

T-1: Differential Associations between Loss of Control Eating Facets with Emotional and Personality Correlates of Disordered Eating

Sarah Schell, BSc, McGill University, Montreal, Quebec, Canada; Sarah Racine, PhD, McGill University, Montreal, Quebec, Canada

Loss of control (LOC) eating, the perception of being compelled to eat or unable to resist eating, is a core feature of binge eating. The recently developed Loss of Control over Eating Scale (LOCES) assesses three facets of LOC eating: behaviors (objective experiences like eating until uncomfortably full), cognitive/dissociative experiences (e.g., feeling like an eating episode is not real), and positive/euphoric experiences (e.g., feeling a physical rush). When examined separately, each subscale is associated with disordered eating, although associations are stronger for the behavioral and cognitive/dissociative subscales than the positive/euphoric subscale. The current study examined whether LOCES subscales also relate to emotional and personality correlates of disordered eating (i.e., emotion dysregulation, reward responsiveness, and the Big Five personality traits) and whether the strength of associations differs across LOCES subscales. In a sample of 998 undergraduates (55% female), each LOCES subscale was positively correlated with emotion dysregulation, although the magnitude of the correlation with the behavioral subscale was significantly greater than that for the other two subscales. LOCES scores were not correlated with reward responsiveness and there was no difference in the magnitude of association across subscales. LOCES scores were significantly correlated with all personality traits, except extraversion, such that higher LOCES scores were associated with more negative scores for each trait. There was no difference in the magnitude of association across subscales. Taken together, while both emotion dysregulation and personality are associated with LOC eating, only emotion dysregulation is differentially related to objective aspects of LOC eating. This suggests that learning effective emotion regulation strategies might be particularly useful for reducing both objective and subjective experiences of LOC eating that characterize binge eating episodes.

Learning Objectives:

- Describe how emotional and personality correlates of eating disorders relate to loss of control eating.
- Understand how three facets of loss of control eating (behavioral, cognitive/dissociative, and positive/euphoric) differentially relate to emotional and personality constructs.
- Identify which emotional or personality factors might be promising targets for interventions aimed at reducing loss of control eating.

T-2: Association of Obstructive Sleep Apnea, Depression, and Eating Pathology among Bariatric Surgery Candidates

Natalie Schwartz, MS, Illinois Institute of Technology, Chicago, IL, USA; Alissa Haedt-Matt, PhD, Illinois Institute of Technology, Chicago, IL, USA; Leah Hecht, MS, Illinois Institute of Technology, Chicago, IL, USA; Hayley Perelman, M.Ed., MS, Illinois Institute of Technology, Chicago, IL, USA; Andrea Goldschmidt, PhD, Brown University, Providence, RI, USA

Obstructive sleep apnea (OSA) is common among individuals seeking bariatric surgery and has been associated with sleep disruption, chronic sleep loss, and daytime sleepiness resulting in reduced cognitive functioning and impaired decision-making abilities. Studies have found that sleep disturbances are associated with increased energy intake, poorer dietary choices, increased snacking, and reduced signals to stop eating. Depression is similarly associated with weight gain, sleep disturbance, and dysregulated eating. However, few studies to date have sought to determine whether OSA is associated

with eating-related pathology among bariatric surgery patients, independent of depression. We studied bariatric surgery candidates (N=93) who were recruited during their presurgical assessment to complete self-report questionnaires, including the Eating Disorder Examination Questionnaire (EDE-Q) and the Beck Depression Inventory. The presence of an OSA diagnosis was determined by medical chart review. In line with previous literature, 61.29% of patients had a diagnosis of OSA. Participants with OSA reported greater eating-related psychopathology (EDE-Q global score) compared to participants without OSA, even after controlling for depression ($F(1,90)=6.00, p .01$). Results indicate that OSA accounts for a significant portion of the variance ($\eta^2=0.062$) in eating-related psychopathology found among bariatric patients. Findings suggest that bariatric patients with OSA may be at increased risk for disordered eating attitudes and behaviors due to reduced cognitive capacity associated with OSA. Practitioners should be aware of disordered eating in bariatric surgery-seeking patients with OSA, and should not simply attribute symptoms of eating-related psychopathology to depressive symptomatology. Future research is needed to further investigate psychological factors that may impact the association between OSA and eating-related psychopathology.

Learning Objectives:

- Understand the impact of both obstructive sleep apnea and depression on disordered eating behaviors.
- Describe the association between obstructive sleep apnea and depression among a bariatric sample.
- Understand ways to improve current bariatric assessments to adequately recognize and address disordered eating attitudes and behaviors pre-operatively.

T-3: Verification of the Marks Homeostatic Theory of Obesity: a Pilot Study among Child-Parent Dyads

Kamila Czepczor-Bernat, MA, SWPS University of Social Sciences and Humanities, Woclaw, Dolnoslaskie, Poland; Natalia Kolodziejczyk, MA, SWPS University of Social Sciences and Humanities, Wroclaw, Dolnoslaskie, Poland; Anna Brytek-Matera, Professor, SWPS University of Social Sciences and Humanities, Katowice, Slaskie, Poland

The prevalence of children with overweight and obesity is still on the rise. Over 42 million children 5 years worldwide are estimated to be overweight or obese. Therefore, new models of understanding and solving childhood obesity are needed. In our study we focus on the Homeostatic Theory of Obesity. The objective of the study was to investigate whether Body Mass Index (BMI) was predicted by eating styles and specific eating behaviours in children, considering the dyadic (child-parent) perspective in particular. The predictors were selected based on the Homeostatic Theory of Obesity. Two hundred and six children (age: $M = 11.01, SD = 2.30$) and 203 parents participated in the study. The children completed the Three-Factor Eating Questionnaire - R13 and the Eating Disorders in Youth-Questionnaire. Parents filled in the Child Eating Behavior Questionnaire. The research project was funded by the National Science Centre (NCN) in Poland (grant PRELUDIUM 13, no 2017/25/N/HS6/00004). We analyzed models indicating that assessment of children's eating behaviors by parents (emotional undereating, emotional overeating, satiety responsiveness) and by children themselves (external eating, emotional eating, restrictive eating, food avoidance emotional disorder) are important predictors of the children's BMI. Dyadic (child-parent) perspective come out to be important in predicting current BMI in children.

Learning Objectives:

- Assess the role of child eating behaviours in predicting child body mass index.

- Assess the parent point of view in the context of child eating behaviour in predicting child body mass index.
- Describe the verification of the Marks Homeostatic Theory of Obesity among child-parent dyads.

T-4: Hedonic hunger: association with eating behavior and depression

Savannah Roberts, BS, BA, Drexel University, Philadelphia, PA, USA; Cara Colao, Psychology, Villanova University, Villanova, PA, USA; Christine Call, AB, Drexel University, Philadelphia, PA, USA; Meghan Butryn, PhD, Drexel University, Philadelphia, PA, USA

Research has demonstrated that individuals with overweight and obese body mass indexes (BMIs) may experience increased levels of hedonic hunger, a sensitivity to environmental food cues in the absence of a caloric deficit that is traditionally measured with the Power of Food Scale (PFS). High levels of hedonic hunger are associated with disordered eating behavior (e.g., binge eating). However, little research has examined whether hedonic hunger is a dynamic trait that may change through behavioral weight loss (BWL) treatment, nor examined how changes in hedonic hunger relate to changes in other outcomes. The goals of this study were to: 1) assess changes in hedonic hunger throughout BWL treatment, and 2) determine if changes in hedonic hunger throughout BWL treatment are associated with improvements in eating behavior and mood. Adults with overweight or obese BMIs (N = 320) enrolled in a BWL treatment completed assessments at baseline and 6 months, which included the PFS and Center for Epidemiologic Studies Depression Scale (CES-D). Additional measurements included self-reported calorie intake and calorie goal, used to calculate a participant's ability to achieve goal-directed eating behavior. Participants who started with the highest levels of hedonic hunger decreased their PFS scores the most throughout treatment (p < .001), demonstrating the potential efficacy of BWL at reducing hedonic hunger levels. Hedonic hunger levels at baseline and 6-months significantly predicted success in meeting eating behavior goals (p < .001), illustrating that lower levels of hedonic hunger may help increase healthy eating behavior. Lastly, changes in hedonic hunger were significantly associated with decreases in depressive symptoms (p < .01). Results of this study demonstrate that BWL may promote changes in hedonic hunger that are perceived by participants to be valuable.

Learning Objectives:

- Describe the association between hedonic hunger and eating behavior.
- Assess the effect of behavioral weight loss treatment on hedonic hunger.
- Evaluate if changes in hedonic hunger are associated with improvements in eating behavior and mood.

T-5: Body-related attention differences between overweight and healthy weight females after owning a larger-size virtual body.

Bruno Porrás-García, Master's Degree, PhD Candidate, University of Barcelona, Barcelona, Catalunya, Spain; Alexandra Ghita, Master's Degree, PhD Candidate, University of Barcelona, Barcelona, Catalunya, Spain; Marta Ferrer-García, PhD, University of Barcelona, Barcelona, Catalunya, Spain; Laura Lopez-Jimnez, Bachelor's Degree, University of Barcelona, Barcelona, Catalunya, Spain; Alba Vallve-Romeu, Bachelor's Degree, University of Barcelona, Barcelona, Catalunya, Spain; Valentina Tarantino, Bachelor's Degree, University of Barcelona, Barcelona, Catalunya, Spain; Jos Gutiérrez Maldonado, PhD, University of Barcelona, Barcelona, Catalunya, Spain

Previous reports have suggested that overweight and obese individuals show an Attentional Bias (AB) toward food-related cues compared with healthy weight individuals. However, little is known about body-related attentional bias in the overweight. This study aims to assess differences on eye-gaze behaviors towards specific body parts, when they are embodied in virtual avatars with different body sizes. Forty-one female college students (14 overweight vs 27 with healthy weight) were exposed to an immersive virtual environment in which they were embodied in three avatars with different body sizes: one with the same body size as the participant; one larger than the participant; and finally, a repetition of the avatar with the same body size. To analyse 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 at the three assessment times. Mixed between (Weight-Groups)-within (Time) analyses of variance showed statistically significant interactions between group and time in fixation points ($F(2,78) = 5.351, p = .007, \eta^2 = .121$) and in complete fixation time ($F(2,78) = 4.366, p = .016, \eta^2 = .101$). Overall, there were statistically significant group differences only with the first real-size virtual body, in which overweight participants showed a preference for the W-AOIs, while healthy weight participants presented a more general body scanning behavior. With the larger-size virtual body, the groups showed a similar general scanning behavior, over the whole body. Finally, when they owned the real-size virtual body for the second time, both groups showed a preference for the W-AOIs. This study provides new information on AB toward weight-related body areas in overweight females and shows how dysfunctional body-related attention may be influenced by owning an avatar with different body sizes.

Learning Objectives:

- Improve the understanding of the cognitive concepts of Attentional Bias (AB) and body-related attention in overweight individuals.
- Assess body-related attentional bias differences between overweight and healthy weight females and how these differences may vary depending on the body size of the virtual avatar that they own.
- Explore the new possibilities that the combination of Eye-Tracking and Virtual Reality technologies may offer in the assessment or treatment of Eating and Weight-related Disorders.

T-6: Baseline Characteristics of Adolescents Participating in a Pilot Intervention for Binge Eating Disorder and Obesity

Finza Latif, MD, Childrens National Hospital, Washington, DC, USA; Sarah Hornack, PhD, Childrens National Hospital, Washington, DC, USA; Laura Fischer, PhD, Childrens National Hospital, Washington, DC, USA; Sandra Mihelic, BA, Childrens National Hospital, Washington, DC, USA

Adolescents with obesity (BMI > 97th percentile) and Binge Eating Disorder (BED) are an understudied population and little is known about characteristics of teens presenting for treatment. This study describes patients seeking a novel intervention combining elements of cognitive-behavioral therapy and behavioral weight loss treatment (individualized caloric reduction based on individuals Resting Energy Expenditure (REE)). All study subjects ($n = 7$) completed a standardized interview for eating disorder diagnosis, BMI z-score calculation, average daily caloric intake via 24-hour recall, and questionnaires related to depressive symptoms, anxiety, impulsivity and dietary self-efficacy. Their Daily Caloric Need (DCN) was calculated based on REE measured by indirect calorimetry using the Korr ReeVue. Participants presenting for treatment ranged from ages 10 to 16. Forty-three percent of the sample was female ($n = 3$) and 57% was male ($n = 4$). The participants were diverse, with 42% identifying as African-American, 29% Caucasian, and 29% Hispanic. The mean BMI-z score was 2.64. Average calculated DCN

was 2,158 kcal/day and the mean self-reported intake was 2,082 kcal/day, indicating possible under reporting of daily caloric intake. Adolescents reported an average of 3.67 binge episodes per week at intake. 57% of participants (n=4) had depression scores within the Elevated or Very Elevated range while 43% (n=3) of participants had anxiety scores within the Elevated or Very Elevated range. All subjects reported poor self-efficacy around eating. The average response on questionnaire measuring self-efficacy around weight management was a 3.7 on a scale of 0: Not Confident to 9: Very Confident. This initial picture suggests that adolescents with BED and obesity present to treatment with a number of health and psychological challenges that require tailored support.

Learning Objectives:

- Assess symptoms of depression and anxiety in an adolescent sample presenting for treatment of Binge Eating Disorder and Obesity.
- Assess for differences in self report of daily caloric intake with Daily Caloric Need calculated based on Resting Energy Expenditure measured by indirect calorimetry.
- Assess Self Efficacy in a sample of adolescents with Binge Eating Disorder and Obesity.

T-7: Racial/Ethnic Comparisons of Weight Loss Treatment Utilization and Corresponding Weight Loss among Treatment-Seeking Patients with Obesity and Binge Eating Disorder

Jaime Coffino, MPH, MA, Yale School of Medicine, New Haven, CT, USA; Valentina Ivezaj, PhD, Yale School of Medicine, New Haven, CT, USA; Rachel Barnes, PhD, Yale School of Medicine, New Haven, CT, USA; Marney White, PhD, MS, Yale School of Public Health, New Haven, CT, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

Little is known about racial/ethnic differences in treatment utilization for weight loss by persons with obesity and binge eating disorder (BED). This study aimed to examine differences by race/ethnicity in treatment utilization and any weight loss during treatment. 413 individuals (Black: n=101, 24.5%, Latino: n=39, 9.4%, White: n=273, n=66.1%) seeking treatment for BED and weight loss (Age: M=46.4,SD=10.8; BMI: M=39.0,SD=5.9) completed a semi-structured interview regarding frequency of prior weight loss treatments (e.g., self-help diets, supervised diets, medications, nutritionist and psychological treatment) and weight loss during each type of treatment. The most frequently utilized treatment reported was self-help diets (attempts ranged from 0 to 500); the least frequently utilized treatment was psychological (attempts ranged from 0 to 4). Blacks were significantly less likely to attempt self-help diets and to seek psychological treatment for weight loss than were Whites. Latinos and Blacks were significantly less likely to attempt supervised weight loss programs than were Whites. Further analyses of frequencies of each type of treatment utilized revealed considerable variability by race/ethnicity. In all treatments except for seeing a nutritionist, Whites were more likely to experience any weight loss compared to Black and Hispanic participants. Hispanics were more likely to lose any weight while seeing a nutritionist compared to Blacks, but no differences emerged between Hispanics and Whites. Ethnic/racial differences in treatment utilization and weight loss emerged. Patients with obesity and BED utilized several weight loss treatments, often at high frequencies. Whites reported losing more weight than non-Whites across most treatment modalities. Whites seem to experience more of any weight loss in most treatments utilized. Findings highlight the need for greater understanding of weight loss treatment barriers and accessibility among different minority groups.

Learning Objectives:

- To examine the variability of treatment utilization by race/ethnicity among weight-loss seeking patients with binge eating disorder and obesity.

- To determine the frequency of use of weight loss treatments by race/ethnicity in patients with binge eating disorder and obesity.
- To compare any weight loss by race/ethnicity among a variety of weight-loss treatment methods in patients with binge eating disorder and obesity.

T-8: Psychological distress in obese and normal-weight women at risk and non-risk for eating disorder.

Jesica Custodio, CPsychol, PhD, Facultad de Psicología, Universidad de Buenos Aires, Buenos Aires, Argentina; Brenda Murawski, CPsychol, PhD, Facultad de Psicología, Universidad de Buenos Aires, Buenos Aires, Argentina; Luciana Elizathe, CPsychol, PhD, Facultad de Psicología, Universidad de Buenos Aires, Buenos Aires, Argentina; Guillermina Rutzstein, CPsychol, PhD, FAED, Facultad de Psicología, Universidad de Buenos Aires, Buenos Aires, Argentina

One of the most common complications in obesity treatment is that it usually co-exists with eating disorders and intense psychological distress. The aim of the study was to compare psychological distress in obese and normal-weight women at risk and non-risk for eating disorder. The opportunity sample included 130 women aged 18-65 from Buenos Aires. Participants completed the three risk subscales of Eating Disorder Inventory-3 to identify whether they presented risk for eating disorder or not. Four groups were formed: 1) obese patients at risk for eating disorder (O-RED), 2) obese patients at non-risk for eating disorder (O-NRED), 3) normal-weight women at risk for eating disorder (NW-RED) and 4) normal-weight women at non-risk for eating disorder (NW-NRED). Also, they completed the Symptoms Checklist-90-Revised. The 41.5% of the obese sample and the 12.3% of the normal-weight sample was at risk for eating disorder. A Kruskal-Wallis test showed significant differences among groups [$H(3) = 37.60, p = .001$]. Post-hoc analysis was used to compare groups regarding the psychological distress. Significant differences were found between O-RED/O-NRED ($p = .001$) and NW-RED/NW-NRED groups ($p = .010$). O-RED group presented significantly higher levels of psychological distress than O-NRED group (RO-RED = 98.87 vs. RO-NRED = 61.74). NW-RED group showed significantly higher levels of psychological distress than NW-NRED group (RNW-RED = 92.88 vs. RNW-NRED = 48.36). No significant differences were found in O-RED/NW-RED nor O-NRED/NW-NRED groups. The high percentage of risk for eating disorder in obese sample is striking. Also, higher levels of psychological distress were found in risk for eating disorder groups than in non-risk for eating disorder groups. Obesity is usually associated with high levels of psychological distress. However, in this study the presence/absence of risk for eating disorder seems to contribute more than the condition of obesity/normal-weight to high scores.

Learning Objectives:

- Identify risk for eating disorders in obese and normal-weight women from Buenos Aires.
- Assess the degree of psychological distress in obese and normal-weight women at risk and non-risk for eating disorder.
- Discuss the role of psychological distress and risk for eating disorder in obesity.

T-9: What Does "Fat" Really Mean? Body Size Estimation Depends on Word Choice

Kendall Lawley, BS, Western Washington University, Bellingham, WA, USA; Anna Ciao, PhD, Western Washington University, Bellingham, WA, USA

Weight bias is widespread and well-documented, with negative consequences for higher-weight individuals. Assessments of weight bias typically use the word *fat* to evaluate attitudes toward higher-

weight individuals, and fat is the preferred term for many in the size-positive community. However, the word fat does not have a precise operational definition in terms of body size. Other terms used to describe individuals at higher weights, such as obese and overweight, have specific size definitions per BMI cutoffs, but they also may be associated with greater social stigma. Moreover, different terms for higher-weight individuals are often used interchangeably, although it is unknown whether perceptions of body size (or stigma) may change based on the precise terminology used. The current study aimed to explore whether estimations of larger bodies differed based on the specific labels used: obese versus overweight versus fat. Participants were 123 college students (M age = 21.82; M BMI = 23.72; 49% female; 74% white) who used a 10-point figure rating scale to select the body type they associated with the terms fat, overweight, and obese. Terms were counterbalanced and participants also completed a weight bias measure using the word fat. Results indicated differences in body size estimation based on the term used: overweight bodies were rated as the smallest of the three (M = 7.61 on a 10-point scale), followed by fat (M = 7.91), and then obese (M = 9.11). Differences between all three ratings were statistically significant (ps .02). This suggests that labels matter when evaluating attitudes toward higher-weight individuals. Specifically, the term fat, which is commonly used in weight bias research and preferred by the size-positive community, elicits a body type estimation between overweight and obese. This has implications for weight bias research, and differences in stigma based on these labels should be explored in future research.

Learning Objectives:

- Examine the differences in perceptions of bodies based on language used.
- Evaluate the need for specificity of body size terminology in the field.
- Consider the effects of using the word fat as a body size label.

T-10: Presence of Binge Eating on eating behaviours and metabolic status in a clinical sample of obese patients.

Emilia Manzato, Psychiatrist, SISDCA Member, University of Ferrara, Ferrara, Italy; Frida Guerra, Dietitian Student, University of Ferrara, Ferrara, Italy; Caterina Ravenna, Psychologist, SISDCA Member, Salus Private Hospital, Ferrara, Italy; Maria Rosaria Ambrosio, Endocrinologist, University of Ferrara, Ferrara, Italy; Irene Gagliardi, Endocrinologist, University of Ferrara, Ferrara, Italy; Eleonora Roncarati, Dietitian, University of Ferrara, Ferrara, Italy

Obesity is a multifactorial condition that could be frequently associated with altered eating behaviours, like Binge Eating, or eating disorders like binge eating disorders. BE in obesity could worsen the weight condition and metabolic complications. Therefore, it is essential a multidisciplinary diagnosis to provide the best therapeutical strategy. Objective: Evaluating the incidence of BE on eating behaviour and metabolic status of a sample of obese patients. Subjects: The sample consists of 26 obese patients (88.5% female) with BMI between 30.5-57.0 treatment seeking at S. Anna Hospital in Ferrara and at the private Hospital Salus (Ferrara). Methods: During the diagnostic phase, Binge Eating Scale (BES) and questionnaire about their eating habits were administered; assessment on the markers of the metabolic syndrome was done. Results: The sample was divided into two groups according to the BES score: sample A (mean BMI 39.9) including 10 patients with positive BES (score over cut-off ≥ 17) and sample B (mean BMI 40.0) including 16 patients with negative BES (score under cut-off 17). Sample A shows: greater frequency of altered eating behaviours like fasting (40% A vs 25% B), hyperphagy (40% A vs 0% B), binge eating (100% A vs 12% B), night eating (40% A vs 0% B) and a significant change in the rhythm of meals (40% A vs 0% B). Both samples have a considerable percentage of metabolic syndrome diagnosis with positive results for at least 3 markers (43% A vs 46% B) but group A shows a higher

insuline-resistance (Homa-IR) (86% A vs 27% B) than group B. Conclusions: Our study shows how the presence of Binge Eating, in obese patients in the same weight status, is associated with a worse metabolic status and a greater alteration of the eating behaviour.

Learning Objectives:

- The aim of our study is to point out the importance of multidisciplinary assessment in obesity.
- The study highlights the correlations between eating behavior, binge eating and metabolic status.
- The importance of assess the presence of an eating disorders before beginning the treatment in complex severe obesity.

T-11: A Comparative Analysis of the Clinical Profile of Overweight versus Normal Weight Patients with Bulimia

Paakhi Srivastava, PhD, Post Doctoral Fellow, Drexel University, Philadelphia, PA, USA; Stephanie Manasse, PhD, Assistant Research Professor, Drexel University, Philadelphia, PA, USA; Kelsey E. Clark, BA, PhD Candidate, Drexel University, Philadelphia, PA, USA; Emily Presseller, BA, Research Coordinator, Drexel University, Philadelphia, PA, USA; Rowan Hunt, BA, Research Coordinator, Drexel University, Philadelphia, PA, USA; Adrienne Juarascio, PhD, Assistant Professor, Drexel University, Philadelphia, PA, USA

Although recent studies have indicated higher rates of overweight and obesity among individuals with bulimia nervosa (BN), little is known about the relationship between body mass index (BMI), BN symptoms and related constructs. Participants in the present (ongoing) study (N=43; treatment-seeking individuals with BN) were divided into two groups based on BMI: normal weight (NW; BMI \leq 25; n=23) and overweight/obese (OW; BMI >25; n=20). Nearly half of all participants had overweight [BMI >25 and 30, 25.5%, n=11] or obesity [BMI >30, 20.9%, n=9]. We compared groups at baseline on demographics, psychiatric co-morbidities, BN symptoms, body dissatisfaction, and weight suppression. The OW group reported significantly fewer objective binge eating episodes (t=1.72, p=.02, NW M=21.17, SD=20.16; OW M=12.70, SD=9.29) and vomiting episodes (t=2.25, p=.03, NW M=22.87, SD=20.66; OW M=9.25, SD=18.68) but significantly more frequent laxative (t=-1.39, p=.02, NW M=1.13, SD=2.67; OW M=3.70, SD=8.40) and diuretic misuse (t=-.99, p=.04, NW M=.39, SD=1.67; OW M=1.75, SD=6.37). The OW group experienced significantly higher shape and weight concern (Shape Concern t=-2.78, p=.01, NW M=3.39, SD=1.65; OW M=4.52, SD=.81; Weight Concern t=-1.88, p=.02, NW M=3.16, SD=1.59; OW M=3.94, SD=1.03) and significantly worse body dissatisfaction (BE Global t=2.99, p=.01, NW M=36.30, SD=16.25; OW M=23.35, SD=11.23). The groups did not significantly differ on age of first diet, weight suppression, or presence of psychiatric comorbidities. Our results indicate that overweight/obese BN patients may have different clinical presentation, including higher frequency of inappropriate compensatory behavior, the severity of shape/weight concern and body dissatisfaction. These patients could then be at risk for poorer outcomes or drop-outs with standard treatments for BN. Future research should evaluate response pattern of these patients with standard treatments and, if needed, examine novel treatment approaches.

Learning Objectives:

- Learn about the distinct clinical presentation of treatment seeking BN patients with overweight/obesity in comparison to BN patients with normal weight.
- Acknowledge the possible implications of unique clinical features of treatment seeking BN patients with overweight/obesity on treatment outcomes.

- Explore the clinical relevance of addressing distinct treatment needs of BN patients with overweight/obesity.

T-12: Is All Dysregulated Eating the Same? Examining the Latent Structure of Dysregulated Eating in Women and Men

Sarah Racine, PhD, McGill University, Montreal, Quebec, Canada; Kelsey Hagan, MA, University of Kansas, Lawrence, KS, USA; Sarah Schell, BSc, McGill University, Montreal, Quebec, Canada

Dysregulated eating is a complex psychological construct associated with negative health outcomes. Multiple forms of dysregulated eating exist and can be assessed using various established and emerging measures. However, little research has examined the latent structure of dysregulated eating items, interrelationships between dysregulated eating constructs, and differential associations among dysregulated eating constructs and external correlates (e.g., BMI, comorbid psychopathology, clinical impairment). We explored these research questions in a large sample of undergraduate women and men (N = 998; 55% female). Exploratory and confirmatory factor analyses were conducted on items from the Binge Eating Scale, Eating Pathology Symptoms Inventory Binge Eating subscale, Loss of Control Eating Scale, Dutch Eating Behavior Questionnaire Emotional and External Eating subscales, Power of Food Scale, Yale Food Addiction Scale, and Eating Disorder Examination-Questionnaire Eating Concerns subscale. The six-factor retained solution included: 1) Loss of Control (LOC) Over Eating; 2) Non-Homeostatic Eating/Overeating; 3) Emotional Eating; 4) Hedonic Hunger; 5) Food Addiction; and 6) Distress Over Eating. This six-factor solution was invariant across women and men. Factor score multiple regressions revealed that LOC Eating and Food Addiction were uniquely associated with depressive symptoms, emotion dysregulation, and clinical impairment, whereas only Food Addiction predicted problematic alcohol use. Distress Over Eating was related to clinical impairment and BMI. Emotional Eating related only to emotion dysregulation, whereas Overeating and Hedonic Hunger did not significantly predict any external correlates. This is the first comprehensive analysis of the latent structure of dysregulated-eating constructs and their associations with external correlates, and results suggest that LOC eating and Food Addiction exhibit the strongest relations with psychosocial impairment.

Learning Objectives:

- Define the multiple types of dysregulated eating.
- Describe the process of conducting exploratory and confirmatory factor analysis to identify the latent structure of dysregulated eating.
- Describe the independent associations between dysregulated eating and external correlates.

T-13: Emotion Regulation Difficulties as Common and Unique Predictors of Binge Eating and Related Impulsive Behaviors

Alexia Miller, BA, McGill University, Montreal, Quebec, Canada; Sarah Racine, PhD, McGill University, Montreal, Quebec, Canada

Binge eating is an impulsive behavior that serves to regulate emotions in individuals with pre-existing emotion regulation difficulties. Emotion dysregulation also contributes to other impulsive behaviors, such as substance use, self-harm, and risky sexual activity. However, emotion dysregulation is a multidimensional construct, and little research has examined whether specific forms of emotion dysregulation predict binge eating and related impulsive behaviors. We hypothesized that limited access

to emotion regulation strategies and problems acting in accordance with desired goals would most strongly relate to different behavioral manifestations of impulsivity. Participants were 238 undergraduate students (69% female). Emotion dysregulation facets were assessed using subscales from the Difficulties in Emotion Regulation Scale (DERS). Path analyses examined relationships between each DERS subscale with binge eating, alcohol use and related problems, drug use, non-suicidal self-harm, and risky sexual activity. Lack of emotional awareness and limited access to emotion regulation strategies significantly predicted all impulsive behaviors, except risky sexual activity. Non-acceptance of emotions predicted binge eating, alcohol use/problems, and drug use, while impulse control difficulties when upset predicted binge eating, alcohol use/problems, and self-harm. Difficulties with goal-directed behavior when upset related only to alcohol use/problems and drug use, while lack of emotional clarity did not significantly predict any impulsive behavior. Results suggest that emotion dysregulation, particularly lack of emotion regulation strategies and awareness of ones emotions, plays a significant role in binge eating and related impulsive behaviors. Findings provide useful information for teaching specific emotion regulation skills in the treatment for problematic impulsive behaviors.

Learning Objectives:

- Understand the various forms of emotion dysregulation.
- Understand the relationship between emotion dysregulation and binge eating disorder.
- Understand which specific forms of emotion dysregulation predict binge eating and related impulsive behaviors.

T-14: Eating disorders in premenstrual dysphoric disorder: A neuroendocrinological pathway to the pathogenesis of binge eating

Camilla Lindvall Dahlgren, PhD, MA, Oslo University Hospital, Ullev I Hospital, Oslo, Norway; Erik Qvigstad, PhD, MD, Oslo University Hospital, Ullev I Hospital, Oslo, Norway

This case report details the presentation, treatment and post-operative outcome of an adult female with co-occurring binge eating and premenstrual dysphoric disorder (PMDD). The patient, self-presenting for treatment, reported having struggled with severe, debilitating physical and psychological PMDD symptoms for nearly a decade. After having taken part in a number of unsuccessful first- and second line treatments in primary and secondary care, the patient was referred to tertiary care at the Department of Gynecology at Oslo University Hospital in Norway. Chemical menopause using a gonadotropin-releasing hormone (GnRH) agonist was induced, predicting the desired response (i.e. resolution of PMDD symptoms) to bilateral salpingo-oophorectomy (BSO). At 3-month post BSO, the patient reported complete resolution of all reported PMDD symptoms including marked increase in appetite (i.e. hyperphagia), specific food cravings and auxiliary binge eating. To our knowledge, this is the first case documenting the complete resolution an eating disorder post BSO in a patient with PMDD. Our findings represent a novel, neuroendocrinological pathway to understanding the etiology of binge eating, and may help advance a new treatment option for a selected group of females struggling with excessive appetite and binge eating due to fluctuations in ovarian activity.

Learning Objectives:

- Describe the DSM-5 criteria for Binge Eating Disorder (BED) and Premenstrual Dysphoric Disorder (PMDD).
- Identify cases where hyperphagia and binge eating is a result of co-occurring premenstrual dysphoric disorder (PMDD).

- Evaluate the appropriateness of inducing chemical menopause using a gonadotropin-releasing hormone (GnRH) agonist.

T-15: General and Eating Disorder Specific Flexibility: Confirming the Psychometric Properties of the Eating Disorder Flexibility Index (EDFLIX) and Identifying the Cut-Off Score in a Clinical and Healthy Control Sample

Camilla Lindvall Dahlgren, PhD, MA, Oslo University Hospital, Oslo, Norway; Trine Wiig-Hage, PhD, Oslo University Hospital, Oslo, Norway; Joseph Wonderlich, MA, George Mason University, Fairfax, VA, USA; Kristin Stedal, PhD, Cand. Psychol., Oslo University Hospital, Oslo, Norway

The purpose of this study was 1) to confirm the proposed three-factor model of the Eating Disorder Flexibility Index (EDFLIX) in a sample of healthy controls (HC), and 2) to identify the global EDFLIX cut-off score discriminating individuals with EDs from HCs. A total of 549 females (age range 16-63) were requested to complete the 36-item EDFLIX questionnaire. 258 participants (Mean age 29.2, SD=9.9) reported a current ED, whereas 291 (Mean age 39.2, SD=8.9) reported no current ED (i.e. HC). Results revealed good fit indexes for the three-factor model by CFA, supporting the original solution capturing general flexibility (EDFLIX-GF), flexibility related to food and exercise (EDFLIX-FoEx), and flexibility concerning body shape and weight (EDFLIX-ShWe). The mean EDFLIX score for the total sample was 143.29 (SD=42.59). For individuals with a current ED, the average EDFLIX total score was 104.45 (SD = 25.91), whereas the mean for the HCs was 176.48 (SD = 19.92). The receiver operating characteristics (ROC) analysis demonstrated excellent accuracy distinguishing EDFLIX total scores from individuals with EDs compared to scores from HCs. Specifically, there was a 98% probability that a randomly selected ED case would obtain a lower EDFLIX score than a randomly selected control case (AUC 0.98; 95% CI: 0.96 0.99; $p < 0.01$). A cutoff score of 136 on the EDFLIX maximized the Youden index ($J = 0.88$), which indicated the most balanced sensitivity and specificity. At the cut-off point, sensitivity was 0.91 (95% CI: 0.87 0.94) and a specificity of 0.97 (95% CI: 0.94 0.98). This study confirms the proposed factor structure of the EDFLIX in a sample of HCs, offering support for the conceptual distinction between general and eating disorder related flexibility. Our results further provide strong evidence for the discriminant validity of the EDFLIX, indicating the utility of the assessment instrument for classification purposes.

Learning Objectives:

- Conceptualize and distinguish between general and eating disorder specific flexibility.
- Administer and interpret total and scaled scores from the Eating Disorder Flexibility Index (EDFLIX) questionnaire.
- Describe the validity of the Eating Disorder Flexibility Index (EDFLIX) questionnaire, and make a case for its utility for classification purposes.

T-16: An Examination of the Link between Weight Stigma and Binge Eating

Valerie Douglas, MA, North Dakota State University, Fargo, ND, USA; Kathryn Gordon, PhD, Associate Professor, North Dakota State University, Fargo, ND, USA; Mun Yee Kwan, PhD, Assistant Professor, West Texas A&M University, Amarillo, TX, USA

The relationships between weight stigmatization experiences, weight bias internalization, and emotion dysregulation on disordered eating as measured by survey data and in-lab food consumption was investigated. The full sample included 157 undergraduate participants who completed the modified Stigmatizing Situations Inventory, Weight Bias Internalization Scale, Difficulties in Emotion Regulation

Scale, and Eating Loss of Control Scale (ELOCS) online. Participants were invited to a separate lab study under the ruse of completing a taste test and 57 completed the lab study. Participants read a published vignette depicting weight teasing and completed a faux cookie taste test where the opportunity to binge eat was available. It was hypothesized that weight stigma and emotion dysregulation would predict binge eating and was analyzed using multiple linear regressions. This was supported for the sub-sample when using the ELOCS but not for grams of cookies consumed. It was replicated in the full sample using the ELOCS. It was predicted that weight bias internalization would moderate the relationship between weight stigma and emotion dysregulation on binge eating, with more internalization being associated with increased binge eating, and was assessed using hierarchical linear regressions. The three-way interaction was supported in the sub-sample when using the ELOCS but not cookie consumption. The three-way interaction was replicated in the full sample using the ELOCS. Results suggest that emotion dysregulation and weight bias internalization may be important to address when examining the link between weight stigma and binge eating. Results also suggest that the lab paradigm used may not generalize to other samples.

Learning Objectives:

- Understand how weight stigmatization may relate to binge eating via weight bias internalization and emotion dysregulation.
- Describe how weight stigmatization is connected to binge eating.
- Understand an in-laboratory paradigm to elicit weight stigma.

T-17: Weight Stigma, Emotion Dysregulation, Disordered Eating, & Suicide Risk

Valerie Douglas, MA, North Dakota State University, Fargo, ND, USA; Mun Yee Kwan, PhD, Assistant Professor, West Texas A&M University, Amarillo, TX, USA; Kathryn Gordon, PhD, Associate Professor, North Dakota State University, Fargo, ND, USA

Experiences of weight stigmatization have been linked to increased suicidality but have not directly been investigated using the interpersonal theory of suicide or in regard to its relationships to emotion dysregulation and disordered eating. 156 participants completed the modified Stigmatizing Situations Inventory to measure weight stigmatization experiences, Difficulties in Emotion Regulation Scale to measure emotion dysregulation, Eating Disorder Diagnostics Scale to measure disordered eating, Interpersonal Needs Questionnaire to measure perceived burdensomeness and thwarted belongingness, and the Suicide Behaviors Questionnaire-Revised to measure suicide risk. First, it was hypothesized that weight stigmatization would directly predict suicide risk with higher stigmatization increasing risk. Second, it was predicted that perceived burdensomeness and thwarted belongingness would mediate the relationship between weight stigmatization and suicide risk, with increased desire for suicide increasing risk. Third, it was hypothesized that emotion dysregulation would mediate the relationship between weight stigmatization and suicide risk and that disordered eating would moderate emotion dysregulation. Results supported the first hypothesis and partially supported the second and third hypotheses. Weight stigmatization predicted suicide risk ($p = .001$), and this relationship was mediated by perceived burdensomeness (point estimate = 0.099; 95% CI = 0.034, 0.189) and emotion dysregulation (point estimate = 0.066, 95% CI = 0.031, 0.120), but not thwarted belongingness (point estimate = -0.001, 95% CI = -0.011, 0.004). Results suggest that weight stigmatization may be a significant risk factor for increased suicide risk, especially when emotion dysregulation is present, and fits within the interpersonal theory of suicide.

Learning Objectives:

- Understand the connection between weight stigma and suicide risk.
- Describe how weight stigma relates to the interpersonal theory of suicide.
- Assess the role of weight stigmatization and emotion dysregulation in relation to suicide risk.

T-18: The potential ideal range of heart rate variability: A literature review and proposed novel intervention for anorexia nervosa

Sydney Heiss, MA, University at Albany, SUNY, Albany, NY, USA; Bronya Vaschillo, MD, Rutgers University, Piscataway, NJ, USA; Evgeny Vaschillo, PhD, Rutgers University, Piscataway, NJ, USA; Alix Timko, PhD, The Children's Hospital of Philadelphia, Philadelphia, PA, USA; Julia Hormes, PhD, University at Albany, SUNY, Albany, NY, USA

Heart rate variability (HRV) quantifies the balance between sympathetic and parasympathetic control of the heart. It is widely considered a measure of emotion regulatory capacity, impulse control, and environmental adaptation abilities. Abnormalities in HRV have been implicated in a host of mental illnesses, with those diagnosed with alcohol use disorder, anxiety disorders, borderline personality disorder, bipolar disorder, major depressive disorder, and schizophrenia all exhibiting decreased HRV. Interestingly, those diagnosed with anorexia nervosa have consistently exhibited increased HRV. The purpose of the current study was to systematically examine and integrate past meta-analyses of HRV across psychopathologies. An initial pool of 226 articles were identified. Ultimately, total of 25 articles met inclusion criteria (collected 24-hour recordings, psychopathology not in remission, patients not on antipsychotics, reported measures of interest, and calculations did not differ from official recommendations). The following indices of HRV function were assessed: SDNN, pNN50, and RMSSD. Results from studies were plotted graphically (x axis = parameter, y axis = treatment level, including in/outpatient and controls). Findings indicated that more extreme time-domain HRV measures, both high and low, are associated with more severe mental illness, resulting in a distinct U-shaped curve. Individuals diagnosed with anorexia nervosa tended to have the highest HRV, whereas all others mental illnesses tended to have lower HRV than healthy controls. Findings thus suggest the possibility of an ideal range of HRV. The finding of elevated HRV in anorexia nervosa suggests that typical interventions aimed at increasing HRV may be inappropriate in this patient population. Paced sighing at a rate of one breath every 50 seconds, which tends to stimulate the sympathetic nervous system, may be a suitable alternative for future interventions aiming to normalize HRV in patients with EDs.

Learning Objectives:

- Understand how heart rate variability is differentially associated with mental illnesses.
- Assess the proposed novel paced sighing intervention for individuals diagnosed with anorexia nervosa.
- Describe the potential causes for increased heart rate variability in individuals diagnosed with anorexia nervosa.

T-19: Surreptitious Purging Behaviors, Herbal Supplements and Electrolytic Abnormalities: A Case Report

Grisha Suquet, MD, Anahuac University Network, National Institute of Psychiatry Ramón de la Fuente Muñiz, Mexico City, Mexico; Monica Arienti, MD, Universidad La Salle, National Institute of Psychiatry Ramón de la Fuente Muñiz, Mexico City, Mexico; Griselda Galvan, MD, Psychiatrist, Fellowship, National

Autonomous University of Mexico (UNAM), National Institute of Psychiatry Ramón de la Fuente Muñiz, Mexico City, Mexico

This case report aims to illustrate a particular example of medical complications following the concealed abuse of diuretic and laxative agents. Access to over-the-counter (OTC) medication for purgative purposes is easy and oftentimes uncontrolled in most developing countries, adding a higher risk to the medical complications derived from their misuse. This case study describes a female patient with chronic anorexia nervosa purging subtype (ANp) with surreptitious ingestion of lipase inhibitors as well as cathartic, osmotic, and stimulant laxatives, loop diuretics and caffeine. The patient also consumed other non-regulated herbal supplements and compounds such as nopal and artichoke leaf, chrome, Hoodia gordonii, Garcinia cambogia, Cyamopsis tetragonoloba and Cassia senna, some of them used in Mexican folk medicine. The patient was admitted to an inpatient psychiatric unit where laboratory findings revealed renal damage, documenting hypokalemia and metabolic alkalosis consistent with Pseudo-Bartter Syndrome. These findings have been described consistently in eating disorders (ED) previously, and must always be suspected in patients with purgative behaviors and electrolytic abnormalities, nevertheless it is not uncommon in our setting to have limited access to appropriate, and complete, kidney function tests. Serum screening tests for diuretics and other substances are not routinely requested, and in most settings not even available. Surreptitious diuretic and laxative ingestion may occur more frequently than is generally appreciated, which can lead to a higher risk in medical complications. Herbal compounds and supplements are rarely considered when assessing patients with ED, and potential risks due to their abuse should be considered. Initiatives towards a better control and legislation of these substances should be proposed and submitted.

Learning Objectives:

- Describe a case of comorbidity between ANp and electrolytic and acid-base disorders associated with the abuse of diuretic and laxative agents.
- Raise awareness about the potential risks that uncontrolled OTC substances generate when inappropriately used as purging agents. Keep in mind that some substances and supplements of herbal origin can contribute to kidney damage in patients with ED.
- Recognize the importance of regulating uncontrolled OTC substances that are potentially dangerous when used with purging purposes. Some patients may conceal purging behaviors; laboratory screening should be available to detect any possible organic damage.

T-20: Weight Suppression, Resting Metabolic Rate, and Leptin in Bulimia Nervosa

Rachel Korn, BA, New York State Psychiatric Institute, New York, NY, USA; Michael Lowe, BA, PhD, Drexel University, Philadelphia, PA, USA; Haley Davis, BA, Columbia University Medical Center, New York, NY, USA; Melissa Riegel, BA, University of Pennsylvania, Thomas Jefferson University, Philadelphia, PA, USA; Kirstie Herb, BS, Eastern Michigan University, Ypsilanti, MI, USA; Hallie Espel-Huynh, BS, MS, PhD Candidate, Brown University, Providence, RI, USA; Elin Lantz Lesser, BA, MA, PhD Candidate, Drexel University, Philadelphia, PA, USA; Alexandra Muratore, BA, MS, PhD Candidate, Drexel University, Philadelphia, PA, USA; Janet Schebendach, BS, MA, PhD, Columbia University Medical Center/ New York State Psychiatric Institute, New York, NY, USA; Laurel Mayer, BA, MD, FAED, Columbia University Medical Center/ New York State Psychiatric Institute, New York, NY, USA

In patients with bulimia nervosa (BN), weight suppression (WS), the difference between one's lifetime highest and current weight, has been associated with severity of symptoms and clinical outcome. We aimed to explore whether weight suppression was associated with changes in resting metabolic rate

(RMR) and related appetitive hormones (e.g. leptin) among individuals with BN. Participants were 84 women with BN (DSM-5 criteria) recruited at two sites (Drexel University and Columbia University Medical Center). After an overnight fast, RMR was measured by indirect hood calorimetry, blood samples were drawn for neuroendocrine hormones, and body composition was measured by DXA. Non-normally distributed variables were square-root transformed. Linear regression was used to conduct all analyses (SPSS version 24.0). On average, participants were 25.3 ± 5.7 years old, had a mean BMI of 23.6 ± 4.1 kg/m² and an average duration of illness of 9.3 ± 6.5 years. WS ranged from 0-70kg, with a mean of 7.0 ± 6.1kg. Controlling for site and fat-free mass, WS did not have a significant effect on RMR (b=1.8, p=0.85). Controlling for site and fat mass, WS had a trend significant negative effect on leptin (b= -0.13, p=0.07), similar to past findings by Keel and colleagues. As expected, controlling for body composition, leptin was significantly related to RMR (b=35.3 p= 0.02). Contrary to our hypotheses, level of WS does not appear to be associated with changes in RMR but may be associated with alterations in leptin. Changes in appetitive hormone levels may mediate the relationship between WS and symptom severity.

Learning Objectives:

- Describe the effect of weight suppression on resting metabolic rate in Bulimia Nervosa.
- Describe the relationship between weight suppression and leptin in Bulimia Nervosa.
- Explore the role of appetitive hormone levels in the relationship between weight suppression and symptom severity.

T-21: Global salivary microbiome activity in female adolescents with anorexia nervosa

Anna Scipioni, BA, Penn State, Hershey, PA, USA; Xiang Zhan, PhD, Penn State, Hershey, PA, USA; Steven Hicks, MD, PhD, Penn State, Hershey, PA, USA; Rollyn Ornstein, MD, Penn State Children's Hospital, Hershey, PA, USA

Anorexia nervosa (AN) is characterized by dysregulated psychologic, metabolic and weight-regulation processes. The microbiome is implicated in many of these processes, affecting weight loss/gain, and communicating with the brain. The oropharynx represents the sole entry-point of the gastrointestinal tract, lying in close proximity to the brain and cranial nerves. Preliminary research suggests intestinal dysbiosis in AN, but the salivary microbiome has not been investigated. This study characterized the salivary microbiome of females (age 11-21 years) with AN restrictive-type at the outset of treatment, in comparison to healthy controls (HC) and patients with anxiety (AX), a common comorbid diagnosis. Morning pre- and post-prandial salivary samples, and AN post-treatment samples, were collected (n=70). RNA sequencing was used to compare differences in taxa activity (at multiple taxonomic ranks), as well as alpha diversity (within sample) and beta diversity (between sample) among AN, AX, and HC groups. For global analysis, statistical significance of microbiome activity differences between groups were evaluated via permutational analysis of variance (PERMANOVA). The Wilcoxon rank sum test was used to identify differential activity of each individual taxon between groups and across pre/post-treatment AN samples. There was a significant difference in the global microbiome activity between AN and HC (p=0.004), indicating salivary dysbiosis in AN. Individual taxa comparisons between AN and AX/HC identified 13 taxa which uniquely characterized AN microbial samples, including enrichment in Proteobacteria and depletion in Firmicutes. Pre- and post-treatment comparison demonstrated a shift in activity of these 13 taxa towards a healthier state after treatment. This study presents evidence of dysbiosis in AN consistent with previous gut microbiome findings. Additionally, the salivary microbiome appears to improve following treatment.

Learning Objectives:

- Evaluate the differences in the salivary microbiome among adolescent females with anorexia nervosa compared to those with anxiety disorders and healthy controls.
- Identify the taxa within the salivary microbiome that are differentially expressed in anorexia nervosa.
- Describe how the salivary microbiome changes after intensive treatment for anorexia nervosa.

T-22: Perfectionism as a Moderator Between Body Dissatisfaction and Disordered Eating: An Ecological Momentary Assessment

Meghan Hansen, PhD, Medical University of South Carolina, Charleston, SC, USA; Alissa Haedt-Matt, PhD, Illinois Institute of Technology, Chicago, IL, USA

Previous research provides support for a theoretical model that perfectionism moderates the association between body dissatisfaction (BD) and disordered eating (DE) such that highly perfectionistic individuals who experience BD may be highly motivated to engage in DE behaviors in an effort to reduce BD. However, previous literature has been limited to cross-sectional designs, limiting their ability to test a model of transient, state-based changes in BD and DE. The current study used ecological momentary assessment (EMA) to examine how momentary BD and trait perfectionism predict DE. Women who met study criteria for DE (N=49) completed a baseline questionnaire to assess trait perfectionism followed by multiple daily ratings of BD and DE attitudes and urges during one week of EMA. Multilevel model analyses were used to test hypotheses that 1) momentary BD predicts DE attitudes and urges at the next EMA rating, and 2) perfectionism moderates this association, such that women higher in perfectionism will report stronger associations between BD and subsequent DE attitudes and urges. Results indicated that momentary BD was associated with concurrent DE attitudes and urges, but did not predict future DE attitudes or urges. The interaction between momentary BD and trait perfectionism was significant in predicting subsequent restraint, eating concerns, and behavioral urges; however, the direction of this interaction was contrary to our hypothesis. While women higher in perfectionism reported a positive association between BD and subsequent DE, the magnitude of this effect was smaller compared to women lower in perfectionism. One possibility is that highly perfectionistic individuals experience greater self-efficacy in their ability to cope with BD. Future studies should investigate momentary relations and interactions among BD, self-efficacy, and perfectionism in predicting DE behaviors.

Learning Objectives:

- Describe the association between body dissatisfaction and disordered eating.
- Describe the association between perfectionism and disordered eating.
- Understand the moderating impact of perfectionism on the association between body dissatisfaction and disordered eating.

T-23: How big is it really? Body Image, Disordered Eating and Size Perception

Lilac Lev-Ari, BA, MA, PhD, Ruppin Academic Center, Emeq Hefer, Israel; Yotam Dalal, BA, Ruppin Academic Center, Emeq Hefer, Israel; Rachel Bachner-Melman, BA, MA, PhD, FAED, Ruppin Academic Center, Emeq Hefer, Israel

Eating disorders (EDs) such as Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are characterized by a persistent disturbance of eating-related behavior and body image; patients diagnosed with EDs tend to perceive themselves as fatter than they really are and prefer thinner bodies than their own. In our

study, we tested the relationship between ED-related measures and perceived and preferred body weight. We also investigated the connection between body image and the ability to perceive object size. We hypothesized that disturbed body image would be associated with high levels of disturbed eating and to impairments in perception of object size. One-hundred and seventy-three female participants completed questionnaires on disturbed eating behavior, body satisfaction, body image and state anxiety. Impaired body image correlated with disturbed eating behavior and state anxiety. Moreover, a negative relationship between BMI and body weight estimation was observed, so that thinner women were more prone than fatter women to overestimate their body weight. Disordered eating behavior mediated this association so that women with low levels of disturbed eating behavior estimated their body weight more accurately than women with high levels of disturbed eating, irrespective of body weight. Body image was not associated with accuracy of size perception. This study offers a simple and replicable paradigm of measurement parameters related to body image. It supports the theory that disturbances in body image are related to disturbed eating behaviors, albeit not to purely cognitive constructs.

Learning Objectives:

- Following the presentation, participants will be able to describe the relationship between perceived and objective body image.
- Following the presentation, participants will be able to describe the relationship between perceived body image and biases of object sizes.
- Following the presentation, participants will be able to describe the relationship between perceived body image and disordered eating.

T-24: Family meals, a recipe for healthy eating?

Lilac Lev-Ari, BA, MA, PhD, Ruppin Academic Center, Emeq Hefer, Israel; Rachel Bachner-Melman, BA, MA, PhD, FAED, Ruppin Academic Center, Emeq Hefer, Israel; Auriane Hanhart, BA, Ruppin Academic Center, Emeq Hefer, Israel

Despite increasing interest in the benefits of family meals over the past two decades, only recently has it become a topic of psychological research. Many studies stress the positive nature of family meals. On one hand, family meals may promote resilience against eating disorders, but on the other hand, they might increase parental pressure to eat or restriction on child feeding. No research, to our knowledge, has examined associations between child feeding, family meals and eating attitudes in the context of generational transference. The purpose of this study was to examine the relationship between parents current child feeding practices, their memories of their parents child feeding practices during family meals and their eating attitudes. Participants were 129 parents aged 26-53, with at least one child under the age of 18 living at home. They reported about their current child feeding practices, their memories about their parents practices toward them, current family meal patterns and eating attitudes. We found a significant positive correlation between current and retrospective child feeding practices. Moreover, eating attitudes mediated the relationship between parents memories of their parents child feeding practices and parents current child feeding practices, even when parents weight was held constant. It therefore seems that parents eating attitudes, rather than their parents child feeding practices, influence their current child feeding behaviors. We also found that parents tend to use family mealtimes to educate their children, instead of using these times in a positive way. Interventions that promote awareness of retrospective child feeding practices experienced by parents, improve disordered eating patterns and teach parents about their key role in promoting healthy eating behaviors via family meals, may contribute to the prevention of eating disorders and obesity in children and adolescents.

