EPV0690

Bulimic behavior in euthymic bipolar disorder patients

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Introduction: Bulimic behavior has been increasingly recognized in patients with bipolar disorder (BD). Even during euthymic phases, individuals with BD may remain vulnerable to disordered eating patterns such as bulimia and binge eating.
Objectives: This study aims to examine the occurrence of bulimic behavior in euthymic patients with BD and identify associated clinical and sociodemographic factors.
Methods: We conducted a cross-sectional, descriptive, and analytical study of 93 patients followed for bipolar disorder at the psychiatry outpatient unit at the Hedi Chaker University Hospital in Sfax. The questionnaire included sociodemographic data, medical and psychiatric history, and anthropometric characteristics. Bulimic behavior was assessed using the Bulimic Investigatory Test Edinburgh (BITE).
Results: The mean age of the participants was 41.49±12.33 years, with a M/F sex ratio of 2.58. Among the patients, 58.1% were married, 45.2% had secondary education, and 47.3% were unemployed. Personal somatic history was reported by 35.5%, while 11.8% had psychiatric comorbidities in addition to bipolar disorder.
The mean body mass index (BMI) was 27.4 kg/m² (SD=5.96), with 29% of patients being overweight and 31.2% classified as obese.
Eight patients (8.6%) had BITE scores above the threshold of 20, indicating bulimic behavior.
Significant associations were found between elevated BITE scores and female gender (p=0.012), comorbid medical conditions (p=0.005), family history of schizophrenia (p=0.024), weight ($p<10^{-3}$), BMI ($p<10^{-3}$), hypomanic residual symptoms ($p<10^{-3}$), irregular follow-up (p=0.027), and delayed management of BD (p=0.04).
Conclusions: Our results highlight the importance of early identification and comprehensive management of disordered eating in bipolar patients, even during periods of mood stability, to optimize overall health and psychiatric outcomes.

Disclosure of Interest: None Declared

EPV0691

Correlation of Symptoms of Anxiety-Depressive and Obsessive-Compulsive Spectrum and BMI in Patients with Eating Disorders

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Introduction: Eating disorders (EDs) are characterized by intrusive thoughts about food, weight loss, and body image, often accompanied by compulsive behaviors related to weight control. Obsessive-compulsive behavior is frequently observed in individuals with EDs. The relationship between obsessive-compulsive disorder (OCD) and EDs is complex due to overlapping symptoms. Research indicates that individuals with both OCD and EDs are prone to depression and anxiety, which may manifest as secondary responses to stress. Symptoms of OCD can significantly impair functioning, leading to maladjustment. Some studies have noted a correlation between increased body mass index (BMI) and reduced depressive symptoms in patients suffering from anorexia nervosa.
Objectives: This research aimed to investigate the severity of anxiety-depressive and obsessive-compulsive symptoms in relation to changes in BMI among patients with eating disorders.
Methods: The study was conducted at the Center for Eating Disorder Research in collaboration with the Department of Psychiatry and Medical Psychology at the Peoples' Friendship University of Russia. A sample was created from patients undergoing inpatient treatment with diagnoses according to ICD-10 (F50.0, F50.1). Clinical interviews were conducted during the first and fourth weeks using PHQ-9 (for depression), GAD-7 (for anxiety), and the Yale-Brown Obsessive Compulsive Scale. Statistical analysis was performed using Jamovi 2.3.28.
Results: Thirty female patients participated in the study. All received psychopharmacotherapy. The average age was M=14.4, SD=1.5. The mean BMI at the start was M=13.3, SD=1.69, increasing by M=1.20, SD=0.612 by the second assessment. Depressive symptoms were observed in 28 (93.33%) during week one and in 25 (83.33%) during week four. Elevated anxiety levels were noted in 24 (79.99%) during week one and in 25 (83.33%) during week four. Significant OCD symptoms were present in 25 (83.33%) during week one and in 21 (70%) during week four. Correlation analysis revealed no significant relationships ($p > 0.01$) between BMI levels and OCD symptoms on the Yale-Brown scale ($r = 0.099$), depressive symptoms on the PHQ-9 scale ($r = 0.28$), or anxiety levels on the GAD-7 scale ($r = 0.369$).
Conclusions: Findings indicate certain relationships between BMI and psycho-emotional states among patients with eating disorders; however, statistically significant correlations were not identified ($p > 0.01$). This underscores the need for further research to deepen understanding of these relationships, especially since none of the respondents achieved normal BMI values (18.5). Future studies should involve larger sample sizes and extended time frames for more reliable data.

Disclosure of Interest: None Declared

EPV0692

The Impact of Periconceptional Alcohol Use on the Etiology of Eating Disorders

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Introduction: The adverse social impact of parental alcoholism on children's development is well known and is primarily associated with difficulties in social adaptation, a higher risk of anxiety, depression, personality disorders, etc. At the same time, in the genesis of neuropsychiatric disorders in such children, parental alcoholism can be both a socio-psychological and biological factor, through its

impact on germ cells, the developing fetus, and postnatal development. The dates of birth of the studied cohort of patients fell in the period of the late 1970s - first half of the 1980s - years of steady growth in alcohol consumption in the late Soviet Union, when, according to the USSR State Statistics Committee, the average resident of the USSR consumed (excluding production by the population, primarily moonshine) an average of 10.7 liters of pure alcohol per capita. Soviet tradition prescribed the mandatory presence of alcoholic beverages on the holiday table. At the same time, the longest and most widespread alcohol consumption in the USSR occurred on summer vacations and official state holidays, for which extraordinary non-working days were established. Along with traditional summer holidays (July and August), such periods were, the second half of February – the first half of March (passing from one to another, the celebration of February 23 (Soviet Army Day and March 8), the end of December/ the non-working first half of January (a ten-day celebration of the New Year), the celebration of Revolution Day (the first half of October).

