

## Does an Association Exist Between Food Insecurity and Eating Disorder Symptoms Among Young People Living in England?

Dr Katie Sampson<sup>1,2\*</sup>, Dr Katherine Memory<sup>1,2</sup>,  
Professor Mina Fazel<sup>3</sup>, Professor Paul Moran<sup>1</sup>  
and Dr Helen Bould<sup>1</sup>

<sup>1</sup>University of Bristol, Bristol, United Kingdom; <sup>2</sup>University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, United Kingdom and <sup>3</sup>University of Oxford, Oxford, United Kingdom

\*Presenting author.

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**Aims.** Food insecurity, defined as lacking regular access to nutritious food due to financial hardship, is associated with a range of adverse developmental outcomes for children and adolescents. Emerging evidence suggests food insecurity in adults may be associated with disordered eating behaviours, including binge eating and unhealthy weight control strategies. However, the nature of this relationship in adolescents remains unclear. This study aimed to investigate whether an association exists between food insecurity and eating disorder symptomatology in a large and diverse sample of adolescents living in England.

**Methods.** Cross-sectional data were collected from 34,730 young people in school years 7 to 13 (aged 11 to 18) in classrooms across England, as part of the OxWell 2023 Student Survey. Eating Disorder symptomatology was measured, on a scale of 0 to 6, with five self-report screening questions from the Eating Disorder Section of the Development and Well-Being Assessment (DAWBA) and one additional question on meal skipping due to shape/weight concerns. Food insecurity was measured, on a scale of 0 to 6, with three questions adapted from the Wales Young People's Survey on Child & Family Poverty 2019. A complete case analysis was conducted using Stata, v18. Regression analyses were performed to test for associations between food insecurity and eating disorder symptomatology, stratified by gender and adjusting for age and ethnicity.

**Results.** 12,571 (36.2%) participants were excluded due to missing data in key study variables. Our final sample comprised 22,159 adolescents with a mean age of 13.8 years (50.8% female, 54.4% white ethnicity). 63.6% of participants reported experiencing at least one eating disorder symptom and 45.7% scored  $\geq 2$  on the DAWBA screening items, a more stringent cut-off for possible eating disorder. Food insecurity was found to be a significant predictor of eating disorder symptomatology in participants of all genders (female:  $\beta$  0.54, 95% CI 0.48–0.60,  $p < 0.001$ , male:  $\beta$  0.40, 95% CI 0.36–0.44,  $p < 0.001$ , other:  $\beta$  0.52, 95% CI 0.43–0.61,  $p < 0.001$ ). The association was particularly marked amongst those reporting purging behaviours (OR 1.62, 95% CI 1.55–1.69,  $p < 0.001$ ).

**Conclusion.** In keeping with previous research, our findings indicate that adolescents experiencing food insecurity exhibit increased rates of eating disorder symptomatology. Further research is needed to explore potential mechanisms behind this association, as well as to develop effective intervention strategies. Our study adds to a body of evidence identifying a high-risk and disenfranchised group of young people who may benefit from targeted support.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard BJPsych Open peer review process and should not be quoted as peer-reviewed by BJPsych Open in any subsequent publication.

## The Body Multiple: Conceptualizing the Body to Explain Functional Somatic Symptoms

Dr Chloe Saunders<sup>1,2\*</sup>, Prof Chris Burton<sup>3</sup>,  
Prof Heidi Frølund Pedersen<sup>1,2</sup>, Prof Charlotte Rask<sup>2,4</sup>  
and Prof Lisbeth Frostholt<sup>2,1</sup>

<sup>1</sup>Department for Functional Disorders and Psychosomatic Medicine, Aarhus University Hospital, Aarhus, Denmark; <sup>2</sup>Aarhus University, Aarhus, Denmark; <sup>3</sup>Academic Unit of Primary Care, University of Sheffield, Sheffield, United Kingdom and <sup>4</sup>Department for Child and Adolescent Psychiatry, Aarhus University Hospital Psychiatry, Aarhus, Denmark

\*Presenting author.

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**Aims.** Functional somatic symptoms (FSS) is an umbrella term for symptoms inadequately explained by structural disease or damage. FSS show complex causality, and fall between the gaps in mainstream medical epistemology and/or mind-body dualism. Lack of explanations for FSS exacerbates uncertainty, anxiety and stigma for patients, and contributes to fragmented care and inappropriate management. We aimed to develop an open access health-educational resource that provides an acceptable, relevant, and usable explanatory model of FSS to internet users.

**Methods.** We carried out a participatory design study to develop the website bodysymptoms.org. Explanatory concepts were developed through iterative stages of dialogue between individuals with lived experience of multi-system FSS ( $n = 7$ ), researchers, health-care professionals and designers/developers. Initial explanatory components were collected from currently existing patient education about FSS, a review of the literature, and participants' illness narratives. Principles were developed to filter, and organize these explanatory components into a coherent model. The model was translated into 5 European languages and through iterative rounds of feedback incorporated a diverse range of perspectives.

**Results.** We describe the explanatory model that developed through the bodysymptoms project, and considerations that arose through the dialogic process. The model is based on the body as a complex adaptive system with causal interactions operating across bio-psycho-socio-ecological levels. Mechanistic processes that can maintain persistent symptoms were chosen as the main nodes (or topics) of the model, and minor topics were structured to demonstrate interactions between mechanisms. Considerations that arose during the process included coherence across philosophic, scientific and clinical levels of explanation; a therapeutic model of agency, within which explanations empowered without blame; the need to introduce notions of biological time, like body rhythms and body memory; and the role of multi-media, embodied metaphors and lived experience narratives in communication of the explanatory model. Personalisation of the model was achieved through embedding the structure of the model into the graphical and navigational structure of the website, which allows website visitors to explore the model in a non-linear manner, tailored by relevance, acceptability, and preferred level of information.