Learning Objectives:

- Following the training, participants will understand the benefits and disadvantages of family meals.
- Following the training, participants will be able to explain multi-generational transition of child-feeding practices.
- Following the training, participants will be able to explain the impact of parent's disordered eating on child feeding practices.

T-25: An Ecological Momentary Assessment Study of Pride and Positive Affect before and after Exercise in Individuals with Anorexia Nervosa

Ruofan Ma, BMath, University of Waterloo, Waterloo, ON, Canada; Allison Kelly, PhD, C.Psych., University of Waterloo, Waterloo, ON, Canada

Recent research suggests that maladaptive positive emotions might maintain weight-control behaviours in anorexia nervosa (AN), including exercise. For example, Selby et al. (2015) found that unstable positive emotions throughout a day was more predictive of exercising behaviors than fluctuations in negative emotions. Further, Goss and Gilbert (2002) theorized that pride and shame maintain exercise behaviours in AN individuals exercise to reduce shame, which in turn increases pride, but only temporarily. The current study tested this theory by examining patterns of positive and negative emotions around exercise. Participants (N=18; Age M=21.71, SD=2.82; BMI M=17.84, SD=.91) were females who met DSM-5 criteria for AN or atypical AN but who were not receiving treatment. For 14 days, they reported on emotional states upon receiving signals on a phone app, sent 6 times per day, and provided additional recordings after exercising. Multilevel modeling analyzed daily data from participants who endorsed exercise behavior during the study period. No significant changes in negative emotions were observed before or after exercise, but patterns in positive emotions emerged. Before exercising, participants reported increasing pride (slope = .07, $t(21)=3.71$, $p=.001$) and global positive affect (slope = .06, $t(14)= 3.18$, $p = .006$) as time came closer to the activity. After exercising, participants levels of pride (slope = -.08, $t(17)=-3.21$), $p=0.05$) and positive affect (slope = -.06, $t(12) = -3.30$, $p = .006$) both decreased with time. Perhaps individuals with AN have a planned exercise time each day, and that positive feelings increase as this time approaches; however, the fact that these feelings dissipate post-exercise suggests exercise may not serve the lasting emotional function they hoped. Future research should test these ideas. Findings are nevertheless consistent with the theory that positive emotions including pride maintain certain behaviors in AN.

Learning Objectives:

- Recognize the potential role of pride in maintaining exercise behavior in Anorexia Nervosa.
- Give examples of maladaptive behaviors that may be maintained by positive emotions in Anorexia Nervosa.
- Explain the associations between pride and exercise found in the study.

T-26: Singing Your Negative Body-Related Thoughts: A Randomized Controlled Trial of a New Cognitive Defusion Strategy

Keisha C. Gobin, BA, MA, York University, Toronto, ON, Canada; Jennifer S. Mills, PhD, York University, Toronto, ON, Canada

Eating disorders are characterized by intense mental preoccupation with body shape and weight. Even in the absence of disordered eating, high levels of body dissatisfaction prospectively predict depression and low self-esteem in young women. Common intervention strategies, such as challenging the validity of negative body-related thoughts, have shown limited success. A novel technique known as cognitive defusion suggests that accepting, rather than challenging, negative body-related thoughts may reduce body image distress by changing one's relationship with those thoughts. For example, continually repeating or even singing an unwanted thought has been shown to reduce the believability and discomfort associated with that thought. The current study aims to extend the literature on cognitive defusion and test its effectiveness in the treatment of body dissatisfaction. We will compare two variants of cognitive defusion (i.e., verbal repetition and singing) and examine their usefulness among women who frequently experience negative body-related thoughts. In a randomized controlled trial, we will recruit 135 restrained eaters, characterized by high levels of body dissatisfaction and chronic dieting, and randomly assign them to practice either 1) verbally repeating negative body-related thoughts, 2) singing negative body-related thoughts, 3) verbally repeating body-unrelated thoughts (control), or 4) singing body-unrelated thoughts (control) for one week. Dependent measures include changes to body image, mood, self-esteem, and cognitive fusion to body-related thoughts, as well as the believability, negativity, avoidance, willingness to engage, and discomfort with negative body-related thoughts. Results from this study will inform evidence-based interventions for body dissatisfaction among individuals at high risk for disordered eating.

Learning Objectives:

- Provide empirical evidence for the use of cognitive defusion for body dissatisfaction among individuals at high risk for disordered eating.
- Understand the outcomes of using cognitive defusion for body dissatisfaction (i.e., perceptual changes in body image, cognitive changes in thought processing, self-esteem, etc.).
- Compare the benefits of verbal repetition and singing as cognitive defusion strategies.

T-27: Weight stigma, binge eating, and acculturation among Asian Americans with overweight and obesity.

Grace Price, PhD, RN, FAED, The University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; Diane Berry, PhD, ANP-BC, FAANP, FAAN, The University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; Jessica Baker, PhD, FAED, The University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

There is a positive association between weight-based stigmatization and binge eating; however, little is known about this association in minority populations. Thus, the objective of this study was to examine the association between self-reported weight stigma frequency and binge eating severity in a minority population of overweight/obese Asian Americans ($n = 166$; mean age of 45.7 years; mean BMI of 26.6). First, between-groups comparisons examined whether weight stigma and binge eating differed by sex and weight status (overweight vs. obese). Second, separate multiple regression analyses by total sample, sex, and weight status, respectively, examined the association between weight stigma and binge eating severity. Finally, we examined whether level of acculturation moderated the association between weight stigma and binge eating. Age, BMI, years lived in Asia and the USA, and perceived stress

and racism served as covariates for regression. Weight stigma and binge eating severity did not significantly differ by sex. However, participants with obesity reported more weight stigma than participants with overweight ($t(164) = 3.28, p = 0.01$). Binge eaters also reported more weight stigma than non-binge eaters ($t(164) = -4.17, p = 0.01$). Weight stigma was significantly associated with binge eating severity in the total sample ($b = 12.59, t = 8.86, p = 0.01$), females ($b = 15.56, t = 9.00, p = 0.01$), and in both the overweight ($b = 14.77, t = 9.89, p = 0.01$) and obese ($b = 8.32, t = 2.52, p = 0.05$) groups. Level of acculturation did not significantly moderate the association between weight stigma and binge eating severity in the total sample. Our findings add to the scarce literature examining weight stigma and binge eating among minority populations, highlighting that more frequent weight stigma experiences are associated with more severe binge eating. Future research is needed to determine the long-term impact of weight stigma on eating behavior.

Learning Objectives:

- Understand the prevalence of weight stigma and binge eating among Asian Americans adults with overweight and obesity.
- Identify the relationships between weight stigma and binge eating among Asian Americans adults with overweight and obesity.
- Determine whether the level of acculturation moderates the association between weight stigma and binge eating among Asian Americans adults with overweight and obesity.

T-28: Implicit body dissatisfaction predicts disordered eating behaviors

Elizabeth Velkoff, MA, Miami University, Oxford, OH, USA; April Smith, PhD, Miami University, Oxford, OH, USA

Body dissatisfaction (BD) is associated with disordered eating (DE) in women. BD is measured by self-report, which can be unreliable, as individuals may be unable or unwilling to report their true attitudes. We predicted that implicit BD would correlate with self-reported BD, and that implicit BD would predict DE at one-week follow-up. Participants were female undergraduates ($n = 145$) age 18 to 22 ($M = 18.83, SD = 0.95$). Participants completed the BD subscale of the Eating Disorder Inventory (EDI-BD). The Eating Disorder Examination-Questionnaire (EDEQ) provided a measure of DE one week later. We developed a novel BD implicit association task (BD-IAT) using a single-target design that was personalized to the participant, improving on past measures of BD by individualizing this measure with each participant's own photographs. The BD-IAT required participants to sort words related to satisfaction to one side of the computer screen and to sort words related to dissatisfaction to the other side of the screen. Participants categorized pictures of themselves to the side of the screen with the word Me. On some blocks, the word Me appeared with the satisfied category and on other blocks it appeared with the dissatisfied category. Based on response latency, the BD-IAT provided a measure of the strength which with a participant associated images of her own body with dissatisfaction. The BD-IAT correlated positively with the EDI-BD ($r = 0.21, p = 0.05$), supporting its convergent validity. The BD-IAT predicted DE, as measured by EDEQ total scores one week later, even controlling for explicit body satisfaction and baseline DE ($b = 0.58, SE = 0.23, t = 2.57, p = 0.01$). When controlling for these variables, IAT scores uniquely accounted for an additional 4.7% of the variance in DE at one-week follow-up. These results suggest that not only is the BD-IAT a valid implicit measure of BD, but also that it predicts future DE above and beyond explicit measures of BD.

Learning Objectives:

- Describe a single-target implicit association task.

- Explain the value of implicit measures for body image research.
- Describe the role of the body dissatisfaction implicit association task in predicting later disordered eating.

T-29: Effects of Dissonance-Based Body Image Intervention on Physical and Mental Health Measures in Adult Women: Preliminary Results from an Ongoing Trial

Jennifer Duan, Medical Student, University of Texas Health Science Center at San Antonio, San Antonio, TX, USA; Lisa Kilpela, PhD, The Sam and Ann Barshop Institute for Longevity and Aging Studies, University of Texas Health Science Center at San Antonio, San Antonio, TX, USA; Fermin Carrizales, MA, University of Texas Health Science Center at San Antonio, San Antonio, TX, USA; Carolyn Becker, PhD FAED, Trinity University, San Antonio, TX, USA

Body dissatisfaction (BD) has deleterious effects on both physical and psychological health throughout the lifespan in women. Moreover, research indicates BD is prevalent in 60-70% of adult women in middle- and late-life. Despite evidence of the negative effects of BD among adult women, most interventions have been evaluated only in adolescent and college-aged females. Among these interventions, the dissonance based intervention (DBI) is the most extensively studied BD intervention among younger female populations, with prior findings suggesting DBI is effective in improving BD in these populations. Importantly, DBI can be tailored for specific subpopulations (e.g., athletes, multi-cultural samples) and is thus adaptable for broader age ranges. This study examines the feasibility and preliminary outcomes of an age-modified DBI in an open trial of adult women aged 25 and older. We hypothesized DBI would produce significant improvements in BD, eating disorder symptoms, negative affect, and various health-related secondary outcomes. To date, 13 women (76.9% White; 46.2% Hispanic) aged 29-70 years ($M=49.1$, $SD=14.0$) with a mean BMI of 28.4 ($SD=8.3$) have completed four, 1-hour DBI sessions (no intervention dropouts). Assessment batteries with self-report questionnaires and weight and blood pressure measurement were conducted at baseline, post-intervention, and 3-month follow-up. Preliminary results suggest DBI significantly improved BD, ED symptoms, negative affect, consumption of nutritious foods, and psychosocial impairment through 3-month follow-up (all p 's $<.01$); there were no significant improvements in enjoyment of physical activity, BMI or systolic blood pressure. These findings are promising for demonstrating feasibility and preliminary effectiveness of DBI on BD and related outcomes among adult women of diverse ages; further research is needed to evaluate the efficacy and long-term effects of DBI in this population.

Learning Objectives:

- Assess the role of dissonance-based intervention in mediating body dissatisfaction in adult women of diverse age ranges.
- Identify key physical and mental health outcomes mediated by dissonance-based intervention for body image.
- Evaluate challenges and opportunities in working with adult women of diverse ages, including strategies for maximizing opportunities and overcoming barriers in working with this population.

T-30: Misperceptions of body size are associated with eating disorder symptoms

Joanna Alexi, BA (Hons), PhD Candidate, University of Western Australia, Crawley, Australia; Romina Palermo, Associate Professor, B.Sc. (Hons), PhD, University of Western Australia, Crawley, Australia; Elizabeth Rieger, BA (Hons), PhD, Australian National University, Canberra, Australia; Jason Bell, BA (Honours), Senior Lecturer, PhD, The University of Western Australia, Crawley, Australia

Body size is an important feature of health, with extremes implicated in a broad variety of medical and psychological conditions, including eating disorders. Research has revealed that individuals with an eating disorder significantly misperceive body size, compared to healthy controls. In our previous research (Alexi et al., 2018) we described two perceptual mechanisms that cause body size misperception, namely, regression to the mean and a newly discovered perceptual bias called serial dependence. Serial dependence is a perceptual bias in which appearance of an object is biased towards previously viewed objects. The current study examined whether either of these biases are associated with eating disorder symptomology. A second aim was to investigate whether body size judgements are holistic, or whether they can be made using a single simple feature like hip or waist width. Sixty-three young women participated in the study. Participants were required to judge the size of Upright or Inverted female body images on a visual analogue scale. Participants then completed the Eating Disorder Examination-Questionnaire (EDE-Q) to assess eating disorder symptoms. Our findings provide the first evidence of a relationship between serial dependencies in body perception and eating disorder symptomology, with significant, positive correlations between the misperception of body size due to serial dependence and EDE-Q scores, when controlling for Body Mass Index. Regression to the mean, however, was not related to eating disorder symptomology. Additionally, the judgement of body size was made more difficult by inversion, consistent with holistic processing of Upright bodies. The results provide evidence of a perceptual mechanism that is altered in those with elevated eating disorder symptomology. Potential implications for clinical populations are discussed.

Learning Objectives:

- Describe a candidate perceptual cause of body size misperception in eating disorder symptoms.
- Provide evidence that this perceptual bias correlates with eating disorder symptoms.
- Understand the use of body inversion to investigate the processes involved in body size judgement.

T-31: EXPERIENCES ON THE BODY AND BODY IMAGE OF YOUNG PEOPLE AFTER BARIATRIC SURGERY

Claudia Cruzat-Mandich, Psychologist, MA, PhD, CECA, Adolfo Iba ez University, Santiago, Region Metropolitana, Chile; Natalia Adaury Mohor, Nutritionist, Dietist, CECA, Mayor University Post-Degree in Obesity and Eating Disorders, Aut noma of Barcelona University, Santiago, Las Condes, Chile; Maria Carolina Aspillaga Hesse, Psychologist, PhD, University of Chile, Del Desarrollo University (UDD), Santiago, Las Condes, Chile; Fernanda Diaz Castrill, CECA, Psychologist, MA, Adolfo Iba ez University, Santiago, Providencia, Chile

People undergoing bariatric surgery, change in many aspects of their lives, so it makes it relevant to evaluate if it also happens with their body image. This is a qualitative, exploratory-descriptive study, based on the Grounded Theory. An in-depth follow-up interview was conducted with 30 young patients after bariatric surgery (post-surgery time fluctuated between 6 months and 4 years and ages between 19 and 26 years). The data was analyzed using open coding. Informed consent was used. The participants describe how their lives were before and after the surgery regarding their body image and how they saw themselves. They hated their body before the surgery, and described that they feel as another person after losing weight. Everything about being obese was negative and they had a low self-esteem. After surgery they respect themselves more and most of them liked the body they see in the mirror, they recognize themselves now. The body image of young people change after bariatric surgery. They feel more capable of doing the things they want, or go shopping for the clothes they like and not the ones they fit in. Their self-esteem rise and their quality of life got better. Even though there are

some of them that had difficulties to recognize their new body through the whole process of weight loss.

Learning Objectives:

- Understand the ways obese people see their body image before going through a bariatric surgery.
- Comprehend the ways that bariatric surgery has to change the body image of young people and improve their self-esteem in short and medium term.
- Describe some difficulties that young people can have to be able to recognize themselves in their new body after losing weight.

T-32: Can Attention to Body-Related Images be Modified by Priming? A Comparison of Women with High and Low Body Satisfaction

Samantha Withnell, BA (Hons), University of Calgary, Calgary, Alberta, Canada; Christopher Sears, PhD, University of Calgary, Calgary, Alberta, Canada; Kristin von Ranson, PhD, FAED, University of Calgary, Calgary, Alberta, Canada

The purpose of this study was to examine the malleability of attentional biases related to body dissatisfaction, by comparing attention to images of women's bodies before and after a body satisfaction or body dissatisfaction priming task. Understanding attentional biases that underlie and maintain body dissatisfaction can aid in devising treatment and prevention programs to reduce these outcomes. Attention to images was assessed using eye gaze tracking, which measured fixations to images of thin model images, large model images, images of average women, and neutral images (e.g. household items) over an 8-second presentation. Women with higher ($n = 64$) and lower ($n = 43$) levels of body dissatisfaction, as measured by the Body Shape Questionnaire, were randomly assigned to a body satisfaction or body dissatisfaction priming task, which took ten minutes to complete and involved both video and writing components. Eye tracking data were collected before and after priming. Consistent with our prediction that both priming tasks would be effective at increasing or decreasing self-rated body satisfaction, results indicated that body satisfaction increased immediately following the body satisfaction priming task and decreased immediately following the body dissatisfaction priming task. We also predicted that body satisfaction and dissatisfaction priming would respectively decrease or increase attention to body-related images among women with high body dissatisfaction but have no effect on attention among women with low body dissatisfaction. Contrary to predictions, body dissatisfaction priming increased attention to body images for women with both high and low levels of body dissatisfaction, whereas body satisfaction priming had no effect on attention for either group. These findings show that women with high and low body dissatisfaction are vulnerable to the effects of body dissatisfaction priming and have implications for programs designed to reduce body dissatisfaction.

Learning Objectives:

- Understand the connection between body satisfaction and attentional biased towards body-related images.
- Describe the impact of priming on self-rated body satisfaction in this study.
- Describe the impact of priming on attention to body-related images in this study.

T-33: Body image and eating disorder symptoms in older women: Sample characteristics and preliminary findings in a treatment seeking sample

Megan E. Curtis, MA, UT Health San Antonio, University of Texas at San Antonio, San Antonio, Texas, USA; Jennifer Duan, BA, UT Health San Antonio, San Antonio, Texas, USA; Sara Espinoza, MD, UT Health San Antonio, San Antonio, Texas, USA; Nicolas Musi, MD, UT Health San Antonio, San Antonio, Texas, USA; Lisa Smith Kilpela, PhD, UT Health San Antonio, San Antonio, Texas, USA

Eating disorder (ED) symptoms have negative effects on physical and psychological health, and these consequences can be even more severe in older women. Yet, aging women are understudied in ED and body image research. Early research indicates that 4% of women, ages 60-70, met full criteria for an ED and 60% endorsed body dissatisfaction. Older women face experiences associated with aging (e.g., hormonal and body shape changes associated with menopause, life stressors, and medical complications) that likely interface with eating behaviors and body image. Therefore, this work in progress study aims to describe the unique physical, psychological, and behavioral characteristics associated with ED symptoms and body dissatisfaction in older women. To date, nine women (aged 60-75 years) with ED symptoms completed self-report measures, a clinical interview (Geriatric Depression Scale), a geriatric physical function exam in the lab (Short Physical Performance Battery), and provided height and weight measurements. Enrollment is ongoing; the poster will report updated results. The current sample is 77.8% White and 44.4% Hispanic, with a mean age of 65.67 (SD=5.20). The average body mass index is 32.72 (SD=10.73); 66.6% of participants had a BMI of >25. Five participants (55.6%) reported past treatment for depression. Body dissatisfaction (Body Shape Questionnaire) was associated with greater severity of disordered eating (Eating Disorders Examination-Questionnaire global score; $r=.86$, $p .01$), poorer physical functioning ($r=-.84$, $p .01$), greater negative affect ($r=.73$, $p .05$) and geriatric depression ($r=.73$, $p .05$), higher BMI ($r=.71$, $p .05$), less enjoyment of physical activity ($r=-.73$, $p .05$). Preliminary results indicate myriad negative health correlates of body dissatisfaction in older women. Future research is needed to investigate these relations longitudinally in larger samples, as well as to develop interventions for ED symptoms and body dissatisfaction among older women.

Learning Objectives:

- Investigate clinical characteristics of older women with eating disorder symptoms.
- Evaluate health/wellness correlates of body dissatisfaction, including mood, physical function, and eating disorder symptoms among older women.
- Identify important psychological and physical health targets for assessment in body dissatisfied older women.

T-34: Exploring the Harmfulness of Self-Initiated Fat Talk

Bethany Nightingale, BA, University of Waterloo, Waterloo, ON, Canada; Allison Kelly, PhD, C. Psych, FAED, University of Waterloo, Waterloo, ON, Canada

Fat talk, or negative speech directed towards one's body, is common among females in Western Society (Salk et al., 2011), yet it is harmful both to those who engage in it and those who overhear it (e.g., Rudiger et al., 2013; Salk et al., 2012). Although some people may initiate a fat talk statement themselves, fat talk may also take place within broader fat talk conversations (e.g., Arroyo et al., 2016), suggesting that it may sometimes be a response to others. The present study examined whether these two types of fat talk, that is, self-initiated (i.e., others were not already fat talking, suggesting that the fat talk came from an internal desire to fat talk) and other-initiated (i.e., others were already fat talking, suggesting a more external trigger) have different emotional precipitators. 88 female MTurk workers

(Age: $M = 35.94$, $SD = 10.57$; BMI: $M = 28.92$, $SD = 6.57$; 85.23% White, 5.68% Black, and 9.09% other) were asked to recall a recent, personal fat talk situation and complete a battery of questionnaires. Controlling for trait body image, ANCOVAs found that emotional states immediately before fat talking (i.e., self-esteem (SE), body image satisfaction (BIS), and self-compassion (SC)) significantly differed depending on initiation type (SE: $F(1, 81) = 5.01$, $p = .028$; BIS: $F(1, 81) = 3.97$, $p = .05$; SC: $F(1, 81) = 5.26$, $p = .024$). Self-initiators reported significantly lower mean state SE (56.75/100 vs. 65.98/100), BIS (3.12/9 vs. 3.89/9), and SC (2.36/5 vs. 2.93/5) than those who did not self-initiate their fat talk. These results suggest that individuals feel more negatively about themselves and their bodies before engaging in spontaneous, self-initiated fat talk as compared to other-initiated fat talk. These are the first empirical findings to our knowledge to reveal that individuals' emotional states prior to fat talking differ based on whether or not they initiated the fat talk, suggesting different motives for fat talk may be at play.

Learning Objectives:

- Identify the circumstances under which those who engage in fat talk feel particularly negatively towards their bodies.
- Understand the relative impact of self-initiated fat talk on state self-esteem, self-compassion, and body image satisfaction.
- Discuss how this knowledge is useful in quotidian fat talk situations.

T-35: A Qualitative Analysis of the Barriers to Self-Compassion among Non-Treatment Seeking Females with Anorexia Nervosa

Bethany Nightingale, BA, University of Waterloo, Waterloo, ON, Canada; Allison Kelly, PhD, C. Psych, FAED, University of Waterloo, Waterloo, ON, Canada

The present study qualitatively investigated the barriers to developing self-compassion among individuals with anorexia nervosa (AN) who had not sought treatment for their eating disorder. Participants were 37 females (Age: $M = 21.6$, $SD = 3.97$; BMI: $M = 17.8$, $SD = 1.09$) with typical and atypical (25%) AN who signed up for a study on self-help strategies for daily distress. They completed trait measures and learned that their self-help strategy would involve a daily self-compassion practice for two weeks. They reflected on and listed the cons associated with developing self-compassion. Eleven thematic categories emerged using a procedure similar to thematic analysis. Three researchers independently sorted each participant's list into the categories; agreement ranged from 90.6% to 91.1% indicating acceptable reliability. The con categories, in order of endorsement, were concerns about: a drop in standards (endorsed by 51% of participants); developing undesirable self-traits (43%); a lack of motivation (41%); a loss of self-criticism (35%); experiencing negative affect (22%); self-compassion being difficult (16%) and insincere (16%); failure (14%); self-compassion being unfamiliar (8%); self-compassion not working (8%); and being undeserving of self-compassion (8%). Participants who endorsed concerns about unfamiliarity and/or a loss of self-criticism typically had more severe eating pathology, higher fears of self-compassion, and/or lower self-compassion than those who did not ($ps = .006$ to $.05$). In contrast, those who worried about a drop in standards and/or low motivation tended to have less eating pathology, lower fears of self-compassion, and/or higher self-compassion ($ps = .003$ to $.022$). Results shed light on barriers to being self-compassionate among non-treatment seeking women with AN and suggest that barriers may differ based on current level of psychosocial functioning as related to eating and self-compassion.

Learning Objectives:

- Discuss the cons of self-compassion as seen by women with anorexia nervosa.

- Identify the relationship between certain trait variables and the endorsement of specific barriers to self-compassion.
- Consider implications for anorexia nervosa treatment.

T-36: It's all outward appearance-based attractions: a qualitative study of body image among a diverse sample of young gay and bisexual men

Alvin Tran, ScD, MPH, Harvard T.H. Chan School of Public Health, Boston, MA, USA; Justin Kaplan, BS, Harvard T.H. Chan School of Public Health, Boston, MA, USA; Bryn Austin, ScD, Harvard T.H. Chan School of Public Health, Boston, MA, USA; Kirsten Davison, PhD, Harvard T.H. Chan School of Public Health, Boston, MA, USA; Madina Agenor, ScD, MPH, Harvard T.H. Chan School of Public Health, Boston, MA, USA

The purpose of this study was threefold and included the following objectives: 1) to qualitatively explore the current body image ideals among a racially and ethnically diverse sample of gay and bisexual young men; 2) to compare the perceptions, attitudes, and beliefs gay and bisexual men have toward the ideal male body; and 3) to describe the mechanisms gay and bisexual men use to cope with these male body ideals. Guided by Objectification Theory and Minority Stress Theory, 30 semi-structured interviews were conducted with gay and bisexual men recruited via maximum variation sampling from across Massachusetts. The mean age of participants was 24.7 years with a range of 19 to 30 years. The sample was made up of mostly racial/ethnic minorities (n=17, 56.7%); Asian/Asian American=8 (26.7%); Hispanic or Latino=5 (16.7%); Black/African American=4 (13.3%). Using a form of thematic analysis called template organizing style, three central themes emerged: 1) the ideal male body: muscular, thin, and light-skin toned; 2) discrimination as a result of not fitting the ideal male body; 3) navigating deviations from the ideal body: self-objectification, retaliation, and unhealthy weight control behaviors. Our results suggest the dominant ideal male body is muscular and thin. Racial/ethnic minority participants added this ideal is further characterized as white/light-skin toned. Participants also shared experiences with discrimination as results of deviating from this ideal male body. Our participants additionally cited dating apps as a source of both male body sexual objectification and appearance-based discrimination, including racism and fat-shaming. Overall, this study contributes to the existing literature by comparing the body image ideals of a diverse group of young gay and bisexual men.

Learning Objectives:

- Describe the current body image ideals among gay and bisexual men.
- Describe forms of discrimination that gay and bisexual men experience as a result of deviating from the ideal male body.
- Describe the health behaviors gay and bisexual men carry out as a result of deviating from the ideal male body.

T-37: Unhealthy Weight Control Behaviors Among a Sample of Male Dating App Users

Timothy Skalaban, BS, University of Massachusetts Lowell, Lowell, MA, USA; Alvin Tran, ScD, MPH, Harvard T.H. Chan School of Public Health, Boston, MA, USA

The purpose of this study is to explore unhealthy weight control behaviors (UWCBs) among a sample of male dating app users. We evaluated potential racial/ethnic health disparities in UWCBs within this sample. 628 males completed an online survey through Amazon MTURK. We restricted our analyses to 209 males who identified as dating app users. This online survey assessed UWCBs (past year) as well as

dating app use. UWCBs included fasting (not eating for at least a day), self-induced vomiting, using laxatives, using diet pills without a doctor's advice, using anabolic steroids, and using muscle-building supplements. The method to analyze this association included a series of multivariable logistic regression analyses for each of the six UWCBs. Our results highlighted potential health disparities as members of some racial/ethnic minority groups have significantly elevated odds of UWCBs compared to white participants. For example, the odds of laxative use among African American males are 4.4 times the odds of laxative use of white participants (OR=4.4, 95% CI: 1.66-11.71). Compared to white males, African American males also had significantly ($p < .05$) elevated odds of diet pills use, steroid use, muscle building supplement use, and vomiting for weight control. Furthermore, males who identified as mixed race demonstrated higher odds of vomiting and laxative use compared to white males. We found no significant differences across racial groups for fasting. Our results highlight racial/ethnic disparities in UWCBs among a sample of male dating app users in the U.S. We hope our study informs health professionals of these disparities so they can be mindful of UWCBs when evaluating the needs of their patients. Further research studies are needed to determine the root causes within our society that may be contributing to these issues.

Learning Objectives:

- Describe the uses of dating apps and possible mechanisms in which they may contribute to body image dissatisfaction.
- Highlight racial/ethnic health disparities in UWCBs among a sample of male dating app users.
- Identify potential public health interventions and research involving the interaction between dating apps, UWCBs, and body image.

T-38: The relationship between embodiment, body esteem, and diverse physical experiences among women

Niva Piran, PhD, C.Psych, FAED, University of Toronto, Toronto, ON, Canada; Tanya Teall, PhD, C.Psych, Broadview Psychology, Toronto, ON, Canada; Alyssa Counsell, PhD, Ryerson University, Toronto, ON, Canada

The present research project aimed to expand the current understanding of the impact of experiences in the physical domain on embodiment and body esteem by studying, concurrently, the impact of a range of physical experiences. Our sample included 411 women ages 18-45 ($M = 24.33$, $SD = 7.24$). The sample was ethnically diverse such that 41.8% were Asian-Canadians, 38.9% were White and 6.3% were African-Canadians. Participants completed an online battery measuring four types of physical experiences (PE): body violations (BV), Attuned Engagement in Physical Practices (including: physical activities, self-care practices, and sexuality; AEPP); exposure to Body Disciplining of Appearance (BDA); and Gender-related Restrictions of Activities (GRA), as well as Body Esteem (BE) and Experience of Embodiment (EE). Statistical analyses included Pearson correlations between the four types of PE and body experiences measures, as well as two multiple regression models that examined the impact of BV, AEPP, BDA, and GR on body esteem and embodiment. All of the variables of interest were significantly correlated with each other. Both regression models accounted for a significant proportion of the variance (EE: $R^2 = .46$; BE: $R^2 = .36$); whereby BV, AEPP, and BD were statistically significant predictors ($p < .001$). GRA, however, was not a significant predictor. The study suggests the value of considering concurrently a range of experiences in the physical domain in understanding body esteem and embodiment. Further, in designing prevention and treatment interventions, enhanced safety, engagement in attuned physical practices, such as physical activities and self-care, and freedom from coercive appearance-related pressures need to be addressed in the physical domain.

Learning Objectives:

- Delineate varied experiences in the physical domain that have been found to shape body esteem.
- Describe the combined impact of a range of physical experiences on embodiment and body image.
- Relate physical experiences that shape embodiment and body esteem to the practice of prevention of negative body image and disrupted embodiment.

T-39: Examining the Preliminary Effectiveness, Credibility, Feasibility, and Acceptability of Counter Attitudinal Therapy among College Women

Lindsay Wakayama, MS, PGSP Psy.D Consortium, Palo Alto University, Palo Alto, CA, USA; Debra Safer, MD, Associate Professor, Stanford University School of Medicine, Stanford, CA, USA; Cara Bohon, PhD, Assistant Professor, Stanford University School of Medicine, Stanford, CA, USA; Jamie Kent, PhD, Assistant Professor, PGSP-Stanford PsyD Consortium, Palo Alto University, Palo Alto, CA, USA; Athena Robinson, PhD, Clinical Associate Professor, Stanford University School of Medicine, Stanford, CA, USA

Body image (BI) issues and eating disorders (EDs) are pervasive concerns afflicting college females. Research is limited on ED treatments focusing on BI and the effectiveness of such treatments in real-world clinical settings (i.e., university counseling centers). This study explores the preliminary effectiveness, credibility, feasibility, and acceptability of Counter Attitudinal Therapy (CAT), an 8-week BI and ED dissonance-based, manualized group intervention shown effective in a prior randomized study by Stice and colleagues. (Of note, this study's investigators are independent). Participants were 14 female university students (from 5 cohorts), 69% white, mean age 21.2 ± 2.5 years, with preexisting BI and DSM-5 EDs. The study's primary purpose was to determine if CAT effectively reduced BI and ED pathology as assessed through self-report measures at baseline, posttreatment (EOT), and 3-month follow-up (3FU). This underpowered pilot program reported on effect sizes for statistical analysis. Intent-to-treat and completer analyses showed medium to large effects at EOT and 3FU on most measures, indicating overall reductions in BI and ED concerns over time. CAT was credible, logical, and beneficial in improving participants' BI. Feasibility findings were mixed. While participants rated CAT feasible, feasibility for facilitators was lowered due to administrative time required to recruit, screen, orient, and schedule makeup sessions. Per self-report measures and low attrition and high attendance rates, CAT appeared highly acceptable. Overall, this study's findings extend Stice and colleagues' prior research to a real-world, clinical setting in demonstrating CAT as an effective BI and ED pathology-reducing intervention amongst college females. CAT is also credible and acceptable, yet somewhat less feasible. Larger effectiveness studies to address scalability, generalizability, and treatment fidelity concerns are needed to further improve CAT's outcome for college women.

Learning Objectives:

- Acknowledge the impact of body image and eating disorders on college women.
- Describe the importance of translating Counter Attitudinal Therapy (CAT) from a research setting to a real-world clinical setting.
- Discuss pilot findings regarding CAT's efficacy, credibility, feasibility, and acceptability among college female group members in a real-world university counseling setting.

T-40: Fostering Positive Body Image: Insights from Industry Leaders Walking the Talk.

Nadia Craddock, BSc EdM, University of the West of England, Bristol, Avon, UK; Phillippa Diedrichs, PhD, FAED, University of the West of England, Bristol, Avon, UK; Emma Halliwell, DPhil, University of the West of England, Bristol, Avon, UK; Fiona Spotswood, PhD, University of the West of England, Bristol, Avon, UK; Meaghan Ramsey, BSc, Brunswick Group, London, UK

The fashion, beauty, and advertising industries are key contributors to population body dissatisfaction and disordered eating via the promotion of unrealistic appearance ideals. This is theoretically underpinned by the Tripartite Model and empirically supported by experimental media exposure studies. Although some businesses have made efforts to counter traditional societal appearance pressures, it is unclear what motivates these businesses to take action to foster positive body image, while others remain disengaged. This study aims to address these gaps in knowledge. 45 individuals (37 women) working in leadership positions in national and multinational beauty, fashion, advertising, and PR brands and agencies took part in semi-structured interviews (M= 45 minutes). Participants were purposively selected based on their history of leading business actions to foster positive body image e.g., by showing size diversity in their advertising. Participants were asked about the relevance of body image for their industry, the opportunities and challenges associated with taking action to promote positive body image, and what they viewed to be the most important drivers for their industry to do more to foster positive body image. Interviews were audio-recorded, transcribed verbatim, and analyzed thematically, using a theory-driven abductive approach. Four themes were developed. 1. Body image as a female issue, a feminist issue and a personal issue. 2. The need to foster body image from the inside out. 3. Who has the power and the responsibility to drive change? 4. The business case for fostering positive body image. More female and diverse leadership was seen as one of the effective routes to change. This research shines light on opportunities, challenges, and barriers for business leaders wanting to take action to foster positive body image. Recommendations are outlined for business practitioners and future research aimed at fostering positive body image at a societal level.

Learning Objectives:

- Describe how business leaders in fashion, advertising, and beauty industries relate to the topic of body image as it applies to their work.
- Describe the opportunities and challenges business leaders in fashion, advertising, and beauty industries report when it comes to taking action to foster positive body image.
- Assess business approaches to corporate social responsibility.

T-41: Appearance-Related Praise and Criticism on Social Networking Sites and Body Dissatisfaction in Men and Women

Olivia Eldredge, BA, Emmanuel College, Boston, MA, USA; Emma Huchel, BA, Emmanuel College, Boston, MA, USA; Linda Lin, PhD, Emmanuel College, Boston, MA, USA; Mark Flynn, PhD, Emmanuel College, Boston, MA, USA

Research suggests that appearance-related praise and criticism that men and women receive in person is related to their body dissatisfaction (Menzel, Schaefer, Burke, Mayhew, Brannick, & Thompson, 2010); however, no study has examined whether this relationship also exists for the praise and criticism received on social networking sites (SNSs). This study examined gender differences in appearance-related praise and criticism that men and women receive on SNSs and how each are related to body dissatisfaction. Participants were 530 adults who completed an online survey of the appearance-related praise and criticism received on SNSs and male body dissatisfaction (Male Body Attitudes Test; Tylka,

Bergeron, Schwartz, 2005) and female body dissatisfaction (Eating Disorders Inventory-3 Body Dissatisfaction Subscale; Garner, 2004). The results of the study indicated women receive more SNS appearance-related praise ($M = 1.94$, $SD=1.05$) than men receive ($M = 1.72$, $SD = 0.98$, $t(528) = 2.57$, $p = .01$). Hierarchical linear regression was conducted controlling for body mass index on the first step and including SNS praise and criticism on the second step predicting body dissatisfaction scores. Results indicated that SNS praise and criticism explained an additional 3% of the variance in men's body dissatisfaction (change $R^2 = .03$, $F(2,273)=4.92$, $p=.008$), and that men's body dissatisfaction was related to SNS criticism, ($\beta = .21$, $p=.002$). For women, SNS praise and criticism explained an additional 2% of the variance in women's body dissatisfaction (change $R^2 = .02$, $F(2,249)=4.12$, $p=.017$) and that body dissatisfaction was related to SNS praise ($\beta = .17$, $p=.005$). The results of this study suggest that the appearance-related criticism and praise that men and women receive on SNSs may be related to their body dissatisfaction and that criticism may be particularly predictive for men, whereas praise may be particularly predictive for women.

Learning Objectives:

- Learn about the role of praise and criticism in men and women's body dissatisfaction.
- Identify gender differences in the amount of appearance-related praise and criticism men and women receive on social networking sites.
- Identify how online praise and criticism are related to men and women's body dissatisfaction.

T-42: Investigating the Presence of Anti-Thin Bias

Alexandria Davies, MS, Virginia Commonwealth University, Richmond, VA, USA; Carolyn Burnette, MS, Virginia Commonwealth University, Richmond, VA, USA; Suzanne Mazzeo, PhD, Virginia Commonwealth University, Richmond, VA, USA

Weight stigma is associated with negative health outcomes across the BMI continuum. However, few studies have examined discrimination targeting people with low body weights. This investigation explored the presence of anti-thin bias, defined as the belief that people with low BMIs have undesirable personality characteristics. Undergraduate students ($N = 383$, $M = 18.99$ years) were randomly assigned to read one of six vignettes about women that differed by race (White and Black) and weight status (slightly underweight, normal weight, and slightly overweight). Participants then completed measures assessing perceived personality attributes of the vignette character (FPS) and perceived etiology of the vignette character's weight. A 2x3 factorial ANOVA with Tukey HSD post-hoc tests revealed that normal weight vignette characters were perceived significantly more favorably than both the underweight vignette characters ($p = .001$) and the overweight vignette characters ($p = .005$). Perceptions of overweight and underweight vignette characters were not significantly different ($p = .52$). There was not a significant interaction effect between weight status and race of the vignette character ($p = .19$), which indicates that the perceived likability of Black and White vignette characters did not differ as a function of weight status. MANOVAs with post-hoc tests revealed that underweight vignette characters' weights were significantly more likely to be attributed to biological factors than normal weight and overweight vignette characters. Additionally, underweight characters' weights were significantly more likely to be attributed to eating disorders and psychological problems. These results suggest that anti-thin bias exists in a college sample and women with underweight BMIs might be more stigmatized for their body weight than those BMIs in the normal range.

Learning Objectives:

- Investigate the presence of anti-thin bias.

- Explore perceived etiology of body weight for underweight women.
- Discuss implications of findings for future weight bias studies.

T-43: Dieting also starves close relationships: The psychological consequences of dieting for romantic couples

Mackenzie Robertson, BA (Hons), University of Victoria, Victoria, Canada; Danu Anthony Stinson, PhD, University of Victoria, Victoria, Canada; Christine Logel, PhD, Renison University College, University of Waterloo, Waterloo, ON, Canada; John G. Holmes, PhD, University of Waterloo, Waterloo, ON, Canada; Joanne V. Wood, PhD, University of Waterloo, Waterloo, ON, Canada

The negative health consequences of dieting for individuals are well established. Yet little is known about the interpersonal consequences of dieting for romantic couples. This study utilized self-report questionnaire data from undergraduate students (N = 221) and their romantic partners (N = 74) to examine whether dieting is associated with romantic relationship processes. Because cognitive interdependence leads people to include their partner in their own self-concept, and because dieters typically evaluate their own body and weight negatively, we predict that dieters will also evaluate their partner's appearance more negatively. Moreover, we expect that negative partner evaluations will predict worse relationship outcomes. As hypothesized, participants who engaged in more dieting (e.g., restricting food intake, feeling guilty after eating, self-induced vomiting) evaluated their body and weight more negatively, which predicted more negative evaluations of their romantic partner's physical attractiveness. In turn, finding their partner less attractive predicted more negative evaluations of their partner's worth, increased conflict, and lower commitment to their relationship. Moreover, romantic partners accurately perceived the dieting participants' negative evaluations of their attractiveness, and experienced lower self-esteem. Overall, results indicate that dieting is negatively associated with both individual and interpersonal well-being. Findings must be replicated in longitudinal research, but highlight the potential for the negative consequences of dieting to extend beyond the individual to influence close relationship processes. Current findings also contradict dominant models of dieting and close relationships that frame dieting in a positive light.

Learning Objectives:

- Assess the interpersonal consequences of dieting for romantic couples.
- Understand how dieting participants evaluated their own weight and body negatively and projected those negative evaluations onto their partner.
- Describe how negative partner-evaluations predicted poor relationship outcomes for the participants and their romantic partners.

T-44: Mothers promote and protect their daughters' body image

Efrat Cohen-Noyman, PhD, MSc, BSc, BSW, The Spitzer Department of Social Work, Ben-Gurion University of the Negev, Beer-Sheva, Israel; Julie Cwikel, PhD, MSW, BSW, The Spitzer Department of Social Work, Ben-Gurion University of the Negev, Beer-Sheva, Israel

In contemporary western society, girls internalize unattainable body and gender ideals that may lead to body dissatisfaction and disordered eating behaviors. Problems in the mother-daughter relationship have been found as one of the risk factors for body dissatisfaction while little is known about the positive and protective aspects of the mother-daughter relationship. This study aims to examine the positive and protective aspects of the mother-daughter relationship on the daughters' body image and

eating behaviors with regard to media and social pressures. The feminist approach provided the theoretical framework owing to its ability to interpret mother-daughter relationships in a complex and gendered fashion. Participants were 149 girls aged 10-16 and their mothers who completed self-report questionnaires. Variables were body image, eating behaviors, perceived mother-daughter relationship and mothers' strategies to deal with issues of weight and appearance, "Superwoman" ideal perception and media pressure on the ideal body image. The theoretical model was examined using Structural Equation Models (SEM) with AMOS. The SEM model's compatibility measures were satisfactory. "Superwoman" ideal and the media pressure had a negative impact on girls' body image and eating behaviors. The mother-daughter relationship had a positive and protective influence on girls' body image but not on eating behaviors, while strategies focused on weight and appearance had a negative influence on these two dependent variables. Surprisingly, there is no correlation between the perceived relationship to the focused strategies, suggesting that a positive relationship between mothers and daughters can exist alongside maternal pressure on daughters' weight and appearance. We conjecture this can be because of the way the daughter interprets her mothers' motives for such behavior. Findings can be used to guide interventions addressing girls' body image, specifically if the mothers are involved.

Learning Objectives:

- Understand the conceptual and methodological differences between emotional relationship and maternal strategies towards weight and appearance and their influences on daughters' body image and eating behaviors.
- Compare between daughters and mothers' perceptions regarding the study variables.
- Discuss the complexity of mother-daughter dynamics within a broad social-cultural context.

T-45: Exploring associations between general interpersonal functioning and body image difficulties in adolescents: findings from the Millennium Cohort Study

Helen Sharpe, PhD, University of Edinburgh, Edinburgh, Scotland, UK; Fiona Duffy, DCLinPsy, University of Edinburgh, Edinburgh, Scotland, UK; Caroline Jackson, PhD, University of Edinburgh, Edinburgh, Scotland, UK; Praveetha Patalay, PhD, University College London, London, England, UK

Interpersonal risk factors for body image difficulties are well established but these tend to be focused specifically on appearance-related interactions (e.g., body talk, perceived pressure to be thin) and their association with body dissatisfaction. This study aimed to explore the association between general interpersonal functioning and both evaluative and perceptual body image, including whether close relationships buffer against any negative outcomes associated with adverse interpersonal experiences. Participants were 11,321 adolescents (mean age = 14.25 years, sd = 0.34) drawn from the Millennium Cohort Study, a UK birth cohort of individuals born in 2000-2002. Adolescents and their parents both provided ratings of the adolescents' victimisation by peers, close friendships, parent-child conflict, and closeness of the parent-child relationship. Adolescents who reported being victims of bullying and not having a close relationship with their parents were more likely to report greater dissatisfaction with their appearance. These associations were not explained by depressive symptoms. Adolescents who reported being close to their parents were also less likely to overestimate their body size, but this association was no longer significant once depressive symptoms were accounted for. There was no evidence of a moderating effect of close relationships on the association between adverse interpersonal experiences and poor body image. Across all outcomes, adolescent-report of interpersonal functioning were better predictors of body image than parent-report. In addition to appearance-related interactions, more general interpersonal functioning may be a risk factor for body image difficulties and should be considered during the development of preventative interventions.

Learning Objectives:

- Review what is known about interpersonal risk factors for body image difficulties.
- Explore the association between general interpersonal functioning and body image difficulties.
- Consider the implications for prevention programmes.

T-46: Exploring young people s experience of the feasibility, acceptability and perceived efficacy of Interpersonal Psychotherapy for Body Image (IPT-BI)

Helen Sharpe, PhD, University of Edinburgh, Edinburgh, Scotland, UK; Emily Beveridge, MSc, University of Edinburgh, Edinburgh, Scotland, UK; Kate Osborne, MSc, University of Edinburgh, Edinburgh, Scotland, UK; Cathy Richards, MSc, NHS Lothian, Edinburgh, Scotland, UK; Fiona Duffy, DClInPsy, University of Edinburgh, Edinburgh, Scotland, UK

Interpersonal Psychotherapy for Body Image (IPT-BI) is a newly developed school-based group intervention designed to reduce risk for onset of eating disorders in high-risk adolescents who present with body image concerns. This study explored young people s experience of IPT-BI, focusing on their views on the acceptability, feasibility and perceived efficacy of this approach. Two 45-minute focus groups were conducted in secondary schools with a total of 16 participants (aged 12-14 years) who had taken part in the intervention. The focus groups consisted of three main activities: rating different aspects of the intervention from very unhelpful to very helpful; an adjective picking task to describe the group and the facilitators; and discussing ways the intervention could be further improved. Focus groups were audio recorded, transcribed verbatim, then analysed thematically. Results found that participants particularly enjoyed the supportive environment of the intervention and taking part in the interactive activities. Participants reported three ways in which IPT-BI has helped in their daily lives: young people developed an awareness of shared concerns, improved their communication, and learned to recognise triggering interpersonal interactions. While participants agreed IPT-BI is appropriate for all ages, three barriers to the delivery of the intervention were noted: privacy and confidentiality, timing during the school day, and the duration of the intervention. The findings provide initial support for the intervention s acceptability and perceived efficacy, although changes could be made to improve feasibility. Implications of the results and recommendations for the intervention are discussed.

Learning Objectives:

- Describe Interpersonal Psychotherapy for Body Image (IPT-BI).
- Explore young people views on the feasibility, acceptability and efficacy of IPT-BI.
- Consider recommendations for improvements to IPT-BI.

T-47: Kindness Begins with Yourself: The Role of Self-Compassion in Adolescent Body Satisfaction and Eating Pathology

Rachelle Pullmer, MA, PhD Candidate, Simon Fraser University, Burnaby, British Columbia, Canada; Jennifer Coelho, PhD, R. Psych, BC Children's Hospital, Vancouver, British Columbia, Canada; Shannon Zaitsoff, PhD, R. Psych, Simon Fraser University, Burnaby, British Columbia, Canada

The primary purpose of this research was to investigate the process through which self-compassion exerts its effect on body satisfaction and eating pathology in high school students (Study One, community sample, n=238, 43.7% male; Mage=16.5, SD=1.2) and female adolescents with eating

disorders (Study Two, clinical sample, $n=58$; $M_{age}=15.5$, $SD=1.5$). All participants completed the Self-Compassion Scale (SCS), Hopkins Symptom Checklist (SCL-5), Body Areas Satisfaction Scale (BASS), and Eating Disorder Examination Questionnaire - Adolescent Version (EDE-Q) at baseline. Participants in the community sample completed the SCL-5, BASS, and EDE-Q four months later. In both studies, self-compassion was positively associated with body satisfaction and negatively associated with psychological distress and global eating pathology (all $ps < .001$). Longitudinal conditional process analyses for Study One revealed that self-compassion indirectly influenced eating pathology (coefficient (C)=-0.06, $SE=0.04$, 95% PB CI: -0.14 to -0.01) and body satisfaction (C=0.04, $SE=0.02$, CI: 0.00 to 0.09) through changes in psychological distress for females only. However, there was no evidence that sex or gender moderated the direct relationships between variables (all $ps > .19$) or the indirect effect of self-compassion on body satisfaction (index of moderated mediation (IMM)=0.03, $SE=0.02$, CI: -0.01 to 0.08) or eating pathology (IMM=-0.05, $SE=0.04$, CI: -0.14 to 0.00). Cross-sectional analyses for Study Two revealed that self-compassion had direct effects on body satisfaction and eating pathology for females in the clinical sample (all $ps < .01$). In comparison to females in the community sample, self-compassion was higher in males and lower in female patients with eating disorders (all $ps < .001$). Altogether, results underscore how self-compassion may be an important factor to target in fostering a positive body image and stemming the tide of disordered eating in adolescents.

Learning Objectives:

- Describe the influence of self-compassion in adolescent mental health.
- Assess the roles of psychological distress and sex/gender in the relationships between adolescent self-compassion, body satisfaction, and eating pathology.
- Discuss the clinical implications of self-compassion interventions in the field of eating disorders.

T-48: A Longitudinal Examination of Body Checking Behaviors and Eating Disorder Psychopathology in a Community Sample of Adolescent Males and Females

Shannon Zaitsoff, PhD, R. Psych, Simon Fraser University, Burnaby, Canada; Rachelle Pullmer, MA, Simon Fraser University, Burnaby, Canada; Jennifer Coelho, PhD, R. Psych, BC Children's Hospital, Vancouver, Canada

Over the past decade, frequently checking one's body shape and weight (e.g., via frequent weighing, scrutinizing body parts in mirrors, checking clothes for fit, and measuring body parts) has gained increasing recognition as both a maintaining factor for eating disorders and an important transdiagnostic target for treatment. However, it is unclear whether body-checking behaviors contribute to the development of disordered eating, or if these behaviors develop as a response to experiencing eating disorder thoughts and behaviors. The purpose of this paper is to examine the relationships between body checking behaviors and eating disordered thoughts and behaviors in adolescent females and males in the community over time. Participants included 238 adolescents ($n=104$ males, $n=134$ females, $M_{age}=16.5$ years) recruited from high schools in British Columbia, Canada, who completed the Eating Disorder Examination Questionnaire - Adolescent Version (EDE-Q) and Body Checking Questionnaire at baseline (T1) and again approximately 4 months later (T2). After controlling for baseline levels of eating pathology, body checking at T1 predicted increases in eating pathology for both males (change in $R^2 = .03$, $F(1,100) = 8.84$, $p < .01$) and females (change in $R^2 = .05$, $F(1,130) = 18.92$, $p < .001$). In contrast, after controlling for baseline levels of body checking, eating pathology at T1 did not predict changes in body checking for either males (change in $R^2 = .01$, $F(1,99) = 1.98$, $p > .16$) or females (change in $R^2 = .00$, $F(1,130) = 0.01$, $p > .90$). These findings suggest that, among adolescents, engaging

in body checking behaviors may increase risk for disordered eating. If supported by further research, targeting body-checking behaviors in prevention programs may be warranted.

Learning Objectives:

- Describe what body checking behaviors are and how they are related to the maintenance and treatment of eating disorders.
- Understand how body checking behaviors may contribute to the onset of disordered eating in adolescent males and females.
- Discuss the potential for targeting body checking behaviors in the prevention of eating disorders.

T-49: A systematic review on the effects of exposure to unrealistically proportioned dolls on children s body image and eating behaviours

Jamie Kennedy-Turner, BSc (Hons), MSc, PGCert, The University of Edinburgh, Edinburgh, Midlothian, UK; Helen Sharpe, BA (Hons), MSc, PhD, The University of Edinburgh, Edinburgh, Midlothian, UK; Kyle Murray-Dickson, MA (Hons), PGCert, MSc, University of Edinburgh, Edinburgh, Midlothian, UK

This systematic review aimed to determine whether exposure to unrealistically proportioned human-shaped toys has a detrimental effect on children s body image, as is often asserted in popular media. These toys are hypothesised to be a risk factor for body image dissatisfaction, which is itself associated with negative health outcomes. However, extant research into the effects of these toys on children s body image is yet to be synthesised. A systematic search of eleven electronic databases was conducted to identify experimental studies in which children aged between 3-12 years were exposed to unrealistically proportioned human-shaped toys. Studies were eligible for inclusion if they were of experimental or quasi-experimental design and participants must have been exposed in at least one condition to an unrealistically proportioned human-shaped toy and have completed at least one measure of body image dissatisfaction. 5 studies were eligible for inclusion following screening of 502 records. Included studies reported results from a total of 663 female participants aged between 4-9 years old. The results obtained demonstrated no consistent effects of exposure to thin dolls on current or future body-shape preferences, body esteem or eating behaviours in girls. Significant relationships were obtained in some studies; however, these were moderated by variables such as age and familiarity with the dolls used. These same moderators were not found to exert a significant effect in other studies. No experimental studies using male samples and muscular human-shaped toys were available at the time of this review. Furthermore, all studies were assessed to have methodological issues which may have biased obtained results. This review highlights the need for further experimental studies to overcome methodological limitations of extant research, fill the gaps in current knowledge, and provide a better understanding of the effects of unrealistically proportioned human-shaped toys.

