Objectives: To present the case of a 19-year-old female patient with anorexia nervosa, emphasizing the influence of her childhood experiences, particularly parental overcontrol, on her eating behaviors and psychological state.
Methods: Case report.
Results: The patient presented to the emergency room accompanied by family members due to extreme weight loss (29.6 kg; BMI 11.4 kg/m^2) and severe purging behaviors, including self-induced vomiting and the consumption of 400 laxative tablets daily for six months. Her history of mental health issues began in 2013, characterized by severe anxiety related to separation from her parents and academic performance, culminating in a suicide attempt. In 2019, she developed purging behaviors and received outpatient treatment for eight months, which she discontinued. Symptoms resumed, and after reaching a target weight of 30 kg, she set a new target weight of 20 kg. The patient's behavior was influenced by insecure attachment modeled by her father, who exhibited controlling and intrusive parenting styles.
A review study (Gale C.J., et al. A review of the father-child relationship in the development and maintenance of adolescent anorexia and bulimia nervosa. *Issues Compr. Pediatr. Nurs.* 2013;36:48–69. doi: 10.3109/01460862.2013.779764.) investigated the role of the father–child relationship as a risk or maintenance factor of Eating Disorders in developmental age. Results showed that within the relationship of the father and child, and especially with daughters, there are several themes such as conflict and communication, parental protection and psychological control, emotional regulation and self-esteem, and self-perfectionism that appear to condition the child's level of self-determining autonomy and can consequently impact maladaptive eating attitudes and psychopathology. (Criscuolo, M., et al (2023). Parental Emotional Availability and Family Functioning in Adolescent Anorexia Nervosa Subtypes. *International Journal of Environmental Research and Public Health*, 20(1), 68. https://doi.org/10.3390/ijerph20010068)
Conclusions: This case highlights the significant association between parental overcontrol and the development of anorexia nervosa, illustrating the need for targeted interventions that address both psychological and familial factors contributing to the disorder. Further discussion is warranted on the implications of parenting styles in the management and prevention of eating disorders.

Disclosure of Interest: None Declared

EPV0707

Dying to be Thin: The complex relationship between Eating Disorders, Epilepsy and Treatment Resistant Depression

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Introduction: Depression is a common comorbidity in patients with eating disorders. Epilepsy significantly impacts mood and personality, with up to one-third of epilepsy patients experiencing psychiatric comorbidities. The coexistence of eating disorders, epilepsy, and depression presents a clinical challenge due to complex neurological, psychiatric, and psychosocial interactions. Despite well-established links between these conditions, little literature explores their convergence in a single patient.
Objectives: We describe a case of anorexia nervosa (AN) in a premorbidly well woman who subsequently developed idiopathic generalized epilepsy. She then developed depression and an intractable urge to end her life solely because she felt "fat". We discuss the complex relationship between these conditions and propose hypotheses that may explain this interaction.
Methods: Informed consent was obtained from Ms. O to access her medical records for this case report. We reviewed her medical history, psychiatric evaluations and treatment interventions.
Results: Miss O is a 24-year old ex-nursing student with no past psychiatric history and was described as a bubbly young girl. She first presented in Nov 2018 with AN (BMI 14.0) achieving weight restoration by Aug 2019 after developing binge-eating episodes. In Jan 2020, she was diagnosed with epilepsy. Shortly thereafter, she developed severe depression, accompanied by personality changes, self-harm behaviours, and intractable suicidal ideations. She attributed her suicidality to her body image disturbances and perceived weight gain. She continues to restrict and purge but her weight has stabilized around BMI 20-22. Since then, she has had 13 admissions for suicide attempts and 7 for managing depression. Her treatments included antidepressants, mood stabilizers, antipsychotics, electroconvulsive therapy, repetitive transcranial magnetic stimulation and intravenous ketamine but her condition remained treatment-resistant.
We propose several hypotheses to explore the interactions between AN, epilepsy, and treatment-resistant depression. These include hypothalamic-pituitary-adrenal axis dysregulation and neuroinflammation, potential common neurological pathways between AN and epilepsy, the possible development of personality disorders, and cognitive distortions where disordered eating and suicidal behaviours serve as maladaptive control mechanisms. We also explored concepts like epileptic personality, interictal dysphoric disorder, and the interplay between antiepileptic drugs and mood.
Conclusions: These hypotheses collectively highlight the complex mechanisms that likely underlie Ms. O's comorbid AN, epilepsy, and treatment-resistant depression emphasizing the need for integrated, multidimensional treatment approaches. Further research is essential to develop targeted interventions for such challenging comorbidities.

Disclosure of Interest: None Declared

EPV0708

Orthorexia Nervosa and Social Media: A Literature Review

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Introduction: Orthorexia Nervosa (ON) is an emerging disordered eating pattern marked by an excessive focus on healthy eating, leading to psychological, social and physical impairments. While ON remains outside formal diagnostic systems, such as the DSM-5, increasing research highlights its prevalence and association with social media use. Social media platforms, particularly image-based platforms, play a dual role, often fostering rigid dietary ideals while simultaneously providing recovery support for users. This study reviews the influence of social media on ON development and its socio-cultural underpinnings.

