

Conclusions: Impulsivity, sensitivity to punishment, ineffectiveness, and alexithymia may make individuals with childhood EA more vulnerable to ED psychopathology with some differences between AN and BN. Addressing these psychological problems and their connections with early emotional abuse may represent treatment targets for individuals with EDs and a history of childhood trauma.

Disclosure of Interest: None Declared

EPV0700

Eating Disorders: Prevalence of Anorexia Nervosa Among Tunisian Military Nursing Students

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Introduction: The societal pressure to maintain a thin appearance combined with the academic stress has a significant influence on eating disorders in young people.

Anorexia Nervosa (AN), a severe eating disorder characterized by a distorted body image, restrictive eating habits, and an overwhelming fear of gaining weight, is often misdiagnosed.

Early detection is critical to improve treatment management.

Objectives: The present study aimed to determine the prevalence of Anorexia Nervosa among Tunisian military nursing students.

Methods: A cross-sectional descriptive survey was conducted from March to May 2024 on nursing students at the Military Health School of Tunisia, using a data file for data collection and an Arab version of a self-report questionnaire: Eating Attitudes Test (EAT40), validated in Tunisia. The EAT40 is designed to assess attitudes related to eating and body image serving also as a tool to identify Anorexia Nervosa. To analyze the obtained data, Excel software was used.

Results: The study enrolled 148 students, mostly male (57.4%), with an average age of 21.3 [19-24] years. Of them, 48.6% were in their third year and 19.6% in their second one. Geographically, 57.4% was from the north of Tunisia. The majority (85.8%) was in a middling socioeconomic position and 9.5% was in a high one. With an average weight of 75.1±14.8kg and extremes between 48kg and 105kg, 52.7% of the population weighed less than 70kg. Also, 67.56% of them were taller than 1m70 of whom 35.81% stood between 1m70 and 1m80. The average Body Mass Index was 23 [17-32]. Among the students, 71.6% had a normal BMI, whereas 2.7% were underweight.

Regarding outward look, 89.9% of respondents said they were happy with their bodies' looks and 67.6% with their weight. When they were younger, the majority (73.6%) did not experience any weight issues. Prior to completing the EAT40, 57.4% said they had no eating disorders.

Of the surveyed, 83.3% expressed dissatisfaction with school meals for a variety of reasons, the most common being insufficient quantity, poor quality, or tasteless food.

According to the study, the average of the EAT40 score was 20±14. Of the participants, 10.8% (N=16) had Anorexia Nervosa; their ETA score was 30 or higher. The majority (62.5%, N=10), were female; females' EAT40 average score was 23±15 [1-44] while males' EAT40 average score was 21±10 [1-41].

The results also revealed that students suffering from AN had an average BMI of 19±4 [weight: 60±10kg, height: 1m60±0.08m], compared to students without eating disorders with a BMI of 25±3 [weight: 69±12kg, height: 1m70±0.15m].

Conclusions: This study reveals a concerning prevalence of Anorexia Nervosa among Tunisian military nursing students, highlighting the necessity of early detection for effective management and of interventions such as raising awareness within educational institutions aspiring to better mental health outcomes for healthcare students.

Disclosure of Interest: None Declared

EPV0701

Eating Disorders: Prevalence of Bulimia Nervosa Among Tunisian Military Nursing Students

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Introduction: Eating disorders are life-threatening. They affect both physical and mental well-being, specially among young adults in high-stress environments such as military training.

Bulimia Nervosa (BN) is characterized by binge eating and inappropriate compensatory behavior to control weight with potentially dangerous sequelae.

Early recognition is essential to optimise treatment management.

Objectives: This study sought to determine the prevalence of Bulimia Nervosa, its symptoms and its severity, among military nursing students in Tunisia.

Methods: Between March and May of 2024, a cross-sectional descriptive survey was conducted for nursing students at the Tunisian Military Health School. Data were gathered using a data file and a self-report questionnaire: Bulimic Investigatory Test, Edinburgh (BITE). The BITE is designed to identify binge eating and compensatory behaviors, providing information on cognitive and behavioral aspects of bulimia nervosa. The scores are classified into two subscales: symptoms and severity. Excel software was used to analyze the obtained data.

Results: The study enrolled 148 nursing students with 57.4% male. The average age was 21.3 [19-24] years. Among our participants, 57.4% came from northern Tunisia. Of them, 48.6% were in their third year and 19.6% in their second one. Of the surveyed, 85.1% were in a middling socioeconomic position followed by 9.5% in a high one.

With an average weight of 75.1±14.8 [48-105]kg, 47.3% weighed more than 70kg with 4.05% between 90kg and 100kg and 2.02% exceeding 100kg. Of the students, 67.56% were taller than 1m70. The average Body Mass Index BMI was 23[17-32]. Around 71.6% had a normal BMI, while 24.32% were overweight[BMI:25-30], and 1.35% were obese[BMI>=30].

In terms of physical appearance, 89.9% expressed satisfaction with their bodies' looks and 67.6% with their weight. Growing up, 73.6% (N=109) did not have any weight issues while 8.1%(N=12) reported they were obese.

Prior to completing the BITE, 57.4% said they had no eating disorders while 18.2% estimated they had BN.

Of the surveyed, 83.3% expressed dissatisfaction with school meals mainly due to insufficient quantity, poor quality, or tasteless food.

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 ± 11 kg] whereas those without eating disorders had a BMI of 25 ± 3 [weight: 69 ± 12 kg].

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,