Learning Objectives:

- Describe the current state of empirical research into the effects of unrealistically proportioned human-shaped toys on young girl's body image and body shape preferences.
- Reflect on possible reasons for contradictory results produced by the extant experimental studies.
- Recognise the gaps in current research in this area to inform future research projects to evaluate the role of these toys in body image dissatisfaction.

T-50: Cross-sectional and longitudinal associations between fear of negative evaluation and weight/shape concerns among adolescents

Nora Trompeter, Bachelor of Psychology (Hons), Centre for Emotional Health, Macquarie University, Sydney, Australia; Kay Bussey, B.Econ (Hons), PhD, Centre for Emotional Health, Macquarie University, Sydney, Australia; Philippa Hay, MD, DPhil, FRANZAP, FAED, Translational Health Research Institute (THRI), Western Sydney University, Sydney, Australia; Jon Mond, PhD, MPH, FAED, Centre for Rural Health, University of Tasmania, Launceston, Australia; Stuart Murray, DClInPsych, PhD, University of California, San Francisco, CA, USA; Alexandra Lonergan, BA, B.Soc.Sc. Psych (Hons), Centre for Emotional Health, Macquarie University, Sydney, Australia; Scott Griffiths, PhD, BPsych, University of Melbourne, Melbourne, Victoria, Australia; Kathleen Pike, PhD, FAED, Columbia University Medical Center, New York, NY, USA; Deborah Mitchison, PhD, MClInPsych, MSc, BPsych(Hons), Centre for Emotional Health, Macquarie University, Sydney, Australia

Comorbidity among eating disorders and social anxiety has been well documented, with some studies suggesting a shared vulnerability between the disorders. Research investigating this relationship has found fear of negative evaluation (FNE), a key feature of social anxiety, to be associated with weight/shape concerns among adults. However, research among adolescents has been limited. The current study thus aimed to investigate the cross-sectional and longitudinal relationship between FNE and weight/shape concerns among adolescents, and examine potential moderation of these associations by gender and body weight. This study used T1 and T2 (12 month follow-up) data from the EveryBODY study, a large longitudinal project investigating body image and eating disorders among Australian adolescents. In T1, participants were 4045 Australian adolescents (53.7% girls) aged 11-19 years (Mage = 14 years 11 months), who completed a self-report questionnaire about weight/shape concerns, FNE, and weight and height. Cross-sectional results from T1 showed a positive association between FNE and weight/shape concerns, with the association being stronger among girls. Furthermore, the association between FNE and weight/shape concerns was stronger among adolescents with higher BMIs, especially for boys. Preliminary findings (based on N = 731) from the longitudinal analyses revealed that the relationship between T1 FNE and T2 weight/shape concerns approached significance ($p = 0.015$), while weight/shape concerns at T1 were not associated with FNE at T2. Neither of the moderating variables were significant in either longitudinal analysis. The cross-sectional results highlight the role of FNE in weight/shape concerns concurrently. The longitudinal data alludes to the directionality of the relationship, by suggesting that FNE predicts subsequent weight/shape concerns, but not the other way around, which has important implication for preventions/interventions for eating disorders.

Learning Objectives:

- Describe the relationship between fear of negative evaluation and weight/shape concerns.
- Assess the cross-sectional and longitudinal relationship between fear of negative evaluation and weight/shape concerns.
- Understand how gender and BMI impact these relationships.

T-51: A Retrospective Study of refeeding treatment for young inpatients with Anorexia Nervosa in Japan Tokyo Metropolitan Children's Medical center

Yoshitake Nakagawa, MD, Tokyo Metropolitan Children's Medical Center, Fuchu, Tokyo, Japan; Yuriko Morino, MD, Tokyo Metropolitan Children's Medical Center, Fuchu, Tokyo, Japan

Purpose Current Japanese refeeding guidelines for inpatients with anorexia nervosa (AN) recommends an approach starting from low calories and advancing slowly to avoid refeeding syndrome. However, several studies suggested that refeeding from higher calories may be safe and effective. The purpose of this study was to examine weight change and assess complications of inpatients with AN on a higher caloric refeeding treatment. Methods A retrospective medical record review was conducted among inpatients with AN between April 2014 and March 2016. The patients who were admitted for the first time in our institute who were diagnosed AN using ICD-10 were chosen as samples. Calorie prescription on admission was based on the psychiatrist's clinical judgement and was increased every other day. The primary outcome was the amount of weight gain during the first two weeks. The secondary outcome was the occurrence of refeeding complications such as hypoglycemia, hypophosphatemia and elevation of liver enzymes. Results The sample included 35 patients aged 8-16 years. The initial percent expected body weight was 55-83%, and the initial calorie level was 9.3-63.0 kcal/kg/day. Weight change was -2.6-+2.2 kg/2 weeks. There were two cases of Hypoglycemia, seven cases of hypophosphatemia, and 9 cases that showed elevation of liver enzymes. There were no significant complications and death. Conclusion A higher calorie refeeding treatment was tolerated in young population of AN inpatients. Higher calorie diets on admission would lead to faster weight gain. These findings support the development of more aggressive feeding strategies in young inpatients with AN. Larger research is needed to identify the safety of higher calorie diets while avoiding refeeding syndrome in severely malnourished patients.

Learning Objectives:

- Assess the Usefulness of a higher caloric refeeding treatment.
- Assess the complications of a higher caloric refeeding treatment.
- examine weight change during the first two weeks.

T-52: Food addiction and executive functioning difficulties in adolescents: the moderating effect of age and gender.

Christopher Rodrigue, Bachelors in Psychology, PhD Candidate, Laval University, Quebec City, Quebec, Canada; Catherine B Gin, PhD, Laval University, Quebec City, Quebec, Canada

Recent studies on food addiction (FA) allow a better understanding of this condition in various populations. Indeed, authors have shown that FA was nearly as prevalent in adolescents as in adults and showed similar correlates in both populations (disordered eating behaviors, depressive and anxiety symptoms, impulsivity). Studies in adults also showed that FA symptoms were associated with cognitive particularities, and more self-reported difficulties in executive functioning (EF). The aim of the present study was to compare participants with high (two symptoms and more) and low (one or no symptoms) levels of FA symptoms pertaining EF difficulties, and to test the moderating effect of age groups (young teens = 12-14; teenagers = 15-18) and gender on the relationship between FA symptoms and EF difficulties. A sample of 969 adolescents aged between 12 and 18 years old ($M = 14.91$; $SD = 1.31$) was recruited in the Quebec City area. They filled up a series of questionnaires, including the Yale Food Addiction Scale 2.0 (YFAS 2.0) to measure FA symptoms and the Behaviour Rating Inventory of Executive Function (BRIEF) to measure EF difficulties. First, a one-way ANOVA showed that adolescents with higher levels reported more EF difficulties than those with lower levels of FA symptoms ($p < .05$). Moreover, a moderating analysis using the PROCESS macro for SPSS (Model 3) showed that the interaction term between FA symptoms, age group, and gender explained a significant increase in the variance of EF difficulties, $\Delta R^2 = .006$, $F(1, 944) = 6.73$, $p < .01$. More precisely, FA symptoms significantly predicted executive functioning difficulties in boys and girls of both age groups, but the relationship was stronger for young teen girls and teenager boys. The present results showed that EF difficulties tend to

characterize FA's clinical picture as early as in adolescence, differently depending on the developmental stage and gender.

Learning Objectives:

- Describe the characteristics of FA in adolescents.
- Interpret the link between FA symptoms and EF difficulties, as well as the moderating effect of age and gender.
- Reflect about the possible contribution of EF difficulties in FA symptomatology in adolescents, and the potential clinical implications of this relationship.

T-53: The Relationship Between Maternal Feeding Style and Anxiety and Depression Symptoms in 6-Year-Old Children

Shannon Flahive, BA, Medical Student, Ohio University Heritage College of Osteopathic Medicine, Dublin, OH, USA; Zelalem Haile, PhD, MPH, Assistant Professor, Ohio University Heritage College of Osteopathic Medicine, Dublin, OH, USA

Maternal feeding style has been linked to childhood obesity and other eating disorders. Minimal research has been done to evaluate the association between maternal feeding style and emotional wellbeing, a factor known to impact eating behavior. Objective: To examine the association between maternal feeding style and anxiety and depressive symptoms in 6-year-old children. Design: Cross-sectional study Setting: Secondary data analysis using the Year Six Follow Up for Infant Feeding Practices Study II (IFPS II), conducted from March and June of 2012 in the United States. Study Participants: 1241 women who participated in the Year Six Follow-Up for the (IFPS II). Main Outcome: Maternal reports of anxiety and depressive symptoms in 6-year-old-children. Results: Overall, 57.5% and 47.8% of the children had anxiety and depression symptoms, respectively. Compared to mothers who responded no, the multivariable adjusted odds of depressive and anxiety symptoms in the child was significantly higher among the mothers who responded yes to If I did not guide or regulate my child's eating, he or she would eat too much of his or her favorite food (OR, 95% CI) (2.02; 1.47-2.78, p 0.001) and (1.41, 1.05-1.91, p=0.024), respectively. The odds of depressive symptoms were significantly lower among the mothers who responded yes to I make sure that my child does not eat too many sweets or junk foods (0.49; 0.26-0.91, p=0.020). The odds of depressive symptoms in children were significantly higher among mothers who responded yes to encourage your 6 year old to eat all of the food on his or her plate (1.43; 95%, 1.00-2.05, p=0.049). Conclusion: Maternal feeding style may influence a child's emotional wellbeing and eating behavior. Future research is needed to test interventions aimed at preventing patterns of dysregulated eating.

Learning Objectives:

- Describe the relationship between restrictive and pressure to eat feeding styles and eating disorders.
- Describe the relationship between maternal feeding style and emotional wellbeing in children.
- Assess the role for future preventative initiatives on feeding styles.

T-54: Identifying risk factors for feeding and eating disturbances among children with Avoidant/Restrictive Food Intake Disorder (ARFID)

Sharon Iron-Segev, ScD, RD, The Hebrew University of Jerusalem, Rehovot, Israel; Daniel Stein, MD, Chaim Sheba Medical Center, Tel Hashomer, Ramat Gan, Israel

Avoidant/restrictive food intake disorder (ARFID) is a new diagnostic category in the DSM-5. The current study focuses on children that present with symptoms of ARFID. This disorder may be associated with a range of health and behavior problems, as well as psychiatric comorbidities, including anxiety, depression, attention deficit hyperactivity disorder, autism spectrum disorders, and behavioral measures of tactile sensitivity. The aims of the study are to (1) assess the characteristics of eating/feeding pathology among children aged 4-16 years referred to a specialized ARFID clinic in comparison to healthy controls; and (2) Determine associations between the eating/feeding pathology and psychiatric comorbidities. A cross-sectional study is currently underway and has recruited 62 children to date. Half are ARFID patients and half controls (convenience sample). Parents completed 4 validated questionnaires: Stanford Feeding Questionnaire (SFQ), Child Anxiety Related Emotional Disorders (SCARED), Strength and Difficulties Questionnaire (SDQ) and Sensory Modulation Dysfunction Scale (SMD). To control for between-group differences, cases and controls were matched by sex and age 1 year resulting in 15 case control pairs. Analyses of ten representative items from the SFQ characterizing ARFID behavior, using a Paired Sample T-test, significant differences between patient and controls were identified ($P < 0.001$). Children with ARFID had more eating and food related pathology than controls. The ARFID children also demonstrated greater severity of non-feeding emotional related problems such as anxiety compared with controls ($P < 0.001$). Additional children are being recruited for this study and data on overall functioning and sensory sensitivity will be analyzed to increase our understanding of risk factors and comorbidities associated with ARFID.

Learning Objectives:

- Identify the feeding and eating problems of ARFID children in comparison to healthy controls.
- Distinguish the relationships between feeding and eating problems and psychiatric comorbidities in ARFID children.
- Understand the relationships between feeding and eating problems, sensory sensitivity characteristics and overall functioning in ARFID children.

T-55: The Association Between Alexithymia and Disordered Eating Behaviors in Children and Adolescents

Lisa M. Shank, MS, MPH, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Marian Tanofsky-Kraff, PhD, FAED, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Nichole R. Kelly, PhD, University of Oregon, Eugene, OR, USA; Manuella Jaramillo, BS, National Institutes of Health, Bethesda, MD, USA; Sarah G. Rubin, BS, National Institutes of Health, Bethesda, MD, USA; Meghan Byrne, BA, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Sarah LeMay-Russell, BS, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Natasha L. Burke, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Natasha A. Schvey, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Miranda M. Broadney, MD, MPH, National Institutes of Health, Bethesda, MD, USA; Sheila Brady, MSN, CRNP, National Institutes of Health, Bethesda, MD, USA; Susan Z. Yanovski, MD, National Institutes of Health, Bethesda, MD, USA; Jack Yanovski, MD, PhD, National Institutes of Health, Bethesda, MD, USA

Alexithymia, the difficulty identifying or describing one's emotions, has been associated with eating disorders. However, the relationship between alexithymia and eating behavior in non-clinical youth is not as well understood. We hypothesized that alexithymia would be positively associated with

disordered eating in a community-based sample of boys and girls 8-17 years old. One-hundred-eighty-three children (13.0 2.8y; BMI-z 0.6 1.0; 51.9% female; 44.3% non-Hispanic White, 29.0% non-Hispanic Black) completed the Eating Disorder Examination interview to assess loss of control (LOC) eating, a validated laboratory test meal designed to model a LOC episode (>10,000 kcal; 54% carbohydrate, 12% protein, 33% fat), and questionnaires to assess alexithymia, eating in the absence of hunger, and emotional eating. Linear and logistic regressions were conducted adjusting for age, sex, race, total fat mass (%), and height (cm). For test meal intake, analyses also adjusted for total lean mass (kg). Given the potential overlap between depression and alexithymia, all models were repeated with depressive symptoms as an additional covariate. Alexithymia was associated with an increased likelihood of reporting LOC eating ($p = .01$, OR = 1.12). Greater alexithymia was associated with more carbohydrate (%) and less fat (%) intake during the laboratory test meal (p s = .02). Further, alexithymia was positively associated with eating in the absence of hunger ($p = .001$) and an increased likelihood of reporting elevated emotional eating ($p = .02$, OR = 1.08). Alexithymia was not significantly associated with total (kcal) or protein (%) intake (p s > .05). After adjusting for depressive symptoms, the relationship with emotional eating became non-significant ($p = .30$); all other findings remained the same. If supported prospectively, these preliminary findings suggest that alexithymia may be a potentially modifiable factor that impacts multiple facets of eating behavior in healthy children.

Learning Objectives:

- Define alexithymia.
- Assess the relationship between alexithymia and eating disorders.
- Examine whether alexithymia is related to disordered eating behaviors in a sample of non-clinical youth.

T-56: The relationship of family environment to outcome following partial hospitalization for eating disorders

Renee Rienecke, PhD, FAED, Medical University of South Carolina, Charleston, SC, USA; Paul Jenkins, DClinPsychol, University of Reading, Reading, UK

Reaching 95.2% of expected body weight by post-treatment has been found to be the optimal predictor of recovery for adolescents with anorexia nervosa. However, little is known about predictors of weight restoration in adolescents with eating disorders. Given the critical role of the family in family-based treatment, the current study aims to examine the role of family functioning in detail, and whether this could predict outcome following treatment in a family-based partial hospitalization program. Data from 116 adolescents and young adults with eating disorders and their parents were collected, including measures of family functioning (Family Environment Scale), and eating pathology (Eating Disorder Examination) at pre-treatment and post-treatment. Hierarchical regression was used to examine the influence of baseline family functioning, controlling for variables thought to be associated with treatment outcomes (age, weight, weight and shape concerns, duration of treatment). Achieving 95.2% of expected body weight was used as the dependent variable. Data on weight outcomes at post-treatment were available for 92 individuals (79.3% of the sample). The overall model examining the association between family functioning and weight restoration was significant, explaining 58.4% of the variance ($F = 3.804$, $p = .001$). There were significant main effects of Intake Weight ($\beta = 0.646$, $p = .001$), Age ($\beta = -0.433$, $p = .004$), and Family Organization ($\beta = -0.458$, $p = .002$). Weight and Shape Concerns ($p = .076$) and Moral-Religious Emphasis ($p = 0.087$) approached significance. Results suggest that higher initial weight and younger age predict weight restoration, in line with existing work in other samples. Patients were less likely to achieve weight restoration within families where activities and

responsibilities are strongly organized and planned. A highly organized family may have difficulty making the changes required by family-based treatment.

Learning Objectives:

- Identify predictors of weight restoration in a partial hospitalization program.
- Explain why families scoring high on organization may do less well in family-based treatment.
- Describe the incorporation of family-based treatment principles into a partial hospitalization program.

T-57: Navigating the College Transition Among Women Who Self-Report an Eating Disorder: A Qualitative Study

Wynne Lundblad, MD, University of Pittsburgh Medical Center, Pittsburgh, PA, USA; Lauren Goldschen, BS, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; Alexis Fertig, MD, MPH, University of Pittsburgh Medical Center, Pittsburgh, PA, USA; Lauren Auster, BA, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; Hannah Schwarzbach, BA, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; Judy Chang, MD, MPH, University of Pittsburgh Medical Center, Pittsburgh, PA, USA

While the prevalence of eating disorders (EDs) is growing among college students, very little is known about the general experience of EDs in college. To address this gap in knowledge, we designed a qualitative study to elucidate a deeper understanding of how students with an ED perceive their general college experience and describe how the college environment shapes an ED. Undergraduate students who self-reported an ED were recruited through fliers, an undergraduate advocacy organization, and local treatment centers. We conducted audio-recorded semi-structured individual interviews. Two investigators separately coded verbatim transcripts using an editing approach, and final themes were corroborated. Fifteen undergraduate students participated in the interviews. Participants endorsed a variety of ED symptoms and sought various levels of treatment. A majority of participants transitioned to college with an already-established diagnosis. We found that ED symptoms tended to worsen in college for a variety of reasons including (a) minimization of ED severity, (b) loss of external accountability, (c) use of ED symptoms as a coping mechanism, and (d) glorification of ED behaviors in campus diet culture. Subsequently, the ED disrupted the college experience by (e) hindering participants ability to focus on academic responsibilities and (f) leading to social isolation on campus. Our findings suggest a need to establish care for a pre-diagnosed EDs prior to the college transition. In addition, we identified challenges unique to the college experience that should be addressed by ED treatment teams in order to provide anticipatory guidance and patient-centered care.

Learning Objectives:

- Identify challenges unique to college students with an eating disorder.
- Describe the manifestation of eating disorders following the transition to college.
- Understand how an eating disorder disrupts the "typical" college experience.

T-58: A latent profile analysis of personality traits in adolescents with anorexia nervosa: Consideration of affective and cognitive functioning

Laurie Dufresne, PhD Student, BA, Laval University, Quebec, Canada; Dominique Meilleur, PhD, MPs, Montreal University, Montreal, Quebec, Canada; Robert Pauz, PhD, Laval University, Quebec, Canada; Nathalie Gingras, MD, FRCPC, MSc, Laval University, Quebec, Canada; Giosi D. Di Meglio, MD, MPH,

FSAHM, Montreal Children's Hospital, Montreal, Quebec, Canada; Danielle Taddeo, MD, Sainte-Justine Hospital, Montreal, Quebec, Canada; Caroline Pesant, MD, FRCPC, Sherbrooke University, Sherbrooke, Quebec, Canada; Richard B langer, MD, FRCPC, Quebec University Hospital, Quebec, Canada; Pierre Olivier Nadeau, MD, Sainte-Justine Hospital, Montreal, Quebec, Canada; Eric Lavoie, MD, FRCPC, Sherbrooke University Hospital, Sherbrooke, Quebec, Canada; Marie-Jos e Ouellet, PhD, Douglas Mental Health University Institute, Montreal, Quebec, Canada; Delphine Collin-V zina, PhD, BSc, McGill University, Montreal, Quebec, Canada; Isabelle Thibault, PhD, Sherbrooke University, Sherbrooke, Quebec, Canada; Julius Erdstein, MD, FRCPC, Montreal Children's Hospital, Montreal, Quebec, Canada; Chantal Stheneur, MD, PhD, Sainte-Justine Hospital, Montreal, Quebec, Canada; Jean-Yves Frappier, MD, FRCPC, Sainte-Justine Hospital, Montreal, Quebec, Canada

In order to explain heterogeneity in clinical profiles of individuals with anorexia nervosa (AN), recent studies empirically derived three personality-based subtypes: a sub-controlled/externalizing subtype, an over-controlled/internalizing subtype and a more functional subtype. While this classification has been well-validated in adult ED samples, few studies have explored these subtypes in younger samples. The present study aimed to identify personality-based subtypes in adolescents with AN and to compare these subtypes according to AN symptoms and severity, affective variables and self-reported executive functioning. Adolescents (N = 103) diagnosed with AN were recruited in five Quebec university hospitals. Self-reported questionnaires on personality traits, executive functioning and affective variables were answered. AN symptoms and severity were assessed by experienced clinicians. A latent profile analysis was performed and the best-fitting solution included three groups characterized as High Functioning, Internalizing and Externalizing. Internalizing and Externalizing groups reported generally higher eating symptoms severity, affective problems (i.e. self-esteem, personal and interpersonal alienation, interpersonal insecurity, interoceptive deficits, emotional dysregulation, asceticism) and self-reported deficits in executive functioning than the High Functioning group. Internalizing group was specifically higher on perfectionism, maturity fears and suicidal ideation. Externalizing group presented more self-mutilating behaviors, binge-purge behaviors and self-reported deficits in executive functioning. These findings confirmed the presence of three personality subtypes in adolescents with AN, characterized by distinct eating symptoms, affective problems and self-reported deficits in executive functions. These subtypes may be considered when assessing adolescents with AN in order to facilitate clinical management and provide patient-tailored treatment.

Learning Objectives:

- Understand heterogeneity in clinical profiles of adolescent patients with anorexia nervosa according to psychopathological personality traits.
- Compare personality subtypes in adolescents with anorexia nervosa according to affective variables (i.e. affective regulation, self-perception, depressive and anxiety symptoms).
- Compare personality subtypes in adolescents with anorexia nervosa according to executive functioning (i.e. metacognition, behavioral regulation).

T-59: First, do no harm: Connecting with primary-care providers to better understand their perception of the risks associated with talking about weight with their pediatric patients.

Katie Loth, PhD, MPH, RD, LD, University of Minnesota, Minneapolis, MN, USA; Marc Uy, MPH, University of Minnesota, Minneapolis, MN, USA; Huiying Guo, MD, University of Minnesota, Minneapolis, MN, USA; Melissa Pavek, MD, University of Minnesota, Minneapolis, MN, USA; Samantha Ngaw, MD, University of Minnesota, Minneapolis, MN, USA; Dianne Neumark-Sztainer, PhD, MPH, RD,

University of Minnesota, Minneapolis, MN, USA; Jerica Berge, PhD, MPH, LMFT, University of Minnesota, Minneapolis, MN, USA

The American Medical Association recommends that primary care providers calculate and plot the body mass index (BMI) of children annually and pursue clinical intervention with all children found to meet criteria for obesity. Adherence to these recommendations requires physicians to prioritize discussions about weight during annual well-child visits. Unfortunately, engaging in weight-related conversations with children is associated with diminished body satisfaction and risk for disordered eating and unhealthy weight-control behaviors, calling into question the safety of these recommendations. The goals of this study were to use one-on-one interviews with pediatric primary care providers (n=21) to better understand their: 1) approach to weight-related conversations, 2) perception of the risks associated with talking about weight, and 3) thoughts on steps that can be taken to avoid or minimize these negative impacts. The bulk of providers believe that there are risks associated with talking to children about their weight during clinic visits, including: 1) lowered self-esteem, 2) increased weight stigma, 3) diminished physician-patient relationship, and 4) the development of disordered eating behaviors. Despite these concerns, providers continued to engage patients in regular BMI screening and conversations about weight. Providers discussed efforts made to minimize these negative impacts, but many also acknowledged a need for more education on the best practices. Overall, results from this qualitative study suggest that pediatric primary care providers do worry that engaging in weight-related discussions with their patients might lead to negative, unintended consequences and wish they knew more about to reduce this risk. The development of education tools to help pediatric primary care providers shift their conversations from a focus on weight, to a focus on the promotion of healthy lifestyle behaviors for individuals of all sizes is a crucial next step.

Learning Objectives:

- Learn about the current recommendations for BMI screening and weight-related intervention among a pediatric population.
- Develop an understanding of what primary-care providers perceive to be the risks associated with talking about weight with their pediatric patients and steps providers take to minimize these perceived risks.
- Begin to formulate ideas about what tools are needed to help pediatric primary care providers shift their conversations from a focus on weight, to a focus on the promotion of healthy lifestyle behaviors for individuals of all sizes is a crucial next step.

T-61: The Effect of Perfectionism Dimensions on the Development of Disordered Eating Attitudes in 12-14-Year Old Children: A Longitudinal Study

Krol Soidla, MA, University of Tartu, Tartu, Tartumaa, Estonia; Iiris Velling, MA, University of Tartu, Tartu, Tartumaa, Estonia; Kirsti Akkermann, PhD, University of Tartu, Tartu, Tartumaa, Estonia

The main purpose of the present study was to investigate longitudinal effects of perfectionism dimensions (self-oriented striving, self-oriented critical and socially prescribed perfectionism) on the development of disordered eating attitudes in early adolescence. In addition, neuroticism was examined as a possible mediator in the relationship between perfectionism and disordered eating attitudes. Participants completed self-report questionnaires (including Children's Eating Attitudes Test (ChEAT) and Child Adolescent Perfectionism Scale (CAPS)), three times in 12-month intervals, in fifth (mean age=11.53 years) (n=308; 175 girls, 133 boys), sixth (mean age=12.56) (n=261; 152 girl, 109 boys) and seventh grade (mean age=13.63) (n=249; 138 girls, 111 boys). Repeated measures ANOVA indicated the

following: among boys, both perfectionism and disordered eating attitude scores decreased in time, while among girls, perfectionism decreased, but disordered eating attitudes increased. Cross-sectionally the relation between perfectionism and disordered eating attitudes got stronger in time among girls, while the opposite happened among boys. Both socially prescribed perfectionism and self-oriented critical perfectionism were statistically significant in cross-sectional linear regression models, but prospectively only self-oriented critical perfectionism had a significant effect on the development of disordered eating attitudes, both for boys and girls. It was also found that among girls, neuroticism mediated the relationship between perfectionism and disordered eating attitudes. These results emphasize the importance of evaluating the effect of perfectionism dimensions on disordered eating behavior and can also be helpful for planning prevention programs. Our next analyses will focus on developmental trajectories of disordered eating and also examine other possible mediating and moderating factors.

Learning Objectives:

- Describe changes in perfectionism and disordered eating attitudes among boys and girls during early adolescence.
- Describe how different dimensions of perfectionism contribute to the development of disordered eating attitudes in early adolescence.
- Discuss how this knowledge can contribute to prevention programs for disordered eating.

T-62: The Dynamic Implications of Adolescent Friendships on Eating Pathology

Melissa Simone, PhD, University of Minnesota, Minneapolis, MN, USA; Emily Long, PhD, Utah State University, Logan, UT, USA; Ginger Lockhart, PhD, Utah State University, Logan, UT, USA

Adolescent unhealthy weight control is often a predictor of later eating disorders, and has been connected to a wide range of physical and psychological health issues among adults. Yet, little is known about the impact of peer influence and friendship networks on adolescent unhealthy weight control. The purpose of the current study was to examine the longitudinal and dynamic processes that operate between adolescent friendships and unhealthy weight control among a sample of 1,156 American adolescents in grades 9-11 (48.6 % girls, 23.4% European American, 25.2% African American) from the National Longitudinal Study of Adolescent Health. Stochastic actor-oriented models were fit to examine changes in friendship networks and unhealthy weight control across two waves. In general, the findings indicate that adolescents prefer friends with similar unhealthy weight control patterns. Further, the results support a reciprocal relationship between unhealthy weight control and adolescent friendships. More specifically, unhealthy weight control was found to uniquely predict future adolescent friendship seeking behavior ($\beta = 0.29$, OR = 1.34, 95% CIs = 1.16 1.60, $p = .01$), and friendship seeking behavior was found to uniquely predict future unhealthy weight control ($\beta = 0.22$, OR = 1.24, 95% CIs = 1.7 1.45, $p = .001$). The results also indicate that adolescent popularity neither influenced, nor was influenced by, unhealthy weight control behavior. Thus, results indicate that friendship seeking is an important risk factor in the prediction future unhealthy weight control, as well as an indicator of current unhealthy weight control behaviors. In sum, the results of the current study suggest that adolescent friendships have important implications in the development of unhealthy weight control and can be used by interventionists to assist in the identification of adolescents at risk.

Learning Objectives:

- Describe the impact of adolescent friendships on future eating pathology.
- Describe the impact of eating pathology on adolescent friendships.

- Describe the clinical implications of the dynamic associations between adolescent friendships and eating pathology.

T-63: Oral changes of eating disorders

Tatjana Lesar, MD, Specialist in Pediatric & Gastroenterology, Center for pediatric medicine Helena, Zagreb, Grad Zagreb, Croatia; Danica Vidovic Juras, Assistant Professor, DMD, MSc, PhD, Specialist in Oral Medicine/Oral Pathology, University Hospital Centre Zagreb, Zagreb, Grad Zagreb, Croatia; Martina Tomic, MD, PhD, Specialist in Ophthalmology, Vuk Vrhovac University Clinic for Diabetes, Endocrinology and Metabolic Diseases, Merkur University Hospital, Zagreb, Grad Zagreb, Croatia; Sonja Kraljevic Simunkovic, Professor, DMD, MSc, PhD, Specialist in Prosthodontics, School of Dental Medicine, Zagreb, Grad Zagreb, Croatia

Numerous oral changes such as erosion of the teeth, dry mouth, caries, pain in the temporomandibular (TM) joint, periodontal disease, parotid gland swelling are developing as a result of disturbed relation towards eating in patients suffering from eating disorders. The aim of this research was to establish the correlation between oral findings, age, disease duration and nutritional status in pediatric patients with eating disorders. This study included 50 female eating disorder (ED) patients with median age 14 (range 10-18) years and median disease duration 9 (range 1-42) months. The nutritional status is expressed in Z-score for BMI (body mass index), since the values of BMI change with age in children. Mean BMI z-score was -2.10 ± 1.64 . The most commonly observed oral findings were plaque, marginal gingivitis, morsification, dental stones, caries, erythematous pharyngitis, dry lips and angular cheilitis. Disease duration was negatively correlated with plaque ($p=0.048$) and erythema pharyngitis ($p=0.040$), and positively correlated with hyperkeratosis of tongue. Age was negatively associated with linea alba ($p=0.012$) and pain in the TM joint ($p=0.024$), while degree of nutrition was negatively associated with dental impression on tongue ($p=0.030$) and significantly positively with pain in the TM joint ($p=0.002$) and headache ($p=0.009$). This study showed the presence of a number of oral changes in patients suffering from eating disorders with higher prevalence of various oral problems in younger patients with shorter disease duration and lower degree of nutrition.

Learning Objectives:

- Describe the comorbidity of oral changes and eating disorders.
- Correlate the degree of nutrition and disease duration with frequency of the occurrence of oral changes.
- Understand the importance of dentist role in recognizing oral changes and early diagnosis of eating disorders.

T-64: A Test of the Affect Regulatory Role of Compulsive Exercise in Individuals with Binge Eating

Kirstie Herb, BS, Eastern Michigan University, Ypsilanti, MI, USA; Karen Saules, PhD, Eastern Michigan University, Ypsilanti, MI, USA; Megan Pejsa-Reitz, MS, Eastern Michigan University, Ypsilanti, MI, USA; Jennifer Battles, MS, Eastern Michigan University, Ypsilanti, MI, USA

Some have suggested that an inability to appropriately manage adverse emotional states results in exercise being used as an affect regulation strategy in individuals with eating disorders. The purpose of the current study is to test this theory in a sample of individuals with moderate to severe binge eating (BE). More specifically, mediation analyses were used to examine if the association between disordered eating (BE in this case) and compulsive exercise is mediated by difficulties in emotion regulation.

Participants were 159 Amazon Mechanical Turk workers who were identified as having moderate to severe BE. Mediation analysis was used to test the hypothesis that difficulties regulating emotions (measured by the Difficulties in Emotion Regulation Scale) would mediate the relationship between BE (measured by the Binge Eating Scale) and compulsive exercise (measured by the Exercise and Eating Disorders Questionnaire). BE was significantly predictive of difficulties regulating emotions, $t(157) = 3.58$, $p = .001$. More specifically, those with greater BE reported greater difficulties regulating their emotions. BE was also significantly, positively predictive of compulsive exercise, $t(157) = 2.90$, $p = .004$. Additionally, difficulties regulating emotions was significantly, positively predictive of compulsive exercise, $t(156) = 3.75$, $p = .001$. Bootstrapped CIs revealed a significant indirect effect, $ab = .008$, 95% CI [.003, .02], $p = .01$. Interestingly, after including the mediator (difficulties regulating emotions), the direct path from BE to compulsive exercise was no longer significant ($t(156) = 1.88$, $p = .06$), suggesting there is an indirect association with BE and compulsive exercise through emotion regulation difficulties. Together, these results provide evidence that compulsive exercise may function as a means of coping with adverse emotional states in individuals with BE.

Learning Objectives:

- Describe the comorbidity of binge eating behavior and compulsive exercise.
- Describe the affect regulatory model of compulsive exercise.
- Assess the role of emotion dysregulation in the relationship between binge eating behavior and compulsive exercise.

T-65: Network analysis of specific psychopathology and psychiatric symptoms in patients with eating disorders

Marco Solmi, MD, PhD, Psychiatrist, FAED, University of Padua, Padua, Italy; Angela Favaro, MD, PhD, Psychiatrist, Professor, FAED, University of Padua, Padua, Italy

Network analysis of psychiatric symptoms describes reciprocal relationships of individual symptoms, beyond categorical diagnoses. Those with eating disorders frequently have complex patterns of comorbid symptoms and the transdiagnostic theory includes shared common core features across diagnoses. We aim to test whether general psychiatric symptoms comprise components of these transdiagnostic features. Methods. Network analysis was applied on 2068 patients with EDs [(955 anorexia nervosa (AN), 813 bulimia nervosa (BN), and 300 binge-eating disorder (BED)]. All patients underwent clinical interviews and some self-reported questionnaires, such as the Symptom Check-List 90 (SCL-90) to measure psychiatric symptoms, the Eating Disorder Inventory(EDI) to measure ED-specific symptoms, and the Tridimensional Personality Questionnaire(TPQ) for personality traits. Results. Across EDs and within each ED, SCL-90 scores of depression, anxiety and interpersonal sensitivity, EDI ineffectiveness, interoceptive awareness, interpersonal distrust, and drive for thinness had high centrality. Notably, body mass index(BMI) and EDI bulimia played a central role when considering the whole group, whereas they did not in individual EDs. Discussion. The shared centrality of identified nodes in both individual and merged groups supported the transdiagnostic theory of EDs (diagnoses share core ED features), with a central role of BMI. Moreover, the most central nodes were general psychiatric symptoms, interpersonal domain and self-efficacy. These findings suggest that - in addition to ED-core symptoms and BMI- depressive and anxiety symptoms, interpersonal sensitivity and ineffectiveness may be important targets to provide effective treatments across AN, BN, and BED.

Learning Objectives:

- Understand categorical and dimensional models in ED.

- Critically understand results from network analysis papers.
- Critically understand what kind of evidence can support trans-diagnostic models in ED, and apply findings supporting trans-diagnostic models to clinical scenarios.

T-66: Identifying clinical distinctions between nonsuicidal self-injury and eating disorders in adolescents

Natalie Perkins, MS, Miami University, Oxford, OH, USA; Amy Brausch, PhD, Western Kentucky University, Bowling Green, KY, USA; April Smith, PhD, Miami University, Oxford, OH, USA; Jason Washburn, PhD, Northwestern University Feinberg School of Medicine, Chicago, IL, USA

Eating disorders (EDs) and nonsuicidal self-injury (NSSI) commonly co-occur, with up to 41% of adolescents with an ED also engaging in NSSI (Peebles, Wilson, & Lock, 2011). Many epidemiological studies report NSSI rates within ED populations to be nearly twice the rates of NSSI within other psychiatric conditions (Favaro & Santonastaso, 2000). Both behaviors significantly increase risks for suicidality and other pathologies in adolescents, particularly when they co-occur (Nock, Hwang, Sampson, & Kessler, 2010). Existing research finds a strong link between maladaptive family functioning and EDs (Holtom-Viesel & Allan, 2013), as well as a relationship between emotion reactivity and NSSI (Nock et al., 2008). However, little research has investigated both family functioning and emotion reactivity in relation to both NSSI and EDs in adolescents. Given the importance of these constructs to both NSSI and EDs, they may help explain the comorbidity of NSSI and EDs. We hypothesized emotion reactivity and family functioning would significantly differentiate adolescents with ED who engage in NSSI from those who do not. Specifically, we predicted the comorbid group (ED+NSSI; n=163) would report greater emotion reactivity and poorer family functioning than the ED only (n=132) or NSSI only (n=153) groups. We used a clinical sample of ED and NSSI participants from inpatient and outpatient treatment programs in the midwestern United States. The sample was primarily female (93.3%) and Caucasian (66%) with a mean age of 15. Somewhat contrary to predictions, multinomial logistic regressions found that greater emotion reactivity significantly increased the likelihood that an individual would be classified in the NSSI only group as compared to the ED only group ($p = .001$) and the comorbid group ($p = .001$). Unexpectedly, family functioning did not differ between groups. Future research may expand upon these findings by including a control sample and controlling for known covariates.

Learning Objectives:

- Following the presentation, participants will be able to describe the comorbidity of eating disorders and non-suicidal self-injury.
- Following the presentation, participants will be able to describe what factors may lead to non-suicidal self-injury engagement within eating disorders.
- Following the presentation, participants will be able to evaluate differences in eating disorder and non-suicidal self-injury comorbidity between adolescents and adults.

T-67: Co-Morbidity of Asperger's syndrome in eating disorders: Double whammy for both patients and clinicians! A case series.

Alakananda Gudi, MBBS, MRCPsych, Singapore General Hospital, Bukit Merah, Singapore; Huei Yen Lee, MBBS, MMed, Singapore General Hospital, Bukit Merah, Singapore; Kahwee Ng, MBBS, MMed, Singapore General Hospital, Bukit Merah, Singapore; Victor Kwok, MBBS, MMed, Singapore General Hospital, Bukit Merah, Singapore; Evelyn Boon, PhD, Singapore General Hospital, Bukit Merah,

Singapore; Nishtha Thevaraja, Masters in cl.psych, Singapore General Hospital, Bukit Merah, Singapore; Dian Handayani, MAAT, Singapore General Hospital, Bukit Merah, Singapore

With a symptom overlap between Asperger's Spectrum Disorder (ASD) and Eating disorders, it is a challenge for clinicians to make a co-morbid diagnosis of ASD. The authors present a case series of 4 patients and how it was overcome. Subject sample; 4 patients with normal IQ that presented to the Singapore general Hospital (SGH), Eating Disorder (ED) clinic that were newly diagnosed with Asperger's syndrome /social communication disorder co-morbid with their eating disorder. Patient A-18 year old diagnosed with Bulimia showed poor treatment response as had violent voices in her head telling her to hurt people she gets upset with . Psychotic prodrome was ruled out . A strong family history of autism and social communication deficits was noted, a further autism spectrum assessment was positive. Treatment modifications were made Patient B: Patient B- A 18 year old girl with previous history of borderline Personality was diagnosed with Anorexia Nervosa and social phobia and was treated. She showed good weight restoration, however was unable to sustain a job despite good control of social anxiety and worsening self-harm and suicidal thoughts. A further detailed childhood history and autism assessment revealed a diagnosis of Asperger s syndrome. Her worsening suicidal ideations were because of her inability to face the world as she did not fit in and needed transfer to long-stay ward. Her diagnosis of borderline personality was discarded Patient C- A 22 year old was admitted with Anorexia. She was unable to follow the inpatient meal protocol. She showed an indifference to meal protocol and always needed supplement top-ups. A tachycardia was noted before meal times. She denied any anxiety.This constant body-mind disconnect prompted an ASD assessment which was positive and treatment modifications made. Early recognition and management of co-morbid ASD syndrome is central to eating disorder recovery process.

Learning Objectives:

- Describe the co-morbidity of Asperger's Spectrum Disorders (ASD) and Eating disorders.
- Recognize symptoms of ASD early in the presentation of illness.
- Manage ASD and Eating disorders simultaneously.

T-68: Predicting Eating Disorders from Sexual Assault and Intimate Partner Violence in College Students

Elizabeth Claydon, PhD, MPH, MS, West Virginia University, Morgantown, WV, USA; Rose Marie Ward, PhD, Miami University, Oxford, OH, USA; Danielle Davidov, PhD, West Virginia University, Morgantown, WV, USA; Kathryn Zumberg, PhD, Miami University, Oxford, OH, USA; Keith Zullig, MSPH, PhD, FASHA, West Virginia University, Morgantown, WV, USA

Around 9-13% of US college women and 3-4% of college men have clinically significant eating disorder (ED) symptoms. Additionally, previous research indicates increased odds of lifetime intimate partner violence (IPV) among both males and females with EDs. However, this association did not account for type of IPV (e.g. physical or verbal). Finally, individuals who have experienced sexual assault (SA) have an almost three-fold increased odds of also having an ED. Due to the limited research on the complicated interrelationship between EDs, IPV, and SA, there is a need for a more comprehensive study examining this association especially when accounting for different types of IPV. The purpose of this study was to predict EDs from IPV and SA in a sample of male and female college students. All full-time students (N = 15,536) at the main campus of a midsized midwestern university received an invitation for an online survey and 3917 full time students (25.21% response rate) completed it. Some measures were given to a random subset of the sample; one of the outcome measures fell into this category, which reduced the

final sample to 1580 participants. Approximately 16.7% (n = 264) endorsed 2 or more items on the SCOFF indicating that further evaluation is needed. In addition, 18.2% (n = 288) answered yes to one or more of the bulimia items. Approximately 24% of women and 8% of men in the sample had reported experiencing rape or attempted rape. Women were significantly more likely than men to report being perpetrators of physical and verbal IPV (p=.03; p .0001 respectively). A series of multiple regressions predicted ED symptoms and bulimic tendencies from sexual assault or IPV. Gender did not moderate any of the relationships between IPV or sexual assault and ED symptoms. SA history and gender significantly predicted bulimic symptoms. Having a history of being an IPV victim and gender significantly predicted bulimic symptoms. Public health implications will be discussed.

Learning Objectives:

- Describe the relationship between eating disorders and types of IPV while accounting for gender in college students.
- Describe the relationship between eating disorders and sexual assault while accounting for gender in college students.
- Critically assess prevention strategies for eating disorders given a history of IPV or sexual assault in a patient.

T-69: How common is disordered eating and eating disorders in patients with obsessive-compulsive disorder?

Lasse Bang, PhD, Oslo University Hospital, Oslo, Norway; Unn Beate Kristensen, MD, Oslo University Hospital, Oslo, Norway; Marianne Garte, Cand. Psychol., Oslo University Hospital, Oslo, Norway; Se Minde, MA, Oslo University Hospital, Oslo, Norway; Line Wisting, PhD, Oslo University Hospital, Oslo, Norway; Kristin Stedal, PhD, Cand. Psychol., Oslo University Hospital, Oslo, Norway; Yvind R, PhD, MD, Oslo University Hospital, Oslo, Norway

Obsessive-compulsive disorder (OCD) is more frequent in patients with eating disorders (EDs) than in the general community. There is distinct lack of research investigating presence of disordered eating and eating disorders among OCD patients, despite concerns that this may be high. The objective of this study was to assess disordered eating in patients with OCD. A total of 467 adult participants were included, comprising 132 patients with OCD (71% female), 59 patients with EDs (97% female), and 276 healthy controls (89% female). Patients were recruited from specialized outpatient units for OCD or EDs. Participants completed the Eating Disorder Examination-Questionnaire (EDE-Q) and Obsessive-Compulsive Inventory-Revised (OCI-R). Mean scores and proportion of participants scoring above the EDE-Q screening cut-off were compared between groups. Based on a combination of EDE-Q scores, we also estimated probable presence of an ED. Three-month follow-up data after end of treatment was available for 21 patients with OCD. Compared to female controls, female OCD patients scored significantly higher on the EDE-Q (p .01), and were more likely to score above the EDE-Q cutoff (12% vs. 23%, p .05). Eight (9%) of the female patients with OCD had a probable ED, which was significantly more than female controls (2%, p .05). The EDE-Q and OCI-R were significantly positively correlated. There was no evidence of elevated rates of disordered eating in male OCD patients. Follow-up data showed that EDE-Q scores in female patients with OCD generally decreased significantly following treatment for their OCD (p .05), but out of the three who had a probable ED at the start of treatment, two still had a probable ED at 3-month follow-up. Our data suggest elevated rates of disordered eating and eating disorders in female patients with OCD. Our findings underscore the relationship between the disorders, and suggest ED screening of female OCD patients may be warranted.

Learning Objectives:

- Describe the comorbidity between eating disorders and obsessive-compulsive disorder.
- Understand the overlap in symptoms between eating disorders and obsessive-compulsive disorder.
- Reflect on the presence and trajectory of eating disorders in patients with obsessive-compulsive disorder.

T-70: Ketamine vs. transcranial magnetic stimulation for treatment-resistant depression in Anorexia Nervosa: a case series

Michael Lutter, MD, PhD, Eating Recovery Center, Plano, TX, USA

Co-morbid depressive symptoms frequently complicate the treatment of patients with Anorexia Nervosa (AN). Furthermore, underweight patients with AN respond poorly to classical antidepressant medications limiting treatment options. Recently, antidepressant treatments with alternative mechanisms of action have become available including transcranial magnetic stimulation (TMS) and ketamine. However, it is not known if these treatments are effective for depressive symptoms in patients with AN. Therefore, we conducted a chart review of patients treated at our facility for AN who also received TMS or ketamine (IN or IV). Twelve total patients were identified (6- IV ketamine, 3 IN ketamine, 3- TMS) who completed one of the three treatments. Patients receiving IV ketamine showed the largest reduction in self-reported depressive symptoms with an average decrease in the CUDOS score of 23.5 points (from severe to mild). Additionally, this group saw improvement in self-reported anxiety (reduction in CUXOS score of 13.8 points) and body weight (average increase in BMI of 0.8 kg/m²). These observations suggest that depressive symptoms in patients with AN respond best to IV ketamine. Follow-up randomized, controlled trials are warranted to determine the effectiveness of ketamine and TMS in the treatment for depressive symptoms in patients with AN.

Learning Objectives:

- Report the effect of co-morbid depression and suicidal ideation on treatment outcomes in anorexia nervosa.
- Describe the mechanism of action for classic antidepressants, ketamine, and transcranial magnetic stimulation.
- Compare of the outcomes of patients with AN treated with ketamine vs transcranial magnetic stimulation.

T-71: Psychiatric and Medical Correlates of DSM-5 Eating Disorders in U.S. Adults

Tomoko Udo, PhD, University at Albany, Rensselaer, NY, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

This study aimed to examine psychiatric and medical correlates of DSM-5 eating disorders (EDs) - anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED) in a nationally representative sample of adults in the United States. A national sample of 36,306 adult respondents in the National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC-III) completed structured diagnostic interviews (AUDADIS-5) to determine psychiatric disorders, including EDs. They also reported 12-month diagnosis of chronic medical conditions. Prevalence of psychiatric disorders and medical conditions were calculated across the AN, BN, and BED groups and a fourth group without ED;

multiple logistic regression models compared the likelihood of psychiatric/medical conditions with each ED relative to the No-ED group. 87.3% of respondents with AN, 94.4% with BN, and 93.8% with BED met criteria for at least one additional DSM-5 lifetime psychiatric disorder. All three EDs were associated significantly with mood disorders, anxiety disorders, alcohol and drug disorders, and personality disorders, but major depressive disorder was the most prevalent, followed by alcohol use disorder. Adjusting for sociodemographic characteristics and other psychiatric disorders, AN was associated significantly with fibromyalgia, cancer, anemia, and osteoporosis, and BED with diabetes, hypertension, high cholesterol and triglycerides. BN was not associated significantly with any medical conditions. This was the first study to demonstrate significant associations with other psychiatric disorders and medical conditions in U.S adults with DSM-5 EDs. Our findings indicate that EDs remain to be psychiatric disorders with significant high public health implications. The study also suggest important differences across specific EDs and indicate some similarities and differences to previous smaller studies based on earlier diagnostic criteria.

Learning Objectives:

- To describe the rates of other DSM-5 psychiatric disorders in US adults with lifetime DSM-5 eating disorder diagnoses.
- To describe medical comorbidity among adults with lifetime DSM-5 eating disorder diagnoses.
- To understand public health and clinical implications of eating disorders among U.S. adults.

T-72: Comorbidity among adolescents with Anorexia Nervosa, preliminary results from Quebec multicenter clinical study

Nathalie Gingras, MD, Msc., FRCPC, Professor, Laval University, Quebec, Canada; Alexandra Bedard, PhD, Research Assistant, Laval University, Quebec, Canada; Dominique Meilleur, M.Ps., PhD, Psychologist, Associate Professor, Montreal University, Montreal, Quebec, Canada; Pesant Caroline, MD, Msc., FRCPC, Pediatrician, Clinical Professor, Sherbrooke University, Sherbrooke, Quebec, Canada; Danielle Taddeo, MD, FRCPC, Adolescent Medicine Specialist, Clinical Professor, Montreal University, Montreal, Quebec, Canada; Giuseppina Di Meglio, MD, MPH, FRCPC, FSAHM, Adolescent Medicine Specialist, McGill University, Montreal, Quebec, Canada; Catherine Begin, PhD, Psychologist, Professor, Laval University, Quebec, Canada

As incidence and prevalence of anorexia nervosa in children and adolescent is increasing, we still need to understand better the presentation of the disease to help these children. The aim of this study was to investigate the comorbidity often present with this pathology. This study is based on the baseline questionnaires and interviews of a multicenter and longitudinal research project. Adolescent females (n = 106) and males (n = 8) who met Diagnostic and Statistical Manual of Mental Disorders (5th Edition: DSM-5; APA, 2013) for AN or atypical AN were included. Between May 2016 and June 2018, they were recruited from their admission to the inpatient or outpatient ED treatment programs at five university medical centers in the province of Quebec (Canada). Participants were eligible for the study if they were aged between 8 to 17 years old and met DSM-5 criteria for AN or atypical AN. AN-restricting type (AN-R) was diagnosed in 81% of the sample and AN binge-eating/purging type (AN-BP) in 19% of the sample. Participants had a mean age of 14.8 years (range = 11 to 17 years, SD = 1.3). BMI percentiles ranged from less than one to 83 with a mean percentile of 26.33. Among the sample, 32% were inpatients and 68% were outpatients. Of those who were inpatients, 38% had another hospitalisation before and 19% had more than four hospitalisations. Of all the participants, 23% had presented self-mutilation, 30% had suicidal ideations in the past twelve months and 10% had committed a suicidal tentative. Half of the group had consulted before for psychological difficulties. They lived at least one very stressful event

before the first evaluation in 66 % of the sample. The mean score of anxiety was high in this cohort and the score on social anxiety was the highest. The score on depressive symptoms, low self-esteem, and negative mood was also very high. We will present these results and discuss of how in clinical practice we can work with these adolescents.

Learning Objectives:

- Describe the comorbidity of anorexia in the adolescent population.
- Evaluate comorbidity with an adolescent presenting eating disorder symptoms.
- Describe the factors that can predispose an adolescent to anorexia.

T-73: The prevalence and impact of trauma history in eating disorder patients

Rasmus Isomaa, PhD, Associate Professor, Licensed Psychotherapist, Manager of specialized ED service Fredrikakliniken, Jakobstad, Finland; Andreas Birgeg, RD, PhD, Associate Professor, Manager of the Resource Centre for Eating Disorders (K TS), Karolinska Institutet, Stockholm, Sweden

The aim of the present study was to assess prevalence and impact of various forms of trauma in ED patients. A traumatic event disrupts the involved person severely; the emotional, cognitive and biological effects of the crisis situation require a personal response that exceeds coping capacity. Experiences of trauma or adverse events may be associated with eating disturbance later in life. Several mechanisms have been suggested to explain the relationship between trauma and eating disorder (ED). Research has focused on specific forms of traumatic events, Post Traumatic Stress Disorder (PTSD), dissociation, as well as comorbidity. The present study utilized data from the naturalistic Stepwise quality assurance database, an Internet-based data collection system for specialized ED care in Sweden. For the purpose of the present study data on 10470 patients was extracted. Baseline data included ED diagnosis (Structured ED Interview, SEDI) and severity (EDE-Q) as well as trauma history (SCID-I). Follow-up data was available on one third of the sample. Fifteen percent (15.1 %) had experienced a traumatic event. The most common form of trauma was sexual trauma (42.6 %) followed by sudden death or illness (23.5 %). Sexual trauma was virtually always (94.9 %) associated with intense fear, helplessness or horror. Trauma history had adverse impact on outcome ($p = .008$) at 12-month follow-up. Based on the present study, a history of traumatic exposure is not very common in ED patients. There seems however to be a link between sexual trauma and ED, and trauma history is associated with unfavorable outcome. More detailed analyses are warranted to understand the psychological impact of traumatic exposure in order to improve treatment response.

