

PS1.1.1: Trajectories of child eating behaviors are associated with disordered eating and eating disorder diagnosis in adolescence

Moritz Herle, BSc, MSc, PhD, University College London, Institute of Child Health, London, UK; Bianca De Stavola, PhD, University College London, Institute of Child Health, London, UK; Mohamed Abdulkadir, MSc, PhD, University of Geneva, Geneva, Switzerland; Rachel Bryant-Waugh, PhD, FAED, University College London, Institute of Child Health, London, Switzerland; Cynthia Bulik, PhD, FAED, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; Christopher Hübel, MSc, MD, King's College London, London, UK; Ruth Loos, PhD, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Diana Santos Ferreira, PhD, University of Bristol, Bristol, UK; Zeynep Ylmaz, PhD, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; Nadia Micali, MD, PhD, FAED, Geneva University Hospital, Geneva, Switzerland

The purpose of this study was to estimate the associations between longitudinal trajectories of childhood eating behaviors during the first ten years of life and eating disorder (ED) behaviors (binge eating, purging, fasting, and excessive exercise) and diagnoses: anorexia nervosa (AN), binge-eating disorder (BED), and purging disorder (PD) at 16 years. We hypothesized that undereating and fussy eating would be associated with adolescent fasting, excessive exercise and AN, whereas overeating would be associated with adolescent binge eating, purging, and BED. Data were from the Avon Longitudinal Study of Parents and Children (ALSPAC). Parents reported on their children's eating at eight time points during the first ten years of life (n=12,048). Self-reported binge eating, purging, fasting, and excessive exercise and diagnoses of EDs were collected at age 16. Latent class growth analyses were used to derive longitudinal trajectories of eating behaviors during childhood. Eating behavior trajectories were associated with disordered eating behaviors and ED diagnoses using multivariable logistic regression models, adjusted for a priori confounders. Persistent overeating was associated with increased risk of binge eating (risk difference [RD]: 6.9%; 95% Confidence intervals [CI]: 2, 12) and BED (RD: 1.4%; 95% CI: 0.2, 2.6). Persistent under-eating was weakly associated with higher AN risk (3.7%; 95% CI: -0.4, 7.9). Persistent fussy eating was associated with greater AN risk (RD: 2.2%; 95% CI: 0.4, 4.0). These results suggest that persistent high levels of overeating, undereating, and fussy eating in childhood are associated with disordered eating and ED diagnoses in adolescence. Findings have the potential to inform preventative strategies to help parents and clinicians to identify children of increased risk of developing EDs.

Learning Objectives:

- Understand the heterogeneity of eating behaviors during the first ten years of life.
- Assess the relationship between eating behaviors trajectories in childhood and disordered eating and eating disorder diagnoses in adolescence.
- Evaluate the methodological strengths and limitations of latent class growth analyses and multivariable logistic regression models.

PS1.1.2: Pediatric weight management interventions and eating disorder risk: a systematic review and meta-analysis

Hiba Jebeile, BMedSci/BBus, MNutrDiet, APD, The University of Sydney, Sydney, Australia; Megan Gow, BSc(Nutr)(Hons), B Ex Sport Sci, PhD, The Children's Hospital at Westmead, Westmead, Australia; Susan Paxton, BA (Hons), MPsych, PhD, FAED, La Trobe University, Melbourne, Australia; Katharine Aldwell, BSci, MNutrDiet, APD, The Children's Hospital at Westmead, Westmead, Australia; Sarah Thomas, BNutrDiet(Hons), APD, The Children's Hospital at Westmead, Westmead, Australia; Sarah Garnett, BSc, MNutrDiet, PhD APD, The Children's Hospital at Westmead, Westmead, Australia; Louise Baur,

MBBS(Hons), BSc(Med), PhD, FRACP, FAHMS, The University of Sydney, Sydney, Australia; Natalie Lister, B HSc (Hons), MNutr Diet, PhD, APD, The University of Sydney, Sydney, Australia

Observational data suggest that dieting during adolescence results in increased eating disorder risk. The aim of this systematic review and meta-analysis was to investigate the impact of weight management interventions on eating disorder risk in children and adolescents with high body mass index (BMI). Four databases were searched in May 2017 to retrieve peer-reviewed articles that met the following eligibility criteria: (1) children and adolescents (<18 years) with BMI z-score >1; (2) weight management intervention with a nutrition component; (3) case studies, pre-post studies, RCTs; (4) pre- and post-intervention assessment of eating disorder risk using a validated tool. Of 2799 articles screened, 21 studies (n=829, 9.5-16.9 years) met the inclusion criteria. Meta-analyses from baseline to post intervention (6 weeks to 1 year) showed no change in disordered eating (eight studies, $p=0.76$), and a reduced but small effect size for both bulimia (eight studies, standardised mean difference, $SMD [SE] = -0.27 [0.05]$, $p<0.001$) and eating concern subscales (five studies, $-0.25 [0.1]$, $p=0.01$). A statistically significant reduction in binge eating behaviours was reported in four studies. Three studies reported a reduction in the number of people engaging in binge eating post-intervention. One intervention (inpatient treatment program) assessed eating disorders across two cohorts (n=180), reporting a resolution of both binge eating disorder and bulimia nervosa at post-treatment and 2-year follow-up. Overall, engagement in weight management interventions did not worsen eating disorder risk for children and adolescents. However, further monitoring of these outcomes in children and adolescents undergoing weight management treatment is important and more research is needed, especially assessing long-term outcomes.

Learning Objectives:

- Describe the current literature around eating disorder risk following dieting in pediatric populations.
- Assess the available evidence on the impact of weight management on eating disorder risk in pediatric populations.
- Identify areas of future research and monitoring to reduce eating disorder risk in pediatric populations.

PS1.1.3: Neurobiological underpinning of eating disorders: Integrative biopsychosocial longitudinal analyses in adolescents and emerging adults

Lauren Robinson, BSc, PhD, King's College London, London, UK; Anna Roach, BSc, King's College London, London, UK; Marina Bobou, BSc, King's College London, London, UK; Zuo Zhang, BEng, PhD, King's College London, London, UK; Sylvane Desrivieres, BSc, MSc, PhD, King's College London, London, UK; Ulrike Schmidt, MD, PhD, FRCPsych, King's College London, London, UK

The IMAGEN study is a longitudinal, population-based cohort study which has followed over 2000 adolescents between the ages of 14 and 19 years in 8 study centers across Europe. This study investigates brain structural correlates, personality factors, life events and co-morbid psychiatric conditions as predictors for the development and the maintenance of Eating Disorder (ED) behaviours across adolescence. First, we identified the characteristics discriminating 14-year-olds reporting ED behaviours (N= 307) (binge eating, purging and restricting food intake) from 14-year-old controls (N=1,202) (no ED behaviours or cognitions). Secondly, we identified characteristics predicting both the maintenance and development of ED behaviours throughout adolescence. Longitudinal regression models were conducted using STATA 15 and voxel based analysis was performed using SPM8 to quantify

differences in brain structures. Personality characteristics, including neuroticism, conscientiousness and agreeableness, negative life events and depression, anxiety and OCD-traits at 14 years predicted both the maintenance of ED behaviours and also the development of ED behaviours in later adolescence ($p < 0.05$). Grey matter volume in the medial prefrontal cortex (peak MNI coordinate: -15, 45, 15, $t = 4.42$, cluster $p(\text{FWE}) < 10^{-5}$), an area known to be closely related to impulse control and reward processing, at 14 years was significantly correlated with both impulsivity and also the development of purging in later adolescence. Grey matter volume in the right putamen and pallidum (peak MNI coordinate: 17, 6, 0, $t = 4.06$, cluster $p(\text{FWE}) = 0.013$), known to be associated with reward processing, was correlated with the later development of binge eating. By identifying the vulnerability factors underlying individual differences in adolescents reporting ED behaviours, these models shed light on the aetiology of ED behaviours and suggest targets for prevention and treatment.

Learning Objectives:

- Personality traits, including neuroticism, conscientiousness and agreeableness at 14 years, are associated with the development of ED behaviours including binge eating, purging and fasting in later adolescence (16-19 years) in a population-based cohort.
- Mental health conditions including anxiety, depression and OCD-traits are closely correlated with personality dimensions including neuroticism, agreeableness and openness to experience.
- At 14 years, grey matter volume of mediofrontal regions was associated with the development of binge eating and grey matter volume of the right putamen was associated with the development of purging in later adolescence.

PS1.1.4: A 15-Year Longitudinal Investigation Of Changes In Body Dissatisfaction And Subsequent Changes In Eating Disorder Outcomes From Adolescence Through Adulthood

Lisa M. Anderson, PhD, University of Minnesota, Minneapolis, MN, USA; Lauren M. Schaefer, PhD, Sanford Research, Fargo, ND, USA; Melanie M. Wall, PhD, Columbia University, New York, NY, USA; Chen Chen, MPH, Columbia University, New York, NY, USA; Ann F. Haynos, PhD, University of Minnesota, Minneapolis, MN, USA; Marla E. Eisenberg, ScD, MPH, University of Minnesota, Minneapolis, MN, USA; Dianne Neumark-Sztainer, PhD, MPH, RD, FAED, University of Minnesota, Minneapolis, MN, USA

Research suggests body dissatisfaction (BD), a risk factor for eating pathology, fluctuates over time. However, limited work has examined whether changes in BD during certain developmental periods are especially predictive of subsequent eating disorder (ED) behaviors. Increased understanding of periods during which changes in BD most strongly relate to shifts in ED behaviors may inform BD-focused prevention programs for ED. The current study examined longitudinal associations among changes in BD and subsequent changes in dieting, unhealthy weight control behaviors (UWCB), and binge eating (BE) assessed every 5 years as part of Project EAT I-IV, a 15-year longitudinal study of a diverse sample of individuals ($N = 1455$; 59% female). Random-intercept cross-lagged models adjusted for changes in BMI tested whether changes in BD predicted concomitant and future change in dieting and UWCB from adolescence to adulthood. In females, increases in BD from adolescence (ages 12-17) into emerging young adulthood (ages 18-23) predicted later increases in dieting ($b = .19$, $p < .003$) and UWCB ($b = .23$, $p < .001$) from emerging young adulthood to young adulthood (ages 24-29). In both males and females, increases in BD from emerging young adulthood to young adulthood predicted increases in dieting (males: $b = .17$, $p < .001$; females: $b = .16$, $p < .001$) and UWCB (males: $b = .16$, $p < .001$; females: $b = .17$, $p < .001$) from young adulthood to adulthood (ages 30-36). Additional models predicting BE are being analyzed and will be discussed in the final presentation. Altogether, findings suggest increases in BD predict greater likelihood for future increases in ED behaviors, and indicate that BD-focused prevention

programs should target females and males prior to and during emerging young adulthood in efforts to mitigate ED risk. In addition, findings indicate clinicians should monitor changes in BD following “typical” risk periods for EDs, as increases in BD may predict increases in ED behaviors well into adulthood.

Learning Objectives:

- Assess the role of body dissatisfaction in eating disorder behaviors, including dieting, unhealthy weight control behaviors, and binge eating, across developmental stages ranging from adolescence into adulthood.
- Describe the nature of associations between both concomitant and longitudinal change in body dissatisfaction and eating disorder behaviors across adolescence to adulthood.
- Discuss the potential implications of the current findings on body dissatisfaction and eating disorder prevention efforts, including the need to consider timing of delivery of such programs for individuals at risk for eating pathology.

PS1.1.5: Comparison of Help-Seeking by Sex and Ethnicity/Race in U.S. Adults with DSM-5-defined Eating Disorders

Tomoko Udo, PhD, University at Albany, Rensselaer, NY, USA; Jaime Coffino, MA, MPH, University at Albany, Albany, NY, USA; Carlos Grilo, PhD, Yale University, New Haven, CT, USA

This study aimed to examine sex and ethnic/racial differences in the prevalence of help-seeking specifically for eating disorders (EDs) among individuals with DSM-5-defined EDs in the National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC-III). A national sample of 36,306 adults completed diagnostic interviews as part of the NESARC-III, and those who met criteria for lifetime DSM-5 EDs answered questions regarding six forms of help seeking specifically for anorexia nervosa [AN]: n=275; bulimia nervosa [BN]: n=91; and binge-eating-disorder [BED]: n=256) were included in this study. Overall, the prevalence of ever seeking help or treatment specifically for AN, BN, and BED were 34.5%, 62.6%, and 49.0%, respectively. Men were significantly less likely than women to seek help for BED, and significantly older when they first sought help for BED despite reporting significantly earlier BED onset and longer episode duration. Ethnic/racial minorities (non-Hispanic Black and Hispanic) were significantly less likely to ever seek help for all EDs, and the difference was particularly prominent for Hispanic respondents; they also reported later age of onset and later age for first seeking help relative to non-Hispanic White. Analyses revealed some significant sex and ethnic/racial differences in the source of help; ethnic/racial minorities were significantly less likely to report seeking mental health specialists. Based on a large nationally-representative sample of US adults, we found significant differences by sex and ethnic/racial groups in help-seeking for EDs. Overall, roughly half of respondents with EDs reported never seeking help for their EDs and these rates are even lower for men and ethnic/racial minorities. Our findings highlight the need for improving public health messaging and clinician training to address the sizeable disparities and to move towards more equitable health-care for men and minorities with eating disorders.

Learning Objectives:

- To describe the rate of seeking treatment among individuals with lifetime diagnoses of DSM-5 defined eating disorders in the U.S. adult population.
- To identify possible disparities in the patterns of help-seeking behaviors for DSM-5 defined eating disorders by sex and ethnicity/race.
- To describe sex and ethnic/racial differences in developmental measures of eating pathologies.

PS1.1.6: Reciprocal associations between eating pathology and parent-daughter relationships across adolescence: A monozygotic twin differences study

Kristin von Ranson, PhD, FAED, University of Calgary, Calgary, Alberta, Canada; Laurel Korotana, PhD, University of Calgary, Calgary, Alberta, Canada; Syla Wilson, PhD, University of Minnesota, Minneapolis, MN, USA; William Iacono, PhD, University of Minnesota, Minneapolis, MN, USA

Parents and familial processes were historically believed to cause children's eating disorders, but no consistent pattern of family dysfunction has been identified. Recent theory suggests parent-child relationship problems may be outcomes, not causes, of eating pathology. Understanding links between eating pathology and the parent-child relationship may have implications for eating disorder treatment and prevention. In this prospective twin-family study, we explored longitudinal, bidirectional associations across adolescence between eating pathology and perceived parent-daughter regard and involvement. Particularly, we examined whether twin differences in mother-daughter and father-daughter relationship problems were a risk factor for, or outcome of, twin differences in eating pathology. Examining twin differences permitted us to study associations between variables, net of shared environmental and genetic effects. An epidemiological sample of 446 monozygotic twin girls and their mothers completed questionnaires when twins were about 11, 14, and 17 years. Responses were analyzed via longitudinal cross-lagged models. Overall, we observed few strong longitudinal associations; where they emerged, patterns indicated reciprocal relationships that changed across adolescence. Although twin differences in parent-daughter relationship variables more often predicted later twin differences in eating pathology across early adolescence, twin differences in eating pathology more often predicted later twin differences in parent-daughter relationship variables across later adolescence. Specifically, the twin who reported greater eating pathology later reported a worse father-daughter relationship than her co-twin. Findings raise questions for future research regarding parental – especially paternal – responses to teenagers' eating pathology and suggest it may be important to support the parent-daughter relationship when an adolescent is experiencing eating pathology.

Learning Objectives:

- Describe the primary aim of this study.
- Explain a benefit and a limitation of using a monozygotic twin difference design.
- Explain at least one implication of the study findings.

PS1.2.1: From research to practice to large-scale practice: Implementing First Episode Rapid Early Intervention for Eating Disorders (FREED)

Karina Allen, PhD, MPsych, BA (Hons), Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK; Victoria Mountford, DClinPsych, BA(Hons), Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK; Danielle Glennon, BA(Hons), Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK; Michaela Flynn, BSc(Hons), PhD Candidate, Institute of Psychiatry, King's College London, London, UK; Nina Grant, PhD, DClinPsych, BA(Hons), Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK; Amy Brown, DClinPsych, BA(Hons), Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK; Ulrike Schmidt, PhD, MPhil, MD, FAED, Institute of Psychiatry, King's College London, London, UK

This study summarises learning from the development, initial evaluation, further evaluation, and widespread implementation of an early intervention service model for first episode eating disorders. Particular emphasis is placed on how to effectively scale and implement a new model of care. Data come from services, clinicians, patients and families involved with FREED (First Episode Rapid Early Intervention for Eating Disorders), which is an evidence-based early intervention approach for first episode eating disorders. FREED was developed at the Maudsley Hospital in South London, UK, and operates as a 'service within a service', with a service model and care package that complement rather than replace existing evidence-based treatments. Over 2016-2018 FREED was established in 7 new sites in the UK and a further 7 UK teams are working to adopt the model in 2018. Work is in progress to implement FREED in Australia and there is interest from Canada and Ireland. To July 2018, 310 young people have received FREED treatment and FREED covers a catchment area of 9.7 million people. Quantitative and qualitative data show that successful scaling/implementation has been associated with good communication of the FREED evidence-base and rationale; a clear training package with follow-up implementation support; a train-the-trainer model with encouragement of collaboration between proximal eating disorder services; buy-in locally at all levels (service users, front-line staff, consultants, executives); good existing clinical processes; an enthusiasm for change and improvement; cross-site learning; and continued attention to what is core to FREED vs. what can be adapted to local requirements with compromising outcomes. Findings highlight ways to effectively translate and spread best-practice care approaches and are expected to generalize to other treatment and prevention initiatives. Practical examples and tips will be provided.

Learning Objectives:

- Describe strategies for effectively scaling evidence-based interventions.
- Understand implementation science as it relates to eating disorders.
- Describe in detail one particular early intervention model for eating disorders, FREED (First Episode Rapid Early Intervention for Eating Disorders).

PS1.2.2: Primary Efficacy and Nine Month Outcomes for Behavioral Coach Delivered Smartphone Intervention for Binge Eaters.

Tom Hildebrandt, PsyD, FAED, Icahn School of Medicine, New York, NY, USA; Robyn Sysko, PhD, Noom, Inc, New York, NY, USA; Tatiana Toro-Ramos, PhD, Noom, Inc., New York, NY, USA; Andreas Michaeledes, PhD, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Megahn Mayhew, MS, Kaiser Permanente Center for Health Research, Portland, OR, USA; Lynn DeBarr, PhD, MPH, Kaiser Permanente Washington Health Research Institute, Seattle, WA, USA

Binge eating is a core maladaptive behavior characteristic of several forms of eating pathology. Many barriers prevent the implementation of effective treatments for binge eating. This study aimed to scale the guided self-help (GSH) version of cognitive-behavior therapy and test the primary efficacy of a novel smartphone app, 'Noom Monitor' relative to a well-established treatment as usual (TAU) control condition. A total of 225 men and women in the Kaiser Permanente Healthcare System were randomized ($n = 114$ Noom+GSH vs. $n = 111$ TAU). A significantly greater reduction in objective bulimic episodes (OBEs) by Eating Disorder Examination Questionnaire was observed among individuals in the Noom + GSH condition at the end of treatment and follow-up ($\beta = -0.370$, $SE = 0.164$, $p < 0.05$) and OBE remission ($\beta = 0.892$, $SE = 0.333$, $p < 0.01$). A parallel result was observed for post-treatment change, with continued improvement in the Noom+GSH group ($\beta = -0.563$, $SE = 0.238$, $p < 0.01$), and a slight worsening of symptoms in the TAU group, a pattern that was most evident in the continued improvement in remission of OBE's among the Noom+GSH group relative to TAU ($\beta = 1.037$, $SE =$

0.251, $p < 0.001$). These primary findings were mirrored by changes in depression, clinical impairment, shape and weight concerns, and quality of life. Our findings suggest that the combination of Noom Monitor and GSH was an effective and scalable treatment for individuals who binge eat.

Learning Objectives:

- Describe the methods available to leveraging technology to deliver Cognitive Behavior Therapy Guided Self-Help for adults with binge eating or bulimia nervosa.
- Summarize the primary efficacy of smartphone delivered guided self-help for binge eating and bulimia nervosa.
- Discuss the use of non-professionals to scale self-help interventions for binge eating and bulimia nervosa.

PS1.2.3: Dietary fat intake and fat preference in individuals with and without in anorexia nervosa

Janet Schebendach, PhD, RD, Columbia University Irving Medical Center, New York State Psychiatric Institute, New York, NY, USA; Blair Uniacke, MD, Columbia University Irving Medical Center, New York, NY, USA; Evelyn Attia, MD, Columbia University Irving Medical Center, New York, NY, USA; B. Timothy Walsh, MD, Columbia University Irving Medical Center, New York, NY, USA; Joanna Steinglass, MD, Columbia University Irving Medical Center, New York, NY, USA

Dietary fat restriction is a characteristic eating behavior among individuals with anorexia nervosa (AN). Laboratory meal studies demonstrate restricted fat intake in low-weight patients with AN. The Geiselman Food Preference Questionnaire-1© (FPQ) is a validated self-report measure that yields a fat preference score (FPS). Prior research reported that AN patients had a significantly lower FPS than did healthy controls (HCs). The goal of this study was to compare self-reported fat preference (FPS) to observed and measured fat intake in AN and HC participants. Specific aims were to: 1) determine if fat intake differed between ANs and HCs; 2) determine if the FPS differed between ANs and HCs; and 3) determine if the FPS was associated with fat intake in ANs and HCs. A laboratory multi-item meal study (MIMS) was conducted prior to weight gain in 44 female AN inpatients and 48 female HCs, ages 18-45 yrs. The FPQ, administered shortly after hospital admission in ANs and at the screening visit in HCs, hedonically rates food preference and yields a FPS; a FPS >100 indicates high-fat preference, a FPS <100 indicates low-fat preference. Compared to HCs, ANs consumed less total fat (g) (16.4 \pm 20.4 vs. 36.7 \pm 18.9, $p < 0.001$) and had a lower % fat kcal (22.9 \pm 13.8 vs. 36.6 \pm 8, $p < 0.001$) at the MIMS. Compared to HCs, ANs also had a lower FPS (79.7 \pm 27.4 vs. 102.3 \pm 18.9, $p < 0.001$). The FPS was significantly and positively correlated with fat and % fat kcal intake in AN ($r = 0.453$, $p < 0.01$; $r = 0.37$, $p < 0.05$) and HC ($r = 0.621$, $p < 0.001$; $r = 0.601$, $p < 0.001$) participants. The fat preference score is related to an objective measure of fat intake in individuals with and without AN. Fat restriction is a salient behavioral characteristic of AN; these data suggest it can be assessed with a self-report measure. The Geiselman Food Preference Questionnaire-1© may be clinically useful in the assessment of status and progress in patients with AN.

