

S-1: Predicting weight stigma: Associations with thin ideal internalization and beliefs about weight neutrality and weight control

Kelechi Uzoegwu, Student, University of South Florida, Tampa, FL, USA; Christina Verzijl, BA, PhD Student, University of South Florida, Tampa, FL, USA; Marina Kleinschmidt, Student, University of South Florida, Tampa, FL, USA; Emily Choquette, MA, PhD Student, University of South Florida, Tampa, FL, USA; Diana Rancourt, PhD, University of South Florida, Tampa, FL, USA; Rachel Rodgers, PhD, Northeastern University, Boston, MA, USA

Weight bias research has primarily focused on the negative psychological and physical effects of this bias on individuals with overweight/obesity. Less work has considered cognitive factors that may heighten weight bias and provide opportunity for intervention. Weight controllability beliefs and thin ideal internalization are independently associated with weight stigma; however, the extent to which an individual endorses the thin ideal may augment the extent to which weight control beliefs are associated with weight stigma. Further, endorsement of weight neutrality beliefs may be protective against weight bias. A total of 992 university students (64.1% female; 63.2% White; 21.3% Hispanic/Latinx) completed measures examining weight control and weight neutrality beliefs, their internalization of sociocultural attitudes about appearance, and weight stigma. Two moderation models, controlling for BMI, sex, race, and ethnicity tested hypotheses. While thin ideal internalization did not moderate the association between weight control beliefs and weight stigma ($b = -0.01$, $p = .19$), greater weight control beliefs and greater thin ideal internalization were associated with greater weight stigma ($b = -.57$, $p = .01$; $b = -.21$, $p = .01$, respectively). Thin ideal internalization did significantly moderate the association between the endorsement of weight neutrality and weight stigma ($b = 0.02$, $p = .04$). For individuals with low thin ideal internalization, as endorsement of weight neutrality increased, weight stigma increased ($p = .01$). For individuals with high thin ideal internalization, there was no association between weight neutrality and weight stigma ($p = .91$). Results suggest that weight stigma is a product of both internal and external factors. The role of weight neutrality beliefs in the development of weight stigma merits additional investigation.

Learning Objectives:

- Summarize previous research on cognitive factors contributing to weight bias.
- Explore thin ideal internalization as a moderator of predictors of weight bias.
- Discuss implications for future research for intervention related to thin ideal internalization and weight bias.

S-2: The relationship between desired weight, eating-disorder psychopathology and weight loss in post-bariatric surgery patients with loss-of-control eating

Ashley Wiedemann, PhD, Yale School of Medicine, New Haven, CT, USA; Valentina Ivezaj, PhD, Yale School of Medicine, New Haven, CT, USA; Jessica Lawson, PhD, Yale School of Medicine, New Haven, CT, USA; Jaime Coffino, MPH, MA, Yale School of Medicine, New Haven, CT, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

This study aimed to examine the relationship between desired weight and eating-disorder psychopathology and percent excess weight loss (%EWL) in post-bariatric surgery patients with loss-of-control (LOC) eating. Participants ($N=144$) seeking treatment for eating concerns and reporting LOC eating (at least once weekly during the past month) four to nine months ($M=6.34$ $SD=1.52$) after undergoing bariatric surgery were assessed with the Eating Disorder Examination-Bariatric Surgery Version Interview. Two variables were created based on desired weight. Desired weight percentage was

calculated based on participants' desired weight as a percentage of their expected body weight (EBW; which corresponds to a BMI of 25 kg/m²) and weight difference percentage was defined as the difference between participants' current and desired weight. %EWL was calculated based on standard reporting in the bariatric literature, which uses an ideal weight based on a BMI of 25 kg/m². Overall, 72.2% of participants endorsed a desired weight which was larger than a EBW based on a BMI of 25 kg/m². Desired weight percentage and weight difference percentage were associated with %EWL ($r = -.37$ and $r = -.46$, respectively, $p \leq .001$), but only weight difference percentage was associated significantly with greater eating-disorder psychopathology ($r = .33$, $p = .001$). Our findings for post-operative bariatric surgery patients with LOC eating, which echo previous findings for clinical samples of patients with eating disorders, suggest that a greater discrepancy between one's current and desired weight is associated with greater eating-disorder psychopathology. Importantly, these are new findings suggesting that such weight discrepancies are associated with less weight loss following bariatric surgery. Notably, most post-operative bariatric patients with disordered eating did not desire a weight as low as that prescribed by the bariatric reporting standards.

Learning Objectives:

- To examine desired weight in post-bariatric patients with loss-of-control eating.
- To examine the relationship between desired weight and eating-disorder psychopathology.
- To examine the relationship between desired weight and weight outcomes after surgery.

S-3: Economic burden of Binge Eating Disorder: A systematic literature review

Aditi Kadakia, MS, Sunovion Pharmaceuticals, Marlborough, MA, USA; Daisy Ng- Mak, PhD, Sunovion Pharmaceuticals, Marlborough, MA, USA; Vinay Pandey, MS, Parexel International, Chandigarh, India; Krithika Rajagopalan, PhD, Sunovion Pharmaceuticals, Marlborough, MA, USA

Binge eating Disorder (BED) is the most common eating disorder in the US. The primary objective of this study was to conduct a systematic literature review to summarize the economic burden of BED. A systematic review of English language publications on healthcare resource use (HCRU) and costs of BED among adolescents and adults in USA (from the time of Embase Database inception until May 2018) was conducted using NICE guidelines. HCRU included inpatient (IP), emergency room (ER), outpatient (OP), pharmacy, mental health, and weight/eating disorder (W/ED) related visits and healthcare costs included direct costs. Weighted mean estimates and ranges for HCRU and costs were reported across studies. Of the 392 records retrieved, 53 full text publications were reviewed yielding a total of 9 publications meeting the inclusion/exclusion criteria. HCRU estimates were derived from 8 studies with a total of 11,826 patients (range $n = 50-8,399$). Nineteen percent of patients (7-24%) had IP visits, 36% (16-38%) had ER visits, 97% (90-100%) had OP visits, and 98% (90%-100%) had pharmacy visits. Additionally 22% (14-60%) patients had mental-health and 19% (11-24) had W/ED management related visits. Healthcare costs were reported in four studies (total $n = 7,585$, range $n = 257-4,534$). Average annual estimated total healthcare costs among BED patients were \$22,514 (\$19,063 - \$33,716). This comprised of \$8,611 (\$6,001 - \$8,816) for IP visits, \$756 for ER visits, \$7,935 (\$3,391 - \$8,193) for OP visits and \$4,359 (\$1,971-\$21,842) for prescription medications. This review suggested that literature on economic burden of BED was scarce. One in five BED patients had inpatient visits and 97% patients had outpatient visits. A small proportion of patients received BED specific services such as mental health and weight/eating disorder related visits. Estimated total direct costs of BED were \$22,514. Further longer term real world evidence studies quantifying economic burden of BED are warranted.

Learning Objectives:

- Describe healthcare resource use among patients with Binge Eating Disorder.
- Describe healthcare costs among patients with Binge Eating Disorder.
- Identify gaps in Economic Burden Literature for Binge Eating Disorder.

S-4: Getting a head start: Identifying factors associated with early rapid weight loss for individuals participating in weight loss treatment

Sydney Baumgardt, BA, Yale School of Medicine, New Haven, CT, USA; Ashley Wiedemann, PhD, Yale School of Medicine, New Haven, CT, USA; Valentina Ivezaj, PhD, Yale School of Medicine, New Haven, CT, USA; Janet Lydecker, PhD, Yale School of Medicine, New Haven, CT, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA; Rachel Barnes, PhD, Yale School of Medicine, New Haven, CT, USA

For those participating in weight loss interventions, early rapid weight loss (ERWL) is associated with greater weight loss by post-treatment and years later. Despite studies showing the importance of ERWL, understanding of related factors is limited. This study aimed to identify variables associated with ERWL in adults with overweight/obesity participating in weight loss treatment (N=89; BMI, M=35.19, SD=6.87). Participants were randomized to one of three treatments: motivational interviewing (MI), nutrition psychoeducation (NP) or usual care (UC). ERWL was defined as percent weight loss between baseline and mid-treatment (6 weeks). Participants completed self-report measures: Emotional Eating Questionnaire (EOQ), Beck Depression Inventory (BDI), Paffenbarger Physical Activity Questionnaire (PPAQ), and Marcus Exercise Self-Efficacy Questionnaire (MESE) and were assessed with the Eating Disorder Examination interview (EDE); 25.8% (n=23) met DSM-5 binge-eating disorder (BED) criteria. Demographic factors, BED status, EOQ, BDI, PPAQ, and MESE were unrelated to ERWL. Greater ERWL was associated significantly with lower EDE Global, Shape Concern, and Fear of Weight Gain and lower frequency of subjective (but not objective) binge-eating episodes (r s=.23-.28, p s .05). MI/NP groups had significantly greater ERWL than UC (p .05). Among MI/NP participants only, significant relations with ERWL were maintained, and more ERWL was also significantly correlated with lower EDE Restraint, Weight Concern, Overvaluation of Weight/Shape scores and BDI scores (r s=.33-.52, p s .05). Our findings suggest that greater ERWL may be associated with less eating-disorder pathology, but not BED diagnosis, during weight loss treatment. Surprisingly, few other factors (such as demographics or exercise) were related to ERWL. Given the importance of ERWL in long-term weight loss outcomes, future research is needed to better understand this treatment response to facilitate it among more patients.

Learning Objectives:

- Identify factors associated with early rapid weight loss among individuals participating in weight loss treatment.
- Discuss differences in early rapid weight loss between participants who received active treatment versus those who received usual care.
- Describe the impact of demographic differences and BED status on early rapid weight loss among those participating in weight loss treatment.

S-5: Does Bariatric Binge Eating Size Matter: Preliminary Findings from a Post-Operative Treatment-Seeking Group with Loss-of-Control Eating

Valentina Ivezaj, PhD, Yale University School of Medicine, New Haven, CT, USA; Janet Lydecker, PhD, Yale School of Medicine, New Haven, CT, USA; Andrew Duffy, MD, Yale, New Haven, CT, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

The nomenclature of binge-eating and loss-of-control (LOC) eating following bariatric surgery is uncertain and requires further study. This study examined a newly-proposed binge-eating/LOC eating classification system based on variations in size (i.e., quantity of food) following bariatric surgery. 168 individuals who underwent bariatric surgery in the previous 4-9 months ($M=6.3$; $SD=1.5$) and reported LOC eating at least once weekly during the past 28 days were assessed using the Eating Disorder Examination Bariatric Surgery Version (EDE-BSV) and functioning was assessed by the Sheehan Disability Scale (SDS). Three categories were created based on largest LOC eating episode: 1) traditional objective binge episodes defined as unusually large quantities of food while having LOC (OBEs), 2) bariatric-objective binge episodes (B-OBEs), defined as unusually large quantities for a post-surgical bariatric patient while having LOC, and 3) bariatric-subjective binge episodes (B-SBEs), defined as small quantities of food with LOC. While most participants (75%, $n=126$) reported B-OBEs as the largest LOC eating episode, 10% ($n=17$) reported traditional OBEs and 15% ($n=25$) reported B-SBEs as the largest LOC eating episode. The three groups did not differ significantly in age, race, gender, BMI, or time since surgery, but differed significantly in EDE-BSV global ($p=.001$) and SDS ($p=.005$) scores. All three groups differed significantly in EDE-BSV global scores in the expected graded manner (OBE>B-OBE>B-SBE). For SDS, the OBE group reported significantly greater disability than the B-OBE and B-SBE groups, and the B-OBE group reported significantly greater disability than the B-SBE group. Our findings provide empirical support for this new bariatric binge-eating classification system. Findings indicate important distinctions and prognostic significance based on LOC eating size. Longer-term follow-up is needed to ascertain effects on clinical outcomes.

Learning Objectives:

- Describe a new binge-eating classification system based on size for bariatric patients.
- Discuss the relationship between disordered eating and LOC eating size following bariatric surgery.
- Discuss the relationship between disability and LOC eating size following bariatric surgery.

S-6: The Relationship between Food Addiction, Eating-Disorder Psychopathology, and Weight among Latino/as Seeking Bariatric Surgery

Valentina Ivezaj, PhD, Yale School of Medicine, New Haven, CT, USA; Jessica Lawson, PhD, Yale School of Medicine, New Haven, CT, USA; Maansi Jayade, Student, New York University, New York City, NY, USA; Elissa Davila-Shiau, Student, New York University, New York City, NY, USA; Justine Lee, Student, New York University, New York City, NY, USA; Manish Parikh, MD, New York University, New York City, NY, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

Food addiction (FA), an emerging controversial construct, has been found to generally be associated significantly with greater BMI and eating-disorder psychopathology across a number of studies; research is lacking for minority groups and groups with severe obesity. This study examined the relationship between food addiction and eating-disorder psychopathology, binge-eating, and BMI among Latino/as seeking bariatric surgery. 172 Latino/as (82.6% female; 62.8% English-Speaking and 37.2% Spanish-Speaking) seeking bariatric surgery at a large urban public hospital (mean age of 35.0 (10.7), mean BMI of 42.7 (6.7)) completed measures in their preferred language of food addiction (Yale Food Addiction Scale; YFAS), binge eating and eating-disorder psychopathology (Eating Disorder Examination-

Questionnaire; EDE-Q). 29% (n=47) of participants were categorized with FA (based on established YFAS score thresholds). The proportion meeting FA did not differ by language preference ($p = .570$). When examined dimensionally, an average of 2.3 (SD = 1.4) FA symptoms were reported. Neither the categorical or dimensional FA variables were associated significantly with current BMI, binge eating, or eating-disorder psychopathology (all p -values $> .05$). In summary, a significant subgroup of Latino/as seeking bariatric surgery exceeded the YFAS clinical threshold for FA, and the proportion did not differ as a function of language preference. Our non-significant findings on the relationship between FA and BMI are consistent with previous data for White individuals seeking bariatric surgery, perhaps due to BMI ceiling effects. Contrary to expectations, however, FA was not associated significantly with binge eating or eating-disorder psychopathology. These findings, which might reflect cultural variations in expression of eating concerns, highlight the need for future research on the manifestations of disordered eating behaviors to include diverse groups.

Learning Objectives:

- Describe the frequency of food addiction among Latino/as seeking bariatric surgery.
- Discuss the relationship between food addiction and BMI among Latino/as seeking bariatric surgery.
- Discuss the relationship between food addiction and eating-disorder behavior and psychopathology among Latino/as seeking bariatric surgery.

S-7: Overvaluation of shape and weight among bariatric surgery-seeking adults with obesity

Leah Hecht, MS, Illinois Institute of Technology, Detroit, MI, USA; Alissa Haedt-Matt, PhD, Illinois Institute of Technology, Chicago, IL, USA; Natalie Schwartz, MS, Illinois Institute of Technology, Chicago, IL, USA; Andrea Goldschmidt, PhD, Brown Alpert Medical School, Providence, RI, USA

Individuals seeking bariatric surgery often present with overvaluation of shape and weight (OSW), an eating disorder feature indicating that their shape and weight unduly influence how they feel about themselves as a person. Indeed, previous research suggests that a significant proportion of adults with obesity endorse OSW even in the absence of overt disordered eating behaviors such as binge or loss of control (LOC) eating. However, little is known about the clinical significance of OSW among bariatric candidates. The study goals were to examine 1) if OSW is cross-sectionally associated with depression, eating pathology, self-esteem, and psychosocial functioning and 2) if frequency of LOC-eating mediates these associations. A sample of 88 obese adults (85.2% female, mean age=43.13 years, mean BMI=50.63) seeking bariatric surgery completed validated assessments of disordered eating, depression, self-esteem, and weight-related psychosocial functioning prior to undergoing surgery. Approximately 49% of the sample endorsed OSW above a clinically significant threshold and 36% endorsed at least one episode of LOC-eating in the past 28 days. OSW was positively correlated with disinhibition ($r=.38$, $p .001$), hunger ($r=.39$, $p .001$), frequency of LOC-eating ($r=.25$, $p .05$), global eating-related psychopathology ($r=.56$, $p .001$), weight-related psychosocial dysfunction ($r=.45$, $p .001$) and depression ($r=.49$, $p .001$), and negatively correlated with self-esteem ($r=-.44$, $p .05$). Frequency of LOC-eating partially mediated the relation between OSW and global eating-related psychopathology (indirect effect $b=.02$, $SE=.01$, 95% CI=.003, .049), but did not mediate associations between OSW and other psychosocial variables. Findings underscore the importance of assessing OSW among bariatric surgery candidates given its associations with indicators of clinical impairment. Future research is needed to determine whether pre-surgical OSW impacts post-surgical weight loss or eating behaviors.

Learning Objectives:

- Understand the prevalence of overvaluation of shape and weight among adults seeking weight loss surgery.
- Identify how overvaluation of shape and weight is linked with depression, disordered eating, self-esteem, and psychosocial functioning.
- Understand the role of loss of control eating in the associations between overvaluation of shape and weight and depression, disordered eating, self-esteem, and psychosocial functioning.

S-8: Emotion Regulation and Symptoms of Eating Disorders in a Sample of Bariatric Surgery Patients

Annie Shearer, BA, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; Wynne Lundblad, MD, University of Pittsburgh Medical Center, Pittsburgh, PA, USA; Hannah Krohner, LCSW, University of Pittsburgh Medical Center, Pittsburgh, PA, USA; Casie Probst, MEd, University of Pittsburgh Medical Center, Pittsburgh, PA, USA; Alexis Fertig, MD, University of Pittsburgh Medical Center, Pittsburgh, PA, USA

This study examined the association between difficulties in emotion regulation and eating pathology in sample of bariatric surgery patients prior to surgery. Our sample consisted of 59 female participants 18 years old and above who presented to the Magee Women s Hospital Bariatric Surgery Clinic for a pre-surgery behavioral health assessment between the summer of 2017 and spring 2018. Methods: As part of their behavioral health assessment prior to surgery, all participants completed the Eating Disorder Examination Questionnaire (EDE-Q; Fairburn, Cooper, & O'Connor, 2008), which assesses four components disordered eating - restraint, eating concern, weight concern, and shape concern in addition to measures assessing depression, anxiety, and alcohol use. Participants who consented to participate in this study also completed the Difficulties in Emotion Regulation-Short Form (DERS-SF; Kaufman et al., 2016), a short, 18-item self-report measure designed to assess emotion regulation (ER). Emotion dysregulation (DERS sum score) was associated with higher overall EDE-Q sum scores ($r = .489$, $p = .001$) as well as higher scores on all of the EDE-Q subscales (all $p = .007$) except restraint ($r = .231$, $p = .078$). These findings held when controlling for age and minority status (dummy coded 0 = White and 1 = ethnic/racial minority). It was interesting that although emotion dysregulation was associated with higher levels of eating pathology overall, it was not associated with restraint in our sample. One explanation is that, unlike in other patient populations where restraint may be pathologic (e.g., those with anorexia or bulimia nervosa), bariatric patients are actually encouraged to restrict their intake and lose weight prior to surgery. Thus, moderate levels of restraint in the context of healthy weight loss may not necessarily reflect dysregulation amongst bariatric surgery patients.

Learning Objectives:

- Understand the importance of assessing psychiatric symptoms in bariatric surgery candidates prior to surgery.
- Describe the relationship between emotion regulation and eating disorder symptoms in bariatric surgery patients.
- Understand why restraint is not associated with emotion dysregulation amongst bariatric surgery patients while other components of disordered eating are.

S-9: Eating disorder symptom severity and correlates in high-weight bulimia nervosa

Joanna Chen, BS, University of California, San Diego, San Diego, CA, USA; Laura Berner, PhD, University of California, San Diego, San Diego, CA, USA; Tiffany Brown, PhD, University of California, San Diego, San

Diego, CA, USA; Christina Wierenga, PhD, University of California, San Diego, San Diego, CA, USA; Walter Kaye, MD, FAED, University of California, San Diego, San Diego, CA, USA

Compared with adults who are of normal- and low-weight, overweight adults are twice as likely to engage in binge eating, purging, and other disordered eating behaviors, but half as likely to receive an eating disorder diagnosis. Little is known about the impact of elevated weight status on eating disorder symptoms. We examined 1) the relationship between weight status and eating disorder symptoms, and 2) whether previously documented associations of weight suppression (WS), dietary restraint, and binge eating in bulimia nervosa (BN) are consistent across weight status groups. At admission to an intensive outpatient treatment, adult patients across three weight status groups (high-weight BN (BMI>24.9; HWBN; n=40), normal-weight BN (BMI between 18.5-24.9; NWBN; n=79), and the binge-eating/purging subtype of anorexia nervosa (AN-BP; BMI 18.5; n=22)) completed the Eating Disorder Examination Questionnaire (EDE-Q) and reported on weight history. The HWBN group had the highest shape and weight concerns, and higher restraint, eating concerns, and EDE-Q global scores than the NWBN group (ps .032). Consistent with prior findings, in NWBN, controlling for restraint, greater WS was associated with greater binge eating frequency (p=.042). However, in HWBN, controlling for WS, greater restraint was associated with greater binge eating frequency (p=.024). This contrasts with prior findings of an inverse relationship between restraint and binge eating while controlling for WS. Notably, WS levels in the HWBN and NWBN groups were comparable. Although the AN-BP group was highest in WS, neither WS nor restraint, nor their interaction was related to binge eating frequency in AN-BP. Results suggest that overweight is associated with more severe symptoms in BN, and associations of weight history and restraint with bulimic symptoms differ by weight status. These findings underscore the need for further research on treatments for BN with comorbid overweight or obesity.

Learning Objectives:

- Describe the relationship between weight status and eating disorder symptoms.
- Assess the roles of weight suppression and dietary restraint in normal-weight, high-weight, and low-weight patients with bulimic symptoms.
- Understand the need to consider weight status when assessing and treating patients with bulimic symptoms.

S-10: Weight Regain after Bariatric Surgery: Which psychopathology is involved?

Maria Francisca Mauro, MD, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil; Marcelo Papelbaum, MS, DSc, MD, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil; Jo o Hiluy, MD, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil; Marco Antonio Brasil, MS, DSc, MD, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil; Jos Carlos Appolinario, DSc, MD, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

The aim of this observational study was analyse if weight regain (WR) after bariatric surgery (BS) is associated with general and eating psychopathology. A cross sectional investigation was conducted in a group of 72 post-BS patients from a Brazilian university hospital, with a minimum of twelve months since the BS. The procedure was performed by a master s psychiatry student that included a structured psychiatry interview SCID - DSM 5, Picking and Nibbling questions of EDE, validated questionnaires to measure eating psychopathology [BES (Binge eating scale), TFEQ (Three factor eating questionnaire), EDE -Q (Eating disorder examination questionnaire), BSQ (Body Shape Questionnaire)] and general psychopathology [Beck depression inventory, BIS-11 (Barrat impulsiveness scale)]. Clinical information was complemented with a standardized questionnaire developed by the research group that included:

demographic characteristics, socio economic information, surgical technique, anthropometric measures (pre- BS BMI, minimum post - BS BMI, actual post-BS BMI), WR variable (percentage, categorical - cut off $\geq 10\%$), post-BS complications, surgical success ($\text{BMI} \leq 30 \text{ Kg/m}^2$) and complementary data (physical activity, clinical medications). Preliminary analyses had been established through IBM SPSS Statistics 20 software. Prevalence of demographic results showed: woman (77, 5%), age (MD: 45, 25 years), with (45, 1%), civil status (married 54, 9%), educational level (26, 8% with > 13 years of study). Descriptive surgical variables were post-operative time (mean 94, 62 months), Bypass surgical technique (82, 9%), WR (Mean: 14, 83 Kg), WR % (Mean: 23, 39%) and WR with a cut off $\geq 10\%$ (73, 2% prevalence). Positive Pearson correlations were found between percentage of WR and BES scores (0,445; $p < 0.01$); TFEQ disinhibition scores (0,342; $p < 0.01$); Beck (0,282; $p < 0.05$) and BIS-11 no planning domain (0,305; $p < 0.01$).

Learning Objectives:

- Understand the most prevalent post-Bariatric surgery psychopathology (general and eating) Weight Regain definition after Bariatric Surgery.
- Best validated instruments to access this group of Bariatric patients.
- Difference of characteristics according time from surgery. Possible associations between specific eating psychopathology and weight evaluation. Limitations of this area.

S-11: Investigating Potential Healthcare Disparities in Emergency Medical Care

Suzanne Dooley-Hash, MD, FAED, The Center for Eating Disorders, The University of Michigan, Ann Arbor, MI, USA; Anna Zaleski, BS, The University of Michigan, Ann Arbor, MI, USA

Investigating possible disparities in the emergency department management of acute pain Suzanne Dooley-Hash, MD, Anna Zaleski, BS Bias in healthcare providers related to race, ethnicity, age, and gender has been well-documented in the literature and has been shown to negatively impact patient care and treatment outcomes. Given that similar bias against higher weight individuals ($\text{BMI} > 30$) has been identified in many areas including educational, employment, social and some healthcare settings, it seems likely that similar disparities in healthcare treatment and outcomes might exist for this group as well. To date, though, minimal research has focused on bias in healthcare treatment and outcomes for individuals of higher weights. In particular, few studies in this area have been done in an acute care setting such as an emergency department (ED). Modelled after an earlier study that identified significant bias in ED pain management between racial groups, this study aimed to evaluate patterns of pain management in the ED for higher weight individuals compared to others. In this study we conducted a retrospective chart review of all visits to the ED at a large academic medical center between 2012-2018. We developed a cohort of individuals > 18 years old with no history of substance use disorder who presented to the ED for an isolated acute long bone (femur, humerus, radius, ulna, tibia, fibula) fracture. Administration of analgesia in any form was compared based on BMI. Potentially confounding patient factors including age, gender, race, and ethnicity were controlled for in the analyses. Individuals of higher weights were found to have a lower rate of fractures than others (3.7% vs 4.1%) which has been seen in prior studies. Analgesic medication administration was similar between the groups, people of higher weight were often under-dosed when compared to those of lower weights.