Learning Objectives:

- Describe common forms of traumas in eating disorder patients.
- Reflect on the impact of trauma history on eating disorder severity.
- Discuss the impact of trauma history on treatment outcome.

T-74: Relationships between Eating Pathology, Alcohol Use, and Negative Urgency among Men Sanctioned to Receive an Alcohol Intervention

Sarah Horvath, MS, Ohio University, Athens, OH, USA; Haley Kolp, BS, University of Wisconsin, Milwaukee, WI, USA; Catherine Andersen, MS, Ohio University, Athens, OH, USA; Ellen Johnson, MS, Ohio University, Athens, OH, USA; Sarah Racine, PhD, McGill University, Montreal, Quebec, Canada;

Gregory Stuart, PhD, University of Tennessee, Knoxville, TN, USA; Ryan Shorey, PhD, University of Wisconsin, Milwaukee, WI, USA

Prior studies demonstrate a positive association between eating pathology (EP) and alcohol use (AU). However, there is a lack of research examining this relationship among an at-risk, heavy drinking population of men: undergraduates sanctioned to receive an alcohol intervention. Negative urgency (NU), or the tendency to act rashly when distressed, has been implicated in the etiology and maintenance of both EP and AU. Studies have shown that NU moderates the relationship between EP and other psychopathology, yet there is little research on factors that may impact the strength of the association between EP and AU. Accordingly, the current study investigated NU as a potential moderator of this association among men sanctioned to receive an alcohol intervention. We hypothesized that 1) EP and AU would be positively correlated and 2) NU would moderate the relationship between EP and AU, such that there would be a positive relationship for men with higher, relative to lower, levels of NU. Undergraduate participants (N=84) completed a series of questionnaires, including the Eating Pathology Symptoms Inventory, Alcohol Use Disorders Identification Test, and the UPPS-P Impulsive Behavior Scale. Bivariate correlations revealed a positive relationship between AU and the EP restriction subscale only, offering partial support for hypothesis one. Using hierarchical regression analyses, significant interactions were observed between NU and AU for the EP subscales of excessive exercise and cognitive restraint only (i.e., not for body dissatisfaction, binge eating, purging, restriction, negative attitudes toward obesity, or muscle building subscales). However, contrary to the hypothesis, at high levels of NU, there was a significant negative relationship between EP and AU, while at low levels of NU, there was a significant positive relationship between EP and AU. Results suggest that NU may operate differently across types of EP, as well as within populations of heavy drinking men.

Learning Objectives:

- Describe the comorbidity of alcohol use and eating pathology.
- Understand the role of negative urgency as a moderator of the relationship between alcohol use and eating pathology.
- Explore the relationship between alcohol use and eating pathology in a sparsely investigated sample: heavy-drinking undergraduate men sanctioned to an alcohol intervention.

T-75: Prospective Associations of Trauma-Related and Eating-Disorder Symptoms in a Sample of Community-Recruited Adults with Eating Disorders

Kelsey Hagan, MA, University of Kansas, Lawrence, KS, USA; Ariana Vidar, BEd., University of Toledo, Toledo, OH, USA; Kelsie Forbush, PhD, University of Kansas, Lawrence, KS, USA

Exposure to traumatic experiences has been implicated in theoretical models of eating-disorder onset and maintenance. Results from cross-sectional and retrospective studies suggested an association between trauma exposure and eating-disorder symptoms. However, to our knowledge, few studies have tested whether trauma-related symptoms prospectively predict the maintenance of eating-disorder symptoms, or vice versa, in persons with eating disorders. The current study tested dynamic, longitudinal associations between trauma-related and eating-disorder symptoms at baseline, 6-, 12-, and 18-month follow-ups. Participants were community-recruited adults with a DSM-5 eating disorder (N=243; 81.5% female). Participants completed the Eating Pathology Symptoms Inventory and the Inventory for Depressive and Anxiety Symptoms-II. We used bivariate latent change score models to evaluate how trauma-related symptoms affected eating-disorder symptoms, and vice versa, over time. Traumatic avoidance and binge eating significantly increased and maintained one another over time.

Likewise, traumatic intrusions and purging significantly increased and maintained each other over time. However, temporal associations among trauma-related symptoms, caloric restriction, and excessive exercise were not significant. Results provided support for continued investigations of integrated treatments for co-occurring eating and trauma-related disorders (e.g., CBT for ED-PTSD). Moreover, dissemination of our findings into clinical practice may prompt clinicians to assess and treat co-occurring trauma-related symptoms alongside standard eating-disorder treatments to prevent relapses in binge-eating and purging following treatment. Future research is needed to elucidate the shared mechanisms that underlie the co-occurrence of trauma-related and disordered-eating symptoms to develop more targeted treatments.

Learning Objectives:

- Describe the comorbidity of trauma-related disorders and eating disorders.
- Describe how trauma-related and disordered-eating symptoms may maintain one another over time.
- Evaluate how clinicians may assess and specifically target co-occurring trauma-related symptoms when treating persons with eating disorders. Discuss ideas for furthering understanding of shared mechanisms of co-occurring trauma-related and eating disorders.

T-76: Prevalence and symptoms of ADHD in eating disordered patients - Implications for diagnostic and treatment adaptation.

Tereza Stepankova, Clinical Psychologist, Charles University, General University Hospital, Prague, Czech Republic; Hana Papezova, Professor, FAED, Charles University, General University Hospital, Prague, Czech Republic

Recently published meta-analytic studies have shown increased interest in research of the ADHD and ED comorbidity but only a few are based on empirical data. We are presenting data from epidemiology case-control study (N=226; 133 ED female patients/93 control) and from a pilot study of a support group program for adults with ADHD and psychiatric comorbidities (N=17). Adult and childhood ADHD symptoms were assessed by self-report and other-report versions of a Barkley Adult ADHD questionnaire (BAARS-IV). ED patients were diagnosed using the ICD-10 criteria at admission. Patients with ED and ADHD comorbidity underwent a structured interview (DIVA 2) and Integrated Visual and Auditory Performance Tests (IVA Plus) to confirm the ADHD diagnosis. Participants of the pilot program were assessed prior and after the therapy (6 group meetings in 3 months period) by the Schwartz Outcome Scale (SOS) and Quality of life (SQUALA) questionnaires. 28 % (N=37) of ED patients were identified with high probability of ADHD diagnose compared to 13% (N =12) from a healthy control group (using self-report questionnaire of adult symptoms, scores placing above the 92nd percentile), with a significant difference (chi-squared test, $p = 0.007$). In ED patients we found inattention symptoms to be the most valid indicator of ADHD comorbidity. This finding could also be used to distinguish this comorbidity between the ED diagnostic subgroups. Our findings were implemented into prevention and treatment programs at a time when there were neither verified diagnostic methods nor specialized therapeutic programs for adults with ADHD in the Czech Republic. We examined the feasibility and acceptance of the supportive program for adults with ADHD. The positive results of the pilot program will also be demonstrated.

Learning Objectives:

- Describe the comorbidity of ADHD and ED and understand why is it important to be able to detect ADHD symptoms in ED patients.

- To be informed about the gender differences in ADHD manifestations.
- Know how to differentiate hyperactivity typical for ED diagnosis from that of ADHD.

T-77: Development of a Measure to Assess Experiences of Autonomy, Decision Making & Patient Preferences in Outpatient Eating Disorder Treatment

Jessica Barker, BA, University of Minnesota, Minneapolis, MN, USA; Carol Peterson, PhD, LP, FAED, University of Minnesota, Minneapolis, MN, USA

The purpose of this study was to develop a measure to assess autonomy and decision-making among individuals in outpatient (OP) mental health (MH) treatment, including eating disorder (ED) treatment. Although most people receiving treatment for MH conditions, including EDs, receive treatment at OP levels of care, the majority of research on decision making and autonomy has focused on inpatient and residential settings. Other facets of the patient experience (PE), such as the role of patient preferences, are rarely assessed in spite of the fact that these experiences are a foundation of evidence-based practice. Increased autonomy and shared decision making have been shown to increase motivation and recovery rates among individuals in treatment. Given the need to examine PEs, specifically those related to decision making and autonomy in individuals with EDs and other MH conditions in OP settings, this measure was designed to serve as a baseline measurement tool as well as a measure to assess changes over time. Measure items were developed by identifying domains of autonomy, decision making, and PEs from professional ethics codes, state laws pertaining to PEs, and clinical descriptions of PEs. The resulting measure includes 17 subscales and 400 questions. Initial data suggest a desire and need to assess how MH clients in general and ED clients in particular make decisions surrounding their treatment, experience autonomy, and how patient perspectives influence all areas of treatment, including therapeutic rapport and motivation. The content assessed in this measure represents not just aspirational goals, but principles that when breached may have serious consequences for clients and providers. Given the importance of autonomy and decision making in the context of PEs and the need for research in OP settings, this measure will allow for widespread assessment and identification of problems and potential solutions to protect patients and enhance treatment outcomes.

Learning Objectives:

- Describe the need for and purpose of assessing experiences of autonomy, decision making and patient perspectives in the outpatient setting.
- Describe the process for creating a measure to assess experiences of autonomy and decision-making in the outpatient treatment setting.
- Describe the universal versus regional content of the measure and how the questions can be adapted across regions and treatment settings.

T-78: Physiological reactivity speaks louder than words: Comparing heart rate and heart rate variability with self-report data among individuals with bulimia nervosa following rumination induction

Kathryn Coniglio, BA, Rutgers, The State University of New Jersey, Piscataway, NJ, USA; Emily Panza, PhD, Alpert Medical School, Brown University, Providence, RI, USA; Kara Fehling, MS, Rutgers, The State University of New Jersey, Piscataway, NJ, USA; Samira Dodson, BA, Binghamton University, Binghamton, NY, USA; Edward Selby, PhD, Rutgers, The State University of New Jersey, Piscataway, NJ, USA

Individuals with bulimia nervosa (BN) often display difficulties regulating negative emotions, and are therefore susceptible to engaging in rumination (i.e. perseverating on symptoms of distress without engaging in problem solving). Rumination often precedes binge/purge episodes, which offer temporary relief from ruminative distress. Many studies examining emotion regulation difficulties among those with BN rely on self-report measures. Instead, heart rate variability (HRV) is a physiological index of emotion regulation difficulties that measures parasympathetic stimulation on heart rate. Low HRV is indicative of increased emotion regulation difficulties. Previous research indicates that state rumination is associated with blunted HRV, even among healthy controls. In this study, we used hierarchical linear modeling to compare HRV in individuals with BN and healthy controls following a negative mood rumination induction. Controls consisted of individuals who did not meet diagnostic criteria for any psychiatric disorder. HRV was measured via root mean square successive difference of normal-to-normal intervals (rMSSD). We also examined self-reported positive and negative emotion via the Positive and Negative Affect Scale (PANAS) and rumination intensity via a Momentary Rumination Assessment (MRA). Individuals with BN displayed increased heart rate relative to controls on the rumination induction [$t(1218) = 2.78, p=.005$] and displayed a larger decrease in HRV compared to controls in the minutes following the rumination induction [$t(1218) = -2.96, p=.003$]. Despite this observed difference in sympathetic activity, there was no significant difference in PANAS positive emotion, PANAS negative emotion, or rumination intensity (MRA) from pre to post rumination induction. Findings suggest that individuals with BN may display a minimizing response style with regards to experiencing negative emotions, despite physiological evidence indicating emotion regulation difficulties.

Learning Objectives:

- Understand how heart rate variability can be a useful marker of emotion dysregulation among individuals with bulimia nervosa.
- Compare the value of self-report data with physiological data in better understanding the emotion dysregulation difficulties among those with bulimia nervosa.
- Describe the merits of using physiological data to map emotional states of those with bulimia nervosa.

T-79: COMPONENTS OF RECOVERY FROM AN EATING DISORDER RANKED BY PATIENTS, CARERS AND THERAPISTS: TOWARDS A QUESTIONNAIRE

Rachel Bachner-Melman, PhD, FAED, Ruppin Academic Center, Emek Hefer, Israel; Shay Lee Lev, MA, Ruppin Academic Center, Emek Hefer, Israel; Lilac Lev-Ari, PhD, Ruppin Academic Center, Emek Hefer, Israel; Zohar, PhD, Ruppin Academic Center, Emek Hefer, Israel

There is no standard definition of recovery from eating disorders (EDs), and no standard way to assess it. In this study, we propose criteria for recovery from an ED based on previous research, examine their relative importance in the view of patients, carers and ED therapists, and compose an Eating Disorders Recovery Questionnaire (EDRQ). One hundred and eighteen people with an ED history, 37 carers, and 58 ED clinicians completed a short measure of ED symptoms (ED-15) and rated the importance of 56 items in the process of recovery from an ED. Exploratory factor analysis of these 56 items suggested four subscales that we labeled Physical Recovery (PR), Lack of Symptomatic Behavior (LSB), Acceptance of Self and Body (ASB) and Social and Emotional Connection (SEC). The seven highest-loading items of each factor explained 67% of the variance and formed a 28-item instrument with Cronbach alphas ranging between .87 and .94. Confirmatory factor analyses confirmed the structure of the short version. The sample as a whole ranked LSB as most important, followed by ASB, SEC and PR in that order.

However, the relative rankings varied slightly across groups, with carers ranking SEC lower than other groups, and therapists ranking ASB lower than other groups. Participants with a personal history of ED rated PR as less important than those without a personal history of ED. There was no association between ED-15 scores and subscale rankings. Future research should investigate whether the components of recovery assessed in the EDRS manifest at different stages of the recovery process. The EDRS should be examined as a clinical tool as a measure of recovery that could be completed by patients, their carers or their therapists to assess stage of recovery and track progress during the process of treatment and rehabilitation.

Learning Objectives:

- Participants will be able to understand the need for a standardized measure of recovery from an ED.
- Participants will be able to name four major components of recovery from ED.
- Participants will be able to rank the four components of recovery assessed in the EDRQ in order of importance from the point of view of patients, carers and therapists.

T-80: Risky eating behaviors and gastrointestinal disorders: validation of a clinical preventing tool

Marilou Chamberland, B.Sc., PhD Candidate, University of Quebec at Trois-Rivières, Trois-Rivières, Québec, Canada; Marie-Pierre Gagnon-Girouard, PhD, University of Quebec at Trois-Rivières, Trois-Rivières, Québec, Canada; Noemie Carbonneau, PhD, University of Quebec at Trois-Rivières, Trois-Rivières, Québec, Canada

The purpose of this study is to develop and validate a questionnaire assessing risk for eating disorders (ED) among people suffering from a gastrointestinal (GI) disorder. Even though the adoption of a strict diet is part of the standard treatment for most GI disorders, few specific instruments have been designed to evaluate risky eating behaviors within this population and none of them has been validated. Based on a clinical tool, a 43-item questionnaire assessing eating behaviors and beliefs in relation to GI disorders was created and fulfilled by 288 participants presenting a GI disorder. Participants were recruited via the Celiac Disease Foundation of Quebec and social media, such as Facebook support groups for GI disorders. An exploratory factor analysis as well as a parallel analysis and correlational analyses were conducted to evidence the questionnaire structure and assess its validity. Results suggest a four-factor structure (restrictive behaviors, positive attitudes toward the diet, positive impact of diet on weight and negative impact of diet on weight), each dimension presenting a good internal consistency with a Cronbach alpha ranging from 0.74 to 0.89. Correlational analyses show a good divergent validity, with negative correlations between the restrictive behaviors factor and the total score of the Intuitive Eating Scale ($r = -0.171$, $p = 0.006$), and between the negative impact of diet on weight factor and the appearance scale ($r = -0.314$, $p = 0.000$) and the weight scale ($r = -0.320$, $p = 0.000$) of the Body Esteem Scale. The convergent validity is supported by positive correlations between the restrictive behaviors factor and the restriction scale ($r = 0.226$, $p = 0.000$) of the Eating Disorders Examination-Q and with the Food Dichotomous Thinking Scale ($r = 0.219$, $p = 0.001$). Beside filling a lack in the literature, this questionnaire will be of clinical use to health professionals for assessing ED risk among patients with GI disorders.

Learning Objectives:

- Describe the association between GI disorders and eating disorders risk, and the mechanisms underlying this relation.
- Describe and understand the procedure to develop and validate a psychometric questionnaire.

- Describe how the validated questionnaire can assess eating disorder's risk specifically among a GI disorders population and why it fills a lack in the literature.

T-81: Evaluating goal-directed vs. habitual reward learning in Anorexia Nervosa

Eileen Hartnett, MA (Hons), University of St Andrews, Columbia University, New York, NY, USA; Karin Foerde, PhD, Columbia University, New York State Psychiatric Institute, New York, NY, USA; B. Timothy Walsh, MD, Columbia University, New York State Psychiatric Institute, New York, NY, USA; Daphna Shohamy, PhD, Columbia University, New York, NY, USA; Nathaniel D. Daw, PhD, Princeton University, Princeton, NJ, USA; Joanna E. Steinglass, MD, Columbia University, New York State Psychiatric Institute, New York, NY, USA

Anorexia nervosa (AN) is a dangerous illness characterized by persistent caloric restriction to the point of starvation. This behavior is sometimes described as a manifestation of excessive goal-directed self-control overriding the value and drive for food. Yet, individuals with AN have difficulty changing maladaptive eating patterns even after seeking treatment. This study experimentally and computationally examined the use of goal-directed vs. habitual reward learning strategies in patients with AN compared to healthy controls (HC). In a large sample of individuals with AN (n=52) compared to HC (n=54), we administered a two-step probabilistic reward learning task, which dissociates habitual (model-free) vs. goal-directed (model-based) behavior. In habitual (model-free) learning, actions acquire value based on their previous direct pairing with reward. In goal-directed (model-based) learning, the participant evaluates the probabilistic likelihood of reward from a sequence of outcomes based on an acquired knowledge of the task structure. Controlling for age and IQ, both groups used a mixture of the two strategies ($p < 0.001$). Similar to other psychiatric illnesses, AN demonstrated less model-based learning than HC ($p = 0.028$). There was no significant group difference in model-free learning ($p > 0.15$). These findings show a deficit in model-based learning among individuals with AN compared to HC, suggesting less ability to either form or use an internal model of the task structure to gain reward, which is thought to reflect less goal-directed control of behavior. These results highlight a complexity in the restrictive behavior inherent to AN that manifests seemingly as goal-directed control. Further studies will be important in exploring the cognitive and neural mechanisms involved in both self-control and reward-learning in this illness.

Learning Objectives:

- Appreciate a cognitive neuroscience and computational modeling approach to understanding the neurobiology of AN.
- Articulate a difference in reward learning among individuals with AN compared to healthy controls.
- Evaluate the complexity of self-control in AN.

T-82: Perceptions of Addiction and the Concurrent Validity of the Yale Food Addiction Scale

Kristin von Ranson, PhD, FAED, University of Calgary, Calgary, Alberta, Canada; Hilary Herman, University of Calgary, Calgary, Alberta, Canada

The Yale Food Addiction Scale (YFAS) is a widely-used self-report measure of food addiction (FA) that applies substance use disorder criteria to problematic overeating. The FA construct is controversial; an alternative theory posits that one may develop a behavioral addiction to eating (EA), rather than, or in addition to, substance-based FA. The FA-EA distinction has implications for addiction-based treatments

for eating disorders. In this study, we examined evidence for the validity of the YFAS among 600 psychology undergraduates (84% female) via the concordance of YFAS (v. 1) food addiction diagnoses and YFAS symptom total scores with responses to the validation question: [H]ave you felt addicted to food or eating within the past 12 months? We hypothesized that positive YFAS diagnoses and higher YFAS symptom scores would correspond more strongly with perceived FA and FA+EA than with EA. We found that, of 55 students with a positive YFAS diagnosis (9.5% of the sample), 40 (72.7%) reported perceived FA and/or EA. However, contrary to our prediction, YFAS diagnoses were more common for those with perceived EA (27.3% vs 7.5%), FA+EA (27.3% vs 7.7%), and neither FA nor EA (59.4% vs 27.3%), than those with perceived FA (18.2% vs 25.3%). Surprisingly, YFAS diagnoses were more frequent in groups including perceived EA (EA: 28.4%; FA+EA: 27.8%) than among those with perceived FA (7.2% of 138 participants). Similarly, mean YFAS symptom scores for perceived FA (3.7+1.1) were comparable to EA (4.3+1.6; $p > .05$) but significantly lower than those for perceived FA+EA (4.5+1.6; $p < .01$). The pattern of relationships observed indicates that participants' perceptions of FA/EA largely did not support the validity of YFAS diagnoses and scores. We conclude that either participants' perceptions of FA and EA, or the YFAS measure itself, did not distinguish systematically between substance (FA) and behavioral (EA) addiction. Further scrutiny of the YFAS's validity is needed.

Learning Objectives:

- Describe key differences between food addiction and eating addiction.
- Discuss the relationship of perceived food and eating addiction to YFAS responses.
- Explain implications of these findings for eating disorder treatment.

T-83: Understanding Subtypes of Non-Suicidal Self-Injury in Eating Disorder Patients

Samantha Holmes, MA, PhD, University of Akron, Akron, OH, USA; Caitlin Martin-Wagar, MA, University of Akron, Akron, OH, USA; Kelly Bhatnagar, PhD, FAED, Case Western Reserve University, Cleveland, OH, USA; Natalie Maxwell, BS, John Carroll University, University Heights, OH, USA

Research has established a link between eating disorder (ED) symptoms and non-suicidal self-injury (NSSI). It is imperative to better understand the types of NSSI behaviors found in those with EDs and how these subtypes relate to other aspects of their clinical presentation. The current study addressed this question in a sample of 236 adults seeking treatment at an ED specialty clinic. A principal component analysis with an oblique promax rotation was conducted on the Self-Harm Inventory (SHI) to establish subscales for the measure. The final four-factor solution accounted for 47.7% of the variance and consisted of the following factors: Traditional NSSI (F1), Self-Torture/Self-Denial (F2), Reckless NSSI (F3), and Frustration Intolerance-Based Bodily Harm (F4). All four factors were significantly and positively associated with depression, emotion dysregulation, and trauma exposure; however, strength of associations differed by construct. Z-tests were used to compare the strength of correlations: F2 was found to be more strongly associated with both depression and emotion dysregulation than any of the other factors and F3 was more strongly associated with trauma exposure than F4. Additionally, only F1 and F2 were associated with ED symptoms. Finally, a MANOVA was conducted to examine differences on each factor by ED diagnosis. Results demonstrated a significant difference by diagnosis on the factors $F(12, 561) = 3.10, p < .001, Wilks' \Lambda = .844, \text{partial } \eta^2 = .055$. Follow-up ANOVAs revealed significant differences between groups on each factor: the BN group scored higher on F1 than the AN or BED groups, the OSFED group scored higher on F2 than the BED group, the BN group scored higher on F3 than the AN group, and the BN group scored higher on F4 than the BED group. These results demonstrate the heterogeneity in NSSI behaviors among individuals with EDs and the diagnostic and clinical utility of a four-factor structure for the SHI in this population.

Learning Objectives:

- Identify four subtypes of non-suicidal self-injury among adults with eating disorders.
- Describe relative differences in non-suicidal self-injury subtypes based on eating disorder diagnosis.
- Understand how subtypes of non-suicidal self-injury relate to relevant constructs (i.e., depression, emotion dysregulation, trauma exposure, eating disorder symptoms).

T-84: Validation of the Eating Attitude Test in Mexican Clinic Population

Ana Perez Bustinzar, Master's Degree, Angeles Clinic Eating Disorders Mexico, Mexico City, Mexico; Jorge Armando Barriguete, PhD, FAED, Angeles Clinic Eating Disorders Mexico, Mexico City, Mexico; Rocio Ivonne De la Vega, PhD, Angeles Clinic Eating Disorders Mexico, Mexico City, Mexico; Luis Rojo Moreno, PhD, University of Valencia, Valencia, Spain; Adriana Viladoms Portugal, MD, Angeles Clinic Eating Disorders Mexico, Mexico City, Mexico

Eating Disorders (ED) are characterized by a change in the behavior of ingestion, causing deterioration in health. To be able to diagnose it is necessary to have reliable instruments. The Eating Attitude Test (EAT-40) has been effective to detect these in clinical samples with Anorexia Nervosa (AN) and some studies go into a classification with the Diagnostic and Statistical Manual of Mental Disorders (DSM - IV, 2002); However due to diagnostic updates, the objective of this research was to find the psychometric properties of the EAT - 40 on a clinic sample using the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM - V, 2013). Two samples were used, the clinic with 522 participants (M: 22.5 years; SD: 10.5) who went to an Eating Disorder Center and a normative sample of 506 (M: 20.9 years) SD: 1.79), from two private universities in Mexico City who applied the EAT-40. The internal consistency was $\alpha = .91$ with 26 items; the factor analysis of principal components with varimax rotation obtained four factors (concern, obsession with thinness, social pressure for food and restrictive diet) after eight iterations that explained 57.27% of the variance. Through the analysis of curve ROC established a cut-off point of 15 with a sensitivity of 95% and a specificity of 83%, the area under the curve indicated that the likelihood of correctly classifying a person is 96.9%. Because of the psychometric characteristics found, this instrument is valid and reliable for clinical population in Mexico.

Learning Objectives:

- Identify how this instrument (EAT) is useful for patients who were diagnosed through the criteria of the DSM-V.
- Know that they can use this instrument for evaluate Eating Disorders with the certain that is well diagnosed (96.9%) in different populations.
- Know how to apply the correct methodology for validate a psychological instrument.

T-85: Deliberate Exposure to Cold Temperature as a Compensatory or Weight Control Behavior: Development of the Intentional Cold Exposure Questionnaire (ICE-Q)

Deborah Lynn Reas, PhD, Oslo University Hospital, Oslo, Norway; Joseph Wonderlich, MA, George Mason University, Fairfax, VA, USA; Camilla Lindvall Dahlgren, PhD, Oslo University Hospital, Oslo, Norway; Yvind R, MD, PhD, Oslo University Hospital, University of Oslo, Oslo, Norway

Very little is known about potentially dangerous forms of weight control behaviors involving deliberate exposure to temperature extremes. We developed a brief, self-report questionnaire (ICE-Q) to assess the frequency of deliberate cold exposure to induce shivering (On how many of the past 28 days did you engage in the following to influence your shape and/or weight). Initial item pool contained 18 items rated on a 5-point Likert scale (never to very often) based upon a review of the literature and pro-ANA websites, consultation with clinicians at a specialized ED unit, and user representatives (i.e., persons with lived experiences). Results: 496 community participants recruited online via social media (94.0% F) completed an online assessment consisting of the ICE-Q, CIA, and EDE-Q between December and March, 2018 in Norway. Mean age was 28.36 (SD = 8.34, 17-59 yrs) and mean BMI was 23.69 (SD = 4.98, 14.5 - 44.5). Average ICE-Q score was 19.0 (SD = 3.4) for those with no self-reported ED versus 25.5 (SD: 10.9) for those with a current ED (p .001). Ingesting ice-cold beverages, underdressing, and taking ice baths were the most commonly endorsed behaviours (by 10-20%), whereas cryotherapy treatment the least commonly reported (1%). Significant moderate correlations were found between the ICE-Q and the global EDE-Q score ($\rho = .41$) and CIA global score ($\rho = .42$), but not age or BMI. Cronbach's alpha was .894 and a four-factor solution representing degrees of effortfulness was identified. Deliberate exposure to cold temperature to influence shape and/or weight was significantly associated with established measures of eating pathology, suggesting construct validity. Cold exposure was very infrequent among community participants at-large, but was reported by about 1 in 5 with a current ED. Further research should further investigate deliberate cold exposure among diverse, treatment-seeking clinical samples.

Learning Objectives:

- Overview of the background literature related to the construct of intentional cold exposure as a potentially dangerous form of weight or shape control.
- Describe item development and preliminary findings of a highly novel and newly-developed self-report measure (ICE-Q) designed specifically to assess the nature and frequency of deliberate cold exposure.
- Discuss clinical implications and future research directions related to the assessment and treatment of deliberate cold exposure behavior.

T-86: Emotional Reactions to Food: Convergence between Self-Report and Physiology in Women with Disordered Eating

Leah Suissa-Rocheleau, BA, McGill University, Montreal, Quebec, Canada; Stephen Benning, Assistant Professor, BA, MA, PhD, University of Nevada, Las Vegas, Las Vegas, NV, USA; Sarah Racine, Assistant Professor, BSc, MSc, PhD, McGill University, Montreal, Quebec, Canada

Past research indicates that individuals with eating disorders exhibit both positive and negative emotional responses to food, as assessed via self-reported and physiological measures. One reason for these mixed reactions may be that there exists a discrepancy in the methods used to assess emotion. Further, convergence between self-report and physiological emotional reactions to food may differ based on core eating disorder symptoms, such as binge eating and dietary restriction. Women from the community (N = 82) were recruited based on the presence or absence of binge eating and dietary restriction. The startle eyeblink reflex, a physiological measure of defensive motivation that is potentiated to aversive stimuli and inhibited to appetitive stimuli, was examined in relation to self-reported ratings of valence, arousal, and craving to emotional and food images. Symptoms of binge eating and dietary restriction were investigated as moderators of self-report/physiology correlations. Replicating extant literature, valence ratings to emotional images were correlated with startle blink

reflex magnitude, with more positive ratings related to lower startle eyeblink reflex magnitudes. Arousal ratings to emotional images were not correlated with startle blink reflex magnitude. Increased craving, but not valence, ratings to food images were related to lower startle blink reflex magnitudes. Binge eating and dietary restriction did not moderate the relationship between self-report ratings and startle blink magnitude. Our findings suggest that self-reported appetitive motivation towards food relates to an increased physiologically measured emotional reaction towards food. Future research should examine the extent to which self-report ratings correlate with other physiological indices (e.g., postauricular reflex, zygomaticus major) during the viewing of food images in both patients with eating disorders and healthy controls.

Learning Objectives:

- Describe the differences between self-report and physiological indices of emotions.
- Describe how different eating disorder symptoms exhibit different emotional reactions to food.
- Assess the convergence between startle blink and self-report methods to food.

T-87: Caloric self-monitoring associated with problematic alcohol use among college students

Samantha Hahn, MPH, University of Michigan, Ann Arbor, MI, USA; Kendrin Sonneville, ScD, RD, University of Michigan, Ann Arbor, MI, USA; Sarah Lipson, PhD, Boston University, Boston, MI, USA

Caloric self-monitoring (knowing the calorie content of foods and drinks consumed; tracking calories) is common among college students. For many, the college years also coincide with an increase in alcohol intake; this may pose a unique challenge to potentially weight concerned individuals who engage in caloric self-monitoring and are cognizant of the calories consumed from alcohol. In the present study, we examined relationships between caloric self-monitoring and problematic alcohol use among a sample of 10,111 students from 12 universities in the U.S. who participated in the Healthy Bodies Study. Specifically, we examined the relationship between caloric self-monitoring and two behaviors: 1) skipping meals or eating less on days students knew they would be drinking alcohol, and 2) binge drinking. We also explored whether those who engage in caloric self-monitoring were more likely to report feeling better about their body when they drink alcohol. Caloric self-monitoring was associated with significantly increased likelihood of skipping meals or eating less on days that they knew they would be drinking (OR=5.04, 95% CI: 3.95, 6.44) as well as increased odds of binge drinking (OR=1.16, 95% CI: 1.01, 1.32). Students who tracked their calories were even more likely to skip meals or eat less on days they knew they would be drinking (OR=8.41, 95% CI: 6.55, 10.80) and to binge drink (OR=1.40, 95% CI: 1.15, 1.70). Students who reported knowing the calorie content of foods and drinks (OR=2.08, 95% CI: 1.58, 2.74) and tracking calories (OR=3.13, 95% CI: 2.29, 4.28) were also more likely to report feeling better about their bodies when drinking. These results indicate that caloric self-monitoring is associated with various aspects of problematic alcohol use, including behaviors and cognitions that may relate to increased eating disorder risk such as skipping meals or eating less on days they will be drinking, and feeling better about their bodies when they drink.

Learning Objectives:

- Summarize the prevalence of knowing and tracking caloric content of food and drinks consumed, as well as problematic alcohol use among college students.
- Describe the extent to which knowing and tracking the caloric contents of food and drinks consumed is associated with problematic alcohol use among college students.

- Discuss the relationship between problematic alcohol use, caloric self-monitoring and eating disorder risk among college students.

T-88: Transgender Individuals with Eating Disorders: A Comparative Prevalence Study of Self-Injurious Thoughts and Behaviors in a National College Sample

Mary Duffy, BA, Florida State University, Tallahassee, FL, USA; Kristin Henkel, PhD, University of Saint Joseph, West Hartford, CT, USA; Thomas Joiner, PhD, Florida State University, Tallahassee, FL, USA

The purpose of this study was to examine the prevalence of past-year self-injurious thoughts and behaviors (SITBs) in transgender individuals with eating disorders, as compared to cisgender individuals with eating disorders and transgender individuals without eating disorders. Data were analyzed from 365,749 individuals (median age 21 years, 71.8% White/Caucasian, 34.9% male, 64.9% female, and 0.2% transgender, 1.5% reporting past-year anorexia nervosa or bulimia nervosa) who participated in American College Health Association-National College Health Assessment, an annual national assessment of college student health, from 2008-2011. Rates of past-year non-suicidal self-injury, suicidal ideation, and suicide attempts were elevated in transgender participants with eating disorders (74.8%, 75.2%, and 74.8%, respectively), as compared to cisgender participants with eating disorders and transgender participants without eating disorders. Follow-up logistic regression analyses indicated these differences were statistically significant above and beyond the effects of demographic variables and depression. Results found extremely high rates of SITBs in transgender individuals with eating disorders, indicating a need for creation and dissemination of SITB prevention and intervention strategies targeted to this group.

Learning Objectives:

- Recognize that transgender individuals with eating disorders are at high risk for self-injurious thoughts and behaviors.
- Discuss factors which may underlie the elevated risk for self-injurious thoughts and behaviors in this group.
- Identify a need for targeted prevention and intervention strategies for transgender individuals with eating disorders.

T-89: Time trends in incidence rates of anorexia nervosa and bulimia nervosa: a national register-based study in Taiwan, 2002-2013

Mei-Chih Tseng, MD, PhD, Far Eastern Memorial Hospital, New Taipei City, Taiwan; Chin-Hao Chang, PhD, National Taiwan University Hospital, Taipei, Taiwan; Yi-Chun Yeh, PhD, National Taiwan University Hospital, Taipei, Taiwan

This study aimed to examine the incidence rates of diagnosed anorexia nervosa (AN) and bulimia nervosa (BN) and their variations over time based on nationwide registry data in Taiwan. Data of individuals with eating disorder from 2000 through 2013 were extracted from the merged national inpatient and outpatient/emergency department registry of the National Health Insurance by means of unique identified numbers. To fulfill the criteria of incident eating disorder, individuals must have no diagnosis of eating disorders in the preceding two years and were diagnosed by psychiatrists. Incidence rates per 100,000 person-years were calculated separately for the two sexes and the following age groups: ≤ 15 years, 15-19 years, 20-29 years, 30-39 years, and >=40 years and were adjusted for overall change in incidence rates of patients diagnosed with any psychiatric disorders. Time trends were

analyzed using JoinPoint regression analysis. A total of 1,631 persons had a first-time incidence of AN, and a total of 10,016 persons had a first-time incidence of BN. The overall incidence rates of AN and BN were 0.59 per 100,000 person-years and 3.64 per 100,000 person-years, respectively, between 2002 and 2013. The crude rate of AN was stable while the crude rate of BN showed an inverse V-shaped curve with a peak in 2009. Similarly increased trend of crude incidence of BN was found among women and the groups with ages above 20 years. The adjusted incidence rates had decreased slightly for AN but were stable for BN over the study years. The crude and adjusted incidence of AN increased significantly in the age group below 15 years. While the adjusted incidence of BN remained significantly increased among women and groups with ages above 30 years, it was significantly decreased in the age group of 20-29 years. Compared to European countries, the overall incidence rates of diagnosed cases with AN and BN are low in Taiwan, and time trends of some age-specific incidence rates are different.

Learning Objectives:

- Learn the incidence rates of anorexia nervosa and bulimia nervosa in Taiwan.
- Learn the trend of age-specific incidence of anorexia nervosa in Taiwan.
- Learn the trend of age-specific incidence of bulimia nervosa in Taiwan.

T-90: Suicidality in Hospitalized Adolescents with Eating Disorders

Annabella Hochschild, BA, Weill Cornell Medical College, New York, NY, USA; Matthew Shear, MD, Weill Cornell Medical College, New York, NY, USA; Sean Kerrigan, MD, Weill Cornell Medical College, New York, NY, USA; Diahann Smith-Roberts, MPA, BSN, RN-BC, Weill Cornell Medical College, New York, NY, USA; Evelyn Attia, MD, Weill Cornell Medical College, New York, NY, USA

Eating disorders are serious illnesses associated with high rates of morbidity and mortality. Epidemiological studies present elevated rates of suicidality among adults with eating disorders; less is known about the risk of suicidality in adolescent patients with these illnesses. The purpose of this study is to examine rates of suicidal ideation and behavior in a sample of adolescents with eating disorder diagnoses admitted to a specialized inpatient unit. History of suicidal ideation and suicidal behavior were measured using the Columbia-Suicide Severity Rating Scale (C-SSRS), a suicide risk assessment tool. We studied 75 patients, male and female, ranging in age from 14 to 17 years (14.72, +/-1.56 years); admitted from January 1-December 31, 2017 to the inpatient eating disorders unit of New York-Presbyterian Hospital (New York/USA). All patients met DSM-5 criteria for: anorexia nervosa (65%, n=49); bulimia nervosa (5%, n=4); avoidant/restrictive food intake disorder (5%, n=4); or other specified feeding or eating disorder (24%, n=18). Of the study sample, 16% (n=12) were admitted due to a recent suicide attempt, 35% (n=26) reported having made a prior lifetime suicide attempt (of which 7 [9%] were potentially lethal or required a PICU admission), and 31% (n=23) reported current suicidal ideation on admission. The average length of hospital stay was 17.32 (+/-14.15) days. Data from this small sample suggest high rates of suicidal ideation and behaviors among adolescents with eating disorders presenting to the hospital. Additional investigation regarding suicide risk in this vulnerable population is warranted.

Learning Objectives:

- Better understand the association between eating disorders and suicidality among adolescents.
- Identify the rate of suicidal ideation and current risk for attempting suicide in adolescents admitted to an inpatient unit with an eating disorder diagnosis.

- Identify the clinically relevant correlates of adolescents admitted to an inpatient unit with an eating disorder diagnosis.

T-91: "A full stomach": Eating disorders among Ethiopian immigrants in Israel

Yael Latzer, Professor, DSc, Haifa University, Haifa, Israel; Rinat Grundman Shem-Tov, PhD Student, Shalvata Mental Health Center, Ra'anana, Israel; Noa Loevy Hecht, BA, MA, Shalvata Mental Health Center, Ra'anana, Israel; Eynat Zubery, PhD, Shalvata Mental Health Center, Ra'anana, Israel

In recent decades there has been a significant increase in the prevalence of eating disorders among non-western populations. This article will address unique socio-cultural issues regarding the process of referral, diagnosis and treatment of eating disorders among young Ethiopian women in Israel. We will discuss cultural aspects relating to the perception of the disease and the circumstantial contexts relating to this population, such as the process of immigration, integration into Israeli society and issues related to identity and trauma. Case studies will be presented for illustration. In the discussion, a culturally sensitive diagnostic-therapeutic model is proposed. This model assumes that the observation of clinical cases from different cultural backgrounds cannot be achieved solely through a western diagnostic prism. In addition, the integrative diagnostic phase is presented, including western oriented diagnosis, an interview based on a cultural formulation as well as clarification of complex post-traumatic disorder.

Learning Objectives:

- To understand unique socio-cultural issues and eating disorders.
- To get to know the culturally sensitive diagnostic-therapeutic model.
- To observe clinical cases from different cultural backgrounds, not only through a western diagnostic prism.

T-92: Emotion Dysregulation Exacerbates the Link between Perceived Discrimination and Loss of Control Eating in Some Young Men

Nichole Kelly, PhD, University of Oregon, Eugene, OR, USA; Tasia Smith, PhD, University of Oregon, Eugene, OR, USA; Gina Williamson, BA, University of Oregon, Eugene, OR, USA; Claire Guidinger, MA, University of Oregon, Eugene, OR, USA

Experiences with discrimination are thought to account, in part, for discrepancies in obesity among racial/ethnic minorities. Yet, there is minimal understanding of the link between perceived discrimination and health behaviors that contribute to weight gain. The current study examined the link between perceived discrimination (PD) and loss of control (LOC) eating, a robust predictor of excess weight gain, in racially/ethnically diverse young men. Emotion dysregulation was examined as a moderator. Participants included 798 African American, Asian/Asian American, and Latinx men (18-30y; M=24.0 3.6) who completed an online survey assessing PD; emotion dysregulation; and LOC eating frequency in the last 28 days. Negative binomial regression models were conducted within each racial/ethnic group, as each group completed different measures designed to capture their unique experiences with PD. In African American men, perceived experiences with everyday discrimination were positively associated with LOC eating frequency (p .001). Emotion dysregulation strategies did not moderate this association. In Asian/Asian American men, perceived experiences with daily racial microaggressions, but not collective racism, were positively associated with LOC eating frequency (p .05). Higher levels of lack of emotional clarity, nonacceptance of emotional responses, and limited access to emotion regulation strategies exacerbated the link between microaggressions and LOC eating

(p .05). In Latinx men, perceived experiences with ethnic discrimination were positively associated with LOC eating frequency (p .001). Low levels of limited emotional awareness buffered this association, but only when PD was low (p .01); when PD was high, degree of emotional awareness was non-significant. Negative affect secondary to PD may prompt LOC eating, particularly for some men with poor emotion regulation skills.

Learning Objectives:

- Describe how perceived experiences with discrimination may explain long-standing discrepancies in obesity among racial/ethnic minority men.
- Describe the link between perceived discrimination and loss of control (LOC) eating among a sample of young, racially/ethnically diverse men.
- Describe how unique aspects of emotion dysregulation moderate the link between perceived discrimination and LOC eating for some men.

T-93: You re not really man-sized : Men, Eating Disorders, and the Workplace

Jaclyn Siegel, MS, Western University, London, ON, Canada; Katina Sawyer-Cooney, PhD, The George Washington University, Washington, D.C., USA

Research suggests that men with eating disorders are subjected to a double stigma for not only having a mental illness, but also for transgressing the norms of masculinity. The workplace is a locale in which adults spend a great deal of time and also where being a man is especially prized. Thus, this study sought to investigate the ways in which men with eating disorders engage in the workplace while managing their conditions. Thematic analysis was used to derive themes from semi-structured interviews with 14 men. Participants were employed in a variety of different professions, from butchers and mechanics to nurses and teachers. Results indicated that men with eating disorders generally have ambivalent attitudes toward disclosure of their conditions at work, even those who are activists in the community. Industry type also appears to play a major role in the ways that eating disorders are discussed and handled at work, as men in male-dominated industries expressed additional pressure to keep their conditions concealed. Men also noted feelings of isolation, both from coworkers and within networking relations, and many feared looking weak or being trivialized should issues surrounding their condition become known at work. Many felt as though their female coworkers were oblivious to the fact that men, too, can struggle with body image issues. Implications and suggestions for workplaces and individuals with eating disorders are discussed.

Learning Objectives:

- Describe the unique challenges facing men with eating disorders at work.
- Describe the prevalence of eating disorders among men.
- Discuss the difficulty of the disclosure decision for men, particularly in the workplace.

T-94: Characterization of Eating Disordered Behaviors and Cognitions in Transgender Youth

Isabel Quinones, BS, Illinois Institute of Technology, Chicago, IL, USA; Kathleen Mammel, MD, FAED, University of Michigan, Ann Arbor, MI, USA; Kelly Klump, PhD, FAED, Michigan State University, East Lansing, MI, USA; Alexandra Burt, PhD, Michigan State University, East Lansing, MI, USA; Alissa Haedt-Matt, PhD, Illinois Institute of Technology, Chicago, IL, USA; Jessica Van Huysse, PhD, University of Michigan, Ann Arbor, MI, USA

Clinical observation and research studies suggest that transgender adults may be at heightened risk for eating disorder (ED) symptoms. However, limited studies have examined ED symptoms in transgender youth (i.e., adolescents and young adults), which may be particularly important given the critical role the adolescent developmental phase has in both the intensification of gender dysphoria in transgender youth and in the onset of eating disorders. Thus, the primary aim of this pilot study was to determine if transgender youth report elevated levels of ED symptoms. Participants, ranging in age from 10 to 24 years, included a sample of recruited transgender youth (N =12), a control group of cisgender youth obtained from the Michigan State University Twin Registry (MSUTR; N = 100), and a sample of treatment seeking youth seeking care at the University of Michigan Comprehensive Eating Disorders Program between 2012 and 2017 (N = 100). Eating disorder cognitions and behaviors were assessed using the Eating Disorder Examination Questionnaire (EDE-Q) and compared across all groups. Findings indicate that transgender participants generally had scores that fell intermediately between the cisgender control sample and the eating disorder patient sample. Specifically, the transgender participants had significantly elevated scores on several EDE-Q subscales compared to the control sample. However, transgender youth generally had significantly lower scores compared to the eating disorder patient sample. One noted exception to this pattern occurred on the Shape Concerns subscale, where the transgender group had scores as elevated as in the sample of youth with eating disorders (3.48 vs. 3.82, $p = 0.392$). This study suggests that transgender youth report heightened eating disorder cognitions and behaviors compared to cisgender youth, with shape concerns being especially prominent. Moreover, it underscores the importance of screening for ED symptoms in transgender youth.

Learning Objectives:

- Describe the effects of gender dysphoria on body image and shape concerns that may lead to disordered eating.
- Identify transgender youth as an at risk population for the development of eating disordered cognitions and attitudes.
- Recognize the need for clinicians to routinely assess eating disorder symptoms in transgender youth, as well as inquire about gender dysphoria in youth who present with eating disorder symptoms.

T-95: An Exploration of Racial/Ethnic Differences in the Association between Perfectionism and Disordered Eating in College Students

Neha Goel, BA, PhD Student, Transdisciplinary Research Fellow , Virginia Commonwealth University, Richmond, VA, USA; C. Blair Burnette, MS, PhD Candidate, Virginia Commonwealth University, Richmond, VA, USA; Suzanne Mazzeo, PhD, FAED, Professor, Virginia Commonwealth University, Richmond, VA, USA

Perfectionism is a robust risk factor for eating disorders (EDs). Although individually-oriented dimensions of perfectionism are strongly related to eating pathology, less is known about the contribution of parent-oriented dimensions, specifically parental expectations (PE) and parental criticisms (PC). Further, few studies have investigated these effects within racially/ethnically diverse samples. However, PE and PC might be particularly relevant to eating pathology among certain cultural groups, such as those from collectivistic and interdependent societies. This study examined associations among PE, PC, and ED symptoms across racial/ethnic groups. Undergraduates (N=706; 74.8% Female; 48% White, 19.8% Black, 7.1% Latinx, 16% Asian, 9.1% multiracial) completed online surveys assessing perfectionism and ED symptoms. Multiple and logistic regressions examined the association between

parent-oriented perfectionism, global eating pathology, loss-of-control (LOC) eating, purging behaviors, and ED risk status (EDE-Q global 4.0). Analyses were conducted by racial/ethnic group, controlling for gender. Both PE and PC were related to greater ED pathology in students identifying as White ($p = .001$), Black ($p = .03$), Asian ($p = .02$), and multiracial ($p = .001$), but not Latinx ($p = .19$). Higher PC was related to a greater likelihood of endorsing LOC eating in White ($p = .004$) and Black students ($p = .05$) and purging behaviors in White ($p = .004$), Asian ($p = .04$), and multiracial students ($p = .03$). Greater PC was also associated with ED risk in Asian ($p = .03$) and multiracial participants ($p = .01$). Findings indicate that the relations between specific aspects of parent-oriented perfectionism differ among cultural groups and are associated with ED symptoms in college students. PC seemed more relevant to ED pathology than did PE overall. Findings suggest that parent-oriented perfectionism, particularly PC, might be important to include in clinical assessment and treatment with students at-risk of EDs.

Learning Objectives:

- To understand the association between parent-oriented perfectionism and eating psychopathology in college students.
- To investigate potential racial/ethnic differences in the association between distinct dimensions of parent-oriented perfectionism and eating psychopathology.
- To identify potential culturally-influenced constructs, such as parent-oriented perfectionism, that contribute to eating pathology for select groups.

T-96: The Potential for the Indigenous Medicine Ayahuasca as a Healing Tool for Eating Disorders: A Comparison Study with Conventional ED Treatment

Adele LaFrance, PhD, CPsych, Laurentian University, Sudbury, ON, Canada

Eating disorders (EDs) are life-threatening conditions that are among the most challenging mental disorders to treat. For this reason, leaders in the field are calling for the exploration of new treatments from across cultures. A growing body of research points to the promise of ayahuasca - a traditional Amazonian plant medicine - in the healing of depression, anxiety, substance use disorders, and post-traumatic stress disorder. Recent research has also found ayahuasca to have therapeutic benefit for individuals along the continuum of recovery from EDs. Qualitative and quantitative data were collected from fourteen participants with a history of an eating disorder, participation in conventional ED treatment and ceremonial ayahuasca use. Transcripts were analyzed using thematic analysis using three coders and a high threshold for reliability. Ethics approval was obtained by the author's Research Ethics Boards. Perceived outcomes resulting from data analysis will be presented through a biopsychosocial-spiritual lens. Participants in our study also contrasted their experiences with conventional ED treatment with experiences from ceremonial ayahuasca. Key themes that were reported included perceptions that ayahuasca led to rapid reductions in ED thoughts and symptoms; allowed for the healing of the perceived root of the ED; helped work through painful feelings and memories; helped with the internalization of greater self-love and self-acceptance; and catalyzed spiritual elements of healing. Participants also suggested an integration of ayahuasca-assisted therapy with conventional ED methods for those for whom it is safe to do so. The results suggest that ayahuasca may have potential as a valuable therapeutic tool, and further discussion and research including carefully controlled clinical trials is warranted.

Learning Objectives:

- Describe the composition and neurobiological mechanisms of the plant medicine ayahuasca as well as its usage in indigenous context, and recent popularization among health practitioners in western cultures.
- Describe and discuss the benefits and challenges associated with this ayahuasca-assisted healing among the eating disorder population with foci on diagnoses of anorexia nervosa and bulimia nervosa.
- Contrast the potential contributions of ayahuasca-assisted psychotherapy in the context of conventional ED treatments.

T-97: Gender differences in orthorexia nervosa among Japanese adolescents: An investigation of the Japanese version of the Eating Habits Questionnaire.

Yoko Yamazaki, PhD, , Ochanomizu University, Bunkyo-ku, Tokyo, Japan; Ai Takamura, PhD Student, Ochanomizu University, Bunkyo-ku, Tokyo, Japan; Mika Omori, PhD, Professor, Ochanomizu University, Bunkyo-ku, Tokyo, Japan

Orthorexia nervosa (ON) is a new type of eating disorder characterized by a "fixation on eating healthy food. Other eating disorders such as anorexia nervosa or bulimia nervosa show higher prevalence among girls than boys; thus, it is informative to examine gender differences in ON. The purpose of this study was to construct the Japanese version of the Eating Habits Questionnaire (EHQ) and to examine gender differences in the structure and score of the EHQ. An anonymous questionnaire including the Japanese version of the EHQ was completed by 629 undergraduates (379 females, 250 males). In addition, the Eating Disorder Inventory perfectionism subscale (EDI-PE) and the Eating Attitudes Test (EAT-26) were utilized as validation measures. Exploratory factor analyses suggested a two-factor solution with the following subscales: problem associated with healthy eating and healthy eating. Both subscales had good internal consistency ($\alpha = .92, .89$, respectively). In order to test gender differences in factor structure of the EHQ, multi-group confirmatory factor analysis was performed simultaneously. The fit indices (GFI = .836, RMSEA = .067) demonstrated a fair fit to the data, suggesting configural invariance across genders, but the correlation coefficient between factors in males ($r = .83$) was significantly higher than in females ($r = .60$). The subscale problem associated with healthy eating significantly correlated with EDI-PE (females: $r = .19$; males: $r = .13$; $p > .05$) and EAT-26 (females: $r = .43$; males: $r = .28$; $p > .01$) across genders. Healthy eating did not correlate with EAT-26 in either gender, but significantly correlated with EDI-PE in females ($r = .13$, $p > .05$). Males scored significantly higher than females on problem associated with healthy eating ($t(625) = 4.07$, $d = .83$), but there was no gender difference in healthy eating. These results imply that healthy eating is likely to turn into problematic eating among men.

Learning Objectives:

- To describe gender differences in orthorexia nervosa among Japanese adolescents.
- To describe the factor structure of the Japanese version of the Eating Habits Questionnaire.
- To discuss the relationship between problematic eating and healthy eating.

