five RCTs with 2,466 adult participants (mean age 46.5 years, BMI 21.5-50 kg/m^2) were included. NB was associated with a statistically significant reduction in weight loss percentage compared to placebo (MD -3.67%, 95% CI [-4.30; -3.03], I^2=98%; Figure 1). However, no significant differences were found between NB and placebo in reducing binge-eating episodes(SMD 0.02, 95% CI [-0.30; 0.34], I2 =0%, Figure 2) , improving eating disorder psychopathology, alleviating depression, or decreasing food cravings. Although NB showed some benefits in improving the quality of life, the results were not statistically significant. NB was associated with a higher risk of adverse effects, including nausea, headache, constipation, dizziness, vomiting, insomnia, and dry mouth. The certainty of the evidences is in the Summary of findings (SOF) of GRADE evaluation (Figure 3). After leave-one-out sensitivity analysis, no single study was found to influence the effect estimate or drive heterogeneity excessively.

Image 1:

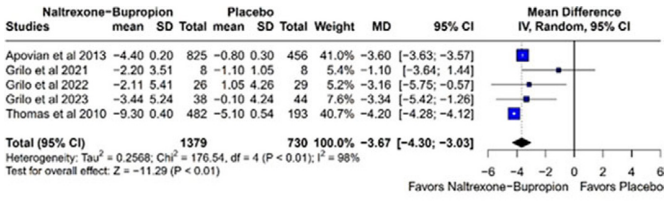


Figure 1 Forest plot of Naltrexone-Bupropion produces higher weight loss change (%).

Image 2:

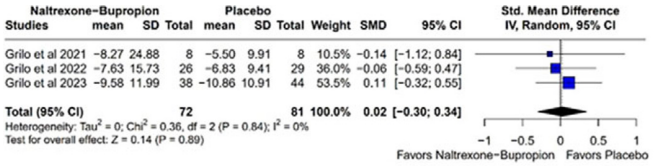


Figure 2 Forest plot of EDE Binge eating scores, no significant differences were found between NB and placebo in reducing binge-eating episodes.

Image 3:

Outcome	Risk difference with NB	95% CI	Nº of participants (studies)	Certainty of the evidence (GRADE)
Weight loss (%)	MD: 3.67 % lower	(-4.3 to -3.03)	2109 (5 RCTs)	⊕⊕⊕⊕ High
EDE Binge	SMD: 0.02 SD	(-0.30 to 0.34)	153 (3 RCTs)	⊕⊕◯◯ Low
EDE total	SMD: 0.11 SD	(-0.37 to 0.60)	153 (3 RCTs)	⊕◯◯◯ Very low
Depression	SMD: 0.08 SD	(-0.24 to 0.39)	153 (3 RCTs)	⊕⊕◯◯ Low
Food craving	SMD: 0.07 SD	(-0.46 to 0.31)	812 (3 RCTs)	⊕◯◯◯ Very low

Figure 3. Summary of findings (SOF) of GRADE evaluation.

Conclusions: NB demonstrated efficacy for weight loss in individuals with eating behavior issues but showed no significant benefits for core eating disorder symptoms. The higher risk of adverse effects necessitates careful consideration in clinical decision-making. Further research is needed to determine optimal patient populations, treatment duration, and strategies to mitigate adverse effects.

Disclosure of Interest: None Declared

EPP169

Social media influence on eating disorder: a pilot study

B. Morigine[1]*, G. Spennato[1], E. Scopetta[1], J. S. Napoli[1], A. Napoli[1], H. Lamberti[1], O. Scicolone[1] and F. Micanti[1]

[1]UOC Psichiatria, Federico II, Napoli, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.494

Introduction: Eating disorders are a group of mental illnesses determining general health consequences. Several studies suggest that social media influence body image concerns, considered the core of eating disorder pathology. Thin idealization has become an increasing cultural focus, leading young people to pursue body image as a symbol of success.
Objectives: Aim of this study is to assess the quality and quantity of Social Network (SN) use and their influence on body uneasiness in individuals with Disordered Eating Behaviours (DEB) or Eating Disorders(ED)
Methods: 69 individuals suffering from Disordered Eating Behaviours (Grazing, Sweeteating, Food Addiction) or Eating Disorders (Night Eating Syndrome, Anorexia nervosa, Bulimia nervosa or Binge eating disorder) were enrolled. Mean age was 34 (SD ±11,33), mean BMI 28,68 (SD ±12,23). 93% of individuals were females. 20,29% (14) of the sample suffered from ED and 79,71% (55) from DEB. A social network self-administered questionnaire was used to

investigate which SN was most used and what contents were most shown in users' feed; domains investigated by the questionnaire are reported in fig. 1