Learning Objectives:

- Describe characteristic macro-nutrient intake in patients with anorexia nervosa.
- Assess high-fat and low-fat food preference as determined by the Geiselman Food Preference Questionnaire-1©.
- Describe difference in fat intake and fat preference in individual with and without anorexia nervosa.

PS1.2.4: Optimising Treatment Delivery and Reducing Length of Stay in an Adult Inpatient Unit

Urvashnee Singh, MbChB, UKZN, MPM, RANZCP, South Africa Dip Child Health, Hollywood Hospital, Perth, Australia; Fiona Cartwright, PhD, Hollywood Hospital, Perth, Australia; Fiona Salter, Masters of Dietetics, Dietician, Hollywood Hospital, Hollywood Hospital, Perth, Australia; Kate Fleming, Bsc., Dietician, Hollywood Hospital, Perth, Australia

The Hollywood Clinic is a private ten-bed adult eating disorder inpatient service in Western Australia. Over the past four years our focus has been on optimizing treatment delivery and length of stay so that patients spend no longer than necessary in a restrictive hospital setting. Conservative treatment approaches and long lengths of stay have both direct and indirect costs for patients, hinder access to the service for potential patients and reduce the cost effectiveness of the service. A range of initiatives have been introduced including a higher intensity of nutritional support from admission, improved nutritional quality of menus, vigilant monitoring of rates of weight restoration leading to earlier intervention (as required), stream-lining of treatment protocol, introduction of weekly in-vivo exposure challenges and discharge of patients into our day program. These initiatives have progressively reduced the average length of stay over the past three years from 52 days in 2013 to 24 days in 2017. This reduction is in the context of a significant concomitant increase in the average rate of weight restoration in this period. Notably, there has also been a significant reduction in reported symptomatology during admissions in the past year. Furthermore, there is no current waiting list for admission, providing increased capacity to treat more patients in need.

Learning Objectives:

- To know the indications for hospital admission in Anorexia and Bulimia.
- How to implement strategies to improve efficiency and decrease length of stay in hospital for patients treated with eating disorders.
- How to set effective goals for hospital treatment and to implement them in a consistent way.

PS1.2.5: Ignorance is bliss: Blind versus open weighing from an eating disorder patient perspective

Franziska Foreich, BPsych (Hons), MPsych, PhD Candidate, Clinical Psychology Registrar, UNSW Sydney, Sydney, Australia; Lenny Vartanian, PhD, Professor, Associate Dean, UNSW Sydney, Sydney, Australia; Sarah Ratcliffe, BHealthSci, MSci (Hons), Research Assistant, Health Psychology Tutor, UNSW Sydney, Sydney, Australia

This study presents a patient perspective on blind weighing and open weighing in eating disorder treatment. Semi-structured qualitative interviews were conducted with 41 women with a current or past diagnosis of Anorexia or Bulimia Nervosa: 26 were undergoing specialist inpatient treatment (n=13 being blind weighed; n=13 being open weighed) and 15 were recovered eating disorder patients from the community. Interviews were audiotaped, transcribed verbatim and analysed thematically using framework methods. Participant demographics, clinical characteristics, weighing anxiety and weight concerns were also assessed. The majority of patients (61%) had been exposed to both types of weighing at some point in their treatment history. Across samples, 59% of participants preferred blind weighing and 37% preferred open weighing. Among recovered patients, 73% preferred blind weighing. Qualitative analyses yielded four themes: (1) therapy engagement and progress; (2) Control and tolerance of weight uncertainty; (3) treatment team relationships and autonomy; and (4) life outside of treatment. Participants stated that blind weighing decreased anxiety and eating disorder

psychopathology (e.g., weight preoccupation) and increased treatment responsivity. For many, relinquishing control over their weight facilitated body trust and was a necessary step towards recovery. Participants found that not knowing their exact weight helped challenge their overconcern with weight. Lack of support post-discharge was identified as a major difficulty of blind weighing. Quantitative analyses found blind-weighed patients felt significantly less anxiety around being weighed and had greater tolerance of weight uncertainty than open-weighed patients. This is the first known study to provide in-depth patient insights into open versus blind weighing practices. It contributes important information to the current debate about weighing practices in eating disorder treatments.

Learning Objectives:

- Understand the difference between open weighing and blind weighing in the treatment of eating disorder patients.
- Describe the experiences of current and recovered eating disorder patients with open and blind weighing practices.
- Identify the benefits and drawbacks of open and blind weighing practices.

PS1.2.6: MULTIPLE PURGING METHODS VERSUS VOMITING ALONE IN BULIMIA NERVOSA AND PURGING DISORDER: A COMPARISON OF CLINICAL FEATURES AND TREATMENT RESPONSE

Danielle MacDonald, PhD, C.Psych., University Health Network, University of Toronto, Toronto, ON, Canada; Kathryn Trottier, PhD, C.Psych., University Health Network, University of Toronto, Toronto, ON, Canada

Research indicates that the presence of laxative use in eating disorders (ED) may be a marker of more severe ED and other psychopathology and longer illness duration. Research also shows that few individuals use laxatives as their sole purging method; laxative use typically occurs in combination with other purging methods. However, there is little research on whether the presence of laxative use and/or multiple purging methods (MPM) is related to treatment outcome. The goal of this study was to compare individuals with bulimia nervosa (BN) or purging disorder (PD) who use MPM with those who exhibit vomiting only on 1) severity of psychopathology and 2) response to intensive treatment. 173 patients with BN or PD were assessed before, during, and after intensive CBT-based treatment, and were included in 1 of 2 groups: 1) Vomiting only (i.e., vomiting frequency at diagnostic threshold, and no laxative or diuretic use); and 2) MPM (i.e., vomiting + laxative and/or diuretic use, each at a frequency reaching diagnostic threshold). At baseline, the MPM group exhibited more severe: overall ED psychopathology ($p=.02$), depression symptoms ($p<.001$), body dissatisfaction ($p=.01$), and drive for thinness ($p=.05$), and more frequent total purging episodes ($p=.02$) compared to the vomiting only group. After controlling for baseline purging frequency, the vomiting only group was 3 times more likely to achieve a rapid response to treatment ($p=.02$). After controlling for baseline purging frequency and relevant covariates, there were no group differences on any end-of-treatment outcome (i.e., binge/purge abstinence; overall ED psychopathology; depression symptoms). Thus, the presence of MPM may serve as a marker of more severe psychopathology and may predict a slower response to treatment. Despite this, end-of-treatment outcomes were similar between groups, indicating that MPM does not appear to predict a differential treatment response compared to vomiting alone.

Learning Objectives:

- Describe differences in psychopathology between individuals who engage in multiple purging methods, compared to those who purge exclusively by vomiting.

- Describe differences in trajectory of change during intensive treatment for individuals who engage in multiple purging methods, compared to those who purge exclusively by vomiting.
- Describe outcomes at end of intensive treatment for individuals who engage in multiple purging methods, compared to those who purge exclusively by vomiting.

PS1.3.1: The effectiveness of the intensive day treatment program (ITP) for the severely ill adolescents with the restrictive eating disorders

Mima Simic, MD, MRCPsych, South London and Maudsley NHS Trust, London, UK; Catherine Stewart, PhD, DCLinPsy, South London and Maudsley NHS Trust, London, UK; Julian Baudinet, BA (Hons), MSc, DCP, FAED, South London and Maudsley NHS Trust, London, UK; Ivan Eisler, PhD, FAED, South London and Maudsley NHS Trust, London, UK; Laura Baker, BscN, South London and Maudsley NHS Trust, London, UK; Katrina Hunt, DCLinPsy, South London and Maudsley NHS Trust, London, UK

This study explored the effectiveness of an additional treatment for adolescents who had not responded to Family Therapy for Anorexia Nervosa (FT-AN). Non-responders to FT-AN attended the Intensive day Treatment Program (ITP) which is embedded within a comprehensive child and adolescent eating disorders outpatient service at the Maudsley Hospital. Data from a retrospective chart review of patient files and self-report measures covering eating disorder symptomatology, quality of life, emotional regulation, depression, anxiety, self-esteem, and motivation were analysed for 105 young people aged 11-18 with restrictive eating disorders who attended the program in the first four and a half years of its operation. Follow up data for all available subjects (81%) were reviewed 6 months after ITP discharge. In addition, the Morgan-Russell Global Outcome Assessment schedule was analysed at the end of their treatment with the outpatient service. Data analyses show that 82% (N=86) completed the program and attended the program on average for 30 days. Although the attendance was short, the program was effective in generating significant improvements in weight gain, eating disorder symptomatology, motivation to recover, quality of life and comorbid symptomatology. Young people continued to make improvements post ITP in outpatient treatment provided by the same service and 73.2% had a good or an intermediate outcome at the point of discharge from the service. This study indicates that ITP is an effective and brief intervention for young people who require intensification of treatment, that considerably improves outcomes for the subgroup of adolescents who do not respond to FT-AN.

Learning Objectives:

- Describe components of an intensive day treatment program for adolescents with anorexia nervosa who did not respond to the outpatient family therapy for AN.
- Summarise discharge outcomes for a day program that is embedded within a comprehensive outpatient service.
- Describe the long term outcomes following an intensive day treatment program for adolescents with the restrictive eating disorders.

PS1.3.2: Where Does the Bridge Lead? Evaluating the Long-Term Outcomes of a Partial Hospitalization Program for Adolescents with Anorexia and Bulimia Nervosa

Erin Reilly, PhD, University of California, San Diego, San Diego, CA, USA; Roxanne Rockwell, PhD, University of California, San Diego, San Diego, CA, USA; Ana Ramirez, PhD, University of California, San Diego, San Diego, CA, USA; Leslie Anderson, PhD, University of California, San Diego, San Diego, CA, USA; Tiffany Brown, PhD, University of California, San Diego, San Diego, CA, USA; Christina Wierenga, PhD,

University of California, San Diego, San Diego, CA, USA; Walter Kaye, PhD, University of California, San Diego, San Diego, CA, USA

Many adolescents with eating disorders (EDs) that receive outpatient therapy do not make clinically-significant progress. Higher levels of care, such as partial hospitalization programs (PHP), are an important adjunct to outpatient treatment and can help facilitate the transition from hospital-based care to outpatient therapy. Although recent research has indicated positive outcomes for adolescent PHP programs, these studies have several limitations, including a lack of follow-up, small samples, and few participants with binge eating and purging behaviors. The current study evaluated the short- and long-term outcomes of a large sample of patients with anorexia nervosa (AN) and bulimia nervosa (BN) admitted to a PHP program. Participants (N=173, Mage=15.69) completed the Eating Disorders Examination—Questionnaire (EDE-Q) and provided anthropomorphic measurements at intake, discharge, and varying lengths of follow-up (Mfollow up=10.45 months). The majority of patients presenting to program were referred by outpatient providers following failure to make gains at that level of care, or by a medical stabilization unit providing inpatient care. Results from multi-level modeling analyses indicated significant decreases in all EDE-Q subscales ($p < .01$) and significant increases in body weight in the AN subtypes ($p < .01$), both of which were maintained at follow-up. Patients who endorsed purging demonstrated significant decreases in purging behaviors from intake to discharge and maintained these gains at follow-up ($p < .01$). Binge eating did not decrease from intake to discharge, but did demonstrate a trend toward decreasing at follow-up ($p = .017$). Findings provide much-needed empirical support for the long-term outcomes for PHPs across diagnostic categories and suggest that they provide an effective bridge for those patients who do not respond to traditional outpatient care.

Learning Objectives:

- Understand the continuum of care model and the role of partial hospitalization programs in promoting recovery.
- Describe limitations of the past work evaluating treatment outcomes in adolescent partial hospitalization programs.
- Outline findings regarding the long-term outcome of a large sample of adolescents with anorexia and bulimia nervosa.

PS1.3.3: Group Cognitive Remediation Therapy for children and adolescents receiving intensive day-patient treatment for anorexia nervosa: a feasibility study

Charlotte Rhind, PhD, Trainee Clinical Psychologist, Institute of Psychiatry, King's College London, London, UK; Kate Tchanturia, PhD, FAED, FBPS, FHEA, Consultant Clinical Psychologist, BSc (Hons), MSc, PhD, Institute of Psychiatry, Kings College London, London, UK; Jonathan Espie, DClInPsy, Principal Clinical Psychologist, South London and Maudsley NHS Foundation Trust, London, UK

Cognitive Remediation Therapy (CRT) targets specific thinking styles that are thought to play a role in the development and maintenance of anorexia nervosa (AN). Evidence is emerging to support its use for young people diagnosed with AN, but less is known about its benefit when delivered as a brief group intervention. Even less is known about its potential benefit for those with high Autism Spectrum Disorder (ASD) features. This is the first study to explore the feasibility of group CRT in young people diagnosed with AN using neuropsychological measures of both set-shifting (SS) and central coherence (CC), and to consider the benefit for those with ASD features. This pre+post uncontrolled study aimed to 1) estimate the likely effect size of group CRT in young people with AN and other important parameters,

and 2) explore the use of group CRT for those with high vs. low ASD features. Twenty-two young people aged 12-18 years receiving intensive day-patient treatment for AN or Atypical AN completed a neuropsychological assessment (the Wisconsin Card Sorting Task, the Brixton Spatial Anticipation Test, and the Rey Osterrieth Complex Figures Task) pre+post 4 sessions of group CRT. Standard measures of AN symptom severity and ASD features were also used. Study uptake and retention was >90%. Medium to large effect size improvements were found across measures of SS ($dZ=0.44$ to $dZ=0.90$) and medium size improvements found in CC ($dZ=0.59$). Young people with ASD features showed smaller to similar size improvements in SS, and larger improvements in CC following group CRT. This study suggests that an RCT examining group CRT in AN using neuropsychological measures and 4 sessions as a 'minimum dose' is feasible to conduct within a daypatient setting. Change in SS and CC was evident using neuropsychological assessment following group CRT. Group CRT is likely to benefit young people with AN with or without ASD features.

Learning Objectives:

- Describe the theoretical basis for group Cognitive Remediation Therapy for young people diagnosed with anorexia nervosa or atypical anorexia nervosa within an intensive day-patient setting and understand the rationale for the methodology used in this feas.
- Summarise the results and discuss the strengths, limitations and further development of group CRT in young people with anorexia nervosa or atypical AN.
- Describe the theoretical basis for exploring the likely benefit of group CRT for those with high vs. low ASD traits and summarise this study's findings and conclusion with respect to ASD features and group CRT.

PS1.3.4: The Caregiver Traps Scale: Validation of an Assessment Tool to Identify Roadblocks to Parental Involvement in Treatment

Adele Lafrance, PhD, C.Psych, Laurentian University, Sudbury, ON, Canada

More and more, parents and caregivers are actively involved in reducing their loved one's ED symptoms. Research has shown that high levels of caregiver fear regarding their involvement are related to lower levels of self-efficacy and higher levels of accommodating and enabling behaviors, suggesting a need to identify such fears prior to the onset of family-based treatment. Based on this need, and in collaboration with caregivers, a brief self-report measure (The Caregiver Traps Scale; CTS) was developed. One hundred and twenty four parents of adolescent and adult children with ED participated in the validation study. They completed this scale and other scales to assess for convergent (Accommodating and Enabling Scale for Eating Disorders; AESED) and divergent (Parents versus Anorexia Scale; PVA) validity. Parents were introduced to the items with the following prompt: "We have found it is a very normal process for caregivers to struggle with concerns that surface while engaging in the tasks of recovery. How likely are you to feel vulnerable to the following concerns when supporting your loved one's refeeding / interruption of symptoms?" Example items include "Fear of pushing my loved one "too far" with treatment (leading to depression/running away/suicide)" and "Fear of being blamed or being to blame". Exploratory factor analysis revealed one component, accounting for 39% of the variance, with a mean of 3.82 (on a scale from 1 to 7; $SD = 1.19$), indicating that parents endorsed a moderate amount of fear. The scale also yielded high internal consistency ($\alpha = .88$). Finally, as expected, the CTS was significantly positively correlated with the total scale score on the AESED and significantly negatively correlated with the measure of parental self-efficacy (PVA). This scale shows promise as a tool for clinicians, providing a road map in order to target and transform parental fears that could potentially fuel accommodating, enabling or treatment-interfering behaviors.

Learning Objectives:

- Describe the development and validation process for a caregiver measure to assess fears relating to their active involvement in their loved one's treatment.
- List the most common parental fears most significantly related to accommodating and enabling behaviors.
- Apply this tool at the assessment phase, and throughout treatment to target and transform maladaptive fears that could interfere with home-based interventions.

PS1.3.5: Changes in Weight and Percent Expected Body Weight Predict Outcomes in a Family-Based Partial Hospitalization Program

Jessica L Van Huysse, PhD, University of Michigan, Ann Arbor, MI, USA; Kellsey Smith, BS, University of Michigan, Ann Arbor, MI, USA; Kathleen A Mammel, PhD, FAED, University of Michigan, Ann Arbor, MI, USA; Renee Rienecke, PhD, FAED, Medical University of South Carolina, University of Michigan, Charleston, SC, USA

Early weight gain in family-based treatment (FBT) for anorexia nervosa (AN) is a predictor of improved outcomes. Specifically, gains of approximately four pounds in the first four weeks of outpatient treatment, and in the first two weeks of participation in an FBT-informed partial hospitalization program (PHP), have been associated with improved outcomes. Given that four pounds represents a different proportion of necessary weight restoration for patients of different ages, statures, and genders, it may be useful to identify the rate of percent expected body weight (EBW) gain that best predicts positive outcomes. Thus, the current study examined percent EBW gain in 62 patients (M age = 16.27 years, SD = 3.0) who were enrolled in an FBT-based PHP. Participants met criteria for AN (85.5%) or another eating disorder requiring weight restoration (atypical AN [8.0%], avoidant/restrictive food intake disorder [6.5%]). Weekly weight restoration was examined using three approaches: (1) weekly weight gain in pounds, (2) weekly change in percent EBW defined as provider-identified target weights ("provider EBW"), and (3) weekly change in percent EBW defined by weight corresponding to the median BMI body mass index ("mBMI EBW"). Positive outcome was defined as scoring within 2 standard deviations of population averages on the eating disorder examination (EDE) and reaching 95% EBW at the conclusion of the PHP. Receiver operator characteristic analyses showed that gaining 6.5 pounds or 5.7% of provider EBW in the first three weeks of treatment significantly and most strongly predicted positive outcome. Weekly mBMI EBW changes did not significantly predict outcome. Findings are consistent with prior work suggesting gain of just over 2lbs per week at the PHP level of care predicts positive outcomes. Further, early increases in %EBW defined by providers, and based upon individual growth history, may be more useful in predicting outcomes than EBW based upon mBMI.

Learning Objectives:

- Describe rate and amount of weight gain that is associated with positive treatment outcomes in family based treatment (FBT).
- Discuss how expected body weight (EBW) ranges may differ if set by providers based on individual growth trajectories ("provider EBW") versus EBW defined by weight corresponding to the median BMI body mass index ("mBMI EBW").
- Describe the method for setting expected body weight ranges (EBW) that best predicts treatment outcomes in the context of a family-based treatment informed partial hospitalization program.

PS1.3.6: Does inpatient weight restoration prior to outpatient family-based treatment improve long-term outcomes for adolescent Anorexia Nervosa: A five-year follow-up.

Jane Miskovic-Wheatley, BS (Hons 1), MS, PhD, The Children's Hospital at Westmead, Sydney, Australia; Andrew Wallis, PhD, Graduate Diploma of Psychology, MFT, Graduate Diploma of Mental Health, The Children's Hospital at Westmead, Sydney, Australia; Michael Kohn, MBBS, FRACS, ECFMG, FRACP, Fellowship in Adolescent Medicine, Albert Einstein College of Medicine, Westmead Hospital, Sydney, Australia; Janice Russell, MB, BS, University of Sydney, Royal Prince Alfred Hospital, Sydney, Australia; Hay Phillipa, MB, ChB, Psychiatrist, Wesley Hospital, Sydney, Australia; Sloane Madden, BMBS (Hons II), PhD (Medicine), The Children's Hospital Westmead, Sydney, Australia

The aim of this study is to report the long-term (5-year) follow up of a randomised-control trial testing the hypothesis that young people suffering from medically unstable Anorexia Nervosa, with family-based treatment post a brief-stay inpatient admission for medical stabilisation (MS), have comparable outcomes to those with longer stay admissions for weight restoration (WR). At 12-month follow-up there was no difference in use of additional hospital days supporting shorter first admissions and associated cost savings for inpatient care (Madden, et al, 2014). The current study follows the original cohort of 82 participants (originally aged $m=14.89$) to five-years post-treatment to investigate ongoing hospital use across the main eating disorder inpatient treatment facilities in the state. The method includes a multi-site medical record audit following opt-out participant notification which has resulted in a 98% retention rate. The cohort was also invited to self-report ongoing eating disorder symptomatology, impact on family attachment, treatment use, to complete standardised questionnaires and undergo bone density scans. This paper presents outcomes from one of the largest cohorts and longest follow-up periods in the area of treatment of acute medically unstable Anorexia Nervosa with the aim of optimising first presentation treatment to promote long-term recovery.

