

Introduction: While in eating disorders such as anorexia nervosa, the comorbidity of pathological personality traits is very common, and accordingly the personality traits of borderline personality disorder is considered very frequent and coexisting. The treatment of anorexia nervosa is based primarily on the psychotherapy and work on pathological personality traits even more than the treatment of the syndrome and the consequences of malnutrition itself. That achieves a longer-term and more reliable solution than symptomatic treatment of anorexia nervosa which usually does not bring satisfactory results. On the other hand, in patients with obesity, pathological personality traits, especially those of borderline personality disorder, are still very rarely associated, since obesity is usually not even considered a disorder, but a variation in the population.

Objectives: The aim of this paper is to investigate the pathological personality traits of borderline personality disorder in people with obesity.

Methods: Investigating relevant scientific and professional literature from the field of personality pathology and eating disorders.

Results: When obesity is related to impulse control disorder in the sense of emotional eating under increased stress according to today's relevant literature, it can definitely be related to personality traits of borderline personality disorder, i.e. the presence of elements of borderline personality organization and prementalization models. Such an inability to deal with negative emotions such as increased anxiety or rejection sensitivity, which results in overeating and the related feeling of shame that overwhelms the person, regardless of whether he/she/they has any of the certain forms of compulsive behaviour afterwards, can be related to impulsive behaviour and the "all or nothing" way of thoughts. This is also confirmed by cases when certain people have a history of both one and the other disorder. Thus, some people have, for example, malnutrition in adolescence as part of anorexia nervosa, only to have problems with obesity after some time with a healthy body mass.

Conclusions: Since pathological personality traits in people with anorexia nervosa and obesity give indications of common characteristics in the form of borderline personality disorder traits, i.e. borderline personality organization and prementalization models in both disorders, future research will certainly shed light on the connection between these eating disorders.

Disclosure of Interest: None Declared

EPV0469

Impact of child maltreatment on bulimic behaviors among the tunisian general population

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Introduction: Child maltreatment (CM) refers to all forms of physical or psychological violence, sexual abuse, and neglect of a person under the age of 18, resulting in actual or potential harm to

their health, survival, development, or dignity. It is recognized as a predictor of psychological difficulties in adulthood, such as bulimic behavior.

Objectives: The aim of our study was to assess the link between CM and bulimic behaviors in the Tunisian general population.

Methods: We conducted a cross-sectional, descriptive, and analytical study among Facebook group members, using an online questionnaire, from February 17, 2023, to May 26, 2023. All respondents over the age of 18 were included in the study. CM was assessed using the Childhood Trauma Questionnaire (CTQ), which provides information on five types of maltreatment: emotional abuse (EA), physical abuse (PA), sexual abuse (SA), emotional neglect (EN), and physical neglect (PN). The Bulimic Investigatory Test, Edinburgh (BITE) was used to screen and assess the intensity of bulimic behavior.

Results: A total of 528 responses were included in the study. The mean age of the sample was 33.3 ± 11.95 years. Mean AE, AP, AS, NE, NP, and overall CTQ scores were 8.30; 6.58; 6.38; 10.14; 7.26, and 49.72, respectively. A history of severe AE, AP, AS, NE, or NP was reported by 13.1%, 10.8%, 8.5%, 11.6% and 8.3% of respondents, respectively. The mean BITE score was 10.76 ± 6.85 and 6.6% of our population were at high risk of developing bulimic behavior. In the bivariate study, the BITE score was significantly correlated with all forms of MI. The strongest correlation was with AE ($r=0.310$; $p<0.001$).

In the multivariate study, only AE was associated with bulimic behaviors.

Conclusions: This study highlighted a positive association between various forms of child neglect and abuse, and bulimic behaviors. It is therefore worth noting that interventions for these disorders may be more effective if they target not only the behavior itself but also underlying risk factors such as maltreatment.

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EPV0470

Bulimic behaviors in the tunisian general population: prevalence and associated factors

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Introduction: Bulimic behaviors (BB) are a major public health problem, due to their prognosis and serious psychological, somatic, and social consequences. The exact etiopathogenesis of BB is still poorly understood, and the literature suggests the interaction of multiple factors.

Objectives: The aim of our study was to estimate the prevalence of BB in the Tunisian general population and to identify the associated risk factors.

Methods: We conducted a cross-sectional, descriptive, and analytical study of Facebook group members, using an online questionnaire, from February 17, 2023, to May 26, 2023. All respondents over the age of 18 were included in the study. All participants filled

out a socio-demographic questionnaire. Body mass index (BMI) was calculated from weight and height. The Bulimic Investigatory Test, Edinburgh (BITE) was used to screen and assess the intensity of bulimic behaviors.