Learning Objectives:

- Examine patterns of pain management for individuals of higher weight in an acute care setting.
- Examine patterns of pain management for individuals of different races, ages and genders.

- Identify potential biases in the acute care setting.

S-12: Binge eating among men: testing the restraint and emotion regulation models

Katrin Kukk, MA, University of Tartu, Tartu, Tartumaa, Estonia; Kirsti Akkermann, PhD, University of Tartu, Tartu, Tartumaa, Estonia; Hedvig Sultson, MA, University of Tartu, Tartu, Tartumaa, Estonia; Martin Kimmel, BA, University of Tartu, Tartu, Tartumaa, Estonia

Binge eating occurs among clinical and nonclinical populations and among both men and women. Nevertheless men have received disproportionately less attention in this field. Among women various models predicting the occurrence of binge eating have been described. The most discussed ones are the restraint theory that posits that chronic dieters are more vulnerable to overeating due to the exertion of self control and emotion regulation theory that refers to binge eating as a means to regulate one's emotions. The purpose of the current study is to test these models among men and find the best model for predicting binge eating among men. Experience sampling method (ESM) was used to assess eating behavior and emotional experience in the naturalistic setting. 43 healthy men participated in a 7-day ESM during which they were signaled semi-randomly 7 times a day to fill out a questionnaire regarding emotional experience and eating behavior. They also filled out different questionnaires such as Eating Disorders Assessment Scale (EDAS), Difficulties in Emotion Regulation Scale (DERS) and a personality assessment beforehand. The data collection ended May 2018 and the data is currently being analyzed. Preliminary data indicates that 14 participants experienced binge eating episodes during the study period and altogether 49 binge eating episodes reported. The number of binge eating episodes correlated significantly with DERS subscales and EDAS subscales warranting the further analysis of the previously described restraint and emotion regulation models. Models predicting the number of binge eating episodes will be analyzed using structural equation modeling. Further results will be available for presentation in ICED 2019 in New York.

Learning Objectives:

- Describe how current models of binge eating found among women apply to a sample of men.
- Describe the role of restricting in binge eating among men.
- Describe the best predictors of binge eating among men.

S-13: How mothers remember eating interactions as a child is linked to their current weight status and their own eating-related parenting behaviors.

Chloe Patel, BSc(Hons) MSc, University of Warwick, Coventry, West Midlands, UK; Eleni Karasouli, BSc(Hons), Msc, PhD, University of Warwick, Coventry, West Midlands, UK; Meyer Caroline, BSc(Hons), PhD, University of Warwick, Coventry, West Midlands, UK

To explore links between mothers retrospective perceptions of the strategies their own parents used to feed them and their current child feeding practices. A community sample of mothers with healthy-weight, overweight and obesity completed demographic questions followed by the Retrospective Comprehensive Feeding Practices Questionnaire (rCFPQ, Musher-Eizenman & Holub, 2007), the Comprehensive Feeding Practices Questionnaire (CFPQ, Musher-Eizenman & Holub, 2007) and the Eating Disorders Exam Questionnaire (Fairburn & Beglin, 1994). Demographic data was collected from 188 mothers with a mean age of 38 (SD= 6.5). Self-reported BMIs included healthy-weight (n=93) and overweight/obesity (n=89). Normality tests indicated that all rCFPQ and CFPQ variables were not normally distributed and therefore non-parametric tests were used. A Mann Whitney U test indicated

that, mothers with overweight/obesity reported that their own parents gave them more control over eating, used food as a reward more, and restricted their intake for weight reasons compared to mothers with healthy-weight. There were a range of strong, positive correlations (Spearman s rho) between rCFPQ subscales and current CFPQ subscales including: child control, emotion regulation, environment, food as a reward, encourage balance and variety, modelling, and restriction for weight. In addition, there were significant associations between recalled parent-child eating interactions and current levels of eating disorder psychopathology. The findings provide initial evidence for the inter-generational transmission of eating interactions in childhood to parental feeding practices in adulthood and further highlight the importance of the development of healthy eating behaviors in childhood.

Learning Objectives:

- Understand the assessment of parent-child feeding interactions and practices.
- Understand the link between recalled parent-child feeding interactions and practices and current child-feeding interactions and practices.
- Understand the considerations for clinicians who treat patients with eating disorders (e.g., BED) and the potential link between parent and child.

S-14: How mothers remember eating interactions as a child is linked to their current weight status and their own eating-related parenting behaviors.

Chloe Patel, BSs(Hons), MSc, University of Warwick, Coventry, West Midlands, UK; Eleni Karasoulu, BSc, MSc, PhD, University of Warwick, Coventry, West Midlands, UK; Caroline Meyer, BSc, PhD, University of Warwick, Coventry, West Midlands, UK

To explore links between mothers retrospective perceptions of the strategies their own parents used to feed them and their current child feeding practices. A community sample of mothers with healthy-weight, overweight and obesity completed demographic questions followed by the Retrospective Comprehensive Feeding Practices Questionnaire (rCFPQ, Musher-Eizenman & Holub, 2007), the Comprehensive Feeding Practices Questionnaire (CFPQ, Musher-Eizenman & Holub, 2007) and the Eating Disorders Exam Questionnaire (EDE-Q, Fairburn & Beglin, 1994) . Demographic data was collected from 188 mothers with a mean age of 38 (SD= 6.5). Self-reported BMIs included healthy-weight (n=93) and overweight/obesity (n=89). Normality tests indicated that all rCPFQ and CPFQ variables were not normally distributed and therefore non-parametric tests were used. A Mann Whitney U test indicated that, mothers with overweight/obesity reported that their own parents gave them more control over eating, used food as a reward more, and restricted their intake for weight reasons compared to mothers with healthy-weight. There were a range of strong, positive correlations (Spearman s rho) between rCFPQ subscales and current CFPQ subscales including: child control, emotion regulation, environment, food as a reward, encourage balance and variety, modelling, and restriction for weight. In addition, there were significant associations between recalled parent-child eating interactions and current levels of eating disorder psychopathology. The findings provide initial evidence for the inter-generational transmission of eating interactions in childhood to parental feeding practices in adulthood and further highlight the importance of the development of healthy eating behaviors in childhood.

Learning Objectives:

- Describe the assessment of parental-child feeding practices/behaviors.
- Knowledge of the parental-child feeding practices and eating psychopathology associated with mothers with overweight and obesity.

- To understand the considerations for clinicians that are involved with the treatment of eating disorders, e.g. BED.

S-15: A mixed method to treating Binge Eating Disorder; Review of a pilot study in combining inpatient care with stepped-down day program therapy.

Urvashnee Singh, MbChB, UKZN Dip, MPM, RANZCP, Hollywood Hospital, Perth, Australia; Jacqueline Stump, MS, PhD Candidate, University of Western Australia, Hollywood Hospital, Perth, Australia; Nicola Cummings, Grad Dip Diet, PhD, APD, Principal Dietitian, Hollywood Hospital, Perth, Australia

Binge eating disorder (BED) accounts for almost half of all eating disorder diagnoses in Australia. Binge eating disorder can cause significant distress and a sense of a loss of control over how, when and what food is eaten. Often as a result, this can lead to unwanted weight gain which causes further distress and escalates the desire to restrict food intake. This compounds the restriction/binge cycle, and often leads to feelings of intense shame, guilt and low self-worth. The relative recency of BED as a diagnostic category means that there are few treatment options available to individuals, particularly in Western Australia. The Hollywood Clinic developed a comprehensive, 9 week inpatient/day program treatment protocol to address this clinical need. Consistent with the current evidence base, the protocol combined Cognitive Behaviour Therapy - enhanced for eating disorders (CBT-E) plus elements of Dialectical Behaviour Therapy (DBT). This was accompanied by dietetic education and a program of regular supported eating. A pilot therapy program was run, with data collected on eating disorder status, mood and general well-being. This talk will discuss this novel approach to treating binge eating disorder in combining inpatient care with a stepped down day program. The protocol structure, theoretical approach and preliminary treatment outcomes will be addressed as a means of starting a conversation about best-practice treatment in binge eating disorder.

Learning Objectives:

- Understand the indications for hospital admission in Binge Eating Disorder.
- Understand the comorbid conditions in Binge Eating Disorder and have an approach to managing this.
- Have a greater understanding into the advantages and disadvantages of a mixed method of treating Binge Eating Disorder.

S-16: Weight Loss Trajectories and Psycho-Behavioral Predictors of Outcome of Primary and Reoperative Bariatric Surgery: A Two-Years Longitudinal Study

Ana Pinto-Bastos, MSc, University of Minho, Braga, Portugal; Marta de Lourdes, MSc, University of Minho, Braga, Portugal; Isabel Brand o, PhD, University of Porto, Porto, Portugal; Paulo P.P. Machado, PhD, University of Minho, Braga, Portugal; Eva Concei o, PhD, University of Minho, Braga, Portugal

This study sought (1) to identify differences in weight loss trajectories during the first 24 months following bariatric surgery in patients undergoing primary (P-Group) and reoperative bariatric surgery (R-Group), and (2) to investigate pre- and post-surgery psycho-behavioral predictors of weight loss for both groups. This longitudinal study compares a R-Group (n=157), and a P-Group (n=216). Patients were assessed at pre-surgery, and at 6, 12, 18 and 24 months post-surgery. Assessment included the EDE diagnostic interview and a set of self-report measures assessing eating disorder symptomatology, grazing, depression, anxiety and impulsive behavior. P- and R-Groups presented a similar trajectory for the percentage of total weight loss (%TWL) ($\beta=-4.93$, $SE=6.27$; $Wald\chi^2=0.62$, $p=0.431$). No significant

pre-surgery predictors of weight loss were found for the R-Group ($\chi^2=3.64, p=0.725$). Higher number of days with subjective binge-eating episodes pre-surgery was a significant predictor of weight loss for the P-Group (Wald $\chi^2(1)=5.83, p=0.016$). Regarding post-surgery predictors, higher EDE-Q scores (Wald $\chi^2(1) = 35.32, p=0.000$), compulsive grazing (Wald $\chi^2(1) = 9.63, p=0.002$) and uncontrolled eating (Wald $\chi^2(1) = 16.30, p=0.000$) were associated with less %TWL for the R-Group, and cognitive restraint (Wald $\chi^2(1)= -4.09, p=0.043$) was associated with increased %TWL. For the P-Group increased post-surgery depression (Wald $\chi^2(1)=4.28, p=0.031$), anxiety (Wald $\chi^2(1)= 4.10, p=0.043$), disordered eating (global EDE-Q) (Wald $\chi^2(1)= 8.29, p=0.004$), and grazing behavior (total Rep(eat)-Q) (Wald $\chi^2(1)= 4.02, p=0.045$) emerged as significant predictors of less %TWL. Both groups presented similar their weight loss trajectories. Problematic eating behaviors and psychological distress are significant predictors of poor weight outcomes for both groups.

Learning Objectives:

- To identify different trajectories of weight loss in the P- and R-Groups.
- To predict trajectories of weight loss based problematic eating and general psychological distress in the P- and R-Groups.
- To understand why the R-Group and P-Group are risk groups and the need for psychological monitoring.

S-17: Binge Focused Therapy for BED: A protocol for a novel, guided self-help intervention delivered by non-specialists.

Laura Dixon, BSc, Nova Scotia Health Authority, Halifax, Nova Scotia, Canada; Sarrah Ali, BSc, Nova Scotia Health Authority, Halifax, Nova Scotia, Canada; Aaron Keshen, MD, FRCPC, Nova Scotia Health Authority, Halifax, Nova Scotia, Canada; Thomas Helson, BSc, Nova Scotia Health Authority, Halifax, Nova Scotia, Canada; Joel Town, PhD, Nova Scotia Health Authority, Halifax, Nova Scotia, Canada

Binge eating disorder (BED) is the most common eating disorder among adults. Although evidence-based therapeutic approaches exist, poor treatment accessibility and high treatment cost are major barriers that prevent individuals from receiving treatment. Innovative ways to disseminate treatment for BED have been highlighted as a critical need future research must address. We present a protocol for an ongoing proof-of-concept study evaluating the efficacy of a novel, group-based, guided self-help intervention, Binge Focused Therapy (BFT). BFT is adapted from the self-help book, Brain Over Binge, and uniquely incorporates streamlined concepts from nutrition education, Acceptance and Commitment Therapy, Dialectical Behaviour Therapy, Motivational Enhancement Therapy and neuroscience. The simplicity of the approach allows for delivery by non-specialists, fewer sessions, and fostering of self-efficacy. With this intervention, we aim to target binge eating frequency and severity, self-efficacy, and motivation and readiness for behavior change. This uncontrolled clinical trial will enroll 40 individuals with mild-moderate BED. We propose that this unique delivery model may address the aforementioned limitations of traditional therapies for BED, namely poor treatment accessibility and high treatment cost.

Learning Objectives:

- Discuss the limitations of current BED treatments and identify potential advantages of BFT over traditional approaches.
- Learn the principles of BFT and how the intervention aims to improve binge eating frequency, severity, and self-efficacy.
- Learn how non-specialists can be trained to deliver BFT in a group-based setting.

S-18: Excess Skin, Body Image Shame and Disordered Eating Behavior after Bariatric Surgery

Eva Conceição, PhD, University of Minho, Braga, Portugal; Ana Luísa Sequeira, MSc, University of Minho, Braga, Portugal; Ana Pinto-Bastos, PhD, University of Minho, Braga, Portugal; Marta de Lourdes, MSc, University of Minho, Braga, Portugal; Isabel Brandão, MD, PhD, São João Hospital Center, Porto, Portugal; Ana Rita Vaz, PhD, University of Minho, Braga, Portugal

Bariatric surgery is the most effective method for the treatment of morbid obesity. However, the emergence of excess skin, body image concerns and disordered eating behaviors post-surgery have been reported in the literature in association with poor treatment outcomes. The present cross-sectional study aimed at understanding the possible associations between the experience of excess skin after surgery, body image shame and eating disorders symptomatology in patients after bariatric surgery. The sample included 137 women aged between 24 and 67 years ($M = 46.41$, $DP = 10.659$) with more than one year after surgery. Assessment included semi-structured clinical interview (EDE) and a set of self-report measures: SESQ - experience of excess skin after weight loss; BISS - body image shame; EDE-Q and TFEQ - eating disorder symptomatology; DASS - depression, anxiety, stress; and, UPPS negative urgency. The analyses showed that discomfort with excess skin was significantly and positively associated with eating disorder symptomatology and that this relation is mediated by body image shame. Depression, anxiety, and stress acted as a moderator of the relationship between discomfort with excess skin and body image shame. Also, negative urgency, the tendency to act impulsively under negative emotions, acts as a mediator between eating disorder symptomatology and uncontrolled eating. Given the established evidence that supports the impact of disordered eating behaviors on weight variability, the present findings highlight the importance of assessing the overall impairment related to the presence of excess skin and the body image shame in patients after bariatric surgery, mainly in those who experience increased depression and anxiety symptoms and/or with a tendency to act impulsively in situations of negative emotionality.

Learning Objectives:

- Excessive skin hanging after resulting from massive weight loss after bariatric surgery is associated with body image concerns (body shame).
- Body image concerns (body shame) is associated with disordered eating psychopathology after bariatric surgery.
- Negative urgency is a moderator between disordered eating psychopathology and uncontrolled eating.

S-19: Examining Internalized Weight Bias in Post-Surgical Bariatric Patients with Loss-of-Control Eating

Abigail LeCates, Student, Amherst College, Amherst, MA, USA; Jessica Lawson, PhD, Yale School of Medicine, New Haven, CT, USA; Valentina Ivezaj, PhD, Yale School of Medicine, New Haven, CT, USA; Janet Lydecker, PhD, Yale School of Medicine, New Haven, CT, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

Many individuals seeking bariatric surgery report experiencing internalized weight bias (IWB) and emerging research conducted primarily prior to surgery suggests IWB is associated with greater eating and psychological difficulties. This study examined IWB among post-surgical sleeve gastrectomy patients seeking treatment for loss-of-control (LOC) eating. Participants ($N=145$; 82.8% female, 53.8% White), assessed approximately six months post-surgery, completed established measures to assess weight bias

internalization (WBIS), eating-disorder psychopathology (Eating Disorder Examination-Bariatric Surgery Version), depression (BDI-II), and mental and physical functioning (SF-36). IWB was not significantly associated with age or sex, but White participants reported significantly greater IWB than non-White participants ($p .05$). IWB was significantly associated with greater global eating-disorder psychopathology, depression, and poorer mental health functioning (all p -values $.001$). Participants with overvaluation of shape/weight, a core eating disorder feature, endorsed significantly greater IWB than participants without overvaluation ($p .001$). Notably, even after adjusting for race, depression and mental health functioning, WBIS scores contributed significantly to variance in regression models of both global eating-disorder psychopathology ($p .001$) and clinical overvaluation ($p .001$). Our findings, which pertain to post-operative bariatric surgery patients with LOC eating, add to the literature documenting the significance of IWB. Patients who reported greater IWB following bariatric surgery were characterized by a poorer psychosocial profile along with significantly greater eating-disorder pathology. Clinicians should assess patients for IWB as part of a comprehensive evaluation to address eating-disorder pathology and mental health needs. Our findings point to the need for future longitudinal research on the effect of IWB on longer-term outcomes.

Learning Objectives:

- Describe internalized weight bias experienced by post-surgical sleeve gastrectomy patients with loss-of-control eating.
- Identify the relationship between internalized weight bias and eating-disorder psychopathology, including overvaluation of shape and weight.
- Recognize associations between internalized weight bias and psychological correlates.

S-20: Parent and Child Impairment by Disordered Eating Behaviors and Weight

Jiwoo Park, Student, Amherst College, Amherst, MA, USA; Janet Lydecker, PhD, Yale School of Medicine, New Haven, CT, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

Pediatric eating disorders and obesity have adverse consequences on children's health and psychosocial functioning. Parents are involved in children's daily lives and their health, but the extent to which children's eating behaviors or weight may impact parents' daily functioning is unknown. The current study examined parent and child impairment due to child eating problems and weight in key life domains including work/school, social life, and family life. Participants were parents ($N=861$; 35.7% fathers) who completed an online cross-sectional survey. Parents completed established measures of impairment and child eating behaviors. Overall, 7.0% of parents reported clinically-significant impairment due to child weight, and 6.9% reported clinically-significant impairment due to child eating behaviors. A similar proportion of parents of children with overeating reported impairment (17.2%) as parents of children with binge eating (24.1%, $p>.05$); more parents of children with secretive eating (35.6%, $p=.004$) than overeating reported impairment. Significantly more parents of children categorized with obesity or with underweight reported clinically-significant impairment than parents of children categorized with other weight categories ($p .05$). Parents of children with regular binge eating or secretive eating (but not overeating) reported greater child impairment than those without disordered eating behaviors. Children with secretive eating had significantly more impairment than children with binge eating ($p=.015$), who had significantly more impairment than children with overeating ($p=.03$). Children with obesity had more impairment than children in other weight categories ($p .001$). Impairment did not significantly differ between boys and girls ($p>.05$). Understanding and considering the impacts of obesity and disordered eating in terms of individual and family impairment within the context of daily life may be critical for family-based prevention and treatment programs.

Learning Objectives:

- Identify clinically-significant parent impairment due to children's disordered eating behaviors and weight in domains of work, social life, and family life.
- Discuss differences in parent impairment by child eating behaviors and weight.
- Describe how child impairment differs by disordered eating behaviors and weight categories in domains of school, social life, and family life.

S-21: Thymus Activity in Female Adolescent Inpatients with Anorexia Nervosa

Yael Lewis, MD, Shalvata Mental Health Center, Hod HaSharon, Israel; Itay Tokatly Latzer, MD, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel; Abraham Weizman, MD, Geha Mental Health Center, Petach-Tikva, Israel; Shimrit Ziv, MD, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel; Raz Somech, MD, PhD, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel; Daniel Stein, MD, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel

Studies examining the function of the immune system in anorexia nervosa (AN) show inconsistent findings. The main findings involve changes in T-cell immunity, including a tendency to leukopenia and alterations in sub-populations of T-cells. To examine the association between T cell receptor excision circles (TRECs), a marker of thymus activity, and the clinical state of AN as manifested by the patients' body mass index (BMI) and body fat index. TREC analyses were performed in blood samples taken from 30 female adolescent inpatients with AN in the acute malnourished state of their illness on admission and upon achieving symptom stabilization at discharge. TREC concentrations did not correlate with admission BMI ($r=0.41$, $p=0.43$) or body fat percentage ($r=0.39$, $p=0.75$). There was no difference between the TREC values of restrictive vs. binge-purge subtypes of AN ($p=0.23$). In addition, no significant change ($p=0.82$) in TREC values was found between admission and discharge, despite the patients' clinical improvement and increased weight. Thymus activity, as measured with TREC levels, was not correlated with BMI or body fat percentages in acutely-ill patients with AN. Our results point to an adaptive mechanism enabling the preservation of immune function in patients with AN despite malnutrition. In light of recently described associations between EDs and autoimmune diseases, more research is needed to depict the interplay between the immune system, nutritional state and hormonal changes in AN.

Learning Objectives:

- Describe knowledge gaps regarding the immune system function in anorexia nervosa.
- Assess thymus function in anorexia nervosa.
- Explore the association between thymus function and clinical state of anorexic patients, as measured by BMI and body fat percentage.

S-22: Obsessive compulsive symptoms in acutely-ill and symptomatically-stabilized female adolescent inpatients with restrictive vs. binge-purge eating disorders

Yael Lewis, MD, Shalvata Mental Health Center, Hod HaSharon, Israel; Tal Gilon-Mann, MA, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel; Adi Enoch-Levi, MD, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel; Gal

Dubnov-Raz, MD, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel; Doron Gothelf, MD, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel; Abraham Weizman, MD, Geha Mental Health Center, Petach-Tikva, Israel; Daniel Stein, MD, Edmond and Lily Safra Children's Hospital, The Chaim Sheba Medical Center, Ramat-Gan, Israel

A close association exists between eating disorders (EDs) and obsessive-compulsive disorder (OCD), to the extent that EDs may be considered part of the OCD spectrum. We aimed to compare OC symptoms (OCS) in female adolescent inpatients with restrictive and binge/purge EDs, as well as the change in symptoms from the acute ED state on admission to symptom stabilization at discharge. Furthermore, we checked for predictors of this change in OCS. Ninety-four female adolescent inpatients with restricting anorexia nervosa (AN-R), 67 with binge/purge AN (AN-B/P), and 48 with bulimia nervosa (BN) were assessed on admission and discharge using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), Yale-Brown-Cornell Eating Disorder Scale (YBC-EDS), Eating Attitude Test-26 (EAT-26), Beck Depression Inventory (BDI), and State-Trait Anxiety Inventory (STAI). Patients with AN-B/P showed greater severity in OCS vs. the other two groups. Patients with AN-B/P and/or BN, showed greater improvement in Y-BOCS, BDI and STAI than patients with AN-R, whereas no between-group differences were found for YBC-EDS and EAT-26. Despite improvement from admission to discharge, the mean level of OCS at discharge for the whole sample, 13.24 (11.23), was greater than subclinical OCS levels, i.e. lower than 7. Last, no reduction was found in the Y-BOCS score of patients with AN-R from admission to discharge in contrast to all other psychometric parameters. A greater improvement in obsessionality from the acutely-ill to the stabilized ED condition is found in ED patients with binge/purge vs. restrictive pathology. The persistence of non-ED-related obsessionality in stabilized AN-R suggests it to represent a core trait of this ED type, not necessarily associated with the severity of ED pathology.

Learning Objectives:

- Describe aspects of comorbidity between eating disorders and obsessive-compulsive disorders.
- Assess the severity of obsessive-compulsive symptoms in acute ED state vs. symptom stabilization.
- Compare improvement in obsessive-compulsive symptoms following inpatient treatment between ED subtypes.

S-23: Type 2 diabetes and cognitive impairment in an elderly sample with obesity and metabolic syndrome: a cross-sectional analysis of the PREDIMED-plus study

Fernando Fernandez-Aranda, PhD, FAED, Bellvitge University Hospital, Hospitalet de Llobregat, Barcelona, Spain; Nària Mallorqu-Bagu, PhD, Bellvitge University Hospital, Hospitalet de Llobregat, Barcelona, Spain; María Lozano-Madrid, MS, Bellvitge University Hospital, Hospitalet de Llobregat, Barcelona, Spain; Dolores Corella, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Jordi Salas-Salvad, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Aida Cuenca-Royo, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Ramón Estruch, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Francisco J Tinahones, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Xavier Pint, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Emilio Ros, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Roser Granero, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Monica Bull, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Montserrat Fit, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Susana Jiménez-Murcia, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain; Miguel A. Martínez-González, PhD, CIBEROBN,

Instituto de Salud Carlos III, Madrid, Spain; Rafael De la Torre, PhD, CIBEROBN, Instituto de Salud Carlos III, Madrid, Spain

Given the high prevalence of type 2 diabetes among the elderly, the negative effects of this chronic metabolic disease on health and cognitive functioning are of public health interest. This study examines: (a) the association of type 2 diabetes with executive functioning (EF); (b) the effect of body mass index (BMI) on both type 2 diabetes and EF; and (c) the association between glycemic control and EF in type 2 diabetes. 6823 older adults with overweight/obesity and metabolic syndrome (mean age: 65 years; 48.6% women; 27.2% type 2 diabetes) participating in the PREDIMED-PLUS study, were assessed with a battery of cognitive tests. BMI, serum glucose and glycated haemoglobin (HbA1c) concentrations were measured. Significantly worse EF performance in type 2 diabetes vs. non-diabetic individuals was found. Two models were generated using Structural Equation Modeling (SEM): (1) in the whole sample, the presence of type 2 diabetes, depressive symptoms and BMI had a direct negative effect on EF, while apnea had an indirect negative effect; (2) in the type 2 diabetes subsample, higher illness duration was associated with worse EF performance. Participants with type 2 diabetes and HbA1c < 7% (< 53mmol/mol) had better overall cognitive performance when compared to those with HbA1c ≥ 7% (≥ 53mmol/mol). Our results provide a controlled, comprehensive model that integrates relevant neuropsychological and physical variables in type 2 diabetes. The model suggests that, to improve treatment adherence and quality of life, cognitive decline prevention strategies should be implemented that monitor depressive symptoms, BMI and glycemic control.