Learning Objectives:

- To consider the potential of short-term inpatient admissions for minimal weight restoration prior to family-based treatment.
- To consider the long-term impacts of shorter initial admissions for medically unstable adolescent Anorexia Nervosa.
- To consider the integration of inpatient and outpatient therapies in the optimisation of treatment.

PS1.4.1: Examining the Role of Persistence in the Relationship Between Restraint and Restriction of Caloric Intake

Angeline Bottera, BA, University of Wyoming, Laramie, WY, USA; Evelyn Kambanis, BA, University of Wyoming, Laramie, WY, USA; Kyle De Young, PhD, FAED, University of Wyoming, Laramie, WY, USA

Restraint is an inconsistent predictor of restriction. We aimed to evaluate the relationship between restraint and restriction by measuring restriction among male and female undergraduates using a novel laboratory task that progressively increases the difficulty of restricting caloric intake. Participants (N=101) consumed 16 ounces of Kool-Aid, 2 ounces at a time across 8 trials. In each trial, participants could either complete an increasingly difficult math task to consume a zero calorie Kool-Aid mixture or opt out of completing the task for a high calorie mixture (252 calories/16 ounces). Restraint was measured using the Three-Factor Eating Questionnaire on a prior occasion. Since females are higher on

restraint than males, we aimed to test for sex effects. Females who were higher on restraint devoted increasing amounts of time toward earning access to the zero calorie mixture as rounds grew progressively more difficult, while the reverse was true for males ($B=-0.383$, $t=-3.59$, $p<.001$). Devoting an increasing amount of time as the task grew more difficult may indicate an individual's level of persistence toward restriction. Among participants who persisted in this way, restraint was positively associated with restriction on the task regardless of sex ($B=0.329$, $t=3.17$, $p=.002$). These results further the understanding of the association between restraint and restriction, highlighting the role of persistence in achieving restriction and the tendency for females to devote increasing efforts in the face of obstacles to avoid consuming additional calories. Future studies should aim to identify other possible moderators of restraint associated with persistence (e.g., personality, biology), as well as test whether persistence mediates the relationship between restraint and restriction.

Learning Objectives:

- Elaborate on the understanding of the relationship between restraint and restriction.
- Examine the role of persistence in the relationship between restraint and restriction.
- Describe sex difference in the relationship between restraint and persistence.

PS1.4.2: Network Analysis of Eating Disorders and PTSD in a Community Sample: The role of re-experiencing as a mechanism of comorbidity

Rachel Liebman, PhD, Eating Disorders Clinical and Research Program, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; Kendra Becker, PhD, Eating Disorders Clinical and Research Program, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; Li Cao, PhD, Sanford Research, Fargo, ND, USA; Kathryn Smith, PhD, University of North Dakota, Fargo, ND, USA; Ross Crosby, PhD, University of North Dakota, Fargo, ND, USA; Kamryn Eddy, PhD, FAED, Eating Disorders Clinical and Research Program, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; Jennifer Thomas, PhD, FAED, Eating Disorders Clinical and Research Program, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA

Trauma exposure is high among individuals with eating disorders (ED), and disordered eating is highly comorbid with post-traumatic stress disorder (PTSD). Comorbid EDs and PTSD may have a mutually reinforcing relationship that impedes recovery. Numerous studies have documented the overlap between these disorders, but none have examined their co-occurrence as a network of interacting symptoms. Network analysis examines how symptoms relate to and are reinforced by each other, highlighting key intervention targets. Participants ($n = 341$) completed an anonymous online survey on eating behaviors in the community. The sample was 51% male and mean age was 37.2 ($SD = 10.9$, range 18-70). Participants completed the ACES questionnaire about trauma history, PTSD Checklist (PCL), and Eating Pathology Symptoms Inventory (EPSI). Mean EPSI scores ranged from 2.0 (Purging) to 10.4 (Body Dissatisfaction) and 41.3% of the sample endorsed trauma. Networks were estimated using regularized Graphical Gaussian Models, with nodes representing subscales of the EPSI and PCL. We first characterized the network structure of ED and PTSD symptoms among participants who endorsed a trauma history by examining the relative importance of nodes using centrality measures (i.e., strength, closeness, and betweenness) as well as nodes that bridged these groups of symptoms. Then, ED symptom networks were compared among participants with and without trauma (ED-Trauma, and ED-only groups, respectively). Re-experiencing (e.g., intrusive memories, nightmares, flashbacks) was the most central symptom in the ED-Trauma network, with the most bridge connections between the two symptom sets, and muscle-building and purging had the highest strength centrality. In the ED-only network, excessive exercise and binge eating had the highest strength centrality. Findings have

implications for timing of interventions and suggest that re-experiencing may be a key treatment target before addressing other PTSD or ED symptoms.

Learning Objectives:

- Identify symptoms that contribute to the overlap between eating disorders and PTSD.
- Describe the benefits of network analysis in identifying mechanisms of comorbidity.
- Identify key treatment targets in the combined treatment of eating disorders and PTSD.

PS1.4.3: Mindfulness and Eating Disorder Psychopathology: A Meta-Analysis

Margarita Sala, MA, Southern Methodist University, Dallas, TX, USA; Shruti Shankar Ram, BS, University of Louisville, Louisville, KY, USA; Irina Vanzhula, MS, University of Louisville, Louisville, KY, USA; Cheri Levinson, PhD, University of Louisville, Louisville, KY, USA

Mindfulness is defined as the ability to attend to the present moment in a non-judgmental and non-reactive way (Kabat-Zinn 1990, 1994). Mindfulness is implicated in eating disorder (ED) psychopathology, such that individuals who are more mindful engage report lower eating disorder symptoms (e.g., Sala & Levinson, 2017). However, the extent to which mindfulness is associated with ED psychopathology and the factors that might influence these associations is currently unclear. A comprehensive meta-analytic review was conducted to examine (a) the associations between mindfulness (state and trait) and ED psychopathology, and (b) the extent to which these associations were affected by study differences (e.g., mindfulness facet, ED psychopathology). Research published between 2006 and 2018 was identified. The resulting database included 59 independent samples from 55 study reports. A multivariate random-effects model was used to estimate summary study-level effect sizes, and multivariate mixed-effects models were used to examine moderator effects. Mindfulness was associated with ED psychopathology ($r = -.25, p < .001$). The type of ED construct measured emerged as a moderator, such that the relation between mindfulness and ED psychopathology was strongest for binge eating and body dissatisfaction. Among the facets of mindfulness, acting with awareness and non-judging were the strongest correlates of ED psychopathology, and observing was not associated with ED psychopathology. Targeting mindfulness (specifically acting with awareness and non-judgment), particularly in individuals who struggle with binge eating and body dissatisfaction, may be important for alleviating ED psychopathology.

Learning Objectives:

- Participants will have greater insight into the extent to which mindfulness is associated with ED psychopathology.
- Participants will understand which aspects of mindfulness might be most relevant to ED psychopathology.
- Participants will learn for which eating disorder behaviors mindfulness might be most relevant.

PS1.4.4: Protective Associations Between Father-Child Connectedness in Adolescence and Eating Concern in Young Adulthood

Vivienne M. Hazzard, MPH, RD, University of Michigan, Ann Arbor, MI, USA; Alison L. Miller, PhD, University of Michigan, Ann Arbor, MI, USA; Katherine W. Bauer, PhD, University of Michigan, Ann Arbor, MI, USA; Bhramar Mukherjee, PhD, University of Michigan, Ann Arbor, MI, USA; Kendrin R. Sonneville, ScD, RD, University of Michigan, Ann Arbor, MI, USA

Protective associations have been observed between family connectedness and eating disorder symptoms in adolescence, but little is known about how mother-child and father-child connectedness may have differential influence. Using data from the National Longitudinal Study of Adolescent to Adult Health, this study examined associations of mother-child connectedness and father-child connectedness in adolescence (mean age=15.4 years) with eating concern in young adulthood (mean age=21.8 years). Parent-child connectedness was assessed with subscales of the Youth Asset Survey, and eating concern was defined as embarrassment over amount eaten and/or fear of losing control over eating. As availability of parent-child connectedness data depended on family structure, demographics-adjusted logistic regression models were stratified according to whether respondents reported a mother and a father (“two-parent”; N=9,507), only a mother (“mother-led”; N=3,523), or only a father (“father-led”; N=502) in the household (HH). Interactions by child sex were tested. Eating concern in young adulthood was reported by 7.2% of respondents. Among respondents with two-parent HHs, the association between father-child connectedness and eating concern differed by child sex ($p < .01$), with higher father-child connectedness associated with lower odds of eating concern among females (odds ratio [OR]: 0.82; 95% confidence interval [CI]: 0.69, 0.97) but not males (OR: 1.32; 95% CI: 0.97, 1.79). Associations did not differ by child sex among respondents with single-parent HHs. Among respondents with father-led HHs, higher father-child connectedness was associated with lower odds of eating concern (OR: 0.65; 95% CI: 0.44, 0.98). Mother-child connectedness was not significantly associated with eating concern among respondents with mother-led HHs. Findings suggest father-child connectedness may be a protective factor for eating disorder symptoms, but differences by child sex should be explored.

Learning Objectives:

- Understand how mother-child and father-child connectedness may have differential influence with regards to eating disorder symptoms.
- Recognize that father-child connectedness may have different implications for girls versus boys.
- Appreciate the challenges of examining family factors across a variety of family structures.

PS1.4.5: ELUCIDATING FACTORS UNDERLYING PARENT-OFFSPRING SIMILARITY IN EATING PATHOLOGY IN PRE- AND EARLY PUBERTY: EXPLORING THE POSSIBILITY OF PASSIVE GENE-ENVIRONMENT CORRELATION

Shannon O'Connor, PhD, University of Chicago, Chicago, IL, USA; S. Alexandra Burt, PhD, Michigan State University, East Lansing, MI, USA; Matthew McGue, PhD, University of Minnesota, Minneapolis, MN, USA; William Iacono, PhD, University of Minnesota, Minneapolis, MN, USA; Kelly Klump, PhD, FAED, Michigan State University, East Lansing, MI, USA

Eating pathology has been found to aggregate in families. Typically, familial resemblance has been attributed to parents providing an environment that leads to the development of eating pathology. However, offspring raised by biological parents receive both their environment and genes from their parents, raising the possibility that genetic influences, environmental influences, and/or gene-environment interplay may account for familial resemblance. Past studies have not explored the possibility of parents' genes influencing the environment they provide (i.e., passive gene-environment correlations or “passive rGE”). If present, passive rGE is most likely to “hide” in estimates of shared environmental influences in classical twin models. The current study used a nuclear twin family design to explore the possibility of passive rGE during pre-/early puberty when past studies demonstrate the importance of shared environmental influence. Additionally, the present study explored whether sibling-specific (i.e., influences specific to the twin generation) or family-specific (i.e., “cultural” influences

within the home) environmental influences accounted for shared environmental influences found in past studies. Participants included pre-/early pubertal twins and their biological parents from the Minnesota Twin Family Study and the Michigan State University Twin Registry. Disordered eating (i.e., overall disordered eating, body dissatisfaction, weight preoccupation, binge eating) was assessed with self-report measures in the twins and parents. Pubertal status was determined using an established cut-off on a self-report measure. Passive rGE was not indicated in pre-/early puberty. Instead, sibling-specific and non-shared environmental influences were most influential. Future research should explore parental influences that may impact the twin generation only (e.g., parenting style, etc.), as this would be represented by sibling-specific environmental influences.

Learning Objectives:

- Describe three etiologic pathways that may underlie parent-offspring resemblance in eating pathology.
- Describe the possible influence of passive gene-environment correlations in familial resemblance.
- Assess the influence of parents' genes on their pre-pubertal offspring's disordered eating.

PS1.4.6: A randomized trial of the impact of daily self-weighing on affective reactivity using Ecological Momentary Assessment

Carly Pacanowski, PhD, RD, University of Delaware, Newark, DE, USA; Jennifer Linde, PhD, University of Minnesota, Minneapolis, MN, USA; Ross Crosby, PhD, FAED, Sanford Health, Fargo, ND, USA; Scott Engel, PhD, Sanford Health, Fargo, ND, USA; Gregory Dominick, PhD, University of Delaware, Newark, DE, USA

Obesity and eating disorders are two significant public health problems which occur during emerging adulthood (ages 18-25). Daily self-weighing (SW) has been shown to prevent age-related weight gain, but questions remain regarding the psychological impact of this behavior on vulnerable populations. Affective lability is a well-established risk factor for disordered eating, which contributes to obesity and eating disorders. Thus, if SW increases affective reactivity, it could have a paradoxical effect such that individuals maintain their weight but develop disordered eating. The purpose of this study was to assess the momentary impact of daily SW on subsequent affect lability in a college-aged female population. Fifty college women, without a lifetime or current eating disorder, were randomized to SW or a temperature-taking (TT) control intervention. Over two weeks, participants completed an ecological momentary assessment (EMA) recording that included items from the Positive and Negative Affect Schedule (PANAS) immediately after waking, performed their intervention behavior, completed another EMA recording after the behavior, answered two EMA-signaled recordings throughout the day, and completed an end-of-day EMA recording. Multilevel mixed models with a random effect for intercept were run using individual daily standard deviation of positive and negative affect as the dependent variable. Preliminary results suggest greater variability for both positive and negative affect in the SW group compared to the TT group; differences were not statistically significant (NA variability: SW = 2.663  0.259; TT = 2.207  0.207; PA variability: SW = 4.546  0.397, 95% CI = 3.750, 5.342; TT = 4.382  0.413, 95% CI = 3.552, 5.212). Power analyses suggest adequate power to detect a large effect ($d = 0.84$). Given the lack of adverse effects, it may be time to reassess the effects of frequent weighing; however, research is needed on behavioral outcomes as well.

Learning Objectives:

- Understand the relevance and importance of self-weighing to behavioral weight control and the field of eating disorders.
- Describe how Ecological Momentary Assessment furthers our understanding of the psychological impact of self-weighing.
- Evaluate the impact of daily self-weighing on affect in an at-risk sample.

PS1.5.1: BODY SATISFACTION IN CHILDREN AND ADOLESCENTS UNDERGOING WEIGHT MANAGEMENT TREATMENT: SYSTEMATIC REVIEW AND META-ANALYSIS

Megan L Gow, PhD, BS (Hons), BSc, The University of Sydney, Sydney, Australia; Natalie Lister, BSc, MNutr, PhD, The University of Sydney, Sydney, Australia; Susan J Paxton, Emeritus Professor, PhD, La Trobe University, Melbourne, Australia; Katharine Aldwell, BSc, MNutr, The Children's Hospital at Westmead, Sydney, Australia; Sarah Thomas, BSc, MNutr, The Children's Hospital at Westmead, Sydney, Australia; Sarah P Garnett, Associate Professor, PhD, MNutr&Diet, The Children's Hospital at Westmead, Sydney, Australia; Louise A Baur, Professor, PhD, FRACP, The University of Sydney, Sydney, Australia; Hiba Jebeile, MNutr, The University of Sydney, Sydney, Australia

Children and adolescents with increased BMI have reduced body satisfaction. The aim of this systematic review was to investigate how weight management interventions for children and adolescents with increased BMI impact on body satisfaction. Four databases were searched in May 2017 to retrieve peer-reviewed articles that met the following eligibility criteria: (1) children and adolescents (<18-years) with BMI z-score >1, (2) weight management intervention with a nutrition component, (3) case studies, pre-post studies and randomised controlled trials, (4) pre- and post-intervention assessment of at least one measure of body satisfaction. Meta-analysis was completed where possible. Of 2799 articles screened, 39 studies met the inclusion criteria. Nineteen reported on body dissatisfaction, six on body esteem, 15 on physical appearance, and five each on shape and weight concern. Meta-analysis indicated that weight management interventions led to an improvement in physical appearance (12 studies, small to medium effect size, SMD (SE) 0.390 (0.067), $p < 0.001$) equivalent to an increase in 0.32 (0.066) points on a scale of 1-4. Weight concern did not change (five studies, -0.223 (0.161), $p = 0.166$) and there was a reduction in shape concern (five studies, small effect size, -0.34 (0.156), $p = 0.029$). Although statistically significant, changes may not be clinically significant. Fourteen of 19 studies measuring change in body dissatisfaction and four of six studies measuring change in body esteem reported significant improvements immediately following the weight management intervention. No study reported worsening of body satisfaction measures. This review demonstrates that engagement in weight management interventions does not worsen body satisfaction. In fact, weight management may lead to mild improvements in physical appearance and shape concern in children and adolescents with increased BMI.

Learning Objectives:

- Describe the impact of weight management interventions for children and adolescents on body satisfaction/ body image, physical appearance and weight and shape concern.
- Describe the comorbidity of increased BMI and reduced body satisfaction in children and adolescents.
- Understand the methodology of a systematic review.

PS1.5.2: #CleanEating: An experimental study of the impact of exposure to clean eating Instagram posts on young women's dietary restraint and body dissatisfaction.

Phillippa Diedrichs, PhD, BSc (Hons), FAED, Centre for Appearance Research, University of the West of England, Bristol, Avon, UK; Melissa Atkinson, PhD, BSc (Hons), Department of Psychology, University of Bath, Bath, UK; Lauren Noble, BSc, University of the West of England, Bristol, Avon, UK

Social media use is associated with increased body dissatisfaction and eating pathology among adolescent and young adult women. While researchers have begun to examine the impact of 'thinspiration' and 'fitspiration' on social media, the impact of exposure to the 'clean eating' social media trend on young women's body image and eating pathology has been unexplored, until now. 'Clean eating' social media posts feature images (often of food) and text purportedly designed to inspire viewers towards a "healthier" lifestyle by promoting the consumption of whole minimally processed foods. As of July 2018, there were over 39-million Instagram posts tagged with '#cleaneating'. However, critics contend that 'clean eating' posts may promote disordered eating as they are often accompanied by a narrative of 'guilt-free' or 'cheat' meals and dietary restriction. The present study experimentally investigated the effects of viewing clean eating imagery and hashtags on Instagram on young women's dietary restraint and body dissatisfaction. A community sample of British women (n=90; aged 18-25) was randomly assigned to spend five minutes browsing one of three Instagram accounts in a controlled setting: Clean eating imagery with clean eating hashtags, clean eating imagery with neutral hashtags, or travel imagery with travel hashtags (control). Before and after exposure, they completed standardized state measures of dietary restraint and body dissatisfaction. Multivariate analyses revealed that brief exposure to clean eating imagery did not lead to increased dietary restraint intentions and state body dissatisfaction relative to viewing control stimuli. Given its popularity, more research is needed to better understand the impact of the clean eating trend on eating pathology and body image, particularly its longer-term effects and influence among those who may be at heightened risk for eating disorders.

Learning Objectives:

- Describe the nature and prevalence of the clean eating trend on social media.
- Assess the impact of clean eating social media posts on young women's eating pathology and body image.
- Identify future directions in research and practice relating to social media use and body image among young women.

PS1.5.3: Warning vs rewarding: evaluating the effects of labeling images as retouched or retouch-free on body image in women

Francesca Giorgianni, BA Candidate, Northeastern University, Boston, MA, USA; Elisa Danthinne, BS Candidate, Northeastern University, Boston, MA, USA; Rachel F. Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA

Labeling images to indicate their retouched status has been proposed as a strategy to decrease the detrimental effects of exposure to media images on body image. The usefulness of such labels has received little support; however, little is known about the effects of labeling on images that have not been digitally modified. The purpose of this study was to examine the effects of exposure to images that had or had not been digitally modified, and with either the presence or absence of a label. Participants (614 females aged 18-30) were randomly allocated to one of four conditions : (1) unretouched images without a label and (2) unretouched images with a "100% retouch-free" label, (3) retouched images without a label and (4) retouched images with a "Warning: retouched image" label. Each condition

included ten images that had or had not been digitally altered featuring the same set of diverse models. Participants completed measures of state appearance satisfaction and mood pre- and post-exposure and provided self-reported weight and height. Controlling for body mass index, a trend level condition (4) X time (2) interaction for state appearance satisfaction emerged ($p = .072$). Post-hoc planned comparisons revealed that the retouched with warning label group experienced a significant post-exposure decrease in body satisfaction compared to the group exposed to the unlabeled unretouched images ($p = .013$), and a trend level decrease compared to the group exposed to unlabeled retouched images ($p = .064$). No overall interaction emerged for mood; however, planned follow-up comparisons revealed that the participants exposed to the unlabeled unretouched images reported a trend-level decrease in negative affect compared to those exposed to the labeled unretouched images ($p = .09$) and the labeled retouched images ($p = .06$). These findings support efforts to limit the digital modification of models' bodies in images rather than the use of warning labels.

Learning Objectives:

- To understand the different contexts and uses of "retouched" labels vs. "retouch-free" labels.
- To describe the different effects on measures like state appearance satisfaction and body satisfaction of "retouched" labels vs. "retouch-free" labels added onto digitally modified or unmodified media images.
- To assess the potential effectiveness of "retouched" and "retouch-free" labels as public health tools.

