S682 E-Poster Viewing

Image 2:

A)		LDX	P	lacebo	Weight	RR		Risk Ratio				
Study	Events	Total	Events	Total			95% CI	MH, Random, 95% CI				
NCT01291173	117	127	40	62	32.1%	1.43	[1.18; 1.73]					
NCT01718483	156	190	87	184	34.8%	1.74	[1.47; 2.05]	-				
NCT01718509	150	174	75	176	33.1%	2.02	[1.69; 2.43]	-				
Total (95% CI)	423	491	202	422	100.0%	1.72	[1.12; 2.63]					
Heterogeneity:						71%	[1.12, 2.00]					
Test for overall	effect: t ₂ =	5.42 (P =	0.032)				0.5	1 2				
			Favore Blasche Favore I DV									

B)		LDX SD		Placebo								Std. Mean Difference			
Studies	Mean		Total M	Mean	SD	Total	Weight	SMD	95% (5% CI		IV, Ra	ndom,	95% CI	
NCT01090713	-4.30	3.40	23	-0.60	3.20	23	11.0%	-1.10	[-1.73;	-0.48]	_		-:		
NCT01291173	-4.90	4.17	130	-0.10	3.09	63	24.7%	-1.24	[-1.57;	-0.91]		-			
NCT01718483	-6.25	4.02	190	0.11	4.00	184	31.9%	-1.58	[-1.81;	-1.35]	- 4	-			
NCT01718509	-5.57	4.62	174	-0.15	4.68	176	32.4%	-1.16	[-1.39;	-0.94]		-			
Total (95% CI)			517			446	100.0%	-1.31	[-1.55;	-1.07]		•			
Heterogeneity: T	$au^2 = 0$.0321	Chi ² =	7.38,	f = 3	(P = 0.0)	$(6); I^2 = 5$	9%	•			1			
Test for overall e	ffect: Z	= -10	79 (P	< 0.01)							-2	-1	0	1	2
											-	Favors L	DX F	avors Pla	ceb

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:

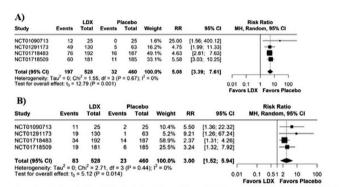


Figure 3 – A) LDX resulted in a significantly (p = 0.001) increased dry-mouth TEAE compared with placebo. B) LDX resulted in a significantly (p = 0.014) increased insomnia compared with placebo.

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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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, aethiology, 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 occurr 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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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.