T-98: Disordered Society: Women in Eating Disorder Recovery Advise Clinicians, Community Members, & Policymakers on Change

Jessica Saunders, PhD, University of Nevada Las Vegas, Las Vegas, NV, USA; Asia Eaton, PhD, Florida International University, Miami, FL, USA; Stacy Frazier, PhD, Florida International University, Miami, FL, USA; Sabrina Aguilar, MS, Florida International University, Miami, FL, USA

Impending healthcare reform policies in the United States (i.e. repeal of the Affordable Care Act) have the potential to curtail access to necessary treatment for individuals suffering from physical and mental illness, including clinical EDs. Given the vast economic, physical, and psychosocial costs associated with EDs for both patients and society, it is critical to identify ways to improve ED recovery outcomes and empirically inform and support policies reducing barriers to treatment. We examined the key areas stakeholders (30 young women between the ages of 18 and 35 in ED recovery) identify as meaningful venues of policy-based change through PhotoVoice, a participatory action framework that involves the use of photography and accompanying narratives to explore social issues. Photography and the accompanying narratives capturing personally-meaningful social, cultural, and systemic influences on recovery were shared with the research team. Participants supplied over 300 photographs and participated in semi-structured interviews that lasted approximately 45 minutes. Photographs and interviews were examined by the authors for policy implications using thematic analysis, and six key areas of improvement emerged: media, healthcare practice and access, insurance reform, education, objectification of the female body, and mental health stigma. The area most frequently mentioned as an avenue for policy change was healthcare practice and access. The current results highlight both the existing research-practice gap and the treatment gap, as women continue to be effected by sociocultural factors repeatedly identified in the literature. Results from the current study suggest that simultaneously targeting education and stigmatization will be important in maximizing the effects of any attempts at systematic change. In the words of one participant, we need to take steps to fix this disordered society.

Learning Objectives:

- Identify areas for potential policy and healthcare reform in the US, based on suggestions of a diverse group of women in ED recovery.
- Describe the PhotoVoice method and understand its use in ED prevention and intervention.
- Implement suggestions from the results into practice, advocacy, and policy.

T-99: Feminist identity as a moderator of the relationship between media pressures and stress and between thin ideal internalization and stress among young adult and middle-aged women

Katherine Thompson, MA, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; Alexandra Miller, BS, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; Anna Bardone-Cone, PhD, FAED, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

Evidence suggests that feminist identity may be protective against internalizing thin-ideal messages in the media for middle-aged women, yet have no effect for younger women due to a less developed feminist identity. Thus, feminist identity is important to explore across different age cohorts with potential to buffer against a broader array of outcomes, including stress. This study examined feminist identity as a moderator in two separate models: the relationship between thin-ideal internalization (IV) and stress (DV), and the relationship between media pressures (IV) and stress (DV), among a community sample of young adult women (aged 17-25; n = 360) and middle-aged women (aged 35-65; n = 360). (Participants were daughter-mother dyads, but due to uncorrelated stress scores, warranted analysis as if they were independent observations with linear regression.) Participants completed an online survey about feminist identity, thin-ideal internalization, perceived appearance-based pressures from the

media, and stress. Across the full sample, both models yielded significant two-way interactions. The effects of thin-ideal internalization and media pressures on stress were strongest for women who more strongly identified as a feminist. We also found a marginally significant three-way interaction ($p = .06$) between thin-ideal internalization, feminist identity, and age cohort for stress, whereby among middle-aged women, not younger women, who more strongly identified as a feminist, there was a positive association between thin-ideal internalization and stress. These findings suggest that feminist identity may not be protective against the effects of sociocultural pressures of beauty standards on stress, and in fact may exacerbate this association among middle-aged and young adult women. This could be explained by potential frustration with the presence of thin-ideal standards or a desire to reject societal ideals of female beauty.

Learning Objectives:

- Describe the effect of feminist identity on the association between media pressures and stress.
- Describe the effect of feminist identity on the association between thin-ideal internalization and stress.
- Understand feminist identity as a construct among two cohorts of young-adult and middle-aged women.

T-100: Psychiatric Manifestations of Appearance and Performance Enhancing Drug Intoxication and Withdrawal in Males

Trevor Griffen, MD, PhD, The Mount Sinai Hospital, New York, NY, USA; Tom Hildebrandt, PsyD, FAED, The Mount Sinai Hospital, New York, NY, USA

Appearance and performance enhancing drug (APED) use often occurs as polysubstance abuse including anabolic-adrenergic steroids (AAS), stimulants and/or other compounds intended to mitigate unwanted side-effects of these drugs. APED use is highly prevalent and APED users place a high value on their body image. In addition to promoting muscle building, strength and exercise capacity, components of APED regimens often include drugs taken to aid with weight or fat loss and user often maintain strict dietary control. APED use can have serious physical health consequences, including liver and cardiovascular disease and endocrine dysfunction. Several psychiatric manifestations of APED use have been reported, including depression, hypomania, irritability and agitation; however, several factors have complicated their study: 1) Use of a single APED is not normative; therefore, isolating the effects of a single agent is difficult 2) APED use patterns differ from other drugs of abuse as their intoxication syndrome has a slower onset and longer duration 3) APED users use higher doses of and may be differentially prone to side-effects as compared to healthy controls given AAS in clinical trials. To quantify the psychiatric manifestations of APED use, we used standardized self-report instruments to measure levels of depression, mania, disordered eating and shape and weight concerns in a sample of 60 male APED users. Prior studies have been limited in their ability to distinguish between effects of APED intoxication, withdrawal and psychopathology enriched in the APED users. We took advantage of the typical APED use pattern, cycling on and off AAS and assessed psychopathology just prior to the on cycle, during the on cycle and during the off cycle. We will report the psychiatric manifestations of APED use, both of the intoxication syndrome that occurs during active use, the on cycle, and of the withdrawal syndrome, during the off cycle.

Learning Objectives:

- Describe the association between appearance and performance enhancing drug use, body image concerns and disordered eating during both active substance use and withdrawal periods.

- Understand the psychiatric manifestations of intoxication with appearance and performance enhancing drugs.
- Understand the psychiatric manifestations of withdrawal from appearance and performance enhancing drugs.

T-101: Factor structure and psychometric properties of Spanish versions of the Muscle Dysmorphic Disorder Inventory and the Adonis Complex Questionnaire among Sport Sciences male students

Emilio J. Compte, MSc, PhD, Assistant Professor, Favaloro University, Buenos Aires, Argentina; Ana R. Sep Iveda, PhD, Professor, Autonomous University of Madrid, Madrid, Spain; Robin Rica, PhD Student, Autonomous University of Madrid, Madrid, Argentina; Alba Moreno, PhD Student, Autonomous University of Madrid, Madrid, Spain; F. Javier Rom n, PhD, Assistant Professor, Autonomous University of Madrid, Madrid, Spain

Despite the literature suggesting that body dissatisfaction is increasing among males, only few measures on specific body image concerns in men have been validated in Spanish male populations. The aim of this study was to reassess the factor structure of the Spanish versions of the Muscle Dysmorphic Disorder Inventory (MMDI) and the Adonis Complex Questionnaire (ACQ). A cross-sectional study was conducted among 298 male students to examine: reliability, the factorial structure, and several evidences of validity -concurrent and convergent- of both scales. The questionnaires present adequate reliability. The three-factor structure proposed for the MMDI was replicated. Nevertheless, the confirmatory factor analysis supports a second-order factor structure for the ACQ instead of the three-factor structure proposed. Moreover, the MDDI shows greater association than ACQ with the variables studied. This study represents an advance in the use of adequate and reliable scales of body image tools in the Hispanic population.

Learning Objectives:

- To assess the psychometric properties of the Spanish validation of the Muscle Dysmorphic Disorder Inventory (MMDI) and the Adonis Complex Questionnaire (ACQ).
- To describe and compare the correlations between the MDDI and ACQ with Eating Disorders-related variables.
- To compare the results obtained in this investigation with previous research using similar samples.

T-102: Traumatic Event exposure within Marginalized Populations: What is the association to Food Insecurity and Eating Disorder Pathology?

Francesca Gomez, BA, Trinity University, San Antonio, TX, USA; Lisa Kilpela, PhD, UT Health San Antonio, San Antonio, TX, USA; Clara Johnson, BA, National Center for PTSD, Stanford University, Menlo Park, CA, USA; Brigitte Taylor, BA, Trinity University, San Antonio, TX, USA; Keesha Middlemass, PhD, Howard University, Trinity University, Washington, D.C., USA; Carolyn Becker, PhD, ABPP, FAED, Trinity University, San Antonio, TX, USA

As noted in the Nine Truths about Eating Disorders (EDs), EDs affect all people regardless of demographic markers such as race/ethnicity, socioeconomic status, gender, and size. Nonetheless, many populations are under-represented in the existing ED literature. Individuals living with food insecurity (FI) or inadequate access to appropriate, safe, and nutritious food, represent one such population. In previous research we found that 17% of adults who reported severe FI, defined as having

hungry children in the household, appeared to meet criteria for a clinically significant eating disorder (Becker et al., 2017). In a subsequent study, we found that self-reported exposure to traumatic events was also associated with increased ED pathology among the same FI sample (N = 503; Becker et al., in press). Although overall rates of traumatic events was similar to that reported in the general population, those within this low-income, predominantly Latino FI sample reported increased rates of physical and sexual assault. This is important because recent research in a military sample suggests that some forms of trauma (e.g., sexual assault) may be associated with increased ED pathology, whereas other forms (e.g., combat exposure) are not (Breland et al., 2018). The aim of this study was to investigate whether specific types of traumatic events were associated with increased ED pathology in the same sample as used in Becker et al. (2017; in press). The traumatic event categories used in this study included: physical assault (including with a weapon), sexual assault, wreck/crash/accident, serious body-related accident, combat exposure, and life-threatening illness/injury. Results indicated that only physical assault and sexual assault were associated with increased ED pathology. These findings highlight the importance of investigating the likely complex relationship between eating disorders, traumatic events and FI.

Learning Objectives:

- Describe the association between food insecurity and eating disorder pathology.
- Assess possible reasons for increased eating disorder pathology within food insecure populations.
- Explain the association between physical and sexual assault and increased levels of eating disorder pathology within this food insecure sample.

T-103: Diversity among the Workforce in the Field of Eating Disorders

Carolina Anaya, BA, Research Assistant, University of Chicago Eating Disorders Program, University of Chicago, Chicago, IL, USA; Karen M. Jennings, PhD, RN, PMHNP-BC, University of Chicago, Chicago, IL, USA; Lindsay P. Bodell, PhD, Western University, London, ON, Canada; Andrea K. Graham, PhD, Northwestern University, Chicago, IL, USA; K. Jean Forney, PhD, Ohio University, Athens, OH, USA; Seeba Anam, MD, University of Chicago, Chicago, IL, USA; Jennifer E. Wildes, PhD, University of Chicago, Chicago, IL, USA

Diversity among providers promotes more culturally responsive healthcare and improves health outcomes. However, little is known about diversity within the eating disorder workforce. Adults (N = 512) were recruited from eating disorder and discipline-specific professional organizations in order to examine diversity across several domains (e.g., demographics, education, work-related factors). Forty-two organizations were sent an email request to share the online survey invitation; 35.7% (N = 15) organizations responded and 28.5% (N = 12) agreed to distribute the survey to members. Participants mean age was 41.1 (SD = 12.5) years, and 89.6% (N = 459) identified as women. Approximately 50% (N = 253) reported living in the United States, and 34% (N = 173) reported living in Australia/New Zealand, with 25 additional countries represented. Of the respondents, 83.8% (N = 419) identified as heterosexual/straight, and 68.7% (N = 344) identified as White/Caucasian; 16 other racial, ethnic, or national identities were represented including Bi/Multiracial/Mixed, Jewish, and Latino/Hispanic. Education background varied including Clinical Psychology, Dietitian/Nutrition, and Nursing. For highest level of completed education, 40.7% (N = 208) reported earning their Doctorate and 40.3% (N = 206) reported earning their Master s/Post-Graduate. Moreover, 64.6% (N = 327) reported clinical as their primary role, and 63.3% (N = 322) reported eating disorders/disordered eating as primary area of expertise. For work environment, 68.9% (N= 346) of participants worked in an urban area and 41% (N = 206) primarily worked in outpatient/private practice. Mean number of years working in eating disorders

was 10.7 (SD = 9.2) and on average, 67% of participants weekly hours in their primary role focused on eating disorders. These findings suggest that although limited, workforce diversity exists. Efforts to increase workforce diversity continue to be necessary and needed across all domains.

Learning Objectives:

- Acquire a better understanding of the demographics of the eating disorder workforce in an international sample.
- Identify gaps in the representation of experts in the eating disorder workforce.
- Gain knowledge about the need for an increase in workforce diversity across domains in eating disorder field.

T-104: The eye of the beholder: An eye-tracking investigation of the relationship between visual attentional biases and body dissatisfaction

Kaylee Misener, BA, MA, University of British Columbia Okanagan, Kelowna, British Columbia, Canada;
Maya Libben, BS, Registered Psychologist, PhD, University of British Columbia Okanagan, Kelowna, British Columbia, Canada

The purpose of the current study was to expand the existing literature on cognitive biases in body dissatisfied individuals by examining the relationship between body dissatisfaction and visual attention biases, using eye-tracking methodology. 197 undergraduate females (Mage = 19.60; SD = 1.39) completed an eye-tracking integrated modified spatial cueing paradigm presenting thin, fat, and control body images. Reaction time and eye gaze were recorded across two trial lengths, allowing the comparison of early and late stage cognitive processing for both discrete and continuous measures of attentional bias. Reaction time analysis did not reveal a relationship between body dissatisfaction and disengagement difficulty from thin or fat body images when compared to control body images. Further, no difference between early and late stage cognitive processing was demonstrated by reaction time. However, analysis of eye gaze patterns revealed a significant relationship between body dissatisfaction and difficulty shifting visual attention away from thin body images in late stage processing only. Results did not reveal a relationship between BMI and attentional biases. The current study's findings provide partial support for an attention bias towards thin body images in body dissatisfied individuals. Finally, the present study provides further evidence for eye-tracking methodology as a more sensitive measure of attention than behavioural-based paradigms. Examination of the relationship between cognitive biases and body dissatisfaction remains an important area of study as both are risk factors for eating disorders and can inform treatment interventions.

Learning Objectives:

- Explain attentional biases to body shape images among individuals with body dissatisfaction.
- Compare eye-tracking and reaction time as measures of cognitive bias.
- Recognize the avenues for the use of eye-tracking technology in the assessment of cognitive biases.

T-105: In the limelight: The impact of a made-for-TV film on anorexia nervosa stigma

Kaylee Misener, BA, MA, University of British Columbia Okanagan, Kelowna, British Columbia, Canada;
Carolyn Szostak, BA, MA, PhD, University of British Columbia Okanagan, Kelowna, British Columbia,

Canada; Ariella Myhill, BA, University of British Columbia Okanagan, Kelowna, British Columbia, Canada; Courtney Chrusch, BA, University of British Columbia Okanagan, Kelowna, British Columbia, Canada

The purpose of the present study was to examine the impact of the made-for-TV movie *Starving in Suburbia* (Bordas & Miele, 2014) on the stigma associated with Anorexia Nervosa (AN). This stigma has been identified as one of the most prominent barriers to treatment seeking in this population (Ali et al., 2017). Participants were 165 undergraduate students enrolled in at least one psychology course ($M = 20.13$; $SD = 2.06$). This study used a pretest-posttest, within-subject design. Stigma was assessed using the Eating Disorder Stigma Scale (Crisafulli et al., 2010). It was hypothesized that a reduction in stigma would result in general given the largely accurate depiction of AN; however, some facets of stigma were expected to increase due to the sensationalistic nature of the presentation. As predicted, the results were mixed. That is, participants, on average, demonstrated a decrease in the strength of some stigmatizing beliefs while other attitudes were stronger after viewing the film. Specifically, relative to baseline attitudes, the beliefs that individuals with AN are characterologically weak and that AN is a trivial mental health disorder were endorsed to a lesser degree. However, participants rated individuals with AN as being more vain and selfish than they did at baseline. As such, *Starving in Suburbia* may be effective in reducing some aspects of stigma associated with AN, while increasing others. The current study's findings demonstrate the importance of the continued examination into the impact of media on stigma as the intent to create responsible and accurate depictions of mental illness may not exclusively result in the reduction of stigma. The use of sensationalism may serve to perpetuate and reinforce related stigmatizing attitudes.

Learning Objectives:

- Explain how media may negatively influence the stigma associated with Anorexia Nervosa.
- Explain how media may positively influence the stigma associated with Anorexia Nervosa.
- Recognize the potential benefits of responsible and accurate representations of individuals with mental health disorders in the media.

T-107: Use of a Neural Network Model in Virtual Health Intervention among Bariatric Patients

Hannah Ellerbeck, BA, Mount Sinai, New York, NY, USA; Robyn Sysko, PhD, Mount Sinai, New York, NY, USA; Andreas Michaelides, PhD, Noom Inc, New York, NY, USA; Tatiana Toro-Ramos, PhD, Noom Inc, New York, NY, USA; Thomas Hildebrandt, PsyD, Mount Sinai, New York, NY, USA

Postoperative weight loss following bariatric surgery varies considerably between individuals. Smartphone applications for weight loss offer the potential for individuals to augment traditional interventions while preparing for weight loss surgery. However, any intervention requires adherence to active elements (e.g., self-monitoring) for successful weight loss and maintenance. Furthermore, new models are needed to understand the predictive ability of adherence to self-monitoring in determining weight loss and maintenance outcomes. The purpose of this study was to test a theoretical model of the relationship between local adherence (objective day-to-day event related adherence) and global adherence (study dropout/disengagement). To test this theory, we developed a neural network model of local and global adherence from data gathered during a pilot randomized controlled trial of Noom Bariatric Health, a pre-surgery virtual group platform for those undergoing bariatric surgery. Using 16 measures of local adherence drawn from passive and active smartphone use (180 continuous days) we modeled global and local adherence in the first ($N=50$) enrolled in the trial and split the sample (70%/30%; training vs. testing). Our model used 1 hidden layer and four estimated weights to measure global adherence, defined dichotomously by dropout and/or low engagement with the app.

Classification quality was high, although a small sample. We used True Positive Rate (TPR) and True Negative Rate (TNR) as our initial outcomes. For this model, our TPR = 1.0 and our TNR = 0.66, suggesting that we generally overclassified individuals as achieving global adherence. These classifications yielded an Accuracy = 0.8, Precision = 0.66, and F1-score = 0.40. The results provide preliminary evidence that local adherence can accurately predict dropout. Applications of neural networks for daily smartphone data can be used to develop predictive algorithms for virtual interventions.

Learning Objectives:

- Understand the importance of adherence to a pre-surgical intervention in bariatric patients.
- Describe the role of local and global adherence in virtual health interventions.
- Assess the ability of neural network models to predict attrition in virtual health interventions.

T-108: Impact of Negative Emotion Differentiation on Dietary Restriction: An Ecological Momentary Assessment Investigation

Gail Williams, MS, Kent State University, Kent, OH, USA; Janis Crowther, PhD, Kent State University, Kent, OH, USA

The purpose of this study was to: 1) examine whether poor daily negative emotion differentiation (NED) was significantly associated with more frequent daily dietary restriction, and 2) assess whether daily negative emotion intensity (NE) moderated the NED-restriction relationship. Participants were 118 female undergraduates (Mean Age = 19.39 years, Standard Deviation Age = 1.56; 80.5% White) who completed seven days of daily assessments of emotions and health behaviors using an application on their personal smartphone. Six emotion terms were rated on a 5-point Likert scale during four semi-random prompts each day, and engagement in dietary restriction was assessed using a dichotomous yes/no question during initiated morning signals. NED was calculated using a series of interclass correlation coefficients, with higher scores indicating better ability in distinguishing between discrete emotion states. For the first analysis, a Bernoulli multilevel model was conducted with the dietary restriction variable entered as the outcome and daily NED entered as a predictor into the equation. Results revealed a marginally-significant effect: $\beta = 0.08$, $t(363) = 1.94$, $p = .054$. For the second analysis, daily NE and a NEDxNE interaction term were added into the original equation. Results showed a significant main effect for NED, $\beta = 0.15$, $t(363) = 2.11$, $p = .036$; however, the main effect for NE intensity and the interaction term were not significant ($\beta = 0.09$, $t(363) = 0.30$, $p = .767$ and $\beta = -0.04$, $t(363) = -1.00$, $p = .320$, respectively). Together, these results were counter-intuitive, suggesting that better differentiation of daily negative emotions was associated with more frequent daily dietary restriction regardless of the intensity of experienced emotion. This may be explained within the larger literature of cognitive control and dietary restriction. Further implications and future directions will be discussed.

Learning Objectives:

- Understand the construct of negative emotion differentiation and its relevance within eating disorder research.
- Assess the ecological validity of utilizing daily diary sampling to assess negative emotion differentiation and disordered eating behaviors.
- Describe implications for the impact of negative emotion differentiation on the disordered eating behavior of dietary restriction.

T-110: An overall perspective on the use of a self-monitoring app in eating disorder treatment: Patient and clinician experiences and patient app usage over time

Pil Lindgreen, BSc, MSc, PhD, Fellow, Aarhus University Hospital, Risskov, Denmark; Kirsten Lomborg, Professor, BSc, MSc, PhD, Steno Diabetes Center Copenhagen, Copenhagen, Denmark; Loa Clausen, Associated Professor, BSc, MSc, PhD, Aarhus University Hospital, Risskov, Denmark

Recovery Record is a self-monitoring app for individuals recovering from an eating disorder (ED). Unlike pen-and-paper meal diaries, the app enables patients and clinicians to link in the app for clinicians to monitor patients' app data in real-time. In 3 separate studies we explored 1) clinician experiences using Recovery Record, 2) patient experiences using the app, and 3) patients' app usage over time. By synthesizing the findings from these studies, our purpose is to provide an overall perspective on the clinical feasibility of Recovery Record in Danish ED treatment. Clinician and patient experiences were explored in field studies with 31 clinicians and 41 patients, of whom 23 and 26, respectively, were also interviewed. The qualitative data were generated and analyzed concurrently applying the methodology of Interpretive Description. Patients' app usage over time was investigated using repeated measures analysis of the app activity levels during 6 months of 84 patients, including their sociodemographic data, ED diagnosis, and scores from the ED Examination Interview and the ED Inventory. We hypothesized that patients with anorexia nervosa (AN) would have significantly higher app activity levels than patients with bulimia nervosa (BN). Clinicians experienced the option to continuously monitor patient app data as stressful. They also found themselves and their patients having differing expectations for app usage which complicated the collaboration. Some patients experienced Recovery Record as supportive of the guidelines of their ED treatment, while others found it obstructive, for instance by triggering the ED. Oppositely of our hypothesis, patients with AN versus BN used the app identically over time. For Recovery Record to be clinically meaningful, we recommend a patient-clinician collaboration in which the use of the app is continuously discussed and adjusted based on the individual patient's treatment needs and preferences.

Learning Objectives:

- Gain insights into the clinical perspectives on using a self-monitoring app in eating disorder treatment.
- Gain insights into patients' use of a self-monitoring app in eating disorder treatment over time and their experiences of using said app.
- Gain insights into the clinical implications of using a self-monitoring app in eating disorder treatment and recommendations for future practice.

T-111: Neural response to food images in not-underweight eating disorders: an fMRI Study

Brooke Donnelly, PhD Candidate, University of Sydney Senior Clinical Psychologist, NSW Eating Disorders Outreach Service, Sydney Local Health District, University of Sydney, Sydney, Australia; Phillipa Hay, FAED, NSW Australia Translational Health Research Institute, Western Sydney University, Campbelltown, Australia; Nasim Foroughi, Western Sydney University, Campbelltown, Australia; Williams Mark, Macquarie Centre for Cognitive Science, Macquarie University, Sydney, Australia; Perminder Sachdev, University of New South Wales, UNSW, Sydney, Australia; Stephen Touyz, FAED, University of Sydney, Sydney, Australia

Introduction: Differences in neural response to disorder-relevant stimuli including food images, offers increased understanding of the neurophysiology of not-underweight eating disorders (bulimia nervosa, binge eating disorder, OSFED). Objective: To investigate and compare the neural response to food (high energy and low energy) and non-food images in patients with not-underweight eating disorders. Methods: functional Magnetic Resonance Imaging (fMRI) was conducted in patients with not underweight eating disorders (NUWED) (n=21) and healthy controls (n=16). During fMRI, participants viewed food and non-food images via dual screen video goggles. Results: A series of significant differences were found between the NUWED and HC groups. The HC group showed greater responsivity compared to the clinical group to food images in the superior frontal gyrus, occipital lobe, lingual gyrus, limbic lobe and posterior cingulate regions. Conclusions: The NUWED group demonstrated less activity compared to the HC group across a range of neural regions. There is an opportunity to integrate this information into emerging therapeutic interventions, e.g. neurofeedback. The extent to which these differences emerge as a result of the eating disorder or contribute to its development remains to be established.

Learning Objectives:

- Identify the neural regions where differences have been detected in not-underweight eating disorders (NUWEDs).
- Understand clinically-relevant information regarding the neural regions identified in this study.
- Understand the implication of neural differences detected in NUWED clinical group in relation to potential therapeutic interventions.

T-112: Abnormal brain integration in Anorexia Nervosa: a connectome analysis by means of Diffusion Tensor Imaging

Angela Favaro, PhD, University of Padua, Padua, Italy; Paolo Meneguzzo, MD, University of Padua, Padua, Italy; Elena Tenconi, PhD, University of Padua, Padua, Italy; Renzo Manara, MD, University of Salerno, Salerno, Italy; Enrico Collantoni, MD, University of Padua, Padua, Italy

In this study we used a connectomic approach by means of Diffusion Tensor Imaging (DTI) tractography data to describe the rules that govern the interregional brain interactions in Anorexia Nervosa (AN). A total of 38 patients with acute AN and 38 healthy controls (HC) were included in this study. Data was collected on a Philips Achieva 1.5 Tesla scanner equipped for echo-planar imaging. Freesurfer was used for the parcellation of the cortex, according to Destrieux atlas. FSL Probtrackx was used for the DTI tractography analysis. The Graph Analysis Toolbox was used for the networks extraction. From a global perspective, patients with AN showed a reduced network clusterization and reduced small-world properties. From a regional analysis, patients with AN showed a higher clustering coefficient in right anterior cingulate gyrus and a higher betweenness in right fusiform gyrus. An analysis of the most central and influential nodes (hubs) in the network showed an identical hub distribution in AN patients and HC, except for superior parietal lobule and the right superior occipital gyrus. These two nodes showed a high centrality and influence in HC but not in AN patients. Subcortical hubs (putamen and thalamus) were equally represented in both groups. From a global perspective, altered clusterization and small worldness indicate an unbalanced connectome wiring in AN patients. The regional analysis evidenced local alterations in two areas with high integrative properties and with a role in AN pathophysiology, being involved in decision making processing and error detection (anterior cingulate gyrus) and in the recognition of face and body (fusiform gyrus). Differences in hub distribution and, more in particular, the absence of two important cortical hubs, allow to hypothesize a weakness of the connective backbone architecture in AN.

Learning Objectives:

- To understand the rules that govern the architecture of global and regional brain structural networks in Anorexia Nervosa.
- To comprehend how to apply graph theory tools to DTI tractography data and to understand the relation between segregation and integration properties of brain network characteristics in Anorexia Nervosa.
- To understand the distribution of the most connected and influential nodes of the brain (hubs) in Anorexia Nervosa.

T-113: Brain Activation and Connectivity in Eating Disorders and Those Recovered: Neural Response to Body Image Stimuli

Leyla Brucar, BA, University of British Columbia, Vancouver, British Columbia, Canada; Amna Hyder, BSc, MNeuroSci, University of British Columbia, Vancouver, British Columbia, Canada; Naznin Virji-Babul, PT, PhD, Associate Professor, University of British Columbia, Vancouver, British Columbia, Canada; Carl Birmingham, BSc, MHSc, FRCPC, FACP, ABIM, FAED, Professor, University of British Columbia, Vancouver, British Columbia, Canada

Research has shown that individuals with bulimia nervosa (BN) and anorexia nervosa (AN) display differences in the processing of body stimuli. However, few studies have examined these differences among those recovered from eating disorders (EDs). Findings suggest that individuals recovered from EDs display distinct personality characteristics compared to those who have never had an eating disorder specifically, showing increased emotional and cognitive inhibition and constraint, and lower self-confidence, initiative, and imagination. This study's objective is to investigate the differences in brain activation and connectivity between AN, BN, ED-Rec, and healthy controls (HC) in response to body image stimuli (pictures of their own body and face, as well as those of others) through electroencephalogram (EEG). We are recruiting 100 women, AN (n=25), BN (n=25), ED-Rec (n=25), and HC (n=25). EEG will be recorded during a task showing different body, face, and neutral image stimuli, as well as for a 5-minute resting-state. We will apply graph theory analysis, which provides a powerful way to understand pathophysiological processes and quantitatively describe brain network organization, on the EEG data, and hypothesize that AN, BN, and ED-REC will display similar functional global properties as compared to HC. We also expect irregular patterns of brain activity in the Medial Frontal Gyrus, Occipital Cortex/Extrastriate Body Area, and the Anterior Insula; areas related to realistic perception of ones own body and perceived body satisfaction. By studying the differences between both ED active and recovered participants, it may be possible to identify vulnerabilities that contribute to the origination and development of this disorder. This may contribute to better means of prevention, individualized treatment options, understanding, and the pathogenesis of this disorder. We will provide a handout at the poster presentation explaining the final findings.

Learning Objectives:

- Compare the functional connectivity for the observation of body images between participants with active eating disorders, recovered participants, and healthy controls.
- Understand how the study of recovered participants could help identify vulnerabilities that may contribute to the origination and development of eating disorders.
- Describe a novel approach for studying eating disorders using graph theory analysis and EEG.

T-114: The role of NF-κB and 5-LOX cytokines as hypothalamic, hippocampal and prefrontal cortex targets for anti-inflammatory intervention in restrictive anorexia nervosa

Samantha Brooks, PhD, Liverpool John Moores University, Liverpool, Northern England, UK

Anorexia Nervosa (AN) is an often resistant-to-treatment eating disorder associated with neuroinflammation. Nuclear factor kappa light chain enhancer of activated B cells (NF-κB) is a rapidly inducible, ubiquitous transcription factor, associated with activation of pro-inflammatory cytokines. Animal models show NFκB activation in hypothalamic pro-opiomelanocortin (POMC) and neuropeptide Y (NPY) and hippocampal neurons is present in illness- and leptin induced AN, and that suppression of NFκB promotes weight gain and reduces anxiety and depression. Lipopolysaccharide (LPS) induction, cachexia, stimulant ingestion and AN have weight loss in common, alongside elevated levels of NFκB and elevated leukotrienes interleukin-1 (IL-1), interleukin-6 (IL-6) and tumour necrosis factor alpha (TNF-α), with sustained weight gain linked to normalisation of these levels. Transcription regulation of IL-1, IL-6 and TNF-α; is associated with the arachidonic 5-lipoxygenase (5-LOX) enzyme within the NFκB pathway. This novel review discusses inhibition of 5-LOX and associated AN-related pro-inflammatory leukotrienes may be achieved with acetyl-11-keto-beta-boswellic acid (AKBA), an anti-inflammatory triterpenoid compound associated with low adverse effects, derived from the nutritional supplement *Boswellia serrata*. To investigate this hypothesis, studies of inflammatory markers in AN and weight loss populations (n=28) and *Boswellia Serrata*/AKBA (n=103) have been reviewed in light of potential effects of suppression of the 5-LOX NFκB pathway. It has been found that supplementation with AKBA is associated with moderate beneficial effects with low/rare adverse responses in physical illnesses such as cancer, diabetes and osteoarthritis. AKBA may also be beneficial to reduce leukotrienes that are elevated in those with restrictive AN, and could be a novel, safe, cost-effective adjunct to increase weight gain, improve neurocognitive comorbidities and high relapse rates.

Learning Objectives:

- Describe how neuroinflammatory markers interact with the hypothalamus, hippocampus and prefrontal cortex in anorexia nervosa.
- Indicate the mechanism of action of the natural anti-inflammatory *Boswellia Serrata* and its benefits in other disorders.
- Assess the benefit of conducting future studies to explore the implementation of *Boswellia Serrata* as an adjunct to treat weight loss and neurocognitive comorbidities in anorexia nervosa.

T-115: Implications of Food Addiction on Stigma: A Scoping Review

Stephanie Cassin, PhD, CPsych, Ryerson University, Toronto, ON, Canada; Daniel Buchman, PhD, University Health Network, Toronto, ON, Canada; Karin Kantarovich, BA, York University, Toronto, ON, Canada; Samantha Leung, MSc, University Health Network, Toronto, ON, Canada; Raed Hawa, MD, University Health Network, Toronto, ON, Canada; Adrian Carter, PhD, Monash University, Melbourne, Victoria, Australia; Sanjeev Sockalingam, MD, Centre for Addiction and Mental Health, Toronto, ON, Canada

Although food addiction is not an official diagnosis in DSM-5, the food addiction label is widely used and has generated considerable controversy and debate among clinicians, researchers, patients, and the public. The current debate focuses primarily on whether certain food substances are actually addictive in a neurobiological sense. In comparison, relatively little research has examined the potential implications of the food addiction model on stigma. Using the Arksey and O Malley framework, we

conducted a scoping review of the potential implications of the food addiction model on stigma. Our synthesis was supported by a CIHR-funded international retreat to further triangulate our findings. A search of three electronic databases (OVID Medline, PsycINFO, CINAHL) and their sub-databases identified a total of 37 articles from 1977 to 2018 relevant to our scoping review. Article types included editorial commentaries, reviews, and empirical publications. The searches were limited to human studies and English language articles only. Article selection and extraction was performed by 4 independent reviewers. Our analysis yielded three main themes: 1) the impact on internalized stigma and stigma from others; 2) the potential for a double or additive stigma (obesity + addiction); 3) the differential impact of a neurobiological addiction (i.e., brain disease) versus behavioural addiction on stigma. Although relatively little empirical research has been conducted, some evidence suggests that stigma may decrease if food addiction is considered a neurological addiction because it provides an explanation for obesity and shifts responsibility from the individual to the food substance and food industry, whereas stigma may remain unchanged or even increase if food addiction is considered a behavioural addiction because it is perceived more as a personal choice.

Learning Objectives:

- Describe the food addiction model.
- Discuss potential implications of food addiction on stigma.
- Differentiate between a substance-related disorder and a behavioural addiction, and discuss the implications of each on stigma.

T-116: Stigma and Coercive/Compulsory Treatment Methods in the Treatment of Eating Disorders: A Survey of Attitudes and Treatment Approaches Among Mental Health Professionals in the United States

Jessica A. Cowan, MA, Antioch University Seattle, Seattle, WA, USA; Chris Heffner, Psy.D, PhD, Antioch University Seattle, Seattle, WA, USA

Social stigma toward individuals with mental illness, especially individuals with eating disorders, is prevalent and well-documented. Individuals with eating disorders regularly report experiencing stigma associated with perceptions that they are to blame for their illness, that their illness is trivial compared to other conditions, or that they are engaging in disordered behaviors to gain attention. These stigmatizing attitudes have been reported among the general public and among health care professionals, including those who treat eating disorders. Treatment of eating disorders at all levels of care often includes paternalistic approaches, including coercion/compulsion, that explicitly or implicitly reduce the agency or autonomy of the individual for their protection or perceived best interests. While there are myriad ethical, clinical, and legal justifications for these treatment approaches, this research study asks the question about what the relationship is between coercive/compulsive treatment methods and mental health professionals' stigmatizing attitudes toward individuals with eating disorders. To accomplish this, these researchers are utilizing a quantitative research design to survey the attitudes and treatment practices of mental health professionals across the United States. Data collection for this study is ongoing and will continue through December 2018, with finalized results expected before February 2019. These researchers hypothesize that the mental health professionals participating in this study will report stigmatizing attitudes and that there may be a predictive connection to coercive/compulsive treatment approaches. The intent of this study is to expand on the current dialogue regarding coercive/compulsive treatment of eating disorders, by increasing awareness of the individual beliefs of treatment providers to inform stigma interventions, and to perhaps increase the efficacy and ethicality of eating disorder treatment.

Learning Objectives:

- Describe the relationship between mental health professionals' stigmatizing attitudes toward individuals with eating disorders and coercive/compulsive treatment approaches.
- Describe the common sub-types of the stigma associated with eating disorders including triviality, blame, and attention-seeking.
- Describe the prevalence of stigmatizing attitudes toward individuals with eating disorders reported by mental health professionals.

T-117: #Recovery: How is recovery conceptualized in blogs written by those with lived experience of an eating disorder?

Therese E. Kenny, MSc, University of Guelph, Guelph, ON, Canada; Sarah L. Boyle, BSc (Hons), University of Guelph, Guelph, ON, Canada; Stephen P. Lewis, PhD, University of Guelph, Guelph, ON, Canada

The Oxford English Dictionary defines recovery as a return to a normal state of health, mind, or strength. As highlighted in last year's recovery plenary, however, defining what recovery looks like for individuals with eating disorders (EDs) is not nearly so simple, nor concise. Web logs (blogs) offer a unique opportunity for researchers to understand people's everyday lived experience, given their focus on day-to-day life. Further, where interview-based qualitative studies include questions and prompts that may guide participant responses, blogs allow individuals to provide unfiltered and spontaneous information about their personal experiences of recovery. The current study thus examined how individuals with lived ED experience conceptualize and discuss recovery through blogs. Fifty recovery-focused blogs were selected from five of the most frequently visited ED sites and analyzed using Braun and Clark's (2006) guidelines for thematic analysis. Blogs described recovery as comprising acceptance, openness, self-determinism, and identity discovery/re-discovery. In addition, authors highlighted that recovery involves navigating challenges associated with maintaining recovery in the real world (e.g., diet culture, stigma). These themes are mostly consistent with previous qualitative studies examining ED recovery. Navigating challenges associated with maintaining recovery in the real world, however, has typically only been discussed in sociocultural studies explicitly focused on understanding recovery within the broader social context. Hence, the salience of this theme, coupled with the unfiltered and spontaneous nature in which it was discussed, suggests that this is an important component of recovery for individuals with lived experience of an ED. Acknowledging and addressing the challenges associated with re-entering the real world may have important clinical implications for treatment and relapse prevention, which will be discussed.

Learning Objectives:

- Describe how blogs may be a useful tool in understanding eating disorder recovery from the perspective of individuals with lived experience.
- Identify and describe themes emerging from recovery-focused blogs.
- Discuss the importance and implications of themes emerging from recovery-focused blogs in eating disorder research and treatment.

T-118: The Perceived Therapeutic Benefits of Complementary Medicine in Eating Disorders

Nasim Foroughi, Western Sydney University, Sydney, Australia; Kevin Chen Yu Zhu, Western Sydney University, Sydney, Australia; Caroline Smith, Western Sydney University, Sydney, Australia; Phillipa Hay, DPhil, FAED, Western Sydney University, Sydney, Australia

Introduction. The purpose of this study was to investigate the perception of complementary medicine in community women; to identify which complementary medicine approaches people perceived as the most beneficial; and the impact of eating disorder symptoms on one's perception of treatment. **Method.** Electronic and paper-based surveys were distributed to a pre-existing cohort of community women (n=100) aged 18 years and over. The survey included questions about the perception of complementary medicine beneficials in eating disorders regarding a vignette of a woman with Anorexia Nervosa, and whether Complementary Medicine(s) helped the participant's own personal health. **Result.** Exercise, yoga, meditation, relaxation, vitamins and minerals, massage and creative therapy were perceived as very helpful for someone with Anorexia Nervosa and for general health. Excluding meditation, there was no significant relationship between the levels of eating disorder symptoms and perceived helpfulness of the therapies. Positive benefits were perceived for the use of Complementary Medicine for Anorexia Nervosa. **Conclusion.** Considering the positive regard for these approaches, empirical studies are required to test their efficacy in the treatment of eating disorders.

Learning Objectives:

- To identify the Complementary Medicine(s) benefits for their personal health.
- To identify the impact of eating disorder symptoms on one's perception of treatment.
- To identify the most beneficial complementary medicines for the treatment of AN.

T-119: The Perceived Therapeutic Benefits of Complementary Medicine in Eating Disorders

Nasim Foroughi, Western Sydney University, Sydney, Australia; Kevin Chen Yu Zhu, Western Sydney University, Sydney, Australia; Caroline Smith, Western Sydney University, Sydney, Australia; Phillipa Hay, Western Sydney University, Sydney, Australia

The purpose of this study was to investigate the perception of complementary medicine in community women; to identify which complementary medicine approaches people perceived as the most beneficial; and the impact of eating disorder symptoms on one's perception of treatment. Electronic and paper-based surveys were distributed to a pre-existing cohort of community women (n=100) aged 18 years and over. The survey included questions about the perception of complementary medicine beneficials in eating disorders regarding a vignette of a woman with Anorexia Nervosa, and whether Complementary Medicine(s) helped the participant's own personal health. Exercise, yoga, meditation, relaxation, vitamins and minerals, massage and creative therapy were perceived as very helpful for someone with Anorexia Nervosa and for general health. Excluding meditation, there was no significant relationship between the levels of eating disorder symptoms and perceived helpfulness of the therapies. Positive benefits were perceived for the use of Complementary Medicine for Anorexia Nervosa. Considering the positive regard for these approaches, empirical studies are required to test their efficacy in the treatment of eating disorders

Learning Objectives:

- Identify the complementary Medicine(s) benefits for their personal health.
- Identify the impact of eating disorder symptoms on one's perception of treatment.
- Identify the most beneficial complementary medicines for the treatment of AN.

T-120: Comparing approach biases towards high- and low-calorie foods when their caloric content is accurately judged

Dielle Horne, BS, The University of Western Australia, Perth, Australia; Jason Bell, PhD, Senior Lecturer, The University of Western Australia, Perth, Australia; Markus Neumann, PhD, Associate Professor, The University of Western Australia, Jena, Thuringia, Germany; Romina Palermo, PhD, External Collaborator, The University of Western Australia, Perth, Australia

Food choices play an important role in maintaining a healthy weight. As such, to determine the mechanisms underlying food choice researchers have examined automatic tendencies towards and away from low and high calorie foods. Studies have produced mixed results, some found participants had a faster approach bias to low- than high-calorie food, whereas others found that participants were faster to avoid low calorie food than approach low calorie food. One possible reason for these discrepancies is that estimation of calorie content by participants is imperfect, creating variance across studies using different images. The current study examined how accurately observers could estimate the caloric values of food. In Study 1, 840 participants estimated the caloric value of 178 high and 182 low calorie foods from the Foodpics database. Results were used to derive an optimised stimulus set of 20 high- and 20 low-calorie food images that were accurately judged by participants and also matched on perceived valence and arousal and image contrast and brightness. These data provide researchers with additional information to refine their stimulus choices. Study 2 (n = 65) then investigated approach and avoidance tendencies to these images using the Stimulus Response Compatibility (SRC) task in which participants moved a manikin figure towards or away from a given image type. Results reveal a modest approach bias towards high-calorie foods and a large approach bias towards low-calorie foods. Results are compared with past findings and associations with eating disorder symptoms. Results from the present study provide researchers with objectively high and low calorie food images accurately perceived in calorie content suitable for experimental use in an adult sample.

Learning Objectives:

- Gain an understanding of the accuracy of high and low calorie food judgments in the popular Foodpics database.
- Gain an understanding of the application of an optimised set of low and high calorie images that provide researchers with additional information to refine their stimulus choices.
- Gain an understanding of automatic action tendencies towards high and low calorie foods through the validation of the image sets.

T-121: Internal Weight-Related Locus of Control and Obligatory Exercise: The Role of Weight Preoccupation

Caleb Peterson, University of South Florida, Tampa, FL, USA; Christina Verzijl, BA, University of South Florida, Tampa, FL, USA; Emily Choquette, MA, University of South Florida, Tampa, FL, USA; Diana Rancourt, MA, University of South Florida, Tampa, FL, USA; Rachel Rogers, PhD, Northeastern University, Boston, MA, USA

The healthy weight discourse frames weight and shape as highly malleable through diet and exercise. This perspective may be internalized by individuals leading to an internal weight-related locus on control (LOC) that has been associated with weight stigma towards persons of size, and exercise avoidance. Little research, however, has explored the extent to which internal weight-related LOC may contribute

to both adaptive and maladaptive exercise behaviors. This study tested the association between weight LOC and 1) physical activity (PA) and 2) obligatory exercise, and examined whether these associations were indirect via weight stigma and weight preoccupation. A total of 971 college students (63.9% female; 68.1% White/Caucasian; 21.5% Hispanic/Latinx; M age = 20.7; M BMI = 24.5) completed measures of weight LOC, weight preoccupation, beliefs about obesity controllability, physical activity, obligatory exercise, and self-reported height and weight from which body mass index (BMI) was calculated. Controlling for BMI, sex, race, and ethnicity, two parallel indirect effect models were estimated. Internal weight-related LOC was not significantly correlated with either moderate or vigorous PA (p s > .84), thus testing an indirect effect model was not supported for PA. In the second model, one path was significant. Greater internal weight-related LOC was associated with greater obesity preoccupation ($b = .01$, 95% CI [.01, .02], $p = .01$), which was associated with more obligatory exercise ($b = 3.74$, 95% CI [3.06, 4.43], $p = .01$; indirect effect $b = .05$, 95% CI [.03, .08]). Findings suggest potential for internal weight-related LOC to increase individual risk for weight preoccupation and problematic exercise behaviors. Longitudinal research examining the directionality of these relationships is warranted.

Learning Objectives:

- Describe the gap in literature investigating how weight-related locus of control may contribute to exercise behaviors.
- Explore parallel indirect effects of weight stigma and overweight preoccupation on the association between weight-related locus of control and exercise behaviors.
- Discuss implications for future research on weight-related locus of control and exercise behaviors.

T-122: Probing the habit-centered model of anorexia nervosa by measuring habit strength

Lauren Davis, BS, New York State Psychiatric Institute, New York, NY, USA; Evelyn Attia, BA, MD, New York State Psychiatric Institute, New York, NY, USA; Janet Schebendach, BS, MA, PhD, New York State Psychiatric Institute, New York, NY, USA; Deborah Glasofer, BA, MA, PhD, New York State Psychiatric Institute, New York, NY, USA; Teresa Rufin, BA, New York State Psychiatric Institute, New York, NY, USA; Timothy Walsh, BA, MD, New York State Psychiatric Institute, New York, NY, USA; Joanna Steinglass, BA, MD, New York State Psychiatric Institute, New York, NY, USA

One approach to the psychopathology of anorexia nervosa (AN) posits that as restrictive eating is repeated, maladaptive actions develop the behavioral and neural characteristics of a habit. Initial neuroscience data support this model, yet the behavioral features of habit have been less studied. The Self-Report Habit Index (SRHI), validated in the social and behavioral science literature, measures habit strength. The aim of this study was to examine the relationship between habit strength and clinical features of AN. We hypothesized that among individuals with AN or Atypical AN habit strength would be (1) positively correlated with age and duration of illness and (2) negatively correlated with caloric intake in a laboratory test meal. Inpatients and outpatients with AN/Atypical AN completed the SRHI and a laboratory lunch multi-item meal. Participants were 65 women with AN ($n=51$) and atypical AN ($n=14$) between the ages of 14 and 40 years. Mean BMI was 16.5 \pm 2.2 kg/m² among individuals with AN and 18.6 \pm 2.2 kg/m² among those with Atypical AN. SRHI score was significantly correlated with age ($r = 0.39$, $p = 0.001$) and duration of illness ($r = 0.41$, $p = 0.001$). There was no significant association between SRHI and caloric intake (Spearman $r = -0.17$, $p = 0.20$). The relationship between habit strength and duration of illness offers behavioral evidence supporting the habit-centered model of AN: as the illness progresses, salient characteristics of AN may become resistant to change due to shifts in the neural

underpinnings of behavior. The SRHI was not directly related to laboratory meal intake, possibly because the measure probes behaviors more salient in the environment than in the laboratory. Future research will examine whether habit strength is related to daily caloric intake, and whether it is predictive of longer-term course of illness.

Learning Objectives:

- Understand the habit-centered model of anorexia nervosa.
- Describe the relationship between habit strength and clinical features of anorexia nervosa.
- Evaluate the role of habit in maintaining maladaptive behaviors in anorexia nervosa.

T-123: A Qualitative Investigation of Eating Disorder Patient Perceptions of and Preferences for the Research Process

Shelby Ortiz, BA, Miami University, Oxford, OH, USA; Hallie Espel, MA, Drexel University, Philadelphia, PA, USA; Christina Felonis, BA, The Renfrew Center, Philadelphia, PA, USA; Adela Scharff, BS, University at Albany - State University of New York, Albany, NY, USA

Low participation and retention rates are persistent problems in the eating disorder (ED) research field. Increasing our understanding of factors hindering participation and retention may allow researchers to develop strategies to improve these aspects of the research process. Using focus group methodology, this study examined ED patient perceptions of factors promoting and limiting research study participation, as well as patient preferences during the research process. Five, 90-minute focus groups were conducted with adult women (N=29) enrolled at a residential ED treatment facility in the United States. Facilitators asked ten open-ended questions about participants' experiences, opinions, and preferences with regard to ED treatment research. Transcript analysis identified themes using a consensual qualitative research approach. Results revealed that preventing others suffering, improving ED treatment, and having low participant burden were major themes facilitating research participation. However, major barriers to research participation included fear of research interfering with self-care/recovery, the nature of the study appearing burdensomeness/infeasible, and insensitive demeanor of the researchers/institutions involved with the study. Patients believed that the format of research assessments could be improved by better assessing the nuances of eating disorder behaviors and non-ED outcomes, and including open-ended questions. Patients anticipated that challenges in recovery, feelings of guilt, and logistical barriers could interfere with their ability to complete post-treatment research assessments. Of note, understanding the importance of interpersonal trust within the research context may prove to be a significant factor in enhancing participation. Overall, results suggest that patients prefer to participate in research involving sensitivity to individual needs and a clearer understanding of its purpose and potential impact.

Learning Objectives:

- Identify factors that increase and decrease the likelihood of eating disorder patients participating in research.
- Describe the preferences eating disorder patients have during the research process.
- Develop strategies that can increase retention rates in eating disorder research.

T-124: A Parallel Mediation Analysis: Assessing How Yoga May Help Decrease Eating Disorder Symptomology

Rachel Kramer, BA, MA, PHD, University of North Dakota, Grand Forks, ND, USA; F. Richard Ferraro, PhD, University of North Dakota, Grand Forks, ND, USA

Recent research findings suggest yoga practice is helpful in reducing eating disorder symptoms during treatment. This study was designed to evaluate which factors explain how yoga practice decreases eating disorder symptoms. Yoga practice is associated with improvements in mindfulness and self-compassion and emphasizes body awareness and attunement, thus potentially reducing experiential avoidance as a result. As such, a parallel mediation analysis was run assessing self-compassion, mindfulness, and experiential avoidance as mediators between perceived yoga skills and knowledge and eating disorder symptomology (Global EDE-Q). Specifically, Hayes PROCESS 4 model with a bias-corrected, bootstrapping sample of 5,000 was used. One-hundred-thirty-seven women participated in the study and completed the Yoga Self-Efficacy (YSES) scale (independent variable), EDE-Q (dependent variable) and assessments for the mediation variables - Self-Compassion Scale (SCS), Five Facet Mindfulness Questionnaire (mindfulness; FFMQ), and Acceptance and Action Questionnaire-II (Experiential Avoidance; AAQ-II). The overall model explained 22% of the variance in EDE-Q scores. The total effect model neared significance, $c = -.016$, $p = .054$, 95% CI [-.032, .0003]. The direct effect was not significant with the mediators included, $b = -.001$, $SE = .017$, 95% CI: -.017, .014. While YSES significantly predicted increases in self-compassion, $a_1 = .015$, $SE = .004$, 95% CI: .007, .022, mindfulness, $a_2 = .009$, $SE = .003$, 95% CI: .004, .014, and decreases in experiential avoidance, $a_3 = -.144$, $SE = .053$, 95% CI: -.248, -.039, self-compassion was the only variable noted to mediate the relationship between YSES and the Global EDE-Q; indirect effect, $b = -.01$, $SE = .003$, 95% CI: -.02, -.003. The results suggest individuals reporting improved yoga skills may report greater self-compassion contributing to less eating disorder symptoms. These findings should be assessed further in experimental and RCT studies.

Learning Objectives:

- Understand skills and/or abilities that are improved through yoga practice.
- Understand how skills developed through yoga practice relate specifically to eating disorder symptoms.
- Assess how yoga may lead to decreases in eating disorder symptoms via self-compassion, mindfulness, and experiential avoidance.

T-125: Set shifting in adolescents with anorexia nervosa and their unaffected family members

Noam Weinbach, PhD, University of Haifa, Haifa, Israel; James Lock, MD, PhD, FAED, Stanford University, Palo Alto, CA, USA; Cara Bohon, PhD, Stanford University, Palo Alto, CA, USA

Set shifting is the neurocognitive ability responsible for flexibly shifting attention between tasks. Poor set shifting has been reported in adults with AN and their unaffected family members. It has been suggested that poor set shifting underpins inflexible thinking style among patients with AN and that it may have genetic origins. However, reports regarding poor set shifting among adolescents with AN have been inconsistent. The current study aimed to assess set shifting among adolescents with AN, their unaffected siblings and parents and compare performance to healthy adolescents and their family members. Twenty-one families with a female adolescent diagnosed with AN and 28 healthy families were recruited. The Delis Kaplan Executive Function System (D-KEFS) was used to obtain 3 measures of set shifting (visual-motor switching, verbal category switching and inhibition-switching). The results showed no difference in set shifting abilities between unaffected siblings and parents of patients with AN and healthy family adolescents and parents. Adolescents with AN showed poor set shifting compared to healthy adolescents only after controlling for inhibitory control abilities in the inhibition-

switching measure, suggesting that differences in inhibitory control between patients and controls are important. Overall, the results do not support previous reports suggesting poor set shifting in unaffected family members of patients with AN. However, the results suggest that among adolescents with AN, improved inhibitory control masks a deficit in set shifting. This may explain why many studies find set shifting difficulties in adults with AN but not in adolescents. Future studies should control for inhibitory control abilities while assessing set shifting in adolescents with AN.