Learning Objectives:

- Describe the associations of type 2 diabetes with cognitive performance.
- Describe the effect of BMI on type 2 diabetes and cognitive performance when controlling for other confounding variables (e.g.: depressive symptoms, sleep disorders, education, age and sex).
- Describe the association between glycaemia control and cognitive function performance in individuals with type 2 diabetes.

S-24: Prospective Six Months Follow up Study of Salivary DHEA-S Levels and Treatment Response Among Adolescents with Eating Disorders

Ruth Giesser, MD, Hadassah Hebrew University Medical Center, Jerusalem, Israel; Amit Shalev, MD, Hadassah - Hebrew University Medical Center, Jerusalem, Israel; Tanya Goltser Dubner, PHD, Hadassah - Hebrew University Medical Center, Jerusalem, Israel; Ayelet Meltzer, MD, Hadassah - Hebrew University Medical Center, Jerusalem, Israel; Ranin Masarwa, MD, Hadassah - Hebrew University Medical Center, Jerusalem, Israel; Dalya Pevzner, BSc, Hadassah - Hebrew University Medical Center, Jerusalem, Israel; Laura Canetti, PHD, Hadassah - Hebrew University Medical Center, Jerusalem, Israel; Esti Galili Weisstub, MD, Hadassah - Hebrew University Medical Center, Jerusalem, Israel; Ronen Segman, MD, Hadassah - Hebrew University Medical Center, Jerusalem, Israel

Dehydroepiandrosterone-Sulphate (DHEA-S) is an androgen and estrogen prohormone that acts as a neurosteroid and neurotrophic factor, and may exert both central neuropsychiatric as well as peripheral hormonal effects. Few studies have examined the association of food restriction related weight reduction in Eating Disorders (ED) with DHEA-S levels and its prospective trajectory along with treatment response. The aim of the current study was to prospectively characterize salivary DHEA-S levels among adolescent ED patients and correlate them with treatment response. ED patients referred to the ambulatory clinic, day care facility and in patient unit of the Herman Dana Child Psychiatry Center

were assessed using a structured clinical interview with repeated administration of self-reported questionnaires, including the Eating Attitude Test-26 (EAT-26), Bulimic Investigatory Test (BITE), Child Depression Inventory (CDI), and Screen for Child Anxiety Related Disorders (SCARED). Salivary DHEA-S levels were sampled at baseline and following 6 months of treatment, correlated with treatment response measures, and compared with healthy age matched adolescents. A preliminary analysis of 24 ED patients (21 Anorexia Nervosa, 3 Bulimia Nervosa, 21 female, ages 12-18 years) revealed at 6 months of treatment a significant increase in BMI compared with baseline ($p=0.00$). EAT score decreased significantly ($p=0.04$). Salivary DHEA-S showed a trend for elevated levels relative to healthy controls ($p=0.07$) at baseline, and normalized at 6 months, but none of the differences reached significance. However, salivary DHEA-S level was significantly correlated with BMI at the 6 month time point ($p=0.01$). Such alterations may in part be adaptive to energy conservation during chronic malnourishment and may be informative regarding long term weight restoration.

Learning Objectives:

- Assess the role of salivary DHEA-S levels in Eating Disorders.
- Describe the correlation between salivary DHEA-S levels and treatment response among adolescents with eating disorders.
- Predicting clinical course and treatment response of Eating Disorders among adolescent girls by measuring salivary DHEA-S levels as a marker for chronic malnourishment and long term weight restoration.

S-25: The Shared Genetic Risk for Body Mass Index and Weight Loss Behaviors

Jason Nagata, MD, MSc, University of California, San Francisco, San Francisco, CA, USA; Benjamin Domingue, PhD, Stanford University, Palo Alto, CA, USA; Kirsten Bibbins-Domingo, PhD, MD, MAS, University of California, San Francisco, San Francisco, CA, USA; Andrea Garber, PhD, RD, University of California, San Francisco, San Francisco, CA, USA; Scott Griffiths, PhD, University of Melbourne, Melbourne, Victoria, Australia; Stuart Murray, PhD, University of California, San Francisco, San Francisco, CA, USA

Three genetic loci have been found to be involved with both body mass index (BMI) and anorexia nervosa, however, it is unknown if genetic risk for BMI is associated with unhealthy weight control behaviors. The objective of this study was to determine the association between genetic risk for BMI and weight loss behaviors in young adults. We analyzed data from a prospective, national cohort of adolescent sibling pairs who were followed through adulthood when participants were 18-26 years old. Genetic risk scores included 31 single nucleotide polymorphisms identified in published genome-wide association studies for BMI. Phenotypes included self-reported: 1) weight loss goals; 2) dieting; and 3) unhealthy weight control behaviors such as vomiting, fasting/skipping meals, or laxative/diuretic use to lose weight. Among 726 subjects, genetic risk for higher BMI was associated with greater odds of trying to lose weight in females (OR 1.07, 95% CI 1.00-1.13) and males (OR 1.10, 1.01-1.20). Genetic risk for high BMI was associated with greater odds of dieting (OR 1.08, 1.01-1.15) and unhealthy weight control behaviors (OR 1.14, 1.05-1.24; OR 1.10, 1.02-1.21 when adjusting for BMI) in females, but not in males. Genetic risk for higher BMI was associated with a desire to lose weight in both males and females; however, it was associated with dieting and unhealthy weight control behaviors in females only. Further research on the genetic risk architecture on BMI and weight control behaviors may explain treatment nonresponse and inform joint treatment strategies.

Learning Objectives:

- Review the literature on genetic risk for eating behaviors.
- Describe the polygenic risk score for body mass index.
- Assess the potential shared genetic risk for body mass index and weight loss behaviors.

S-26: Dysfunction of Inflammatory pathways in female patients with Eating Disorders

Marina Diaz Marsa, MD, PhD, Hospital Clinico San Carlos, Madrid, Spain; Aida Navalon, Psychologist, Hospital ClinicoSan Carlos, Madrid, Spain; Maria J Collado, PhD, Psychologist, Hospital Clinico San Carlos, Madrid, Spain; Marta Soto, MD, Hospital Clinico San Carlos, Madrid, Spain; Christian Prado, MD, Hospital Clinico San Carlos, Madrid, Spain; Jose Luis Carrasco, Full Professor and Chairman, MD, PHD, Hospital Clinico San Carlos, Madrid, Spain

Based on experimental stress models and in clinical studies in patients with eating disorders, the hypothesis of this study was that a disruption of the physiological equilibrium of proinflammatory/anti-inflammatory pathways is present in ED. Sample was composed by female patients with current diagnosis of eating disorder (AN= 11; BN=9 and EDNOS: 3) and 14 healthy controls. Patients were free of medication for at least two weeks at the time of the study. In order to assess clinical symptomatology and severity, subjects completed some questionnaires: EDI (Eating Disorders Inventory), BITE (Edinburg Bulimic Test) and BSQ (Body Shape Questionnaire). Biomarkers for inflammatory activity were measured: nitric oxide synthase (iNOS) and cyclooxygenase (COX-2), and prostaglandin E2 (PGE2), Thiobarbituric Acid Reactive Substances (TBARS) cytokines, IL1b and TNF α , 15 deoxy prostaglandin J2 (15d-PGJ2), peroxisome proliferator-activated receptor gamma (PPAR γ) and glucocorticoid receptor Gr and P65. Results showed a significant increase in plasma levels of COX2 in PMBCs, TBARS and Tnf α in ED patients compared with controls, Also were differences in ratio p38 between groups. Levels of glucocorticoid receptor (GR)(linked to stress and inflammatory response) and transcription factor p65 were also increased in ED group. a relationship between impulsiveness and inflammation marker PG2. and 15dpgj2 was found. These results suggest that a pro-inflammatory and oxidant phenotype might be present in ED patients. The inflammatory and oxido-nitrosative mediators have been shown to be increased in brain and at peripheral level, in both animal and human models of stress. They also pointed to a phenotype with greater perfectionism tendency, more impulsiveness and with greater body dissatisfaction, who had a more disregulate pro/anti-inflammatory process

Learning Objectives:

- Assess levels of inflammatory markers levels in a group of adults suffering ED.
- Assess relationship between impulsiveness, severity of illness and inflammation in ED.
- Understand factors involved in Eating Disorders.

S-27: Eating Disorders and suicidal/self-harm behaviors in the emergency department

Mackenzie Adams, BS, MPH Candidate, University of Michigan, Ann Arbor, MI, USA; Suzanne Dooley-Hash, MD, FAED, University of Michigan, Ann Arbor, MI, USA

The objective of this study was to examine patterns of emergency department visits for suicidal and non-suicidal self-harm behaviors among individuals with eating disorders (EDs). We conducted a retrospective chart review of University of Michigan emergency department visits for non-suicidal intentional self-harm, suicidal ideation, suicide attempt, and suicide during a six-year period (July 1, 2012 July 20, 2018). Analyses were conducted comparing patients with eating disorders to those with

other mental illnesses and comorbidities. Individuals with an eating disorder diagnosis accounted for 3.93% (196/4993) of all patients presenting to the emergency department for self-harm, suicidal ideation, suicide attempt, and suicide. Suicide attempts and death by suicide in patients with eating disorders were highest among patients with bulimia nervosa (21.05% and 28.95%, respectively). Further, suicidal ideation and intentional self-harm were most common among patients with ED, unspecified (ICD-10) (95.2% and 6.40%, respectively). Among all patients seen for suicidal and self-harm behaviors, major depressive disorder was observed in 74.5%, anxiety disorder in 45.1%, substance abuse or substance use disorder in 42.0%, bipolar disorder in 15.4%, borderline personality disorder in 12.3%, and schizophrenia and related disorders in 5.65%. Patients with EDs experienced high rates of comorbidity with other serious mental illnesses. Major depressive disorder was seen in 76.0%, anxiety disorder in 51.0%, substance abuse or substance use disorder in 28.6%, bipolar disorder in 15.8%, borderline personality disorder in 25%, and schizophrenia and related disorders in 2.04% of ED patients in this sample. This study examines patterns of emergency department visits for suicidal or non-suicidal self-harm behaviors and provides insight into the relationship between EDs, psychiatric comorbidities, and these potentially fatal behaviors.

Learning Objectives:

- Assess the prevalence of eating disorders amongst patients presenting to the emergency department for suicidal and non-suicidal intentional self-harm behaviors.
- Compare the rates of suicidal and non-suicidal intentional self-harm between eating disorders and other mental illness diagnoses.
- Describe the comorbidity of eating disorders with other serious mental illness diagnoses among patients presenting to the emergency department for suicidal and non-suicidal intentional self-harm behaviors.

S-28: Diagnostic challenge: Bulimia nervosa and achalasia of the esophagus

Claudia Pieper, PhD, CETTAO Santa Casa da Misericórdia in Rio de Janeiro, Rio de Janeiro, Brazil; Simone Freitas, MS, Professor, Psychologist, Clinical Studies and Treatment of Eating Disorders and Obesity (CETTAO), Rio de Janeiro, Brazil; Fabia de Campos, Nutritionist, Clinical Studies and Treatment of Eating Disorders and Obesity, Rio de Janeiro, Brazil

Oesophageal motility disorders such as achalasia are often poorly recognized and have generally received less attention than other gastrointestinal diseases in the field of eating disorders (ED), despite being an important differential diagnosis to consider. Achalasia is an oesophageal motility disease involving the smooth muscle layer of the oesophagus and the lower oesophageal sphincter (LES), which is the functional barrier between the stomach and oesophagus. The incidence of achalasia has been reported to amount to 0.3 to 1.6 cases per 100 000 per year. Dysphagia, regurgitation, vomiting, retrosternal pain, weight loss, consumption of large amount of liquids are symptoms that may be present in bulimia nervosa and also in clinical cases of achalasia. We report a case of a 19-year-old patient who developed esophageal achalasia after 8 years of illness. The diagnosis was made after the request of endoscopy, and confirmed after computerized esophagomanometry, which, in addition to achalasia, showed no peristalsis in the lower esophageal sphincter. The patient had vomiting after the ingestion of any food or liquid with a loss of 9.5 kg in 6 months (BMI: 15.5). The diagnosis of Chagas Disease was removed. It is estimated that up to 50% of achalasia patients are initially misdiagnosed. Although severe weight loss is common, low BMI at presentation is not a prerequisite for the diagnosis of achalasia. Comorbidity between achalasia and ED may co-occur. Symptoms of oesophageal disorders can be obscured by co-existing bulimic behaviour, complicating detection. The patient was submitted to

esophageal dilatation with improvement of the vomiting and body weight after 3 months, remaining under psychotherapeutic and nutritional monitoring. It is very important to evaluate and follow up a clinical doctor in the multidisciplinary team and eating disorders. Errors or delay in diagnosis could lead to delay in obtaining appropriate treatment.

Learning Objectives:

- The primary goal is to alert clinicians engaged in the treatment of patients with ED that symptoms appearing as indicative for the latter may also be due to a dysfunction of the act of swallowing.
- Alerting regarding the possibility of a severe complication such as esophageal achalasia in a Bulimia Nervosa.
- Helping in the prevention of misdiagnosis with regard to the possibility of esophageal achalasia in a patient with Bulimia Nervosa.

S-29: Parental comments, body image and dieting among 8-year old girls

Rachel Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA; Stephanie Damiano, PhD, La Trobe University, Melbourne, Australia; Eleanor Wertheim, PhD, La Trobe University, Melbourne, Australia; Susan Paxton, PhD, FAED, La Trobe University, Melbourne, Australia

Parental comments regarding their offsprings weight, shape, and eating behaviors have been shown to be associated with body image and eating concerns in adolescents and young adults. However, to date little is known regarding the association between parental comments and these concerns among younger children. The purpose of the present study was to examine the relationship between parental comments and child body image and dieting behaviors among 8-year old girls. A sample of $n = 110$ girls, mean (SD) age = 8.43 years participated in interviews during which body esteem and dietary restraint were assessed. In addition, mothers ($n = 103$) and fathers ($n = 74$) completed self-report measures of parental comments regarding weight and eating, and parental body image and disordered eating behaviors. Findings revealed that fathers who reported making more comments regarding their daughters weight and eating also reported higher levels of body image concerns ($r = .32, p = .006$) and disordered eating ($r = .43, p = .001$). However, these relationships did not emerge among mothers. In addition, maternal comments were associated with lower body esteem ($r = -.23, p = .020$) and higher restraint ($r = -.22, p = .028$) among their daughters, but no associations emerged with paternal comments. These results extend previous work documenting the importance of parental comments to younger children and suggest that among young girls, comments regarding weight and eating from mothers are associated with higher levels of body image and eating concerns. Furthermore, while fathers with higher levels of preoccupation around their own weight and shape may be more likely to make comments these may be less important in determining girls body image at this age. Further research examining gendered pathways, and longitudinal associations is warranted to clarify these relationships.

Learning Objectives:

- Critique the documented relationships between parental comments and body image and eating concerns among offsprings.
- Describe the relationship between parental comments and child body image and eating outcomes in this sample of young children.
- Discuss the gendered pathways related to parental comments.

S-30: Body image disturbance in Brazilian adolescents with eating disorders

Vanessa Pinzon, Physician, Psychiatrist, Porto Alegre Clinical Hospital, University of São Paulo, São Paulo, Brazil; Juliana Vega, MS, Specialist, Nutritionist, University of São Paulo, São Paulo, Brazil; Felipe Alckmin, MClInPsych, Specialist, Clinical Psychologist, PhD Student, University of São Paulo, São Paulo, Brazil; Priscila Soares, Nutritionist, University of São Paulo, São Paulo, Brazil; Aline Ara jo, Specialiast, Nutritionist, University of São Paulo, São Paulo, Brazil; Alessandra Fabbri, MS, Nutritionist, University of São Paulo, São Paulo, Brazil; Alicia Cobelo, MS, Psychologist, University of São Paulo, São Paulo, Brazil

Body image disturbance (BID) is a common symptom of eating disorders (ED), as Anorexia Nervosa (AN) and Bulimia Nervosa (BN), and tends to impact adherence to treatment and its effectiveness. There are a few studies in ED adolescents. The aim of the present study was to evaluate the presence of BID in a clinical sample of Brazilian adolescents with ED, and to evaluate differences in clinical presentation and diagnosis of participants with and without BID. A clinical sample of 56 adolescents (82,2% girls; mean age:15 years old, 11 min; 17 max) participated in the study, which was conducted at PROTAD, a Brazilian ED program based on the Institute of Psychiatry (School of Medicine, University of Sao Paulo). BID was evaluated through the Brazilian Silhouette Scale. Nutritional status, obesity history, type of ED diagnosis were evaluated through medical records. Of all patients, 26 (46,4%) refers BID in the treatment beginning. In the comparison of clinical variables among adolescents with BID (n = 26) and without this symptom (n = 30), BID was positive associated with BN and Atypical BN diagnoses ($p=0,008$). there were no association between BID and obesity history, underweight and comorbidity psychiatry. The positive association with BN an atypical BN in the treatment beginning suggests special attention for this diagnosis to manage specific interventions.

Learning Objectives:

- Evaluate the presence of Body Image Disturbance in a clinical sample of Brazilian adolescents with Eating Disorders.
- Evaluate differences in clinical presentation and diagnosis of participants with and without Body Image Disturbance.
- Futere directions for researchs in adolescents body image disturbance.

S-31: Discrepancies in current and ideal weight in predicting eating disorder symptoms in a sample of adult runners

Kaitlin Wright, BA, Research Coordinator, University of Minneapolis, Minneapolis, MN, USA; Lisa Anderson, PhD, University at Albany, State University of New York, University of Minneapolis, Minneapolis, MN, USA; Christina Scharmer, BA, PhD Candidate, University at Albany, State University of New York, Albany, NY, USA; Erin Reilly, PhD, University at Albany, State University of New York, University of California - San Diego, San Diego, CA, USA; Drew Anderson, PhD, University at Albany, State University of New York, Albany, NY, USA

Differences in current and ideal weight (e.g., discrepancies between actual and idealized self) are associated with elevated eating disorder (ED) pathology. Runners represent a population with significant risk for EDs, given both general appearance and sport-related body and weight ideals. Research indicates that body ideals differ in men and women; however, no existing work has evaluated if ideals differ across genders. This study examined whether discrepancies between current and ideal weights for athletic reasons differentially predicted ED pathology, compared to appearance-related reasons in runners. Further analyses assessed sex differences. Adult runners (N=248) from two race events

completed measures of ED symptoms, current weight, and various ideal weights (e.g., dream, goal, acceptable) for athletic performance and appearance reasons. A 2 (Motivation: Sport/Appearance) x 2 (Sex: Male/Female) ANCOVA evaluated if weight discrepancies differed by sport- versus appearance-related weight motivation, sex, or both. Relative weights analysis (RWA) tested if specific sport-related discrepancies between current and dream, goal, or acceptable weights better accounted for ED symptoms, relative to appearance-related discrepancies. ANCOVA indicated that Sport/Appearance Motivation and Sex x Motivation interaction effects were not significant, $p > .05$; however, there was a significant main effect for Sex, $F(3, 130) = 4.3$, $p = .006$, such that women reported a desire to lose weight and less acceptance of current weight than men. RWA suggested that discrepancy between current weight and acceptable weight for appearance reasons was the best predictor for EAT-26 scores ($R^2 = .09$) in the overall model, $R^2 = .32$. Our results support prior findings that greater current-acceptable weight discrepancy, particularly for appearance-related reasons, relates to elevated ED symptoms in adult runners. Screenings should assess weight discrepancies to identify athletes who may be at risk for EDs.

Learning Objectives:

- Describe theoretical relations among eating disorder symptoms and discrepancies between "dream", "goal", "acceptable, but not happy with," and current body weight.
- Evaluate sport and appearance-specific body dissatisfaction factors that may contribute to eating pathology in athletes.
- Discuss differential clinical implications associated with the relative importance of "dream", "goal", and "acceptable, but not happy with" weights for appearance and sport performance reasons for identifying runners at risk for eating disorders.

S-32: Predictors of the use of ergogenic substances in men practicing muscle-building

Georgina Alvarez-Ray n, Universidad Nacional Autonoma de México, Ciudad de México, México; Jaime García-Rodríguez, Instituto Politécnico Nacional, Mexico City, México; Fanny Martínez-Quintero, Universidad Tecnológica de México, Mexico City, México; Consuelo Escoto, Universidad Autónoma del Estado de México, Toluca de Lerdo, México; Jaime Camacho-Ruiz, Universidad Autónoma del Estado de México, Toluca de Lerdo, México; Juan Manuel Mancilla-Díaz, Universidad Nacional Autonoma de México, Ciudad de México, México

Exercise grants multiple health benefits; however, when it is performed in excess and used as a means to achieve the muscular body ideal, it can lead to compulsive behaviors aimed at extreme body change, such as: strict diet, excessive exercise, and the use of ergogenic substances (UES), behaviors that can be categorized into the muscular dysmorphic disorder and, more specifically, in muscle dysmorphia (MD). Therefore, the objectives of this research were: 1) to characterize the existence of UES among men practicing muscle-building; and 2) analyze a series of anthropometric and psychological variables to assess their possible predictive weight on UES. A total of 185 males between 18 and 53 years old participated, of whom 100 were gym users (GU) and 85 were bodybuilders (BB). In the BB group, higher averages were presented with respect to the indicators of muscle hypertrophy, such as fat-free mass index (FFMI), skeletal muscle mass and lean mass. In the total sample, a significant relationship was identified between the anabolic consumption (AAS) and the FFMI ($\chi^2 = 31.53$, $p = .001$). UES was more common in BB (87%) vs. GU (56%). It was shown that exercise dependence and body dissatisfaction were the main predictors of UES ($R^2 = .38$, $F = 51.97$, $p = .0001$); while in the prediction of the use of AAS, in addition to these two variables, the FFMI and low self-esteem also participated ($R^2 = .50$, $\chi^2 = 69.41$, $p = .0001$). Work funded by DGAPA-UNAM-PAPIIT (No. IN307218).

Learning Objectives:

- Describe the use of substances aimed at increasing muscle mass.
- Identify what factors predict the use of substances to increase muscle mass.
- Understand the use of substances in the context of body dissatisfaction and body change behaviors.

S-33: An examination of the influence of online dating platforms on body image, disordered eating, and related outcomes

Helena Lewis-Smith, BSc, MSc, PhD, University of the West of England, Bristol, UK; Kharis Smith, BSc, University of the West of England, Bristol, UK

Most research exploring the influence of Social Networking Sites on body image and disordered eating has focused on platforms such as Facebook and Instagram. However, there is limited research examining the impact of online dating platforms (such as Tinder and Bumble) on such outcomes, despite their high appearance-salient nature and focus on attracting a significant other. Arguably, dating apps represent a contemporary medium for appearance pressures to be transmitted. This study therefore sought to explore the influence of using online dating apps on body image, disordered eating, and related outcomes. Young adults who have used either offline or online dating methods were recruited for the study. 158 participants (72.8% female) aged between 18 and 30 years of age (M age = 21.6 years) who were primarily heterosexual (92.4%) completed an online questionnaire. The questionnaire included measures assessing body image, body appreciation, body surveillance, disordered eating, self-consciousness during intimacy, and consideration of cosmetic surgery. A series of ANCOVAs were conducted to examine the influence of dating method on each outcome. Results revealed that online daters were significantly more likely to consider undergoing a cosmetic surgery procedure than offline daters ($f(2,141) = 4.08, p = .019, \text{partial } \eta^2 = .055$). Further, a trend for greater weight dissatisfaction among online daters compared with offline daters approached significance ($f(2,151) = 2.64, p = .075, \text{partial } \eta^2 = .034$). Overall, these findings indicate that online dating platforms may constitute a contemporary sociocultural pressure, which may contribute toward body dissatisfaction and consideration of cosmetic surgery. Future prospective research examining the use of online dating platforms across a larger and more diverse sample of participants is warranted.

Learning Objectives:

- Understand that online dating platforms represent a new and popular medium for appearance pressures to be transmitted.
- Recognise that the use of online dating platforms may contribute to increased body dissatisfaction and interest in cosmetic surgery.
- Understand that online dating platforms are an important future area of research, given their increasing popularity and high appearance-salient nature.

S-34: Is that a real body or a reel body? Investigating the effects of a video that exposes enhancement techniques used on social media

Jenna Campagna, MA, Northeastern University, Boston, MA, USA; Rachel Berry, MA, Northeastern University, Boston, MA, USA; Rachel Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA

Social media content that sheds light on practices commonly used to enhance photos has been developed by users with the goal of increasing media literacy and decreasing the impact of social media on body image. However, little is known about the usefulness of these efforts. The aim of the current study was to explore the usefulness of a short video, recently disseminated as part of a body positive social media campaign, in promoting positive body image among young women. A sample of 163 women mean age (SD) = 20.8 (2.2) years, 68% Caucasian, who self-identified as using social media were recruited. Participants completed an online survey assessing current mood and body satisfaction before and after watching a video that modeled how women can position their bodies to better resemble the thin-ideal in social media posts. Participants also reported on state appearance comparison behaviors after watching the video. Paired sample t-tests indicated greater body satisfaction after watching the video, $t(162) = -5.724$, $p .001$. Similarly, women also reported significantly less negative feelings, $t(110) = 5.513$, $p .001$ after viewing. A moderation analysis did not reveal a significant effect of state appearance comparison. Preliminary findings suggest that information related to the techniques used to enhance photos seen on social media can help promote positive body image among young women. However, further investigations of potential moderating effects are warranted. These results contribute to current efforts aiming to develop social media literacy interventions aiming to prevent body dissatisfaction and protect against susceptibility to disordered eating and exercise behaviors.