**Conclusion.** We present results from a research in action study to develop a novel resource for understanding functional somatic symptoms. bodysymptoms.org is based on the model of the body as a complex system that adapts in personal ways. To explain FSS there is a need for new ways to understand the body and how we become unwell. Bringing diverse perspectives into dialogue generated new forms of knowledge and allowed the power of scholarship to be harnessed for immediate shared value.

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## Improving Communication Between the Community Learning Disability Team, Patients, Their Carers and Primary Care Services Within Aneurin Bevan University Health Board

Dr Kathleen Scanlon\*, Dr Ceri Richings and Dr Gareth Howe  
Aneurin Bevan University Health Board, South East Wales, United Kingdom

\*Presenting author.

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**Aims.** Recommendations from the NHS and the Royal College of Psychiatrists advise that patients receive a copy of all correspondence that is sent on to the GP. Often, within psychiatric services, letters are not routinely sent to patients.

To improve communication with patients and their carers, the Aneurin Bevan Learning Disability team have been writing letters directly to patients and sending a copy to the GP.

There is limited use of jargon, and the complexity of the language aims to reflect the individual's reading level.

This study aimed to gain feedback from local GPs on the new letter format to ensure effective communication between teams.

**Methods.** We contacted Primary Care Services in the local area to gain feedback on how our clinic letters were being processed, we were informed that letters are reviewed by an admin team and only sent on to GPs if there are specific tasks to action, meaning that many of our letters remain unread.

We identified 16 GP practices in the Torfaen and Monmouthshire area and sent a survey by email to gain feedback on the new correspondence style. The survey was sent out three times within a 12-month period.

**Results.** Of 16 GP practices just 6 responded, with just 1 GP stating that they had noticed a change in the letter style. 50% of GPs felt they received relevant information in the letters from the CLDT. The comments were largely positive with suggestions reflecting changes that have already been made. There is no feedback that suggests GPs feel they are not receiving adequate clinical information.

**Conclusion.** The lack of response may highlight how infrequently GPs are reviewing the letters from the CLDT confirming the importance of prioritising doctor–patient correspondence. The limited communication from GP to CLDT emphasises the need for improvement in liaison between secondary and primary care services.

The lack of negative feedback about the letters is encouraging. There is no feedback that suggests GPs feel they are not receiving adequate clinical information and clear feedback that GPs want clear and accessible information, particularly regarding specific actions for GPs.

A clear limitation of this work is the lack of response to our survey. Reviewing these letters from our team is a very small proportion of a GPs workload, more time may be needed to ensure GPs have had contact with our team and are able to provide more detailed feedback.

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## Personality Disorder and Crisis in the COVID-19 Pandemic

Dr Amar Sethi<sup>1\*</sup> and Dr Andrew Howe<sup>2</sup>

<sup>1</sup>East and North Hertfordshire NHS Trust, Stevenage, United Kingdom and <sup>2</sup>South London and Maudsley NHS Foundation Trust, London, United Kingdom

\*Presenting author.

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**Aims.** To identify if COVID-19 has changed the experience for patients under the care of Crisis Resolution Home Treatment teams (HTT).

To identify if COVID-19 altered the response for HTT patients in the context of Personality Disorder (PD).

To provide useful demographic and experiential information about patients using HTT with PD during crisis.

**Methods.** Data regarding the demographics of patients with personality disorders under the care of the Croydon crisis home treatment team were collected retrospectively for two, predetermined time windows. The first window was pre-COVID-19 (26/03/2019–25/03/2020) and the second window was during COVID-19 (26/03/2020–25/03/2021). The demographics of patients with personality disorder referred to the team during these two time periods included were compared.

**Results.** More patients with personality disorder were referred to the Croydon HTT during COVID-19 ( $n = 82$ ) when compared with the window before ( $n = 58$ ). The proportion of referred patients with Emotionally Unstable Personality Disorder (EUPD) was constant before and during COVID-19. The average length of stay reduced from 22.6 days before COVID-19 to 18.7 days during COVID-19. The proportion of rejected referrals to the HTT of patients with personality disorder increased during COVID-19. Finally, the proportion of BAME (Black, Asian, Minority Ethnicity) referrals of patients with personality disorder increased during COVID when compared with before, with this finding not being replicated in any other ethnic group.

**Conclusion.** Increased numbers of referrals may indicate worsening mental health in the community. This may have been compounded by an inability of community mental health teams and inpatient services to meet such an increase in demand for services. An overall reduction in inpatient admissions during COVID-19 supports this idea. There was a relatively larger drop in duration of admission for patient with personality disorder during COVID-19, when compared with all patients. This may be due to staff feeling unable to offer quick management for patients with personality disorder. Subsequently, staff may have selectively discharged such patients earlier. The rate of rejected referrals to the Croydon HTT was consistently higher than the acceptances both pre- and post- COVID-19. Therefore, HTT clinicians may feel unable to adequately treat PD.

In conclusion, the number of referrals to the HTT increased during COVID-19, however, with a reduced average duration of stay with HTT for patients. The rejection rates for personality disorder patients were consistently higher than for other patient groups, both before and during COVID-19. Additionally, the proportion of patients with personality disorder from BAME backgrounds increased during COVID-19.

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