Learning Objectives:

- Understand the role neurocognitive mechanisms may play in anorexia nervosa.
- Assess the heritable nature of neurocognitive difficulties in anorexia nervosa.
- Expand knowledge on how set shifting should be assessed among adolescents with eating disorders.

T-126: Accelerated time perception during interoceptive arousal modulation in anorexia nervosa

Rachel Lapidus, MA, Laureate Institute for Brain Research, Tulsa, OK, USA; Maria Puhl, PhD, Laureate Institute for Brain Research, Tulsa, OK, USA; Marc Wittmann, PhD, Institute for Frontier Areas of Psychology and Mental Health, Freiburg, Germany; Sahib Khalsa, MD, PhD, Laureate Institute for Brain Research, Tulsa, OK, USA

Recent studies of time perception in anorexia nervosa (AN) have suggested a temporal bias underestimation relative to healthy comparisons, during physiological resting conditions. The present study explored the impact of increased physiological arousal on time perception in AN, through parametric modulation of cardiorespiratory interoceptive sensations with isoproterenol, a beta adrenergic agonist similar to adrenaline. An age and BMI matched sample of women with a history of AN (AN; n = 13) or current mood or anxiety disorder (MA; n = 13) and healthy comparison women (HC; n = 13) received randomized, double-blinded intravenous infusions associated with three arousal conditions: (1) saline (low), (2) 0.5 mcg isoproterenol (moderate); (3) 2 mcg isoproterenol (high). Participants rated the perceived duration and intensity of cardiorespiratory sensations as well as speed of time passage after each infusion. Linear mixed effects modeling revealed that cardiorespiratory sensation duration increased with dose ($t = 2.47$, $p = 0.014$) for all groups, but identified no group differences. A significant group by dose interaction ($t = 3.33$, $p = 0.001$) indicated that, relative to MA and HC groups, time passage was slowed for the AN group under low arousal, but accelerated during moderate arousal conditions. All groups perceived time to be passing faster during high arousal conditions. These results add clarity to a literature divided with respect to whether increases in arousal speed the perception of time passage. The observation that moderate interoceptive arousal differentially accelerates time perception in AN may help to explain one mechanism by which exposure to food cues reinforces dysfunctional attentional biases and behavioral routines.

Learning Objectives:

- Understand the embodied nature of time perception, and the impact of interoceptive awareness on time perception.
- Consider options for methodology to modulate cardiorespiratory sensations in order to study interoception during homeostatic perturbation in eating disorders.
- Consider the implications of altered time processing in anorexia nervosa.

T-127: Building resilience against depressive rumination: The protective role of attentional avoidance of thin-ideal bodies

Laura Dondzilo, BS (Hons), PhD, University of Western Australia, Crawley, Australia; Rebecca Shao, BS, University of Western Australia, Crawley, Australia; Jason Bell, BA (Hons), PhD, University of Western Australia, Crawley, Australia

Ruminative thinking is considered a vulnerability factor for body image and eating pathology. Thus, it is crucial to identify the underlying mechanisms of this maladaptive form of emotion regulation. The current study aimed to determine the direct causal influence of attentional bias towards thin-ideal bodies on both depressive and eating disorder-specific rumination in young women. An established attentional bias modification (ABM) protocol, a touchscreen version of the modified dot probe task, was used for both attentional assessment and training. Female undergraduate students (N=109) aged between 17 and 26 years completed an ABM session where attention was trained either towards, or away from, thin-ideal body images. Pre- and post-attentional training, participants completed the dot probe task, as well as state measures of rumination. Results showed that attentional bias for thin-ideal images increased in the attend group, and decreased in the avoid group immediately post ABM. Furthermore, participants trained to avoid thin-ideal bodies reported significantly reduced depressive rumination, compared with participants trained to attend to thin-ideal bodies. On the other hand, attentional bias towards thin-ideal bodies did not play a direct causal role in eating disorder-specific rumination. The current findings suggest that touchscreen-based ABM is successful in manipulating attentional bias, and that this has a consequent conducive impact on depressive rumination. Further, attentional avoidance of thin-ideal bodies is implicated a potential protective mechanism against depressive rumination. Importantly, these findings pave the way to the potential development of an ABM-based smartphone application with a view of building psychological resilience in young women. In turn, this may serve to protect against the development of body image and eating disturbances.

Learning Objectives:

- Recognize techniques used to assess and manipulate attentional processes regarding body image-related information.
- Describe the causal relationship between attentional bias for thin-ideal bodies and rumination.
- Realise the implications of touchscreen-based attentional bias modification in potentially helping build resilience against body image and eating pathology.

T-128: DISTRUST OF THE SENSES, OBSESSIVE THINKING AND EATING PATHOLOGY

Catherine Ouellet-Courtois, PhD Candidate, University of Montreal, Montreal, Quebec, Canada; Samantha Wilson, PhD, University of Montreal, Montreal, Quebec, Canada; Kieron O'Connor, PhD, University of Montreal, Montreal, Quebec, Canada

Purpose: A lack of cognitive confidence, defined as a distrust of one's cognitive abilities (including attention, perception, and memory), is a cognitive bias that is thought to play a role in the maintenance of obsessive-compulsive disorder (OCD), and that may also be implicated in eating disorders (EDs). For instance, an individual suffering from an ED might not trust what they see in the mirror, which may help to explain clinical behaviours such as repetitive body checking. The current study was designed to examine the presence of low cognitive confidence in individuals with an ED relative to healthy controls (HC), and to explore the relationship between low cognitive confidence and a similar OCD-related construct, called inferential confusion, whereby a distrust of the senses leads to an investment into imaginary possibilities. **Method:** A total of 22 women participated in this study (ED group, n =16; HC

group, n = 6). Recruitment is ongoing. Participants completed measures of low cognitive confidence (as measured with the Metacognition Questionnaire), inferential confusion and obsessional symptoms. Results: Preliminary analyses indicated a trend for higher inferential confusion in the ED group compared to the HC group ($F_{1,22}=3.93$, $p = .061$), however, no significant differences emerged for low cognitive confidence ($F_{1,19}=.97$, $p = .759$). Interestingly, a strong positive correlation was found between obsessional symptoms and low cognitive confidence, while correlations with inferential confusion were moderate or null. No association was found between low cognitive confidence and inferential confusion. Conclusions: These preliminary findings suggest that individuals with EDs may display a greater distrust of the senses than healthy control individuals, and are more prone to obsessional thinking. This investigation may help us to better understand the relationship between EDs and OCD through the examination of factors that are potentially implicated in both disorders.

Learning Objectives:

- Understand the cognitive overlap between OCD and eating disorders.
- Assess the role of cognitive biases and distortions in eating disorders.
- Describe how obsessional thinking is revealed in eating disorders.

T-129: Association between attachment styles and emotional regulation in patients with Anorexia Nervosa (AN) and Bulimia Nervosa (BN).

Laura Zavala, MD, Universidad Autónoma de Nuevo León, National Institute of Psychiatry to 'Ram n de la Fuente Mu iz, Mexico City, Mexico; Griselda Galv n, MD, Autonomous University of Querétaro, National Autonomous University of Mexico, National Institute of Psychiatry to 'Ram n de la Fuente Mu iz, Mexico City, Mexico; Alejandro Caballero, MD, National Autonomous University of Mexico, National Institute of Psychiatry to 'Ram n de la Fuente Mu iz, Mexico City, Mexico; Nelly Capetillo, MD, Autonomous University of Yucatan, Universidad Autónoma de Nuevo León, National Institute of Psychiatry to 'Ram n de la Fuente Mu iz, Mexico City, Mexico

Emotion Regulation refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express this emotions. On the other hand, the attachment theory has been conceptualized as an emotion regulation theory, and that attachment styles are internal working models influencing emotion regulation and behavior. A difficulty in regulating affect tends to be associated with cognitions, symptoms and maladaptive behaviors compatible with an Eating Disorder (ED). In this study we aimed to determine the association between attachment styles and emotional regulation in patients with Anorexia Nervosa (AN) and Bulimia Nervosa (BN). It is a cross-sectional, descriptive and observational study. The cases were recruited in the outpatient clinic of the ED Clinic of the National Institute of Psychiatry Ram n de la Fuente Mu iz who met the diagnosis of AN or BN through the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), who agreed to participate through an informed consent and then complete the self-applied scale of Difficulties in Emotion Regulation Scale (DERS) and the Adult Attachment Questionnaire (Melero and Cantero 2008) as well as a socio-demographic data format. A sample of 90 patients was recruited, where all were woman, in an age range of 14 to 30 years, 30% of them fulfilling criteria for a diagnosis of AN and 70% for BN. The BN group obtained a higher score on the DERS scale, with predominance of an insecure attachment style in both groups, obtaining greater difficulty in emotional regulation in patients with an insecure attachment style (anxious) with ED. Because the attachment style influences the expression, severity, adherence to treatment, maintenance and prognosis of the ED, an emotion regulation and attachment style approach can provide another treatment option in our patients.

Learning Objectives:

- Increase knowledge about the concepts of emotional regulation and attachment styles in eating disorders (ED).
- Distinguish the association between emotional regulation and attachment styles in the field of ED.
- Consider a therapeutic approach towards these objectives.

T-130: Positive Eating Expectancies Mediate the Association between Reward Sensitivity and Binge Eating

Sarah Brassard, BA, McGill University, Montreal, Quebec, Canada; Sarah Racine, BS, MA, PhD, McGill University, Montreal, Quebec, Canada; Sarah Schell, BS, PhD, McGill University, Montreal, Quebec, Canada

Binge eating, a core feature of several eating disorders, is associated with both psychological and medical morbidity, and therefore understanding its development is crucial. The Acquired Preparedness Model posits that disorder-specific expectancies mediate the relationship between high-risk personality traits and the development of psychopathology. When applied to binge eating, it has been shown that individuals who are high on the personality trait of negative urgency are more likely to develop the expectancy that eating will reduce negative affect, which in turn leads to binge eating. This model conceptualizes binge eating as a behavior aimed at reducing negative affect. The goal of the current study was to examine whether the Acquired Preparedness Model might also explain binge eating as a behavior aimed at increasing positive affect. Based on findings that reward sensitivity is heightened in individuals with binge eating, we hypothesized that having higher reward sensitivity would more likely be associated with the expectancy that eating is rewarding and pleasurable, and thus engage in binge eating. Participants were 998 undergraduate students (55% female). Results supported our hypothesized mediation model: cross-sectional data demonstrated the expectancy that eating is rewarding and pleasurable mediated the association between the personality trait of reward sensitivity and binge eating, such that individuals higher in reward sensitivity were more likely to expect eating to be rewarding and pleasurable, and this eating expectancy was associated with more self-reported binge eating. These findings highlight an additional pathway through which personality and cognition might influence the development of binge eating, and suggest the importance of focusing on binge eating as a reward-motivated behavior. Future studies should replication this model using longitudinal data, and include clinical samples of patients with binge eating.

Learning Objectives:

- To describe the Acquired Preparedness Model and understand how it can be applied to explain binge eating as a reward-motivated behaviour.
- Understand how reward sensitivity and eating expectations contribute to the development of binge eating.
- Describe the clinical implications of focusing on binge eating as a reward-motivated behaviour.

T-131: Temperament Traits in Atypical Anorexia Nervosa and Anorexia Nervosa

Taylor Perry, BA, University of California, San Diego, San Diego, CA, USA; Tiffany Brown, PhD, University of California, San Diego, San Diego, CA, USA; Walter Kaye, MD, FAED, University of California, San Diego, San Diego, CA, USA; Christina Wierenga, PhD, University of California, San Diego, San Diego, CA, USA

Atypical anorexia nervosa (AAN) and anorexia nervosa (AN) share many eating disorder (ED) symptoms such as dietary restriction, fear of weight gain, body image disturbance, and significant weight loss, yet in AAN, weight is within or above the normal range. Prior research comparing ED psychopathology in AAN and AN is mixed. This study aimed to compare (1) ED psychopathology, (2) temperament traits (harm avoidance [HA], novelty seeking [NS], and behavioral inhibition/avoidance), and (3) the associations between traits and ED symptoms between AAN and AN. Age- and length of illness (LOI)-matched females diagnosed with AAN [n = 24; Mage = 26.1(11); MLOI = 8.6(9.2) yrs; MBMI = 20.6(2.8)] and AN [n = 24; Mage = 26.0(10.4); MLOI = 9.3(10.2) yrs; MBMI=17.7(2.2)] completed the Eating Disorder Examination-Questionnaire (EDE-Q), Temperament and Character Inventory (TCI), and the Behavioral Inhibition Scale/Behavioral Activation Scale (BIS/BAS) at Partial Hospitalization Program admission. Analyses of variance examined group differences between AAN and AN on traits and ED symptoms, and Pearson correlations examined associations between traits and symptoms. Differences in the strength of these associations were compared between groups. Groups differed on BMI (p .001). AAN scored higher than AN on TCI HA, BIS, and EDE-Q Weight Concern, Shape Concern, and Global scores (ps .05). AN scored higher than AAN on TCI NS, BAS Reward Dependence, and BAS Fun (ps .05). Within groups (AAN and AN) there were significant correlations between temperament and symptoms; however, there were no differences in the magnitude of these correlations between groups. Thus, while AAN and AN differ on self-reported traits and symptoms, with AAN reporting greater symptoms and behavioral inhibition, correlation results suggest that the way temperament relates to ED symptoms may not differ between groups. Despite absence of the low weight criteria, AAN is characterized by significant ED psychopathology.

Learning Objectives:

- Describe differences in eating disorder psychopathology between atypical anorexia nervosa and anorexia nervosa.
- Describe differences in temperament traits between atypical anorexia nervosa and anorexia nervosa.
- Discuss similarities in the associations between traits and eating disorder symptoms in atypical anorexia nervosa and anorexia nervosa.

T-132: Relapse in anorexia nervosa; a systematic review and meta-analysis.

Tamara Berends, MSc, Altrecht Eating Disorder Center Rintveld, Zeist, Utrecht, Netherlands; Annemarie van Elburg, MD, PhD, FAED, Altrecht Eating Disorder Center Rintveld, Zeist, Utrecht, Netherlands; Nynke Boonstra, PhD, NHL Stenden University of Applied Sciences, Leeuwarden, Friesland, Netherlands

Relapse is common in patients with anorexia nervosa (AN). The aim of this study is to systematically review the existing literature on relapse in AN. A systematic literature search was conducted in PubMed, PsychInfo and CINAHL published up to April 2018. Of the 1527 studies screened, 16 studies were included in the present review. This analysis shows that, of all the patients included in this review, 31% relapsed after treatment. This result was irrespective of the mean age of participants, implying that younger patients with anorexia nervosa are at the same risk of relapse as older patients. The highest risk of relapse is during the first year after discharge and this risk continues for up to two years. During this period, patients should be guided and supported with a personalised relapse prevention strategy. An overview was made of all factors significantly associated with a higher risk of relapse, resulting in the following four clusters: eating disorder variables, comorbidity symptoms, process treatment variables, and demographic variables. There was substantial variability in the factors associated with relapse, due

to the different procedures and instruments used in the studies to identify predictors of relapse. Future research on relapse prevention is necessary to further unravel the mechanisms that might lead to relapse.

Learning Objectives:

- Describe the rate and timing of relapse in patients with anorexia nervosa.
- Describe the overview on factors significantly associated with relaps, and the four clusters of variables.
- Discuss the necessity of relapse prevention programs for clinical practice.

T-133: Interpersonal Psychotherapy for Body Image Difficulties (IPT-BI): Initial Efficacy of a School Based Preventative Intervention for Adolescents

Fiona Duffy, D.Clin.Psych, Lecturer/Consultant Clinical Psychologist, Edinburgh University, Edinburgh, Lothain, UK; Helen Sharpe, PhD, Lecturer, Edinburgh University, Edinburgh, Lothian, UK; Cathy Richards, MSc, Consultant Clinical Psychologist/Lead Clinician NHS Lothian CAMHS, NHS Lothian CAMHS, Edinburgh, Lothian, UK

Interpersonal Psychotherapy for Body Image (IPT-BI) is a new intervention aimed to reduce body dissatisfaction and improve positive body image in adolescents who are concerned about their weight or shape by helping them to develop skills to build and make use of supportive interpersonal relationships. This paper describes the theoretical rationale for IPT-BI, the manualised protocol of this novel intervention and preliminary data regarding feasibility, acceptability and efficacy. An open trial of IPT-BI is currently taking place within secondary schools in the UK. Pupils are recruited via self-referral or identified via school staff. Young people are eligible if they are between 12-18 years, enrolled in the participating school, and self-identify as having elevated weight and shape concerns (participants are ineligible if they meet DSM-V criteria for an eating disorder). IPT-BI involves 8 weekly groups sessions, with groups of 6-10 young people aged 12-18 years and is delivered by two IPT trained facilitators. Pupils completed a brief self-report measure of body image in each session alongside a battery of self-report assessments of body image, interpersonal difficulties, depression and eating disorder symptoms at baseline, end of intervention and follow up. Data will be presented for IPT-BI groups including baseline characteristics showing that young people referred to IPT-BI had greater body image concerns than age related norms, mean depression ratings below the clinical cut off and interpersonal difficulties slightly elevated in comparison to the general population highlighting a successful recruitment strategy. Initial acceptability and efficacy data will be presented including impact on body image, depression and interpersonal difficulties.

Learning Objectives:

- Describe Interpersonal Psychotherapy for Body Image (IPT-BI).
- Consider the theoretical model and research underpinning IPT-BI.
- Examine initial evidence for the feasibility, acceptability and efficacy of IPT-BI.

T-134: Longitudinal, Reciprocal Relations Among Bulimic Behaviors and Risk Factors

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

The purpose of this study was to test a model defining reciprocal relationships between risk factors and bulimic behaviors. That is, bulimic behaviors may themselves increase levels of the same maladaptive traits and emotions that predicted bulimic behaviors in the first place (Davis et al., 2018). In a sample of $n = 314$ college women assessed in August of their freshman year (baseline) and 3 months later (follow-up), we sought to test whether 1) risk factors at baseline predicted increases in bulimic behaviors (binge eating, purging, and fasting) at follow-up and 2) whether engagement in bulimic behaviors at baseline predicted increases in the risk factors at follow up. The risk factors examined included negative urgency, the tendency to act rashly when distressed, negative affect, a general dimension of subjective distress, and shame, a moral emotion reflecting a person's view of themselves as flawed or wrong. We controlled for guilt when studying shame (see Tangney et al., 2007). Each risk factor at baseline predicted binge eating at follow-up, controlling for baseline binge eating and the other risk factors. Only baseline negative affect predicted fasting at follow-up, with the same controls. Negative urgency and negative affect predicted purging at follow up, again with the same controls. As for the reverse relationships, endorsement of binge eating, fasting, and purging at baseline predicted increased negative urgency at follow-up, controlling for baseline negative urgency. Only endorsement of fasting at baseline predicted heightened negative affect at follow-up, controlling for baseline negative affect. Endorsement of fasting and binge eating at baseline predicted increased shame at follow-up, controlling for baseline shame and guilt. Eating disorder behaviors appear to increase risk for personality and emotion-based dysfunction. Reciprocal prediction between bulimic behaviors and risk factors operates longitudinally. This research was supported by NIMH.

Learning Objectives:

- Describe personality and emotion-based risk factors for bulimic behaviors.
- Describe the bidirectional relationship between bulimic behaviors and risk factors.
- Understand the clinical implications of identifying and treating the factors that not only increase risk for, but are also harmfully impacted by, bulimic behavior engagement.

T-135: Considering Positive Body Image as a Protective Factor against Disordered Eating in Diverse Undergraduate Women

C. Blair Burnette, MS, Virginia Commonwealth University, Richmond, VA, USA; Alexandria Davies, MS, Virginia Commonwealth University, Richmond, VA, USA; Rachel Boutte, MS, M.Div., Virginia Commonwealth University, Richmond, VA, USA; Suzanne Mazzeo, PhD, FAED, Virginia Commonwealth University, Richmond, VA, USA

An alarming percentage of undergraduate women engage in disordered eating, with recent surveys finding comparable rates across racial and ethnic groups. The majority of women, particularly racial and ethnic minorities, do not receive treatment, which is troubling given the impairment and associated chronicity of these issues. There is growing interest in positive body image and its potential as a protective factor against disordered eating. The purpose of the current study was to assess if two domains of positive body image, body appreciation and broad conceptualization of beauty (BCB), buffered the effect of appearance-related media pressure on global eating pathology. A secondary aim was to assess these constructs amongst racial and ethnic groups. Undergraduate women ($N = 760$; 40% White, 23% Black, 7.5% Latina, 24% Asian, 5.5% multi-racial) completed measures of body image and eating behaviors online. Consistent with recent statistics, a substantial proportion were high-ED risk (12.5%), with no racial or ethnic differences. White and Asian women reported lower body appreciation ($p < .001$) than Black women, but BCB was comparable across groups. Overall, both body appreciation ($p < .001$) and BCB ($p = .03$) weakened the relation between media pressure and global eating pathology.

However, sub-group analyses of White, Black, and Asian women revealed body appreciation was not protective for White women and BCB was protective only for Asian women. The current study underscores the potential of positive body image to serve as a protective factor against body dissatisfaction and eating pathology, but important racial and ethnic differences exist. Future research should examine factors that aid the development of positive body image in diverse young women at high risk for disordered eating. Additionally, prevention programs might be improved through aiming to foster positive body image in at-risk groups.

Learning Objectives:

- Recognize the urgent need to identify protect factors to prevent and reduce disordered eating rates in undergraduate women.
- Evaluate the potential of positive body image to buffer effects of mass media appearance pressures on disordered eating in undergraduate women.
- Justify the imperative need to consider racial, ethnic, and cultural backgrounds, and potential differences between groups, in the development of prevention research and programming.

T-136: Considering Positive Body Image as a Protective Factor against Disordered Eating in Diverse Undergraduate Women

C. Blair Burnette, MS, Virginia Commonwealth University, Richmond, VA, USA; Alex Davies, MS, Virginia Commonwealth University, Richmond, VA, USA; Rachel Boutte, MS, M.Div., Virginia Commonwealth University, Richmond, VA, USA; Suzanne Mazzeo, PhD, FAED, Virginia Commonwealth University, Richmond, VA, USA

An alarming percentage of undergraduate women engage in disordered eating, with recent surveys finding comparable rates across racial and ethnic groups. The majority of women, particularly racial and ethnic minorities, do not receive treatment, which is troubling given the impairment and associated chronicity of these issues. There is growing interest in positive body image and its potential as a protective factor against disordered eating. The purpose of the current study was to assess if two domains of positive body image, body appreciation and broad conceptualization of beauty (BCB), buffered the effect of appearance-related media pressure on global eating pathology. A secondary aim was to assess these constructs amongst racial and ethnic groups. Undergraduate women (N = 760; 40% White, 23% Black, 7.5% Latina, 24% Asian, 5.5% multi-racial) completed measures of body image and eating behaviors online. Consistent with recent statistics, a substantial proportion were high-ED risk (12.5%), with no racial or ethnic differences. White and Asian women reported lower body appreciation ($p < .001$) than Black women, but BCB was comparable across groups. Overall, both body appreciation ($p < .001$) and BCB ($p = .03$) weakened the relation between media pressure and global eating pathology. However, sub-group analyses of White, Black, and Asian women revealed body appreciation was not protective for White women and BCB was protective only for Asian women. The current study underscores the potential of positive body image to serve as a protective factor against body dissatisfaction and eating pathology, but important racial and ethnic differences exist. Future research should examine factors that aid the development of positive body image in diverse young women at high risk for disordered eating. Additionally, prevention programs might be improved through aiming to foster positive body image in at-risk groups.

Learning Objectives:

- Recognize the urgent need to identify protect factors to prevent and reduce disordered eating rates in undergraduate women.

- Evaluate the potential of positive body image to buffer effects of mass media appearance pressures on disordered eating in undergraduate women.
- Justify the imperative need to consider racial, ethnic, and cultural backgrounds, and potential differences between groups, in the development of prevention research and programming.

T-137: What is "Body Positivity" and how do we foster it?: The Body Project decreases body checking and increases state body image and appearance satisfaction and body functionality focus in undergraduate women.

Michael A. Stalteri, Jr., BS, Union College, Schenectady, NY, USA; D. Catherine Walker, PhD, Union College, Schenectady, NY, USA

The present study investigated the impact of a two-session version of the Body Project on undergraduates' body checking, body image avoidance, state body image satisfaction, body appreciation and body functionality. The Body Project is a cognitive-dissonance based peer-led workshop that has demonstrated efficacy at improving body satisfaction in adolescent and college-aged women (Vanderkuik et al., 2017). However, previous research has not examined the impact of the Body Project on body image avoidance, body appreciation, and body functionality. Thus, the current study aimed to replicate previous research that found increased state body image satisfaction and decreased body checking (surveillance) following Body Project participation (Kilpela et al., 2017). We also hypothesized that body image avoidance would decrease and body appreciation and body functionality focus would increase following the Body Project. Thus far, twenty undergraduate women completed both Body Project workshops at a small liberal arts college in the Northeast United States. All participants identified as cisgender females with a $M(SD)Age = 20.35 (2.46)$. Thirteen (65%) participants identified their race/ethnicity as White, five (25%) as Black, and three (15%) as Latina. Preliminary data analyses found a significant increase in participants' state body image satisfaction, $t(19) = -5.81, p = .001$, body appreciation, $t(19) = -5.01, p = .001$, body functionality, $t(19) = -3.47, p = .003$, and a significant decrease in participants' body checking, $t(19) = 2.86, p = .01$, from pre- to post- Body Project completion. However, no significant differences were found in body image avoidance, $t(19) = -0.31, p = .76$, immediately following the workshop. Data collection is ongoing. These results support previous literature of the Body Project's efficacy as an intervention in diminishing body image concerns and provide preliminary support in its ability to foster aspects of positive body image.

Learning Objectives:

- Identify short-term impacts of the Body Project on factors related to undergraduate women's negative and positive body image.
- Identify long-term impacts of the Body Project on factors related to undergraduate women's negative and positive body image.
- Identify impacts of the Body Project on novel factors, including body image avoidance, body functionality focus, and body appreciation.

T-138: Initial results from In the Mirror: Functional Appreciated Bodies (IM FAB), a novel body functionality mirror exposure program.

D. Catherine Walker, PhD, Union College, Schenectady, NY, USA; Emily Ehrlich, BS, Union College, Schenectady, NY, USA; Julia M. Brooks, BS, National Institute of Mental Health, Bethesda, MD, USA

The present study tested a novel body functionality mirror exposure (ME) program, In the Mirror: Functional Appreciated Bodies (IM FAB). IM FAB participants completed three weekly functionality-focused ME sessions paired with body functionality gratitude assignments. IM FAB participants were compared to an active control group and an assessment only control group. Active control participants completed pure ME and non-body-related gratitude homework. Participants were assessed at baseline, post-intervention, and at one- and four-months. Both ME interventions were expected to increase body appreciation and functionality valuation while reducing eating disorder risk as compared to control participants. Fifteen participants have completed the study and data collection is ongoing. Participants mean (SD) age is 19.77 (1.09) years old and have M(SD)BMI of 21.69 (9.82) kg/m². Combining the IM FAB and active control groups indicated increased appearance-related, $t(6) = -2.33, p = .06$, and overall state self-esteem, $t(6) = -2.30, p = .06$, directly following averaged weekly ME. Compared to the pure ME group, M(SD)PA = 14.50 (1.29), those in the IM FAB group had significantly higher positive affect at post-intervention, M(SD)PA = 21.00 (1.29), $F(1, 4) = 7.76, p = .05$, controlling for baseline positive affect. In both ME groups, there was a trend toward decreased body checking, $F(2, 6) = 4.64, p = .06$, and significantly lower body objectification, $F(2, 6) = 12.40, p = .04$, across ME groups. Significant Time x Condition interactions were present on health orientation (HO) scores, $F(2, 6) = 4.83, p = .01$, with IM FAB participants showing increased HO from baseline to post-intervention, returning to baseline during the follow-up period; pure ME participants HO decreased from baseline to post-intervention, but returned to baseline levels by one-month follow-up. Overall, results suggest promise in pairing mirror exposure with a gratitude focus.

Learning Objectives:

- Identify factors associated with body functionality valuation.
- Understand how gratitude for body functionality is incorporated into mirror exposure.
- Assess the impact of body functionality focused mirror exposure on women's eating disorder risk, functionality valuation, and appearance satisfaction.

T-139: Effectiveness of the Body Image Program (BIP) applied to adolescents girls of 11th grade as a tool to prevent the risk of eating disorders and to lower the level of body dissatisfaction

Ester Mayerson Kardonsky, Master's Degree, Professor, Adolfo Ibáñez University, Santiago, Metropolitana, Chile; Carolina Nudman, Master's Degree, Adolfo Ibáñez University, Santiago, Metropolitana, Chile; Constance Hammerli, Master's Degree, Adolfo Ibáñez University, Santiago, Metropolitana, Chile; Catalina Moore, Master's Degree, Adolfo Ibáñez University, Santiago, Metropolitana, Chile; Pedro Armendariz, Master's Degree, Adolfo Ibáñez University, Santiago, Metropolitana, Chile

This research arises from the need to develop and implement techniques that can prevent eating disorders in Chile. For this purpose, the Body Image Program (BIP) was conducted with a sample of 48 adolescent girls, students of 11th grade of the Alianza Francesa School, in Santiago, Chile. The program had 2 sessions of 2 hours each, in which the whole sample was divided in groups of 8 girls each. Although the workshops were conducted during school hours, the attendance was absolutely voluntary, and an informed consent was signed by the girls and their parents. A day prior to the start of the program, these were asked to anonymously answer the following three questionnaires: CIMEC-26, EDI-3 (only for the following scales: Drive for Thinness, Bulimia, and Body Dissatisfaction) and MBSRQ. Each group discussed topics such as the costs associated with pursuing the ideal figure and what was leading to such pursuit, the strategies used to resist the pressure for being thin and how to generate a collective change in pursuit of that. Immediately following the completion of the program, the students were

asked to complete the three questionnaires once again. The before and after responses allowed us to measure the impact of the program and the results, showed a significant reduction in the preoccupation about excess weight, impulse to be thin and in the bulimic symptomatology.

Learning Objectives:

- Learn effective tools to prevent eating disorders in adolescent girls.
- Open up to topics like the "fat talk" or the pursuit of thinness between girls at risk of an eating disorder.
- Describe the importance of team work and with pairs for an effective prevention in eating disorders.

T-140: The impact of a prevention program on female adolescents with and without dieting behaviors

Guillermina Rutzstein, PhD, FAED, University of Buenos Aires, Buenos Aires, Argentina; Brenda Murawski, PhD, University of Buenos Aires, Buenos Aires, Argentina; Jesica Custodio, PhD, University of Buenos Aires, Buenos Aires, Argentina; Eduardo Leonardelli, CPsychol, University of Buenos Aires, Buenos Aires, Argentina; Leonora Lievendag, CPsychol, University of Buenos Aires, Buenos Aires, Argentina; Mar a Luz Scappatura, PhD, University of Buenos Aires, Buenos Aires, Argentina; Luciana Elizathe, PhD, University of Buenos Aires, Buenos Aires, Argentina; Julieta Lopez, CPsychol, University of Buenos Aires, Buenos Aires, Argentina; Germ n Bidacovich, CPsychol, University of Buenos Aires, Buenos Aires, Argentina; Mar a Bel n Banasco Falivelli, CPsychol, University of Buenos Aires, Buenos Aires, Argentina; Paula Salaberry, BSc, University of Buenos Aires, Buenos Aires, Argentina

The aim of this study was to compare the impact of a three session eating disorders prevention program on female adolescents with and without dieting behaviors (DB). The program was based on the principles of the cognitive dissonance theory and on the media literacy approach. The sample included 88 female adolescents aged between 12 and 17 years ($M = 14.49$, $SD = 1.25$) from Buenos Aires, Argentina: 28 with DB and 60 without DB. Participants completed a Sociodemographic Questionnaire and were interviewed by the Eating Disorder Examination (EDE) before the intervention, to identify whether they presented DB or not. In order to assess the impact of the program, participants completed the following self-administered instruments in three evaluation times (before, immediately after and six months after the intervention): Cuestionario de Influencia del Modelo Est tico Corporal (Questionnaire of influence of the Aesthetic Corporal Model-26, CIMEC-26) and risk subscales of the Eating Disorder Inventory-3 (EDI-3). A two-way ANOVA analysis was performed to evaluate whether the program produced different effects in participants with DB compared to participants without DB. There was significant evaluation time x DB interaction for two CIMEC-26 subscales [Concern for body image ($F = 3.586$, $p = .032$) and Influence of social contexts ($F = 1.043$, $p = .009$)] and for global CIMEC-26 score [Thin-ideal internalization ($F = 3.904$, $p = .024$)]. There was no significant interaction for Drive for thinness, Bulimia, Body dissatisfaction (EDI-3), Influence of advertising, Influence of verbal messages and Influence of social models (CIMEC-26), suggesting similar effects across subgroups. The program shows a partial different impact when administered to female adolescents with or without DB. Future research should be aimed at investigating which factors could explain these findings, and the implications for the design of new preventive programs.

Learning Objectives:

- Recognize the importance of effective prevention programs.
- Evaluate the impact of an eating disorders prevention program in female adolescents with and without dieting behaviors.

- Discuss the importance of designing and implementing universal or selective prevention programs.

T-141: Prospective relationship between attachment and disordered eating: The mediating role of body dissatisfaction in boys and girls.

Laura Cort s-Garc a, BA, MA, PhD Candidate, University of Santiago de Compostela, Santiago, Spain;
Carmen Senra, PhD, Professor, University of Santiago de Compostela, Santiago, Spain

A large body of research indicates that insecure attachment in adolescents predict a variety of adverse outcomes, including eating pathology. Besides, longitudinal studies have found that body dissatisfaction in early adolescence is associated with risk for subsequent disordered eating, particularly in girls. However, little is known about the interplay between attachment, body dissatisfaction, and disordered eating. The present study prospectively examines the effects of parental attachment on the development of body dissatisfaction as a contributing factor for the development of disordered eating in boys and girls. More specifically, we analyze whether body dissatisfaction act as intermediate link between parental insecure attachment and eating pathology in the transition from childhood to adolescence. A sample of 890 preadolescent s girls and boys was assessed at baseline (T1; Mage = 10.8 years) and at 2- and 4-year follow-up (T2 and T3). Mediation analysis was performed using bootstrapping procedures. Results showed that secure attachment towards mother and father were significantly and negatively associated with body dissatisfaction and eating pathology. The mediating role of body dissatisfaction was supported for boys and girls, suggesting that less secure attachment towards father and mother may exert their influence on disordered eating via higher body dissatisfaction. Despite that all indirect effects were significant, they were stronger among girls indicating that parental attachment play a crucial role protecting against eating pathology, especially in girls. Overall, these findings provide longitudinal evidence regarding the mediational role of body dissatisfaction in transferring the impact of insecure parental attachment on disordered eating across this transitional period. Prevention programs of Eating Disorders should focus on improving interpersonal relationships of boys and girls with their parents and on promoting a healthy body image.

Learning Objectives:

- Know the mediational role of body dissatisfaction underlying the relationship between attachment and disordered eating.
- Discuss the differential function of body dissatisfaction between parental attachment and disordered eating in preadolescents boys and girls.
- Understand the clinical implications of the findings by targeting these variables to enhance the treatments and prevention programs of Eating Disorders.

T-142: Prospective reciprocal associations between parental attachment and disordered eating in preadolescents

Laura Cort s-Garc a, BA, MA, PhD Candidate, University of Santiago de Compostela, Santiago, Spain;
Svenja Hoffmann, BSc, MSc, PhD Candidate, University of Potsdam, Potsdam, Brandenburg, Germany;
Petra Warschburger, PhD, Professor, University of Potsdam, Potsdam, Brandenburg, Germany; Carmen Senra, PhD, Professor, University of Santiago de Compostela, Santiago, Spain

Research suggests that the quality of attachment towards family is associated with the emergence of disordered eating attitudes and behaviors during preadolescence. However, the prospective association

between attachment to either mother or father and disordered eating as well as the direction of this relationship in the transition from childhood to adolescence remains unclear. Consequently, this study explored prospective reciprocal associations between attachment quality towards mother and father and gender difference in eating pathology across this transitional period. A population-based sample of 890 adolescents girls and boys was assessed at baseline (T1; Mage = 10.83 years) and at 2-, 4- and 6-year follow-up (T2, T3 and T4). Responses were analyzed using longitudinal cross-lagged models. Overall, gender comparisons indicated that better attachment towards parents was a stronger predictor for less pronounced disturbed eating in girls compared to boys. A unidirectional, significant association was found between better attachment to mother and less pronounced disturbed eating in girls across the age range and in boys from T1 to T3. Regarding attachment to father, better attachment to father (T1) lead to less disordered eating (T2) among girls. Unexpectedly, a reverse prospective association between disordered eating (T1) and better attachment to the father (T2) was found among boys. The present study provides preliminary evidence for the bidirectional relationships between attachment and eating pathology and contributes to identifying the differential role of attachment figures on the development of disordered eating in preadolescence. Future research should further elucidate the mechanisms underlying this differential association.

Learning Objectives:

- Know the prospective reciprocal associations between attachment and disordered eating.
- Discuss the differential influence of attachment towards mother and father on the development of disordered eating in preadolescents boys and girls.
- Understand the relevant implications of attachment theory for the prevention and treatment of Eating Disorders.

T-143: Emotional and Socio-emotional Processing in Bulimic Symptoms

Mun Yee Kwan, PhD, West Texas A&M University, Amarillo, TX, USA; Kathryn Gordon, PhD, North Dakota State University, Fargo, ND, USA; Valerie Douglas, MA, North Dakota State University, Fargo, ND, USA

The purpose of this study was to examine the role of emotional and socio-emotional processing in bulimic symptoms. Three emotional and socio-emotional processing were examined: emotion dysregulation, emotional intelligence, and emotional understanding of others. A total of 1112 undergraduate students (52.2% female) aged between 18 and 30 years old ($M = 19.23$, $SD = 1.57$) participated in this study. Upon informed consent, participants completed the Center for Epidemiologic Study Depression-Revised, the Difficulties in Emotion Regulation Scale, the Reading the Mind in the Eyes, and the Bulimia Test-Revised, which were presented in random blocks in a laboratory. After controlling for depressive symptoms, a regression analysis revealed a significant effect of emotion dysregulation ($Beta = .33$, $p = .001$) and emotional understanding of others ($Beta = -.10$, $p = .001$), but not emotional intelligence ($Beta = -.003$, $p = .93$), on bulimic symptoms. Results indicated that difficulties with emotion regulation and in understanding the emotions of others played a role in bulimic symptoms. Theoretical implications include understanding impaired emotion regulation and social cognition as potential risk factors of bulimic symptoms. Targeting these processes may improve treatment outcomes of interventions for bulimic symptoms.

Learning Objectives:

- Assess the role of emotion dysregulation in bulimic symptoms.
- Evaluate the role of social cognition in bulimic symptoms.

- Describe the theoretical and clinical implications of understanding emotional and socio-emotional processing in bulimic symptoms.

T-144: Indirect effects of experiential avoidance and mindfulness on the relationship between anxiety sensitivity and eating disorder psychopathology in a residential patient sample

Alexandra Muratore, MS, Drexel University, Philadelphia, PA, USA; Hallie Espel-Huynh, MS, Drexel University, Philadelphia, PA, USA; Nicole Virzi, BA, Drexel University, Philadelphia, PA, USA; Laurie Zandberg, Psy.D, University of Pennsylvania, Philadelphia, PA, USA

Enhancing eating disorder (ED) treatment efficacy requires a deeper understanding of maintenance factors underlying EDs. One factor is anxiety sensitivity, defined as negative beliefs about the experience of anxiety, which may promote avoidance and judgment of negative emotions. Preliminary research suggests experiential avoidance (EA) mediates the relationship between anxiety sensitivity and eating pathology in non-clinical samples. The current study sought to replicate and extend these findings in a clinical sample and to examine mindfulness as an additional mediating factor. Adolescent and adult females (N = 639) completed measures of ED symptom severity, anxiety sensitivity, experiential avoidance and mindfulness, upon admission to residential ED treatment. Linear regression was used to evaluate the relationship between anxiety sensitivity and ED severity. Regression-based parallel mediation analysis with bootstrapping tested the indirect effects of experiential avoidance and mindfulness on this relationship. Results suggest that anxiety sensitivity is significantly positively associated with severity of ED symptoms ($\beta = .15, p .001$). Mediation analysis revealed a significant (parallel) indirect effect of anxiety sensitivity on ED symptoms through EA (estimate = .0029, 95% CI [.0011, .0054], indirect:total effect ratio = .18), such that higher anxiety sensitivity was associated with greater EA, which in turn was associated with greater ED symptom severity. Significant indirect effects of mindfulness were also detected (estimate = .0088, 95% CI [.0057, .0128], indirect:total effect ratio = .54), such that higher anxiety sensitivity was associated with reduced mindfulness, which in turn predicted greater ED symptom severity. Results from the current study replicate and extend prior findings, provide support for the role of anxiety sensitivity in ED symptomatology, and implicate EA and mindfulness as constructs of interest for further study.

Learning Objectives:

- Describe the relationship between anxiety sensitivity and eating pathology in clinical and non-clinical samples.
- Assess the role of experiential avoidance and mindfulness as mediating factors between anxiety sensitivity and eating disorder symptoms.
- Discuss the importance of considering anxiety sensitivity and its correlates when treating eating disorders.

T-145: Does aging anxiety play a role on disordered eating in aging women?

Isabelle Carrard, PhD, University of Applied Sciences and Arts Western Switzerland (HES-SO), Geneva, Switzerland,

Few studies have documented the presence of disordered eating among aging women. Similarly as in young women, disordered eating in older women seems to be related to body dissatisfaction and drive for thinness. However, in a society that equates beauty and youth, aging anxiety might also play a role. The goal of the present study was to explore signs of eating disorders in aging women and the

relationship between disordered eating, body satisfaction, thinness internalization and aging anxiety. 220 women from the French-speaking part of Switzerland, aged 60 to 75, were recruited through advertisement in various magazines. They completed a series of online questionnaires. Aging anxiety was assessed with the Physical Appearance subscale of the Anxiety about Aging Scale. Eating behaviors were assessed with the Eating Attitude Test-26 (EAT-26) and the Eating Disorder Examination-Questionnaire (EDE-Q). Participants (mean age 67.5, SD 4.5, mean BMI 23.8, SD 4.2) mean EDE-Q total score was 1.0 (SD 1.0, range 0 to 4.6). On the whole sample, 8.6% reported a frequency of 4 binge eating episodes or higher (max = 28) during the last 28 days. Purging behaviors were anecdotal but irreplaceable physical activity to control one's weight 4 times a week or more was reported by 10% of the participants. 4.9% women showed an EAT-26 score higher than 20, which is the cutoff used to screen for eating disorders. A hierarchical linear regression showed that aging anxiety was a significant predictor ($\beta=0.126$) of EAT-26 total score even when added to body satisfaction ($\beta= -0.266$) and thinness internalization ($\beta=0.338$, Adj R²=0.20). The frequency of disordered eating found in this sample corroborates results reported in the literature. Among older women who are sensitive to the beauty standards promoted by the Western society, anxiety of physical appearance declining with age might be a supplementary factor contributing to disordered eating behaviors.

Learning Objectives:

- Describe the frequency of disordered eating behaviors in aging women.
- Describe the types of disordered eating behaviors in aging women.
- Identify the role of aging anxiety as a correlate of disordered eating in aging women.

T-146: Posttraumatic Stress Disorder and Eating Disorders: The Potential Mediating Roles of Food Addiction Symptoms and Eating for Coping

Karen Mitchell, BS, MS, PhD, Virginia Boston Healthcare System, Boston University, Boston, MA, USA

Posttraumatic stress disorder (PTSD) has been associated with eating disorders (EDs) among both men and women (Mitchell et al., 2012). Individuals with PTSD may engage in disordered eating, particularly binge eating and purging, as a form of self-medication (Engelberg et al., 2007). In addition, alcohol and substance use disorders are highly comorbid with both PTSD and EDs such as bulimia nervosa (Dansky et al., 2000), suggesting that addiction may play a role in the comorbidity of PTSD and EDs. Few studies have examined mechanisms of the PTSD-ED association. We examined the mediating roles of eating as coping and food addiction in a sample of male and female U.S. veterans. Participants were recruited from GfK Knowledge Networks, an online, nationally representative panel. Data from the 374 veterans (N = 347 men and 27 women) who completed three waves of data collection were included. Path analysis was used to investigate associations between time 1 (T1) PTSD Checklist (PCL) scores and T3 Eating Disorder Diagnostic Scale (EDDS) scores, as well as EDDS items assessing binge eating and loss of control. We investigated the mediating roles of T2 Motivations to Eat Scale (MES)-Coping scores and Yale Food Addiction Scale (YFAS) total scores. Models controlled for gender, age, and body mass index. T1 PCL scores were significantly associated with T3 EDDS scores ($B = .11$, $SE = .047$, $p = .02$); the indirect path from PCL to EDDS through MES scores was significant as well ($B = .08$, 95% CI: .03, .12). This model explained 34% of the variability in EDDS scores. Both MES ($B = .13$, 95% CI: .01, .02) and YFAS ($B = .06$, 95% CI: .001, .01) scores mediated the association between T1 PCL scores and T3 binge eating plus loss of control. These findings underscore the role of eating as coping in the comorbidity of EDs and PTSD and underscore the importance of assessing trauma history and PTSD symptoms in ED treatment settings, as well as assessing ED symptoms in PTSD treatment settings.

Learning Objectives:

- Describe the comorbidity of eating disorders and post traumatic stress disorder.
- Assess the mediating roles of motivations to eat and food addiction symptoms.
- Discuss potential mechanisms of the eating disorder-posttraumatic stress disorder association.

T-147: Experimental Examination of the Effects of Fitspiration Images

Sarah Palasick, BA, Drexel University, Philadelphia, PA, USA; Anna Bardone-Cone, PhD, FAED, The University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

With the rise of photo-based media, women are exposed to increasingly unattainable body stimuli, including fitspiration trends (images of physically fit women intended to motivate exercise) and thinspiration trends (images of thin women intended to motivate weight loss). Although the intent of fitspiration images is to encourage healthy exercise, its content is thematically similar to thin ideal stimuli, thus perhaps causing similar negative effects on body image. Using an experimental design this study aimed to understand (1) if viewing fitspiration and thinspiration images would similarly negatively influence affect, self-esteem, and body satisfaction, unlike a control condition, and (2) if fitspiration viewing would inspire motivation to exercise more than thinspiration, while motivation to change eating behavior would be the same. Female undergraduates participated in the 45-minute online experiment. Participants completed a survey, were then randomly assigned to view fitspiration (n = 71), thinspiration (n = 77), or control images (n = 75), then completed another survey. Surveys assessed outcomes of interest before and after viewing the images. The groups did not differ at baseline on affect, self-esteem, or body satisfaction. After viewing the images, participants exposed to the fitspiration images had lower positive affect, lower state self-esteem, and higher body dissatisfaction than those who viewed control images, but did not differ on these constructs from the thinspiration group. Post-viewing, no condition had a significantly higher motivation to exercise or diet. Findings suggest that fitspiration images have negative immediate effects, similar or worse than thinspiration. In addition, the images do not seem to have their intended effects on individuals of motivating exercise.

Learning Objectives:

- Comprehend the similarities and differences between thinspiration and fitspiration images.
- Understand the array of negative effects of fitspiration images and how that compares to thinspiration images.
- Describe the effects of fitspiration images on motivation to diet and exercise.

T-148: An Exploration of Associations between Cognitive Inflexibility and Disordered Eating Symptoms

Megan Shope, BS, University of Nevada, Las Vegas, Las Vegas, NV, USA; Kristen Culbert, PhD, University of Nevada, Las Vegas, Las Vegas, NV, USA

Neuropsychological research has revealed impairments in cognitive flexibility (i.e., ability to mentally shift or be flexible) in women with eating disorders, even after recovery, and in their unaffected biological family members. This pattern is consistent with the notion that cognitive inflexibility may be an endophenotype underlying AN or BN. However, prior studies have relied on case-control comparisons, and the extent to which deficits in cognitive flexibility are linked with component disordered eating symptoms is unknown. Moreover, AN and BN are heterogeneous disorders comprised of multiple types of distinct symptoms (e.g., restricting, binge eating) and disentangling the specific

symptoms associated with neurocognitive features could enhance etiologic models. This study examined the extent to which cognitive rigidity is associated with disordered eating symptoms, assessed dimensionally across a spectrum of severity, in 208 female college students. The Eating Pathology Symptoms Inventory and Loss of Control Over Eating Scale were used to assess dietary restraint/restriction and binge eating. The Detail and Flexibility Questionnaire, a validated scale designed to measure aspects of neurocognitive functioning, was used to assess cognitive rigidity. Cognitive rigidity was positively associated with cognitive dietary restraint (e.g., counting calories; trying to exclude foods) and binge eating (e.g., overeating; loss of control over eating), but not behavioral restricting (e.g., skipping meals; eating little). Thus, cognitive rigidity may contribute to a propensity to engage in cognitive rules/attempts towards restriction and binge eating—two features that cut-across eating disorder diagnoses. The presence of effects using dimensional conceptualizations of cognitive inflexibility and eating disorder symptoms also suggests that assessing individual differences in cognitive rigidity may be useful in identifying individuals at high risk for an eating disorder.

Learning Objectives:

- Describe previous research findings on the link between cognitive inflexibility and eating disorders.
- Understand the importance of examining the effect of cognitive rigidity on disordered eating symptoms in addition to full-threshold eating disorder diagnoses.
- Identify which disordered eating symptoms are associated with self-reported cognitive rigidity in women.

T-149: Depression and Thinness Expectancies Increase Risk for Weight Control Behaviors

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

One important eating disorder symptom that appears to develop during adolescence is engagement in weight control behaviors (self-induced vomiting, laxative use, diuretic use, compensatory exercise, fasting). Depressive symptoms, which reflect transdiagnostic risk, predict weight control behaviors longitudinally in adolescence (Johnson et al. 2002; Liechty & Lee, 2013). Expectancies for overgeneralized reinforcement from thinness, a risk factor specific to disordered eating, also predicts such behaviors longitudinally among adolescents (Smith et al., 2007). The purpose of this study was to examine if transdiagnostic and disorder-specific risk factors transact to further predict risk in youth. Depression, thinness expectancies, and weight control behaviors were assessed in 1,758 adolescents three times during the transitional period between middle school and high school. We compared three different possible transactional processes. Mediation tests demonstrated that depression in 8th grade predicted an increase in the number of weight control behaviors endorsed in 10th grade through its predictive influence on thinness expectancies in 9th grade. However, our results were not consistent with a mediational process in which 8th grade thinness expectancies predicted 9th grade depression to further predict 10th grade weight control behaviors. In addition, the two risk factors interacted to predict subsequent weight control, such that at higher levels of depression, the association between thinness expectancies and weight control was stronger. It appears that transdiagnostic and disorder-specific risk factors transact to increase risk. These findings contribute to the understanding of the developmental risk process for weight control behavior in youth. This research was supported by NIAAA.

Learning Objectives:

- Assess the role of transdiagnostic and disorder-specific risk factors in weight control behaviors.

- Describe the process by which risk factors can transact to further increase risk of weight control behaviors.
- Explain the importance of identifying risk factors associated with weight control behaviors.

T-150: Affective Lability and Negative Urgency Influencing Eating Disorder Behaviors

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

It may be the case that affective distress influences disordered eating symptoms in multiple ways. Affective lability refers to the tendency to experience striking fluctuations in mood regularly. There is considerable evidence that it predicts multiple eating disorder symptoms (Lavender et al., 2013). Negative urgency is the tendency to act rashly when distressed in order to distract from, or alleviate, the distress (Cyders & Smith, 2008). Prospectively, it predicts the onset of, and increases in, binge eating and purging (Davis et al., in press; Pearson & Smith, 2015). To date, these risk factors have been studied separately. However, the possibility that there is a joint effect of affective lability and negative urgency merits investigation. In the current study, we tested whether such a joint effect predicts eating disorder symptoms prospectively. We assessed affective lability, negative urgency, binge eating, and purging in 358 college students at three different time points across the first year of college (purging was assessed only in waves 2 and 3). Retention in the study was solid: 92% from wave 1 to wave 2 and 79% from wave 2 to wave 3. From wave 1 to wave 3, we tested whether the interaction of affective lability and negative urgency predicted binge eating behavior beyond prior binge eating and the main effects of each predictor. It did. The interaction did not, however, predict binge eating from wave 1 to wave 2. From wave 2 to wave 3, the interaction predicted binge eating behavior and purging behavior beyond prior engagement in binge eating and in purging and the main effects of each predictor. In each interaction, the influence of negative urgency on binge eating and on purging was stronger at higher levels of affective lability. Findings support the hypothesis that emotion-based risk factors may transact to further elevate risk for eating disorder behaviors. This research was supported by the Lipman Foundation.

Learning Objectives:

- Describe the role of affective lability in binge eating and purging.
- Explain how emotion-based risk factors may transact to further elevate risk for eating disorder behaviors.
- Describe the role of negative urgency in binge eating and purging.