PS1.5.4: Thinspiration and fitspiration: are they a cause or symptom of eating disorders? Findings from a cross-lagged longitudinal mediation analysis of individuals with eating disorders

Scott Griffiths, PhD, University of Melbourne, Melbourne, Australia; Stuart Murray, PhD, University of California San Francisco, San Francisco, CA, USA; Deborah Mitchison, PhD, Macquarie University, Sydney, Australia; Jonathan Mond, PhD, University of Tasmania, Launceston, Australia; Fiona Barlow, PhD, University of Queensland, Brisbane, Australia

Thinspiration and fitspiration are classes of social media content characterised by glorified portrayals of thin and muscular bodies, respectively. To date, we are unaware of any longitudinal examination of the associations of thinspiration and fitspiration with eating disorder symptoms. Moreover, hypothesised mediators of these associations are yet to be longitudinally evaluated. Thus, we conducted a set of cross-lagged longitudinal mediation models to determine whether the use of thinspiration and fitspiration exacerbates eating disorder symptoms amongst individuals with eating disorders. Individuals with eating disorders ($N = 228$, 47% with anorexia nervosa) completed measures of social media use, thinspiration and fitspiration use, physical appearance comparisons, and eating disorder symptoms. Measures were obtained at three time points (baseline, 3 months, and 6 months). We observed minimal evidence of an association of thinspiration at baseline with eating disorder symptoms at later time points and no evidence of mediation by physical appearance comparisons. However, we observed notable evidence of reverse causality. Specifically, increased eating disorder symptoms at baseline were associated with increased use of thinspiration at later time points. Moreover, we observed notable evidence of mediation by physical appearance comparisons. By contrast, no meaningful associations were found for fitspiration in either direction. In conclusion, our findings suggest that the use of thinspiration may be a symptom, rather than a cause, of eating disorders. Specifically, as eating disorder symptoms intensify, a consequent desire and/or compulsion to compare one's appearance to that of others may compel individuals to seek out thinspiration for this purpose. A caveat to our finding that

fitspiration was not associated with eating disorder symptoms is that nearly half of our sample was comprised of individuals with anorexia nervosa, for whom thinness concerns predominate.

Learning Objectives:

- Describe the similarities and differences between thinspiration and fitspiration.
- Understand thinspiration and fitspiration in the context of eating disorder psychopathology.
- Understand cross-lagged longitudinal mediation analyses as a tool for examining longitudinal eating disorders data.

PS1.5.5: Attentional bias to weight-related body parts predicts body dissatisfaction in female college students when embodying a real-size virtual body

Marta Ferrer-Garcia, PhD, FAED, Universitat de Barcelona, Barcelona, Catalonia, Spain; Bruno Porrás-García, MS, PhD Candidate, Universitat de Barcelona, Barcelona, Catalonia, Spain; Alexandra Ghita, Master's Degree, PhD Candidate, Universitat de Barcelona, Barcelona, Catalonia, Spain; Laura López-Jiménez, BS, Universitat de Barcelona, Barcelona, Catalonia, Spain; Alba Vallve-Romeu, BS, Universitat de Barcelona, Barcelona, Catalonia, Spain; Valentina Tarantino, BS, Universitat de Barcelona, Barcelona, Catalonia, Spain; José Gutiérrez-Maldonado, PhD, Universitat de Barcelona, Barcelona, Catalonia, Spain

Introduction: Eating Disorder (ED) patients selectively attend to appearance cues in preference to other information, in a phenomenon known as Attentional Bias (AB). Previous studies have suggested that an AB toward self-reported unattractive body areas can elicit high levels of state body dissatisfaction in female participants when they observe a photograph of their own body. This study assesses whether dysfunctional body-related attention towards weight-related body parts can predict higher body dissatisfaction levels when female participants are embodied in a real-size virtual body. Method: Forty-three female college students were exposed to an immersive virtual environment in which they were embodied in a virtual avatar with their own body measures. To analyze the gaze data, Weight-related Areas of Interest (W-AOIs) and Non-Weight-related Areas of Interest (NW-AOIs) were defined. Fixation points and complete fixation time on each AOI were recorded during the virtual exposure using an Eye Tracking device incorporated in the Head Mounted Display (HMD). Results: Linear regression analyses established that spending a greater proportion of time (complete fixation time: $R^2=0.245$, $F(1, 41) = 13.292$, $p = .001$) and looking more frequently (fixation points: $R^2=0.241$, $F(1, 41) = 13.051$, $p = .001$) at weight-related body parts predicted higher body dissatisfaction levels, accounting for 24.5% and 24.1% of the explained variance respectively. Conclusion: This study provides further evidence of the relation between dysfunctional body-related attention and body image dissatisfaction. The new virtual reality HMDs allow researchers to include Eye-Tracking devices, and thus provide more objective measures of body-related attentional bias. The use of these two technologies opens up a promising new area in the assessment or treatment of ED and body image disturbance.

Learning Objectives:

- Deeping into the relationship between body-related attentional bias and body dissatisfaction in women.
- To assess whether dysfunctional body-related attention towards weight-related body parts when participants are embodied in a real-size virtual body predicts higher body dissatisfaction levels.
- To explore the new possibilities that offers the combination of eye-tracking and virtual reality technologies to obtain more objective measures of dysfunctional body-related attentional bias.

PS1.5.6: The exploration of state body dissatisfaction in everyday lives: An EMA study with Japanese young women

Mika Omori, PhD, Ochanomizu University, Bunkyo, Tokyo, Japan; Ai Takamura, MA, Ochanomizu University, Bunkyo, Tokyo, Japan; Yoko Yamazaki, PhD, Ochanomizu University, Bunkyo, Tokyo, Japan; Hiroe Kikuchi, MD, PhD, Center Hospital of the National Center for Global Health and Medicine, Shinjuku, Tokyo, Japan; Toru Nakamura, PhD, Osaka University, Toyonaka, Osaka, Japan; Kazuhiro Yoshiuchi, MD, PhD, Tokyo University, Bunkyo, Tokyo, Japan; Yoshiharu Yamamoto, PhD, Tokyo University, Bunkyo, Tokyo, Japan

Body dissatisfaction has been widely studied as a key risk factor for health-related problems including eating disorders. However, the majority of studies relied on questionnaires, and a state body dissatisfaction in naturalistic settings had not been explored until recent. The present study was designed to investigate state body dissatisfaction of young women in everyday lives, using an ecological momentary assessment (EMA). Sixty four female college students in Japan completed a baseline questionnaire and an EMA survey (mean age = 19.36, SD= 1.28; mean BMI= 20.27, SD= 2.44). A questionnaire included trait body dissatisfaction, drive for thinness, and sociocultural attitudes towards appearance. During an EMA survey, prompts were sent to participants eight times a day (8:00 AM to 10:00 PM) for two weeks to ask information regarding state body image and situational conditions such as current locations, others whom participants were with, media use, and body checking. The interclass correlation for state body image was .85, which suggested high levels of between-individual variability. Effects of within- and between- individual predictors on state body image were explored using multilevel modeling analyses. Within-individual level-1 equations were obtained in order to examine relationships between situational conditions and state body image. Level-2 equations were obtained to examine individual differences in the level-1 relationships between situational conditions and state body image. It was found that locations, others whom participants were with, media exposure, and body checking occasions, and fat talk predicted state body image. Sociocultural attitudes towards appearance were found to moderate within-individual predictors. Results yielded positive effects of being at home and being with family members on state body image (beta = .15, $p < .01$; beta = .15, $p < .05$, respectively). Interestingly, being at school did not have a significant effect on state body image.

Learning Objectives:

- To investigate state body image of young Japanese women in natural settings using EMA.
- To examine relationships between situational conditions and state body dissatisfaction.
- To discuss the moderating role of individual differences in relationships between situational conditions and state body dissatisfaction.

PS1.6.1: Relating goal-directed behaviour to eating disorder features and higher BMI

Andreea I Heriseanu, BS Psych (Hons), DCLinPsych, PhD Candidate, University of Sydney, Camperdown, Australia; Laura Corbit, PhD, University of Sydney, Camperdown, Australia; Phillipa Hay, MBChB, MD, DPhil, FAED, Western Sydney University, Campbelltown, Australia; Ross Crosby, PhD, FAED, Neuropsychiatric Research Institute, Fargo, ND, USA; Li Cao, MS, Neuropsychiatric Research Institute, Fargo, ND, USA; Stephen Touyz, PhD, FAED, University of Sydney, Camperdown, Australia

Eating patterns in both eating disorders (ED) and obesity are heterogeneous, with complex causes and maintaining factors. Behaviour change may be difficult as often targeted behaviours (such as dietary

patterns) are often not volitional and goal-directed, but habitual or automatic. The current study aimed to examine goal-directed behaviour in participants with obesity compared to healthy-weight controls, and to relate goal-directed behaviour to two eating patterns (binge eating and grazing) and to ED features. Instrumental tasks and measures of eating psychopathology were completed by participants with BMIs within the "healthy" and "obese" ranges. Participants were also categorised as likely to meet diagnostic criteria for ED or not. A computer task was used to assess goal-directed behaviour; specifically, knowledge of action-outcome contingency was examined implicitly, through behavioural performance, and explicitly, through ratings of contingency. Participants with obesity and those likely to meet criteria for an ED endorsed greater ED psychopathology. On instrumental tasks, participants with obesity were found to have intact action-outcome contingency knowledge, similar to healthy-weight controls. However, participants with binge eating in both weight groups, as well as participants likely to meet criteria for an ED, displayed deficits in their ability to use knowledge of contingency to flexibly adapt performance, indicating that their behaviour may have been less goal-directed and more rigid and reflexive. Grazing did not show a similar association; participants with high and low levels of grazing in both weight groups performed similarly. The present study lends support to the possibility that ED psychopathology, potentially more so than a higher BMI, is related to making decisions which are more strongly habitual and less goal-directed, which may be reflected in difficulties in modifying behaviour.

Learning Objectives:

- Evaluate the role of goal-directed behaviour in obesity and eating disorders.
- Identify heterogeneous eating patterns present in obesity and eating disorders.
- Integrate understanding of habit and reflexive action as related to disordered eating.

PS1.6.2: Secretive Eating among Treatment-Seeking Adults with Binge-Eating Disorder

Janet Lydecker, PhD, Yale School of Medicine, New Haven, CT, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

Secretive eating is characterized by eating furtively and concealing the act and evidence of eating. Among youth, secretive eating is common and associated with eating-disorder psychopathology. Yet, secretive eating among adults, including adults with eating disorders, is relatively unexplored. We assessed secretive eating among treatment-seeking adults with binge-eating disorder (BED), and examined demographic and clinical characteristics of patients with and without secretive eating. Patients (N=755) were assessed for BED and eating-disorder psychopathology by trained doctoral clinicians using the Structured Clinical Interview for DSM-IV Disorders (SCID) and Eating Disorder Examination interview, completed the BDI, and had height and weight measured. 54% of patients reported secretive eating distinct from objective binge episodes. Demographic characteristics (age, race, education) largely did not differ, but significantly more women (57.3%) than men (46.9%, $p=.01$) endorsed secretive eating. Patients with and without secretive eating did not differ significantly in BMI, objective binge episodes, overeating episodes, or restraint. Patients with secretive eating endorsed significantly more subjective binge episodes, greater eating concerns, shape concerns, and weight concerns (all $p<.001$), and had higher depression scores ($p<.001$) than patients without secretive eating. More patients with secretive eating (74.2%) endorsed overvaluation of shape/weight than patients without secretive eating (55.4%, $p<.001$). Results remained the same after adjusting for sex, race, and BMI. Findings suggest that, among patients with BED, secretive eating reflects greater eating-disorder psychopathology but not increased objective binge episode frequency or BMI. Understanding secretive eating can contribute to treatment formulation and planning.

Learning Objectives:

- Compare eating-disorder psychopathology between BED patients with and without secretive eating.
- Identify associations between secretive eating and demographic characteristics of patients.
- Translate findings into applications for clinical formulations with treatment-seeking adults with BED.

PS1.6.3: Internalized weight stigma and intuitive eating explain lower eating disturbances among higher BMI clients in healthy living program

Janell Mensinger, PhD, Drexel University, Philadelphia, PA, USA; Tracy Tylka, PhD, FAED, The Ohio State University, Columbus, OH, USA; Rachel Calogero, PhD, FAED, Western University, London, ON, Canada; Erin Harrop, MSW, University of Washington, Seattle, WA, Canada

Epidemiological evidence shows increased risk of eating disorders (EDs) among higher weight individuals. Those with high BMI who engage in disordered eating are often treated with an explicit goal of weight loss; however, this treatment may be contraindicated in this population. The purpose of the present study was to examine potential processes underlying ED outcomes for high BMI women who identified as struggling with their weight and eating. Eighty participants were randomized into one of two 6-month group-based facilitator-led healthy living programs that emphasized either (a) total body acceptance, or, (b) lifestyle change. Participants were primarily white (94%), middle-class women, 30-45 years old ($M=39.6$, $SD=4.1$); BMIs ranged from 30 to 45kg/m² ($M=38.0$, $SD=3.9$). We tested a serial mediation model hypothesizing internalized weight stigma and intuitive eating as two of the mechanisms explaining program benefits to ED outcomes. Analyses were conducted using the Montoya and Hayes within-subjects design mediation macro with percentile bootstrapped confidence intervals for the indirect effects. Results demonstrated that intuitive eating mediated the program outcomes for uncontrolled eating (UE) (indirect effect=1.26, 95%CI =0.38, 2.40), emotional eating (EE) (indirect effect=0.44, 95%CI=0.12, 0.88), and overvaluation of weight and shape (OWS) (indirect effect=0.90, 95%CI=0.34, 1.55). In addition, internalized weight stigma serially mediated the improvements in UE, EE, and OWS through its association with intuitive eating (serial indirect effects: UE=0.49, 95%CI= 0.04, 0.99; EE=0.17, 95%CI=0.01, 0.42; OWS=0.35, 95%CI=0.02, 0.83). These findings suggest that key program elements include emphasizing body acceptance and rejection of anti-fat norms to reduce internalized weight stigma. This will aid with eating according to hunger and satiety cues which reduces uncontrolled and emotional eating, as well as overvaluation of weight and shape in women with higher BMI.

Learning Objectives:

- Describe why prescriptions for weight loss are contraindicated for individuals higher on the weight spectrum, especially those who have eating disturbances.
- Identify the mechanisms that link participation in a healthy living program to subsequent lower levels of eating disturbances, specifically by lessening internalized weight stigma and increasing intuitive eating practices, among women with higher BMI.
- Explain how the rejection of anti-fat cultural norms may constitute an effective primary target for higher weight women with eating disturbances.

PS1.6.4: Associations between hair cortisol concentrations, perceived stress, and binge eating and emotional eating in women

Natasha Fowler, MA, Michigan State University, East Lansing, MI, USA; Pamela Keel, PhD, Florida State University, Tallahassee, FL, USA; Debra Katzman, MD, FRCP(C), University of Toronto, Toronto, ON, Canada; Cheryl Sisk, PhD, Michigan State University, East Lansing, MI, USA; Michael Neale, PhD, Virginia Commonwealth University, Richmond, VA, USA; S. Alexandra Burt, PhD, Michigan State University, East Lansing, MI, USA; Kelly Klump, PhD, Michigan State University, East Lansing, MI, USA

Stress is a significant risk factor for disordered eating. Previous studies have demonstrated relationships between plasma and salivary cortisol and binge eating (BE) and emotional eating (EE), as well as between disordered eating and daily self-reports of stress. However, no study has examined the pattern of associations between hair cortisol concentrations (HCC; a retrospective, longitudinal, biological marker of stress), daily stress, and BE and EE. This study examined this association in 79 female twins (aged 16-25 years) from the Michigan State University Twin Registry. Daily ratings of the frequency of stressful events and their impact (assessed via the Daily Stress Inventory [DSI]), BE frequency (assessed via self-reports of binge episodes per day), and EE score (assessed via the Dutch Eating Behaviors Questionnaire-Emotional Eating scale) were collected over 49 consecutive days. In order to assess HCC over the course of the study, 1.5 cm of hair was collected at the end of the study. Based on an average hair growth rate of 1 cm per month, this length represented HCC over the 49 days (~1.5 months) of the study. Preliminary results suggested an inconsistent association between HCC and daily stress (both impact and number of events), with larger effect sizes (0.33-0.36) in those with higher DSI impact scores. Further, while there were significant positive associations between BE and EE and average DSI impact score ($r = 0.23, p = .04$; $r = 0.79, p < .001$) and average number of stressful events ($r = 0.27, p = .01$; $r = 0.79, p < .001$), there was no significant association between HCC and either BE or EE in women. Together, preliminary results suggest that while HCC does map onto levels and impact of daily stress, self-reports of daily stressors and their impact are more highly associated with disordered eating compared to HCC.

Learning Objectives:

- Identify risk factors for binge eating and emotional eating in women.
- Describe the role of stress on risk for binge eating and emotional eating in women.
- Describe the interaction between hair cortisol concentration and disordered eating in women.

PS1.6.5: Hunger and stress differentially predict perceived emotional eating in individuals with and without loss-of-control eating: An ecological momentary assessment study

Stephanie Manasse, PhD, Drexel University, Philadelphia, PA, USA; Kelsey Clark, BA, Drexel University, Philadelphia, PA, USA; Sarah Palasick, BA, Drexel University, Philadelphia, PA, USA; Emily Presseller, BA, Drexel University, Philadelphia, PA, USA; Adrienne Juarascio, PhD, Drexel University, Philadelphia, PA, USA

Given the clinical significance of emotional eating (EE) behavior across the spectrum of eating and weight disorders, we conducted the first-ever study of temporal antecedents of EE behavior using ecological momentary assessment (EMA) in a community sample of individuals with and without loss-of-control (LOC) eating. Participants ($N=28$, 89.3% female, M age=35.4 years [$SD=15.5$], M BMI=28.6 kg/m² [$SD=7.3$]) with EE (i.e., > 6 EE episodes in the previous month) were recruited to complete a 4-week EMA protocol. A large minority of participants (39.3%) reported LOC eating in the previous month (M episodes=11.8, $SD=7.4$). Six times per day, participants answered questions regarding EE episodes and levels of stress, hunger and urges. We hypothesized that momentary increases in stress, hunger, and urges would predict EE at the subsequent EMA survey, and that these relationships would be strongest

in individuals with LOC. In the overall sample, generalized estimating equations demonstrated that, as expected, momentary increases in stress ($b=.18$, $p=.02$), hunger ($b=.18$, $p <.01$), and urges ($b=.15$, $p<.01$) were associated with greater likelihood of EE episodes at the following EMA survey. For individuals with LOC, stress ($b=.17$, $p<.01$), but not hunger ($b=.11$, $p=.35$) or urges ($b=.06$, $p=.30$) predicted subsequent EE. By contrast, for those without LOC, hunger ($b=.17$, $p=.04$), but neither stress ($b=.16$, $p=.32$) nor urges ($b=.14$, $p=.12$) predicted likelihood of subsequent EE. Results suggests that for individuals with LOC, stress management strategies may prove useful for reduction of emotionally-driven eating. For individuals without LOC, perceived “emotional eating” could be a post-hoc explanation for overeating in response to hunger. Alternatively, individuals without LOC may have greater difficulty identifying stress levels in the moment. Future research should aim to further elucidate what specific stressors or facets of negative affect drive EE in order to inform intervention.

Learning Objectives:

- Examine factors that contribute to emotional eating.
- Assess whether predictors of emotional eating differ between individuals with and without loss of control eating.
- Explore applications of ecological momentary assessment to studying emotional eating.

PS1.6.6: Sleep Disturbances, Anxiety, and Binge-Eating Behavior in Individuals with Binge-Eating Disorder

Nicole Johnson, BS, Illinois Institute of Technology, Chicago, IL, USA; Laura Thornton, PhD, University of North Carolina at Chapel Hill,, Chapel Hill, NC, USA; Jessica Baker, PhD, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; Cynthia Bulik, PhD, FAED, University of North Carolina at Chapel Hill; Karolinska Institutet, Chapel Hill, NC, USA; Kimberly Brownley, PhD, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

Sleep disturbances have been broadly associated with eating disorder symptomatology, and individuals with binge-eating disorder (BED) often report sleep disturbances. This study examined the associations of sleep disturbances with reports of past-month binge-eating frequency (BEF) at baseline and with the change in BEF over 6 months, using data from a pilot study of chromium supplementation (Chromax[®], Nutrition21) in individuals with BED. At the baseline, 3-month, and 6-month lab visits, participants ($N=20$, 83.8% female) had their weight and height measured to calculate body mass index (BMI) and completed the Eating Disorder Examination-Questionnaire (to assess BEF), the sleep scale from the Quick Inventory of Depressive Symptomatology (to assess sleep disturbances), and the Beck Anxiety Inventory. Generalized linear models, fit with a Poisson distribution and a log link function, estimated a significant positive association between sleep disturbances and baseline BEF ($b=0.26$, $p=.045$), while accounting for anxiety and BMI. Anxiety was independently associated with baseline BEF ($b=0.07$, $p<.001$), but BMI was not ($p>.05$). Regression residuals were calculated to estimate the change in BEF from baseline to the 6-month visit. No positive association between sleep disturbances and the change in BEF ($p>.05$), while accounting for anxiety and BMI, was observed. These results indicate that, at baseline, greater sleep disturbances were associated with more binge-eating episodes in the past 28 days and with higher anxiety; however, baseline sleep disturbances were not significantly associated with change in BEF. Although the small sample limits the statistical power for estimating these associations, these results suggest that interventions for sleep disturbances might be beneficial in BED treatment. Future studies are needed to determine potential causal relations among sleep disturbances, binge eating, and anxiety in those with BED.

