

authors suggesting diagnostic criteria and the publication of several theoretical papers, consensus regarding a definition or even the existence of ON remains elusive (Dunn and Bratman, 2016). Conversely, anorexia nervosa (AN) has been recognized since the first iteration of the DSM (Bhattacharya et al, 2022; Dell’Osso et al 2016). Layperson awareness of these conditions has been increasing, with a notable increase in interest in “orthorexia” over the past several years, potentially influenced by popular culture and increased social media use (Sharma et al, 2023)

Objectives: The purpose is to understand shifts in public interest as well as the ever-present influence of the online world on patients, especially those with disorder eating patterns.

Methods: This study compared United States Google search trends for the terms “orthorexia” and “anorexia” . Using Google Trends data, we reviewed the average monthly search volume from January 2004 to March 2024. We analyzed the data to determine if there was a significant difference in search volume over time.

Results: Google search data revealed a monthly search volume of ~7000 queries for “orthorexia” in January 2004, and analysis of the volume revealed that there has been a significant and sustained increase in the searches for “orthorexia”. Additionally, searches for the term “anorexia” reached a height of 2.1 million in 2007, but have been steadily declining in the past several years.

While anorexia remains the more prominent search term, over time the queries for anorexia have decreased from their peak in the early 2000’s. The rise in the term orthorexia may be partly due to the proliferation of highly visual social media platforms, particularly YouTube and TikTok, where content creators often focus on healthy eating and lifestyle trends (Sharma et al, 2023).

Additionally, there is a possibility that orthorexia is being used on these platforms to describe a subset of AN. Some individuals with anorexia may present with behaviors resembling orthorexia, such as a fixation on healthy eating or a rigid adherence to specific dietary guidelines.

Conclusions: The findings indicate a shift in the public’s interest in orthorexia and anorexia during the past several years, possibly influenced by increased social media use. Further research is needed to understand the implications of this trend on individuals’ attitudes towards healthy eating and body image.

Disclosure of Interest: None Declared

EPV0717

Personality traits and risk of eating disorders among Polish women: the moderating role of self-esteem

K. Rachubińska^{1*}, D. Schneider-Matyka¹, A. M. Cybulska¹, M. Nowak¹ and E. Grochans¹

¹Department of Nursing, Pomeranian Medical University, Szczecin, Poland

*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1404

Introduction: Personality dimensions should be taken into account when diagnosing individuals with disordered eating behaviours in the hope of better understanding their etiology and symptom progression and when planning treatment.

Objectives: The objective of this study was to attempt to determine the moderating role of self-esteem in the relationships between personality traits included in the Big Five model among Polish women and the occurrence of eating disorders.

Methods: The study was conducted among 556 Polish women from Zachodniopomorskie Voivodeship. A diagnostic survey was used as the research method, and the empirical data were collected using the following research tools: The NEO Five-Factor Inventory (NEO-FFI), Rosenberg Self-Esteem Scale (SES), ORTO – 15 Questionnaire, The Three-Factor Eating Questionnaire (TFEQ-13), and the authors’ original questionnaire.

Results: Only the personality trait of neuroticism exhibits a statistically significant effect on the “Cognitive Restraint of Eating”, “Uncontrolled Eating”, and “Emotional Eating” scores ($p<0.001$). The moderation effect was demonstrated between self-esteem and the personality trait of conscientiousness on the “Cognitive Restraint of Eating” scale score. There is a moderation effect between self-esteem and the personality trait of extraversion on the “Uncontrolled Eating” subscale score. There is a moderation effect between self-esteem and the personality trait of conscientiousness on the “Uncontrolled Eating” scale score. Table 1. Analysis and the moderation effect between self-esteem and the personality trait of conscientiousness in the effect on the “Cognitive Restraint of Eating” subscale score.

	b	95% Confidence Interval			
		Lower	Upper	Z	p
C stens	-0.150	-0.220	-0.080	-4.214	< 0.001
Rsbgr	-0.001	-0.022	0.020	-0.097	0.923
C stens * Rsbgr	0.010	0.000	0.019	2.040	0.041
Low (-1SD)	-0.221	-0.320	-0.122	-4.380	< 0.001
Average	-0.150	-0.220	-0.080	-4.200	< 0.001
High (+1SD)	-0.079	-0.176	0.018	-1.590	0.111
b – unstandardised regression coefficient, CI – confidence interval; * moderation effect. Note. shows the effect of the predictor (conscientiousness) on the dependent variable (Cognitive Restraint of Eating) at different levels of the moderator (Rsbgr)					

Conclusions: Self-esteem was not a predictor of the occurrence of eating disorders while playing a moderating role in the relationship between certain personality traits and the occurrence of eating disorders. A higher level of neuroticism was identified as an important predictor of higher results for orthorexia, Cognitive Restraint of Eating, Uncontrolled Eating, and Emotional Eating. It was also demonstrated that the orthorexia risk index decreased with increased extraversion and openness to experience.

Disclosure of Interest: None Declared

EPV0718

The relationship between depressiveness and eating behaviors among women

K. Rachubińska^{1*}, D. Schneider-Matyka¹, E. Grochans¹, I. Cerniewska¹ and A. M. Cybulska¹

¹Department of Nursing, Pomeranian Medical University, Szczecin, Poland

*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1405

Introduction: Research has demonstrated the effect of eating disorders on the occurrence of depressiveness as well as the effect of depressiveness on the occurrence of eating disorders.