Learning Objectives:

- To identify how social media interventions can effectively raise awareness about the illusions of perfect bodies seen on social media.
- To describe the impact of body positive social media interventions on women's mood and self-satisfaction.
- To understand how to assess the utility of a social media intervention by assessing women's experience before and after exposure.

S-35: A Comparison of the Fat Talk Experience in Young and Middle-Aged Women

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

Fat talk (making self-disparaging comments about one's weight or shape in conversations with others) occurs in both young and middle-aged women. However, little is known about correlates of fat talk or about factors that may strengthen or interrupt the fat talk/body dissatisfaction link. The current study builds on the existing fat talk literature by examining (1) levels of fat talk between young adult women and middle-aged women, (2) strengths of correlates of fat talk across age cohorts, and (3) potential moderators of the relationship between fat talk and body dissatisfaction. Participants were 358 young adult women, age 17-25, and 358 middle-aged women, age 35-63; these were daughter-mother dyads and thus multilevel modeling was used to account for the lack of independence between daughter and mother observations. Participation involved an online survey about fat talk, body dissatisfaction, disordered eating (general eating pathology, bulimic symptoms, dietary restraint), depressive symptoms, thin-ideal internalization, body checking, peer body comparison, and self-compassion. Multi-level models indicated that the two cohorts significantly differed on fat talk engagement with young adults reporting higher levels of fat talk. Further, some strengths of correlations with fat talk differed by age cohort. For young adult women, fat talk was positively associated with thin ideal internalization, body dissatisfaction and broad eating pathology more so than for middle-aged women. For the full sample, we found significant interactions between fat talk and peer body comparison as well as fat talk and self-compassion on body dissatisfaction. Future research should use both longitudinal and

experimental designs to examine fat talk in middle-aged women to better understand the causal effects of fat talk across the lifespan.

Learning Objectives:

- Compare levels of fat talk engagement in young and middle-aged women.
- Describe the role of fat talk and its associations in young and middle-aged women.
- Assess factors that strengthen or interrupt the relationship between fat talk and body dissatisfaction.

S-36: Male Photographic Figure Scale (MPFS): development and validation of a new body image test.

Emilia Manzato, Psychiatrist, Salus Private Hospital, Ferrara, Emilia Romagna, Italy; Carla Piccione, Dietitian, Eating Disorders Center, San Rossore Nursing Home, Pisa, Tuscany, Italy; Gianna Di Loreto, Psychotherapist, Freelancer, Pisa, Tuscany, Italy; Eleonora Roncarati, Dietitian, Salus Private Hospital, Ferrara, Emilia Romagna, Italy; Camilla Casagrande, Dietitian, Eating Disorders Center, San Rossore Nursing Home, Pisa, Tuscany, Italy; Giovanni Gravina, Endocrinologist, Eating Disorders Center, San Rossore Nursing Home, Pisa, Tuscany, Italy

Body dissatisfaction has been related to eating disorders and this issue can be a driver for eating disorders also in males. This study aimed to examine the validity of the new Male Photographic Figure Scale (MPFS) developed to evaluate perception and bodily satisfaction in males. The MPFS is a figural test with 10 photographic images of real men with increasing Body Mass Index (BMI). The multicenter study was conducted in a nonclinical sample of 121 males aged 15 to 49 yrs (mean=23,9; SD=7,2). The 90 % of the whole sample participated in the retest administered after three months. The participants were measured in weight and height to calculate the BMI. Each participant has selected his own actual and desired body on MPFS. To compare the bodily discomfort and the body dissatisfaction they were also given the Body Uneasiness Test (BUT-Cuzzolaro 2006) and the Figure Rating Scale (FRS- Stunkard 1983). MPFS scores demonstrated a concurrent and convergent validity with other tests (for the convergent validity $r=0,76$ $p<0,001$ at FRS; for the discriminant validity $r=0,07$ $p<0,001$ at BUT). The test-retest correlation coefficients were highly significant. The MPFS, quick and simple to administer, can be a valuable tool to evaluate the perception and the body dissatisfaction in males.

Learning Objectives:

- To understand how to measure body image in males.
- To understand factors can be a drivers for eating disorders in males.
- To know a new Male Photographic Figure Scale (MPFS) developed to evaluate perception and bodily satisfaction in males.

S-37: Warning vs rewarding: evaluating the effects of labeling images as retouched or retouch-free on body image in women

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

Labeling images to indicate their retouched status has been proposed as a strategy to decrease the detrimental effects of exposure to media images on body image. The usefulness of such labels has

received little support; however, little is known about the effects of labeling on images that have not been digitally modified. The purpose of this study was to examine the effects of exposure to images that had or had not been digitally modified, and with either the presence or absence of a label. Participants (614 females aged 18-30) were randomly allocated to one of four conditions : (1) unretouched images without a label and (2) unretouched images with a 100% retouch-free label, (3) retouched images without a label and (4) retouched images with a Warning: retouched image label. Each condition included ten images that had or had not been digitally altered featuring the same set of diverse models. Participants completed measures of state appearance satisfaction and mood pre- and post-exposure and provided self-reported weight and height. Controlling for body mass index, a trend level condition (4) X time (2) interaction for state appearance satisfaction emerged ($p = .072$). Post-hoc planned comparisons revealed that the retouched with warning label group experienced a significant post-exposure decrease in body satisfaction compared to the group exposed to the unlabeled unretouched images ($p = .013$), and a trend level decrease compared to the group exposed to unlabeled retouched images ($p = .064$). No overall interaction emerged for mood; however, planned follow-up comparisons revealed that the participants exposed to the unlabeled unretouched images reported a trend-level decrease in negative affect compared to those exposed to the labeled unretouched images ($p = .09$) and the labeled retouched images ($p = .06$). These findings support efforts to limit the digital modification of models' bodies in images rather than the use of warning labels.

Learning Objectives:

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

S-38: Materialistic much? Investigating the relationship between materialism and poor body image in women and men

Raihaan Attawala, MS, Northeastern University, Boston, MA, USA; Rachel F. Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA; Jenna Campagna, MA, Northeastern University, Boston, MA, USA; Chloe Richard, MS, Northeastern University, Boston, MA, USA; Christopher Kafka, MS, Northeastern University, Boston, MA, USA

Critical sociocultural theories highlight how appearance ideals are promoted by for-profit industry, and are part of a discourse in which consumption is positioned as both a meaningful practice in itself as well as a means of achieving the ideal appearance. Thus, pursuit of appearance ideals and material possessions are seen to stem from a similar sociocultural context. To date, however, the relationship between materialism and body image has received little attention. The purpose of the current study was to add to the scarce literature by exploring the relationship between materialism and poor body image in women and men. A sample of 145 college students mean age (SD) = 22.2 (3.03), 50% female, completed an online survey assessing body shame, self-objectification, self-surveillance, body control beliefs, ideal body internalization, and two dimensions of materialism: success and centrality. Participants also reported time spent on social media. The patterns of correlations among the two materialism sub-scales and body image outcomes were similar within each gender. Self-objectification, self-surveillance and body shame were all positively correlated with materialistic success among both men, ($r = 0.40$, $r = 0.41$, $r = 0.42$, $ps < 0.01$), and women, ($r = 0.45$, $r = 0.45$, $r = 0.42$, $ps < 0.01$). These

dimensions of body image were also positively correlated with materialistic centrality among both men, ($r = 0.36$, $r = 0.53$, $r = 0.50$, $ps < 0.01$), and women, ($r = 0.64$, $p < 0.01$, and $r = 0.26$, $r = 0.24$, $ps < 0.05$). Amount of time spent on social media was only correlated with centrality among both men and women ($r = 0.26$, and $r = 0.24$, $p < 0.05$). The results support an association between materialism and poor body image among both men and women. Further research examining the ways in which the broader sociocultural and economic context may contribute to body image and eating concerns is warranted. In particular, future longitudinal research among younger groups would be useful.

Learning Objectives:

- Describe the theoretical relationship between materialism and poor body image.
- Understand how media and advertising create unrealistic ideals.
- Outline the data supporting the relationship between materialism and dimensions of body image.

S-39: The Relation between Conceptualizations of Beauty and Weight Bias

Ashley MacPherson, MA, Virginia Commonwealth University, Richmond, VA, USA; Alexandria Davies, MS, Virginia Commonwealth University, Richmond, VA, USA; Suzanne Mazzeo, PhD, Virginia Commonwealth University, Richmond, VA, USA

Beauty ideals can contribute to weight bias, (i.e., the belief that people with high BMIs have undesirable personality traits). However, conceptualizations of beauty vary by culture. This study investigated associations between conceptualizations of beauty and perceived personality traits in a diverse undergraduate sample using vignettes. It also examined the potential moderating effects of weight and race. Undergraduates ($N=383$, $M=18.99$ years) were randomly assigned to read one of six vignettes about female characters. These characters differed by race (White and Black) and weight status (slightly underweight, normal weight, slightly overweight). Participants completed measures assessing broad conceptualization of beauty (BCB) and perceived personality traits of the vignette character (FPS). Using Hayes (2013) PROCESS macro (Model 1) to assess the moderating role of vignette weight, results indicated that BCB was not associated with FPS ($B=1.78$, $p=.120$); however the vignette character's weight status was associated with FPS ($B=-29.91$, $p=.005$). Further, the relation between BCB and FPS was moderated by vignette weight ($\beta=4.80$, $\Delta R^2=.02$, $\Delta F=7.38$, $p=.007$). Specifically, individuals with broader conceptualizations of beauty rated vignettes in the overweight condition more positively. Race of the vignette character was not associated with FPS scores ($B=2.81$, $p=.789$). Moreover, the relation between BCB and FPS was not significantly moderated by vignette race ($\beta=.20$, $\Delta R^2 .001$, $\Delta F=.013$, $p=.908$). These results suggest that broader conceptualizations of beauty are associated with more positive perceptions of women with overweight, and this relation is not related to the race of the vignette.

Learning Objectives:

- Investigate the relationship between conceptualizations of beauty and fat phobia.
- Investigate how this relation changes dependent on vignette race and weight.
- Discuss implications of findings for future research on fat phobia.

S-40: Development and preliminary validation of the Functional Body Questionnaire for patients with Eating Disorders (FBQ-ED).

Santiago Pino, MA, Clinical Psychologist, Equilibrio SAS, Bogota, Colombia; Sergio Castro, MD, Psychiatrist, Equilibrio SAS, Bogota, Colombia; Juanita Gempeler, Clinical Psychologist, FAED, Equilibrio SAS, Bogota, Colombia; Maritza Rodriguez, MSc, MD, Psychiatrist, Equilibrio, Bogota, Colombia

To date, there is no measuring instrument that assesses the use of the body in situations of daily life in patients with Eating Disorders (ED). Functional Body is a construct that refers to cognitive, motor and autonomic responses in relations to one's own body independent of body satisfaction or distortion. This study describes the development and preliminary validation of a brief questionnaire that assesses the use of a functional body in ED patients. A questionnaire with 20 Items Likert type were generated from the content analysis of two previous qualitative studies on female patients with ED. The items assess the dimensions of avoidant behaviors, exposition to different situations of everyday life, consistence and coherence of the response in five areas: motor, cognitive, affective (emotional) responses, hedonic aspects and generalization of the response. After selecting the items for inclusion in the questionnaire, it was administered in a self-rating form to 80 participants (40 with recently diagnosed eating disorders, 40 with no criteria of eating disorders). Participants completed the FBQ-ED along with EDE-Q, the BSQ, and socio-demographic characteristics were obtained. Exploratory factor analysis and confirmatory factor analysis were conducted, followed by analysis of internal consistency and reliability of the resulting instrument. The psychometric properties, the internal reliability (Cronbach's alpha for the total score) and the convergent validity in comparison with the BSQ and the subscale of shape concern of the EDE Q are reported. Differences in FBQ-ED scores between the two groups are discussed. Having an instrument that allows objective and reliable evaluation of the functional use of the body in patients with ED facilitates clinical intervention and follow-up in a critical area of the treatment of these patients.

Learning Objectives:

- Participants will be able to describe the concept of functional body.
- Participants will be able to describe the domains on which functional body is founded.
- Participants will be able to describe the areas that this questionnaire is assessing.

S-41: Body Dissatisfaction and Thin Ideal Internalization among Dieters, Concerned Eaters, and Unconcerned Eaters

Jamie Smith, MS, University of New Mexico, Albuquerque, NM, USA; Elizabeth McLaughlin, PhD, Veterans Administration Connecticut Healthcare System, West Haven, CT, USA; Jane Smith, PhD, University of New Mexico, Albuquerque, NM, USA

This study aimed to examine how body dissatisfaction and thin ideal internalization differed among those engaged in different eating patterns. The study was conducted with 224 female college students who reported one of 3 eating patterns: dieters ($n = 61$; dieting, watching what I eat, and eating healthy), concerned eaters ($n = 131$; watching and eating healthy), or unconcerned eaters ($n = 32$; no eating pattern endorsed). As part of a larger study, participants completed a baseline assessment consisting of in person measurement of height/weight and assessment of eating patterns, body dissatisfaction (BSQ; Cooper, Taylor, Cooper, & Fairburn, 1987), and thin ideal internalization (SATAQ-4; Schaefer et al., 2015). Analyses were conducted to determine if body dissatisfaction and thin ideal internalization differed in groups engaged in different eating patterns after controlling for BMI. ANCOVAs and post hoc tests indicated that both concerned eaters and dieters reported more body dissatisfaction compared to unconcerned eaters, $F(2, 220) = 10.45, p = .001$. Dieters and concerned eaters did not differ in levels of reported body dissatisfaction. Additionally, dieters endorsed higher levels of thin ideal internalization than unconcerned eaters, $F(2, 220) = 3.69, p = .03$. Again, differences were not found in thin ideal

internalization between dieters and concerned eaters. Overall, these results indicate that females engaging in other forms of controlled eating outside of dieting report similarly high levels of body dissatisfaction and internalization of the thin ideal. This study supports the need for further research on the assessment of non-dieting eating strategies; longitudinal data will be particularly important in determining what the impact is of various controlled eating strategies.

Learning Objectives:

- Detail differences in body dissatisfaction among groups of dieters, concerned eaters, and unconcerned eaters.
- Detail differences in thin ideal internalization among groups of dieters, concerned eaters, and unconcerned eaters.
- Describe future research needed in the area of eating strategy assessment.

S-42: The Association Between Catch-Up Sleep and Children's Reported Eating in the Absence of Hunger

Sarah LeMay-Russell, BS, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Marian Tanofsky-Kraff, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Nichole R. Kelly, PhD, University of Oregon, Eugene, OR, USA; Lisa M. Shank, MS, MPH, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Manuela Jaramillo, BS, National Institute of Child Health and Human Development, Bethesda, MD, USA; Sarah G. Rubin, BS, National Institute of Child Health and Human Development, Bethesda, MD, USA; Meghan Byrne, MS, 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 Schvey, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Elisabeth K. Davis, BS, National Institute of Child Health and Human Development, Bethesda, MD, USA; Ifechukwu Ofonedu, Undergraduate Student, National Institute of Child Health and Human Development, Bethesda, MD, USA; Miranda M. Broadney, MD, MPH, National Institute of Child Health and Human Development, Bethesda, MD, USA; Sheila Brady, FNP, National Institute of Child Health and Human Development, Bethesda, MD, USA; Susan Z. Yanovski, MD, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, USA; Jack A. Yanovski, MD, PhD, National Institute of Child Health and Human Development, Bethesda, MD, USA

Poor sleep habits, including shorter sleep duration and efforts to catch up with sleep on the weekends, are associated with poorer dietary intake and increased risk for obesity in youth. The mechanisms of these relationships are not well understood, but it is possible that disinhibited eating behaviors associated with eating disorders and obesity, such as eating in the absence of hunger (EAH), may play a role. We hypothesized that total sleep duration and weekend catch-up sleep, a facet of sleep that appears to have unique associations with reward-based behaviors and childhood obesity, may be related to EAH. A sample of 124 non-treatment seeking youth (8-17y; 54.0% female; 12.7 ± 2.6y; BMIz: 0.6 ± 1.0, 32% with overweight) wore actigraph monitors to assess sleep duration objectively for 14 days. Weekend catch-up sleep was calculated by subtracting average weekday sleep duration (Sunday-Thursday nights) from average weekend sleep duration (Friday and Saturday nights). Participants completed the EAH Questionnaire adapted for children (EAH-C), which assesses eating when not hungry or past satiation in response to negative affect, fatigue, and when cued by external circumstances. Fat mass was assessed by DXA. Regression analyses were used to test the association of total average sleep (Sunday-Saturday nights) (hr/night) and weekend catch-up sleep (hr/night) with EAH-C scores, adjusting for age, sex, race, height, fat mass, and depressive symptoms. On average, total sleep was 7.2 ± 0.8 hr/night and weekend catch-up sleep was 0.3 ± 1.0 hr/night. There was no significant association between

total sleep and EAH-C ($p = .592$). However, catch-up sleep was positively associated with EAH-C ($p = .004$) scores. These preliminary findings suggest that children with greater weekend catch-up sleep engage in greater EAH. Prospective data examining the causal relationship between weekend catch-up sleep, EAH, eating disorders, and weight gain are needed to better understand these relationships.

Learning Objectives:

- Describe the role of sleep in regards to eating disorders symptoms.
- Describe the association of catch-up sleep and eating in the absence of hunger.
- Assess the role of increased weekend catch-up sleep on disinhibited eating behaviors.

S-43: Coping Patterns in Relation to Emotional Eating Among Female and Male Adolescent Military Dependents at High Risk for Eating Disorders and Adult Obesity

William Leu, BA, 1st Lt, USAF, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Natasha Burke, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Mary Katy Higgins Neyland, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Mary Quattlebaum, BA, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Abigail Pine, BA, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Natasha Schvey, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Sarah LeMay-Russel, BS, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Alexandria Morettini, BA, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Sarah Jorgenson, DO, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Denise Wilfley, PhD, Washington University in St. Louis, St. Louis, MO, USA; Mark Stephens, MD, Pennsylvania State University, State College, PA, USA; Tracy Sbrocco, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Jack Yanovski, MD, PhD, National Institutes of Health, Bethesda, MD, USA; David Klein, MD, Maj, USAF, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Jeffrey Quinlan, MD, CAPT, USPHS, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Marian Tanofsky-Kraff, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA

Adolescent military dependents face unique psychosocial stressors that may place them at increased risk for maladaptive coping behaviors and disinhibited eating patterns such as emotional eating (EE). Across civilian samples, girls engage in EE more frequently than boys; yet, sex differences in coping patterns are unclear. Therefore, we examined the associations among coping patterns, sex, and EE in 113 adolescent (14.4+/-1.5y) military dependents (54% female, 52.2% Non-Hispanic White, BMIz=1.97+/-0.42) at high risk for eating disorders and excess weight gain prior to beginning a trial aimed at preventing both conditions. Height and fasting weight were measured and participants completed the Emotional Eating Scale for Children and Adolescents (EES-C) and Life Events Coping Inventory (LECI). The LECI consists of five subscales: stress-recognition (emotional expression), distraction (healthy distraction behaviors), aggression (externalizing behaviors), self-destruction (engaging in dangerous activities), and endurance (internalizing). Stress-recognition and distraction were defined as adaptive, while aggression, self-destruction, and endurance were considered maladaptive. Adjusting for race and BMIz, maladaptive coping styles were associated with greater EES-C scores for the entire sample ($ps < .05$) and girls reported using adaptive coping styles more often than boys ($ps = .05$). Sex also moderated the relationship between adaptive coping behaviors and EES-C score, such that girls, but not boys, who used stress-recognition and distraction coping patterns reported less EE ($ps < .05$). These preliminary data suggest maladaptive coping styles may be linked to EE. Further, female adolescent military dependents at high risk for eating disorders and adult obesity may use more adaptive coping styles than their male

counterparts, which may protect against EE. Future data are needed to determine whether coping style impacts the development of eating disorders and adult obesity.

Learning Objectives:

- Describe sex differences in coping patterns in a sample of adolescent military dependents.
- Describe the relationship between coping patterns and disinhibited eating patterns in a sample of adolescent military dependents.
- Describe the associations among sex, coping patterns, and disinhibited eating patterns in a sample of adolescent military dependents.

S-44: Parent-child concordance in child eating-disorder pathology Eating Disorder Examination-Questionnaire and Parent Eating Disorder Examination-Questionnaire

Olivia Wons, BS, BA, Massachusetts General Hospital, Boston, MA, USA; Ani Keshishian, BA, Massachusetts General Hospital, Boston, MA, USA; Katharine Loeb, PhD, Fairleigh Dickinson University, Teaneck, NJ, USA; Jennifer Thomas, PhD, FAED, Massachusetts General Hospital, Boston, MA, USA; Kamryn Eddy, PhD, Massachusetts General Hospital, Boston, MA, USA

Parent-child responses on clinical interviews assessing youth eating disorder pathology have shown poor to moderate inter-rater agreement. Little is known about the concordance amid parent-child responses in self-report questionnaires assessing eating disorder pathology. Through a cross-sectional correlational design, 91 parent-child (10-17 years; n=16 with anorexia nervosa [AN], n=44 with ARFID, n=31 with other eating disorders) dyads presenting to an eating-disorder clinical and research program completed the Parent Eating Disorder Examination Questionnaire (PEDE-Q) and the Eating Disorder Examination Questionnaire (EDE-Q), respectively as part of routine assessment. We calculated intraclass correlations to assess inter-rater agreement between parent and child scores. Global scores and restraint, eating concern, shape concern, and weight concern sub-scales presented excellent agreement respectively [ICC= .868, .771, .785, .874, .865]. There was good inter-rater agreement for vomiting frequency, fair agreement for driven exercise frequency, and poor agreement for binge-eating frequency respectively [ICC= .615, .531, .217], which may reflect the fact that binge eating is frequently a secretive behavior. ICCs for global scores of dyads diagnosed with anorexia nervosa (AN) indicated good agreement [ICC= .667], and dyads with avoidant/restrictive food intake disorder (ARFID) exhibited fair agreement [ICC= .496]. ARFID dyads may agree less than AN dyads due to the child's lack of insight on their eating disorder, or because the EDE-Q does not primarily measure ARFID symptoms. Results suggest strong concordance between child-parent responses when reporting eating disorder pathology through a self-report questionnaire. The PEDE-Q may be effective in capturing eating disorder pathology in both a clinical and research setting, and also serve as a useful measure since limited resources are required and it is time efficient.

Learning Objectives:

- Describe the concordance of global scores, sub-scales, and eating disorder behavior frequency between parent and child responses from the Eating Disorder Examination Questionnaire and the Parent Eating Disorder Examination Questionnaire.
- Describe the difference in concordance between parent and child responses from the Eating Disorder Examination Questionnaire and the Parent Eating Disorder Examination Questionnaire among individuals with anorexia nervosa and avoidant/restrictive food intake disorder.

- Understand the implications of the concordance between parent and child responses from self-report questionnaires assessing eating disorder pathology.

S-45: Eating Disorder Symptom Severity and Psychological Distress: No Differences Exist among Adolescents with Atypical Anorexia Nervosa and Full Threshold Anorexia Nervosa

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

Whereas individuals with atypical anorexia nervosa (AAN) experience similar or greater levels of psychological distress than individuals with full threshold AN, research specific to adolescents with AAN is limited. This pilot study investigated ED symptoms and psychological distress among adolescents with newly diagnosed AAN, as compared with AN. Participants included 26 adolescents with AAN (M age = 15.31, SD = 1.71, 88.5% female) and 41 adolescents with AN (M age = 16.73, SD = 2.07, 92.7% female) at a Midwestern Children's Hospital. Compared with AN, adolescents with AAN presented for treatment at a significantly higher percent of ideal body weight (99.42% vs. 81.31%; $t=-10.48$, $p .001$), significantly higher percent of treatment goal weight (86.35% vs. 76.79%; $t=-4.06$, $p .001$) and a significantly shorter illness duration (7.92 months vs. 12.44 months; $t=2.09$, $p .05$). All participants completed the EDE-Q, Clinical Impairment Assessment Questionnaire (CIA), Intuitive Eating Scale (IES-2), Exercise Dependence Scale-21 (EDS), Revised Child Anxiety and Depression Scale (RCADS), Child-Adolescent Perfectionism Scale (CAPS), and Difficulties in Emotion Regulation Scale (DERS). Compared with AN, analyses revealed no significant differences among adolescents with AAN in ED symptoms (EDE-Q); intuitive eating behaviors (IES-2); clinical impairment (CIA); and compulsive exercise (EDS). Further, adolescents with AAN and AN had consistent symptoms of anxiety and depression (RCADS); emotion regulation skills (DERS); and perfectionism (CAPS). Findings from this study provide further support that adolescents with AAN do not differ in ED symptom severity and psychological distress from adolescents with full threshold AN, despite a higher weight status. Ongoing education about AAN is critical, as individuals who present at a normal weight are more likely to be disregarded or misdiagnosed.

Learning Objectives:

- Summarize one prior research finding regarding psychological symptoms in individuals with atypical AN (AAN) as compared with individuals with AN.
- Compare the severity of ED symptoms, as measured by the EDEQ, in adolescents with AAN and AN.
- Describe the similarities and differences in psychological symptoms among adolescents with AAN and AN.

