comprehensive approach with multiple therapeutic goals should be taken during the intervention.

Disclosure of Interest: None Declared

EPP0512

From guided self-help to comprehensive ED treatment

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Introduction: The incidence of eating disorders is increasing in Hungary and Central-Eastern Europe. The number of complex/severe cases is also increasing. Accordingly, several new unmet needs of the users and their relatives appear in the clinical care.
Objectives: As a possible response to these unmet needs, we have introduced a multifaceted care model for eating disorders. To facilitate easily accessible yet effective care close to home, a support programme with an online guided self-help tool and regular consultations with first responder psychiatrists or clinical psychologists has been introduced. For non (or partial) responders, a multifaceted modular treatment programme has been developed with an individualised combination of different therapeutic approaches, including family therapy, dialectical behaviour therapy (DBT) specific to binge eating disorder and bulimia, CBT and the use of virtual reality as an adjunct treatment. The most severe cases are referred for (also multifaceted) inpatient treatment. In terms of research, we want to focus on the key issues for rapid, cost-effective treatment. Firstly, we want to develop an individual profiling system at the start of therapy to assess which individual combination of modules can produce a rapid therapeutic response. Secondly, we want to identify the active gamechanger elements of therapy that are associated with the greatest change in symptoms.
Methods: Patients complete the following questionnaires:
-in the guided self-help group: Eating disoreder inventory, (EDI-I), McMaster Family Assessment Device (FAD), Eastin Disorder Diagnostic Scale (EDDS), Eating Behavioral Severity Scale, Eating Disorders Symptom Impact Scale (EDSIS-S)
- in DBT groups: Eating Disorder Examination Questionnarie (EDE-Q), Three Factor Eating Questionnaire-R21, Rosenberg Self-Esteem Scale, Patient Health Questionnaire-(PHQ-9), Cognitive Emotion Regulation Questionnaire (CERQ)
- in individual therapies: Mini International Neuropsychiatric Interview (MINI) and Structured Clinical Interview for DSM 5- Alternative Model for Personality Disorders (SCIP-5-AMPD), EDI-I., Mentalization Questionnaire (MZQ), Dissociation Questionnaire (DIS-Q), Symptom Checklist-90 (SCL-90), (PHQ-9), Childhood Trauma Questionnaire (CTQ) and Young Parenting Inventory (YPI).
Results: Patient recruitment and therapies are currently underway, the first preliminary results are expected in the spring period.
Conclusions: In order to provide individualized care more effectively, it is important to identify the factors that determine which therapeutic modalities work best for the patient.

Disclosure of Interest: None Declared

EPP0513

Association between childhood maltreatment and cortical folding in women with eating disorders

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Introduction: Childhood maltreatment (CM) is associated with distinct clinical and biologi- cal characteristics in people with eating disorders (EDs). The measurement of local gyrification index (lGI) may help to better characterize the impact of CM on cortical structure.
Objectives: The objective of this study was to investigate the association of CM with lGI in women with EDs.
Methods: Twenty-six women with anorexia nervosa (AN) and 24 with bulimia nervosa (BN) underwent a 3T MRI scan. All partici- pants filled in the Childhood Trauma Questionnaire. All neuroimaging data were processed by FreeSurfer. LGI maps underwent a general linear model to evaluate differences between groups with or without CM. People with AN and BN were merged together.
Results: Based on the Childhood Trauma Questionnaire cut- off scores, 24 participants were identified as maltreated and 26 as non-maltreated. Maltreated people with EDs showed a significantly lower lGI in the left middle temporal gyrus compared with non-maltreated people, whereas no differences emerged in the right hemisphere between groups.
Conclusions: The present study showed that in people with EDs, CM is associated with reduced cortical folding in the left middle temporal gyrus, an area that could be involved in ED psychopathology. This finding corroborates the hypothesis of a 'maltreated ecophenotype', which argues that CM may allow to biologically, other than clinically, distinguish individuals with the same psychiatric disorder.

Disclosure of Interest: None Declared

EPP0514

The Portuguese version of the Screen for Disordered Eating: Validity and reliability in the perinatal period

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Introduction: Despite the increased knowledge about the prevalence and consequences of eating disorders (ED), they continue to be underdiagnosed and undertreated. Being more common in women of childbearing age, the perinatal period may play a decisive role in the incidence and course of these pathologies. The Screen for Disordered Eating (SDE) was developed for the screen of ED in primary care.

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