

energy, these proteins are present in all types of living organisms. GLUT, or SLC2A, is a separate family of glucose transport proteins found in most mammalian cells. Thus, the human genome encodes twelve proteins of the GLUT family. They are transport uniporter proteins.

**Methods:** We studied PCR of scrapings of the mucous membrane of the inner side of the cheek to search for GLUT1 genes in 31 patients with DS, men and women aging from 8 to 39 years. The control group consisted of 67 healthy donors by the same ages and genders.

**Results:** It was found that the expression of GLUT1 genes was significantly reduced. A decrease in the expression of these genes correlated with an increase in body weight and symptoms of bulimia in patients with Down syndrome.

**Conclusions:** Eating disorders, namely bulimia, in DS is a serious condition that aggravates the course of the underlying disease. Hereditary factors affect the expression of glucose transporter genes. Taking these circumstances into account would help in developing personalized pharmacotherapy.

**Disclosure of Interest:** None Declared

## EPV0711

### “How I wished to be like Bruce Lee. Eating Disorders and Psychotic Symptoms” A case report

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**Introduction:** Eating disorders (ED) can sometimes present with psychotic symptoms, including delusions and cenesthetic or auditory hallucinations. In a minority of patients, these symptoms may stem from an underlying psychotic disorder, such as schizophrenia, which is more common in males (Bou Khalil R, Hachem D, Richa S. (2011). Eating disorders and schizophrenia in male patients: a review. *Eat Weight Disord*, 16(3), 150-6). Therefore, early detection and intervention are critical in cases where EDs are accompanied by prodromal or attenuated psychotic symptoms.

**Objectives:** To present the clinical case of a 14-year-old male with an unspecified eating disorder and high-risk mental state for psychosis. To highlight the importance of early identification and intervention in eating disorders with psychotic features.

**Methods:** A Pubmed database was used to collect information about psychotic symptoms in EDs, using the terms ‘eating disorder’, ‘psychosis’ and ‘high risk mental state’.

We present the following clinical case:

A 14-year-old Spanish male of Bolivian descent. The patient exhibited a two-year history of food restriction, vigorous exercise, social isolation, and absenteeism from school. Detailed clinical evaluations were performed, documenting his physical, psychological, and behavioral symptoms. The patient’s diagnosis was reevaluated based on emerging psychotic symptoms during hospitalization.

**Results:** The patient reported intense distress about perceived fat accumulation in his face and trunk, which he believed diminished immediately after exercise. He engaged in excessive physical activity, including jumping rope for at least two hours multiple times a day, and swimming against currents. He also experienced episodes

of binge eating followed by purging and compensatory exercise. Social withdrawal, emotional blunting, disorganized biological rhythms, and soliloquies were observed during his admission. Based on these findings, his diagnosis was revised to an unspecified ED with a high-risk mental state for psychosis.

**Conclusions:** Psychotic symptoms, particularly in restrictive anorexia, can arise during the course of an ED, with malnutrition acting as both a cause and sustaining factor by exacerbating serotonin-dopamine dysregulation (Sarró, S (2018). Those courageous boys: 73 years after the Minnesota starvation experiment. *A psychiatrist’s view. Neurosciences and History*, 6(1), 28-37). While these symptoms may result from malnutrition, they could also signal the onset of a primary psychotic disorder, with males at higher risk (3.6%). Early detection of attenuated or prodromal psychotic symptoms is essential, and regular reevaluation is recommended, especially during the first months of follow-up, to prevent short-, medium-, and long-term complications.

**Disclosure of Interest:** None Declared

## EPV0712

### Beyond the Plate: Evidence-Based Psychotherapies for Eating Disorders - A Transdiagnostic Comparison

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**Introduction:** Eating disorders (EDs), including binge-eating disorder (BED), bulimia nervosa (BN), and anorexia nervosa (AN), represent serious mental health conditions characterized by disturbances in eating behavior and body image concerns. These disorders significantly impair health, psychosocial functioning, and quality of life. Evidence-based psychotherapies have shown effectiveness in treating EDs.

**Objectives:** This study aims to evaluate and compare the effectiveness of various psychotherapies for treating BED, BN, and AN, with a focus on both short-term and long-term outcomes. A secondary objective is to assess the applicability of transdiagnostic psychotherapy approaches across different EDs.

**Methods:** A literature review was conducted using articles from PubMed, focusing on the terms “eating disorders”, “evidence-based psychotherapy”, “cognitive-behavioral therapy”, and “interpersonal psychotherapy”. The selection prioritized the most relevant clinical trials and meta-analyses.

**Results:** Cognitive-behavioral therapy (CBT) consistently demonstrated significant short-term effects in reducing binge-eating episodes and EDs psychopathology, particularly in BED and BN. It outperformed both inactive controls (e.g., wait-lists) and other psychotherapies. Long-term, CBT continued to show sustained improvements in symptom reduction, particularly for BED, though it was less effective for BN and AN.

For the treatment of AN, most guidelines recommended psychological interventions, particularly family-based therapy (FBT) for younger patients. CBT and structured therapies like Maudsley Anorexia Nervosa Treatment for Adults (MANTRA) were also recommended. Interpersonal psychotherapy (IPT) received limited support due to insufficient evidence.