S-47: Eating habits in relation to BMI and binge eating in Mexican teenagers

Rachel Balderrama-Diaz, MS, Nutritionist, National Autonomous University of Mexico, Mexico City, Mexico; Rosalia Vazquez-Arevalo, PhD, National Autonomous University of Mexico, Mexico City, Mexico; Xochitl Lopez-Aguilar, PhD, National Autonomous University of Mexico, Mexico City, Mexico; Mariana Valdez-Aguilar, MS, National Autonomous University of Mexico, Mexico City, Mexico; Juan Manuel Mancilla-Diaz, PhD, National Autonomous University of Mexico, Mexico City, Mexico

The aims of the present study were to describe the eating habits of the teenagers in relation to their BMI and to determine the occurrence of binge eating. In this study participated 427 students, 51.3% were men and 48.7% were women. The age ranged between 11 and 16 ($M=13.7$; $SD=.95$), anthropometric measurements were used to determine BMI and body-fat percentage. The Questionnaire of Food Frequency per Meal and the Bulimia Test were administered to all participants. In the results, it was observed that 1.2% of participants had low-weight, 57.6% normal-weight, 25.3% overweight and 15.9% obesity; of the total cases with obesity ($n=68$) presented high and very high percentage of body-fat, so this confirms the diagnosis of obesity. In eating habits, most of participants make three meals and one snack, the total of students mentioned eating fruits, vegetables, cereals and animal products, legumes was the group of less consume (84%), 90% reported eating fries and appetizers, the 81.8% drink sodas and 78.8% consume high quantities of chocolates and candies. On the other hand, the presence of binge eating was observed in 23 cases with different BMI categories (14 normal-weight, 8 overweight and 1 obesity). In conclusion, eating habits are very similar regardless BMI and the presence of binge eating is higher in teenagers with normal-weight so the diagnosis of a binge eating disorder should be very careful at this age group.

Learning Objectives:

- Describe the eating habits of the teenagers in relation to their BMI.
- Determine the occurrence of binge eating.
- Confirm cases of obesity with the body-fat percentage.

S-48: The Prevalence of Eating Disorder Symptomatology Amongst Low-income, Ethnic Minority Youth Presenting for Outpatient Services

Katelyn Zmigrodski, MA, Montefiore Medical Center, Bronx, NY, USA; Kathryn M. Huryk, MA, Montefiore Medical Center, Bronx, NY, USA; Michelle I. Lupkin, PhD, Montefiore Medical Center, Bronx, NY, USA

The goal of the present study is to describe the prevalence of eating disorder symptomatology among low-income, ethnic minority youth presenting for treatment in a general child psychiatry outpatient setting. Recommendations calling for regular screening of eating disorder (ED) symptomatology in youth to facilitate prevention, detection, and early intervention (American Psychological Association, 2006; American Academy of Pediatrics, 2003) are aligned with evidence that early intervention presents a significant prognostic advantage for both patients with anorexia nervosa (Steinhausen, 2002) and bulimia nervosa (Reas, Williamson, Martin, & Zucker, 2000). However, evidence indicates that the preponderance of clinicians do not routinely screen for ED symptomatology (Robinson, Boachie, & LaFrance, 2012), and that EDs often go undetected in both children and adults (Hart et al, 2011; Kazdin, Fitzsimmons-Craft, & Wilfley, 2016). The EDE-Q is a frequently used self-report instrument assessing problematic eating behaviors and attitudes, yielding a Global score as well as four subscale scores (i.e., Restraint, Eating Concern, Shape Concern, and Weight Concern). Beginning in July 2017, all patients ages 12-21 presenting to the Anxiety and Mood Program (AMP) in the outpatient psychiatry department at Montefiore Medical Center in Bronx, NY have been given the EDE-Q at time of intake (Fairburn & Beglin, 1994), regardless of whether an ED was the reason for referral to AMP. Data from EDE-Q scores in this low income, ethnic minority sample will be presented. Additionally, this poster will compare EDE-Q global and subscale scores from patients presenting to AMP with and without a diagnosis of an ED. It is hoped that results from this pilot study will support importance of screening for ED as a means detecting symptoms earlier and increasing access to care.

Learning Objectives:

- Present preliminary data on the prevalence of ED behaviors and symptoms in low-income, ethnic minority youth served by the AMP in comparison with population norms.
- Identify ways to integrate ED screening into routine clinical practice.
- Provide support for recommendations emphasizing the importance of regular ED screening, detection, and intervention in low-income and ethnic minority youth.

S-49: COGNITIVE BEHAVIOR GROUP THERAPY FOR ADOLESCENTS WITH EATING DISORDERS: A BRAZILIAN PILOT STUDY

Camila Lafeta Sesana, RD, PROTAD, University of Sao Paulo School of Medicine, Sao Paulo, Brazil; Carlos Bonilla, Clinical Psychologist, CBT Specialist, PROTAD, University of Sao Paulo School of Medicine, Sao Paulo, Brazil; Alicia Weisz Cobelo, MS, Psychologist, PROTAD, University of Sao Paulo School of Medicine, Sao Paulo, Brazil; Vanessa Dentzien Pinzon, MS, Psychiatrist, PROTAD, University of Sao Paulo School of Medicine, Sao Paulo, Brazil

Accumulating evidence has demonstrated that Cognitive Behavior Group Therapy (CBGT) is an effective form of psychotherapy for patients with eating disorders (ED), but most research has been done with adults and adapted to youth. Currently, there are no cognitive behavior treatment protocols for adolescents written in Portuguese. The objective of this study was to develop a transdiagnostic CBGT protocol for Brazilian adolescents with ED. Ten adolescents aged 12 to 16 diagnosed with anorexia nervosa (AN) and bulimia nervosa (BN) participated in a 21-week original manualized CBGT program at the Child and Adolescent Eating Disorders Program (PROTAD) University of Sao Paulo School of Medicine. The first two sessions addressed the biological underpinnings and symptomatology of ED in this demographic. The following sessions focused on the construction of a conceptual framework around the interplay between emotions, thoughts and behaviors in the ED context. The second half of the program introduced different behavior management and coping strategies and discussed food, nutrition, and body image distortion issues. This study emphasized the importance of adapting the language to improve interactions between the therapists and the adolescents. We observed a need to simplify hunger and satiety scales for a better understanding and gauging of these states. Visual aids, such as short videos, and shared strategies devised by the group helped participants better identify their emotions and cope with negative situations. Our preliminary data suggests that the adaptation of adult-oriented CBGT protocols can be useful for adolescent patients with ED, but further studies exploring its effectiveness and impact on treatment outcomes are required.

Learning Objectives:

- Learn the current status of cognitive behavior therapy oriented modalities for children and adolescents with eating disorders in Brazil and the experience of the only outpatient treatment center specializing in this population in the country.
- Describe the process of development, the structure and the content of the protocol developed by PROTAD.
- Discuss the adaptations required to treat youths of cognitive behavior therapy protocols designed for adults, potential advantages and difficulties that emerged during the course of the pilot study.

S-50: When the world seems pro-ana: Young people and parents perspectives on social media

Laura Baker, BSN, South London and Maudsley NHS Foundation Trust, London, UK; Catherine Stewart, PhD, DClInPsy, South London and Maudsley NHS Foundation Trust, London, UK; Natalie Pretorius, DClInPsy, South London and Maudsley NHS Foundation Trust, London, UK; Beth McDermott, DClInPsy, Northamptonshire Children and Young People Eating Disorders Service, Northampton, Northamptonshire, UK

Social media has rapidly changed the way that young people interact. There has been a significant body of work examining explicitly pro-ana communities online. Less is known about the particular experiences of adolescents with eating disorders as social media intersects between real life peers, celebrities and online friends. Rapid changes in social media use together with a cultural climate that places some blame for the rise in mental health difficulties on social media places parents of this generation of adolescents in a unique position. The voices of both parents and young people with AN have been missing the research discourse around eating disorders and social media. We present two complementary qualitative studies which explore through thematic analysis the particular experiences of parents and young people with social media while they are in treatment for an eating disorder. Interviews conducted with ten 13-17 year olds with anorexia revealed themes of: When the world seems pro-ana, Trapped by a sense of belonging and The adults don't get it. Findings support existing research suggesting that appearance comparisons and a sense of community are key factors in adolescents' experience of social media. Moreover it reveals the experience they have of encountering challenging material in domains not obviously related to eating disorders for example in their everyday normative interactions with peers. It highlights their desire for non-judgemental open spaces in therapy to be able to explore these. Four focus groups held with a total of 32 parents revealed themes of: Parental Vigilance, Generation Gap, Relational Communication, Harm and Relationship to Social Media. Findings complement those of the first study, recognising the 21st century norm with both benefits as well as potential harms but additionally revealing a sense of impasse in family relationships. These results will be discussed in relation to working with young people and families in therapy.

Learning Objectives:

- Consider the impact of social media on young people with AN.
- Consider the impact of social media on the parents of young people with AN.
- Recognise the importance of including issues and benefits of social media in therapeutic conversations with families and young people.

S-51: FT-AN in everyday clinical practice: who does well and when is more needed?

Catherine Stewart, PhD, DClInPsy, South London and Maudsley NHS Foundation Trust, London, UK; Julian Baudinet, BA (Hons.), MSc, DCP, South London and Maudsley NHS Foundation Trust, London, UK; Darren Cutinha, MRC Psych, South London and Maudsley NHS Foundation Trust, London, UK; Ivan Eisler, PhD, South London and Maudsley NHS Foundation Trust, London, UK; Mima Simic, MD, MRC Psych, South London and Maudsley NHS Foundation Trust, London, UK

This study takes Family Therapy for eating disorders (FT-AN/FT) outside of the clinical trial and examines what happens in everyday clinical practice when it is used as the primary therapeutic intervention in a specialist eating disorder service for children and adolescents. It has three specific aims: To report on the extent to which treatment requires enhancement through medication, medical and psychiatric admission including both day- and in-patient care; To report on the effectiveness of treatment through analysis of outcome data; To analyse factors predictive of the need for treatment enhancement and treatment outcome. A chart review of 411 consecutive referrals of young people was

conducted. Of these 358 were diagnosed with an eating disorder and received treatment. 73.4% of young people with a restrictive eating disorder required only treatment with FT-AN. Young people with AN requiring enhancement through either day patient or inpatient treatment were lower in weight, mood and self-reported quality of life and higher in anxiety and psychological symptoms of eating disorders. 75.8% of young people with restrictive eating disorders had a good or intermediate outcome, with a median treatment length of 25 sessions over 11 months. Regression analysis highlights %BMI at 3 months and age as being a key predictors of end of treatment outcome. Fewer young people with binge/purge eating disorders required treatment enhancement (6%). At the end of treatment 50.8% of them reported no BN symptoms but 41.3% continued to report BN symptoms once a week or more. These results highlight the need for on-going development of treatments that can meet the needs of young people with restrictive eating disorders that have poor outcomes (24.1%) even after treatment in a specialist service enhanced with both day and inpatient treatment, and for the 41.3% of young people with binge/purge disorders that continue to report symptoms at the end of treatment.

Learning Objectives:

- Understand the use of FT-AN within a comprehensive eating disorders service.
- Have knowledge of clinical outcomes for FT-AN outside of a treatment trial.
- Describe the circumstances under which young people may need enhancement of treatment through day or inpatient treatment, and the rates at which this might be expected in within a comprehensive service.

S-52: Caregiver and Adolescent Predictors of Weight Restoration in an FBT-Based Day Treatment Program for Anorexia Nervosa

Caitlin Martin-Wagar, MA, The University of Akron, Akron, OH, USA; Samantha Holmes, MA, The University of Akron, Akron, OH, USA; Kelly Bhatnagar, PhD, FAED, Case Western Reserve University, Akron, OH, USA

Family-Based Treatment (FBT) is an empirically-supported treatment for adolescents with anorexia nervosa (AN). The traditional outpatient model of FBT may not, however, be appropriate for adolescents requiring more intensive treatment due to severe medical complications or insufficient progress in traditional outpatient FBT. In response, efforts have been made to incorporate key elements of FBT into higher levels of care, such as day treatment programs (DTPs), for families who need additional support. Little is known about the factors that predict weight restoration for DTPs intended to support FBT. In a sample of 94 adolescents with AN enrolled in a DTP designed to focus on Phase I of FBT, specific adolescent and caregiver variables were examined in relation to weight restoration at discharge from the program. In a direct logistic regression, a model including %EBW gained in the first four weeks, admission BMI, binge-purge frequency, interpersonal chaos, and caregiver empowerment was found to significantly predict weight restoration, $\chi^2(5, N = 77) = 24.63, p = .001$. However, only %EBW gained in the first four weeks, admission BMI, and caregiver empowerment were found to be statistically significant and unique predictors of weight restoration. Higher BMI at admission and greater weight gained during the first four weeks of treatment predicted weight restoration, whereas lower caregiver empowerment at admission predicted weight restoration. To better understand the caregiver empowerment result, a paired-samples t-test was conducted which found that caregiver empowerment increased from pre-treatment ($M = 3.46, SD = 0.53$) to post-treatment ($M = 3.58, SD = 0.50$), $t(40) = -2.20, p = .05$. This study provides additional support for the importance of early weight gain and benefit of examining caregiver empowerment at baseline to find ways to engage highly empowered caregivers. Additional clinical implications will be discussed.

Learning Objectives:

- Describe unique predictors of weight restoration in an FBT-informed adolescent day treatment program.
- Understand clinical implications of the predictors of weight restoration in higher levels of care designed to support FBT.
- Describe changes to caregiver empowerment from pre- to post-treatment.

S-53: How Does Childhood Sexual Abuse History Relate to Psychological Functioning in Adults with Eating Disorders?

Caitlin Martin-Wagar, MA, The University of Akron, Akron, OH, USA; Samantha Holmes, MA, The University of Akron, Akron, OH, USA; Grace Boland, BA, Sam Houston, Huntsville, TX, USA; Rita Hanna, BA, Bellefaire JCB, Cleveland, OH, USA; Kelly Bhatnagar, PhD, FAED, Case Western Reserve University, Cleveland, OH, USA

Previous research has found childhood sexual abuse (CSA) to be associated with a variety of negative psychological outcomes. Additionally, there is evidence that eating disorder (ED) populations have high rates of trauma histories, warranting additional investigation into the impact of CSA on ED and related psychological functioning. A one-way between-groups MANOVA was conducted to examine differences in psychological functioning between those with CSA history and those without CSA history. A transdiagnostic sample of treatment-seeking participants (N=234) was compared on ED severity, self-harm, emotion dysregulation, body image disturbance, and intuitive eating. A statistically significant difference was found between CSA survivors and individuals without CSA on the combined dependent variables, $F(5, 228) = 5.34, p .001$; Wilks' Lambda = .90; partial eta squared = .11. When the results were considered separately (using a Bonferroni adjusted alpha level of .01), significant differences were found for all variables except ED severity. Mean scores were significantly higher (indicating greater severity) on emotional dysregulation, self-harm, and body image disturbance for the CSA group compared to the non-CSA group. Mean scores for intuitive eating were significantly lower (indicating less adaptive eating) for the CSA group than the non-CSA group. Results suggest that experiencing CSA may not directly impact ED severity, but instead may impact a variety of related factors that could make treatment more complicated. Clinically, this may indicate that those who have experienced CSA may present as more diagnostically complicated with more severe symptoms, which may need additional treatment focus. Additional clinical implications and variable associations will be presented.

Learning Objectives:

- Describe the differences in body image, emotional dysregulation, self-harm, and intuitive eating for individuals with eating disorders with CSA.
- Understand differences in psychological functioning between ED adults with CSA and those without CSA.
- Review clinical implications of higher psychological dysfunction on ED-related variables.

S-54: A Qualitative Investigation of Low Energy Availability in Current and Former NCAA Division I Female Distance Runners of Reproductive Age

Traci Carson, BA, MPH, PhD Candidate, University of Michigan School of Public Health, Ann Arbor, MI, USA; Carrie Karvonen-Gutierrez, BA, MPH, PhD, University of Michigan School of Public Health, Ann Arbor, MI, USA

The Female Athlete Triad (Triad) is a medical condition consisting of low energy availability (EA), menstrual disturbance, and low bone mineral density (BMD). Contemporary understanding of the Triad includes characterization of it as a syndrome resulting from low EA or relative energy deficiency that can impair a range of physiological functions including, but not limited to, metabolic rate, menstrual function, bone health, immune function, protein synthesis, and cardiovascular function. This broader syndrome, known as the Relative Energy Deficiency in Sport (RED-S), can occur with or without disordered eating (DE). Female athletes are at high risk for engaging in restrictive eating and/or over-exercise in an attempt to influence body weight for optimal performance and desired aesthetic. Currently, there is a gap in the literature regarding risk factors for the onset of relative energy deficiency, as well as the most pervasive RED-S outcomes. This study aims to address this gap by qualitatively capturing the experiences of current and former NCAA Division I female distance runners between the ages of 18-49 years, at risk of relative energy deficiency and/or DE. Semi-structured interviews will be conducted; interviews will be completed once saturation is achieved. Interview transcripts will be coded using an inductive approach, and a thematic analysis will be presented. To date, 62 participants have screened eligible and 17 interviews have been completed. Initial findings indicate participants with and without DE frequently reported amenorrhea, stress fractures, anemia, and anxiety concurrent with relative energy deficiency. Several (n=11) participants noted that college coaches' comments about body weight and diet, as well as body comparison to competitors, were influential in their DE behavior. These findings will inform early prevention strategies, and highlight consequences of relative energy deficiency, in the population of female collegiate distance runners.

Learning Objectives:

- Describe the Female Athlete Triad (Triad) and Relative Energy Deficiency in Sport (RED-S).
- Describe the most common risk factors for relative energy deficiency in female runners.
- Describe the most prevalent comorbid health disorders with relative energy deficiency experienced by female runners.

S-55: Associations between Compensatory Eating Behaviors Related to Problematic Drinking and Traumatic Stress in a College Sample

Megan Michael, BS, Drexel University, Philadelphia, PA, USA; Jonathan Stewart, BA, University of Alabama, Tuscaloosa, AL, USA; Tricia Witte, PhD, University of Alabama, Tuscaloosa, AL, USA

The unofficial term *drunkorexia* has been used to describe the use of unhealthy weight control strategies to either increase the effects of alcohol or to compensate for calories from alcohol. It is unclear whether this pattern of behavior is better classified as a disordered eating style or a disordered drinking style, or both. A strong predictor of both problematic drinking and eating disorders is a history of trauma and the presence of posttraumatic stress symptoms; however, there is a lack of research on the association between trauma and drunkorexia. The goal of the current study was to investigate the association between posttraumatic stress symptoms and drunkorexia (compensatory disordered eating behaviors related to alcohol use) in a college population. 478 undergraduate students (74.9% female and 25.1% male) from a university in the southeastern United States completed the following self-report questionnaires: the PTSD Symptom Scale, the Eating Disorder Examination Questionnaire, the Compensatory Eating Behaviors Related to Alcohol Consumption Scale, the Daily Drinking Questionnaire,

and the CAGE. Correlational analyses found that PTSD scores were significantly positively correlated with drunkorexia behaviors, drinking frequency, and problematic drinking. Regression analyses found that PTSD and problematic drinking were significant predictors of drunkorexia, while body shape and weight concerns were not. These results indicate that drunkorexia behaviors are less related to body dissatisfaction and more related to trauma history and problematic drinking for college students. This study has implications for treatment, and future studies should examine the efficacy of integrating trauma-focused therapies into traditional eating disorder and alcohol abuse treatment. Future studies should replicate these results in a more generalizable sample.

Learning Objectives:

- Describe the comorbidity between trauma, problematic drinking, and compensatory eating behaviors related to alcohol consumption.
- Be able to define and describe the pattern of behaviors known as "drunkorexia".
- Understand the associations between posttraumatic stress symptoms, problematic drinking, compensatory eating behaviors related to alcohol consumption, and shape and weight concerns.

S-56: Shame Moderates the Relationship between Eating Disorder Cognitions and Depression

Irina Vanzhula, MS, University of Louisville, Louisville, KY, USA; Jessica Witten, BA, University of Louisville, Louisville, KY, USA; Cheri Levinson, PhD, University of Louisville, Louisville, KY, USA

Comorbidity between eating disorders (EDs) and depression is high (50%) and is associated with more severe symptomatology and poorer treatment outcomes. Depression and shame usually co-occur, and shame is one of the diagnostic criteria for depression. However, shame has a unique relationship with EDs above and beyond depression, and it is possible that shame may magnify the relationship between depression and ED symptoms. In the present study, we tested if shame moderated the relationship between depression and ED symptoms. Individuals with an ED diagnosis (N = 168; 71.4% had anorexia nervosa; 52% had comorbid depression) filled out measures of depression, shame, and ED cognitions (shape, weight, and eating concern, body dissatisfaction, and drive for thinness) and behaviors (bulimia and restriction). Shame moderated the relationship between depression and shape concerns ($b^* = -.04$, $p = .001$), weight concerns ($b^* = -.03$, $p = .001$), drive for thinness ($b^* = -.02$, $p = .004$), and body dissatisfaction ($b^* = -.03$, $p = .002$), but not restriction, eating concerns, or bulimic symptoms (p s > .37). High depression was associated with high ED symptoms regardless of level of shame. However, when depression was low, higher shame was associated with higher ED symptoms. These results suggest that shame does not play an important role in comorbid EDs and depression, likely because other symptoms (i.e., loss of interest, poor concentration) compound severity of the condition. However, when depression is low, high shame magnifies ED symptoms. Further, this impact is only relevant to ED cognitions (i.e., weight concern), but not behaviors (i.e., restriction). These results point to the importance of assessing for shame specifically in individuals with EDs who do not present with high depression. Shame interventions using cognitive-behavioral and self-compassion strategies may be useful. Future research should further examine the role of shame in maintaining EDs.

Learning Objectives:

- Participants will learn about impact of comorbid depression and role of shame in ED symptoms.
- Following the presentation, participants will have a greater understanding of how shame is related to ED symptoms when depression is low.

- Participants will learn how shame is related differently to ED cognitions and behaviors.

T-57: Developing treatment for young people with Anorexia Nervosa and Obsessive Compulsive Disorder: A case series exploring effectiveness, and contra indications of Cognitive Behavioral Therapy for young people (under 18) in treatment for Anorexia.

Jonathan Espie, BSc (Hons), DClinPsy, South London and Maudsley NHS Foundation Trust, London, UK; Catherine Stewart, PhD, DClinPsy, South London and Maudsley NHS Foundation Trust, London, UK; Anna Konstantellou, PhD, South London and Maudsley NHS Foundation Trust, London, UK

Obsessive Compulsive Disorder (OCD) is a common comorbidity in young people with Anorexia Nervosa (AN). The association with chronicity of AN means it is an important treatment target to prevent extended illness trajectories. Treatment, however, raises a clinical dilemma as it is known that outcomes for underweight young people treated with CBT for OCD are significantly worse than those of healthy-weight controls. It is vital that we investigate whether current gold-standard treatments for OCD can be safely delivered by eating disorder specialists, whether they are contra-indicated in this group and whether they require adaptation. Data is presented from a case series of 11 girls with AN (or restrictive EDNOS) and OCD. CBT for OCD was offered when they had achieved a healthy weight (or were approaching this), and Family Therapy for Anorexia (FT-AN) had progressed to a phase of increased responsibility for eating. 7 girls went on to complete CBT for OCD. The primary measure of change was the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS), a validated semi-structured interview. Young people dropped out for reasons including prioritisation of school attendance over therapy and low motivation to lose perceived benefits of OCD. 6 of the 7 cases showed a statistical improvement in CY-BOCS scores using the Reliable Change Index. No-one who completed treatment experienced deterioration in weight or eating disorder symptoms. One young person with a diagnosis of EDNOS did not report positive changes in OCD symptoms, but did not have history of low weight and had psychosis-like experiences at the end of CBT, and was thus unusual. Results indicate that CBT for OCD can be beneficial at a late stage in treatment for childhood AN. It does not appear that there are contra indicators for CBT for OCD in this group. However, barriers to treatment might include therapy fatigue and perceived advantages of OCD. A motivational session may be a useful precursor to CBT for OCD.

Learning Objectives:

- Consider the application of CBT for OCD in young people with anorexia nervosa, with reference to evidence base including case-series data.
- Increase awareness of the importance of comorbid OCD in young people with anorexia and consider important factors relevant to treatment planning, including contra indications for CBT for OCD.
- Be aware of useful adaptations to CBT for OCD for young people with co-morbid anorexia nervosa.

S-58: Rates of Psychiatric Comorbidities in a sample of Low-income, Ethnic Minority Youth with Eating Disorders

Lisa Kremen, MA, Montefiore/Albert Einstein College of Medicine, Bronx, NY, USA; Michelle Lupkin, PhD, Montefiore Medical Center, Bronx, NY, USA

Eating disorders (ED) are associated with substantial psychiatric comorbidities (Chamay-Weber et al., 2005). In a recent national study, the majority of those with an ED met criteria for at least 1 other lifetime DSM-IV disorder and those with Bulimia Nervosa (BN) and Binge Eating Disorder (BED) were

shown to be more likely to endorse 3 or more comorbid psychiatric disorders (Hudson et al., 2007). Despite these concerning statistics, most studies examining ED lack racially and ethnically diverse samples. At present, there is a dearth of research investigating the prevalence and clinical characteristics of ED among low-income, ethnic minority youth, despite studies showing no difference in prevalence rates of ED when comparing ethnic minority groups to non-Latino whites (Marques et al., 2011). The Eating Disorders Program at Montefiore (EDPM) is a multidisciplinary program within the Anxiety and Mood Program (AMP) in the Child Outpatient Psychiatry Department at Montefiore Medical Center. This clinic provides evidence-informed care to youth presenting with ED. At this time there are NO other outpatient clinics in New York City or Westchester that provide specialized treatment for ED for youth who have Medicaid. All patients presenting to AMP are assessed using semi-structured interviews and self-report measures using DSM-V criteria. Looking at our initial pilot data, of 90 patients admitted to AMP, 31.9 % met criteria for an ED (16.7% AN; 23.3% BN; 53.3% OSFED; 6.7% ARFID). The current study aims to examine the rates of psychiatric comorbidities associated with ED in this clinic as well as compare rates of comorbidity to patients in the clinic presenting with and without an ED. These results will help increase awareness about the prevalence and severity of ED and its psychiatric comorbidities in this underrepresented population and highlight the need for more specialized services for ED in this community as well.