Objectives: This literature review aims to examine the interplay between ON and social media, focusing on the extent to which social media exacerbates or alleviates ON symptoms. We explore the influence of platform-specific content on ON behaviors, considering factors such as exposure to "clean eating" ideals, dietary pressures and social validation.
Methods: A literature review was conducted, analyzing 17 studies encompassing various methodologies, including cross-sectional, qualitative and mixed-method approaches. Studies were sourced from databases including PubMed and Scopus, focusing on publications from diverse cultural contexts. Data extraction followed the PRISMA guidelines, with attention to PICO criteria, evaluating ON's psychological, behavioral and social dimensions alongside the impact of social media.
Results: Findings consistently indicate that social media intensifies ON tendencies through heightened exposure to "idealized" eating behaviors. Instagram users frequently encounter diet-focused content that promotes obsessive eating habits under the guise of health, while Twitter discussions reflect societal pressure and the emerging medicalization of ON. Studies reveal that frequent social media users demonstrate higher ON symptom severity, with platforms like Instagram and Grindr contributing uniquely to ON among specific demographics. Moreover, qualitative insights show that social media also fosters community support, with some users seeking recovery guidance.
Conclusions: The relationship between social media and ON is complex, encompassing both risks and recovery potential. While social media can reinforce disordered eating patterns, it also serves as a support mechanism, offering peer connections and recovery tools. Future research should prioritize cross-cultural analyses and interventions targeting social media literacy to mitigate ON risks and enhance positive engagement.

Disclosure of Interest: None Declared

EPV0709

The interpersonal theory of suicide in the understanding of eating disorders

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Introduction: Suicidal behavior could be one of the declinations of destructiveness in patients with Eating Disorders (EDs), and represents an important cause of death in these patients. In recent years some theoretical models aimed at a deeper undestanding of suicidal behaviors have been developed and proposed, including the Interpersonal Theory of Suicide (IPTS) by Thomas Joiner, and it has been applied to EDs patients with mixed results.
Objectives: The objective of this study was to deepen the understanding of the problem of suicide in EDs, with the aid of the IPTS.
Methods: Multicenter study coordinated by the Department of Psychology - University of Milano-Bicocca (UniMiB) and the Psychiatry of the Università del Piemonte Orientale (UPO); the recruitment of patients with EDs involves: Novara Mental Health Center and Psychiatry outpatient clinic of the Maggiore della Carità University Hospital in Novara, Regional Expert Center for the Diagnosis and Treatment of Eating Disorders in Turin, outpatient clinic for Nutrition and Eating Disorders, IRCCS San Gerardo dei Tintori Foundation in Monza. Healthy controls were enrolled through UPO and UniMiB. Variables related to suicidal ideation and suicide attempts, IPTS constructs and psychological factors (anxiety, somatic and mental pain, reasons for living, enteroceptive awareness, self-esteem, body image, etc.) were assessed.
Results: Preliminary analyses involving 28 EDs patients (ED group) and 45 healthy controls (HCs). The ED group reported increased lifetime and past-two-weeks suicidal ideation and a greater number of lifetime suicide attempts. With regard to IPTS, a higher Perceived Burdensomeness (INQ-PB) emerged in the ED group compared to HCs; no differences emerged in Thwarted Belongingness and in the Acquired Capability for suicide. In the EDs group, state and trait anxiety, mental pain, Visual Analogue Scale scores for somatic and psychological pain are higher; self-esteem is lower. Correlations emerged between INQ-PB, mental pain and self-esteem in EDs patients: as mental pain increases and self-esteem decreases, INQ-PB increases. The EDs sample has currently almost doubled, and new analyses will be performed to see whether the findings described above are confirmed in a larger sample; analyses comparing different subtypes of EDs will be run as well.
Conclusions: With the limitations of the sample size recruited in the pilot phase, which we aim to overcome by running new analyses in a larger sample as recruitment is ongoing, the preliminary data of this study offer preliminary support to the existing data in the literature on IPTS in EDs. An increase in IPTS construct scores appears to be independent of the severity of body image disorder in these patients.

Disclosure of Interest: None Declared

EPV0710

Eating disorder in Down's Syndrome and GLUT-1 Detection

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Introduction: The results of many previous studies report a high prevalence of overweight and obesity in children and adults with Down syndrome (hereinafter DS). According to different authors, the incidence of obesity in them varies between 23 and 70%. The age of onset of overweight formation was 2–3 years.
Objectives: Glucose transporter (abbreviated GLUT) is a large group of membrane proteins responsible for the transport of glucose across the cell membrane. Since glucose is a vital source of