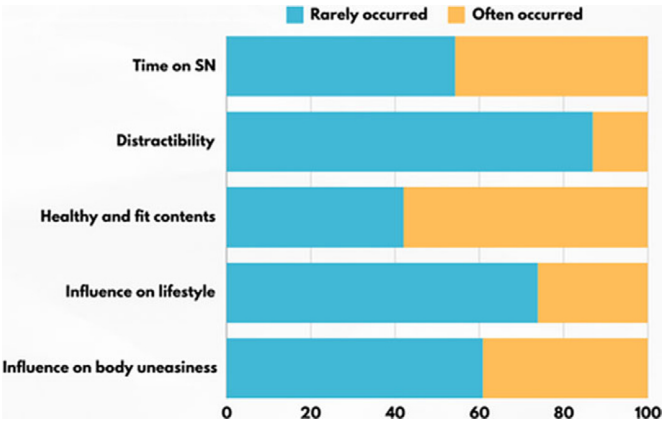
Results: Questionnaire analysis allowed to investigate individuals preferences about social media use and the kind of contents they consumed the most. The data showed the most frequently used social network are Facebook (42%), Instagram (33%) and Tiktok (22%). Healthy and/or fit contents were frequently displayed on SN feed 57.9% (40), but only 26,08% (18) of users were influenced in their lifestyle and food habits. 39,13% (27) of the individuals also felt like this kind of contents increased their sense of body uneasiness.

The study emphasize that 42,85% of the individuals diagnosed with an ED answered that SN content influenced their lifestyle and 71,42% that it increased their feeling of body uneasiness. In individuals with DEB only 21,8% were influenced in their lifestyle and 30,9% describe a worsening of their body uneasiness, as is shown in Tab.1.

Tab 1

	Lifestyle and food habits	Body uneasiness	*N of individuals*
ED	42,85%	71,42%	14
DEB	21,8%	30,9%	55
ED+DEB	26,08%	39,13%	69

Image 1:



Conclusions: Social media contents about health, diet and sport impact on individuals body image, diet and body uneasiness, mostly in individuals diagnosed with ED. This evidence stresses the importance to take into account every component of ED and DEB for a global approach to individuals including an assessment on interests, hobbies and use of social media.

Disclosure of Interest: None Declared

EPP170

Prevalence of Avoidant/Restrictive Food Intake Disorder in Children Diagnosed with Autism Spectrum Disorder and Their Parents: A Study on the Broad Autism Phenotype

B. Ozel[1]*, S. Ceran[1], A. Bağcaz[1] and D. Kaba[2]

[1]Department of Psychiatry and [2]Department of Child and Adolescent Psychiatry, Baskent University, Ankara, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.495

Introduction: Avoidant/Restrictive Food Intake Disorder (ARFID) was introduced as a diagnostic category in DSM-5 to describe individuals with restrictive eating behaviors without fear of weight gain, differentiating it from Anorexia Nervosa (American Psychiatric Association, DSM-5, 2013). Although prevalent in children with Autism Spectrum Disorder (ASD), ARFID's co-occurrence with ASD and its prevalence in parents of children with ASD, particularly regarding the Broad Autism Phenotype (BAP), remains underexplored. This study investigates the prevalence of ARFID in both children diagnosed with ASD and their parents, focusing on BAP features in parents and their relationship with ARFID symptoms.

Objectives:

1. To determine the prevalence of ARFID in parents of children diagnosed with ASD.
2. To explore the relationship between ARFID symptoms and ASD symptoms in both parents and children, examining the role of BAP in parents.

Methods: A cross-sectional study was conducted at Başkent University Psychiatry Clinic. The sample consisted of 69 children aged 2-18 diagnosed with ASD and 115 parents. ARFID diagnosis was determined using structured clinical interviews and the Nine-Item ARFID Screen (NIAS), while autism symptoms were assessed using the Childhood Autism Rating Scale (CARS) for children and the Autism Spectrum Quotient (AQ) for parents. Psychosocial, anthropometric, and clinical assessments were performed, including body mass index (BMI), nutritional status, and vitamin deficiencies. Statistical analysis included t-tests, chi-square tests, and correlation analyses (SPSS 24).

Results: The study found that 34.8% of children with ASD (n=24) and 13% of parents (n=15) were diagnosed with ARFID, significantly higher than general population estimates (3.5%, $p<0.001$) (Thomas et al. Curr Psychiatry Rep 2017; 19: 54). Children with ARFID scored higher on the CARS (mean=38.58, SD=7.92) compared to non-ARFID children (mean=33.73, SD=5.59), with a statistically significant difference ($t=-2.878$, $p=0.005$). Furthermore, positive correlations were found between ARFID symptoms and autism-related features in both children and parents, particularly in the AQ imagination subscale ($r=0.358$, $p<0.01$).

Conclusions: This study highlights a significantly higher prevalence of ARFID in children with ASD and their parents compared to the general population. The strong correlation between ARFID