Learning Objectives:

- Describe the association between sleep disturbances and binge-eating behavior in individuals with binge-eating disorder.
- Describe the association between anxiety and binge-eating behavior in individuals with binge-eating disorder.
- Explain how interventions targeting sleep disturbances may be beneficial in binge-eating disorder treatment.

PS1.7.1: Comorbidity in Youth Eating Disorders: Toward a Functional Model of Risk

Heather Davis, MS, University of Kentucky, Lexington, KY, USA; Gregory Smith, PhD, University of Kentucky, Lexington, KY, USA; Anna Marie Ortiz, MS, University of Kentucky, Lexington, KY, USA

Psychiatric comorbidities are prevalent in youth eating disorders (Micali et al., 2014), with estimates as high as 70% for co-occurring externalizing (substance use), and internalizing (depression) dysfunction (Campbell & Peebles, 2014). Historically, comorbidity research has been descriptive. Previous research has not tested functional models to explain the co-occurrence of different symptom profiles. We tested such a model. Recent advances in risk theory indicate a bidirectional relationship between binge eating and the traits of negative urgency (the tendency to act rashly when distressed) and negative affect (Davis et al., 2017). One possible explanation for the high comorbidity with eating disorder symptoms is that binge eating elevates risk for other forms of dysfunction through its impact on those traits, both of which have transdiagnostic influence. Our sample included 1,906 youth (49.2% female), followed from elementary school into high school. Endorsement of early binge eating (5th or 6th grade; late elementary and early middle school) predicted increases in negative urgency and negative affect at the end of 7th grade (middle school). In turn, 7th grade negative urgency predicted increases in 10th grade (high school) externalizing dysfunction (binge eating, alcohol use problems, and smoking), and internalizing dysfunction (depressive symptoms), controlling for prior levels of these variables. Seventh grade negative affect predicted increases in 10th grade binge eating and depressive symptoms. We also explored whether a similar process operated for lack of planning (acting without forethought). It did: seventh grade lack of planning predicted increases in the externalizing behaviors of smoking, problem drinking, and binge eating in 10th grade. Early engagement in binge eating elevates risk for multiple forms of dysfunction, at least in part due to its prediction of high-risk personality change in middle school. This research was supported by NIMH and NIAAA.

Learning Objectives:

- Understand a comorbidity model that emphasizes early (5th or 6th grade) binge eating as a starting point for the development of internalizing and externalizing behaviors in high school.
- Describe how middle school negative affect and negative urgency differentially predict high school binge eating and comorbid dysfunction.
- Understand the importance of assessing and treating early binge eating and transdiagnostic risk factors among youth presenting with eating disorders.

PS1.7.2: Examining Reward Value in Bulimic Syndromes: Novel Insights into Vulnerability for Comorbidity

Pamela Keel, PhD, FAED, Florida State University, Tallahassee, FL, USA; Grace Kennedy, MS, Florida State University, Tallahassee, FL, USA; Lindsay Bodell, PhD, University of Western Ontario, London, ON, USA;

Jonathan Appelbaum, MD, Florida State University, Tallahassee, FL, USA; Diana Williams, PhD, Florida State University, Tallahassee, FL, USA

Recent data support a significant link between bulimia nervosa (BN) and increased reward value for food based on breakpoint (BP) on a progressive ratio (PR) task for M&Ms (Bodell & Keel, 2015). Reward valuation/effort represents a centrally-mediated construct in the Research Domain Criteria (RDoC) posited to increase risk for binge eating, influence responsiveness to a range of rewarding stimuli, and explain comorbidity for disorders characterized by excessive reward-related behavior. The current study examined whether women with bulimic syndromes (BN-S) demonstrate greater reward value for non-food as well as food rewards compared to controls. We also tested associations among food and non-food reward value and ad lib food intake, and whether non-food reward value is impacted by nutritional status. Participants (N=76) completed a novel PR task for 2 min of playing a computer game (Angry Birds) in both a fasted and fed condition at 9:00 AM on separate days. Participants completed the M&Ms PR task in the afternoon of the fasted Angry Birds day and an ad lib test meal of satiation in the afternoon of the fed Angry Birds day. BN-S had a significantly higher BP on all PR tasks compared to controls (all p -values $<.01$). Significant positive associations were found for BP across conditions/rewards (Angry Birds fasted and fed: $r=.57$, $p<.001$; M&Ms and Angry Birds fasted/fed: $r=.30/r=.42$, $p=.005/p<.001$) and between ad lib intake and BP for M&Ms ($r=.50$, $p<.001$) and Angry Birds fasted ($r=.25$, $p<.05$) but not Angry Birds fed ($r=.15$, $p=.20$). Finally, BP for Angry Birds was higher in the fasted than the fed condition ($p<.001$). Findings support alterations in reward value in BN-S that extend beyond food. Such alterations may increase risk for binge eating and comorbid conditions, and nutritional status may influence this vulnerability.

Learning Objectives:

- Describe comorbidity between bulimic syndromes and disorders characterized by excessive engagement in rewarding behaviors, such as substance use disorders.
- Describe how the Research Domain Criteria (RDoC) construct of reward valuation/effort is measured behaviorally.
- Evaluate ability of reward valuation/effort to explain comorbidity between bulimic syndromes and substance use disorders.

PS1.7.3: Suicidality and Eating Disorders among a Diverse Sample of College Students: Results from a National Survey Study

Sarah Lipson, PhD, EdM, Assistant Professor, Boston University, Boston, MA, USA; Kendrin Sonneville, ScD, RD, Assistant Professor, University of Michigan, Ann Arbor, MI, USA

Understanding associations between suicidality and eating disorders (EDs) is particularly important in college populations given that the traditional college years (ages 18-23) represent an epidemiologically vulnerable time for the onset and progression of EDs, and that EDs are associated with elevated suicide risk. Using the most large-scale data to date, this study examines ED symptoms (measured by the SCOFF), past-year suicidal ideation, suicide plans, and suicide attempts among students from 77 colleges and universities across the U.S. that participated in the national, web-based survey the Healthy Minds Study. In a sample of 71,712 students, we find that suicide risk increases significantly according to ED symptom count (range 0-5 symptoms). Among students with no symptoms (SCOFF=0), rates of suicidal ideation, plans, and attempts are 7%, 2%, and $<1\%$, respectively, compared to 28%, 6%, and 5% among students with the highest symptom count (SCOFF=5). In multivariate logistic regressions controlling for age, gender, and race/ethnicity and relative to students with no symptoms (SCOFF=0), students with

one symptom have 1.6 times higher odds of having a past-year suicide attempt (95% CI: 1.2, 2.2, $p=0.002$), while students with two symptoms have 3.2 times higher odds (95% CI: 2.4, 4.4, $p<0.001$), students with three symptoms have 4.3 times higher odds (95% CI: 3.1, 6.1, $p<0.001$), students with four symptoms have 7.4 times higher odds (95% CI: 4.8, 11.4, $p<0.001$), and students with five symptoms have 9.8 times higher odds (95% CI: 4.4, 21.6, $p<0.001$). Similar findings are revealed in models for past-year ideation and plans, with each additional symptom count associated with higher odds of suicidality. Risk of suicidality is elevated among students with ED symptoms, including those with symptoms considered “sub-threshold.” Findings provide support for integration of prevention and early intervention for EDs and suicide on college campuses.

Learning Objectives:

- Summarize how eating disorder symptom count is associated with suicidality among college students.
- Describe mechanisms that may explain co-occurrence of eating disorder symptoms and suicidality among college students.
- Discuss implications of co-occurrence of eating disorder symptoms and suicidality among college students.

PS1.7.4: The unique role of weight stigma on comorbid unhealthy weight control and substance use among adolescent girls

Melissa Simone, PhD, University of Minnesota, Minneapolis, MN, USA; Laura Hooper, RD, University of Minnesota, Minneapolis, MN, USA; Marla Eisenberg, ScD, MPH, University of Minnesota, Minneapolis, MN, USA; Dianne Neumark-Sztainer, PhD, MPH, RD, University of Minnesota, Minneapolis, MN, USA

Unhealthy weight control behaviors (UWCB) are common among adolescent girls and predict a wide range of health issues, including eating disorders and substance use. Because girls with comorbid UWCB and substance use report poorer mental health than girls who report either behavior alone, it is important to identify specific factors related to the development of this comorbidity. To this end, previous research suggests that weight stigma is associated with both UWCB and substance use. Thus, it is possible that the predictive effect of UWCB on future substance use is higher among girls who experience weight stigma. The purpose of the current study is to examine the influence of weight stigma on the magnitude of the relationship between UWCB and substance use. Data from 2,357 adolescent socioeconomically and ethnically diverse girls in waves I (aged 11-18) and III (aged 20-31) of Project EAT (Eating and Activity in Teens and Young Adults) were analyzed to test: (1) whether UWCB and weight stigma predict substance use, and (2) the extent to which weight stigma magnifies or attenuates the longitudinal relationship between UWCB and substance use. Initial analyses revealed that 26% of the sample experience weight stigma multiple times a year, 58% report use of at least one UWCB in the past year, and 88% report use of at least one substance in the past year. Further, analyses found strong main effects of UWCB ($p < .05$) and weight stigma ($p < .05$) on substance use. Additional results regarding whether weight stigma magnifies or attenuates the relationship between UWCB and substance use among girls are underway and will be presented during the talk. The results from the current study add to a growing body of literature highlighting the long-term impacts of various kinds of stigma, and imply that clinicians working with adolescent girls who report use of UWCB should work with clients to process experiences of weight stigma to ultimately reduce risk of future substance use.

Learning Objectives:

- Describe the role of unhealthy weight control on development of substance use among girls.

- Describe the unique role of weight stigma in the development of comorbid unhealthy weight control and substance use among adolescent girls.
- Describe the clinical implications of weight stigma among girls who engage in unhealthy weight control behaviors and its importance in preventing substance use.

PS1.7.5: Using network analysis to identify pathways that bridge trait anxiety and eating disorder symptoms in patients with anorexia nervosa

Lauren Forrest, MA, Miami University, Oxford, OH, USA; Laurel Sarfan, MA, Miami University, Oxford, OH, USA; Shelby Ortiz, BA, Miami University, Oxford, OH, USA; Tiffany Brown, PhD, University of California San Diego, San Diego, CA, USA; Leslie Anderson, PhD, University of California San Diego, San Diego, CA, USA; April Smith, PhD, Miami University, Oxford, OH, USA; Walter Kaye, MD, University of California San Diego, San Diego, CA, USA

This study used network analysis to identify bridge symptoms between anorexia nervosa and trait anxiety. Bridge symptoms are symptoms in one diagnostic cluster that may activate symptoms in another diagnostic cluster. Adults with anorexia nervosa admitted to partial hospitalization eating disorder (ED) treatment participated in the study (N=123). ED symptoms were assessed with the Eating Disorder Examination–Questionnaire. Twenty-two ED symptoms and behaviors were included in the network. Trait anxiety features were assessed with the State–Trait Anxiety Inventory. The network was estimated in the R qgraph package. Central bridge symptoms were identified by calculating bridge expected influence and bridge strength in the networktools package. Four symptoms emerged with notably high bridge expected influence and bridge strength values: avoidance of social eating (ED), lacking self-confidence (trait anxiety), feelings of inadequacy (trait anxiety), and feelings of failure (trait anxiety). Avoidance and ineffectiveness may be pathways connecting ED symptoms and trait anxiety in anorexia nervosa. That is, the ED symptom that emerged as an important bridge symptom was avoidance of social eating. Avoidance may negatively reinforce trait anxiety and ED symptoms by preventing individuals from facing feared situations, thereby strengthening feared responses and perpetuating avoidant behaviors in a problematic cycle. The trait anxiety features that emerged as bridge symptoms represent poor global self-esteem and ineffectiveness. Ineffectiveness is observed in individuals with comorbid EDs and anxiety symptoms and is associated with increased risk for ED development over time. By identifying bridge symptoms, we enhance our understanding of comorbidity processes and highlight potential treatment targets to maximally disrupt the symptom network. Thus, interventions targeting avoidance and ineffectiveness may be a fruitful direction in anorexia nervosa treatment.

Learning Objectives:

- Describe the application of network analysis to identify pathways connecting eating disorder symptoms and comorbidities.
- Identify bridge symptoms between eating disorders and trait anxiety.
- Provide theoretically- and empirically-informed treatment implications for anorexia nervosa and trait anxiety.

PS1.7.6: Physical Morbidity and Eating Disorder Symptoms among Medically Hospitalized Adolescents with Atypical Anorexia Nervosa

Abigail Matthews, PhD, MHA, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA; Katrina Lenz, PsyD, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA; Claire Peterson, PhD,

Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA; Laurie Mitan, MD, FAAP, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA

Whereas adolescents with both atypical anorexia nervosa (AAN) and AN have lost a significant amount of weight, those diagnosed with AAN present within or above a normal weight range. Existing research suggests that adolescents with AAN have commensurate physical and psychological morbidity as their AN counterparts, despite a higher weight status. This study sought to describe the severity of physical complications and eating disorder (ED) symptoms among medically hospitalized adolescents with AAN, as compared with AN. Participants included 30 adolescents (aged 12-18) with newly diagnosed AAN (M age = 14.52, SD = 1.60; 76.7% female) and 59 adolescents with AN (M age = 15.49, SD = 1.45; 84.7% female) admitted to an inpatient medical unit at an urban children's hospital for complications of their ED. At admission, adolescents with AAN were at a significantly higher percent of ideal body weight (%IBW) and treatment goal weight (%TGW) than adolescents with AN (%IBW: 98.64% vs. 81.53%, $t = -10.12$, $p < .001$; %TGW: 84.91% vs. 78.37%, $t = -3.89$, $p < .001$). No significant difference in illness duration in AAN vs. AN (6.60 months vs. 7.81 months) or percent of total body mass lost (20.28% vs. 23.91%) was found. Regarding physical symptom severity, no significant differences in bradycardia (i.e., lowest overnight heart rate experienced; 37.41 bpm vs. 36.5 bpm) or days required to achieve medical stability (i.e., hospital length of stay; 11.24 days vs. 12.95 days) were evidenced. On the EDE-Q, there were no significant differences in self-reported symptom severity on the Global scale (2.98 vs. 2.97) or any subscales. Although adolescents with AAN may present at a seemingly healthy weight, our findings provide additional evidence that illness severity in AAN is consistent with AN. Further education of primary care and community health providers about AAN is crucial to assure appropriate identification and early intervention in adolescents.

Learning Objectives:

- Summarize weight presentations among medically hospitalized adolescents with atypical anorexia nervosa (AAN) and full threshold AN.
- Identify similarities and differences in physical symptoms among medically hospitalized adolescents with AAN and AN.
- Identify similarities and differences in self-reported eating disorder symptoms among medically hospitalized adolescents with AAN and AN.

PS1.8.1: Network Analysis of Interoceptive Awareness and Eating Disorder Symptoms

Tiffany Brown, PhD, University of California San Diego, San Diego, CA, USA; Erin Reilly, PhD, University of California San Diego, San Diego, CA, USA; Jason Lavender, PhD, University of California San Diego, San Diego, CA, USA; Laura Berner, PhD, University of California San Diego, San Diego, CA, USA; Angeline Krueger, BS, University of California San Diego, San Diego, CA, USA; Christina Wierenga, PhD, University of California San Diego, San Diego, CA, USA; Walter Kaye, MD, University of California San Diego, San Diego, CA, USA

Interoceptive awareness (IA) is a transdiagnostic process known to be impaired in eating disorders (ED); however, the nuanced relationship between IA and ED symptoms is poorly understood. Network analysis is a statistical method that provides insights into associations among symptoms in psychiatric disorders. A recent study found that IA was centrally located in a network analysis of ED patients at treatment admission and discharge; however, the study used a measure of IA that was confounded with emotional awareness. The present study used network analysis to identify (1) core symptoms within IA and ED networks (e.g., central features of the construct/disorder) and (2) potential bridge symptoms

between IA and ED networks (e.g., symptoms that could connect constructs/disorders). Adults with anorexia or bulimia nervosa (n=134) completed the Multidimensional Assessment of Interoceptive Awareness and Eating Disorders Examination-Questionnaire at treatment admission. Analyses were conducted with the R qgraph package using a partial correlation graphical lasso model. Results revealed that core IA symptoms were: feeling at home in your body, feeling the body is a safe place, trusting in body sensations, and paying attention to one's breath without being distracted. Core ED symptoms were: desire for a flat stomach, fear of losing control over eating, and social eating. IA symptoms closest to ED symptoms included: feeling at home in your body, feeling the body is a safe place, trusting in body sensations, and ignoring physical discomfort until severe. ED symptoms closest to IA symptoms were: avoidance of eating and desire for an empty stomach. Findings suggest that body trust represents the central facet of IA and may bridge IA to ED symptoms, suggesting that body trust may be a potentially useful intervention target. While eating and shape-related concerns were most central to the ED symptoms network, restrictive eating symptoms appear to bridge/connect ED symptoms to IA.

Learning Objectives:

- Identify core (central) features within the eating disorder symptom network.
- Identify core (central) features within the interoceptive awareness symptom network.
- Describe interoceptive awareness and eating disorder symptoms that may bridge (connect) these two constructs.

PS1.8.2: Development and Validation of a Scale for the Tendency to Exercise in Response to Mood, Eating, and Body Image Related Cues: The Reactive Exercise Scale (RES)

Kyle De Young, PhD, FAED, University of Wyoming, Laramie, WY, USA; Alexandra Thiel, MA, University of Wyoming, Laramie, WY, USA; Angeline Bottera, BA, University of Wyoming, Laramie, WY, USA; Evelyn Kambanis, BA, University of Wyoming, Laramie, WY, USA

Our earlier work using a crude assessment of the tendency to engage in physical exercise when experiencing negative affect demonstrated that this tendency was robustly associated with eating disorder (ED) behaviors and attitudes. This study reports on the development of a self-report measure that disentangles the tendency to exercise in response to negative emotion from the tendency to exercise in response to eating and body image-related cues, which themselves may be associated with negative emotion. This measure will allow for testing the unique relation of using exercise in an attempt to regulate negative emotion associated with ED constructs independent from exercising in response to appearance-related motives. An exploratory factor analysis in a sample of 315 undergraduate participants using an initial pool of 42 items identified 3 factors and retained 25 items. A confirmatory factor analysis in a different undergraduate sample of 300 individuals tested the fit of this 3-factor solution. After freeing the covariances of similarly worded items, the solution fit reasonably well ($\chi^2(263)=632.51$, $p<.001$; RMSEA=.069; CFI=0.94; TLI=0.93; SRMR=0.05). The factors indicate the tendency to exercise in response to negative emotion ($\alpha=0.95$), in response to eating or body image-related cues ($\alpha=0.93$), and in response to positive emotion ($\alpha=0.88$). Men scored higher on both mood-related factors ($p's=.004$ and $.035$), while women scored higher on the eating/body-image factor ($p=.007$). While controlling for sex and BMI, only the eating/body image factor was uniquely associated with the Eating Disorder Examination Questionnaire Global Score (Beta=0.51, $t=7.83$, $p<.001$). Additional evidence of convergent and discriminant validity will be presented, covering depression, anxiety, body image, emotion regulation, and other ED constructs. The Reactive Exercise Scale (RES) appears to be a promising new tool for testing emotion regulation theories involving the role of exercise in EDs.

Learning Objectives:

- Describe the constructs assessed by the Reactive Exercise Scale.
- Describe the rationale for developing a measure to tease apart exercising in response to negative emotion and exercising in response to eating and body image-related cues.
- Assess the fit of the model to the newly developed Reactive Exercise Scale.

PS1.8.3: A test of the DSM-5 severity specifier for bulimia nervosa in adolescents: can we anticipate clinical treatment outcomes

Sasha Gorrell, PhD, University of California, San Francisco, San Francisco, CA, USA; Lisa Hail, PhD, University of California, San Francisco, San Francisco, CA, USA; Kathryn Kinasz, MD, University of California, San Francisco, San Francisco, CA, USA; Sarah Forsberg, PsyD, University of California, San Francisco, San Francisco, CA, USA; Lindsey Bruett, PhD, University of California, San Francisco, San Francisco, CA, USA; Kevin Delucchi, PhD, University of California, San Francisco, San Francisco, CA, USA; James Lock, MD, PhD, FAED, Stanford University, Stanford, CA, USA; Daniel Le Grange, PhD, FAED, University of California, San Francisco, San Francisco, CA, USA

The DSM-5 severity specifier for bulimia nervosa (BN) is based on frequency of engagement in inappropriate compensatory behaviors (ICBs; e.g., self-induced vomiting, excessive exercise, fasting). The specifier demonstrates valid heterogeneity in BN symptoms in adolescents, but its clinical utility in anticipating treatment response is untested. Adolescents (N = 130 aged 12-18, 92% female) with DSM-IV diagnosis of BN or partial BN (binge eating and purging \geq 1/week for 6 months) participated in a clinical treatment trial, randomized to 1 of 3 treatment groups: Cognitive Behavioral Therapy, Family-Based Treatment (FBT) or Individual Supportive Therapy. Assessment included the Eating Disorder Examination. Initial analyses grouped individuals by baseline BN severity (i.e., ICB frequency over 3 months prior). Kruskal–Wallis tests were used to examine whether BN severity classification at the start of treatment predicted binge eating and purging frequency at end-of-treatment, 6- and 12-month follow-up. Results indicated significant differences between specifier categories in predicting binge eating and purging at end-of-treatment ($\chi^2(3) = 13.36, p = .004$), and 6- month follow-up ($\chi^2(3) = 13.19, p = .004$), such that those with greater severity at outset were more likely to remain symptomatic; this relation was not significant at 12-months. Notably, tests for linear trend were significant, $z = 3.14, p = .002$ (end-of-treatment); $z = 3.17, p = .002$ (6-months); $p = 4.09, p < .001$ (12-months). Results also showed statistically significant differences per treatment group ($\chi^2(2) = 11.07, p = .004$), with FBT demonstrating lower symptom frequency at end-of-treatment. Findings suggest that the DSM-5 severity specifier for BN holds clinical utility in anticipating treatment response in an outpatient adolescent sample with BN. Future work may determine if DSM-5 eating disorder severity specifiers predict treatment outcomes across transdiagnostic samples.