Learning Objectives:

- Highlight the lack of prior research investigating the clinical characteristics of ED among low income, ethnically diverse populations.
- Present preliminary data on the prevalence and severity of ED and its psychiatric comorbidities in this sample of low income, ethnic minority youth served by AMP.
- Recognize the need for specialized services for youth with EDs and comorbid psychiatric conditions in this patient population.

S-59: Social Anxiety, Fear of Negative Evaluation, and Fear of Positive Evaluation Predict Eating Disorder Symptoms in Patients with Eating Disorders Over 16 Weeks

Nicole M. Della Longa, MA, University of North Dakota, Grand Forks, ND, USA; Alexandra Thiel, MA, University of Wyoming, Laramie, WY, USA; Katie Kriegshauser, PhD, Kansas City Center for Anxiety, Kansas City, MO, USA; Kyle De Young, PhD, FAED, University of Wyoming, Laramie, WY, USA; Andrew Jarrett, MA, Charleston Area Medical Center, Charleston, WV, USA; Jessica Luzier, PhD, ABPP, West Virginia University School of Medicine, Charleston, WV, USA

This study explored the impact of social anxiety, fear of negative evaluation (FNE), and fear of positive evaluation (FPE) on eating disorder (ED) symptoms over time. Participants at an ED outpatient clinic ($n=85$, $M_{age}=22.14$ years, 86.2% female, 85.1% White) provided data on social anxiety, FNE, FPE, and ED pathology (measured by the Eating Disorder Examination-Questionnaire) five times across 16 weeks. ED diagnoses included anorexia nervosa (26.4%), bulimia nervosa (17.2%), binge-eating disorder (5.7%), and otherwise specified feeding or eating disorder (14.9%). Using three linear mixed model analyses, this study hypothesized: 1) social anxiety (Model 1), FNE (Model 2), and FPE (Model 3) are associated with ED symptoms, and 2) social anxiety, FNE, and FPE predict ED symptoms over time. The effect of time was significant in all models ($p < .001$), indicating a decrease in ED pathology. In Model 1, individuals with more social anxiety had more severe ED symptoms ($t(158.47)=5.49$, $p < .001$). In Model 2, individuals with more FNE had more severe ED symptoms ($t(171.58)=6.51$, $p < .001$). Increases in FNE were associated with increases in ED symptoms ($t(190.40)=2.69$, $p = .008$). In Model 3, individuals with more FPE had more severe ED symptoms ($t(179.17)=5.82$, $p < .001$). For all models, interactions with time were not

significant. These findings reveal that at a trait-level, individuals with higher levels of social anxiety, FNE, and FPE experience more severe ED symptoms. However, when considering short-term changes, ED symptoms are positively associated with FNE; thus, as FNE increases or decreases over time, so do ED symptoms. Therefore, FNE may be a more useful factor to consider in future research on comorbid social anxiety and EDs. Clinically, these results indicate that FNE may be a salient target in ED treatment, and addressing FNE-related cognitions explicitly could improve ED symptoms.

Learning Objectives:

- Understand the influence of social anxiety, fear of negative evaluation, and fear of positive evaluation on eating disorder symptoms during treatment.
- Identify the unique relationship of fear of negative evaluation and eating disorder symptoms for specific individuals.
- Consider how social anxiety and evaluative fears may be more adequately addressed within the context of eating disorder treatment.

S-60: Fear of Negative Evaluation and Fear of Positive Evaluation Mediate the Relationship between Social Anxiety and Eating Disorder Symptoms in a Clinical Eating Disorder Sample

Alexandra M. Thiel, MA, University of Wyoming, Laramie, WY, USA; Nicole M. Della Longa, MA, University of North Dakota, Grand Forks, ND, USA; Katie Kriegshauser, PhD, Kansas City Center for Anxiety Treatment, Kansas City, MO, USA; Andrew Jarrett, MA, Charleston Area Medical Center, Charleston, WV, USA; Jessica Luzier, PhD, ABPP, West Virginia University, Charleston, WV, USA

Eating disorders (ED) and social anxiety disorder are highly comorbid, and research has identified fear of negative evaluation (FNE) as a shared factor. More recently, an association between fear of positive evaluation (FPE) and ED symptoms was identified, suggesting that FPE may also play a role in ED symptoms. Much of this research has been conducted in undergraduate samples and these relationships require testing in clinical samples. Accordingly, this study sought to examine the relationship between social anxiety, FNE, FPE, and ED symptoms in a clinical ED sample, hypothesizing that FNE and FPE would mediate the relationship between social anxiety and ED symptoms. Patients at an ED outpatient clinic ($n=81$, $M_{age}=22.14$ years, 86.2% female, 85.1% White) completed measures on social anxiety, FNE, FPE, and ED psychopathology (measured by the Eating Disorder Examination-Questionnaire) during an intake session. Participants held diagnoses of anorexia nervosa (26.4%), bulimia nervosa (17.2%), binge-eating disorder (5.7%), and otherwise specified feeding or eating disorder (14.9%). Bootstrapped multiple mediation analyses indicated significant indirect effects for FNE (95% CI [.008, .041]) and FPE (95% CI [.003, .024]), suggesting that FNE and FPE mediate the relationship between social anxiety symptoms and ED symptoms. FNE and FPE may represent dual mechanisms that account for the relationship between social anxiety and ED symptomatology. This study is an important first step in better understanding the impact of evaluative fears in patients with EDs, which may be prime targets for prevention and intervention efforts.

Learning Objectives:

- Identify variables influencing the relationship between eating psychopathology and social anxiety.
- Recognize the importance of examining both negative and positive fear of evaluation in the context of eating disorders.
- Consider the value of testing the relationships between these variables in clinical ED samples.

S-61: Compulsive exercise in eating disorders: How important is our drive for thinness vs our drive for muscularity?

Marita Cooper, MPsych (Clinical), PhD Candidate, Psychologist, Australian National University, Acton, Australia; Kathleen Griffiths, BSci (Hons), PhD, Emeritus Professor, Australian National University, Acton, Australia

Compulsive exercise is reported to be present in between 30 and 81% of individuals with an eating disorder (ED). The presence of compulsive exercise in an individual with an ED is one of the most effective predictors of poorer treatment outcome, illness chronicity, and severity of psychopathology. Despite this, there is limited understanding of which factors may differentiate individuals with an ED who engage in compulsive exercise from those who do not. This study examined the influence of weight/shape concern, drive for muscularity, and body dissatisfaction as well as demographic variables on compulsive exercise pathology. Participants were recruited from a larger sample of Facebook users (n=266). The original sample comprised 177 females and 89 males with a mean age of 32.49 years. For the purpose of this study, individuals at-risk of an ED were classified as those above a cut-off of 16 or above on the Clinical Impairment Assessment (clinical n=71). A multiple linear regression found that only BMI and drive for muscularity predicted increased engagement in compulsive exercise behaviors in the clinical group. Post hoc analyses revealed that low BMI and high drive for muscularity predicted 38% of the variance in obligatory exercise in the ED group. These results indicate that for individuals at risk of an eating disorder, the drive for muscularity may be an important predictor of their engagement in unhealthy exercise behaviour. While screening for weight and shape concerns related to thinness is common in ED populations, these findings highlight the need to also assess for muscularity-oriented attitudes and behaviors. Further longitudinal research is required to determine whether low BMI was significant in this model as a result of concurrent compulsive exercise and ED or whether sustained low body weight is important in the etiology of compulsive exercise in individuals with ED.

Learning Objectives:

- Cite the risks of compulsive exercise engagement in ED populations.
- Report demographic and psychological factors that predicted compulsive exercise engagement in our sample.
- Reflect on how the drive for muscularity may be important in our understanding of compulsive exercise and ED.

S-62: Comparing Clinical Presentation of Eating Disorder Patients With and Without Trauma History and Comorbid PTSD

Adela Scharff, BS, SUNY Albany, Albany, NY, USA; Shelby Ortiz, BA, Miami University of Ohio, Oxford, OH, USA

Trauma has been identified as one potential pathway to the development and maintenance of eating disorders (ED; Brewerton, 2007; Tagay et al., 2014). However, empirical work on this topic is limited for inpatient settings and has yielded inconsistent findings (Madowitz, Matheson & Liang, 2015). The aim of this study was to characterize clinical presentation upon admission to residential ED treatment. 910 adolescent and adult female ED patient participants (mean age 25.37 10.84 years) who completed an admission survey were divided into three groups: those who received a posttraumatic stress disorder (PTSD) diagnosis from a psychiatrist (N=335), those who reported trauma history but were not

diagnosed with PTSD (N=342), and those with no trauma history (N=233). One-way ANOVAs were used to understand the impact of trauma and PTSD diagnosis on eating psychopathology (i.e., ED diagnosis, symptoms upon admission to treatment) and emotion dysregulation (i.e., mindfulness, internalizing symptoms). All groups differed significantly on facets of ED symptomatology ($F=15.446$, $p .001$), depressive symptoms ($F=16.528$, $p .001$) and emotion regulation (anxiety sensitivity [$F=10.752$, $p .001$], experiential avoidance [$F=10.747$, $p .001$], and mindfulness [$F=19.109$, $p .001$]). Our findings demonstrate that ED patients with comorbid PTSD present to treatment with more severe psychopathology and more difficulty in emotion regulation than patients not carrying this diagnosis, and may require more attention as a result. In addition, our findings suggest that ED patients with a history of trauma, regardless of whether they meet diagnostic criteria for PTSD, may experience more difficulty regulating their emotions than patients without a history of trauma. Clinical interventions focused on ameliorating emotion dysregulation could be especially beneficial for ED patients who have experienced trauma.

Learning Objectives:

- Compare the clinical characteristics of eating disorder patients with and without a history of trauma and diagnosis of PTSD.
- Describe the role of trauma and PTSD in ED symptoms, internalizing symptoms and emotion regulation.
- Discuss the particular challenges of treating patients with trauma history and comorbid PTSD for eating disorders.

S-63: Obesity with and without food addiction differ in depressive symptoms, attention bias to food, and hemispheric brain asymmetry

Roni Aviram-Friedman, PhD, M.A.R.D., Zlotowski Center for Neuroscience, Ben Gurion University, Beer Sheva, Israel

Obesity with symptoms of addictive eating (OBAE) is a clinically significant and newly recognized condition, which can be measured with the Yale Food Addiction Scale (YFAS). However, the causes and implications of this condition are poorly understood. The present study sought to compare between obese adults with a similar BMI (range 28-42), but who differ in their YFAS scores [symptoms (YFAS-S) and clinical diagnosis (YFAS-D)]. Behavioral questionnaires [the YFAS and the Beck depression inventory (BDI)], a Stroop test with images of food, and electrophysiological recordings of the brain at rest were compared between the groups, in a fed state. Two groups with distinct profile were found: OBAE (N = 15; M/F:3/12), and obese with no addictive eating (OB; N = 8; M/F:4/4). The OBAE showed greater depressive symptoms compared with the OB, and this was predicted by YFAS-D, as well as YFAS-S scores ($p = .01$ and $p = .04$, respectively). YFAS-D predicted lower EEG alpha power level in the inferior frontal gyrus (IFG; $p = .03$), the supramarginal gyrus ($p = .03$), and visual association areas ($p = .04$). Greater YFAS-S predicted lower alpha power in the post-central gyrus as well (PCG; $p = .04$). Lastly, mean reaction time to the Stroop stimuli, following the presentation of high- vs. low-calorie food images, differed between the groups ($F = 8.36$, $p = .009$). Therefore, despite no differences in BMI, the obese adults in our sample differed in their psycho-neuro-cognitive profile, based on their addictive eating diagnosis and symptoms.

Learning Objectives:

- Describe the comorbidity of obesity and addictive overeating.

- Describe some psycho-neuro-cognitive differences between obesity with and without addictive overeating.
- Assess the relationships between electroencephalographic alpha power level and brain laterality in obesity with addictive overeating.

S-64: Obsessive Compulsive Disorder Symptomology and Thought Action Fusion Presentation within Individuals Seeking Treatment at a Residential Eating Disorder Treatment Facility

Jennifer Barney, MS, Utah State University, Logan, UT, USA; Eric Lee, MA, Utah State University, Logan, UT, USA; Michael Twohig, PhD, Utah State University, Logan, UT, USA; Tera Lensegrav-Benson, PhD, Avalon Hills Residential Treatment Facility, Logan, UT, USA; Benita Quakenbush-Roberts, PhD, Founder/Owner/CEO, Avalon Hills Residential Treatment Facility, Logan, UT, USA

To date research examining the relationship between Obsessive Compulsive Disorder (OCD) and Eating Disorders (EDs) has primarily taken a holistic approach. Gaining a better understanding of what OCD symptoms occur most frequently in individuals with comorbid EDs can provide insight for targeted treatment planning. We assessed levels of multiple OCD symptom dimensions and levels of Thought Action Fusion (TAF: a cognitive bias presumed to underlie the development of OCD) in individuals presenting for treatment at a residential ED facility. Participants reported levels of OCD symptomology (OCI-R total score = 21.53) below patients with OCD (28.01), but above non-anxious controls (18.82). Three OCD dimension subscales: obsessing (5.25), neutralizing (3.06), and ordering (4.79), were well above non-anxious controls (2.86, 1.82, and 4.40, respectively) and at or near patients with OCD (7.23, 3.18, and 4.76 respectively). Similarly, participants reported levels of TAF (moral = 18.09, others = 3.49, self = 2.97) well above a community sample of adults (12.74; 1.03; 2.09) and below that of a sample of participants with OCD (20.03; 4.77; 4.41). No differences were found between ED diagnoses for meeting OCD cutoff criteria, ED severity, or any of the TAF subscales. Only the OCI-R obsessing subscale demonstrated a statistically significant difference between groups such that individuals diagnosed with BN indicated significantly fewer ordering-related OCD symptoms than those diagnosed with AN ($\eta = .07$, $p = .017$). Statistically significant, positive, moderate correlations were also found between ED severity scores and all symptom subscales of the OCI-R ($r_s = .24$ -.49, $p_s < .05$) and all subscales of the TAF scale ($r_s = .20$ -.25, $p_s < .05$). Results indicate that increased levels comorbid OCD symptomology and TAF are associated with higher ED severity such that addressing these symptoms particularly obsessing; neutralizing; and ordering, may be beneficial for ED treatment.

Learning Objectives:

- Describe the comorbidity of obsessive compulsive disorder, thought-action fusion, and eating disorders.
- Identify specific OCD symptom dimensions that are most prevalent among individuals with eating disorders.
- Assess the relationship between eating disorder severity and the presence of specific OCD symptoms and/or thought-action fusion in treatment seeking individuals.

S-65: Obsessive Compulsive Disorder and Thought Action Fusion: Relationships with Eating Disorder Treatment Outcomes

Jennifer Barney, MS, Utah State University, Logan, UT, USA; Eric Lee, MA, Utah State University, Logan, UT, USA; Michael Twohig, PhD, Utah State University, Logan, UT, USA; Tera Lensegrav-Benson, PhD,

Avalon Hills Residential Treatment Facility, Logan, UT, USA; Benita Quakenbush-Roberts, PhD, Founder/Owner/CEO, Avalon Hills Residential Treatment Facility, Logan, UT, USA

Obsessive Compulsive Disorder (OCD) is among the most frequently occurring psychiatric comorbidities with eating disorders (EDs). We examined whether levels of OCD symptomology and Thought Action Fusion (TAF: a cognitive bias presumed to underlie the development of OCD) were predictive of ED severity outcomes in individuals receiving treatment at a residential ED facility. A four stage hierarchical multiple regression (HMR) was conducted with discharge ED severity as the dependent variable. Pretreatment ED severity and age were controlled for in stages 1 and 2, accounting for 30% of the variation in ED severity at discharge ($F=23.36$, $p=.018$). Adding pretreatment OCD symptomology at stage 3 resulted in no significant change in R^2 ($F=6.71$, $p=.360$). Only the OCD obsessing symptom subscale significantly contributed to explained variance ($p=.05$). Pretreatment TAF levels were added at stage 4 and a significant change in R^2 was observed contributing an additional approximately 7% explained variance ($F=6.23$, $p=.016$). The TAF-Self subscale the only subscale that significantly contributed to the variation of ED severity at discharge ($p=.008$). Change in OCD symptomology and TAF scores across treatment predicting change in ED severity were then examined using a second HMR. Step 1 consisted of OCD symptomology change scores, which contributed to a significant amount of explained variance ($R^2 = .32$, $p .001$) and again the obsessing subscale was the only statistically significant symptom dimension ($p .001$). TAF change scores were added in step 2, which resulted in a statistically significant change in R^2 and explained an additional approximately 3% of variance. Changes in the TAF-Others subscale was the only TAF subscale to significantly contribute to variance in ED severity change scores ($p = .008$). These results suggest that specifically addressing the obsessing domain of OCD symptoms and TAF related to both self and others may be particularly beneficial for ED treatment.

Learning Objectives:

- Describe the relationship between OCD symptom severity, thought-action fusion, and eating disorder severity outcomes following residential eating disorder treatment.
- Assess whether pre-treatment levels of various OCD symptoms and thought-action fusion predict eating disorder severity at post-treatment.
- Assess whether changes in various OCD symptoms and thought-action fusion throughout residential treatment for eating disorders predicts changes in eating disorder severity.

S-66: Examining Interoceptive Awareness as a Predictor of Eating Disorder Treatment Outcomes

Angeline Krueger, BS, University of California, San Diego, La Jolla, CA, USA; Tiffany Brown, PhD, University of California, San Diego, La Jolla, CA, USA; Erin Reilly, PhD, University of California, San Diego, La Jolla, CA, USA; Christina Wierenga, PhD, University of California, San Diego, La Jolla, CA, USA; Walter Kaye, MD, FAED, University of California, San Diego, La Jolla, CA, USA

Interoceptive awareness (IA) has received attention in the literature as a factor that may be relevant to the onset and maintenance of eating disorders (EDs). Both self-report and behavioral data suggest that individuals with EDs demonstrate alterations in IA, and that IA may relate to worse outcomes. However, IA is a multi-faceted construct, and different facets of IA may be more relevant to certain subgroups. Research testing links between IA and ED symptoms are challenging to interpret, due to the fact that popular measures of IA assess awareness of both interoceptive states and emotions. The Multidimensional Assessment of Interoceptive Awareness (MAIA) provides a nuanced assessment of various factors contributing to IA. To date, no studies have examined which MAIA subscales predict ED

outcomes longitudinally, and no studies have evaluated whether these associations vary across diagnostic categories. The present study examined whether MAIA subscales accounted for treatment response, and whether effects varied across diagnoses. Adult and adolescent patients enrolled in a partial hospitalization program (PHP) completed the Eating Disorder Examination-Questionnaire (EDE-Q) and the MAIA (n=454) at admission and discharge. Regression analyses indicated that across diagnoses, lower self-reported MAIA Emotional Awareness scores at baseline were linked with higher weight concerns ($p = .04$). Follow-up models suggested that Worrying, Not Noticing, and Attention subscales related to changes in body weight and EDE-Q global scores in anorexia nervosa, binge-eating/purge type, patients ($ps .05$), but not in anorexia nervosa, restrictive type, or bulimia nervosa patients. Findings provide support for the importance of IA in accounting for ED treatment response, but suggest that the relevance of the construct to outcome may vary across diagnoses. Full sample results suggest that further consideration of emotional awareness may be important in targeting weight concerns.

Learning Objectives:

- Learn about Interoceptive Awareness in eating disorders and how it can be used to target various interventions.
- Identify specific subscales of the MAIA associated with eating disorder outcomes longitudinally.
- Foster discussion about associations varying across eating disorder diagnoses.

S-67: Characterizing Core Psychopathology of Night Eating Syndrome Using Network Analysis

Marshall Beauchamp, MS, University of Missouri - Kansas City, Kansas City, MO, USA; Frances Bozsik, MS, University of Missouri - Kansas City, Kansas City, MO, USA; Kelly Allison, PhD, FAED, University of Pennsylvania, Philadelphia, PA, USA; Jennifer Lundgren, PhD, FAED, University of Missouri - Kansas City, Kansas City, MO, USA

Night eating syndrome (NES) was first described in 1955 and has since been characterized by varying criteria. Research diagnostic criteria were proposed by Allison and colleagues (2010), and NES is now included in the other specified feeding or eating disorder category of DSM-5. A recently developed advanced statistical technique, network analysis, allows for better understanding of the functional relationship among symptoms of behavioral health disorders. Network analysis has been applied to other eating disorders, but studies have not used network analysis to understand the functional relationship among proposed core symptoms of NES. Data from 148 adults diagnosed with NES (Mage = 43.97, % Female = 67.6, BMI range = 19.73-59.94; % White = 59.5) were used to evaluate the unique variance among core symptoms and identify key symptom relationships. Participants completed 10-days of food monitoring to measure the percent of evening hyperphagia, frequency of nocturnal awakenings and ingestions of food, and morning hunger levels. Self-report questionnaires assessed mood, sleep onset and maintenance insomnia, urges to eat after the evening meal and in the middle of the night, as well as stress, overall sleep quality, and preference for morningness vs. eveningness. A Gaussian graphical model, utilizing a graphical least absolute shrinkage and selection operator method, was fit to the data. Stability of centrality indices were also assessed using bootstrapping tests. Results indicated that depressed mood, overall sleep quality, and a strong urge to eat in the middle of the night upon awakening were most strongly related to other symptoms (Mstrength=1.04, 0.84, and 0.84, respectively) and were most centrally located in the network. Depressed mood also emerged as a bridge symptom that linked all other symptoms together. These symptoms represent key elements of the core psychopathology of NES and should be considered primary treatment targets for intervention.

Learning Objectives:

- Identify key symptoms of Night Eating Syndrome.
- Examine the use of network analysis in determining core psychopathology.
- Identify symptoms that represent primary treatment targets for NES intervention.

S-68: Specific Food Addiction Phenotypes Using Sociodemographic and Clinical Clustering Analysis

Susana Jimenez-Murcia, PhD, Bellvitge University Hospital/IDIBELL, CIBEROBN, Barcelona, Spain; Fernando Fernandez-Aranda, PhD, FAED, Bellvitge University Hospital, CIBEROBN, Barcelona, Spain; Roser Granero, PhD, Autonomous University of Barcelona, Barcelona, Spain; Zaida Agüera, PhD, Bellvitge University Hospital, Barcelona, Spain; Trevor Steward, PhD, Bellvitge University Hospital/IDIBELL, CIBEROBN, Barcelona, Spain; Isabel Sánchez, PhD, Bellvitge University Hospital, Barcelona, Spain; Nadine Riesco, PhD, Bellvitge University Hospital, Barcelona, Spain; Gemma Mestre-Bach, PhD, Bellvitge University Hospital, Barcelona, Spain; Jos M. Menchen, PhD, Bellvitge University Hospital, Barcelona, Spain

Food addiction has been associated with greater levels of psychopathology and impulsivity, but no study to date has transdiagnostically considered food addiction correlates in eating disorder (ED) patients using clustering. A total sample of 290 participants [140 with bulimia nervosa, 45 with binge eating disorder, 70 with other specified feeding or eating disorder and 35 with obesity] was included. All participants completed the Temperament and Character Inventory-Revised, the Eating Disorder Inventory-2, the Symptom Checklist-90-Revised and the Yale Food Addiction Scale (YFAS 2.0). Three clusters were identified. Cluster 1, labeled here the adaptive cluster, was characterized by a high prevalence of obese subjects (without ED) and low levels of ED severity and general psychopathology. Cluster 2, the moderate cluster, was less functional than Cluster 1, showed a high prevalence of BED and OSFED, and moderate levels of ED severity and an intermediate position in psychopathology levels compared to Clusters 1 and 3. Finally, Cluster 3, the dysfunctional cluster, was characterized by the highest prevalence of bulimia nervosa and the highest scores in ED severity and general psychopathology, and more dysfunctional personality traits. This study identified three distinct clusters of ED patients with food addiction. Future studies should address whether food addiction categories are indicative of therapy outcome.

Learning Objectives:

- Describe the prevalence of food addiction in eating disorder samples.
- Identify clusters of patients with food addiction.
- Compare these clusters to classify clinically relevant variables.

S-69: Time to Stop Beating around the Bush: Orthorexia is Anorexia Nervosa

Anushua Bhattacharya, BA, Children's Hospital of Philadelphia, Philadelphia, PA, USA; C. Alix Timko, BS, MA, MCP, PhD, Children's Hospital of Philadelphia, Philadelphia, PA, USA; Rachel Millner, BA, MA, Children's Hospital of Philadelphia, Philadelphia, PA, USA; Carrie McAdams, MD, PhD, UT Southwestern Medical Center, Dallas, TX, USA

Orthorexia nervosa is described as a fixation on healthy eating involving ritualized eating patterns and a rigid avoidance of biologically impure foods. Although not formally recognized as a psychiatric disorder by the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), orthorexia nervosa has received increasing attention since its identification in 1996. Those diagnosed with

orthorexia nervosa tend to focus on the composition of the food consumed and feel immense guilt after eating unhealthy food. While a cohort of the scientific community is working to establish diagnostic and empirical tools for measuring orthorexia nervosa, there is little understanding of the etiology of orthorexia nervosa as an illness and debate about whether or not it is a new eating disorder. Through a historical, anthropological, and psychological framework, we argue orthorexia nervosa is not a new psychiatric disorder but rather a new cultural understanding/ presentation of anorexia nervosa. Three salient points elucidate this argument: i) anorexia nervosa is not a culture-bound syndrome but an illness that had its first significant reports as early as the 1600s; ii) the interpretation and vocabulary surrounding food has evolved from one historical period to another depending on the cultural context of the time period; and iii) by nature, humans have a tendency to provide meaning and reason to ambiguous behavior; reason giving can change with the zeitgeist. Using a review of literature, including 15 empirical studies comparing orthorexia nervosa with the DSM-5 diagnostic criteria for eating disorders, we synthesize supporting evidence that orthorexia nervosa is a new culture-bound description of anorexia nervosa. This argument merits serious attention as conceptualizing orthorexia nervosa as something other than anorexia nervosa could lead to the misdiagnoses and improper treatment of thousands of individuals.