Results: A total of 528 responses were included in the study. The mean age of the sample was 33.3 ± 11.95 years, and the M/F sex ratio was 0.41. Subjects were unmarried in 63.4% of cases, of low socio-economic status in 19.5%, with a university education in 75.2%, and with a psychiatric history in 25.6% of cases. The mean BMI was 25.15 ± 4.98 . The mean BITE score was 10.76 ± 6.85 , and 6.6% of our population were at high risk of developing BB.

In the bivariate study, female gender ($p < 0.001$), unmarried marital status ($p = 0.001$), university education ($p < 0.001$), and the presence of a psychiatric history ($p < 0.001$) were significantly associated with a high risk of developing BB. Moreover, the BITE score was negatively correlated with age ($r = -0.231$; $p < 0.001$) and positively correlated with BMI ($r = 0.307$; $p < 0.001$).

Conclusions: This study highlighted the magnitude of the risk of bulimic behaviors in the Tunisian general population and the need to set up programs to prevent and control these disorders.

Disclosure of Interest: None Declared

EPV0471

Clinical features of depressive states in eating disorders

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Introduction: Eating disorders (ED) are one of the most pressing problems of modern society. Eating disorders, due to their heterogeneity, can be considered both an independent form of mental disorders and as part of the manifestations of other mental illnesses. In the vast majority of cases within these pathologies, eating disorder coexists with depressive symptoms, which significantly worsens the prognosis of the disease.

Objectives: Identification of the association of depressive disorders with eating disorders to improve the criteria for nosological diagnosis, prognosis and therapeutic approaches.

Methods: A total of 74 patients aged from 15 to 25 years old (all female, average age 16.2), who were on outpatient and inpatient observation of the clinic were studied.

Results: The study made it possible to establish the characteristics of depressive disorders and the nature of the current course of depression associated with eating disorders. In eating disorders with a predominance of **anorexia nervosa**, the structure of depression was more dominated by the asthenia radical with symptoms of apathy, melancholia, anhedonia, irritability, episodes of anxiety after eating, and sleep disturbances. Patients noted a decrease in performance, mental activity, and a narrowing of their range of interests and communication. Depression became severe as exhaustion progressed. For eating disorders with **bulimia nervosa**, depressive states varied in the severity and polymorphism of their

manifestations. Their structure was largely dominated by the apatho-dynamic radical of affect, along with asthenia and anxiety, which often reached the level of panic states. Often, along with this, there were pronounced a guilt feeling and low self-esteem ideas with self-deprecation and self-hatred, which led to the manifestation of auto-aggressive behavior (both non-suicidal and suicidal). Depression reached a severe degree as exhaustion progressed, as well as against the background of more frequent attacks of over-eating and vomiting.

Conclusions: The identified associations between depressive disorders and eating disorders allow us to form a clearer picture of the expected course of psychiatric disease and optimize therapeutic intervention algorithms.

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EPV0472

Perceptions of Obesity in Old Age: A Qualitative Study

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Introduction: The relationship between obesity and mental health in old age is complex and widely impacted by different biological, psychological, and social factors.

Objectives: The primary objectives of this qualitative research study are: a) To understand the influence of obesity on older adults' well-being; b) to assess emotional experiences related to obesity in old age and; c) to explore how obesity influences the mental health of older adults.

Methods: This study included 346 participants aged 65 to 84 years ($M = 73.9$; $SD = 5.61$) from three different nationalities (English, Spanish, and Portuguese). All interviews went through content analysis.

Results: This study identified four main themes regarding the influence of obesity on older adults' well-being: (1) Insatisfaction with Body Image (66%); (2) Feeling embarrassed (65%); (3) Feeling Social Isolated (57%); and (4) Lost Opportunities (46%). Three main themes for emotional experiences were frequently verbalized by the participants: (1) Shame (81%); (2) Guilt (78%); and (2) Incompetence (76%). Finally, three main influences in mental health due to obesity were reported: (1) Self-concept (88%); (2) Stress (78%); and (3) Melancholia (63%).

Conclusions: These results highlighted that obesity negatively influences older adults' well-being and emotional experiences and has serious mental health-related negative outcomes for older adults. Interventions like community-based weight loss programs can be effective in controlling weight and improving the social interaction of obese older adults.

Keywords: Emotional experiences; mental health; obesity; older adults; well-being.

Disclosure of Interest: None Declared