Learning Objectives:

- Examine the DSM-5 severity specifier for bulimia nervosa within adolescents.
- Evaluate the clinical utility of the DSM-5 bulimia nervosa severity specifier in predicting symptoms at end-of-treatment.
- Within treatment type, explore the impact of bulimia nervosa severity at baseline on symptom retention over time.

PS1.8.4: The Yale Emotional Overeating Questionnaire: Overeating in response to physical pain

Robin Masheb, PhD, Yale School of Medicine, VA Connecticut Healthcare System, New Haven, CT, USA; Amanda Kutz, PhD, VA Connecticut Healthcare System, West Haven, CT, USA; Alison Marsh, BA, VA Connecticut Healthcare System, West Haven, CT, USA; Mary Driscoll, PhD, Yale School of Medicine, VA Connecticut Healthcare System, New Haven, CT, USA

The Yale Emotional Overeating Questionnaire (YEOQ) was recently adapted to include an item for pain. The current study sought to investigate overeating in response to physical pain in a sample of weight loss seeking adults by examining its frequency and associations with measures of eating behavior and mental health. One-hundred twenty Veterans (108 men and 12 women; 25% people of color) with overweight/obesity (mean BMI 38.0), who attended orientation sessions for weight management treatment at VA Connecticut Healthcare System, were consecutively evaluated. Participants completed the YEOQ, a 9-item measure assessing the frequency of overeating in response to feelings of anxiety, sadness, loneliness, tiredness, anger, happiness, boredom, guilt, and physical pain over the past 28 days, as well as validated measures of eating behavior (the Eating Disorder Examination-Questionnaire, Night Eating Questionnaire, and Yale Food Addiction Scale) and mental health. The YEOQ was internally consistent ($\alpha = .95$), and the YEOQ pain item was significantly and moderately correlated with all other items (range .49 to .67). Fifty-one participants (40.5%) engaged in at least one overeating episode in the past month in response to physical pain, and 17 (14.2%) engaged in this behavior daily. Analyses of covariance revealed significant differences between those who did and did not overeat in response to pain on measures of eating pathology, night eating and food addiction (p 's < .01), symptoms of PTSD and insomnia (p 's < .001), but not alcohol misuse ($p = .288$), even after controlling for BMI and symptoms of depression. Findings highlight that eating in response to physical pain is common among individuals seeking weight loss treatment, and is suggestive of other eating pathology and mental health concerns. More research is needed to understand how this behavior may be impacting weight management treatment.

Learning Objectives:

- Assess the frequency of overeating in response to physical pain.
- Describe eating behavior associated with overeating in response to physical pain.
- Describe mental health issues associated with overeating in response to physical pain.

PS1.8.5: Fear of weight gain in restrictive eating disorders among adolescents: does current weight status matter?

Lisa Hail, PhD, University of California, San Francisco, San Francisco, CA, USA; Sasha Gorrell, PhD, University of California, San Francisco, San Francisco, CA, USA; Kathryn Kinasz, MD, University of California, San Francisco, San Francisco, CA, USA; Sarah Forsberg, PsyD, University of California, San Francisco, San Francisco, CA, USA; Lindsey Bruett, PhD, University of California, San Francisco, San Francisco, CA, USA; Elizabeth Hughes, PhD, The University of Melbourne; The Royal Children's Hospital Melbourne, Melbourne, Australia; Susan Sawyer, MBBS, MD, FRACP, FSAHM, Royal Children's Hospital; The University of Melbourne, Melbourne, Australia; Daniel Le Grange, PhD, FAED, University of California, San Francisco, San Francisco, CA, USA; Katharine L. Loeb, PhD, FAED, Fairleigh Dickinson University, Teaneck, NJ, USA

Improved assessment of individuals with restrictive eating disorders (EDs), across the weight spectrum, is an important endeavor. Fear of Weight Gain (FWG) is a core diagnostic symptom of anorexia nervosa (AN). It is not yet known if adolescents with restrictive EDs presenting to treatment at a higher weight (atypical AN; AAN) report FWG to a different degree than those at lower weight (AN). Further, parental

perspectives on offspring FWG have not been investigated. Participants (aged 12-18, 89% female) with restrictive EDs (AN, < 88% mBMI-for-age, N = 249; AAN,  88% mBMI-for-age, N = 118) seeking treatment within an academic medical center completed baseline assessments for adolescent (Eating Disorder Examination; EDE) and parent (Parent-EDE; PEDE) report of symptoms. The PEDE incorporates prompts regarding potential behavioral indicators (e.g., tantrums, refusing to eat) of cognitive symptoms including FWG. Results indicated that adolescents with AAN reported greater FWG (M = 3.23) than adolescents with AN (M = 2.33) ($t(365) = -3.081, p < .01$); however, there were no significant differences in parental report of symptoms based on weight status. Comparisons of adolescent vs. parent report of FWG within each diagnostic group revealed different trends in endorsement based on weight status. Adolescents with AN reported lower rates of FWG than parents (M = 2.26 vs. 3.23 respectively), but only after parents were prompted to also consider behavioral indicators ($t(159) = -3.785, p < .001$). Adolescents with AAN reported higher rates of FWG than parents (M = 2.91 vs 1.88), but only before caregivers were prompted to also consider behavioral evidence ($t(76) = 3.098, p < .01$). Results indicate that adolescents presenting to ED treatment at a higher %mBMI (i.e., AAN) self-report greater fear of weight gain. For adolescents with AN, prompting caregivers to consider behavioral evidence of FWG may be especially important in identifying the presence of cognitive symptoms.

Learning Objectives:

- Consider how similarities and differences between individuals with anorexia nervosa and atypical anorexia nervosa might influence presentation and treatment.
- Consider the value of incorporating parental informants to aid in diagnostic assessment of children and adolescents with eating disorders.
- Recognize the utility in prompting caregivers to consider behavioral indicators of cognitive symptoms.

PS1.8.6: Assessing the psychometric properties of the Eating Beliefs Questionnaire (EBQ-18) in clinical eating disorder sample

Amy Burton, BSci (Hons), DCLinPsy, PhD Candidate, University of Sydney, Sydney, Australia; Deborah Mitchison, PhD, MCLinPsych, Macquarie University, Sydney, Australia; Phillipa Hay, FRANZCP, DPhil, MD, FAED, Western Sydney University, Sydney, Australia; Brooke Donnelly, MCLinPsy, PhD Candidate, University of Sydney, Sydney, Australia; Christopher Thornton, BSci(Hons), MCLinPsych, The Redleaf Practice, Sydney, Australia; Janice Russell, FRACP, FRANZCP, MD, Royal Prince Alfred Hospital, Sydney, Australia; Jessica Swinbourne, BA, DCLinPsych, PhD, Royal Prince Alfred Hospital, Sydney, Australia; Christopher Basten, BA, MPsych, Macquarie University, Sydney, Australia; Mandy Goldstein, BA (Hons), DPsych, Mandy Goldstein Psychology, Sydney, Australia; Stephen Touyz, BSci (Hons), PhD, The University of Sydney, Sydney, Australia

Binge eating is a core diagnostic feature of bulimia nervosa, binge eating disorder, anorexia nervosa binge/purge type, and is a common feature of “other specified” and “unspecified” feeding and eating disorders. It has been suggested that specific metacognitive beliefs about food, eating and binge eating may play a key role in the maintenance of binge eating behaviour. The Eating Beliefs Questionnaire (EBQ-18) provides a brief self-report assessment tool measuring three types of metacognitive beliefs: negative, positive and permissive beliefs about food and eating. This study builds on past research by validating the factor structure and psychometric properties of the EBQ-18 using both a clinical and non-clinical sample. A sample of 688 participants (n = 498 non-clinical participants, n = 161 participants seeking treatment for an eating disorder, and n = 29 participants seeking treatment for obesity) completed a battery of questionnaires including the EBQ-18 and other measures of eating disorder

symptoms and relevant constructs. A subset of 100 non-clinical participants completed the test battery again after an interval of two-weeks, and 38 clinical participants completed the EBQ-18 before and after receiving psychological treatment for an eating disorder. A confirmatory factor analysis (CFA) was conducted and psychometric properties of this measure were assessed. The results of this study provide support for the three-factor model of the EBQ-18. In addition, the EBQ-18 was found to be a valid and reliable measure, with excellent internal consistency, good test-retest reliability in the non-clinical sample, and also demonstrated evidence of sensitivity to treatment in clinical samples with binge eating pathology. Receiver operating characteristic (ROC) curve analyses were used to identify optimal cut-off scores for the EBQ-18. This study provides valuable information about the utility of the EBQ-18 as a measure for use in both clinical and research settings.

Learning Objectives:

- Describe three types of metacognitive beliefs relevant to binge eating.
- Identify valid and reliable self-report measures.
- Have knowledge of the clinical utility and psychometric properties of a new brief self-report questionnaire for eating beliefs.

PS1.9.1: Disordered Eating at the Intersection of Gender and Ethnicity in U.S. High School Students: A Secondary Data Analysis of the 2013 National Youth Risk Behavior Surveillance System

Ariel Beccia, MS, University of Massachusetts Medical School, Worcester, MA, USA; Sarah Forrester, PhD, University of Massachusetts Medical School, Worcester, MA, USA; Jonggyu Baek, PhD, University of Massachusetts Medical School, Worcester, MA, USA; Kate Lapane, PhD, University of Massachusetts Medical School, Worcester, MA, USA

Although accumulating evidence indicates that racial/ethnic minority girls have a high risk of disordered eating, few previous studies have examined how this joint disparity is related to intersecting marginalized identities. Therefore, the objectives of this study were to quantify the risk of disordered eating associated with intersecting gender and ethnic identities of U.S. adolescents, and to evaluate the extent to which there is excess risk among those of multiply marginalized identities (i.e., ethnic minority girls). We analyzed data from 8,844 U.S. high school students identifying as white or Hispanic/Latino who completed the 2013 National Youth Risk Behavior Surveillance System. Age-adjusted odds ratios for four disordered eating outcomes were estimated using logistic regression, and measures of additive-scale interaction were estimated to evaluate whether the combined effect of gender and ethnic identity was larger than the sum of the two social identities on risk of disordered eating. Disordered eating was prevalent across four intersecting gender-ethnic identity groups: 30.0% of Hispanic/Latina girls, 21.7% of white girls, 12.6% of Hispanic/Latino boys, and 8.1% of white boys reported purging, fasting, and/or diet pill use over the past 30 days. Hispanic/Latina girls had substantially elevated risk of purging (odds ratio (OR) = 8.62, 95% confidence interval (CI) = 6.05 – 12.27), fasting (OR = 4.96, 95% CI = 3.73 – 6.56), diet pill use (OR = 3.83, 95% CI = 2.47 – 5.92), and any disordered eating (OR = 4.82, 95% CI = 3.70 – 6.27) compared to White boys. Positive interaction between gender and ethnicity contributed to these disparities, with Hispanic/Latina girls having between 15% and 72% excess risk of disordered eating. Our findings of excess risk among multiply marginalized youth point to the importance of considering upstream socio-cultural factors related to disordered eating that target racial/ethnic minority girls disproportionately.

Learning Objectives:

- Understand the relevance of applying intersectionality theory to epidemiological studies of disordered eating.
- Distinguish between risk and excess risk of disordered eating among multiply marginalized youth.
- Describe possible upstream, socio-cultural factors that are driving the joint gender-ethnic disparities in disordered eating prevalence.

PS1.9.2: Does Arab ethnicity moderate the association of family meals with disordered eating?

Findings from a representative national survey of youth in Israel

Roni Elran-Barak, PhD, University of Haifa, Haifa, Israel; Michal Bromberg, MD, Israel Center for Disease Control, Israel Ministry of Health, Ramat Gan, Israel; Tal Shimony, MA, Israel Center for Disease Control, Israel Ministry of Health, Ramat Gan, Israel; Rita Dichtiar, MA, Israel Center for Disease Control, Israel Ministry of Health, Ramat Gan, Israel; Nisim Mery, MA, Israel Center for Disease Control, Israel Ministry of Health, Ramat Gan, Israel; Lesley Nitzan, MA, Israel Center for Disease Control, Israel Ministry of Health, Ramat Gan, Israel; Lital Keinan Boker, MD, Israel Center for Disease Control, Israel Ministry of Health, Ramat Gan, Israel

Objectives: Disordered eating (DE) and unhealthy eating attitudes and behaviors have reached epidemic proportions among youth in the western world. Studies examining DE among ethnic groups outside of the USA are scarce. We examined rates of DE and frequency of family-meals among youth in Israel, in order to study the role of Arab ethnicity in the association of family-meals with DE. **Methods:** National representative data from MABAT-YOUTH-2 survey 2015-2016 was used. Participants were 4,926 (34% Arabs) middle/high schoolchildren, aged 11-19. Eating-related characteristics were collected via self-report. DE was defined as more than two affirmative responses in the SCOFF questionnaire. Logistic regression models were fitted to examine risk factors (socio-demographics, weight-status, family meals) for DE. **Results:** Thirty percent of schoolgirls (Jewish:28.8%; Arabs:31.7%; p-value=0.115) and 12% of schoolboys (Jewish:10.6%; Arabs:16.2%; p-value<0.001) reported DE. Arab youth reported higher frequency of family-meals relative to Jewish youth (p-value <.001). Among schoolgirls, a lower frequency of family-meals was linked with more DE (OR=1.66, 95%CI=[1.28-2.15]), with stronger associations among Arab than Jewish schoolgirls. **Conclusion:** Jewish and Arab schoolgirls present with similar rates of DE, but Arab schoolboys present with higher rates of DE relative to their Jewish counterparts. Arab youth in Israel tend to eat frequently with their families. Family-meals are more protective against DE among Arab than Jewish schoolgirls. Implications for intervention and research are discussed.

Learning Objectives:

- Describe the prevalence of disordered eating among Arab youth in Israel and around the world.
- Understand why it is important to focus on ethnicity when studying family meal patterns and disordered eating.
- Assess the moderating role of Arab ethnicity in the association between family meals and disordered eating.

PS1.9.3: Seventeen-year course and outcome of eating disorders in an adult population

Hanna Eielsen, Psychol Candidate, PhD Candidate, Modum Bad Research Institute, Vikersund, Buskerud, Norway; KariAnne Vrabell, Psychol Candidate, PhD, Modum Bad Research Institute, Vikersund, Buskerud, Norway; Øyvind Rø, Professor, MD, PhD, Oslo University Hospital, Oslo, Norway; Jan Rosenvinge,

Professor, PhD, University of Tromsø, Tromsø, Troms, Norway; Asle Hoffart, Professor, PhD, Modum Bad Research Institute, Vikersund, Buskerud, Norway

The purpose of the study is to investigate the course and outcome of patients with longstanding eating disorders (ED), and identify ED subgroups with various courses and outcomes. The study includes a total of 62 patients (72% response rate), mean age of 46 years, diagnosed with AN (N=12), BN (N=36) and EDNOS (N=14) at baseline. Assessment with structured interviews and self-report measurements pre- and post a three month inpatient-treatment, and at 1-, 2-, 5-, and 17-year follow-up. The overall course is favourable, with half the sample no longer meeting diagnostic criteria for any ED. Most of the remaining patients have significantly improved, while a subgroup show no improvement over time. Preliminary results show that ED-symptoms are largely reduced during the whole course. However, the findings display a subgroup that remain chronically disabled throughout adulthood. This calls for increased efforts to detect predictors of the different trajectories, and investigate whether different factors should be targeted specifically in the treatment of ED. Keywords: anorexia nervosa, bulimia nervosa, eating disorder not otherwise specified, chronic eating disorder, longitudinal study, outcome, long-term course.

Learning Objectives:

- Describe different trajectories for patients with longstanding severe eating disorders.
- List specific factors associated with different prognosis when treating eating disorders in adults.
- Appreciate the variety of expressions and severity of eating disorders, and further discuss to what degree remission is linked with increased quality of life.

PS1.9.4: Time Trends in Healthcare-Detected Incidence of Anorexia Nervosa and Bulimia Nervosa in the Norwegian National Patient Register (2010-2016)

Deborah Lynn Reas, PhD, Oslo University Hospital, Oslo, Norway; Øyvind Rø, MD, PhD, Oslo University Hospital, University of Oslo, Oslo, Norway

Few studies have investigated temporal trends in the incidence of eating disorders. The objective was to investigate time trends in the age- and sex-specific incidence of healthcare-detected anorexia nervosa (AN) and bulimia nervosa (BN) from 2010 to 2016. Data were retrieved from the Norwegian National Patient Register as defined by the International Classification of Diseases (ICD-10): narrowly-defined AN (F50.0), broadly-defined AN (F50.0 + 50.1), narrowly-defined BN (F50.2), and broadly-defined BN (F50.2 + 50.3). The average annual percent changes (AAPC) in incidence rates (IR) were examined by Joinpoint regression analyses. Results: Total incidence (i.e., both genders, all ages 10-49) of narrowly-defined and broadly-defined AN were stable across the 7-year period, with IRs ranging from 18.8 to 20.4 per 100,000 and 33.2 to 39.5 per 100,000, respectively, between 2010 and 2016. Age- and gender-stratification revealed a significant increase in the incidence of narrowly- and broadly-defined AN among 10-14 year girls. The incidence of broadly-defined AN increased among females aged 15-19 years between 2010 and 2012, before levelling off. Significant declines in the incidence of narrowly- and broadly-defined BN were observed. The incidence rates among males were low, with no significant trends toward increasing or decreasing rates of AN or BN over time. Although register-based studies provide an underestimate of the true incidence or population-level changes in ED occurrence, this study extends our knowledge regarding trends in the detected incidence of eating disorders into the second decade of the 21st century.

Learning Objectives:

- Review what is known about time trends in the incidence of anorexia nervosa and bulimia nervosa through the 19th and 20th centuries.
- Assess time trends in the age- and sex-specific incidence of healthcare-detected anorexia nervosa (AN) and bulimia nervosa (BN) from 2010 to 2016 using the Norwegian National Patient Register.
- Discuss the clinical and policy implications of findings, in addition to the methodological challenges and opportunities of using case registers to examine incidence trends over time.

PS1.9.5: Outcome Data from a whole of health system service reform program to embed the identification, access and treatment of eating disorders within mainstream health services in Australia.

Sarah Maguire, BSc (Hons), MA, DCP, PhD, InsideOut Institute, University of Sydney, Sydney, Australia; Danielle Maloney, BSc (Hons), MPH, InsideOut Institute, University of Sydney, Sydney, Australia; Sloane Madden, MBBS (Hons), PhD, FRANZCP, CAPCert, FAED, Sydney Children's Hospital Network, Westmead, NSW, Australia; Joanne Titterton, BN, Sydney Children's Hospital Network, Westmead, Australia; Andrew Wallis, BSW, PhD, Sydney Children's Hospital Network, Westmead, Australia; Stephen Touyz, Bsc (Hons), MSc, PhD, FAED, InsideOut Institute, Sydney, Australia; Janice Russell, MBBS (Hons), PhD, FRANZCP, FRACP, FAED, InsideOut Institute, University of Sydney, Sydney, Australia

In NSW - the largest geographical jurisdiction in Australia - the government embarked 5 years ago on an ambitious program of health system reform to redesign the health system to readily identify, accept and treat people with eating disorders. Prior to this eating disorders had not been considered a 'core' part of services delivered by the health system in this jurisdiction (and most others in Australia) meaning many patients received no treatment. The program received initial funding of 17.6 million over 5 years and the InsideOut Institute based at the University of Sydney, staffed by expert clinicians, researchers and change managers, funded to lead the reform. In partnership with the two specialist hubs for child & adolescent and adult treatment of eating disorders a large scale service and workforce development program has been implemented across 15 geographical districts spanning almost 1 million square kilometres servicing 7.75 million people. Pre and post data covering every occasion of service all health jurisdictions within the state over the 5 years indicates significant increases in access and treatment of eating disorders across all service settings. In some areas up to a 50% increase was observed. Pre and post data examining clinician skills and willingness to treat people with eating disorders also showed significant increases across in all jurisdictions. The program has involved broad scale engagement of the executive and clinical levels of the health system, policy reform in every jurisdiction covering community, emergency department and hospital treatment, building of treatment pathways and models for evidence based programs, and multiple change management strategies to de-stigmatize and change health worker practice.

Learning Objectives:

- Describe the key elements of health service redesign.
- Describe the health system pathways involved in the treatment of eating disorders.
- Understand the role workforce training and development play in behaviour change.