Objectives: To investigate the possible role of increased alcohol abuse during the periods of conception of children who will later suffer from nervous anorexia and bulimia.

Methods: The approximate dates of conception (considering the terms of full-term pregnancy and the date of birth) of patients (N=191) with eating disorders (AN and NB) born before 1991 were analyzed in relation to the periods of traditional mass alcohol consumption in the late USSR.

Results: The frequency of conception of future patients with eating disorders in the study group during periods of traditionally stable growth in alcohol consumption was 1.4–1.7 times higher ($p < 0.01$) than in other periods. A clear pattern emerged from the analyses. That is, eating disorders, like other chronic psychiatric diseases, are the product of multiple factors, however, alcohol abuse during conception clearly increases the risk of having daughters with AN and BN.

Conclusions: In conclusion, periconceptional alcohol consumption appears to significantly elevate the risk of offspring developing eating disorders, specifically anorexia nervosa and bulimia nervosa. The study reveals a marked increase in conception during peak alcohol consumption periods, suggesting alcohol's potential role in the etiology of these disorders.

Disclosure of Interest: None Declared

EPV0693

Efficacy, safety and tolerability of Lisdexamfetamine Dimesylate Treatment Compared to Placebo in Adults with Binge-Eating Disorder: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: Binge-Eating Disorder (BED) is characterized by frequent episodes of consuming excessive amounts of food, leading to both psychological and physical symptoms. Treatment typically involves a combination of psychotherapy and antidepressants. The disorder is often associated with dysfunctions in the dopamine and norepinephrine systems and to address these dysfunctions, lisdexamfetamine dimesylate (LDX) may offer potential benefits by targeting impulse control and reward pathways, thereby addressing these underlying issues.

Objectives: This study aims to evaluate the efficacy, safety, and tolerability of LDX compared to placebo in adults with BED through a systematic review and meta-analysis.

Methods: We systematically searched PubMed, Embase, and Cochrane Central for randomized controlled trials (RCTs) comparing LDX versus placebo in patients with BED. Primary outcome was binge eating days per week (BEDW) and secondary outcomes were Yale–Brown Obsessive–Compulsive Scale modified for binge eating (YBOCS-BE), Clinical global impressions-improvement scale (CGI-I), weight reduction (WR) and specific occurrence of treatment-emergent adverse event (TEAEs), like dry-mouth and insomnia. Mean differences (MDs), standardized mean differences (SMDs) and risk ratio (RR) were used for all outcomes. $p<0.05$ presented significant statistical results, while $I^2>40\%$ represented a high heterogeneity.

Results: A total of 5 RCTs were included, involving a total of 963 patients, of whom 517 patients received LDX. BEDW (MD: -1.29; 95% CI [-1.65, -0.93]; $p<0.01$; $I^2=60\%$; Figure 1A) was significantly reduced when comparing LDX with placebo. YBOCS-BE (MD: -6.16; 95% CI [-8.35, -3.97]; $p<0.01$; $I^2=66\%$; Figure 1B) has shown an indication of reduction of obsessive-compulsive behaviors (OCB) in patients using LDX. CGI-I (RR: 1.72; 95% CI [1.12, 2.63]; $p=0.032$; $I^2=71\%$; Figure 2A), WR (SMD: -1.31; 95% CI [-1.55, -1.07]; $p<0.01$; $I^2=59\%$; Figure 2B). The use of LDX exhibit an increase on dry-mouth (RR: 5.08; 95% CI [3.39, 7.61]; $p=0.001$; $I^2=0\%$; Figure 3A) and insomnia (RR: 3.00; 95% CI [1.52, 5.94]; $p=0.014$; $I^2=0\%$; Figure 3B) when compared with placebo.

Image 1:

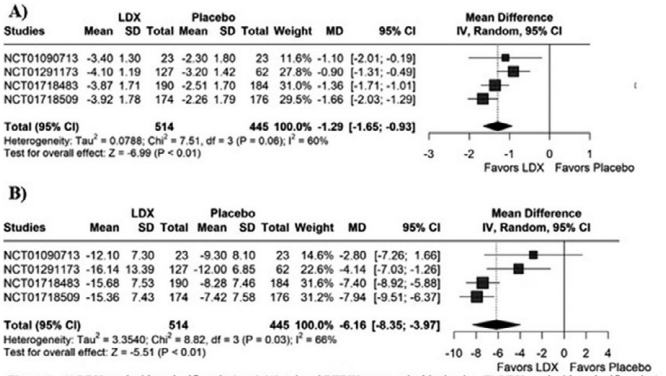

Figure 1 – A) LDX resulted in a significantly ($p < 0.01$) reduced BEDW compared with placebo. **B)** LDX resulted in a significantly ($p < 0.01$) reduced OCB as measured by YBOCS-BE compared with placebo.