Learning Objectives:

- Describe the origins and definition of orthorexia nervosa.
- Recognize the cultural context and shifts in the interpretation of anorexia nervosa and food.
- Describe the evidence for the argument that orthorexia is anorexia nervosa.

S-70: Self-report Measures of Loss of Control over Eating: Psychometric Properties in Clinical and Nonclinical Samples

Lindsay Bodell, PhD, University of Western Ontario, London, ON, Canada; K. Jean Forney, PhD, Ohio University, Oxford, OH, USA; Jesus Chavarria, PhD, University of Chicago, Chicago, IL, USA; Pamela Keel, PhD, FAED, Florida State University, Tallahassee, FL, USA; Jennifer Wildes, PhD, FAED, University of Chicago, Chicago, IL, USA

Research evidence supports the clinical significance of subjective feelings of loss of control over eating; however, limited attention has been given to how this construct is assessed. Two measures have been developed in recent years (i.e., Eating Loss of Control Scale [ELOC] and Loss of Control over Eating Scale [LOCES]), but further validation in clinical and nonclinical samples is needed. The current study evaluated the psychometric properties, including factor structure, criterion validity, and measurement invariance of the ELOC and LOCES across two groups: 1) a clinical sample of individuals with eating disorders ($n = 106$) and 2) a nonclinical sample of college students ($n = 321$). Confirmatory factor analyses indicated that the 16-item version of the ELOC and 7-item brief version of the LOCES provided good fit to the data in both samples. These measures were highly correlated ($r = .83-.87$) and associated with binge-eating and related psychopathology. The ELOC demonstrated partial invariance between men and women and between the clinical and nonclinical samples. The LOCES-brief demonstrated full invariance between men and women and eating disorder diagnoses and demonstrated partial invariance between the clinical and nonclinical samples. Findings suggest that the 16-item ELOC and 7-item LOCES are reliable measures of loss of control eating in clinical and nonclinical samples. Future research is needed to confirm their validity across heterogeneous samples.

Learning Objectives:

- Describe the potential importance of dimensional measures for assessing loss of control over eating.
- Describe self-report measures used to assess loss of control over eating.
- Compare the use of the Eating Loss of Control Scale and Loss of Control over Eating Scale in assessing loss of control in clinical and nonclinical samples.

S-71: Why do people restrict their eating? A functional assessment approach

Shirley Wang, BA, Harvard University, Cambridge, MA, USA; Kathryn Fox, MA, Harvard University, Cambridge, MA, USA; Chelsea Boccagno, BA, Harvard University, Cambridge, MA, USA; Jill Hooley, DPhil, Harvard University, Cambridge, MA, USA; Ann Haynos, PhD, University of Minneapolis, Minneapolis, MN, USA

Restrictive eating is extremely common across eating disorder (ED) diagnoses and severity levels. Most research to date has taken a syndromal approach to examine the classification and treatment of restrictive eating. However, little is known about functional processes that maintain restriction, which could identify mechanisms and treatment targets for severe and persistent restrictive eating. We applied a functional self-report approach to assess restriction. Based on previous four-function models of maladaptive behaviors, we hypothesized that restriction would be maintained by negative and positive reinforcement in automatic (intrapersonal) and social (interpersonal) domains, as well as a fifth function of control (e.g., to feel in control of life). Participants (N=145) were recruited from online ED forums who reported 2+ episodes of restriction in the past month. A confirmatory factor analysis revealed that a 5-factor model did not adequately fit the data (CFI=0.84, RMSEA=0.09). However, a subsequent exploratory factor analysis favored a 3-factor model, with factors of negative reinforcement (NR), automatic positive reinforcement (APR), and social positive reinforcement (SPR). Control items loaded onto the APR factor. In contrast to other ED behaviors, which have been found to serve primarily NR functions, the most highly endorsed restrictive eating functions related to APR, including restricting to feel in control, feel proud, self-punish, and feel strong. Higher scores on NR and APR factors were associated with purging, more frequent restriction and excessive exercise, and lower BMI ($|rs| > .3$, $ps < .05$). Findings suggest that restrictive eating may be largely maintained by APR, and that restrictive eating functions are associated with clinical presentation and severity. Continued examination of restrictive eating functions can shed light on processes that maintain habitual restriction and have important implications for assessment and treatment of these behaviors.

Learning Objectives:

- Understand automatic and social reinforcement functions of restrictive eating.
- Explain the significance of specific functions of restrictive eating on eating disorder symptoms and severity.
- Identify the potential clinical benefits to assessment of restrictive eating functions among individuals across a range of eating disorder severity.

S-72: The Semiotics of Eating Disorders: Examining the Language of the DSM-5 and Other Diagnostic Measures

Autumn Askew, BS, University of Minneapolis, Minneapolis, MN, USA; Ann Haynos, PhD, University of Minneapolis, Minneapolis, MN, USA; Carol Peterson, PhD, LP, FAED, University of Minneapolis, Minneapolis, MN, USA; Scott Crow, MD, FAED, University of Minneapolis, Minneapolis, MN, USA; James

Mitchell, MD, FAED, University of North Dakota, Fargo, ND, USA; Ross Crosby, PhD, FAED, University of North Dakota, Fargo, ND, USA; W. Stewart Agras, MD, Stanford University, Stanford, CA, USA; Katherine Halmi, MD, FAED, Weill Cornell Medical College, New York, NY, USA

Disturbance in the processing of one's weight and shape is known to be a central facet of the diagnosis and treatment of bulimia nervosa and anorexia nervosa. In assessment measures for eating disorders, a variety of terms (e.g., body dissatisfaction, overvaluation of shape/weight, preoccupation with weight) have been used to describe individuals' weight and shape concerns. However, previous findings suggest that these terms may not be assessing the same constructs, which can create conflicting definitions of eating disorder pathology. For this reason, it is important to identify the body image terminology most effective in identifying and predicting eating pathology. In this study, we used a longitudinal sample ($n = 425$) to analyze the predictive validity of preoccupation with food, weight, and shape, previously shown to strongly predict eating disorder symptoms, in comparison to overvaluation with weight and shape and dissatisfaction with weight and shape. Hierarchical linear regressions were conducted at three time points (baseline, baseline to 12-month follow-up, 12-month to 24-month follow-up) considering three predictor variables (preoccupation, dissatisfaction, overvaluation) and six outcome variables (EDE global score, EDE restraint, EDE vomiting episodes, EDE OBE episodes, BDI total score, RSES total score). Preoccupation was identified as the strongest predictor of outcomes in 14 of 36 cases $p < .01$, compared to dissatisfaction (strongest predictor at $p < .01$ in 9 of 36 cases) and overvaluation (strongest predictor at $p < .01$ in 4 of 36 cases). These results suggest that preoccupation may be more effective in capturing clinically relevant body image concerns, compared to both dissatisfaction and overvaluation of shape and weight. Generally, these predictors were found to vary widely in their predictive abilities, which suggests that a standardization of terminology would be beneficial to consistently report and diagnose eating disorder pathology.

Learning Objectives:

- Comprehend the issues presented by the use of varying body image terminology throughout diagnostic assessments for eating disorders.
- Critically examine the predictive abilities of various body image descriptors used in diagnostic assessments for eating disorders.
- Describe possible benefits of a standardization of body image terminology in diagnostic measures for eating disorders.

S-73: Advancing the assessment of embodied experience in clients diagnosed with eating disorders:

Focus on response processes

Mihaela Launeanu, PhD Assistant, Professor, Trinity Western University, Langley, British Columbia, Canada; Chelsea Beyer, MA, PhD Candidate, University of British Columbia, Vancouver, British Columbia, Canada

This research paper aims to elaborate the psychometric foundation for measuring embodiment defined as the experience of engagement of the body in the world (Allan, 2005, p. 177). Given that embodiment emerged as a key construct in the area of eating disorders (Eshkevari, Rieger, Longo, Haggard & Treasure, 2014; Pollatos et al. 2008; Tiggemann & Kuring, 2004), the purpose of this paper is to present the core psychometric processes involved in measuring the experience of embodiment in clients diagnosed with an eating disorder in order to develop better conceptual and practical assessment models. Using a two-stage sequential mixed method research design (Hesse-Biber & Burke Johnson, 2015), this research project built on existing frameworks in response processes inquiry

(Launeanu & Hubley, in press; Rauthmann et al., 2014; Wills 2005) to examine how thirty adult participants (15 men and 15 women) diagnosed with an eating disorder responded to test items designed to elicit contents of embodied experience. Patterns of responding were uncovered in both quantitative and qualitative data with the aim to identify the core processes of embodiment to be further included in measurement and assessment models. The findings of this research study indicated that assessing embodied experience in clients diagnosed with an eating disorder involved an interconnected set of interoceptive, affective, cognitive and behavioural processes that reflected how these clients experienced and responded to items assessing embodiment. These response processes were further mapped onto the disorder severity/recovery continuum to provide a more nuanced understanding in how embodiment is assessed at various degrees of severity/recovery. This paper offers suggestions about refining the existing measurement models with respect to implementing the construct of embodiment in the assessment of clients diagnosed with eating disorders.

Learning Objectives:

- Participants will be able to identify the psychometric processes relevant to assessing the embodied affective experience in clients diagnosed with eating disorders.
- Participants will be able to discuss the psychometric processes underlying measuring embodied affective experience in connection with the severity/recovery continuum for clients diagnosed with eating disorders.
- Participants will be able to discuss the implications of the response processes inquiry framework in advancing the measurement and assessment models in the area of eating disorders.

S-74: Emotion dysregulation difficulties in adolescents and adults with anorexia nervosa and atypical anorexia nervosa

Carly Hajeasgari, PsyD, UCSD Eating Disorder Center for Treatment and Research, San Diego, CA, USA; Terra Towne, PhD, UCSD Eating Disorder Center for Treatment and Research, San Diego, CA, USA; Anna Ramirez, PhD, UCSD Eating Disorder Center for Treatment and Research, San Diego, CA, USA; Roxanne Rockwell, PhD, UCSD Eating Disorder Center for Treatment and Research, San Diego, CA, USA; Stephanie Knatz-Peck, PhD, UCSD Eating Disorder Center for Treatment and Research, San Diego, CA, USA; Christina Wierenga, PhD, UCSD Eating Disorder Center for Treatment and Research, San Diego, CA, USA; Walter Kaye, MD, FAED, UCSD Eating Disorder Center for Treatment and Research, San Diego, CA, USA

Considerable research suggests that emotion dysregulation difficulties play a key role in the development and maintenance of eating disorders (EDs). However, limited research has explored specific aspects of emotion dysregulation difficulties in atypical anorexia nervosa (AAN). Consequently, the present study examined differences in emotion dysregulation difficulties among adolescent and adult women diagnosed with anorexia nervosa [AN; $n = 24$, $MBMI = 17.74(2.17)$] and atypical anorexia nervosa [$n = 24$, $MBMI = 20.64(2.77)$]. Women matched on age [Mdn = 22.44, $M = 26.03(10.52)$ years] and duration of illness [Mdn = 4.33, $M = 8.97(9.59)$ years] completed the Difficulties in Emotion Regulation Scale (DERS) upon admission to a partial hospitalization program. After applying a Bonferroni correction (i.e., $p_s \leq .007$ are considered significant), women with AAN reported greater global difficulties with emotion regulation ($t(46) = 3.08$, $p = .003$) when compared to those with AN. Examination of the DERS subscales revealed group differences in impulse control, such that women with AAN reported greater difficulties in this area ($t(46) = 3.24$, $p = .002$). However, no significant group differences emerged on five other domains: non-acceptance of emotional responses ($t(46) = 1.39$, $p = .17$), difficulty engaging in goal-directed activity ($t(46) = 2.27$, $p = .028$), limited access to emotional

strategies ($t(46) = 2.54, p = .014$), lack of emotional awareness ($t(46) = 2.28, p = .027$), and lack of emotional clarity ($t(46) = 1.98, p = .054$). Findings provide further evidence that individuals with AAN exhibit associated clinical characteristics of equivalent of greater severity than those with AN. Overall, results highlight that treatment interventions focused on enhancing emotion regulation abilities may be beneficial when treating AAN.

Learning Objectives:

- Understand the differences in emotion regulation across diagnoses (AN and AAN).
- Gain a better understanding of atypical anorexia nervosa presentation.
- Inform and enhance treatment interventions for patients presenting with atypical anorexia nervosa.

S-75: Avoidant/restrictive food intake disorder is common, and associated with high levels of impairment and comorbidity, in adults with specific phobia of vomiting

Hana Zickgraf, MA, PhD, University of Chicago, Chicago, IL, USA; Erin Fink-Miller, PhD, Penn State Harrisburg, Middletown, PA, USA; Andrea Rigby, PsyD, Penn State Hershey Medical Center, Middletown, PA, USA

Adults ($N = 287$) with specific phobia of vomiting were recruited in online communities for individuals with vomit phobia or related digestive problems for a study exploring the prevalence and features of Avoidant/Restrictive Food Intake Disorder (ARFID) secondary to fear of vomiting in adults. Participants were screened using a questionnaire with a validated cut-off to identify probable vomit phobia. The 96.2% of screened participants ($n = 276$) who met the cut-off responded to questionnaire measures of 1) eating restrictions associated with ARFID, 2) a checklist of ARFID symptoms and perceived causes of eating restrictions, and 3) measures of clinical impairment from eating, depression and anxiety, and sensitivity to internal bodily sensations, and listed the foods they avoided and ranked reasons for avoiding food. They also provided height and weight, from which BMI was calculated. Self-reported ARFID symptoms were very common in this population, with a minority of patients (19.6%) denying any level of ARFID symptomatology, 30.8% reporting some weight loss, nutritional deficiency, supplement dependence, and/or psychosocial interference from restrictive eating (e.g., subclinical ARFID), and 49.6% reporting that one or more of these ARFID symptoms was present to a significant degree (e.g. meeting full ARFID criteria by self-report). There was evidence of increasing levels of impairment and comorbidity at each level of ARFID symptomatology, with those meeting full criteria reporting higher levels of depression, anxiety, and clinical impairment from eating than those with subclinical symptoms, who in turn reported higher levels compared to those denying any ARFID symptoms. Participants with no ARFID symptoms reported slightly higher BMI than those with any level of ARFID symptomatology. The groups also differed on the frequency of reported food avoidance, the types of food avoided, frequency of nausea, and sensitivity to bodily sensations.

Learning Objectives:

- Describe the prevalence and features of ARFID in adults with specific phobia of vomiting.
- Describe the types of foods avoided by adults with SPOV and ARFID, and their self-reported rationale for avoiding food.
- Describe potential mechanisms of ARFID risk in individuals with SPOV, including sensitivity to internal bodily sensations and self-reported nausea frequency.

S-76: Characteristics of outpatients diagnosed with the selective/neophobic presentation of Avoidant/Restrictive Food Intake Disorder

Hana Zickgraf, MA, PhD, University of Chicago, Chicago, IL, USA; Helen Burton Murray, BA, Drexel University, Philadelphia, PA, USA; Hilary Kratz, PhD, La Salle University, Philadelphia, PA, USA; Martin Franklin, PhD, University of Pennsylvania, Philadelphia, PA, USA

We conducted a chart review of all consecutive referrals for selective/neophobic avoidant/restrictive food intake disorder (ARFID) seen over a three-year period at a pediatric outpatient psychotherapy clinic specializing in OC-spectrum and anxiety disorders (N = 22). Our objective was provide initial descriptive psychopathology of the primary selective/neophobic symptom presentation of ARFID in an outpatient setting, and to explore the prevalence of the core ARFID symptoms and clinical differences among patients meeting criteria based on weight/nutritional symptoms vs. psychosocial impairment only. Although the ARFID diagnosis has existed since the publication of DSM-5 in 2013, research on the descriptive psychopathology of treatment-seeking patients with formal ARFID diagnoses is relatively sparse, and limited to tertiary eating disorder-focused treatment settings where most patients present with weight loss and malnutrition. In these settings, the selective/neophobic symptom presentation is relatively rare compared to other primary eating restrictions. Patients were predominantly male (81.8%), school-aged (4-11 years) and had no weight loss or growth problems. All met criteria for significant psychosocial impairment. There were not significant clinical differences between patients who did vs. did not meet weight loss/nutritional criteria for ARFID; these patients differed only in age and in the presence of appetite disturbances. These results provide novel data on the clinical characteristics of individuals who present with a primary presentation of selective/neophobic ARFID, including support for psychosocial impairment as sufficient for fulfilling ARFID criterion A.

Learning Objectives:

- Describe the clinical presentation of selective/neophobic eating restrictions in ARFID outpatients ages 4-25.
- Describe the four core criteria for diagnosing ARFID, and how patients with selective/neophobic ARFID differ in age and appetite symptoms according to which core criteria they fulfill.
- Make treatment and referral recommendations for pediatricians and other non-eating disorder specialists treating children with concerns about highly selective/neophobic eating but no evidence of weight loss or malnutrition.

S-77: Psychometric Assessment of the Eating Attitudes Test-26 in Adolescents with Chronic Pain

Leslie Sim, PhD, Mayo Clinic, Rochester, MN, USA; Cindy Harbeck-Weber, PhD, Mayo Clinic, Rochester, MN, USA; Jennifer Geske, MS, Mayo Clinic, Rochester, MN, USA; Jocelyn Lebow, PhD, Mayo Clinic, Rochester, MN, USA; Ale Ale, PhD, Mayo Clinic, Lacrosse, WI, USA

Adolescents with chronic pain frequently experience disruptions in eating patterns that may be classified under Avoidant Restrictive Food Intake Disorder (ARFID). In spite of the relevance of ARFID to eating disturbance in adolescents with chronic pain, research is limited by the lack of reliable and valid screening tools to assess problematic eating attitudes and behaviors in adolescents with chronic pain and in ARFID. The Eating Attitudes Test (EAT-26) is a reliable and valid measure to assess disordered eating in adolescents. However, little is known about the psychometric properties of this measure in adolescents with chronic pain and/or ARFID. The purpose of the current study was to evaluate factor structures proposed for the EAT-26 in adolescent patients with chronic pain. Participants were 881

adolescents (M age=16.1, SD=2.1; male n[%]=247[28%]) consecutively admitted into a three-week, pediatric pain rehabilitation program who completed the EAT-26 at admission to the program. Confirmatory factor analyses (CFA) were conducted for Garner's original 3 factor model of the EAT-26. The TLI (0.70), RMSEA (0.09), and CFI (0.73) indicated poor fit. A series of alternative models were tested with observed items loading into 3 factors; Dieting, Social Pressure to Eat, and Food Avoidance, excluding items 5, 9, and 26 that did not significantly load. Results indicated a better, yet not excellent, fit for the data (TLI: 0.80, RMSEA: 0.06), indicating that adolescents with chronic pain have variant eating disorder pathology than patients with eating disorders. These factor analytic findings with a sample of adolescents with chronic pain suggest an alternative factor structure be used to assess pain-related disordered eating. Implications for clinical assessment of adolescents with chronic pain and with ARFID will be discussed.

Learning Objectives:

- Describe how pain related disordered eating may be classified as Avoidant Restrictive Food Intake Disorder.
- Identify the lack of reliable and valid screening measures to assess pain related disordered eating and avoidant restrictive food intake disorder.
- Summarize an alternative factor structure for the Eating Attitudes Test-26 to assess eating disorders and pain related disordered eating in adolescents with chronic pain.

S-78: Interdisciplinary Inpatient Programming for the Treatment of Eating Disorders and Co-Occurring Mental Illness

Erin Kleifield, Stanford University, BA, MS, PhD, Silver Hill Hospital, New Canaan, CT, USA; Frank Buono, PhD, Yale School of Medicine, West Haven, CT, USA; Eric Collins, MD, Silver Hill Hospital, New Canaan, CT, USA; Brianna Cerrito, BA, Silver Hill Hospital, New Canaan, CT, USA; Julianne O'Connell, BA, Silver Hill Hospital, New Canaan, CT, USA; Micaela Scully, LCSW, Silver Hill Hospital, New Canaan, CT, USA; Kristy Rancourt, LCSW, Silver Hill Hospital, New Canaan, CT, USA; Sara Niego, MD, Silver Hill Hospital, New Canaan, CT, USA

Between 1 and 3% of the population are diagnosed with binge-eating disorder (BED), while the lifetime prevalence of bulimia nervosa is 2-4%. Nearly 80% of those with BED are diagnosed with another DSM disorder, such as mood, anxiety, substance use, and other eating disorders. Recent research provides strong evidence that interdisciplinary teams utilizing empirically supported treatments and complementary approaches are more effective in treating eating disorder patients with co-occurring substance use and personality disorders. The current study evaluated the preliminary efficacy of a 28-day (minimum) multidisciplinary eating disorder treatment program within a private residential hospital. Patients presented with multi-diagnostic issues (i.e. depression, anxiety, substance use disorder, trauma history, etc.). Dialectical Behavior Therapy and Cognitive Behavior Therapy were the foundation of treatment, while evidence-based complimentary approaches were embedded in the program as well (i.e. Compassion Focused Therapy, ACT Therapy, and exposure exercises). Patients (≥ 18) were voluntarily recruited to complete a battery of empirically validated questionnaires on admission, discharge, and 3 months post-discharge. We evaluated the initial efficacy of the program in treating depression, anxiety, substance abuse, body image, and other eating disorder psychopathology, as well as in promoting self-efficacy and the use of DBT skills. Preliminary results reveal a 69% reduction in symptoms of depression in addition to 76% increase in overall self-efficacy. Additionally, there was a 43% reduction in dietary restraint and 83% increase in overall body satisfaction. Clinically, these findings suggest that individuals are learning and practicing skills resulting in increased self-efficacy. In addition,

exposure challenges with food and body image may contribute to a reduction in fear and judgment. Further research is needed to support these clinical impressions.

Learning Objectives:

- Following the training, patients will understand the dialectical behavioral treatment approach to eating disorders.
- Following the training, patients will understand schema and body image in relation to themselves.
- Following the outcome measures, decreased depression and anxiety measures were seen in a majority of patients after the inpatient treatment.

S-79: Only a Minority of Women with Anorexia Nervosa and Bulimia Nervosa are on Weight Loss Diets but They Report More Severe Eating Disorder and Global Psychopathology

Amani Piers, BS, Drexel University, Philadelphia, PA, USA; Kanyinsola Yoloje, Drexel University, Philadelphia, PA, USA; Nicole Virzi, BA, Drexel University, Philadelphia, PA, USA; Michael Lowe, PhD, Drexel University, Philadelphia, PA, USA

Dietary restraint, the cognitive effort to eat less than one would like, is considered a proximal and omnipresent maintaining factor of Anorexia Nervosa (AN) and Bulimia Nervosa (BN). In contrast dieting to lose weight (DLW) is a more delimited state that is of particular concern among eating disordered individuals. We sought to characterize the dieting status of women seeking residential treatment for AN (n = 221) or BN (n = 234) and determine whether DLW was associated with eating disorder severity and global psychopathology. Participants completed the Eating Disorder Examination (EDE), Center for Epidemiologic Studies Depression Scale (CES-D), Anxiety Sensitivity Index (ASI), a weight history survey from which their weight suppression (WS; the difference between one's highest weight and current weight) was derived, and were asked if they were currently DLW. Body mass index (BMI) was measured. Only 29.0% of the AN subsample and 30.7% of the BN subsample endorsed current DLW. Dieters and non-dieters did not differ on BMI or WS in the AN or BN groups. In both the AN and BN groups, dieters had significantly higher scores than non-dieters on the CES-D, EDE Global, Dietary Restraint, Eating Concerns and Weight Concerns (all ps < .001). In the BN subsample, dieters had greater anxiety sensitivity (p = .033) and Shape Concerns (p < .001). Results indicate that a majority of individuals with clinically significant restrictive eating disorders are not actively DLW. Because dieters and non-dieters do not differ on BMI or WS, their dieting appears to be motivated by psychological more than weight concerns. Although nearly all those with AN or BN restrict their eating, many fewer are DLW. Motivations behind and manifestations of dietary restraint in these distinct groups should be a focus of future research to better understand the heterogeneity of eating disorder presentations. The DLW subgroup warrants increased scrutiny in efforts to improve the outcome of treatment.

Learning Objectives:

- Differentiate between dietary restraint and dieting to lose weight in individuals with restrictive eating disorders.
- Describe the frequency of dieting to lose weight in a treatment-seeking sample of individuals with anorexia nervosa and bulimia nervosa.
- Describe and understand the relations between dieting to lose weight and eating disorder severity, depression, and anxiety.

