study were the consultants whose age was over 65 years the study was made using a pre-established sheet with certain socio-demographic characteristics, the pathological antecedents of subjects. We assessed self-esteem using the Rosenberg scale, autonomy using the activities of daily living scale (KATZ index), and depression using the mini GDS. The analysis of the results was carried out using SPSS 17 software.
Results: Our sample is made up of 54 consultants. The average age was 68 years old. The sex ratio was equal to 0.875. Negative self-esteem, loss of autonomy, depression were observed respectively in 40%, 56.7%, 36.7% of cases. We found an association between negative self-esteem and loss of autonomy (p=0.01) on the one hand, and depression (p<0.0001) on the other.
Conclusions: Our work showed an association between loss of autonomy, depression and negative self-esteem. Depression and negative self-esteem could be a consequence of the loss of autonomy or contributing factors?

Disclosure of Interest: None Declared

Eating Disorders

EPV0460

PREVALENCE AND DETERMINANTS OF EATING DISORDER RISK AMONG TUNISIAN UNIVERSITY STUDENTS

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Introduction: The transition to college life can be a stressful period for young adults, and coping strategies can involve changes in eating behaviors.
Objectives: The aim of this study was to assess the prevalence and correlates of eating disorder risk among Tunisian university students.
Methods: We conducted a cross-sectional descriptive and analytical study among 144 university students in Tunisia. Data were collected using an online questionnaire spread throughout social media (Facebook), using the Google Forms® platform.
Attitudes, feelings and behaviors related to eating were measured using "Eating Attitudes Test" (*EAT-26*) in order to assess the eating disorder risk.
Results: The mean age of our population was 23.38±3.27 years. More females (73.6%) than males (26.4%) participated in the study. Among them, 10.4% were followed for chronic somatic disease while 11.1% suffered from mental illness. Tobacco, alcohol and cannabis use was noted respectively in 12.5%, 3.5% and 3.5% of cases.
The mean score EAT-26 was 20.45. According to this scale, 32,6% of participants were at high risk of eating disorders.
EAT-26 scores were higher in females (21.23) than males (16.95%), without a significant relationship.
Users of psychoactive substances were more likely to present higher EAT-26 scores (p=0.012), especially the use of alcohol (p=0.005) and weed (p=0.024).
EAT-26 scores were significantly higher among students with a prior history of depression.
Conclusions: Our study highlighted a high prevalence of eating disorder risk in university students. Implementation of public health policies are required, and psychological intervention and health awareness programs would effectively prevent the eating disorder risk.

Disclosure of Interest: None Declared

EPV0461

ARIPIPRAZOLE INDUCED COMPULSIVE EATING DISORDER: A CASE REPORT

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Introduction: Aripiprazole is a newer atypical antipsychotic with a favorable side-effect profile, especially a low propensity to result in metabolic syndromes.It is effective at treating bipolar disorder, the positive symptoms of schizophrenia and has the potential to treat negative and cognitive symptoms.
However, prior studies suggested that aripiprazole seem to be associated to a risk of inducing certain impulse control behaviors, such as uncontrollable gambling, hyper sexuality, as well as compulsive eating.
Objectives: We proposed to assess the evidence for compulsive eating associated with the use of aripiprazole.
Methods: We report a rare case of new onset aripiprazole induced compulsive eating behavior in a patient with bipolar disorder. Then, we conducted a literature review using"PubMed" database and keywords "Aripiprazole", "Impulse Control Behaviors", "Compulsive Eating".
Results: He was a 21-year-old patient, diagnosed with bipolar 1 disorder. He was prescribed Aripiprazole, after a neuroleptic malignant syndrome induced by haloperidol (which was prescribed during the first episode psychosis).
One month following the treatment initiation, the patient complained of eating excessively. He was not able to control his eating and gained 30 Kg over the period of 4 months. Metabolic assessment showed a hypercholesterolemia.
Conclusions: Aripiprazole is a promising novel antipsychotic in mental diseases. However current evidence associates compulsive behaviors like eating with the use of Aripiprazole, probably due to the drug affinity to 5-HT receptors. More studies are needed to confirm this rare side effect.

Disclosure of Interest: None Declared

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