Objectives: The objective of the study was to determine the relationship between depressiveness and the occurrence of eating disorders, i.e., emotional eating, uncontrolled eating, cognitive restraint of eating, and the risk of orthorexia.

Methods: The study was conducted among 556 women from the West Pomeranian Voivodeship (Poland). The study employed the diagnostic survey method using a questionnaire technique: The Beck Depression Inventory, the ORTO—15 Questionnaire, the Three-Factor Eating Questionnaire, and a sociodemographic questionnaire.

Results: Higher depressiveness severity is associated with a higher score on the “Cognitive Restraint of Eating” scale. The authors’ original study demonstrated a statistically significant relationship only between depressiveness and the “Uncontrolled Eating” subscale ($p = 0.001$).

Table 1. A multivariate model without moderation—analysis of the effect of sociodemographic variables and the severity of depressiveness according to the BDI on cognitive restraint of eating according to TFEQ-13

	Level	β	–95% CI	+95% CI	t	p
Marital status	Single (ref.)					
	In a relationship	0.091	0.005	0.176	2.084	0.038
Professional activity	Inactive (ref.)					
	Active	–0.046	–0.135	0.043	–1.008	0.314
Age		–0.166	–0.260	–0.073	–3.511	<0.001
BDI (scoring)		0.228	0.147	0.309	5.527	<0.001

ref.—reference level, β —standardized regression coefficient, CI—confidence interval, and BDI—Beck Depression Inventory

Table 2. A multivariate model with moderation—analysis of the effect of sociodemographic variables and the severity of depressiveness according to the BDI on cognitive restraint of eating according to TFEQ-13

	β	–95% CI	+95% CI	t	p
Absolute term				1.914	0.056
Marital status*BDI	0.015	–0.147	0.176	0.178	0.859
Age*BDI	–1.344	–6.233	3.545	–0.540	0.589
Professional activity*BDI	–0.037	–0.236	0.162	–0.362	0.717
Educational background*BDI	0.013	–0.145	0.171	0.165	0.869
Residence *BDI	0.153	0.002	0.305	1.994	0.047

ref.—reference level, β —standardized regression coefficient, CI—confidence interval, BDI—Beck Depression Inventory, and * moderation effect

Conclusions: The results of this study suggest that depressiveness is an important factor that contributes to a better understanding of eating behaviors. In addition, the results of this study suggest that

eating behaviors and psychological factors should be taken into account in psychological interventions in the treatment of eating disorders. The clinical goal can be considered to be an improvement in non-normative eating behaviors, such as a reduction in overeating episodes or eating less frequently in the absence of a feeling of hunger.

Disclosure of Interest: None Declared

EPV0719

Deontological guilt feelings in eating disorders: data from an Italian experience

F. Raffone^{1*}, D. Atripaldi², F. Mancini³, A. M. Salianni³ and A. M. Monteleone⁴

¹Department of Mental Health, Asl Napoli 1 Centro, Università degli Studi della Campania “L. Vanvitelli”; ²Department of Advanced Medical and Surgical Sciences, Università degli Studi della Campania “L. Vanvitelli”, Naples; ³Scuole di Psicoterapia Cognitiva APC-AIPC-SPC-SICC, Rome and ⁴Department of Mental Health, Università degli Studi della Campania “L. Vanvitelli”, Naples, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1406

Introduction: Guilt and shame are common emotional experiences that may influence the prognosis and treatment of many psychiatric disorders.

Objectives: The aim of this study was to examine the role of guilt and shame in individuals with eating disorders (ED).

Methods: Forty-three adults diagnosed with anorexia nervosa, bulimia nervosa, and binge eating disorder were included in the study. They completed the following questionnaires: the Moral Orientation Guilt Scale (MOGS), which measures different components of guilt, and the Eating Disorder Inventory 2 (EDI-2), which measures ED psychopathology. To assess the relationships between MOGS and EDI-2 subscales, Spearman’s correlations and a stepwise multiple regression have been conducted including all patients in a unique ED group.

Results: Positive correlations were found between the EDI-2 bulimia subscale and the MNV (moral normal violation) subscale of the MOGS (0.26, $p=0.05$), between the EDI-2 interpersonal distrust subscale and the MNV subscale of the MOGS (Rho=0.28, $p=0.03$), and between the EDI-2 interpersonal distrust subscale and both altruistic guilt components of the MOGS (Rho=0.33, $p=0.01$ for harm; Rho=0.29, $p=0.03$ for empathy). The multiple linear regression model was significant ($R^2=0.29$, $F=8.38$, $p<0.01$) and showed age ($t=-2.9$, $p<0.01$) and the HARM subscale ($t=3.4$, $p<0.01$) as predictors of interpersonal distrust.

Conclusions: The results provide preliminary evidence for a possible role of guilt in the aetiopathogenesis of ED. Sensitivity to altruistic guilt, and especially to the harm caused, seems to influence the ability to trust others. Avoidance, distancing, or closure may be strategies to overcome high sensitivity to guilt. Further studies with larger samples, including both ED patients and healthy individuals, are needed to determine the role of guilt in EDs.

Disclosure of Interest: None Declared