According to the study, the BITE's average score was 8±6 [0-34]. Of the participants, 17.5%(N=26) had Bulimia Nervosa with a BITE score of 20 or above. The majority (76.92%,N=20) were female with one reported severe case; their average BITE's score was 23±15 [1-32]; the male's BITE average score was 20±9 [0-34].
Furthermore, according to the survey results, students suffering from BN had a BMI of 29±5 [weight:81±11kg] whereas those without eating disorders had a BMI of 25±3 [weight:69±12kg].
Conclusions: This study highlights the remarkable prevalence of Bulimia Nervosa among Tunisian military nursing students underscoring the urge to pay attention to early symptoms for better targeted interventions and mental health promotion.

Disclosure of Interest: None Declared

EPV0702

Pathopsychological characteristics of patients with extreme obesity 12 months after SADI-GP

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Introduction: Morbid obesity is correlated with hypertension, dyslipidaemia, prediabetes and T2DM. If lifestyle modifications and pharmacotherapeutic or mixed interventions fail, bariatric surgery is advised for morbidly obese patients. Psychological characteristics of such patients, especially after bariatric surgery, are a vastly under-researched area.
Objectives: This research presents the short-term results of the LASAGNE trial (LAparoscopic Single-Anastomosis duodeno-ileal bypass with Gastric plication (SADI-GP) in the maNagEment of morbid obesity) regarding psychopathological values.
Methods: This study used a cohort of consecutively admitted patients to assess complication rates and efficacy of SADI-GP. Patient recruitment began in October 2018 and ended in June 2019. Preoperative evaluation followed by surgery and postoperative follow-up visits (at 1, 3, 6 and 12 months) with Minnesota Multiphasic Personality Inventory (MMPI-2) recorded at 12-month follow-up. Participants' age was between 18 and 65 years, with BMIs of > 40 (without comorbidity related to morbid obesity) or > 35 (with comorbidity related to morbid obesity, especially glucose metabolism). Psychological characteristics of patient groups were analyzed based on weight loss outcomes and Body Mass Index (BMI) changes. Substance Use Disorder was among other exclusion criteria.
Results: Scales of affective function deficit (RCd, RC1, RC2, RC7) were elevated at 13 cases, scales of behavioural dysfunction (RC4, RC9) were elevated at 11 cases, scales of thought dysfunction (RC3, RC6, RC8) were elevated at 8 cases, RC2 and RC7 showed emotion dysregulation tendencies (Table 1). No subject scored within the normal range on the Introversion/Low Positive Emotionality (INTR/LPE) scale (Table 2). We distinguished and compared the low and high scorers on the INTR/LPE scale (Table 3). This study has limitations regarding sample size, higher-than-expected drop-out rate, strict exclusion criteria, male-to-female ratio, short-term results, no longitudinal data on psychological characteristics.

Image 1:

Table 2. Frequencies along the Revised Clinical Scales (Rc)

	High score	%	Low score	%
Demoralization (Rcd)	4	25%	0	0
Somatic Complaints (Rc1)	2	12,5%	0	0
Low Positive Emotions (Rc2)	7	43,75%	0	0
High/Low scores on Cynicism (Rc3)	5	31,25%	3	18,75%
Antisocial Behavior (Rc4)	7	43,75%	0	0
Ideas of Persecution (Rc6)	2	12,5%	0	0
Dysfunctional Negative Emotions (Rc7)	4	25%	0	0
Aberrant Experiences (Rc8)	1	6,25%	0	0
Hypomanic Activation (Rc9)	4	25%	0	0

Image 2:

Table 2. Frequencies along the PSY-5 Scale

	High score	%	Low score	%
Aggressiveness (AGGR)	1	6,25%	0	0
Psychoticism (PSYC)	2	12,5%	0	0
Disconstraint (DISC)	2	12,5%	0	0
Negative Emotionality/Neuroticism (NEGE)	0	0	0	0
Introversion/Low Positive Emotionality (INTR/LPE)	6	37,5%	10	62,5%

Image 3:

Table 3. Differences between INTR/LPE-high and INTR/LPE-low groups along the Revised Clinical Scales

	t	df	M_{high}	M_{low}	Sig. (2-tailed)
Demoralization (Rcd)	-4.243	14	61.50	44.80	.00**
Somatic Complaints (Rc1)	-2.963	14	54.83	45.70	.01*
Low Positive Emotions (Rc2)	-7.248	14	69.83	42.80	.00**
Antisocial Behavior (Rc4)	-1.616	14	58.17	49.30	.13 (n.s.)
Ideas of persecution (Rc6)	-.439	14	53.33	50.60	.67 (n.s.)
Dysfunctional Negative Emotions (Rc7)	-2.265	14	58.33	48.60	.04*
Aberrant experiences (Rc8)	1.441	14	43.33	50.90	.17 (n.s.)
Hypomanic Activation (Rc9)	1.771	14	43.67	53.60	.10 (n.s.)

Sig. *p<.05, **p<.01

Conclusions: Our results suggest that the majority of bariatric surgery patients, 12 months after the procedure, show signs of affective dysfunction, thought dysfunction and emotion dysregulation, all signs of a depressive state. Greater weight loss carries a greater probability of depression along with a lesser likelihood of positive emotional experiences; therefore, psychological support during follow-up is necessary to maintain weight loss.

Disclosure of Interest: None Declared

EPV0703

Comorbidity between Anorexia Nervosa and Autism Spectrum Disorder, a therapeutic challenge and worse prognosis? A case series

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Introduction: Anorexia nervosa (AN) and autism spectrum disorder (ASD) share symptoms that complicate diagnosis and treatment,