life of individuals with differing levels of trait eating pathology (EP) and 2) to investigate whether maladaptive coping moderated these relationships.
Methods: 107 female participants (mean age = 26.92) completed an online survey about stress, coping strategies and trait EP. Participants used a smartphone app to report on state stress, BD and DE six times a day for seven days
Results: Individuals with elevated trait EP experienced a significantly higher frequency of stress events (b = 0.04). Participants' use of maladaptive coping significantly increased state stress (b = 0.41), but was not moderated by EP. Participants' state stress and BD measured at the same time point (concurrent assessment) were significantly related (b = 0.13). Either stress or BD at the previous time point did not significantly predict changes in the other (lagged assessment, b = 0.02, b = -0.09, respectively). The aforementioned state-based associations were not moderated by trait EP
Conclusions: Women with more severe EP were found to experience stress more frequently. Maladaptive coping strategies were related to stress, but not moderated by EP. The association between stress and BD from concurrent but not lagged assessment highlights the importance of assessing and targeting momentary stress levels.

Disclosure: No significant relationships.
Keywords: eating disorders; stress; ecological momentary assessment; body dissatisfaction

EPV0291

Bariatric surgery exclusion: Psychiatric causes

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Introduction: The psychopathological causes that advise against a bariatric surgical procedure include any state that puts at risk the modification of habits and beliefs regarding eating behavior, wich condition weight loss and health improvement.
Objectives: To Study the psychiatric profile of patients rejected for bariatric surgery at the Complejo Hospitalario Asistencial de León (León, Spain).
Methods: Retrospective observational study. All patients for whom bariatric surgery procedure has been contraindicated for psychopathological reasons are included. 145 patients were evaluated in the context of the protocol for bariatric surgery. The following diagnostic scales were used as support: Salamanca Questionnaire, Plutchik Impulsivity Scale, Attitudes towards change in patients with eating disorders (ACTA), Bulimia Investigatory Test Edinburgh e, and European Quality of Life-5 Dimensions.
Results: 41 Patients were rejected for psychiatric reasons (28.28%). The most frequent diagnoses are impulse control disorder (39%), followed by eating disorder (27%). Other diagnoses found are: depressive disorder (10%), adjustment disorder (5%), personality disorders, intellectual disability and generalized anxiety disorder (3%) 78% of them are women.
Conclusions: Uncontrolled psychiatric pathology is a contraindication to bariatric surgery. Impulse control disorder and eating disorder are related to overweight and obesity, so a diagnosis and treatment are necessary prior planning surgical procedure. Psychopathological variables determine the success of bariatric surgery procedures and it is mandatory to consider them in the process.

Disclosure: No significant relationships.
Keywords: eating disorders; impulse control disorder; Bulimia Nervosa; Bariatric surgery

EPV0292

An examination of the direct and indirect effect of self-objectification and disordered eating

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Introduction: Objectification theory argues that self-objectification confers risk for disordered eating (DE) both directly, and indirectly through a cascade of negative psychological consequences (e.g. low mood and self-conscious body monitoring). Robust cross-sectional evidence supports these relationships. However, these cross-sectional studies do not provide evidence for the complex intraindividual psychological processes outlined in objectification theory which purportedly contribute to DE.
Objectives: Using an ecological momentary assessment design, the current study investigated the direct within-person effect between state self-objectification and DE and examined the indirect within-person effect of negative mood and body comparisons, on the relationship between state self-objectification and DE.
Methods: Two-hundred female participants (M=20.43 years, SD=4.60) downloaded a smartphone app which assessed momentary experiences of self-objectification, mood, body comparisons, and DE six times per day at random intervals for seven days.
Results: Indicated that self-objectification significantly predicted DE behaviours [95% CI 0.01, 0.03] and body comparisons [95% CI 0.32, 0.41]. However, the indirect effect of body comparisons on the relationship between state self-objectification and DE was not significant [95% CI -0.01, 0.00]. In the second mediation model, self-objectification significantly predicted DE behaviours [95% CI 0.01, 0.03], but did not significantly predict mood [95% CI -0.06, 0.03]. Similarly, the indirect effect of mood on the relationship between state self-objectification and DE was not significant [95% CI -0.00, 0.00].
Conclusions: These results enhance our understanding of objectification theory and suggest that self-objectification confers risk to DE directly. However, our findings do not support the indirect effect of self-objectification on DE through low mood or body comparisons.

Disclosure: No significant relationships.
Keywords: eating disorders; Self-objectification; disordered eating; ecological momentary assessment

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