PS1.9.6: Sexual Abuse and Bullying Histories as Shared Risk Factors for Development of Eating Disorder Symptoms and Higher Weight: A Population Based Study

Deborah Mitchison, PhD, MCLinPsych, MSc, BPsych(Hons), Macquarie University, Sydney, Australia; Kay Bussey, PhD, Macquarie University, Sydney, Australia; Stephen Touyz, BSc, BSc (Hons), PhD, FAED, University of Sydney, School of Psychology and Inside Out Institute, Sydney, Australia; David Gonzalez-Chica, PhD, University of Adelaide, Adelaide, Australia; Michael Musker, PhD, South Australian Health and Medical Research Institute, Adelaide, Australia; Nigel Stocks, BSc, MBBS, MD, DipPH, FRACGP, FAFPHM, University of Adelaide, Adelaide, Australia; Julio Licinio, MD, PhD, SUNY Upstate Medical University, Syracuse, NY, USA; Phillipa Hay, MD, DPhil, FRANZCP, FAED, Translational Health Research Institute, Western Sydney University, Sydney, Australia

The success of integrated prevention initiatives for eating disorders and obesity is hampered by a lack of shared risk factor research. Bullying and sexual abuse are potential risk factors for the spectrum of eating and weight problems. In the present study, a representative sample of N = 3,005 South Australian males and females aged 15 years or older were interviewed about their height, weight, eating disorder symptoms, lifetime experiences of bullying and sexual abuse, and mental and physical health-related quality of life. Participants who fell within obese or underweight categories or who had current eating disorder symptoms were 10-27% more likely to have experienced bullying. Participants with current eating disorder symptoms or obesity were also 47-56% more likely to have experienced sexual abuse. Controlling for other factors, a lifetime history of bullying was associated with increased risk for obesity, extreme dieting, purging and overvaluation; whereas a lifetime history of sexual abuse was associated with increased risk for obesity and binge eating. Lifetime histories of bullying and sexual abuse were associated with health-related quality of life impairment, however lifetime bullying was associated with a greater adverse impact among participants with current eating disorder symptoms. This study demonstrates that bullying and sexual abuse are shared risk factors for eating and weight spectrum problems. Differences in the symptoms associated with bullying versus sexual abuse will be discussed, as well as clinical and public health implications.

Learning Objectives:

- Describe the extent to which bullying leads to increased risk for eating disorder symptoms.
- Describe the extent to which sexual abuse leads to increased risk for eating disorder symptoms.
- Describe the additional burden experienced by people with eating disorder symptoms who also have a history of bullying or sexual abuse.

PS1.10.1: New York Fashion Week February 2018: Models' health behaviors and fashion industry policies to reduce risk for eating disorders and sexual victimization

Rachel F. Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA; Sara Ziff, MPA, Model Alliance, New York, NY, USA; Alice S. Lowy, MA, Northeastern University, Boston, MA, USA; S. Bryn Austin, PhD, FAED, Harvard T.H. Chan School of Public Health, BCH, Boston, MA, USA

New legislation and industry practices, such as providing private spaces to change clothes and mandating health certificates, have been implemented to increase fashion models' health and safety. This study aimed to establish the prevalence of disordered eating behaviors and to evaluate the implementation and perceived usefulness of private changing spaces during New York Fashion Week, February 2018 (NYFW18). Preliminary data were also collected on the effects of French law mandating health certificates for models. A sample of 76 (87% female) fashion models aged 18 years and over who had participated in castings or shows during NYFW18 completed an online survey in the weeks following the event, reporting on behaviors and experiences occurring during NYCFW18. Almost half of the models (46%) described efforts to lose weight for NYFW18, and median BMI was 17.4 kg/m². Over half

of them (56%) reported skipping meals to control weight during NYFW18. Another 25% reported self-induced vomiting, and 38% reported using intravenous drips. Fewer than half of them reported being always or sometimes provided with a private changing area during NYFW18, with 45% reporting experiencing lack of privacy when changing. Among those who had previously participated in Fashion Week, most felt the provision of private changing space increased their safety. Twenty-six participants hoped to participate in Fashion Week in Paris in the days following NYFW18, and 15 of those had obtained a health certificate, per the French law. Most of the health providers supplying the certificate had assessed weight (n = 13), blood pressure (n = 14), and pulse (n = 12), but only in a few cases were eating and exercise behaviors (n = 4) assessed. NYFW18 models reported very high prevalence of disordered eating behaviors, and fewer than half benefited from private changing spaces. Policy interventions to improve health and safety of models are not yet achieving intended goals and require continued monitoring.

Learning Objectives:

- To discuss the factors leading to fashion models being vulnerable to disordered eating.
- To describe recent policies and industry practices aiming to prevent disordered eating among fashion models.
- To recognize the need for further industry action within the fashion industry to protect fashion models and as a means of universal prevention.

PS1.10.2: Notification of Weight Status Associated with Short-Term Unintended Consequences

Kendrin Sonnevile, ScD, RD, University of Michigan School of Public Health, Ann Arbor, MI, USA;

Vivienne Hazzard, MPH, RD, University of Michigan School of Public Health, Ann Arbor, MI, USA

Body Mass Index (BMI) screening is standard practice within pediatric primary care settings, yet little is known about how notifying youth of their weight status impacts health outcomes. The goal of this pilot study was to isolate the short-term impact of weight status notification among adolescent girls with higher body weights. Participant (n=32) were 18 non-Hispanic White and 14 non-Hispanic Black/Bi-racial adolescent girls (mean (SD) age = 16.5 (1.2) years) with BMIs that fell within the overweight/obese category (mean (SD) BMI = 28.4 (4.7)). All participants received a single session of motivational interviewing (MI) delivered by a registered dietitian and were randomized to one of two conditions: (1) notification of weight status prior to initiating MI or (2) no notification of weight status prior to initiating MI. Participants completed pre-/post-questionnaires that included measures of body satisfaction, positive and negative affect, and weight bias internalization. Although findings in this pilot study were not powered to reach significance, the low-dose intervention in this pilot study was associated with pre-/post- score changes that differed in direction according to intervention condition. Adolescents who were told their weight status prior to receiving MI experienced a reduction in body satisfaction and positive affect and an increase in weight bias internalization and negative affect. In contrast, adolescents who were not told their weight status experienced improvements in body satisfaction and positive affect and reductions in weight bias internalization and negative affect. Cohen's d effect sizes for the changes ranged from small to moderate: body satisfaction (0.24), positive affect (0.14), weight bias internalization (0.53), and negative affect (0.53). Findings from this study suggest that talking about weight status during a behavioral intervention could have unintended consequences that directly impact psychological health.

Learning Objectives:

- Summarize recommendations for BMI screening within pediatric primary care setting.

- Describe potential unintended consequences of weight status notification.
- Discuss implications of findings for clinical practice and redefining best practices for maximizing the health of individuals across the weight spectrum.

PS1.10.3: A peer-led trial of the EVERYbody Project: Inclusive eating disorder risk factor reduction for college students

Anna Ciao, PhD, Western Washington University, Bellingham, WA, USA; Janae Brewster, MA, Western Washington University, Bellingham, WA, USA; Indira Lalgee, BS, Western Washington University, Bellingham, WA, USA; Jana Freeman, BS, Western Washington University, Bellingham, WA, USA; Kevin Pringle, BS, Western Washington University, Bellingham, WA, USA; Kendall Lawley, BS, Western Washington University, Bellingham, WA, USA; Maggie Butler, BA, Western Washington University, Bellingham, WA, USA; Jacob Bassett, BS, Western Washington University, Bellingham, WA, USA

Individuals in marginalized racial, gender, and sexual identity groups may be particularly vulnerable to sociocultural eating disorder risk factors. Inclusive risk factor reduction programs are essential. A universal, dissonance program called the EVERYbody Project shows promise in reducing eating disorder risk in college students. An initial trial featured diversity-based activities, professional intervention leaders, and a waitlist comparison group. The current extension study evaluated a peer-delivered intervention against an active comparison condition. College students (N = 142; M age = 19.66, SD = 2.53; 80% female, 14% male, 5% genderqueer/other, 1% transgender) were randomized to the EVERYbody Project or a Video Group (featuring topic-relevant documentaries and brief writing reflections). Each two-session group was facilitated by trained college students. Around half of the sample self-identified in a marginalized identity category: 6% as gender minority (non-cisgender), 22% as racial minority (non-white), and 30% as sexual minority (non-straight). Mixed models revealed significant group by time interactions for four risk factor outcomes: body dissatisfaction ($p < .001$), internalization of cultural ideals ($p < .001$), negative affect ($p = .04$), and disordered eating ($p < .001$). Follow-up tests found significant reductions in all four outcomes from baseline to post-intervention and one-month follow-up for those in the EVERYbody Project (all $ps < .020$). Significant reductions also were found for several outcomes within the Video Group: body dissatisfaction at post-intervention ($p = .015$), and disordered eating and internalization at post-intervention and follow-up intervention ($ps < .033$). While the peer-led EVERYbody Project may reduce eating disorder risk among college students, some benefits are comparable to a more passive video intervention. Future studies should work to enhance the delivery and impact of the EVERYbody Project for universal audiences.

Learning Objectives:

- Describe the role of brief interventions in reducing risk for eating disorders among college students.
- Examine the efficacy of a peer-led, universal dissonance program with a diversity focus in reducing eating disorder risk among diverse individuals.
- Evaluate the best practices for delivering diversity-focused risk factor reduction programs to college students.

PS1.10.4: Lessons for policy initiatives to prevent disordered weight control behaviors: a qualitative study of community stakeholders' perceptions and attitudes about weight-loss and muscle-building supplements sold to minors

Kuanysh Yergaliyev, MD, MPH, DrPH, Research Trainee at Strategic Training Initiative for the Prevention of Eating Disorders, Harvard T.H. Chan School of Public Health, Boston Children's Hospital, Boston, MA, USA; S. Bryn Austin, ScD, MS, Professor, Harvard Medical School, Boston Children's Hospital, Boston, MA, USA; Emma Louise Aveling, PhD, MPhil, Research Scientist, Harvard T.H. Chan School of Public Health, Harvard T.H. Chan School of Public Health, Boston, MA, USA

While many dietary supplements safe to use, those sold for weight loss and muscle-building are known to often be adulterated with substances, like steroids, stimulants and prescription medications. Dietary supplements are linked with eating disorders, body dysmorphic disorder, pronounced body dissatisfaction and depression. The FDA loosely regulates safety of the products, and they are easily accessible to youth. Goal of this study was to explore perceptions and attitudes of key community stakeholders about the issue of dietary supplements sold for weight loss or muscle building to minors. Additionally, we aimed to identify barriers and opportunities to engage community stakeholders with policy initiatives at local level. We conducted 32 key informant semi-structured interviews in 4 Massachusetts cities with policy professionals; health workers, teachers and coaches; young adults who used supplements as minors. Qualitative data analysis was based on thematic analysis and facilitated by Dedoose software. Stakeholders reported wide availability and easy access of supplements to youth, especially for vulnerable to developing of eating disorders or body image disorders. Yet most adults are unaware of supplements' role in disordered weight control behaviors and unable to provide relevant guidance for youth. Interviewees highlighted influence of social media on youth and shame related to supplements use, particularly those sold for weight loss. The main barriers reported were: competing concerns on policy agenda; limited capacity of community stakeholders; blurred lines of accountability for the problem. The opportunities that would facilitate support for policies identified as: relevant local data; availability of research evidence of risks and side effects, associated with supplements; community engagement. Findings can facilitate design and successful implementation of public health approach to prevent sale of weight-loss and muscle-building supplements to adolescents.

Learning Objectives:

- Discuss community stakeholders' perceptions and attitudes about weight-loss and muscle-building dietary supplements sold to adolescents.
- Describe barriers and opportunities for local policy initiatives to protect vulnerable adolescents from dangerous dietary supplements.
- Demonstrate understanding of the value of applying qualitative research methods to inform community health planning and policy development and design of citywide health policy initiatives.

PS1.10.5: What prevents young people from seeking help? Barriers towards help-seeking across at risk and clinical samples

Kathina Ali, MSc Psych, The Australian National University, Canberra, Australia; Daniel Fassnacht, PhD, The Australian National University, Canberra, Australia; Louise Farrer, PhD, The Australian National University, Canberra, Australia; Elizabeth Rieger, PhD, The Australian National University, Canberra, Australia; Markus Moessner, PhD, University Hospital Heidelberg, Centre for Psychotherapy Research, Heidelberg, Germany; Kathleen Griffiths, PhD, The Australian National University, Canberra, Australia; Stephanie Bauer, PhD, University Hospital Heidelberg, Centre for Psychotherapy Research, Heidelberg, Germany

Current evidence suggests that a minority of individuals with eating disorders seek and receive professional help. Several potential factors have been identified to impede help-seeking, including stigma and shame, denial of the problem, low motivation to change, negative attitudes towards seeking help, lack of knowledge about help resources, and practical barriers (e.g., cost). However, there is a paucity of quantitative research examining barriers towards seeking help for eating disorders, especially among young people across at risk and clinical samples. Data was collected using an online survey among 18-25 year-old individuals in Australia (ongoing recruitment). Overall, 315 participants at risk or with an eating disorder completed measures of disordered eating behaviours and attitudes, help-seeking barriers, intentions, and behaviour. The majority of participants reported denial, the belief that they should solve their own problem (self-sufficiency), a fear of losing control over the illness and not wanting others to worry about their problems as the greatest barriers towards seeking help. After controlling for eating disorder symptomatology and attitudes towards professional help seeking, stigma and shame, self-sufficiency, the fear of losing control over the illness, and not wanting others to worry uniquely predicted low help seeking from a professional source. The findings highlight the importance to educate young people about the severity of the illness and emphasising the need to seek professional help for their problems. Further clinical implications include increasing the awareness of the barriers individuals endorse before seeking professional help.

Learning Objectives:

- Understanding barriers towards seeking help for eating disorders.
- Describing specific barriers across different eating disorder symptomatology groups and those at risk.
- Discussing clinical implications of the barriers individuals endorse when seeking treatment.

PS1.10.6: Integrating Eating Disorder and Weight Gain Prevention: A Pilot and Feasibility Trial of INSPIRE

Courtney Simpson, MS, Virginia Commonwealth University, Richmond, VA, USA; Blair Burnette, MS, Virginia Commonwealth University, Richmond, VA, USA; Suzanne Mazzeo, PhD, FAED, Virginia Commonwealth University, Richmond, VA, USA

The purpose of the current study was to adapt evidence-based prevention programs to promote positive health behaviors among racially/ethnically diverse young adult women. Two successful programs (the Body Project and the Healthy Weight Intervention) were integrated to evaluate the feasibility, acceptability, and preliminary efficacy in reducing risk for both eating pathology and weight gain. Intervention features extended previous prevention efforts by emphasizing broad appearance ideals to enhance relevancy for women of color and incorporating distress tolerance and emotion regulation skills training to target unproductive coping mechanisms used to manage negative affect. Focus groups informed the development of a culturally sensitive intervention promoting appearance diversity and emphasizing positive health behaviors. Twenty-seven young adult women participated in the intervention. Approximately half the sample identified as a person of color. Following each meeting, participants completed satisfaction measures and therapists assessed intervention feasibility. Participants also completed comprehensive questionnaires at pretest (baseline), posttest (8-weeks), and 4-week follow-up. Descriptive statistics and qualitative analyses of open-ended questions demonstrated indicated the intervention was both acceptable and feasible. Hierarchical linear models evaluating within-subjects change on outcome variables across time indicated significant reductions in several risk factors that were sustained at follow-up: eating pathology, appearance dissatisfaction, thin ideal internalization, restrained eating, negative affect, emotion dysregulation, and fat intake. BMI did not

change from pretest to posttest; however, BMI marginally increased from posttest to follow-up. Results suggest the feasibility and acceptability of a culturally sensitive prevention program that reduces the risk of both eating pathology and unhealthy weight gain.

Learning Objectives:

- Describe the role of interventions in reducing the risk for eating disorders and weight gain among racially/ethnically diverse young adult women.
- Evaluate the process of creating a culturally sensitive intervention designed to promote positive health behaviors.
- Examine the feasibility, acceptability, and preliminary efficacy of a culturally sensitive intervention designed to reduce the risk for eating pathology and weight gain.

PS1.11.1: Childhood Neuropsychological Predictors of Disordered Eating Behaviors in Adolescence

Katherine Schaumberg, PhD, University of Wisconsin, Madison, WI, USA; Leigh Brosos, BA, University of Louisville, Louisville, KY, USA; Stephanie Zerwas, PhD, University of North Carolina, Chapel Hill, NC, USA; Caitlyn Lloyd, PhD Candidate, University of Bristol, Bristol, England, USA; Nadia Micali, MD, MRCPsych, PhD, FAED, University of Geneva, Geneva, Switzerland

The association between eating disorders (EDs) and neuropsychological factors is well documented, yet few studies have examined whether neuropsychological factors are a risk factor or consequence of ED behaviors. The current study evaluated childhood neuropsychological predictors of disordered eating symptoms and behaviors throughout adolescence. Participants were children enrolled in the Avon Longitudinal Study of Parents and Children, an epidemiological, longitudinal study of mothers and their children. In the current study, data were available from 4803 participants who completed at least one neuropsychological measure in childhood (age 7 or 10) and self-report of ED symptoms and behaviors in adolescence (ages 14, 16, and 18). Neuropsychological measures included attention tasks (from the Tests of Everyday Attention in Children; age 7), indices of freedom from distractibility (from the Weschler Intelligence Scale for Children; age 7) working memory (Counting Spank Working Memory Task; age 7), and inhibition (Stop Signal Motor Inhibition Task; Age 10). Higher freedom from distractibility scores, which are typically associated with better attentional control and reduced risk for attention-deficit hyperactivity disorder, predicted increased odds of fasting along with greater thin-ideal internalization and external eating but decreased odds of compulsive exercise in adolescence. Higher working memory scores were also associated with increased odds of fasting along with greater thin-ideal internalization and external eating but decreased odds of compulsive exercise. Better inhibitory control was associated with decreased likelihood of fasting at age 14, but increased risk of fasting at age 18 (girls only). Overall, findings indicate that childhood neuropsychological factors may differentially influence the likelihood of experiencing specific ED symptoms as adolescents traverse the age of highest risk for the development of EDs.

Learning Objectives:

- List limitations to cross-sectional research examining the relationship between neuropsychological factors and eating disorder risk.
- Describe hypotheses regarding why specific eating disorder symptoms and behaviors may relate to distinct cognitive risk profiles.
- Describe results of the current study on the relationship between childhood neuropsychological factors and risk for disordered eating behaviors in adolescence.

PS1.11.2: Investigating the neuropsychological profile of severe and enduring anorexia nervosa: A systematic review and meta-analysis.

Catherine Broomfield, Master of Clinical Psychology, Doctor of Philosophy, Bachelor of Psychological Science (Honours), University of Sydney, Sydney, Australia; Stephen Touyz, Clinical Professor Associate Head, PhD, University of Sydney, Sydney, Australia; Kristin Stedal, PhD, Oslo University Hospital, Ullevål, Oslo, Norway

With a predictor of mortality in anorexia nervosa being a lengthier duration of illness, interest into the characteristics of patients with severe and enduring anorexia nervosa (SEAN) has increased in the eating disorder community. An effort to differentiate this subgroup from other patients with anorexia nervosa has included suggestion that neuropsychological functioning may be responsible for unsuccessful treatment attempts. The aim of the current systematic review and meta-analysis was to investigate the neuropsychological profile of SEAN to determine whether length of illness has an impact on cognitive functioning. In accordance with PRISMA guidelines, a literature search was conducted using four electronic databases (PsycINFO, MEDLINE, Web of Science and Scopus) with records required to contain information regarding neuropsychological performance in relation to patients who have endured seven or more years of anorexia nervosa. Along with neuropsychological performance, data extraction included duration of illness, depression, and body mass index. Twelve records – with a total of 913 participants - met the inclusion criteria. Despite limited research in this area, it was determined that patients experiencing SEAN showed impairments that specifically related to attention, cognitive flexibility and visual spatial coherence. The most notable variation in this profile included a weak central coherence, with patients tending to be biased towards local, rather than global elements. In summary, the current yet very limited evidence suggests that patients with SEAN show a unique neuropsychological profile that does warrant further investigation given the possibility that this domain might assist with the early identification of these patients.

Learning Objectives:

- Following the training, participants will have a greater understanding as to the differences in the characteristics of patients that have endured a lengthier duration of the anorexia nervosa illness, compared to those with a shorter duration.
- Following the training, participants will understand the neuropsychological impairments that patients with anorexia nervosa often experience, but with a more specific understanding of the neuropsychological profile of patients who have endured the anorexia nervosa illness for seven or more years.
- Following the training, participants will have a greater understanding as to the importance of early identification of individuals with severe and enduring anorexia nervosa. The potential of using neuropsychology as a tool to help identify patients will be discussed, along with the importance of further investigation into this area.

PS1.11.3: Using multi-session CBM-I to influence eating disorder psychopathology: A randomised control trial

Emily Matheson, BPsychHons, University of the West of England, Bristol, UK; Tracey Wade, PhD, Flinders University, Adelaide, Australia

Eating disorder psychopathology is associated with a propensity to interpret ambiguous stimuli to be negatively related to one's appearance and self-worth. Investigations into the impact of Cognitive Bias Modification (CBM) on eating disorder-related biases and symptomatology remain in its infancy, with only a handful of studies existing. Thus, the current study conducted a randomised controlled trial to examine the long terms effects of multi-session CBM on eating disorder-related biases and symptomatology in body dissatisfied women (N = 74). The young women meeting study criteria were randomised into one of three CBM conditions (appearance, self-worth or control) and completed five days of home practice, which involved training interpretations to be consistent with either a positive appearance or self-worth, relative to benign interpretations trained in the control condition. Changes in trait outcome variables following 1-week of home practice and at 2-week follow-up, indicated that all three conditions significantly decreased disordered eating, negative affect and clinical impairment, as indicated by a main effect of time for all three variables. Posthoc analyses indicated that the three outcome variables were associated with significant moderate reductions between baseline and 2-week follow-up, with effects ranging from .33 to .53 (Cohen's d). Findings related to bias change indicated that CBM for appearance produced significant changes in positive bias ($d = -.78 [-1.41 \text{ to } -.15]$), relative to the CBM for self-worth and control conditions. The current finding replicate and build upon previous findings regarding the effectiveness of the CBM for appearance protocol; suggesting that this technique warrants further investigation within clinical eating disorder samples.

