

context, their aberrant functioning has been suggested as a mechanism underlying the pathophysiology of eating disorders (ED) and obesity. Considering the high comorbidity between binge spectrum disorders (BSD) and obesity, whether this dysfunction could be a potential shared neurobiological mechanism remained underexplored.

Objectives: To analyze plasma ghrelin and liver expressed antimicrobial peptide-2 (LEAP-2) concentrations in fasting among individuals with obesity (OB), with and without an eating disorder (ED), and compare them with a group of healthy controls (HC). Besides, to assess associations between these concentrations, psychopathological variables, and body mass index (BMI) in the clinical sample with OB.

Methods: The sample comprised 162 adult women (67 OB-ED, 35 OB+ED, and 62 HC). Peripheral blood samples, eating psychopathology, trait impulsivity, food addiction (FA), fat mass, and BMI were collected. The between-group comparisons were performed using analyses of covariance (ANCOVA), adjusting for age and fat mass, and the link between variables was evaluated through correlation and path analyses.

Results: Individuals with OB (with and without an ED) showed lower significant ghrelin concentrations than HC ($p < .001$). The OB+ED group reported significantly higher eating psychopathology, trait impulsivity, and FA than the OB-ED and HC groups. In the OB+ED group, LEAP-2 concentrations positively correlated with BMI, fat mass, novelty seeking, and FA scores. The path analysis showed that higher LEAP-2 levels and FA scores were linked to more severe eating psychopathology.

Conclusions: The results suggest an interplay between biological and clinical factors that contribute to delineate vulnerability pathways in ED and OB, which could help fit more tailored therapeutic approaches.

Disclosure of Interest: None Declared

EPP429

Involuntary Treatment in Patients with Eating Disorders

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Introduction: Eating disorders, in particular Anorexia Nervosa (AN), are serious psychiatric disorders with a chronic course and high levels of disability and mortality. These disorders are characterized by a misrepresentation of body image and intense fear of putting on weight, leading to cognitive distortions related to food and weight control, as well as dysfunctional behaviors aimed at weight loss.

Objectives: The aims of this paper are to provide a summary of the current literature concerning involuntary treatment in patients with eating disorders and to assess whether there is a difference in terms of baseline characteristics and treatment outcomes between patients treated both voluntarily or involuntarily.

Methods: Relevant articles were identified by searching the following terms: “treatment refusal”, “involuntary/compulsory/coercive/forced treatment/admission”, “eating disorders”, “anorexia nervosa”, “bulimia nervosa”. Research was restricted to articles

concerning humans and published between 2014 and 2024 in English.

Results: The treatment of eating disorders consists in a combination of weight control/weight gain methods and psychotherapy, as well as the treatment of organic complications associated with starvation and low body weight.

Involuntary treatment is usually intended for patients having worse baseline conditions. Factors associated with increased involuntary treatment utilization were female sex, lower age, psychiatric comorbidities, more severe disease with lower weight at admission and a longer course.

Concerning short term outcomes, the involuntary treatment can be life saving and half of these patients accept the treatment in 2 weeks time. Studies show that the involuntary treatment did not have a significant negative impact in the doctor-patient therapeutic relation. In terms of long term outcomes, patients treated involuntarily had similar outcomes to those treated voluntarily, having better outcomes in some domains, including menstruation, number of admissions and functionality.

Conclusions: The denial of the illness and lack of insight in AN raise practical and ethical questions relating to the autonomy of the patient and the responsibility of the family and health care practitioners. The involuntary treatment of eating disorders is a complex area and further research including quantitative and qualitative studies is needed.

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Obsessive-Compulsive Disorder

EPP430

Subjective well-being in individuals with obsessive compulsive disorder: an exploratory study

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Introduction: Subjective well-being (SWB), defined as the way people think and feel about their lives, is often used to evaluate happiness. Separated into three components—positive affect, negative affect, and life satisfaction—SWB has been indirectly related to psychiatric symptoms and disorders. However, the relationship between SWB and obsessive-compulsive disorder (OCD) remains relatively unknown.

Objectives: To determine whether SWB components correlate with the clinical features of OCD.

Methods: This was a cross-sectional study evaluating 68 individuals with OCD. Sociodemographic data were collected, treatment histories were taken, and validated instruments were applied (Y-BOCS, Dimensional Y-BOCS, USP-Sensory Phenomena Scale, BDI-II, BAI, Positive and Negative Affect Schedule (PANAS), and Satisfaction with Life Scale (SWLS)).

Results: All three SWB components showed inverse correlations with the severity of depressive/anxiety symptoms and total OCD symptom scores. Life satisfaction and positive affect showed inverse