

Eating disorders

EPP0599

“Prevalence of orthorexia nervosa in a sample of patients attending sligo/leitrim mental health services with a diagnosis of eating disorder”

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Introduction: The term Orthorexia derives from the Greek “ortho – correct” and “orexis – appetite”; Orthorexia Nervosa is a pathological fixation with healthy eating that, starting with the idea to obtain a maximum health with a proper diet, leads to malnourishment and other medical sequelae, loss of relationships, loss of self-esteem, poor quality of life in general. Orthorexia, despite receiving broad empirical evidence, is not currently included in any psychiatric diagnostic manual.

Objectives: The main aim of this study is to investigate its presence in a sample of patients already diagnosed with a canonical eating disorder and also to understand eventual overlaps with other clinical disorders in order to optimize treatment and follow up.

Methods: The ORTO-15 questionnaire, developed by an Italian team of researchers in 2005, was used to achieve the above aims: it is a tool comprehensive of 15 questions that assesses eating habits perceived as healthy. Really interesting and fascinating is to comprehend if people with a diagnosis of eating disorder present orthorectic behaviour and how this emerging reality fits in the Irish society with its peculiarities and uniqueness.

Results: The Point Prevalence obtained is 17.9%. The expected rates of Orthorexia Nervosa in the general population are between 6.9% and 57.6%, with a peak of 81.8% in specific populations, fact that places our examined sample in the lower side of the prevalence previously considered in other studies.

Conclusions: It is significant the absence of correlation found between OCD and ON and that ON is more linked to Bulimia Nervosa rather than Anorexia Nervosa.

Keywords: eating disorders; orthorexia nervosa; anorexia nervosa; ocd

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Evidence-based therapeutic management of binge-eating disorder

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Introduction: Binge-eating disorder (BED) is a difficult-to-manage clinical entity, that may associate both organic (e.g., obesity, metabolic syndrome) and psychiatric (e.g., anxiety, mood, or substance use disorders) co-morbidity. Psychotherapeutic and

pharmacological approaches are usually combined in order to reach the best outcome for these patients, but the disorder seems to have prolonged evolution even under appropriate therapeutic management.

Objectives: To evaluate the most evidence-based therapies focused on BED.

Methods: A literature review was conducted through main electronic databases, and papers published between January 2000 and August 2020 were included in the analysis.

Results: Cognitive-behavioral therapy (CBT) is supported by multiple trials, and it led to decreased number of binge episodes and increased rates of remission. Behavioral activation may improve certain symptoms of BED (depressive mood, anxiety), but not the binge episodes frequency. Interpersonal group therapy (IPT) may be helpful for BED patients with an external locus of control and significant interpersonal difficulties. Dialectical behavior therapy (DBT) has been applied in BED patients, but the results have been inconclusive. Lisdexamfetamine dimesylate is the only FDA approved drug for this indication, as dasotraline was rejected by FDA and its research discontinued by the manufacturer. Fluoxetine, sertraline, escitalopram, duloxetine, bupropion, atomoxetine, reboxetine, armodafinil, disulfiram, baclofen, zonisamide, lamotrigine, topiramate, samidorphan, liraglutid, and orlistat need more trials in order to validate their efficacy, especially on long term.

Conclusions: There is only one drug currently FDA approved for this indication, lisdexamfetamine, and a number of psychotherapies, with CBT and IPT being the most supported by evidence.

Keywords: binge-eating disorder; psychotherapy; lisdexamfetamine; antidepressants

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Comparison of neuropsychological profiles in children and adolescent with anorexia nervosa and avoidant/restrictive food intake disorder (ARFID)

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Introduction: Anorexia Nervosa (AN) is an eating disorder characterized by low body weight, fear of gaining weight and distorted perception of body. Patients have rigidity, repetition of thoughts, alterations in decision-making skills and poor ability to provide new solutions. Avoidant/Restrictive Food Intake Disorder (ARFID) is a new eating disorder characterized by the absence of distress about body shape or fear of weight gain. Studies on neurocognitive aspects are few and no effective treatments are known.

Objectives: The aim of our study was to further investigate the executive functions' domains in AN and ARFID children and adolescents, to provide possible distinct neurocognitive traits in these patients.