

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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doi: 10.1192/j.eurpsy.2025.1387

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:

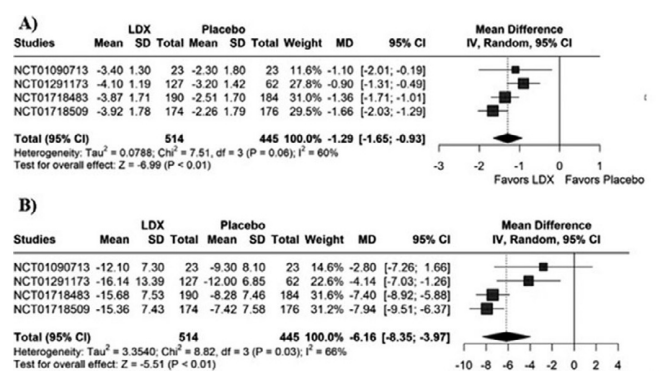


Figure 1 – A) LDX resulted in a significantly ($p < 0.01$) reduced BEDW compared with placebo. **B)** LDX resulted in a significantly ($p < 0.01$) reduced OCB as measured by YBOCS-BE compared with placebo.

Image 2:

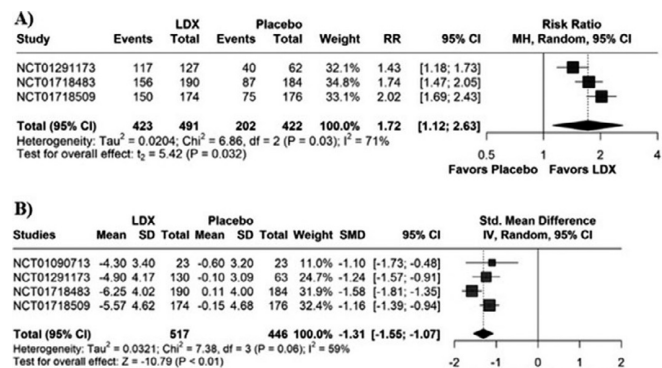


Figure 2 – A) LDX resulted in a significantly ($p = 0.032$) increased CGI-I compared with placebo. B) LDX resulted in a significantly ($p < 0.01$) weight reduction compared with placebo.

Image 3:

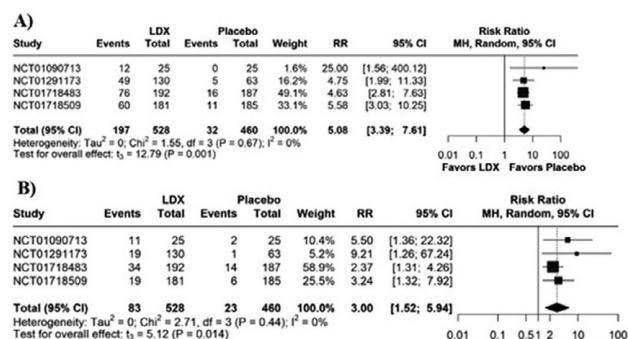


Figure 3 – A) LDX resulted in a significantly ($p = 0.001$) increased dry-mouth TEAE compared with placebo. B) LDX resulted in a significantly ($p = 0.014$) increased insomnia compared with placebo.

Conclusions: Our study has shown significant improvements in the use of LDX in BED. Patients presented a reduction in OCB, CGI-I, WR, and BEDW. Although some TEAEs were observed, LDX treatment in BED shows a greater benefit.

Disclosure of Interest: None Declared

EPV0696

Exploring Health Professionals' Knowledge and Attitudes on Eating Disorders

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doi: 10.1192/j.eurpsy.2025.1388

Introduction: Non-mental health professionals play an important role in the diagnosis and treatment of Eating Disorders (EDs).

Objectives: This study aimed to explore attitudes toward EDs and knowledge of diagnosis, aetiology, and management of EDs among health professionals.

Methods: A new questionnaire was validated and administered to residents and consultants working in disciplines involved in the management of EDs. Health professionals were grouped in the following areas: internal medicine, general practitioners, psychiatric area, psychological area, and surgical area. One-way ANCOVA and chi-square tests were employed to compare knowledge and attitudes among the study groups.

Results: For all health professionals, the most deficient area was the aetiopathogenesis, while the best one was the management of physical complications. A gap in the knowledge of diagnosis, aetiopathogenesis and treatment emerged in nonmental health professionals. Psychotherapy effectiveness and the role of family members in the therapeutic process were not sufficiently acknowledged, and general psychological factors contributing to the onset of EDs were not recognized. Stigma was found primarily among surgeons, although all nonmental health professionals often considered those patients responsible for their ED.

Conclusions: Inadequate knowledge and impaired attitudes toward EDs occur among health professionals. This type of stigma may impair early diagnosis and treatment of EDs. Educational programs should provide continuous education to update and improve the knowledge of EDs among non-mental health professionals.

Disclosure of Interest: None Declared

EPV0697

Exploring the impact of early emotional abuse on eating disorder psychopathology: a multiple mediation analysis

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doi: 10.1192/j.eurpsy.2025.1389

Introduction: Childhood emotional abuse (EA) is a well acknowledged risk factor promoting the association between any type of childhood maltreatment and eating disorder (ED) psychopathology.

Objectives: This study investigated the association between EA and ED specific symptoms exploring multiple potential mediators to better understand this complex relationship.

Methods: The study sample included 151 individuals with Anorexia Nervosa (AN), 115 with Bulimia Nervosa (BN), and 108 healthy participants. Before entering treatment programs, participants completed the following questionnaires: the Childhood Trauma Questionnaire, the Toronto Alexithymia Scale, the Behavioral Inhibition System/ Behavioral Approach System, BAS, and the Eating Disorder Inventory-2. A multiple mediation model was run including EA as independent variable, eating symptoms as dependent variables, and ineffectiveness, sensitivity to punishment, alexithymia, and impulsivity as mediators.

Results: In individuals with AN impulsivity emerged as mediator between EA and desire for thinness and bulimic behaviors. In those with BN sensitivity to punishment mediated the relationship between EA and dissatisfaction with body image. In both clinical groups ineffectiveness and difficulty identifying emotions were mediators of the relationship between EA and eating-related symptoms. No mediation effect was observed in healthy controls, although a total effect of EA on dissatisfaction with one's body was observed.