Learning Objectives:

- Understand how to conduct an RCT with CBM-I interventions.
- Understand how CBM-I, traditionally a laboratory-based intervention, can be applied to real life settings.
- Distinguish between different CBM-I interventions and which approach is most beneficial at ameliorating eating-disorder-related bias and symptomatology.

PS1.11.4: Day-to-Day Fluctuations in Self-Compassion Levels Contribute to Eating Pathology and Affect in Women with Anorexia Nervosa: A Two-Week Daily Diary Study

Allison Kelly, PhD, CPsych, University of Waterloo, Waterloo, ON, Canada; Ruofan Ma, BA, University of Waterloo, Waterloo, ON, Canada

Individuals with eating disorders who have lower trait levels of self-compassion also have more severe eating pathology (e.g., Kelly et al., 2013). Among individuals with anorexia nervosa (AN), the present study investigated the extent to which levels of self-compassion fluctuate from day-to-day, and whether these fluctuations in self-compassion influence eating pathology and affect. For 2 weeks, 33 women with typical (75%) and atypical AN (mean age = 22.2; SD = 4.42; mean BMI = 17.9; SD = 1.13) completed nightly surveys about their daily levels of self-compassion, eating pathology (e.g., dietary restraint, weight/shape concerns), positive affect (PA), and negative affect (NA). Participants completed a mean of 10.3 surveys each (SD = 2.95). The intraclass correlation for self-compassion was .566 indicating that nearly half the variance in participants' self-compassion levels occurred at the within-persons, daily level. Multilevel modeling revealed that on days when participants were more self-compassionate than usual, their eating pathology was lower ($B = -.20$, $t(264) = -3.87$, $p < .001$), NA was lower ($B = -.53$, $t(268) = -9.81$, $p < .001$), and PA was higher ($B = .31$, $t(268) = 4.90$, $p < .001$). Participants' average level of self-compassion across study days did not predict their eating pathology, but did predict lower NA ($B = -.54$, $t(30) = -4.51$, $p < .001$) and higher PA ($B = .58$, $t(30) = 4.02$, $p < .001$) over the 2 weeks. Findings are the first to reveal that individuals with AN experience considerable day-to-day variability in their levels of self-compassion, and that this variability contributes significantly to their eating pathology and affect.

Results suggest that individuals with AN may experience improvements to their eating disorder symptoms and mood by learning how to treat themselves with more self-compassion than what is personally typical.

Learning Objectives:

- Summarize the extent to which self-compassion levels fluctuate from day-to-day among individuals with AN.
- Assess the contribution of day-to-day variability in self-compassion levels to eating pathology and affect for women with AN.
- Apply the findings to enhance theoretical and clinical conceptualizations of AN.

PS1.11.5: A Pilot Study Linking Reduced Neurobiological and Neurocognitive Reward Inhibition with Poorer Binge Eating Treatment Outcomes

Helen Murray, BA, Drexel University, Philadelphia, PA, USA; Stephanie Manasse, PhD, Drexel University, Philadelphia, PA, USA; Amani Piers, BS, Drexel University, Philadelphia, PA, USA; Christine Call, BS, Drexel University, Philadelphia, PA, USA; Jocelyn Remmert, MS, Drexel University, Philadelphia, PA, USA; Leah Schumacher, MS, Drexel University, Philadelphia, PA, USA; Brittney Evans, MS, Drexel University, Philadelphia, PA, USA; Alexandra Muratore, MS, Drexel University, Philadelphia, PA, USA; Michael Lowe, PhD, Drexel University, Philadelphia, PA, USA; Hasan Ayaz, PhD, Drexel University, Philadelphia, PA, USA

Poor inhibition and high food reward sensitivity are linked with binge eating pathology, but few studies have examined whether these variables predict treatment outcome, especially with neuroimaging methods. We examined the relation of pre-treatment neurobiological and neurocognitive measures of food-based reward inhibition to outcomes from a 7-session Cognitive-Behavioral Therapy guided self-help. Participants were 13 adults with clinically significant binge eating (69.2% female; body mass index $M=34.68$, $SD=4.15$). Pre-treatment, we measured prefrontal cortex (PFC) activation with a wearable neuroimaging tool, functional Near Infrared Spectroscopy, during a behavioral task with blocks of 5-second video clip trials. We created contrast values between two blocks (12 trials each) that instructed participants to either: cognitively “resist” palatable food videos versus “watch” neutral videos. We additionally measured reward inhibition by performance on a food-based stop-signal task (SST). We examined relation of PFC activity and SST performance to changes in binge eating frequency and Eating Disorder Examination (EDE) global scores, pre- to post-treatment. Due to the small sample, we reported relations of at least medium strength ($r \geq .3$). Poorer ability to recruit left ventromedial PFC (region responsible for response inhibition) was significantly related to smaller decreases in EDE scores ($r=.714$, $p=.047$). Other PFC regions responsible for reward inhibition (left ventrolateral and bilateral ventromedial) showed similar relations with changes in binge eating ($r=.358$ to $.418$) and EDE scores ($r=.500$ to $.583$), at trend level. Poor reward inhibition performance (SST) also significantly related to smaller decreases in EDE scores ($r=-.764$, $p=.006$). Results extend previous food-based SST research and preliminarily support that food-based reward inhibition, evidenced by activation in specific PFC regions, may represent an important therapeutic target for binge eating.

Learning Objectives:

- Describe the use of wearable neuroimaging tool, Functional Near Infrared Spectroscopy with a behavioral reward inhibition task.
- Explore a pilot study’s findings on the relation between food-based reward inhibition and CBT treatment outcomes for binge eating, using neurobiological and neurocognitive methods.

- Discuss the implications of the pilot study's findings on future treatment research using neurobiological and neurocognitive measures of food-based reward inhibition.

PS1.11.6: Convergence of maternal and child self-reported levels of impulsivity and their predictive utility for binge eating behaviors

Phuong Vo, MA, BA, Michigan State University, East Lansing, MI, USA; Sarah Racine, PhD, MA, BS, McGill University, Montreal, Quebec, Canada; S. Alexandra Burt, PhD, MA, BA, Michigan State University, East Lansing, MI, USA; Kelly Klump, PhD, MA, BS, FAED, Michigan State University, East Lansing, MI, USA

Levels of impulsivity (particularly the negative urgency subscale) have been shown to be associated with higher levels of binge eating behaviors. However, it is unknown specifically how well maternal ratings of impulsivity converge with the child's own ratings and whether these maternal reports are predictive of the child's binge eating behaviors. Based on data collected from a large population-based sample of 602 adolescent twin females (ages 8-15) and their mothers (N = 331) from the Michigan State University Twin Registry (MSUTR), the present study examined the extent to which maternal assessment of impulsivity levels (of her children) converged with the child's own ratings and how well these ratings predicted binge eating behaviors. Self-reported impulsivity was assessed using the negative urgency subscale of the UPPS-P Impulsive Behavior Scale, and binge eating behaviors were assessed using the Emotional Eating Scale (EES), the Eating in the Absence of Hunger (EAH) Questionnaire, and the Binge Eating Subscale from the Minnesota Eating Behaviors Scale (MEBS). Intraclass correlation coefficient showed low to moderate inter-rater agreement (ICC = 0.40) between maternal and child ratings of child's negative urgency impulsivity levels and is similar to inter-rater agreement for other psychiatric symptoms. Furthermore, although the predictive associations were not as strong as those observed for child report, the maternal reports were significant predictors of all binge eating behavior scores, except for the EES ($r = .16, p < .001$ for the Binge Eating Subscale of the MEBS and r 's ranging from .09 to .16, $p < .05$ for all subscales of the EAH Questionnaire). Results highlight the potential importance of maternal observations and reports and their predictive utility for disordered eating behaviors (such as binge eating), particularly if child reports are unavailable.

Learning Objectives:

- Describe inter-rater agreement between maternal reports and child self-reports of impulsivity levels.
- Examine the role of negative urgency in predicting binge eating behaviors.
- Recognize that maternal reports of child's negative urgency impulsivity levels may be useful predictors of disordered eating behaviors.

PS1.12.1: Naturalistic Treatment Outcomes for Children Receiving Exposure Therapy for Avoidant/Restrictive Food Intake Disorder

Nicholas Farrell, PhD, Rogers Memorial Hospital, Oconomowoc, WI, USA

Although recent evidence suggests that avoidant/restrictive food intake disorder (ARFID) has a similar childhood prevalence to other eating disorders (e.g., anorexia), little is known about efficacious treatment options for ARFID. Given the significant conceptual overlap between ARFID and anxiety disorders, exposure therapy (ET) has been proposed as a viable treatment option. The objective of the present research was to explore naturalistic treatment outcomes for children receiving ET for ARFID. Research participants (N = 41) included youth patients with a principal diagnosis of ARFID who were

treated in an eating disorders intensive outpatient program. Patient demographics were as follows: M age = 14.6 years, SD = 2.9; M body mass index = 18.2, SD = 2.2; M treatment length = 49.4 days, SD = 16.2; 51.2% female; 92.7% Caucasian. All patients worked with a therapist to create an exposure hierarchy targeting common distressing stimuli in ARFID, such as foods avoided due to taste/texture aversion, distressing body sensations (e.g., nausea), and feared eating scenarios (e.g., school cafeteria). Patients were guided in completing exposure tasks on a daily basis during therapy sessions as well as outside of program hours with parental assistance. Primary outcome variables assessed at pre and posttreatment included the Eating Disorders in Youth-Questionnaire (EDY-Q) and the Fear of Food Measure (FOFM). Results showed significant reductions in symptom severity across each of the outcome variables (all p s < .01). Reductions in core ARFID symptomatology, as assessed by the EDY-Q, yielded a large effect size ($d = .88$). Additionally, there were notable effect sizes for reductions in eating-related anxiety ($d = .72$) and avoidance ($d = .76$). These results provide some of the first evidence to our knowledge that ET appears to hold promise as an effective option for ARFID in youth. Clinical implications and future directions for the application of ET to ARFID will be discussed.

Learning Objectives:

- Identify and list examples of the conceptual overlap between ARFID and anxiety disorders.
- Describe how exposure therapy can be effectively tailored to address the core features of ARFID in youth.
- Discuss the present study's preliminary findings on the efficacy of treatment ARFID using exposure therapy.

PS1.12.2: FEASIBILITY OF MANUALIZED FAMILY-BASED TREATMENT FOR AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER: A RANDOMIZED CONTROLLED CROSSOVER TRIAL

James Lock, MD, PhD, FAED, Stanford University, Stanford, CA, USA; Shiri Sadeh-Sharvit, PhD, Stanford University, Stanford, CA, USA; Alexa L'Insalata, BA, Stanford University, Stanford, CA, USA; Amy Toig, BA, Stanford University, Stanford, CA, USA

The study examines the feasibility, acceptability and preliminary outcomes of using manualized Family-based Treatment adapted for children with Avoidant/Restrictive Food Intake Disorder (FBT-ARFID). We randomized children between the ages of 5-12 with a DSM-5 diagnosis of ARFID and their families to either immediate treatment (IT) or a 3 month wait-list (WL) control condition. At the end of the WL, these participants were offered FBT-ARFID. Our main outcomes were recruitment and retention rates to determine feasibility of the approach. Secondary outcomes were effect size (ES) difference between groups based on change scores on weight (% Estimated Mean Weight-EBW) and the subscales of the Pica, ARFID, Rumination Disorder Interview (PARDI) at the end of waitlist (EOW) and end of treatment (EOT). We recruited 28 children over 14 months, a recruitment rate of about 2 per month. The mean age of participants was 9.29 (2.36); 50% were male, 75% were white, 46% had other psychiatric comorbidity, and 89% were from intact families. Attrition rate was 29% (8/28). Preliminary ES differences and confidence intervals at EOT and EOW for the IT and WL groups all favored the IT group and were as follows: % EBW = 0.61 [-0.45, 1.67] (large effect); PARDI severity subscale = -1.08 [-2.18, 0.03] (large effect); PARDI sensory subscale = -0.20 [-1.23, 0.84] (small effect); PARDI loss of interest subscale = -0.50 [-1.55, 0.55] (medium effect); PARDI fear subscale = -1.03 [-2.13, 0.06] (large effect). These data provide preliminary support for the feasibility of using manualized FBT-ARFID for the treatment of children affected with this disorder.

Learning Objectives:

- Describe the feasibility of a treating ARFID using manualized Family-based Treatment adapted for this population.
- Describe the preliminary treatment effects on manualized Family-based Treatment adapted for ARFID.
- Describe the typical clinical characteristics of ARFID child and adolescent patients presenting for treatment at a university specialty eating disorder service.

PS1.12.3: The Clinical Significance of Nighttime Eating: A Randomized Trial of the Impact of a Daytime vs. Delayed Eating Schedule on Weight and Metabolism among Adults of Healthy Weight

Kelly Allison, PhD, FAED, University of Pennsylvania, Philadelphia, PA, USA; Christina Hopkins, BS, Duke University, Durham, NC, USA; Madelyn Ruggieri, MS, University of Pennsylvania, Philadelphia, PA, USA; Zhe Zhang, PhD, Children's Hospital of Philadelphia, Philadelphia, PA, USA; Deanne Taylor, PhD, Children's Hospital of Philadelphia, Philadelphia, PA, USA; Namni Goel, PhD, University of Pennsylvania, Philadelphia, PA, USA

Persons seeking treatment for disordered eating often think that eating late at night is not only distressing, but that it also contributes to weight gain. However, there are few controlled human studies testing the impact of meal timing on weight and metabolism. Twelve healthy adults (age: 26.3±3.4y; BMI: 21.9±1.7 kg/m²; 5 females) participated in a randomized cross-over study in free-living conditions. Three meals and two snacks with comparable energy and macronutrient contents were provided during two, 8-week phases (which were counterbalanced): 1) daytime (food consumed between 0800h-1900h); and 2) delayed (food consumed between 1200h-2300h). There was a 2-week washout period between the conditions. The sleep-wake cycle was held constant between 2300h-0900h (verified by wrist actigraphy), with exercise levels controlled. Weight, adiposity, energy metabolism, and hormonal markers were assessed during four inpatient visits: 1) pre-eating condition one; 2) post-eating condition one; 3) pre-eating condition two; and 4) post-eating condition two. Two-way ANOVAs and Cohen's d effect sizes examined changes in anthropometrics and metabolic measures affected by the eating schedule (daytime vs. delayed) and time (before vs. after each eating schedule). Weight, the ratio of trunk to leg fat, respiratory quotient, fasting insulin, total cholesterol, and glucose decreased (improved) on the daytime schedule, while triglycerides increased (worsened) on the delayed schedule (all changes showed medium to large effect sizes; d > .5). This study provides the first experimental evidence that a prolonged daytime eating schedule, as compared to a delayed eating schedule, promotes weight loss and a positive profile for energy metabolism and hormonal markers in healthy adults with healthy weight. This suggests that nighttime eating may indeed contribute to weight gain and metabolic dysfunction independent of calorie intake.

Learning Objectives:

- Describe the evidence that timing of eating plays a role in human weight and metabolism.
- Learn the impact of daytime versus a delayed schedule of eating on weight and other metabolic factors.
- Understand how the impact of the timing of eating contributes to the clinical significance of eating disorders, such as binge eating disorder and night eating syndrome, where eating episodes often occur in the late evening and nighttime.

PS1.12.4: Further support for diagnostically meaningful avoidant/restrictive food intake disorder (ARFID) symptom presentations in an adolescent medicine partial hospitalization program

Hana Zickgraf, MA, PhD, University of Chicago, Chicago, IL, USA; Susan Lane, PhD, Penn State Hershey Medical Center, Hershey, PA, USA; Jamal Essayli, MA, PhD, Penn State Hershey Medical Center, Hershey, PA, USA; Rollyn Ornstein, MD, Penn State Hershey Medical Center, Hershey, PA, USA

We conducted a retrospective chart review of 73 patients ages 8 to 17 admitted to a PHP and diagnosed with ARFID to explore differences in the clinical features of patients with differing presentations of restrictive eating. Charts were independently reviewed by two coders, with high interrater agreement ($\kappa = .77$) for four primary ARFID presentations: Selective eating (5.1%), Appetite disturbance (11.2%), Co-primary selectivity/appetite disturbance (16.3%), Fear of aversive consequences of eating (49.0%). The ARFID presentation groups differed on core ARFID criteria, symptom trajectory and illness duration, and comorbidity. Patients with the Co-primary presentation reported the longest illness duration, and were more likely to meet ARFID criteria based on a history of poor growth rather than acute weight loss. Those with the Fear and Appetite presentations reported a normal growth history and a recent illness onset with severe, acute weight loss. A majority of Fear patients attributed onset of ARFID symptoms to exposure to choking/vomiting. Most Appetite patients attributed appetite loss to the onset or exacerbation of mood/anxiety symptoms or to stress-related GI upset. Although patients across subtypes reported high levels of anxiety symptomatology and high rates of comorbid anxiety diagnoses, those with Appetite symptoms reported more mood and ADHD comorbidity than any other group, and those with Fear symptoms had low levels of comorbidity other than anxiety. These findings suggest that there are diagnostically meaningful ARFID subtypes that can be differentiated based on the nature of their eating restrictions, as well as other demographic, illness history features, and psychiatric co-morbidity. As treatments for childhood/adolescent ARFID are developed and refined, it will be important to take into consideration not only demographic differences, but the variability in symptoms, as this might require distinct interventions and levels of care.

Learning Objectives:

- Describe the clinical features of four primary symptom presentations of ARFID in an adolescent medicine partial hospitalization program.
- Describe the differing mood and anxiety comorbidity in the ARFID presentations.
- Describe differences in the etiology and course of the ARFID presentations.

PS1.12.5: The development of a parent completed person-centered outcome measure for children with Avoidant/Restrictive Food Intake Disorder

Rachel Bryant-Waugh, BSc, MSc, DPhil, FAED, University College London Institute of Child Health, London, UK; Lucy Cooke, BSc, MSc, PhD, Great Ormond Street Hospital, London, UK

Avoidant/Restrictive Food Intake Disorder (ARFID) and related feeding disorders in childhood can have serious implications for health, development and functioning. Typically they are associated with parental stress and mealtime conflict, which in turn has been linked with increased risk of later development of an eating disorder. Nevertheless, many parents report that when seeking help for avoidant and restrictive eating behaviors in children, their concerns are often dismissed by health professionals. Patient- or person-centered health care approaches involve enhanced focus on the issues and concerns most salient to those affected. The aim of this project was to develop a person-centered outcome measure (PCOM) for ARFID that is evidence-based, systematically derived and has high face validity. We used a 4-stage process involving surveys, interviews and focus groups to capture the views of parents of

children referred for assessment and treatment of ARFID across four areas related to their child's eating: (i) main concerns, (ii) psychosocial impact, (iii) valued elements of a clinical service, (iv) treatment goals. Parents consistently identified a number of key concerns and areas to focus on in treatment, confirming that having a child with a clinically significant eating difficulty is experienced as challenging and stressful. Findings informed the development of a questionnaire 'What Matters To Me', which will be briefly described, which has undergone preliminary testing of feasibility, salience and ease of completion. This is the first person-centered measure for ARFID. We propose that it can be used at assessment to guide intervention and support needs, facilitating person centered care and helping to shape improvements in service provision.

Learning Objectives:

- Describe the importance of patient centered health care approaches.
- Assess parent views regarding concerns and impact of ARFID in their child.
- Utilize a dedicated person centered outcome measure in their own clinical practice.

PS1.12.6: The long-term outcome of purging disorder: An examination of predictors of outcome and comparison to bulimia nervosa

K. Jean Forney, PhD, Ohio University, Athens, OH, USA; Pamela Keel, PhD, FAED, Florida State University, Tallahassee, FL, USA

The current study describes the long-term outcome of purging disorder (PD) and tests predictors of outcome. As part of three prior studies, 84 women who met research criteria for PD completed interview and questionnaire assessments. Sixty-nine percent (n= 58) of those invited to participate completed interview and/or questionnaire assessments at a mean (SD) 10.24 (3.81) year follow-up. As part of the same studies, 133 women with DSM-5 bulimia nervosa (BN) completed baseline procedures and were invited to participate in the follow-up study; 69% (n=92) participated at a mean (SD) follow-up of 10.81 (3.66) years. Two outcome definitions were tested: presence or absence of an eating disorder and Eating Disorder Examination total scores (EDE). Missing data were multiply imputed 40 times and pooled results are presented. At follow-up, 60% of the women with baseline PD continued to meet criteria for an eating disorder. Women with baseline PD demonstrated diagnostic stability such that they were more likely to report a PD-like presentation than a BN-like presentation at follow-up (OR = 5.58, p = .02). Among those ill at follow-up, 18% continued to meet criteria for PD, 7% met criteria for BN, and the remaining women met criteria for an other specified feeding or eating disorder. Measures of severity (i.e., duration of illness, purging frequency), aspects of eating pathology (i.e., weight/shape concerns, loss of control eating frequency), and comorbidity (depressive symptoms, anxiety, and lifetime mood, anxiety, substance use, and impulse control disorders) failed to predict remission status (p's > .33) or EDE total score (p's > .13) in PD at follow-up. Remission rates and EDE scores did not differ from women with baseline BN (p's > .20). This study represents the first long-term follow-up study of PD. Results do not support differences in outcome between PD and BN.

Learning Objectives:

- Define purging disorder and describe its long-term outcome.
- Discuss predictors of outcome in purging disorder.
- Compare the outcomes of purging disorder and bulimia nervosa.