T-151: The Role of Anxiety Sensitivity in Eating Disorder Behaviors: Body Dissatisfaction Predicts Social Anxiety Sensitivity

Caroline Christian, BS, University of Louisville, Louisville, KY, USA; Cheri Levinson, PhD, University of Louisville, Louisville, KY, USA

Eating disorders (ED) are characterized by high anxiety. Past research supports a relationship between anxiety sensitivity (AS; i.e., the fear of sensations associated with anxiety) and EDs; however, no research has examined this relationship prospectively, especially during adolescence, when EDs commonly develop. AS has three dimensions: social concerns (i.e. anxiety reactions will cause social embarrassment), cognitive concerns (i.e. anxiety reactions mean one is crazy), and physical concerns (i.e. anxiety reactions indicate that one is physically ill or hurt). It is unknown how these individual AS

facets uniquely relate to ED symptoms. The current study followed 326 adolescents (ages 14 to 17; $M = 15.2$, $SD = 0.59$) at an all-girl private high school enrolled in a body positivity program across two months. Participants completed questionnaires at baseline (T1), post-workshop (T2), and one-month follow-up (T3). We used path analysis to examine how the three facets of AS (social, cognitive, and physical concerns) and four common ED symptoms (binge eating/purging, restriction, body dissatisfaction (BD), and exercise dependence) predict each other over time. We constructed four models, each including all three time points. Each model included an ED symptom and the three AS facets. The models had adequate to excellent fit ($RMSEAs = .05-.11$; $SRMRs = .02-.03$; $CFIs = .95-.99$; $TLIs = .82-.96$). We found that T2 BD predicted T3 social concerns ($b = .07$; $p = .03$). No other pathways between AS and ED symptoms were significant ($ps > .05$). Contrary to how ED and anxiety comorbidity is typically conceptualized, our results indicate that AS facets specifically did not predict ED behaviors. The finding that BD predicts social concerns is consistent with past research, which suggests BD is a shared vulnerability of both EDs and social anxiety. As BD is a risk factor for social AS, in addition to EDs and anxiety, preventative interventions should focus on BD as a target.

Learning Objectives:

- Understand anxiety sensitivity as a multidimensional construct.
- Understand how anxiety sensitivity is important to eating disorders.
- Think about body dissatisfaction as it relates to both eating disorders and social anxiety.

T-152: Examining the Interactive Role of Reward Sensitivity and Negative Urgency on Individual Differences in Binge Eating Symptoms

Shelby Prows, BA, University of Nevada, Las Vegas, Las Vegas, NV, USA; Sarah Racine, PhD, McGill University, Montreal, Quebec, Canada; Kristen Culbert, PhD, University of Nevada, Las Vegas, Las Vegas, NV, USA

Animal and human data have demonstrated that heightened reward sensitivity (i.e. the ability to derive pleasure and reward from reinforcers) and the personality trait of negative urgency (i.e., the tendency to act rashly in response to negative emotions) are two factors that contribute to binge eating. Nonetheless, no prior study has investigated the combined effects of reward sensitivity and negative urgency on individual differences in binge eating. The current study aimed to address this gap by examining the interactive effects of reward sensitivity and negative urgency on binge eating symptoms in female college students ($N = 304$). Women with heightened reward sensitivity and elevated negative urgency were expected to report the highest levels of binge eating symptoms. Participants completed several well-validated measures to assess binge eating symptomatology (e.g., binge eating, loss of control over eating, eating concerns). Reward sensitivity was assessed using the Sensitivity to Punishment and Sensitivity to Reward Questionnaire, and negative urgency was assessed using the UPPS-P Impulsive Behavior Scale. Consistent with hypotheses, reward sensitivity and negative urgency significantly interacted to predict binge eating features such that women with high levels of reward sensitivity and negative urgency reported the highest levels of binge eating symptoms. Women with low levels of negative urgency exhibited low levels of binge eating, irrespective of reward sensitivity levels. Findings suggest that heightened sensitivity to reward, combined with high levels of emotion-based rash action, may significantly increase vulnerability to binge eating. Future studies need to identify biological mechanisms underlying the co-occurrence of heightened reward sensitivity, negative urgency, and binge eating; neural regions involved in reward processing (i.e., mesocorticolimbic system) and behavioral control (i.e., prefrontal cortex) may play a key role.

Learning Objectives:

- Assess the role of reward sensitivity and negative urgency on binge eating symptoms.
- Describe how reward sensitivity and negative urgency tendencies interact to predict binge eating symptoms.
- Understand possible biological mechanisms (e.g., mesocorticolimbic system; prefrontal cortex) that may contribute to the observed effects of reward sensitivity and negative urgency on binge eating symptoms.

T-153: Chew and Spit (CHSP) and Its Relation to Quality of Life and Demographic Features in a Large Adolescent Sample

Phillip Aouad, PhD Candidate, University of Sydney, Sydney, Australia; Deborah Mitchison, PhD, Macquarie University, Sydney, Australia; Phillipa Hay, PhD, Western Sydney University, Campbelltown, Australia; Nerissa Soh, PhD, University of Sydney, Sydney, Australia; Stephen Touyz, PhD, University of Sydney, Sydney, Australia

A recent study on the occurrence of chew and spit behavior (CHSP) in a large adolescent sample found a >5% prevalence rate. This study explores the relationship between CHSP and other demographic and eating disorder (ED) features in 5184 adolescents (12 to 19 years of age) from 13 schools in New South Wales, Australia. Participants completed measures of ED symptoms and behaviors, psychological distress (K-10) and health-related quality of life (HRQoL) (PedsQL). In the 28 days prior to the study, there was a significant difference between K-10 scores for those that CHSP compared to the general population: those that engaged in any frequency of CHSP ($M=28.91$, $SD=12.08$, $N=227$ vs. general population $M=25.15$, $SD=10.11$, $N=598$); at least once weekly CHSP ($M=32.91$, $SD=11.38$, $N=96$ vs. $M=25.30$, $SD=10.43$, $N=729$); and CHSP at least twice weekly ($M=32.97$, $SD=11.99$, $N=44$ vs. $M=25.80$, $SD=10.62$, $N=781$). Significant differences were also found for the Pediatric Quality of Life Inventory, which will be presented. Additionally, there were significant differences found across age groups within CHSP frequency groups: any CHSP ($F(1,4516)=4.67$, $p=.031$); once weekly ($F(1,4516)=3.92$, $p=.048$); and twice weekly ($F(1,4516)=4.51$, $p=.034$). Participants who reported regular CHSP had poorer HRQoL and were more likely to be female, younger, same-sex attracted, have elements of Muscle Dysmorphia, and to engage in compensatory behaviors such as purging. Associations with specific ED features will also be presented. The high frequency of CHSP behavior in adolescents with an ED indicates CHSP should be incorporated into routine ED screening practices. Future studies should examine potential treatment options that may deviate from current ED treatment programs, in order to target the behavior of CHSP more directly.

Learning Objectives:

- Understand what Chew and Spit (CHSP) is.
- Understand the prevalence of CHSP in adolescents and how is related to other eating disorder features.
- Describe the impact of sexuality on CHSP behaviour.

T-154: Exploration of Body Dissatisfaction as a Link Between Social Appearance Anxiety and Bulimic Symptoms in College Women

Eleanor Benner, Psy.D, Center for Integrated Behavioral Health, Bethlehem, PA, USA; Edie Goldbacher, PhD, La Salle University, Philadelphia, PA, USA; LeeAnn Cardaciotto, PhD, La Salle University, Philadelphia, PA, USA; Megan Spokas, PhD, La Salle University, Philadelphia, PA, USA

Social appearance anxiety (SAA), or concerns about being negatively evaluated based on one's appearance, is associated with disordered eating thoughts and behaviors. However, little is known regarding potential links. This study examined whether body dissatisfaction (BD) mediated the relationship between SAA and bulimic (BN) symptoms among college women. Self-report questionnaires (i.e., Social Appearance Anxiety Scale, Body Dissatisfaction and Bulimia subscales of the Eating Disorder Inventory-3 to assess BD and BN symptoms, respectively) were completed by 128 undergraduate women (M age = 20.84 years, 64.1% White, 18.0% African American) at a medium-sized urban university. SAA was positively associated with BN symptoms ($r_s = .37, p = .001$). The bias-corrected bootstrapping approach was then used to test the mediation hypothesis. BD mediated the effect of SAA on BN symptoms ($b = .04, BC\ CI [.01, .07]$), with a completely standardized effect size of 0.15 ($BC\ CI [0.06, .26]$) for the indirect effect. SAA was not associated with BN symptoms after controlling for BD ($b = .04, p = .08$). Due to the cross-sectional nature of the study, an inverse mediation model was tested; however, SAA did not mediate the association between BD and BN symptoms ($b = .04, BC\ CI [-.004, .10]$). Overall, these findings indicate that SAA is associated with greater BN symptoms, and that this may occur through increases in BD. However, longitudinal research is needed to fully understand the developmental pathways linking SAA, BD and BN, and their associations with social anxiety and eating pathology more broadly. Nevertheless, these findings suggest that interventions which target fears of negative evaluation based on one's appearance, in addition to targeting personal judgments of one's own appearance, may help with prevention or treatment of BN symptoms.

Learning Objectives:

- Understand the relationship between social appearance anxiety and bulimic symptoms.
- Understand the role of body dissatisfaction in the relationship between social appearance anxiety and bulimic symptoms.
- Consider how social appearance anxiety may be targeted in interventions for bulimic symptoms.

T-155: Psychological Factors as Predictors of Eating Pathology at 10-, 20-, and 30-Year Follow-up

Elizabeth Fitzgerald, BA, PhD Candidate, Florida State University, Tallahassee, FL, USA; Pamela Keel, PhD, FAED, Florida State University, Tallahassee, FL, USA; Madeline Wick, BA, PhD Candidate, Florida State University, Tallahassee, FL, USA

Psychological factors, such as Perfectionism, predict the onset and maintenance of eating disorders at up to 10-year follow-up. However, as durations of follow-up exceed one decade, few variables retain prognostic value, suggesting that the strength of associations may weaken over time. The present study examined whether changes occur over time in the strength of the predictive ability of psychological factors on eating pathology. Data were obtained from a longitudinal study of eating and health behaviors in college students ($N=901, 69.4\%$ female), with assessments occurring at 10-, 20-, and 30-year follow-up. Secondary analyses were conducted to determine the independent predictive ability of three Eating Disorder Inventory (EDI) psychological factors (Perfectionism, Maturity Fears, and Interpersonal Distrust) on the EDI eating pathology factors of Drive for Thinness and Bulimia. Multivariable regression analyses indicated that higher Perfectionism predicted increased Drive for Thinness at 10- ($\beta=.11, p=.001$), 20- ($\beta=.09, p=.013$), and 30-year ($\beta=.12, p=.001$) follow-up, with effect sizes remaining relatively stable over follow-up. In contrast, the strength of associations

between higher Maturity Fears and increased Drive for Thinness appeared to increase as duration of follow-up increased, with a trend-level association at 10- (beta=.06, p=.054), and significant associations at 20- (beta=.08, p=.019) and 30- year (beta=.10, p=.008) follow-up. No other trends were observed regarding how duration of follow-up might influence the strength of prospective associations between psychological factors and eating pathology. Prior difficulties identifying predictors at long-term outcome do not appear to be attributable to increasing duration of follow-up given evidence that specific psychological factors have long-lasting effects on disordered eating cognitions and behaviors.

Learning Objectives:

- Describe the long-term predictive ability of Maturity Fears on eating pathology.
- Describe the long-term predictive ability of Perfectionism on eating pathology.
- Describe how the prospective associations between specific psychological factors and eating pathology change over time, as well as the implications of these associations for eating disorder prevention and treatment.

T-156: Comparison of Food and Alcohol Disturbance (drunkorexia) among Sorority and Non-Sorority Members

Erica Ahlich, BA, University of South Florida, Tampa, FL, USA; Emily Choquette, MA, University of South Florida, Tampa, FL, USA; Karen Kelley, BA, University of South Florida, Tampa, FL, USA; Julia Simon, BA, University of South Florida, Tampa, FL, USA; Diana Rancourt, PhD, University of South Florida, Tampa, FL, USA

Food and alcohol disturbance (FAD; formerly drunkorexia) is characterized by engagement in compensatory behaviors (e.g., food restriction, exercise etc.) either to counteract calories associated with drinking episodes or enhance the effects of alcohol. College females particularly are at-risk for engagement in the compensatory aspect of FAD. Given that sorority membership is associated with higher rates of alcohol use, it was hypothesized that sorority members would report higher rates of both aspects of FAD compared to their non-Greek counterparts. In the current study, 82 sorority and 82 non-sorority members at a large Southeastern university (matched on age, BMI, ethnicity, and race) completed all subscales of the Compensatory Eating and Behaviors Related to Alcohol Consumption Scale (CEBRACS). As hypothesized, sorority members reported significantly more overall FAD behaviors (total score M =29.17 vs. M = 25.39, p = .014, d =.39). Examinations by subscale revealed that sorority members reported significantly more compensatory behaviors before and after drinking episodes (diet & exercise subscale M = 10.29 vs M = 8.20, p = .004, d = .45) and more dietary restriction aimed at enhancing the effects of alcohol (alcohol effects subscale M = 9.76 vs. M = 8.37, p = .029, d = .34). No significant differences emerged for more extreme compensatory behaviors (e.g., diuretics, vomiting, laxatives, p = .878; skipping a day of eating, p = .166). Sorority members appear to be at greater risk for engaging in FAD, which is particularly concerning given the high rates of drinking reported in this population. There is some evidence to suggest that Greek system affiliates may be predisposed to both substance use and eating disorders. However, there is also evidence of behavioral socialization of alcohol use and disordered eating within individual sororities. Further research is needed to disentangle causal relationships to develop targeted intervention and prevention programs.

Learning Objectives:

- Summarize previous research on FAD behaviors among members of the Greek system.
- Describe differences in reported FAD behaviors between sorority and non-sorority members.

- Discuss implications for FAD intervention and prevention programs.

T-157: Rumination Predicts Eating Disorder Behaviors: An Ecological Momentary Assessment Study in a Clinical Eating Disorder Sample

Margarita Sala, MA, Southern Methodist University, Dallas, TX, USA; Leigh Brosos, BA, University of Louisville, Louisville, KY, USA; Cheri Levinson, PhD, University of Louisville, Louisville, KY, USA

Rumination is a transdiagnostic process that occurs across several psychological disorders, including eating disorders (Ehring & Watkins, 2008; Rawal, Park, & Williams, 2010). Individuals with eating disorders have both high general and disorder-specific rumination (e.g., ruminating about weight) (Rawal, Park, & Williams, 2010, Cowdrey & Park, 2011). However, no study has measured how momentary rumination may impact daily eating disorder behaviors. In the current study (N = 66, individuals recruited from an eating disorder treatment center), we examined the relationship between rumination (both general and meal-specific) and subsequent eating disorder behaviors (i.e., restriction, weighing oneself, compensatory behaviors, body checking, and excessive exercise) and vice-versa using ecological momentary assessment (measurements collected four times per day for seven days). We also examined whether higher rumination predicts higher eating disorder symptoms at one-month follow-up. We found that higher momentary general rumination predicted higher subsequent weighing and body checking. We also found that higher momentary meal-specific rumination predicted higher subsequent weighing and lower subsequent compensatory behavior. In post-hoc analyses, we determined that emotion avoidance moderated the relationship between rumination and weighing, such that the relationship between rumination and weighing was only significant for individuals who were higher in emotion avoidance. We also found that higher rumination and emotion avoidance predicted higher eating disorder symptoms at one-month follow-up. There are short-term and long-term negative effects of rumination and emotion avoidance in the eating disorders. Targeting rumination, particularly in individuals who are also higher in emotional avoidance, may be important for decreasing eating disorder behaviors.

Learning Objectives:

- Participants will have a greater understanding of how momentary rumination may influence subsequent eating disorder behaviors.
- Participants will understand how rumination and emotion avoidance interact to impact eating disorder symptoms.
- Participants will understand how rumination and emotion avoidance impact eating disorder symptoms over time.

T-158: Increasing Negative Affect is Associated with High Fat, Less Healthy Food Choices in Bulimia Nervosa

Loren Gianini, PhD, Columbia University Medical Center, New York, NY, USA; Karin Foerde, PhD, Columbia University Medical Center, New York, NY, USA; B. Timothy Walsh, MD, FAED, Columbia University Medical Center, New York, NY, USA; Joanna Steinglass, MD, Columbia University Medical Center, New York, NY, USA

In this study we examined the impact of a negative affect induction on food choices in individuals with Bulimia Nervosa (BN) and healthy controls (HC). Twenty-five patients with BN and 21 HCs completed a food choice task wherein they rate a series of high- and low-fat foods for healthiness and tastiness on

a 5-point Likert scale. Next, a Reference item is selected per individual participant that has been rated by them as neutral on both Taste and Health. Participants are then presented with the Food Choice block of the task. The identified Reference item is shown and the participant is instructed on each trial to identify whether they will choose to eat that food item or the Reference item. This task was completed following a negative affect induction. Binge eating frequency was assessed via semi-structured interview. Results showed that in the BN group, greater increase in negative affect following the negative affect induction was associated with making more less healthy choices ($r= 0.65, p=.001$) and more high fat food choices ($r=0.62, p=.002$). Additionally, more less healthy choices ($r=0.45, p=.023$), more tastier choices ($r=0.47, p=.017$), and more high fat food choices ($r=0.50, p=.011$) were associated with a greater number of binge episodes in the month prior to study participation. No significant associations were found between negative affect and food choices among healthy controls. Taken together, these results suggest that while individuals with BN often attempt to eat restrictively, increasing negative affect may be associated with disinhibition and a shift towards less restrictive eating.

Learning Objectives:

- Describe the relationship between increase in negative affect and high fat food choices in bulimia nervosa.
- Describe the relationship between increase in negative affect and healthy/less healthy food choices in bulimia nervosa.
- Describe the relationship between binge eating frequency, less healthy, tasty, and high fat food choices in bulimia nervosa.

T-159: Exploring the Experience of Feeling Fat in Young Adults

Adrienne Mehak, BA, McGill University, Montreal, Quebec, Canada; Sarah E. Racine, PhD, McGill University, Montreal, Quebec, Canada

Feeling fat is a clinically relevant phenomenon included in the CBT model of eating disorders. The experience of feeling fat, as assessed via an item on the Shape Concerns subscale of the Eating Disorder Examination-Questionnaire (EDE-Q), has been reported in both community and clinical samples, and has been shown to correlate with disordered eating. Despite the clinical significance of this phenomenon, feeling fat has rarely been examined empirically. In particular, the extent to which feeling fat is a unique predictor of disordered eating outcomes, after accounting for other Shape Concern subscale items, has not been examined. The present study examined feeling fat in a non-clinical sample of undergraduates. Nine hundred and ninety seven undergraduate women and men (55% female) completed online questionnaires. Feeling fat was assessed using the EDE-Q. After controlling for gender and BMI, feeling fat demonstrated significant positive correlations with all constructs of interest, including composite measures of disordered eating, individual disordered eating symptoms, body ideal internalization, depression, and emotion dysregulation. In both the full sample and a subsample selected for high eating pathology (EDE-Q Global Score > 75th percentile), feeling fat accounted for significant unique variance in a composite measure of disordered eating, but not clinical impairment related to eating pathology, after accounting for variance in shape concerns, gender, and BMI. These results underscore the role of feeling fat as a component of disordered eating, as well as a contributor to eating pathology in university-aged individuals. Evidently, in non-clinical participants, feeling fat does not significantly contribute to impairment related to disordered eating, although the more general construct of shape concerns does. Future research should evaluate more comprehensive measures of feeling fat in both clinical and non-clinical samples.

Learning Objectives:

- Understand the clinical significance of 'feeling fat' as an element of eating disorders.
- Explain how 'feeling fat' is applicable to individuals demonstrating subclinical disordered eating.
- Understand the role of 'feeling fat' as a correlate and contributor to disordered eating and its importance as an area for future research.

T-160: Drives for Leanness, Muscularity, and Thinness: Discrete Constructs or Aspects of a Motivational Continuum?

Brittany Lang, MA, University of South Florida, Tampa, FL, USA; Diana Rancourt, PhD, University of South Florida, Tampa, FL, USA

Drive for leanness (DL), the motivation to obtain both lean muscle and low body fat, is suggested to be distinct from drive for thinness (DT) or muscularity (DM) and is associated with both adaptive and maladaptive weight-related behaviors (i.e., supplement consumption, exercise, dieting, fasting, purging). The extent to which DL, DT, and DM are distinct and differentially associated with adaptive versus maladaptive body-focused behaviors (e.g., exercise for health reasons versus excessive exercise) have yet to be explored comprehensively. It was hypothesized that compared to DT and DM, DL would be more strongly associated with adaptive compared to maladaptive behaviors. Further, given the overlap among these outcomes and the importance of both low body fat and muscularity to the lean body ideal, it was hypothesized that DT, DL, and DM fall on a motivational continuum. University students (N = 547; 50.6% female; 67.1% Caucasian) completed measures of drives for leanness, thinness, and muscularity, as well as maladaptive (i.e., depressive and anxious symptoms, eating disorder symptoms, compulsive exercise, extreme dieting) and adaptive correlates (i.e., aerobic/strength training, positive exercise motivations, low risk supplement use). Steiger's Z and a hierarchical confirmatory factor analysis (CFA) were used to test hypotheses. As anticipated, DL had statistically stronger relationships with adaptive health variables compared to DT; however, associations with maladaptive and adaptive behaviors were similar across DM and DL. A hierarchical CFA supported the hypothesis that these drives fall on a continuum (RMSEA=.073, CFI=.898, SRMR=.075). Additional research is needed to ascertain if a distinction in risk exists between DL and DM, and to more comprehensively test the continuum hypothesis. Conceptualizing DL, DT, and DM as on a continuum may contribute to more parsimonious assessment of individuals' risk for engaging in a spectrum of weight-related behaviors.

Learning Objectives:

- Summarize behavioral correlates of drive for leanness, drive for thinness, and drive for muscularity.
- Investigate commonalities among drive for leanness, drive for thinness, and drive for muscularity, as well as their correlates.
- Discuss implications of the drives as a continuum approach for disordered eating risk assessment and intervention.

T-161: Rethinking the influence of vegetarianism on eating disorders: A retrospective chart review

Sydney Heiss, MA, Psychology, University at Albany, SUNY, Albany, NY, USA; Julie Morison, PhD, HPA/LiveWell, Albany, NY, USA; Julia Hormes, PhD, University at Albany, SUNY, Albany, NY, USA

Past work has shown vegetarianism is more common in patients with an eating disorder (ED) and is associated with increased ED severity. With the recent rise in vegetarianism, and with the most recent chart review on the topic being published in 1987, the need for more recent data is substantial. We collected demographic data, vegetarian status, ED diagnosis, intake Eating Attitudes Test (EAT-26) scores, and dropout rate in 50 patients (88.0% women, 90% white, Mean age = 23.6) in their first admission to an intensive outpatient ED treatment program. To mirror past chart reviews, we first compared patients on a dichotomous (yes/no) vegetarian variable. Vegetarians (44%) and omnivores (56%) did not differ significantly in basic demographics, including age, sex, and ethnicity (all $p > .05$). Vegetarian status was not related to ED diagnosis ($p = .60$), body mass index ($p = .53$), or dropout rate ($p = .78$). They also not differ on mean EAT-26 scores at intake (33.4 vs. 33.7 respectively; $p = .95$). Based on recent work in the ED domain that highlights the need to differentiate between vegetarian type, we reran the EAT-26 analysis with vegetarians split into meat reducer ("MR," restrict some meat, $n = 12$), lacto-ovo-vegetarian ("LOV," restrict all meat; $n = 8$), and vegan (restrict all animal products; $n = 2$). We found no difference ($p = .95$), with EAT-26 means in omnivores (33.7), MRs (34.7), LOVs (33.3), and vegans (26.5) appearing similar. Overall, data support the current understanding that meat restriction does not imply increased disordered eating or eating disorder severity. Additionally, it contradicts past data showing that vegetarians exhibit higher ED pathology. It is possible that past vegetarianism was used to camouflage eating disorder symptoms, but with the influx of highly available calorically dense vegetarian options, it is no longer a viable option. While our sample size is in line with past work, researchers should recruit a larger sample to confirm findings.

Learning Objectives:

- Understand the relation between eating disorders and vegetarianism.
- Consider the differences in type of vegetarianism (e.g., vegan, semi-vegetarian) in eating disorder symptomology.
- Reconsider using adherence to a vegetarian diet as a marker for disordered eating behaviors.

T-162: Initial motivation for vegetarian diet influences current disordered eating symptomatology

Sydney Heiss, MA, University at Albany, SUNY, Albany, NY, USA; Jaime Coffino, MA, MPH, University at Albany, Albany, NY, USA; Christina Scharmer, BA, University at Albany, SUNY, Albany, NY, USA; Julia Hormes, PhD, University at Albany, SUNY, Albany, NY, USA

While recent work highlights the complicated relation between vegetarianism and eating disorders (EDs), little is known about how initial motivation for meat restriction influences current ED symptomology. We administered the Eating Disorder Examination Questionnaire (EDE-Q) to 651 participants (mean age = 24.0 years, 81.4% women, 86.0% white) including to 214 omnivores and a variety of vegetarians (vegans, lacto-ovo-vegetarians, meat reducers) who cited animal welfare ($n = 289$), environment ($n = 47$), health ($n = 81$), and weight control ($n = 20$) as their initial motivation for eschewing meat. Across analyses, we controlled for body mass index and gender (all $p < .01$). We found a main effect of initial motivation on EDE-Q global scale ($p < .01$). Post-hoc tests revealed that health vegetarians scored significantly lower than omnivores ($p = .02$) and weight control vegetarians score significantly higher than animal welfare ($p = .02$), environment ($p = .02$), and health ($p < .01$). We also found a main effect of initial motivation on combined EDE-Q subscales (all $p < .05$). On the restraint subscale, omnivores and weight control vegetarians scored significantly higher than animal welfare, environmental, and health vegetarians (all $p < .05$). On the shape control subscale, health vegetarians scored lower than omnivores ($p = .02$). Weight control vegetarians scored higher than environmental and health vegetarians on both the shape concern subscale and weight concern subscales (all $p < .05$).

The practical implications of our findings are substantial: when working with vegetarian eating disorder clients, clinicians may consider inquiring about initial motivation for meat restriction, as this is a potential marker for an increase in disordered thoughts and behaviors. Additionally, we provide further evidence that vegetarian diets do not cause eating disorders, but instead, individuals who exhibit disordered eating behaviors may be more likely to adopt a vegetarian diet.

Learning Objectives:

- Explain how initial motivation for adhering to a vegetarian diet influences current eating disorder severity.
- Describe the different motivations for adherence to a vegetarian diet.
- Compare vegetarians and omnivores on eating disorder severity.

T-163: Validation of the Spanish Version of the Yale Food Addiction Scale 2.0 (YFAS 2.0) and Clinical Correlates in a Sample of Eating Disorder, Gambling Disorder, and Healthy Control Participants

María Lozano-Madrid, MSc, Bellvitge University Hospital, Hospitalet de Llobregat, Barcelona, Spain; Susana Jiménez-Murcia, PhD, Bellvitge University Hospital, Hospitalet de Llobregat, Barcelona, Spain; Roser Granero, PhD, Universitat Autònoma de Barcelona, Hospitalet de Llobregat, Barcelona, Spain; Ashley Gearhardt, PhD, University of Michigan, Ann Arbor, MI, USA; Zaida Agüera, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Neus Aymam, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Mónica Gómez-Peña, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Nària Mallorquín-Bagu, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Gemma Mestre-Bach, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Nadine Riesco, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Isabel Sánchez, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Trevor Steward, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Cristina Vintró-Alcaraz, PhD, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain; Fernando Fernández-Aranda, PhD, FAED, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona, Spain

Aims: Due to the increasing evidence of shared vulnerabilities between addictive behaviors and excessive food intake, the concept of food addiction in specific clinical populations has become a topic of scientific interest. The aim of this study was to validate the Yale Food Addiction Scale (YFAS) 2.0 in a Spanish sample. We also sought to explore food addiction and its clinical correlates in eating disorder (ED) and gambling disorder (GD) patients. **Methods:** The sample included 301 clinical cases (135 ED and 166 GD), diagnosed according to DSM-5 criteria, and 152 healthy controls (HC) recruited from the general population. **Results:** Food addiction was more prevalent in patients with ED, than in patients with GD and HC (77.8, 7.8, and 3.3%, respectively). Food addiction severity was associated with higher BMI, psychopathology and specific personality traits, such as higher harm avoidance, and lower self-directedness. The psychometrical properties of the Spanish version of the YFAS 2.0 were excellent with good convergent validity. Moreover, it obtained good accuracy in discriminating between diagnostic subtypes. **Conclusions:** Our results provide empirical support for the use of the Spanish YFAS 2.0 as a reliable and valid tool to assess food addiction among several clinical populations (namely ED and GD). The prevalence of food addiction is heterogeneous between disorders. Common risk factors such as high levels of psychopathology and low self-directedness appear to be present in individuals with food addiction.

Learning Objectives:

- Describe the characteristics of the Yale Food Addiction Scale 2.0.
- Interpret the scores on the different dimensions of the Yale Food Addiction Scale 2.0.
- Describe the differences between patients with eating disorder and gambling disorder regarding food addiction and its associations with clinically relevant variables such as psychopathology, personality, and gender.

T-164: Negative Emotionality, Negative Urgency, and Eating Disorder Psychopathology in Women Who Binge Eat: A Pilot Study

Chantelle Magel, BSc (hons), MSc Student, University of Calgary, Calgary, Canada; Kristin von Ranson, PhD, FAED, University of Calgary, Calgary, Canada

Binge eating is the hallmark symptom of both binge eating disorder (BED) and bulimia nervosa (BN) and is associated with lower quality of life, various psychological and physical comorbidities, and elevated mortality rates. Negative emotionality and negative urgency have both emerged as significant risk factors for binge eating. However, further research is needed to establish whether these traits are risk factors for threshold eating disorder (ED) diagnoses. In this study, we compared levels of negative emotionality, negative urgency, and ED psychopathology in a community sample of women with BED and BN to control women with no history of ED symptoms. Semi-structured diagnostic interviews and questionnaires were completed by 37 women with BE (M body mass index = 34.11 kg/m²) and 23 women with no history of EDs (M body mass index = 25.01 kg/m²). After controlling for body mass index (BMI) and symptoms of anxiety and depression, one-way analyses of covariance revealed significant group differences in levels of negative emotionality ($F[1, 50] = 7.63, p .05$) and ED psychopathology ($F[1, 52] = 20.04, p .001$). Group differences in levels of negative urgency disappeared after controlling for depression symptoms, but not BMI or anxiety symptoms ($F(1, 52) = 5.83, p .05$). Negative emotionality also significantly predicted negative urgency ($\beta = 0.67, p .001$), and negative emotionality and negative urgency both significantly predicted disordered eating psychopathology ($\beta = 0.43, p .05$; $\beta = 0.61, p .001$). Taken together, these findings support a model in which a tendency toward negative emotionality, coupled with a deficit of skills to functionally modulate negative moods, may predispose one to developing EDs characterized by binge eating. Investigation of mediation and moderation models may help to better explain the role that each trait plays in the etiology and maintenance of BN and BED.

Learning Objectives:

- Describe the theory of binge eating as a maladaptive emotion regulation strategy.
- List personality traits that may differentiate individuals who binge eat from those who do not.
- Apply this knowledge when considering assessment and treatment targets for binge eating risk.

T-165: Emotional eating mediates the relationship between food addiction and BMI

Lauren Blau, BS, University at Albany, Albany, NY, USA; Sydney Heiss, BA, MA, University at Albany, SUNY, Albany, NY, USA; Julia Hormes, PhD, University at Albany, SUNY, Albany, NY, USA

Food addiction, the idea that certain foods may trigger over-eating resulting in an addictive-like effect, has been implicated in disordered eating, weight gain, and excess body mass. As with substance abuse, emotional states and affect are cited as common triggers for food intake among food addicted individuals. The current study aimed to investigate the relationship between food addiction, emotional eating, and BMI to better understand problematic eating behaviors and weight-related outcomes. An

online convenience sample of 407 participants (mean age= 30.25 years, SD= 12.23; 78.7% female, 85.4% white) was recruited as a part of a larger survey about eating patterns and behaviors. Participants responded to questions regarding demographics and completed a battery of questionnaires including the Yale Food Addiction Scale (YFAS) and the Dutch Eating Behaviors Questionnaire (DEBQ), which quantifies specific eating styles. The average BMI was 24.49 kg/m² (SD= 6.33), with 7.2% underweight (BMI <18.5), 59.5 % normal weight (18.5- 24.99), 19.8% overweight (25-29.99), and 13.4% obese (>=30). YFAS scores were significantly and positively correlated with BMI ($r = .23, p = .001$), as well as with DEBQ emotional eating ($r = .65, p = .001$). DEBQ emotional eating style mediated the relationship between total YFAS score and BMI ($b = .13, SE = .03, p = .001, 95\% \text{ C.I.: } .06, .19$). Controlling for the hypothesized mediator, emotional eating, food addiction was no longer a significant predictor of BMI ($b = .13, SE = .03, p = .12, 95\% \text{ C.I.: } -.02, .15$), suggesting full mediation. The Sobel test was statistically significant ($z = 2.18, p = .03$). Findings are consistent with past research showing that subjects with food addiction have higher BMI. Furthermore, results give insight into the role psychological processes (i.e. emotional states) play in food overconsumption and addiction. Findings suggest that food addiction may lead to higher BMI, but only through the presence of emotional eating.

Learning Objectives:

- Describe the relationship between food addiction and BMI.
- Understand the role of emotional eating in food addiction and BMI.
- Understand implications for future research on emotional eating and over consumption in relation to weight gain.

T-166: Exploring Resilience as a Moderator of the Relationship Between Perceived Stress and Global Eating Pathology Among Black and White Young Adult Women

Matthew Murray, BS, Illinois Institute of Technology, Chicago, IL, USA; Sylvia Herbozo, PhD, University of Illinois at Chicago, Chicago, IL, USA; Idia Thurston, PhD, The University of Memphis, Memphis, TN, USA; Heather Eisele, PhD, University of Illinois at Chicago, Chicago, IL, USA; Lindsay Zasadzinski, BS, Illinois Institute of Technology, Chicago, IL, USA

Recent research has shown that resilience moderates the relationship between perceived stress and binge eating. Less is known about the influence of resilience on perceived stress and global eating pathology or how this relationship may differ among racial groups. The current study examined resilience as a moderator of the association between perceived stress and global eating pathology in Black and White young adult women. Participants were 208 young adult women aged 18 to 25 ($M = 19.23, SD = 1.57$) with mean body mass index (BMI) of 25.51 ($SD = 6.85$). The sample included 73 Black and 135 White women at universities in the Western and Southern United States. Participants completed the Perceived Stress Scale, Eating Disorder Examination Questionnaire, and Brief Resilience Scale. Moderation analyses were run in PROCESS for SPSS V25. Results indicated no group differences in perceived stress but higher global eating pathology among White women and higher resilience and BMI among Black women. Higher perceived stress and higher BMI were associated with higher global eating pathology for Black women ($b = .50, p = .01; b = .32, p = .01$) and White women ($b = .49, p = .01; b = .39, p = .01$); higher resilience was associated with lower global eating pathology for both Black ($b = -.32, p = .01$) and White women ($b = -.41, p = .01$). There was no moderation by resilience with BMI as a covariate for either group. Findings provide support for associations between perceived stress, resilience, and global eating pathology among Black and White young adult women. Although the role of resilience as a moderator was not significant in this study with respect to global eating pathology, the direct association between resilience and global eating pathology should be further explored. Future research

should examine whether resilience can be enhanced in order to reduce global eating pathology among young adult females in interventions targeting disordered eating.

Learning Objectives:

- Examine the relationships between perceived stress, resilience, and global eating pathology.
- Assess the moderating role of resilience on the relationship between perceived stress and global eating pathology.
- Assess group differences in the relationships between perceived stress, global eating pathology, and resilience among Black and White young adult women.

T-167: Examining risk and protective factors in the development of disordered eating behaviors in freshmen college athletes

Madeline Lagacey, MS, University of South Florida, Tampa, FL, USA; Zoe Zhang, PhD, Drexel University, Philadelphia, PA, USA; Kyle De Young, PhD, FAED, University of Wyoming, Laramie, WY, USA; Eric Zillmer, PhD, Drexel University, Philadelphia, PA, USA; Kathleen O'Brien, MS, Drexel University, Philadelphia, PA, USA; Adrienne Juarascio, PhD, Drexel University, Philadelphia, PA, USA

There is limited research examining why college athletes may be at elevated risk for developing disordered eating behaviors. This study aimed to identify risk and protective behaviors for the development of disordered eating behaviors in freshmen college athletes. We hypothesized that: 1) disordered eating behaviors in freshmen athletes would increase during the first season of their college athletic career, and 2) specific baseline characteristics (e.g. type of sport, uniform style, or perfectionism) would serve as risk or protective factors in the development of disordered eating behaviors during the first athletic season. The sample of 70 athletes completed surveys at two time points over a three-month period. Eating Disorder Examination-Questionnaire (EDE-Q) Eating Concern increased significantly ($d = .22$, $z = -2.018$, $p = .044$). Lean sport athletes (i.e., sports where having a thin body is seen as an advantage, such as track) were less likely to develop disordered eating behaviors than their peers in other sports ($b = -.783$, $t(70) = -5.373$, $p = .001$). Contrary to hypotheses, playing sports without a lean or aesthetic component (e.g. soccer) predicted an increase in EDE-Q Shape Concern ($b = .948$, $t(70) = 3.751$, $p = .001$) and Weight Concern ($b = .987$, $t(70) = 3.935$, $p = .001$). Wearing a uniform that made the athletes feel uncomfortable about their weight or shape predicted an increase in EDE-Q Global scores ($b = .118$, $t(70) = 5.044$, $p = .001$). The remaining hypothesized risk and protective factors were not statistically significant predictors of change in eating behavior, though nearly all effect sizes were moderate. These findings suggest that there are identifiable risk and protective factors for developing disordered eating behaviors within college freshmen athletes. Future research should aim to focus on interventions to these potential risk factors such as uniforms, in addition to replicating these findings in larger samples across all years of athletic participation.

Learning Objectives:

- Understand potential risk and protective factors in the development of disordered eating behaviors in freshmen college athletes.
- Identify significant risk and protective factors in the development of disordered eating behaviors in freshmen college athletes.
- Understand future directions of research and prevention of disordered eating behaviors in freshmen college athletes.

T-168: Imaginal exposure eating disorder fear scripts are associated with increased activation related to threat and internally generated thought compared to neutral scripts: A proof-of-concept fMRI study

Leigh Bros of, BA, University of Louisville, Louisville, KY, USA; Lindsay Knight, MS, University of Louisville, Louisville, KY, USA; Karisa Hunt, MSW, University of Louisville, Louisville, KY, USA; Cheri Levinson, PhD, University of Louisville, Louisville, KY, USA; Brendan Depue, PhD, University of Louisville, Louisville, KY, USA

Imaginal exposure (IE) therapy is a highly effective treatment for anxiety disorders. Preliminary studies show that IE is feasible for the treatment of eating disorders (EDs). Delineating the biological mechanisms underlying IE is important to effectively tailor the treatment to EDs. During the current proof-of-concept task (N=8; expected N=20), participants listened to negative (fear script of gaining weight) and neutral (walking through rooms in a house) auditory scripts, while undergoing fMRI. Functional activation revealed increased activity during negative>neutral scripts in four general systems: 1) medial prefrontal/posterior cingulate cortex (default mode network, internally generated thought, rumination), 2) left inferior frontal gyrus (IFG; pars orbitalis; semantic selection and retrieval), 3) auditory cortex (hearing), and 4) amygdala (threat processing). Whole brain regressions with behavioral measures (task ratings, ED symptoms, and fear of food) revealed increased activation in auditory cortex, left IFG, and middle frontal gyrus (dorsal attention). Functional connectivity assessed with independent components analysis (ICA) revealed increased recruitment of ICNs exhibiting medial prefrontal (default mode) and nucleus accumbens (reward processing). There was increased recruitment of a default mode and reward ICN, related to increased behavioral measures ($r=.47$, $r=.55$, $r=.34$, respectively). These results suggest that individuals with EDs activate brain networks associated with internally generated thought and rumination, selection and retrieval of semantic information, sensory processing, and threat detection, in response to negative, as compared to neutral, imaginal scripts. Further, these brain regions comprise several ICNs, indicative of increased communication between internally generated thought, attention and memory, as well as reward processing. These findings provide evidence for the further investigation of IE therapy in application to EDs.

Learning Objectives:

- Assess the applicability of imaginal exposure therapy to eating disorders.
- Describe the functional activity and connectivity associated with exposure to fear scripts in individuals with eating disorders.
- Identify how eating disorder symptomatology modulates functional activation and connectivity related to exposure to fear scripts.

T-169: Manipulating Concern over Mistakes Increases Restrictive Eating: An Experimental Test of the Impact of Perfectionism on Eating Behaviors

Leigh Bros of, BA, University of Louisville, Louisville, KY, USA; Cheri Levinson, PhD, University of Louisville, Louisville, KY, USA

Concern over mistakes (CM), the dimension of perfectionism concerning excessive worries over making errors, is a vulnerability factor for the development and maintenance of eating disorder behaviors. Though longitudinal studies can provide quasi-causal inferences about the effects of CM on eating disorder behaviors, only an experimental study can determine true causal effects. In the current experimental study (N=180 females), we manipulated CM in three groups (ns = 60 each): high CM

condition, low CM condition, and a control condition. Participants were primed to worry about making mistakes on a task (high CM), to not worry about making mistakes (low CM), or simply to complete the task (control). After the task, participants were left in a room with M&Ms, potato chips, popcorn, and apple slices. We investigated the effect of condition (high CM, low CM, control), state CM, and trait CM, on food intake. We found that high CM condition ($b=-.31$, $p=.031$) was associated with less potato chip intake compared to the low CM and control conditions. High CM condition ($b=-.47$, $p=.028$) was also associated with less popcorn intake compared to low CM and control conditions. We found that state CM ($b=.002$, $p=.021$) was positively associated with M&M intake. Finally, CM condition ($ps>.163$) was not related to apple slice intake. We found that manipulating CM impacted food intake. Specifically, high CM, compared to low CM and control conditions, predicted less consumption of popcorn and potato chips. These results suggest that individuals may try to restrict their intake of palatable foods, such as chips and popcorn, when worrying about making mistakes. It is possible that worrying about making mistakes heightens their concern over errors in all areas, including consumption of "healthy" foods. These findings thus provide support that higher CM leads directly to restrictive eating. These findings imply that interventions should consider targeting CM in the treatment of restriction.

Learning Objectives:

- Delineate how concern over mistakes contributes to eating behaviors.
- Assess the impact of concern over mistakes on food intake using an experimental design.
- Describe the role of concern over mistakes in eating disorder vulnerability and potential for intervention.

T-170: Obsessive-Compulsive Symptoms and Eating Pathology-Risk among Collegiate Athletes: Investigating Athletic-Ideal Internalization and Athletic-Identity as Mediating and Moderating Mechanisms

Shelby Martin, MS, Ohio University, Athens, OH, USA; Timothy Anderson, PhD, Professor, University, Athens, OH, USA

Athletes demonstrate vulnerability to disordered eating/exercise due to numerous general and athlete-specific risk factors. Two risk factors of relevance for athletes are obsessive-compulsive symptoms and internalization of the athletic ideal. Obsessive-compulsive symptoms (e.g., perfectionism) are often comorbid with eating pathology and typically higher in athletes versus non-athletes. Elevated obsessive-compulsiveness may lead to relentless pursuit of the ideal athletic body-type (i.e., lean and fit) through disordered eating. This phenomenon may be heightened among athletes who identify strongly with athletic expectations of mental toughness and win at all costs. The current study examined associations among eating pathology (i.e., EDE-Q), obsessive-compulsive symptoms (i.e., OCI-R), athletic-ideal internalization (i.e., SATAQ-4), and athletic identity (i.e., AIMS) among collegiate athletes ($N = 201$) via online questionnaires. We also explored whether athletic-ideal internalization mediates the relation between obsessive-compulsive symptoms and eating pathology, and whether this is greater among athletes with strong athletic identities. Eating pathology was significantly positively related to athletic-ideal internalization and obsessive-compulsiveness, but not athletic identity. However, significant positive relations were found among obsessive-compulsiveness, athletic-ideal internalization, and athletic identity. Importantly, athletic-ideal internalization significantly mediated the association between obsessive-compulsive symptoms and eating pathology, but this was not moderated by athletic identity. Thus, across collegiate athletes, obsessive-compulsive features may be related to disordered eating through rigid and obsessional internalization of the ideal athletic body-type. The efficacy of

interventions targeting athletic-ideal internalization among athletes in reducing eating disorder-risk should be examined.

Learning Objectives:

- Identify factors underlying the relation between obsessive-compulsive symptoms and eating pathology among collegiate athletes.
- Evaluate athletic-ideal internalization as a risk factor for eating pathology among collegiate athletes.
- Examine whether eating pathology risk differs across level of athletic identity.

T-171: Help-Seeking Intentions for Disordered Eating, relative to General Mental Health among Collegiate Athletes: Is Stigma to Blame?

Shelby Martin, MS, Ohio University, Athens, OH, USA; Timothy Anderson, PhD, Ohio University, Athens, OH, USA

Athletes are at heightened risk for eating pathology relative to the general population, with up to 17.2% of males and 32% of female athletes meeting criteria for an eating disorder (ED). Despite increased risk, ED-treatment utilization among athletes is low. Currently, it is unclear what might inhibit ED-help-seeking among athletes, as treatment barriers specific to athletes with eating concerns have yet to be elucidated. Two factors of relevance are perceived and internalized stigma. ED are associated with higher stigma relative to other mental illnesses. Thus, elevated perceived stigma accompanied by athletic expectations to appear tough, obtain a certain physique, and conform to a diet culture may increase internalized stigma of struggling and/or seeking treatment for an ED among athletes. The current study examined differences in help-seeking intentions for EDs versus general mental health among collegiate athletes (N = 201) via online questionnaires. We also explored whether perceived and internalized stigma mediate the association between eating pathology and ED-help-seeking. While self-reported eating pathology was high (i.e., 27.9% of athletes > 90th percentile on the Eating Disorder Examination-Questionnaire), help-seeking intentions for eating pathology were low, relative to general mental health ($d = 0.41$). Importantly, the multiple-mediation model was significant: eating pathology was related to reduced help-seeking for an ED through heightened perceived stigma, which influenced high levels of internalized stigma. Results indicate athletes may be at greater risk for not seeking help for an eating concern, relative to a general mental health issue. Interventions aimed to decrease stigma of EDs among athletes and outline the benefits of treatment for athletic performance and identity may reduce risk of untreated EDs among collegiate athletes.

Learning Objectives:

- Examine intentions to seek psychological help for disordered eating/exercise among collegiate athletes.
- Determine differences in help-seeking intentions for disordered eating/exercise and general mental health among collegiate athletes.
- Identify mechanisms that may account for low help-seeking intentions for disordered eating/exercise among collegiate athletes.

T-172: Maternal Eating Disorders and Eating Disorder Treatment among Girls in the Growing Up Today Study

Hannah Ziobrowski, MPH, Brown University, Providence, RI, USA; Kendrin Sonneville, ScD, RD, University of Michigan, Ann Arbor, MI, USA; Kamryn Eddy, PhD, FAED, Massachusetts General Hospital, Boston, MA, USA; Ross Crosby, PhD, FAED, Neuropsychiatric Research Institute, Fargo, ND, USA; Nadia Micali, PhD, FAED, University College of London, London, England, USA; Nicholas Horton, ScD, Amherst College, Amherst, MA, USA; Field Alison, ScD, FAED, Brown University, Providence, RI, USA

The objectives of the present study were to assess whether girls with mothers who have or previously had an eating disorder (ED) have greater odds of developing an ED, and whether girls who have EDs have greater odds of receiving treatment if their mothers have a history of an ED. Prospective data came from 3,649 females followed from 1996-2013 in the Growing Up Today Study. Data were collected via questionnaires that were mailed every 12-24 months. Girls who reported on ED treatment in 2013 and whose mothers completed a questionnaire in 2004 about maternal and child EDs were included in analyses. Generalized estimating equations were used in analyses. Between 1996-2013, 28.3% of girls met criteria for an ED in at least one year. Girls with mothers with ED histories had nearly twice the odds of developing any ED (adjusted odds ratio [aOR]: 1.89; 95% confidence interval [CI]: 1.38-2.60). Among girls with any ED, 12.4% reported receiving treatment. Girls with any ED had more than twice the odds of receiving treatment if their mother had a history of an ED (aOR: 2.23; 95%CI: 1.25-3.99). Girls with mothers with an ED history had greater odds of both having an ED and receiving ED treatment. Screening both girls and their mothers for current or previous disordered eating may be important for the prevention and detection of EDs. More research is needed to examine reasons for the association between maternal ED history and ED treatment in girls.

Learning Objectives:

- Understand treatment rates for different eating disorders in females in a population-based sample.
- Assess the role of maternal eating disorders in both the development and treatment of eating disorders in female offspring.
- Describe the importance of screening both mothers and daughters to help detect eating disorders in females.

T-174: Implementation Of A New Nurse Practitioner Role Into An Established Eating Disorder Program: Successes, Challenges, and New Opportunities.

Colleen Surmay, RN, MSN, CPNP, Lucille Packard Children's Hospital of Stanford, Palo Alto, CA, USA

The purpose of this study was to describe the implementation of a new nurse practitioner (NP) role into an established eating disorder treatment team, including challenges, successes, and recommendations for further evaluation. Access to care for eating disorders is insufficient to meet demand, in part due to lack of clinical providers. Significant morbidity and poorer outcomes are associated with delays to care. Adding a new NP role is one answer to improving access to care. The project was implemented at the LPCH Eating Disorders Program. Existing literature was reviewed regarding implementation of new NP positions, roles, and responsibilities. In collaboration with the medical director, the role was defined. Wait times for intake of new patients were evaluated. The role was implemented for 6 months. Wait times to new intake were then re-evaluated. The team was surveyed for their opinions of successes, suggested improvements, perceived contributions of the new NP role, and ideas for further involvement. The initial new intake patient wait to evaluation was 8 weeks. On reevaluation, the wait was reduced to 4 weeks. Notably, several patients on the waitlist had been unreachable for several weeks yet retained their place in intake queue. It is clear that adding a new nurse practitioner role to the

program can reduce wait times to new evaluation. Other improvements included the ability of providers to spend more time with each patient, more patients seen in clinic each week, and reduced stress for providers on the inpatient unit. Suggestions for further involvement included: 1) increased scholarly and research activities, 2) inpatient teaching groups on medical complications of eating disorders, and 3) further intakes of new patients each week. Barriers to implementing these suggestions included a) lack of protected administrative time for scholarly activities, b) scheduling limitations based on current FTEs, and c) lack of interdisciplinary service availability.

Learning Objectives:

- Describe the issues associated with delays to care for patients with eating disorders.
- Describe the role of the pediatric nurse practitioner on an interdisciplinary team for medical management of eating disorders.
- Determine where a pediatric nurse practitioner role may contribute within the viewer's own interdisciplinary care team.

T-175: How does family functioning effect the outcome of Family Based Treatment for adolescents with severe anorexia nervosa.

Andrew Wallis, PhD, Sydney Children's Hospital Network, Sydney, Australia; Jane Miskovic-Wheatley, DCP, Sydney Children's Hospital Network, Sydney, Australia; Sloane Madden, PhD, FAED, Sydney Children's Hospital Network, Sydney, Australia; Paul Rhodes, PhD, University of Sydney, Sydney, Australia; Ross Crosby, PhD, FAED, Neuropsychiatric Research Institute, Fargo, ND, USA; Li Cao, MS, Neuropsychiatric Research Institute, Fargo, ND, USA; Stephen Touyz, PhD, University of Sydney, Sydney, Australia

The aim of this research was to investigate the relationship between family functioning, adolescent-parent relationships and remission, as well as changes in these variables over time for adolescents with severe anorexia nervosa treated with family based treatment (FBT). Understanding how families respond to treatment is important because the family will be the ongoing context for psychosocial development in the longer term. The relationship between family functioning and outcome is also an important variable because it is potentially modifiable during treatment and this may improve outcome. Fifty-seven female adolescents treated with FBT in a randomised controlled trial were assessed at baseline, FBT session 20 and 12-months post FBT session 20. Data on family functioning and adolescent-parent attachment was collected from patients and their parents at each time point. A series of regression analyses were used to determine the relationship between family functioning and comorbidity at baseline, and the relationship with remission status over time. Repeat measure mixed-effects models were used to assess changes in family functioning and attachment quality over time. Greater adolescent perceived family functioning impairment was positively related to psychiatric comorbidity at the start of treatment. Conversely, better family functioning predicted higher self-esteem and stronger attachment quality. Adolescents reporting better general family functioning, communication and problem solving were more likely to be remitted at session 20, but not at 12-month follow-up. There was no overall improvement in family functioning for any respondent either during treatment or at follow-up, and no significant relationship between change and remission at either session 20 or follow-up. The adolescent's perspective on family functioning at the start of treatment impacts on positive outcome. Determining how these findings could be integrated into the current FBT model is needed.

Learning Objectives:

- Describe the aims of the research presented.
- Describe the relationship between family functioning and adolescent-parent relationships on remission.
- Discuss how the research findings can be integrated into current knowledge of FBT.

