

**Results:** Caucasian woman, 31-year-old, PhD in biology, who works in a multinational company. No personal or family history of psychiatric disorder. She was observed in the psychiatry emergency department, due to low weight, caloric restriction and intense physical exercise, maladaptive personality traits related to perfectionism and control were found. She began follow-up with a multidisciplinary team, but there was a need for hospitalization due to clinical deterioration with BMI of 11. After 6 months, she continued to follow up at the consultations and, despite refusing psychotropic drugs, she maintains psychotherapy and presents clinical improvement (BMI - 17).

**Conclusions:** Eating behavior disorders are chronic and difficult to treat diseases that are more frequent among people subject to high levels of stress. This case represents a restrictive AN in a woman with multiple risk factors: athlete, perfectionist, with stressful work and life events and restricted interpersonal and affective relationships.

**Disclosure:** No significant relationships.

**Keywords:** Anorexia nervosa; eating behavior disorder

## EPV0712

### Anorexia Nervosa and Gender Dysphoria: A Clinical Case

J. Martins\*, R. Vaz, A. Costa, J. Brás, R. Sousa, J. Abreu, E. Almeida and T. Casanova

Centro Hospitalar Tondela-Viseu, Departamento De Psiquiatria E Saúde Mental, Viseu, Portugal

\*Corresponding author.

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**Introduction:** Eating disorders (ED) and gender dysphoria (GD) are associated with a change in body perception. Therefore, body dissatisfaction plays a common and central role in these disorders. In GD, body image concerns are related to the features of the biological sex. In ED, body dissatisfaction comes from a distorted perception of weight and body shape and plays an important role in the development and maintenance of the psychopathology.

**Objectives:** To present and discuss the clinical case of a patient with a previous diagnosis of GD who presented with a clinical condition suggesting a restrictive anorexia nervosa (AN).

**Methods:** Patient's clinical files consultation and literature review using Pubmed and the keywords: eating disorders and gender dysphoria.

**Results:** We present the case of a 25-year-old patient who was living in a shelter for victims of domestic violence and was admitted for severe restrictive AN. The patient was discharged after 40 days and medicated with sertraline, diazepam and olanzapine, as well as her previous medication (hormonal therapy): cyproterone, finasteride, estradiol, oxybutynin.

**Conclusions:** Although studies on this subject are still scarce, there has been some progress and the literature recognizes the coexistence of these conditions. However ED symptoms in patients with GD could have a different meaning: they may represent a dysfunctional coping strategy adopted to block features of the biological sex. Therefore health professionals may take a more holistic approach to body image. Additional studies will be necessary, allowing the establishment of cause-consequence interactions between weight loss and psychopathology related to GD.

**Disclosure:** No significant relationships.

**Keywords:** Gender Dysphoria; eating disorder

## EPV0713

### Eating Disorders during the pandemic COVID-2019

B. Rodríguez Rodríguez<sup>1\*</sup>, I. Santos Carrasco<sup>1</sup>, M. Fernández Lozano<sup>1</sup>, M.J. Mateos Sexmero<sup>1</sup>, N. Navarro Barriga<sup>1</sup>, C. De Andrés Lobo<sup>1</sup>, T. Jiménez Aparicio<sup>1</sup>, C. Vallecillo Adame<sup>1</sup>, G. Guerra Valera<sup>1</sup>, A. Gonzaga Ramírez<sup>1</sup>, M. Queipo De Llano De La Viuda<sup>1</sup>, J. Gonçalves Cerejeira<sup>1</sup> and C. Valdivieso Burón<sup>2</sup>

<sup>1</sup>Hospital Clínico Universitario, Psiquiatria, Valladolid, Spain and

<sup>2</sup>Hospital Clínico Universitario, Psiquiatria, VALLADOLID, Spain

\*Corresponding author.

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**Introduction:** Concerns about health and fitness during lockdown may serve as a trigger for eating disorders in vulnerable individuals. Other risk factors may also include increased use of social networks and comparison with beauty ideals. Isolation, loneliness and problems with emotional regulation may lead people to reduce food intake by giving them a greater sense of control.

**Objectives:** Emphasise the relevance of the increase in the incidence of Eating Disorders (ED) cases during the pandemic.

**Methods:** Review of the scientific literature based on a relevant clinical case.

**Results:** 14-year-old female, residing with her mother. She reports that from the beginning of COVID-19 confinement she became obsessed with leading a healthier life, starting to restrict food, limiting fats and carbohydrates, and having also started compulsive physical activity (approximately 4 hours of aerobic exercise per day), without associated purging behaviours. She also acknowledges eating small amounts (although she minimises this aspect) and controlling all calories, stating that food and practices aimed at "staying healthy" now dominate her life. Her previous BMI was 18, with a current BMI of 11.7.

**Conclusions:** Patients suffering from ED, who often have poor knowledge of their illness and find social-emotional communication difficult, may delay seeking help. Studies suggest the relevance of identifying specific vulnerability factors among ED patients in confinement in order to develop preventive strategies and personalised treatment approaches.

**Disclosure:** No significant relationships.

**Keywords:** Pandemic COVID-19; Eating Disorders; lockdown

## EPV0714

### Correlations between alexithymia, emotional instability, autism spectrum disorder and eating disorders: analysis of a case.

M. Valtueña García<sup>1\*</sup>, E. Peña Herrero<sup>2</sup>, M. Picado Rossi<sup>3</sup>, C. Pedrosa Duque<sup>4</sup> and P. Valladares Rodriguez<sup>5</sup>

<sup>1</sup>Hospital Vital Álvarez-Buylla, Psiquiatria, Asturias, Spain; <sup>2</sup>Hospital de Cabueñes, Psiquiatria, Asturias, Spain; <sup>3</sup>Hospital de Cabueñes, Psicología, Asturias, Spain; <sup>4</sup>Hospital Universitario Central de Asturias,