T-176: Outcomes of Residential Eating Disorder Treatment

Jennifer Henretty, PhD, CEDS, Center For Discovery, Los Alamitos, CA, USA; Shelbi Cox, BS, Center For Discovery, Los Alamitos, CA, USA

There exists a high demand in the field and throughout the literature for eating disorder treatment outcomes, particularly pertaining to clients of the residential level-of-care. This study aimed to examine outcomes and effectiveness of residential eating disorder treatment, specifically assessing changes in behavior and symptomology from admission to discharge, and how clients fare after leaving treatment. Chart review data from over 2,000 clients who received treatment in a residential eating disorder program between January 2015 and January 2018, and post-discharge data from over 1,000 clients who participated in an Aftercare Program, were included in this study. Results suggest that improvements including weight restoration, reduction in purge and binge frequency, decreases in eating disorder pathology, and increases in quality of life were achieved over the course of residential eating disorder treatment. Additionally, improvements were often maintained after discharge; factors that increased likelihood of success were identified.

Learning Objectives:

- Describe improvements achieved over the course of residential eating disorder treatment.
- Describe improvements maintained after discharge from residential eating disorder treatment, and factors that predicted an increased likelihood of maintaining improvements.
- Describe the differences found between readmission rates to the same program and readmission rates to any eating disorder program.

T-177: Emotions in play: Young people s experience of Thinking about emotions group in an inpatient eating disorder programme

Lucia Giombini, CPsychol, King's College London, London, UK; Sophie Nesbitt, CPsychol, Elysium Healthcare, London, UK; Rosalind Birch, Student, Elysium Healthcare, London, UK; Abigail Easter, PhD, King's College London, London, UK; Kate Tchanturia, Professor, CPsychol, PhD, King's College London, London, UK

A case series of Cognitive Remediation and Emotion Skills Training group for Young People (CREST-YP) was conducted in an inpatient treatment for anorexia nervosa (AN) aimed at: assessing its acceptability, suitability and exploring YP satisfaction. CREST-YP was offered at the start of admission. A mixed-methods assessment was conducted. Thirty-two YP aged 11 to 17 years ($M = 14.03$, $SD = 1.6$) took part to qualitative interviews conducted at the end of the intervention and analysed using thematic analysis. They also completed pre and post self-report questionnaires to assess their emotional functioning: Emotional Regulation Questionnaire for Children and Adolescents (ERQ-CA), Revised Social Anhedonia Scale (RSAS), Toronto Alexithymia Scale (TAS-20), and Motivation Ruler (MI) created ad hoc. The following six-higher order themes were identified: Helpfulness and Likeability; Dislikes; Challenges; Homework; Coping better with AN; Suggestions for improvements. Majority of YP (62%) reported

enjoying the sessions; 56% having found them useful and 62% having used the strategies/skills learnt. The results showed no significant changes in YP s self-perceived emotional functioning [ERQ-CA: Reappraisal $F(31) = 1.54, p = 0.225$; Suppression $F(31) = 1.49, p = 0.231$]; social anhedonia [RSAS: $F(30) = 0.11, p = 0.748$]; alexithymia [TAS-20: $F(31) = 0.29, p = 0.593$], and motivation to change [MI: Importance to change $F(31) = 0.01, p = 0.914$; Ability to change $F(31) = 1.22, p = 0.279$]. Although no statistically significant changes were observed, a small increase in YP s use of both reappraisal and suppression as a means to regulate their emotions was found. Emotional difficulties in this population are well recognised. Improved strategies are needed to support inpatients to tolerate group therapy setting and to help them to better identify and manage their emotions.

Learning Objectives:

- Describe the emotion processing in anorexia nervosa.
- Describe CREST as a manual-based group intervention focused on emotion processing.
- Understand the experience of young people with AN of a group psycho-education intervention.

T-178: Creating an Algorithm of Care for Adolescent Anorexia Nervosa: A Delphi Panel Study

Samantha Buchman, PsyD, New York-Presbyterian/Weill Cornell Medicine, White Plains, NY, USA; Joanna Steinglass, MD, Columbia Center for Eating Disorders, New York State Psychiatric Institute, New York, NY, USA; Hilary Amassa Brewer, BS, Columbia Center for Eating Disorders, New York State Psychiatric Institute, New York, NY, USA; Evelyn Attia, MD, FAED, Columbia Center for Eating Disorders, New York State Psychiatric Institute, New York, NY, USA

Anorexia Nervosa (AN) is a highly deadly disorder with the average age of onset occurring during adolescence. Despite the existence of published treatment guidelines, such as the Junior MARSIPAN, there is wide variability in the standards practitioners use to guide their treatment of adolescent AN. This study aims to investigate whether a group of experts could agree upon on a set of treatment guidelines for adolescents with AN to inform clinical practice. This study utilized the Delphi Panel method, a technique for pooling consensus among a group of experts on a given topic. Participants were 25 experts who met inclusion criteria and responded to three rounds of Qualtrics surveys on treatment recommendations for adolescents with AN. The first round consisted of open-ended questions. The second round incorporated first-round answers into a series of statements and respondents were prompted to rate their level of agreement with each using a 7-point Likert scale. In round 3, participants were shown peer responses from the previous round and asked to rate their agreement. Consensus was defined as at least 85% of participants in agreement. Results established consensus-level agreement on key features of an algorithm of care for adolescents with AN. In round 2, panelists recommended that initial treatment should be either Family-Based Therapy (FBT) or, for certain high-risk situations, inpatient hospitalization. Round 3 data are currently being collected and analysis will be completed by September. There are some basic areas of agreement among experts regarding treatment of adolescents with AN, especially with respect to initial recommendations. Areas where consensus recommendations are not clear illustrate the need for empirical data to inform clinical recommendations for transitions between levels of care. Longitudinal studies are needed to determine the core components of treatment that make recovery possible.

Learning Objectives:

- Identify specific treatment recommendations for adolescent anorexia nervosa for which expert consensus has been achieved.

- Understand the usefulness of the Delphi methodology for achieving consensus among experts on a given topic.
- Identify areas where further investigation is needed to identify treatment recommendations for adolescents with anorexia nervosa.

T-179: Thinking outside of clinical trials: The real life application of evidence-based eating disorder treatments for adults at the Maudsley Eating Disorder Service

Victoria Mountford, BA (Hons), DClinPsy, South London and Maudsley NHS Trust, London, UK; Karina Allen, BA (Hons), MSc, MCLinPsy, South London and Maudsley NHS Trust, London, UK; Danielle Glennon, BSc (Hons), MA, PGDip, South London and Maudsley NHS Trust, London, UK; Kate Tchanturia, BSc, MSc, PhD, FAED, Institute of Psychiatry, Psychology and Neuroscience, London, UK; Ulrike Schmidt, MRCPsych, MPhil, PhD, Institute of Psychiatry, Psychology and Neuroscience, London, UK

This study evaluated the effectiveness of treatment as usual at the Maudsley Adult Eating Disorder (ED) Outpatient Service, which seeks to provide best-practice care in accordance with UK and international treatment guidelines. Collection of routine outcomes is essential to determine if findings from research trials can be translated effectively, provide a benchmark for standards and drive quality improvement. Participants were 220 patients who commenced treatment between April 2016 and July 2017 (91% female, 81% white ethnic background). Patients completed the Eating Disorder Examination-Questionnaire (EDE-Q) and CORE-10 (assessing depression and anxiety) at pre and post-treatment plus a 4 to 6 month follow-up. Treating clinicians recorded diagnosis, body mass index (BMI), binge eating and purging. 46% of the sample met DSM-5 criteria for anorexia nervosa (AN) or atypical AN at pre-treatment, 40% met criteria for bulimia nervosa (BN) or atypical BN and 14% for other ED. The most commonly used treatment was ED-focused cognitive behavioural therapy (66%) followed by the Maudsley Model of Anorexia Nervosa Treatment for Adults (17%). 62% of patients completed treatment, attending a mean of 20.6 sessions (SD 9.2). Non-completers attended a mean of 11.6 sessions (SD 9.3). Using ITT principles, binge eating, purging and Global EDE-Q scores decreased significantly across treatment for all participants and for AN/BN sub-groups. For AN, mean BMI increased significantly from 16.8 (SD 1.70) to 17.9 (SD 2.26) over treatment ($p=.001$). 24% of participants were without an eating disorder diagnosis at post-treatment, increasing to 48% by end of follow-up. These results converge well with the small number of other real world studies of ED outcomes. They also support the generalisability of evidence-based ED treatment to real world practice. Challenges of real world routine evaluation will be discussed. Findings highlight the need for further improvements in the field.

Learning Objectives:

- Understand the importance of monitoring routine clinical outcomes.
- Describe the applicability of findings from research trials for 'real world' clinical settings.
- Discuss the challenges of real world routine clinical evaluation.

T-180: Feasibility, Acceptability, and Preliminary Efficacy of Cognitive-Behavioral Therapy for Rumination Disorder (CBT-RD)

Helen Murray, BA, Drexel University, Philadelphia, PA, USA; Adrienne Juarascio, PhD, FAED, Drexel University, Philadelphia, PA, USA; Christine Call, BA, Drexel University, Philadelphia, PA, USA; Ani Keshishian, BA, Massachusetts General Hospital, Boston, MA, USA; Rowan Hunt, BA, Drexel University,

Philadelphia, PA, USA; Jennifer Thomas, PhD, FAED, Massachusetts General Hospital/Harvard Medical School, Boston, MA, USA

Rumination disorder (RD) is characterized by effortless, repeated regurgitation during or soon after eating of material that is subsequently re-chewed, re-swallowed, or spat out. In the absence of an evidence-based treatment for RD, we manualized and tested a novel, brief treatment Cognitive Behavioral Therapy for RD (CBT-RD). In an ongoing open clinical trial, participants were offered 5 to 8 sessions of individual or family-supported CBT-RD at Drexel University or Massachusetts General Hospital. We examined the following: (1) feasibility by participant retention and number of sessions completed; (2) acceptability by the self-report Credibility/Expectancy Questionnaire (CEQ; post-Session 1) and Client Satisfaction Questionnaire (CSQ-8; post-treatment); and (3) preliminary efficacy by change in daily regurgitation frequency across treatment. Ten participants initiated treatment (50% male), seven (70%) of whom completed treatment, two of whom dropped out, and one of whom is currently in treatment. We anticipate N=8 participants will complete treatment with 3-month follow-up data by October 2018. The seven participants who completed treatment had an average of seven (range=5-8) sessions. On average, participants perceived CBT-RD as credible (CEQ-credibility M=24.57; SD=3.87; possible scores=3-30). Participants were also satisfied with CBT-RD (CSQ-8 M=29.17; SD=4.22; possible scores=8-32), reporting the quality of treatment as good (n=1) to excellent (n=6). Overall, there was a large and significant reduction among participants in average daily regurgitation frequency ($t(6)=2.58$; $p=.042$; $d=1.75$) from the beginning (M=43.99; SD=42.46; range=4.36-127.86) to end of treatment (M=3.67; SD=2.42; range=0.14-6.85). Using visual inspection to examine session-by-session change, all seven participants average daily regurgitation frequency had a linear, downward trend. Although data collection is ongoing, results suggest CBT-RD is feasible, acceptable, and efficacious.

Learning Objectives:

- Describe the four core strategies of CBT-RD including (1) psychoeducation and self-monitoring; (2) diaphragmatic breathing; (3) strategies for maintenance mechanisms to target residual episodes; and (4) relapse prevention.
- Examine the feasibility and acceptability of the CBT-RD protocol.
- Report the preliminary findings of CBT-RD's effect on reduction in regurgitation frequency.

T-181: "I don't know if I'll ever be at the fully recovered place": Research-based definitions of full eating disorder recovery may alleviate doubt among those in recovery about their own prospects of full eating disorder recovery

Catherine Gillespie, PhD, Drake University, Des Moines, IA, USA

The current study highlights the role of doubt that those in recovery experience around their own prospects of full eating disorder (ED) recovery. Researchers define full recovery from EDs differently from each other and also differently from those in recovery. One well-cited research-based definition of full ED recovery includes these four components: (1) no current ED, (2) BMI of 18.5 or higher, (3) no bingeing, fasting, or purging in the past three months, (4) scoring within one standard deviation of age-matched non-eating disorder peers on each of the four subscales of the Eating Disorder Examination Questionnaire or EDE-Q (restraint, eating concern, weight concern, and shape concern). Twelve women in various stages of ED recovery volunteered to be interviewed about their recovery journey. Participants responded to website postings and professional referrals. Qualitative phenomenological interview data were collected face-to-face and electronically. Results: None of the participants offered a definition of recovery that matched research-based definitions of full ED recovery. Participants' visions of

recovery were idealized, and to them, unattainable. They harbored a great deal of doubt as to whether they would ever meet their own personal high bars for full ED recovery. They stated such things as: Of course I doubt whether I will recover, it bothers me that it still bothers me, and, I don't know if I'll ever be at the fully recovered place. Participants' doubt kept them on their recovery journey in some ways, because doubt protected them from complacency. But their doubt also served as a barrier to personal growth. For instance, doubt in their ability to fully recover did nothing to improve their personal sense of self-efficacy. In summary, results indicate that people in ED recovery may doubt their ability to fully recover from their EDs, but research-based definitions of full ED recovery could offer them hope.

Learning Objectives:

- Compare and contrast a variety of research-based definitions of full recovery from an eating disorder.
- Determine where research participants' definitions of full recovery fall in the spectrum of research-based definitions.
- Identify the functional roles that doubt in the possibility of full recovery can play in the eating disorder recovery journey.

T-182: Core Symptoms of Eating Disorders: Variability Across Eating Disorder Diagnoses and Assessment Instruments

Irina Vanzhula, MS, University of Louisville, Louisville, KY, USA; Victoria Perko, BA, The University of Kansas, Lawrence, KS, USA; Cheri Levinson, PhD, University of Louisville, Louisville, KY, USA; Kelsie Forbush, PhD, The University of Kansas, Lawrence, KS, USA; Jenna Tregarthen, PhD, Recovery Record, Palo Alto, CA, USA

Eating disorders (EDs) are extremely heterogeneous; however, the transdiagnostic theory of eating disorders suggests that distinct clinical presentations are maintained by similar core mechanisms (e.g., overvaluation of weight/shape). Network analysis is a statistical technique that allows us to explore how specific symptoms may maintain the structure and severity of the mental disorders. Specifically, identification of central symptoms presents a unique way to examine if core symptoms vary across ED diagnoses. In this study, we created eight glasso networks based on four ED diagnoses (anorexia nervosa [AN], bulimia nervosa [BN], and binge eating disorder [BED], and other specified feeding and eating disorder [OSFED]) using two commonly administered ED measures: Eating Disorder Examination Questionnaire (EDE-Q) and Eating Pathology Symptom Inventory (EPSI). Participants were individuals diagnosed with an ED (N = 2740). The EDE-Q networks had the following central symptoms: Fear of weight gain in AN (Strength = 1.58), BN (S = 2.00), and OSFED (S = 1.37), and sense of loss of control over eating (S = 1.42) in BED. The EPSI networks had the following central symptoms: Skipping meals (S = 2.13) in AN, eating large amount of food in BN (S = 2.25), disliking one's body (S = 1.85) and eating large amount of food (S = 1.65) in BED, and skipping meals, (S = 1.58) and eating large amount of food (S = 1.44) in OSFED. Central symptoms varied based on the measure used: cognitions were more central in EDE-Q and behaviors in EPSI. Across network models, fear of weight gain or behaviors to avoid weight gain were core symptoms of AN and OSFED, whereas loss-of-control eating was most central for BN and BED. These findings suggest that fear of weight gain, rather than just overvaluation of weight and shape, and loss of control over eating may be transdiagnostic factors in EDs. Interventions that target core maintaining symptoms may help improve effectiveness of current ED treatments.

Learning Objectives:

- Participants will learn about how to identify and interpret central symptoms of psychopathology networks.
- Participants will learn how network analysis can help test transdiagnostic theory of EDs.
- Participants will learn which symptoms are central in each of the four ED diagnoses and how they vary depending on the measure used.

T-183: MILD VERSUS MORE SEVERE ANOREXIA NERVOSA: EVIDENCE OF DIFFERENTIAL RESPONSE TO INTENSIVE DAY HOSPITAL TREATMENT

Danielle MacDonald, PhD, CPsych, University Health Network, University of Toronto, Toronto, ON, Canada; Kathryn Trottier, PhD, CPsych, University Health Network, University of Toronto, Toronto, ON, Canada

Although intensive treatment is usually recommended for patients with moderate to severe anorexia nervosa (AN), patients with mild AN are also often referred. In our region, intensive treatment is the only available treatment through our publicly-funded healthcare system. Clinical observation suggests that those with mild AN may benefit less from intensive treatment compared to those with more severe AN. This study investigated whether patients with mild versus more severe AN exhibit differential responses to intensive treatment. 111 patients with AN were classified as having either a mild or moderate to extreme illness severity based on BMI and purging frequency consistent with DSM-5 severity criteria. CBT-based day hospital treatment was delivered as usual. AN subtype was controlled for in all analyses. AN severity did not predict odds of full behavioural remission at end of treatment (BMI>20, binge/purge abstinence; $p=.57$). Odds of overall eating disorder (ED) psychopathology in a nonclinical range at end of treatment was 5.6 times higher for those with more severe AN ($p=.006$). Though severity groups did not differ at admission, at end of treatment, mild severity predicted higher overall ED psychopathology ($p=.001$), impairment due to the ED ($p=.05$), and emotion regulation difficulties ($p=.005$). Although the mild and more severe AN groups differed by definition on key behavioural illness indicators, they had similar levels of other psychopathology at baseline. Those with mild AN were no more likely to have good behavioural treatment outcomes, and had poorer outcomes on several psychological variables. These findings indicate that day hospital treatment may be best suited to moderate to severe AN versus mild AN. These findings also suggest that individuals with AN who are mildly underweight and/or have less frequent purging symptoms may exhibit levels of other ED psychopathology on par with those who exhibit more severe behavioural symptoms of AN.

Learning Objectives:

- Describe how individuals with mild versus more severe anorexia nervosa respond to intensive treatment.
- Describe how individuals with mild versus more severe anorexia nervosa appear to be similar prior to treatment on a number of psychological indicators.
- Describe the patients for whom intensive treatment may be best suited.

T-184: An evaluation of the quality of nutritional information and advice in manualised psychological treatments for adults with an eating disorder.

Caitlin McMaster, BSc (Hons), University of Sydney, Sydney, New South Wales, Australia; Susan Hart, BSc, MND, PhD, St Vincent's Hospital, University of Sydney, Sydney, New South Wales, Australia; Tracey

Wade, B.Sc (Hons), M.Clin.Psych, PhD, FAED, Flinders University, Adelaide, South Australia, Australia;
Janet Franklin, BSc, MND, PhD, Royal Prince Alfred Hospital, Sydney, New South Wales, Australia

A multidisciplinary team approach including medical, psychological and nutritional intervention is the ideal standard of care, wherever possible, for patients with an eating disorder (ED). However, in patients often only access or engage with psychological support. This study evaluates the quality of nutritional information and advice in manualised therapies which guide outpatient psychological treatment for adult patients with an ED. Treatment manuals were evaluated if they were published after 1990; written in English by a clinician; were to be used by a clinician to deliver therapy (not self-help or for clinician education) and designed for use with adult patients individually. Based on clinical experience and evidence based recommendations for nutrition and dietetic intervention, the authors devised a criteria to independently rank each manual using a five point scale for each of the following domains (1) Inclusion of dietitian in treating team; (2) Nutritional assessment; (3) Quality of dietary advice; (4) Nutritional adequacy of dietary advice; (5) Monitoring of nutritional status; (6) Inclusion of nutrition education; (7) Inclusion of food and eating skills. 22 treatment manuals were analysed. Of a total possible score of 50, the majority of manuals scored less than 15 with the highest score given being 29. Only one manual included a dietitian as an author and only two manuals cited nutrition and dietetic literature. This review shows that the majority of information on diet and nutrition in manualised psychological treatments for adults with an ED is not reflective of evidence based nutrition and dietetic recommendations. ED clinicians should be cautious in applying the nutritional information given in these manuals when providing treatment to adults with an ED and involve or consult with a specialist dietitian.

Learning Objectives:

- Identify components of evidence based nutrition and dietetic information and advice for adult patients with an eating disorder.
- Identify limitations in using manualised psychological treatments to provide appropriate nutritional information and advice to adults receiving outpatient treatment for an eating disorder.
- Reflect on strategies to improve compliance with evidence based clinical recommendations to assist patients to access medical, psychological and nutritional intervention.

T-185: Eating Disorder Trends at a University Student Health Center

Deepti Athalye, PhD, University of Virginia, Charlottesville, VA, USA; Maria Portilla, MD, IAEDP Certified Supervisor, University of Virginia, Charlottesville, VA, USA

The purpose of this study was to explore demographic trends and treatment recommendations for students evaluated by the multidisciplinary Eating Disorder Consultation and Treatment Team at an integrated outpatient Student Health Center in a large public university. The dataset used for this study included 271 undergraduate and graduate students discussed in treatment team meetings over a period of four years. Variables such as gender, ethnicity, fraternity or sorority membership, and student status at initial evaluation were reviewed. 92% of the students in the dataset were female. 68% of the students self-identified as white; it was observed that African American and Asian students were disproportionately underrepresented when compared with the university demographic data. 25% of the students in this dataset were members of Greek organizations. Of note, 33% of the students assessed were freshmen, followed by sophomores at 24%, juniors at 21% and seniors at 13%. Only about 8% of the students were from graduate or professional programs. We also reviewed the team's referrals to a higher level of care, i.e. intensive outpatient, day treatment or residential programs. Approximately 15%

of students were recommended a higher level of care during their first semester of presentation to the team, after being evaluated by two or more clinicians on the team. As a reflection of increased utilization of the multidisciplinary team, there was an increase in the number of students from 56 in the first year of the team's formation in 2014-15 to 77 in the year 2017-18. This review highlights the role of an outpatient, multidisciplinary consultation and treatment team in assessing severity and making treatment recommendations in a college setting. It also emphasizes the need for focused attention and assessment for incoming freshmen and historically underrepresented populations in a student health center.

Learning Objectives:

- Appreciate the demographic composition of students seeking consultation or treatment for eating disorders in an integrated student health center at a large public university.
- Understand the utility of a multidisciplinary assessment in determining/recommending appropriate level of care.
- Describe the benefits of an eating disorder team in increasing access to specialized care.

T-186: Other Specified Feeding or Eating Disorders (OSFED): Clinical heterogeneity and Cognitive-Behavioral Therapy Outcome

Zaida Aguera, PhD, University Hospital of Bellvitge-IDIBELL, CIBEROBN, Hospitalet de Llobregat, Barcelona, Spain; Nadine Riesco, PhD, University Hospital of Bellvitge-IDIBELL, Hospitalet de Llobregat, Barcelona, Spain; Roser Granero, PhD, Universitat Autònoma de Barcelona, CIBEROBN, Barcelona, Barcelona, Spain; Susana Jimenez-Murcia, PhD, University Hospital of Bellvitge-IDIBELL, CIBEROBN, Hospitalet de Llobregat, Barcelona, Spain; Teresa Mena-Moreno, MSc, University Hospital of Bellvitge-IDIBELL, CIBEROBN, Hospitalet de Llobregat, Barcelona, Spain; Isabel Sánchez, PhD, University Hospital of Bellvitge-IDIBELL, Hospitalet de Llobregat, Barcelona, Spain; Jose M Menchon, PhD, University Hospital of Bellvitge-IDIBELL, CIBERSAM, Hospitalet de Llobregat, Barcelona, Spain; Fernando Fernández-Aranda, PhD, FAED, University Hospital of Bellvitge-IDIBELL, CIBEROBN, L'Hospitalet de Llobregat, Barcelona, Spain

With the DSM-5 new eating disorders (EDs) diagnostic subtypes were identified within the Other Specified Feeding or Eating Disorders (OSFED) category, which have so far been under-researched. Objectives of this study were to examine differential features among OSFED subtypes, exploring short-term cognitive-behavioral therapy (CBT) response and identifying clinical predictors of therapy outcome. The sample included 176 female patients diagnosed with OSFED [82 atypical anorexia nervosa (atypical-AN), 57 purging disorder (PD), and 37 subthreshold bulimia nervosa (sub-BN)]. Assessment included eating-related, psychopathological and personality measures. Results showed similar clinical and personality profiles between the diagnostic subtypes, with hardly any differences, only observable in the core symptoms of each diagnosis. The sub-BN group was the one which showed more social impairment. Regarding treatment outcome, the three groups did not reveal significant differences in remission rates, therapeutic adherence or dropout rates, reaching rates of dropout from 36.8% to 50% ($p=.391$). However, different ED subtype predictors appear related with full remission or dropout risk, specifically personality traits. In conclusion, our results suggest that OSFED patients may benefit similarly from the same CBT outpatient group approach. However, high dropout rates and low motivation seems to be an important limitation and challenge for future approaches.

Learning Objectives:

- Describe clinical, motivational, psychopathological, and personality differences among other specified feeding or eating disorder (OSFED) diagnostic subtypes.
- Describe short-term treatment outcome, therapeutic adherence, and dropout rates among different OSFED diagnostic subtypes.
- Identify clinical predictors of therapy outcome in female patients with OSFED.

T-187: Nutritional Counseling for Eating Disorders: a Systematic Review and Meta-Analysis of Comparative Studies

Allison Morrow, BA, Mayo Clinic, Rochester, MN, USA; Leslie Sim, PhD, ABPP, Mayo Clinic, Rochester, MN, USA; Jocelyn Lebow, PhD, Mayo Clinic, Rochester, MN, USA; Oscar Ponce, MD, Mayo Clinic, Rochester, MN, USA; Mouaz Alsawas, MD, MSc, Mayo Clinic, Rochester, MN, USA; M. Hassan Murad, MD, MPH, Mayo Clinic, Rochester, MN, USA

Nutritional counseling is a common treatment component for eating disorders. Our aim was to determine the efficacy of nutritional counseling on eating disorder outcomes. We searched MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, and Scopus for comparative studies of nutritional counseling (NC) for eating disorders [anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED)], compared to any type of psychotherapy through May 25th 2017. Independent reviewers selected studies and extracted data related to study characteristics, risk of bias and outcomes. We used a random-effects model to generate the pooled relative risks (RR) and weighted mean differences (WMD) for binary and continuous data respectively. Five randomized controlled trials with high risk of bias and one prospective cohort study with 361 patients were included. Compared to psychotherapy, NC was associated with fewer remissions (RR: 0.18; 95% CI: 0.05 to 0.74). When this analysis was performed by type of eating disorder, there was no significant difference on remission between NC or psychotherapy for AN and BN. NC was significantly associated with fewer remissions in people with BED, compared to psychotherapy (RR: 0.02 95% CI: 0.00 to 0.38). For BN there were no differences were found in remissions between NC and waitlist/no-psychotherapy. There were no differences between NC on vomiting in individuals with BN when compared to psychotherapy or to waitlist/no-psychotherapy. In BN, NC had a positive effect on binge eating episodes per week when compared to psychotherapy (WMD: -4.78 95% CI: -7.53, -2.03) but not waitlist/no-psychotherapy interventions. Although it is a standard intervention for eating disorders, the paucity of studies on NC suggests that additional research is necessary to understand the efficacy of this intervention and how it may be improved.

Learning Objectives:

- Explain the effect of nutritional counseling compared to psychotherapy on eating disorder outcomes.
- Describe the quality of evidence of studies on nutritional counseling.
- Identify the need for more studies on nutritional counseling.

T-188: Identifying emotion focused skills that are predictive of better treatment outcomes in an acceptance-based behavioral treatment for bulimia nervosa

Megan Parker, BS, Drexel University, Philadelphia, PA, USA; Jordyn Abrahams, Drexel University, Philadelphia, PA, USA; Adrienne Juarascio, PhD, Drexel University, Philadelphia, PA, USA

Research has shown that lower rates of emotion regulation (ER) are related to worse treatment outcomes for individuals with bulimia nervosa (BN). As such, there is increased interest in implementing emotion focused treatments for BN. Understanding which ER strategies patients find the most helpful can assist in the development of treatments that focus on ER strategies that are most likely to be used and acquired. However, little is known about which ER strategies are most acceptable to patients with BN. The current study utilized data collected as part of an ongoing RCT testing the efficacy of an acceptance based behavioral treatment (ABBT) for BN to achieve the following aims 1) identify which ABBT strategies patients identify as most helpful, 2) test whether use of any specific ABBT strategies approximately 2 weeks before the end of treatment is associated with better outcomes at post-treatment. Two independent raters watched video recordings of therapy sessions that occurred 1 month and 2 weeks prior to the post-treatment assessment. Raters coded verbal exchanges of session material of the therapist and patient (N=12) jointly reviewing all psychological strategies introduced in treatment including which strategies were most helpful and being used by the patient. Emotion downregulation strategies (ie. distraction, opposite action, n=10), defusion (n=7), and clarifying and committing to values (n=6) were most frequently listed as helpful strategies. Finding helpful and currently using emotional awareness was predictive of less ED pathology ($F(1,11)=6.52, p=.029$) while urge surfing was predictive of fewer loss of control eating episodes at post-treatment ($F(1,11)=7.06, p=.024$). These results support recent findings suggesting that utilization of ER skills can enhance treatment outcomes for BN. Specifically, focusing on increasing awareness of emotions and ability to ride out urges may facilitate the development of maximally effective treatments for BN.

Learning Objectives:

- Identify a variety of adaptive emotion regulation skills that can be integrated into treatments for patients with bulimia nervosa.
- Identify which emotion focused skills patients are most likely to use and perceive to be the most helpful.
- Give examples of how to work with patients to increase the use and acquisition of emotion focused skills that are predictive of better treatment outcomes.

T-189: Understanding Nutrition Approaches in the Treatment of Eating Disorders: Philosophy, Interventions, and Motivating Factors

Cassidy Sloom, BS, University of Minnesota, Saint Paul, MN, USA; Jillian Lampert, PhD, RD, LD, MPH, FAED, The Emily Program, Maplewood, MN, USA

This study explores themes underlying the philosophies, routine interventions, and motivating factors behind nutritional approaches to eating disorder (ED) treatment at free-standing 24 hour treatment centers in the U.S. Similarities and differences between nutritional approaches among programs were compared. Qualitative data was collected from interviews with nutrition leaders (n = 44) at free-standing 24 hour ED treatment centers in the U.S. Interviews were conducted and recorded via phone or Skype, and included a combination of nine closed- and open-ended questions in reference to nutrition philosophies, protocols, accommodations, interventions, and other adjunctive therapies. Recordings were transcribed and analyzed using the Grounded Theory method to identify common themes. All foods fit, and moderation and balance, were most commonly used to describe the nutrition philosophy at the residential level of care. Veganism was rarely accommodated due to its extremely restrictive character, while vegetarianism and other food allergies/intolerances were nearly always accommodated. With the help of staff, clients typically practice independently selecting and portioning at meals and snacks, but do not gain full responsibility while in 24 hour care. Though not encouraged,

supplemental nutritional shakes are utilized at the residential level; programs may leverage shakes as a contingency for meal completion. Other micronutrient supplements are handled by medical staff on an individual basis. All programs reported taking blind weights, with the majority obtained daily in the morning. Yoga and other mindful movement activities are common in programming once medical stability is achieved.

Learning Objectives:

- Describe the most common nutritional philosophies utilized in 24 hour ED programs.
- Assess the risks and benefits of administering supplemental nutritional shakes when clients fail to meet their meal plan.
- Identify a consensus, best-practice, in nutritional approaches to ED treatment at the residential level of care.

T-190: Developing a specialized outpatient unit for patients with severe and enduring anorexia nervosa - experiences and statistics from the first 14 months of operation

Monica Igars, MPSych, PhD, HUS Helsinki University Hospital, Helsinki, Finland; Jaana Suokas, MD, PhD, HUS Helsinki University Hospital, Helsinki, Finland

Pisara is a specialized outpatient unit for patients with severe and enduring anorexia nervosa at the HUS Helsinki University Hospital eating disorders unit in Helsinki, Finland. The Pisara unit was founded in May 2017. It is the first of its kind in Finland and, to our knowledge, one of the first in Europe. The first 14 months of operation will be described based on patient statistics as well as clinical experience. Patients with an illness duration of at least ten years, who previously have received specialized treatment for their eating disorder at least three times, can be treated at Pisara. Patients must be physically stable with a BMI > 12. The treatment aims to enhance quality of life, maintain somatic stability, and minimize harm in the presence of anorexia nervosa. During the first 14 months, 15 patients were referred to Pisara, all were women. Four patients were referred to other types of treatment based on their referral. Eleven patients came to Pisara for an evaluation, their ages ranged from 26 to 51 years (M = 36.54, SD = 7.06). After the evaluation, four patients were referred to other types of treatment. Currently, six patients are being treated at Pisara, one is in the evaluation phase. After the evaluation, individual treatment goals are set in collaboration with the patient. Treatment goal setting and choosing specific interventions will be described. Case management, specialist supportive clinical management, and cognitive behavioral therapy are used. Benefits and possible challenges of the treatment model will be reviewed. The treatment setting is flexible and includes video and phone sessions as well as sessions in the patient's own environment. Contraindications for treatment at Pisara include substance abuse, acute self-harm, severe personality disorders, and other severe psychiatric comorbidities.

Learning Objectives:

- Describe a novel outpatient treatment model for severe and enduring anorexia nervosa, aiming at enhancing quality of life in the presence of an eating disorder.
- Review challenges and benefits of a flexible outpatient treatment model for severe and enduring anorexia nervosa, including setting treatment goals and choosing specific treatment interventions.
- Discuss indications and possible contraindications for treatment at a specialist unit for severe and enduring anorexia nervosa.

T-191: Inpatient treatment of severe and enduring anorexia nervosa

Monica Igars, MPsych, PhD, HUS Helsinki University Hospital, Helsinki, Finland; Jaana Suokas, MD, PhD, HUS Helsinki University Central Hospital, Helsinki, Finland

Little is known about the efficacy of and indications for inpatient care in the treatment of severe and enduring anorexia nervosa (SE-AN). The value of inpatient treatment for this patient group, other than as a life-saving measure, has also been questioned. In this study, the course of treatment (N = 37) of all patients treated at an inpatient rehabilitation unit for adults with anorexia nervosa between January 2014 and July 2018 was analyzed. All participants were women, 45.9 % had an illness duration of > 7 years (SE-AN group). Body mass index (BMI) was measured at the beginning and end of inpatient treatment, and at 6-month follow-up. Repeated measures ANOVAS and Chi-square tests were used to analyze whether participants with SE-AN differed from participants with a shorter illness duration regarding gain in BMI and dropping out of treatment, as well as whether compulsive exercise, self-induced vomiting, or psychiatric comorbidities were associated with BMI gain within the SE-AN group. On average, participants showed significant increase in BMI at post-treatment and follow-up. There were no differences between participants with SE-AN and participants with a shorter illness duration in BMI gain at post-treatment or follow-up, or in likelihood of dropping out of treatment. Within the SE-AN group, compulsive exercise was associated with a smaller increase in BMI at post-treatment and follow-up. In conclusion, the present results suggest that individuals with severe and enduring anorexia and individuals with a shorter illness duration may benefit equally from inpatient treatment in terms of weight restoration. However, compulsive exercise may be associated with smaller increase in BMI among individuals with severe and enduring anorexia nervosa.

Learning Objectives:

- Discuss the role of inpatient care in the treatment of severe and enduring anorexia nervosa.
- Compare the efficacy of inpatient treatment for individuals with severe and enduring anorexia nervosa and individuals with a shorter illness duration.
- Describe the association between compulsive exercise and weight restoration among individuals with severe and enduring anorexia nervosa.

T-192: History of Childhood Abuse moderates the outcome of patients with Eating Disorders: a three years follow up study.

Giovanni Castellini, Assistant Professor, PhD, FAED, MD, University of Florence, Florence, Italy; Valdo Ricca, Associate Professor, MD, University of Florence, Florence, Italy

The present study evaluated the different outcome of patients with Bulimia Nervosa (BN) and Anorexia Nervosa (AN), according with the presence or absence of a history of childhood abuse. The sample was composed by 142 patients (77 BN and 65 AN). Patients were evaluated by means of the Structured Clinical Interview for DSM-IV, the Eating Disorder Examination Questionnaire, the Body Uneasiness Test, the Symptom Checklist, the Beck Depression Inventory, the Spielberger's State-Trait Anxiety Inventory, and the Childhood Experience of Care and Abuse Questionnaire. The assessment was repeated after baseline, at the end of individual cognitive behavioural therapy, and at 3-year follow -up. As compared with the other patients, those reporting childhood abuse (26.7%) showed higher impulsivity, psychiatric comorbidity, lower full recovery at follow-up, and higher diagnostic crossover. Patients with history of childhood abuse reported higher rate of medical comorbidity as compared to the other patients. Even though a similar recovery rate from eating disorder psychopathology was observed in the two groups,

patients with a history of childhood abuse reported higher persistence of mood disorders as compared to the other patients, independently from the eating disorder diagnosis. Finally, a higher drop out rate was observed in patients with both abuse and neglect. Eating disorder patients with childhood abuse represent a group of persons with more complex psychopathological features and a worse long-term outcome, thus requiring specific treatment strategies. The results of the present study highlight the need for treatments taking into account the effect the history of early trauma and abuse.

Learning Objectives:

- Understand the importance of assessing history of childhood abuse in the clinical practice of patients with eating disorders.
- Understand the putative effect of childhood abuse in patients with eating disorders, in terms of psychopathology.
- Understand the importance of identifying moderators of response to cognitive behavioral therapy in eating disorders patients.

T-193: Changes in cortisol levels before and after Cognitive Behavioral Therapy in a group of patients with Eating Disorders reporting a history of childhood abuse.

Giovanni Castellini, PhD, MD, Assistant Professor, FAED, University of Florence, Florence, Italy; Lorenzo Lelli, PhD, University of Florence, Florence, Italy; Alessio Maria Monteleone, PhD, MD, University of Vanvitelli Naples, Naples, Italy; Valdo Ricca, Associate Professor, University of Florence, Florence, Italy

Childhood abuse is a documented risk factor for adult psychopathology, and in particular for eating disorders, and it has been associated with HPA abnormalities. HPA axis dysregulation (both increased or decreased activity) has also been reported in patients with eating disorders. The aim of this study was to evaluate the relationship between cortisol levels and childhood abuse in eating disorders patients, and the impact of Cognitive Behavioral Therapy on cortisol levels in EDs patients with and without an history of sexual/physical abuse. The HPA-axis functioning has been evaluated before and after a Cognitive Behavioural Therapy in a group of 34 patients with Anorexia Nervosa and in a group of 35 patients with Bulimia Nervosa. General and eating disorder specific psychopathology as well as blood levels of cortisol were evaluated before and after the standard Cognitive Behavioral Intervention. Patients were divided in terms of baseline diagnosis as well as in terms of presence of a history of childhood abuse. At baseline Anorexia Nervosa and Bulimia Nervosa patients without history of abuse reported higher cortisol levels as compared to a group of controls. While patients reporting childhood abuse showed a lower morning cortisol levels as compared with other patients of the same diagnostic group and Healthy Controls. After Cognitive Behavioral Therapy a variation of cortisol levels has been reported only in patients without abuse suggesting a role of childhood adversities in the persistence of HPA-axis alterations in Eating Disorders.

Learning Objectives:

- Describe the relationship between HPA axis dysregulation and history of childhood abuse in patients with eating disorders.
- Describe the effect of cognitive behavioral therapy on HPA functioning in patients with eating disorders.
- Describe the moderating effect of history of childhood abuse in the variation of HPA functioning after cognitive behavioral therapy.

T-194: Body image concern and treatment outcome in adolescents with anorexia nervosa: A longitudinal study

Simona Calugi, PhD, Villa Garda Hospital, Garda, Verona, Italy; Maddalena Conti, PsyD, Villa Garda Hospital, Garda, Verona, Italy; Marwan El Ghoch, MD, Villa Garda Hospital, Garda, Verona, Italy; Riccardo Dalle Grave, MD, FAED, Villa Garda Hospital, Garda, Verona, Italy

The aim of the study was to evaluate the trajectories of change in body-image concern components (i.e., preoccupation with shape or weight, fear of weight gain, and feeling fat) over time in adolescents with anorexia nervosa treated via intensive enhanced cognitive behavior therapy (CBT-E). Moreover, the study aimed to assess the relationship between the change over time in these body-image concern components and changes in BMI, eating-disorder and general psychopathology, and work and social functioning, by assessing measures of each before, after treatment, and at 6- and 12-month follow-up. Body mass index (BMI) percentile; Eating Disorder Examination Dietary Restraint and Eating Concern subscales; Brief Symptom Inventory (BSI); and Work and Social Adjustment Scale (WSAS) scores were assessed in 32 adolescents with anorexia nervosa admitted to an inpatient Eating Disorder Unit. Data were recorded at admission, end of treatment, and at 6- and 12-month follow-ups. The treatment was associated with a significant improvement in outcome variables and body-image concern components. No baseline body-image concern component predicted improvement in eating disorder and general psychopathology. However, the change in all three components was associated with improvement in dietary restraint and the change in preoccupation with shape and weight was also related to the improvement in general psychopathology. Change of body-image concern components is associated with improvement of dietary restraint and general psychopathology. These data support the importance of addressing body-image concern components in the treatment of adolescents with anorexia nervosa.

Learning Objectives:

- Evaluate the trajectories of change in body-image concern components (i.e., 'preoccupation with shape or weight', 'fear of weight gain', and 'feeling fat') over time in adolescents with anorexia nervosa treated via intensive enhanced cognitive behavior therapy (CBT-E).
- Assess the relationship between the change over time in these body-image concern components and changes in BMI, eating-disorder and general psychopathology, and work and social functioning, by assessing measures of each before, after treatment, and at 6- and 12-month follow-up.
- Determine whether or not baseline measures of body-image concern components could in fact be predictors of the change in outcome measures of CBT-E, namely BMI, eating (i.e., dietary restraint and eating concern) and general psychopathology, and work and social functioning.

T-195: Outpatient enhanced cognitive behavior therapy for severe and extreme anorexia nervosa

Riccardo Dalle Grave, MD, FAED, Villa Garda Hospital, Garda, Verona, Italy; Massimiliano Sartirana, PsyD, Villa Garda Hospital, Garda, Verona, Italy; Marwan El Ghoch, MD, Villa Garda Hospital, Garda, Verona, Italy; Simona Calugi, PhD, Villa Garda Hospital, Garda, Verona, Italy

The aim of the present cohort study was to evaluate the effects of enhanced cognitive behavior therapy (CBT-E) on patients with severe and extreme anorexia nervosa treated in outpatient setting. Twenty-three adult patients with severe anorexia nervosa (body mass index (BMI) 15-15.99 kg/m²) and 10 adult patients with extreme anorexia nervosa (BMI < 15 kg/m²) were recruited from consecutive referrals to a community-based eating disorder clinic. Each was offered 40 sessions of CBT-E over 40 weeks. Fifty-six

percent of the patients (n=13) were able to complete this outpatient treatment and in these patients, there was a substantial increase in weight (9.19 kg) and BMI (3.41 kg/m²). Eating disorder features and eating disorder and general psychopathology also improved markedly. There was a marked treatment response with the 53.8% of the sample having BMI \geq 18.5 kg/m² and 69.2% minimal residual eating disorder psychopathology at the end of treatment. These findings suggest that CBT-E is a promising treatment for patients with severe and extreme anorexia nervosa managed in outpatient setting.

Learning Objectives:

- Evaluate the effects of enhanced cognitive behavior therapy (CBT-E) on patients with severe and extreme anorexia nervosa treated in outpatient setting.
- Assess the proportion of patients with severe and extreme anorexia nervosa able to complete outpatient enhanced cognitive behavior therapy (CBT-E).
- Assess the proportion of patients with severe and extreme anorexia nervosa who reach a BMI \geq 18.5 and present minimal eating disorder psychopathology at the end of treatment.

T-196: The role of antidepressant medication in response to high-frequency repetitive transcranial magnetic stimulation in people with severe, enduring anorexia nervosa

Bethan Dalton, MSc, King's College London, London, UK; Jessica McClelland, PhD, King's College London, London, UK; Savani Bartholdy, PhD, King's College London, London, UK; Maria Kekic, PhD, King's College London, London, UK; Iain C. Campbell, DSc, King's College London, London, UK; Ulrike Schmidt, MD, PhD, FRCPsych, FAED, King's College London, London, UK

We recently completed the first ever randomised sham-controlled double-blind feasibility trial of 20 sessions (over one month) of neuronavigated high-frequency real (n=16) or sham (n=14) repetitive transcranial magnetic stimulation (rTMS) to the left dorsolateral prefrontal cortex in people with severe, enduring anorexia nervosa (SE-AN). Ten participants who initially received the sham treatment went on to have the real rTMS. Thus, in total, n=26 participants (mean age 31.0 \pm 10.8 years, mean illness duration 16.2 \pm 11.5 years) received real rTMS. The aim of the current study was to determine the role of antidepressant medication in response to rTMS. We subdivided participants into those who were receiving antidepressant medication during the trial (n=16) and those who were not (n=10). Participants receiving antidepressant medication reported more severe ED and depression symptoms at baseline. Between-group effect sizes in change scores from baseline assessment to 3-month post-treatment assessment, showed that participants on antidepressants had significantly greater improvements in ED symptoms (EDE-Q global d=0.99 95% CI -1.82 to -0.14), than participants not taking antidepressants. They also had greater change scores on measures of mood (PANAS negative affect d=0.52, POMS d=0.69), ED-associated clinical impairment (Clinical Impairment Assessment d=0.62), obsessive compulsive symptoms (OCI-R d=0.62), body image associated recovery (EDRSQ d=0.64), and quality of life (health today on the EQ-5D-5L d=0.57). Little to no group differences were observed in BMI or recovery in normative eating. Depression symptoms improved equally in both groups. This provides evidence of the therapeutic effect of rTMS in improving ED symptoms and that rTMS response may be associated with antidepressant medication in this severe, enduring group.

Learning Objectives:

- Describe the responses to rTMS in those with severe, enduring anorexia nervosa.
- Describe the differences in rTMS response between participants with severe, enduring anorexia nervosa receiving antidepressant medication and those who are not.

- Assess the role of antidepressant medication in rTMS treatment response in participants with severe, enduring anorexia nervosa.

T-197: Cerebral blood flow acquired by arterial spin labelling in severe and enduring anorexia nervosa

Bethan Dalton, MSc, King's College London, London, UK; Erica Maloney, MSc, King's College London, London, UK; Samantha J Rennalls, PhD, King's College London, London, UK; Savani Bartholdy, PhD, King's College London, London, UK; Maria Kekic, PhD, King's College London, London, UK; Jessica McClelland, PhD, King's College London, London, UK; Iain C Campbell, DSc, King's College London, London, UK; Ulrike Schmidt, MD, PhD, FRCPsych, FAED, King's College London, London, UK; Owen O'Daly, PhD, King's College London, London, UK

The evidence base for treatments for anorexia nervosa (AN) is limited and responsivity to treatment is often poor, particularly in severe and enduring forms of the illness (SE-AN). A greater understanding of the physiological and anatomical abnormalities in the brain, such as cerebral blood flow, may provide indication of specific neurological markers relevant to treatment. Arterial spin labelling was employed to quantify regional and global resting state cerebral blood flow (CBF) in healthy controls (HCs; n=30) and in participants with SE-AN (n=26). All participants had CBF recorded at a baseline assessment.

Participants with AN were reassessed following 20 sessions of real or sham high-frequency repetitive transcranial magnetic stimulation (rTMS) to the left DLPFC as part of a randomised feasibility controlled trial. SE-AN participants had lower rCBF in the bilateral inferior and medial frontal gyrus, the medial temporal gyrus, the insula, left precuneus and right anterior cingulate cortex (ACC) compared to HCs. Following rTMS treatment, no significant global changes in CBF were evident between the sham and real treatment groups. However, participants in the real rTMS group demonstrated increased perfusion in the amygdala which positively correlated with improvements in anxiety in this group. The data suggest that extensive differences in perfusion exist between HCs and people with SE-AN, in regions that are functionally relevant in the symptomology of AN. The precise reasons for such differences are unclear; however, rTMS is likely altering the efficiency of the normally suppressive role/regulatory projections of the DLPFC on tonic amygdala activity. rTMS did not appear to produce large scale changes in CBF in people with with SE-AN.

Learning Objectives:

- Assess the reasons for using arterial spin labelling (ASL) functional magnetic resonance imaging (fMRI), over other forms of imaging such as single positron emission computed tomography (SPECT), to measure cerebral blood flow.
- Describe the differences in cerebral blood flow between healthy controls participants and people with severe enduring anorexia nervosa.
- Assess the impact of repetitive transcranial magnetic stimulation on cerebral blood flow.

T-198: Does Impulsivity predict clinical outcome in Eating Disorder patients?

Patrizia Todisco, MD, Psychotherapist, Specialist, Eating Disorders Unit - Villa Margherita, Arcugnano, Italy; Alice Garolla, Psychologist, Psychotherapist, Eating Disorders Unit - Villa Margherita, Arcugnano, Italy; Paris Vogazianos, PhD, Stremble Ventures LTD, Germasogeia, Limassol, Cyprus; Athos Antoniadis, PhD, Stremble Ventures LTD, Germasogeia, Limassol, Cyprus; Federica Tozzi, MD, Psychiatrist, Stremble Ventures LTD, Germasogeia, Limassol, Cyprus

An assessment of differences in response, between impulsive and non-impulsive patients, to a multidisciplinary treatment for Eating Disorders (EDs) is presented. The treatment is characterized by a patient-centric approach and includes both an intensive and comprehensive standardized cognitive-behavioral approach and a flexible and personalized component according to the needs and the history of the single patient. Two hundred forty-one patients with DSM-IV-TR EDs were consecutively treated at the EDs Unit of Casa di Cura Villa Margherita (Vicenza, Italy), between 2014 and 2017. They were assessed by clinical interviews and self-reported questionnaires. A composite score for impulsivity was developed based on binge eating, comorbid diagnosis of alcohol and substance abuse, treatment for alcohol, substance abuse, impulsivity and self-harm. Mann Whitney was used for comparing independent groups, Wilcoxon signed ranks test for paired values (visits) and Chi squared tests for independence of categorical variables. Impulsive ED patients showed greater improvement in specific psychopathological areas, in particular: interpersonal sensitivity of Symptom Checklist-90 [$p=0.021$]; Global Score [$p=0.017$], Eating [$p=0.001$] and Weight Concerns [$p=0.008$] of the Eating Disorder Examination Questionnaire subscales. The EDE Shape Concern subscale showed significant improvement only in the impulsive group [$p=0.009$]. The two groups also showed a different pattern on the Body Uneasiness Test, with impulsive patients uniquely showing improvement on Global Severity Index [$p=0.018$], Body Image Concern [$p=0.016$], Compulsive Self Monitoring [$p=0.006$], and Weight Phobia [$p=0.047$]. Results support our hypothesis that a program characterized by flexibility and adaptive treatment strategies may be more effective in EDs patients with impulsivity. Personalized treatment approaches should be considered, according to psychopathology of the patient.

Learning Objectives:

- Assess the differences in response, between impulsive and non-impulsive patients, to a multidisciplinary treatment for Eating Disorders.
- Describe the peculiarity of a treatment flexible and adapted to the single patient requirements.
- Hypothesize the reasons why a flexible and individualized treatment for ED is more efficacious for impulsive patients.

T-199: Relation between Vitamin D and Impulsivity in Eating Disorder patients

Patrizia Todisco, MD, Psychotherapist, Specialist, Eating Disorders Unit - Villa Margherita, Arcugnano, Italy; Alice Garolla, Psychologist, Psychotherapist, Eating Disorders Unit - Villa Margherita, Arcugnano, Italy; Athos Antoniadis, PhD, Stremble Ventures LTD, Germasogeia, Limassol, Cyprus; Paris Vogazianos, PhD, Stremble Ventures LTD, Germasogeia, Limassol, Cyprus; Federica Tozzi, MD, Psychiatrist, Stremble Ventures LTD, Germasogeia, Limassol, Cyprus

There is growing evidence that vitamin D levels has a role not only in bone health and energy metabolism, but also for supporting a healthy nervous system and brain function. Adolescents with eating disorders have been shown to have a high prevalence of vitamin D deficiency and insufficiency. A recent study reports scores on the Non-planning Subscale of the Barratt Impulsiveness Scale to be elevated in bariatric surgery candidates with 25-hydroxyvitamin D concentrations lower than 10 ng/ml, linking vitamin D to impulsivity. In this study, the association between impulsivity and vitamin D concentration in a sample of Eating Disorders (ED) patients is assessed. One hundred fifty-three patients with EDs were included in the analysis. Patients were consecutively recruited at the Eating Disorders Unit (EDU) of Casa di Cura Villa Margherita (Vicenza, Italy), between June 2014 and October 2017. Patients were classified as impulsive and non-impulsive, based on presence of binge eating, comorbid diagnosis with alcohol and substance abuse, and treatment for alcohol, substance abuse, impulsivity and self-harm. Mann Whitney test was performed for the comparison of the two independent groups. A ROC

curve was then constructed to assess the ability of the Vitamin D levels to correctly classify those with and without impulsivity. The area under the curve was also measured which is the percentage of randomly drawn pairs of people from the two groups which were correctly assigned. Impulsive patients were found to have statistically significant lower levels of vitamin D than non-impulsive (respectively: M= 27.58, SD=16.76; M=36.9, SD=21.45; p-value= 0.003). The ROC curve test was significant (Area Under the Curve = 0.6501, p = 0.003) and yielded a threshold value of 22.6 ng/ml for discriminating impulsive from non-impulsive patients. These results support the hypothesis that vitamin D deficiency is associated to impulsiveness in EDs patients.

Learning Objectives:

- Describe the relevance of vitamin D status in eating disorders patients.
- Evaluate the relevance of vitamin D levels assessment and monitoring during the course of the eating disorder.
- Consider the implication for treatment options including vitamin D supplementation.