S-80: Confirmatory Factor Analysis and Measurement Invariance of the Eating Disorder Examination Questionnaire (EDE-Q) in a Non-Clinical Sample of Non-Hispanic White and Hispanic Women

Kelsey Serier, MS, University of New Mexico, Albuquerque, NM, USA; Jane Ellen Smith, PhD, University of New Mexico, Albuquerque, NM, USA; Elizabeth Yeater, PhD, University of New Mexico, Albuquerque, NM, USA

Body dissatisfaction and eating disorder rates have increased in racial and ethnic minority groups, yet the validity of various commonly-used eating disorder instruments has not been established in these populations. One way to establish validity is to test for measurement invariance; namely, that the same constructs are being measured across groups. This study tested for measurement invariance of the Eating Disorder Examination Questionnaire (EDE-Q) across non-Hispanic White and Hispanic women. Female undergraduates (n=561) were recruited from a southwestern U.S. university. Confirmatory factor analysis (CFA) and measurement invariance of the EDE-Q were tested in non-Hispanic White and Hispanic samples. CFA analyses revealed that the original four-factor structure did not fit the data in either group. Only a modified 7-item, three-factor structure of the EDE-Q provided an acceptable fit in both non-Hispanic White and Hispanic women. Thus, this modified EDE-Q factor structure was used to test the equivalence of the measure between groups. Results found that the factor structure was similar across groups, but the factor loadings and intercepts differed across non-Hispanic white and Hispanic women. A modified 7-item, three-factor structure of the EDE-Q provided an acceptable fit of the data, which is supported by previous research. However, the lack of measurement invariance suggests that researchers should be cautious when using this modified EDE-Q to make explicit comparisons between non-Hispanic white and Hispanic women. Future research should further examine the psychometric properties of the EDE-Q in ethnically diverse groups, specifically the role of dietary restraint among Hispanic women.

Learning Objectives:

- Analyze the construct validity of the Eating Disorder Examination Questionnaire (EDE-Q) across studies and samples.
- Describe how tests of measurement validity can be used to improve assessment of eating disorders.
- Understand the importance of testing the measurement validity of commonly used eating disorder measures in diverse groups.

S-81: Confirmatory Factor Analysis and Measurement Invariance of the Power of Food Scale in a Non-Clinical Sample of Non-Hispanic and Hispanic Women

Kelsey Serier, MS, University of New Mexico, Albuquerque, NM, USA; Jamie Smith, MS, University of New Mexico, Albuquerque, NM, USA; Jane Ellen Smith, PhD, University of New Mexico, Albuquerque, NM, USA; Katherine Belon, PhD, Raymond G. Murphy Veterans Administration Hospital, Albuquerque, NM, USA

The Power of Food Scale (POFS) is used to assess the psychological impact of living in a food rich environment, specifically assessing drive to consume highly palatable foods. The POFS is used in the assessment of binge eating and obesity. However, the validity of this measure has not been tested in diverse groups. This is particularly important given that women from ethnic minority groups often have elevated rates of binge eating and obesity. The current study sought to examine the construct validity of the POFS in a sample of Hispanic and non-Hispanic women. Female undergraduates (n = 469) were

recruited from a Southwestern university. Confirmatory factor analysis (CFA) and measurement invariance of the POFS were tested in non-Hispanic and Hispanic samples. CFA analyses revealed that the original three-factor structure was an acceptable fit of the data in both Hispanic [$\chi^2(87) = 266.70$, $p < 0.001$; CFI = 0.967; TLI = 0.961; RMSEA = 0.091 (90% CI = 0.079-0.10.) $p < 0.001$; WRMR = 0.956] and non-Hispanic women [$\chi^2(87) = 249.55$, $p < 0.001$; CFI = 0.968; TLI = 0.962; RMSEA = 0.092 (90% CI = 0.079-0.106) $p < 0.001$; WRMR = 0.904]. Given the acceptable fit in both groups, the three-factor structure model was used to test measurement invariance. Tests of measurement invariance showed that the factor structure, factor loadings, and factor means were equivalent across non-Hispanic and Hispanic women. In conclusion, the results provide additional support for the construct validity of the POFS. Additionally, the measure was invariant across group, suggesting that the measure behaves similarly in diverse groups and that direct comparisons can be made. The validity of the POFS in diverse groups underscores the potential utility of this measure to better understand the psychological impact of living in food-rich environments and to identify individuals that may be at risk for developing binge eating disorder and obesity.

Learning Objectives:

- Describe the construct validity of the Power of Food Scale across diverse groups.
- Describe the equivalency of the Power of Food Scale across non-Hispanic and Hispanic women.
- Analyze the utility of the Power of Food Scale to assess for risk factors associated with binge eating and obesity, especially in diverse groups.

S-82: Avoidant/Restrictive Food Intake Disorder in an Adult Treatment-Seeking Sample

Frances Bozsik, MS, University of Missouri--Kansas City, Kansas City, MO, USA; Marshall Beauchamp, MS, University of Missouri--Kansas City, Kansas City, MO, USA; Jennifer Lundgren, PhD, FAED, University of Missouri--Kansas City, Kansas City, MO, USA; Kathryn Kriegshauser, PhD, University of Missouri--Kansas City, Kansas City, MO, USA

Avoidant/Restrictive Food Intake Disorder (ARFID) has not been examined extensively. Further, extant research on ARFID has predominately focused on child samples, and thus the experience of adults with ARFID is not well understood. Indeed, this represents a critical gap in the literature. Therefore, the purpose of this study was to characterize an adult clinical sample of individuals who met criteria for ARFID at the time of intake, seeking anxiety treatment at a specialty anxiety treatment center in the Midwest region of the United States (Kansas City Center for Anxiety Treatment, P.A.; KCCAT). Participants ($N = 6$; Mage = 24.83; SD = 5.85) provided demographic information, completed the Mini International Neuropsychiatric Interview, along with measures of anxiety, depression, obsessive-compulsive symptoms, and quality of life at treatment baseline. Results indicated that participants most commonly had comorbid diagnoses of both hoarding and trichotillomania (66.67%). They presented with severe anxiety scores (Depression, Anxiety, and Stress Scale-21, Anxiety subscale: $M = 18.17$, $SD = 8.98$), moderate depression scores (DASS, Depression subscale: $M = 20.33$, $SD = 12.08$), and high scores on anxiety sensitivity (Anxiety Sensitivity Index-3: $M = 35.33$, $SD = 7.92$). Results also suggested that this sample had a significantly elevated level of obsessive/compulsive symptoms (Obsessive Compulsive Inventory Short Version: $M = 30.00$, $SD = 19.33$). Participants reported that they were currently dissatisfied with their lives (Satisfaction with Life Scale: $M = 13.67$, $SD = 7.17$), and evidenced impairment in functioning in multiple domains (Sheehan Disability Scale = $M = 19.67$, $SD = 8.02$; Work/School = 5.50; Social = 8.67; Family Life/Home = 5.50). Implications regarding treatment will be discussed.

Learning Objectives:

- Increase understanding of adult ARFID presentations at treatment baseline.
- Increase understanding of potential comorbid diagnoses that adult patients with ARFID may have.
- Increase understanding of treatment considerations for adult patients with ARFID diagnoses.

S-83: Psychometric Evaluation of the ELOCS in Bariatric Surgery Patients with Loss-of-Control Eating

Jessica Lawson, MSc, PhD, Yale School of Medicine, New Haven, CT, USA; Meagan Carr, MS, Yale School of Medicine, New Haven, CT, USA; Valentina Ivezaj, PhD, Yale School of Medicine, New Haven, CT, USA; Carlos Grilo, PhD, Yale School of Medicine, New Haven, CT, USA

Loss-of-control (LOC) eating is associated with greater eating and psychosocial pathology in bariatric surgery candidates, and research suggests LOC eating following bariatric surgery is associated with poorer psychological and weight outcomes. Clinical observation and emerging empirical data suggest differences in LOC eating before versus after surgery. The Eating Loss of Control Scale (ELOCS) is a validated measurement of LOC eating but its psychometric properties have not yet been examined in bariatric surgery patients. This study presents a psychometric examination of the ELOCS in a post-operative bariatric surgery sample. 171 individuals (82.5% female, 54.4% White) seeking treatment for LOC eating six months post-bariatric surgery completed the ELOCS as part of a larger assessment battery. Confirmatory factor analysis (CFA) was used to test fit for a 1-factor solution. Follow-up exploratory factor analyses (EFA) were used to examine alternative structures. CFA revealed poor fit for a 1-factor structure, $\chi^2=229.375(135)$, $p=.001$, CFI=.917, TLI=.906, RMSEA=.067. EFA data suggested that a 2-factor solution provided a statistical and conceptual alternative, $\chi^2=157.76(118)$, $p=.009$, RMSEA=.047. Factor 1 ($\alpha=.87$) reflected behavioral aspects and Factor 2 ($\alpha=.90$) reflected cognitive/emotional aspects of LOC eating. The total scale had good internal consistency ($\alpha=.94$). Bivariate correlations with other assessment instruments demonstrated good construct validity across both factors. Our findings suggest possible differences in the construct validity of the ELOCS among post-bariatric patients. In particular, the 1-factor solution, which has been supported in non-bariatric samples, showed a poor fit in the current sample. Preliminary EFA revealed an alternative solution that has conceptual appeal and fits the emerging literature, suggesting that LOC eating might present differently in post-bariatric patients. Further research is needed to confirm the 2-factor structure.

Learning Objectives:

- These data examine the psychometric properties of the Eating Loss of Control Scale (ELOCS) among post-operative bariatric patients.
- Results from the exploratory factor analysis of the ELOCS in this sample suggest a 2-factor solution, which departs from previous validation of a 1-factor structure in non-bariatric samples.
- LOC eating might present differently in post-operative bariatric patients. Further psychometric research is warranted to confirm the alternative 2-factor solution.

S-84: Eating disorder screening: A systematic review and meta-analysis of the SCOFF

Amanda Kutz, PhD, VA Connecticut Healthcare System, West Haven, CT, USA; Alison Marsh, BA, VA Connecticut Healthcare System, West Haven, CT, USA; Craig Gunderson, MD, VA Connecticut Healthcare System, West Haven, CT, USA; Robin Masheb, PhD, VA Connecticut Healthcare System, West Haven, CT, USA

The purpose of this systematic review and meta-analysis was to assess whether the SCOFF is an adequate screening tool for DSM-5 eating disorders, to examine the diversity of the samples the measure was validated in, and to evaluate the quality of these studies. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines were followed in preparing this review and a PubMed search was conducted among peer-reviewed articles. Information regarding validation of the SCOFF was required for inclusion. Quality of studies was assessed using the Quality Assessment of Diagnostic Accuracy Studies-2 (QUADAS-2) tool. The final analysis included 25 studies. The validity of the SCOFF was high across samples with a pooled sensitivity of .86 (95% CI, .78 - .91) and specificity of .83 (95% CI, .77 - .88). There was high heterogeneity ($I^2 = 97.63$, 95% CI, 97.17 - 98.09) consistent with differences in methodology, quality, and clinical characteristics of included studies. Subgroup analyses were conducted to examine the impact of these variables on diagnostic accuracy. Studies in which the SCOFF demonstrated lower sensitivity included more men, were done in North America, recruited from community samples, used a questionnaire as a reference standard, and recruited a random sample of participants as opposed to an at-risk sample. Few studies reported on BMI and race/ethnicity; thus, subgroups for these factors could not be examined. No studies used a reference standard which assessed all DSM-5 eating disorders. This meta-analysis of 25 validation studies demonstrates that the SCOFF is a simple and useful screening tool for populations demographically at higher risk for anorexia nervosa and bulimia nervosa. There remains a dearth of validation studies on the SCOFF in diverse samples. Given the evidence that the diagnostic accuracy of the SCOFF is impacted by various patient factors, further validation of the SCOFF in the general population is warranted.

Learning Objectives:

- Summarize validity of the SCOFF and describe characteristics of the samples the SCOFF has been validated in.
- Describe clinical, methodological and study quality factors which impact the sensitivity and specificity of the SCOFF.
- Identify gaps in the validation of the SCOFF and describe implications of these gaps in clinical practice.

S-85: Clinically Significant Change in Underweight Patients Treated in a Hospital-Based, Rapid Weight Restoration Behavioral Eating Disorders Program

Colleen Schreyer, PhD, Johns Hopkins School of Medicine, Baltimore, MD, USA; Saniha Makhzoumi, PhD, Johns Hopkins School of Medicine, Baltimore, MD, USA; Graham Redgrave, MD, Johns Hopkins School of Medicine, Baltimore, MD, USA; Angela Guarda, MD, FAED, Johns Hopkins School of Medicine, Baltimore, MD, USA

Inpatient treatment can effect change in BMI and disordered eating behaviors in a majority of patients with anorexia nervosa (AN), however relapse rates are high. Studies typically measure group change, but not whether change is statistically reliable or clinically significant at the individual level. Given recent calls for the assessment and publication of treatment outcomes on all-comers within the eating disorder field, this study evaluated patients admitted to a meal-based, behavioral integrated inpatient-partial hospital eating disorders treatment program. Participants (N=113) were consecutively admitted underweight inpatients with AN or subthreshold AN. The sample was primarily female (90.3%) with a mean age of 34.2 years (SD=15.6). Participants completed the EDEQ (EC, SC, and WC subscales), and the Eating Disorder Recovery Self-efficacy Questionnaire (EDRSQ; Normative Eating and Body Image subscales) at admission and program discharge. Admission BMI (M=15.7, SD=2.1), length of stay

($M=56.4$ days, $SD=32.3$), and weight gain rate ($M=4.0$ lbs/wk, $SD=2.1$) were assessed. Reliable Change Index (RCI) scores were calculated using Jacobson and Truax's (1991) method; significant RCI scores indicate change scores are statistically reliable. As a group, participants showed improvement from admission to program discharge on all measures ($p < .001$, $ES: .20-.77$); mean discharge BMI was 19.2 ($SD=2.1$). On the EDEQ and EDRSQ, a majority (55.6-70.6%) of participants fell within 1 SD of healthy participant norms at program discharge. The percent of participants demonstrating significant RCI scores varied depending on the subscale score (35.2-66.2%). Results compare favorably to recently published data from two intensive treatment programs for AN with slower weight gain rates and longer lengths of stay, and suggest that RCI scores should be a standard measure of outcome. Future research should examine the role of RCI as a predictor of relapse at follow-up from intensive treatment.

Learning Objectives:

- Explain the procedure for assessing if changes from pre- to post-treatment are statistically reliable and clinically significant.
- Describe the treatment outcomes data for patient admitted to a meal-based, behavioral integrated inpatient-partial hospital eating disorders treatment program.
- Review and discuss the methods for assessing change during treatment for patients diagnosed with eating disorders at the group and individual level.

S-86: Psychophysiological and affective, but not behavioral, responses to a high-calorie food stimulus distinguish between women with eating disorder diagnoses and healthy controls

Kara Christensen, MA, Medical University of South Carolina, Charleston, SC, USA; Melanie French, BS, Temple University, Philadelphia, PA, USA; Eunice Chen, PhD, Temple University, Philadelphia, PA, USA

Relatively little multi-method research has been conducted examining individuals with eating disorders when exposed to high-calorie food and when offered the opportunity for ad libitem eating. This study consisted of 128 females (BED $n = 75$, BN $n = 37$, AN $n = 16$) seeking treatment for an eating disorder and 24 healthy community (HC) participants with no history of psychiatric disorders. Participants were exposed to a high-calorie food while undergoing physiological monitoring. Following this task, they were placed in a separate room with a bowl of M&Ms, from which they were allowed to eat freely. We conducted general linear models predicting physiological variables and emotional variables using time point and diagnostic group. When predicting parasympathetic response (i.e., respiratory sinus arrhythmia), there was no main effect of time, however, there was a trend for a time by group interaction ($p = 0.077$) such that the BED group significantly increased after interacting with cookies ($p = .007$) whereas the other groups remained the same. When predicting negative emotion, there was a time by group interaction ($p < .001$), such that the BN and BED groups reported greater negative emotions after the cookies task ($p < .01$), whereas HCs and AN groups reported no change. When predicting urge to binge-eat, there was a time by group interaction ($p < .001$), such that BN and BED groups reported greater urges to binge after the cookies task compared to HCs and the AN group ($p < .05$). Although there were differences in emotional and physiological responses among eating disorder groups and HCs, there were no differences in ad libitem M&M consumption ($p = .60$). These results suggest that physiological monitoring and affective reporting may provide important information to distinguish between eating disorder diagnoses during food cue exposure and ad libitum consumption.

Learning Objectives:

- Describe differences between eating disorder groups and healthy controls in regards to affective and psychophysiological to a high-calorie food stimulus.

- Describe differences between eating disorder groups and healthy controls in regards to ad libitum eating following exposure to a high-calorie food.
- Evaluate the importance of utilizing multi-method approaches when studying eating disorders.

S-87: Yuk! What if Food Neophobia / Excessively Picky Eating / ARFID is NOT an anxiety disorder, or even an eating disorder, but a Disgust Disorder?

Katherine Dahlsgaard, PhD, ABPP, The Picky Eaters Clinic, Children's Hospital of Philadelphia, Philadelphia, PA, USA

The purpose of this paper is to review the evidence for a reconceptualization of food neophobia, excessively picky eating, and the "sensory sensitivity" subtype of ARFID as a disgust disorder. Disgust is nature's way of saying "DON'T EAT THIS!" and a powerful primary emotion, but has long been ignored in the field of psychology, most notably clinical psychology. There is increasing recognition within the literature that several subtypes of OCD (e.g., contamination, scrupulosity) and Specific Phobias (spiders, snakes, emetophobia) are probably best conceptualized as Disgust Disorders rather than Anxiety Disorders due to presenting phenomenology and relative resistance to quick habituation via exposure. In this review paper, the literature on phenomenology of disgust as it relates to food neophobia, picky, and overly selective eating will be reviewed and the support for a new conceptualization of these problems as Disgust Disorders will be proposed, along with implications for evidence-based treatment then discussed, specifically exposure-based treatment as it relates to habituation and inhibitory learning.

Learning Objectives:

- Describe the phenomenology of disgust as a primary emotion with accompanying cognitions and avoidance behaviors.
- Assess the scientific literature supporting the conceptualization of food neophobia / excessively picky eating / ARFID as a Disgust Disorder.
- Describe Implications for evidence-based psychotherapeutic intervention given this conceptualization.

S-88: Disgust is Uniquely Associated with Restrictive Eating in Adolescents with Anorexia Nervosa during an Objective Test Meal.

Francesca Gomez, BA, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Robyn Sysko, PhD, FAED, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Thomas Hildebrandt, PsyD, FAED, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Anorexia nervosa (AN) is characterized by severe weight loss through caloric restriction. Previous research found a significant correlation between pre-meal anxiety and lower amounts of food intake in the laboratory in individuals with AN. Recent research suggests that a higher aversive disgust response, measured with the Disgust Scale-Revised (DS-R), motivates persistent avoidance of food. The aim of this study was therefore to evaluate the unique relationship of disgust and anxiety to total consumption in two laboratory meals (single- and multi-item). Baseline meal data prior to the initiation of treatment, including caloric and macronutrient intake, number of foods consumed (diet variety), and diet energy density (kcal/g) was collected from 23 adolescent females with a low weight eating disorder from an ongoing randomized trial. Prior to the meal, fear of physiological arousal related to physical, cognitive, and social concerns, measured by Anxiety Sensitivity Index-3 (ASI-3), and individual differences to

disgust sensitivity, measured by DS-R, were assessed. We used generalized linear models to examine the unique relationship between feeding behavior and disgust sensitivity, controlling for anxiety sensitivity. Gamma distributions accounted for long tails and positively skewed data across dietary measures. The results indicated that disgust sensitivity was negatively related to consumption of dietary fat, kcal (multi item meal), and diet variety ($p \leq 0.05$). This relationship was stronger for those with anorexia than healthy controls for diet variety at the trend level ($p = 0.1$) and overall kcal consumed. These findings highlight the importance of investigating different manifestations of aversive learning and emotional responses in the context of restrictive eating and when considering potential therapeutic targets in the future.

Learning Objectives:

- Assess possible reasons for reduced food intake in individuals with low weight eating disorders.
- Describe the impact of disgust sensitivity on disordered eating behavior in low weight individuals.
- Explain the association between anxiety and anorexia nervosa based on models linking eating behavior with anxiety.

S-89: The characteristic changes in Japanese females with Anorexia Nervosa in the past 30 years.

Tomoko Harada, MD, PhD, Osaka City University, Osaka, Osaka Abeno-ku, Japan; Tsuneo Yamauchi, MD, PhD, Osaka City University, Osaka, Japan; Kazuya Nishimoto, MD, Osaka City University, Osaka, Japan; Saori Miyamoto, MD, PhD, Takarazuka Sanda Hospital, Hyogo, Sanda, Japan; Koki Inoue, MD, PhD, Osaka City University, Osaka, Japan

In Japan, the number of female patients with eating disorders has increased gradually since the 1980s with social progress among females and adoption of the Western culture that "thinness is good", and the current prevalence rate is similar to that of the Western countries. However, the differences in the characteristics of eating disorder patients in Japan over the time are not clear. In this study, we investigated the characteristic changes in outpatients with anorexia nervosa restricting type (AN-R), who consulted the neuropsychiatric department of the Osaka City University Hospital during the three decades from 1988 to 2017. The subjects were 718 AN-R patients aged between 15 and 30 years. They were divided into three groups of decades (the first group: 1988 to 1997, the 2nd group: 1998 to 2007, the 3rd group: 2008 to 2017). Patients' background such as age of onset, delay in treatment of eating disorder, minimum BMI, maximum BMI, and Eating Disorder Inventory (EDI) scores were compared between the three groups. In the subscale of EDI, significant differences were noted in drive for thinness ($p=0.002$), interpersonal distrust ($p=0.000$), and interceptive awareness ($p=0.006$); however, no significant differences were found in age of onset, treatment delay, and BMIs. The internal distress of female AN-R patients may have progressively increased over time, because female are expected to be super-women which means being perfect for keeping a thin body shape, playing an active part in society and school. This research is approved by the Ethics Committee of the Osaka city university.

Learning Objectives:

- Describe the characteristic changes in Japanese females with Anorexia Nervosa.
- Assess the Japanese anorexia nervosa over the time in past three decades.
- Assess socio-culture influenced on anorexia nervosa.

S-90: The mediating effect of Emotion Dysregulation between Gender Typicality/Contentedness and Drive for Muscularity

Nora Trompeter, Bachelor of Psycholog (Hons), Centre for Emotional Health, Macquarie University, Sydney, Australia; Kay Bussey, B.Econ (Hons), PhD, Centre for Emotional Health, Macquarie 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; Scott Griffiths, PhD, BPsych, University of Melbourne, Melbourne, Victoria, Australia; Deborah Mitchison, PhD, MCLinPsych, MSc, BPsych(Hons), Centre for Emotional Health, Macquarie University, Sydney, Australia

Drive for muscularity has been consistently linked with masculine norms, with some research suggesting a masculinity hypothesis, by which heightened masculinity puts males at risk for muscularity concerns. However, no research has examined if this extends to gender compatibility. The current study aimed to examine the link between gender compatibility (gender contentedness/typicality) and body dissatisfaction (drive for muscularity and weight/shape concerns) among male adolescents. A further aim was to examine if emotion dysregulation, a transdiagnostic feature of eating disorders, can account for this relationship. The study used cross-sectional data from Wave 2 of the EveryBODY study, a large longitudinal project investigating body image and eating disorders among Australian adolescents. Data collection is almost complete (expected $N > 2000$), and preliminary data from 478 male adolescents aged between 11-18 years ($M = 14$ years, 10 months, $SD = 1$ year, 6 months) were used. Participants completed a self-report questionnaire about gender compatibility, body dissatisfaction, emotion dysregulation, as well as demographics. Preliminary findings using structural equation modelling in AMOS revealed that the link between gender compatibility and body dissatisfaction was fully mediated by emotion dysregulation and psychological distress. However, contrary to hypotheses, the indirect relationship between gender compatibility and body dissatisfaction through emotion dysregulation was negative. Thus indicating that males who were more content with their male gender and believed they were typical of their gender were less emotionally dysregulated and in turn had a lower drive for muscularity and fewer weight/shape concerns, even when controlling for psychological distress. The results indicate that gender compatibility could be protective for body dissatisfaction rather than a risk factor, through the link with lower emotion dysregulation and lower psychological distress.

Learning Objectives:

- Describe the relationship between gender compatibility and body dissatisfaction.
- Assess the mediating role of emotion dysregulation.
- Understand the mediating role of psychological distress.

S-91: Cultural beauty ideals and positive ethnic self-regard in Black women: Towards culturally-informed models of body dissatisfaction and disordered eating

Alice S. Lowy, MA, Northeastern University, Boston, MA, USA; Elizabeth S. Cook, MS, Northeastern University, Boston, MA, USA; Debra L. Franko, PhD, FAED, Northeastern University, Boston, MA, USA; Rachel F. Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA

Available models of body dissatisfaction and disordered eating often reflect Eurocentric beauty ideals. It has been suggested that Black women in particular may internalize a mix of Eurocentric and culturally-specific beauty ideals, and that internalization of culturally-specific beauty ideals may protect this population from body dissatisfaction through positive ethnic self-regard. The purpose of our study was to examine whether the internalization of both culturally-specific and Eurocentric beauty ideals

mediates the relationships among positive ethnic self-regard, body dissatisfaction, and disordered eating. A sample of 153 Black female college students completed an online questionnaire assessing body dissatisfaction, disordered eating, positive ethnic self-regard, beliefs about Eurocentric and culturally-specific beauty ideals, and personal investment in those beliefs. Two integrated models were tested to investigate the potential mediating role of beliefs and investment in both culturally-specific and Eurocentric beauty ideals in the relationships among positive ethnic self-regard, body dissatisfaction and disordered eating. Findings indicated a good overall fit of the first model in which culturally-specific and Eurocentric beliefs mediated the relationship among positive ethnic self-regard, body dissatisfaction, and disordered eating ($\chi^2 = 4.32$, $p = .23$; GFI = .99; RMSEA = .05). Similarly, the second model in which both dimensions of investment in beauty ideals were the mediators revealed a good fit to the data ($\chi^2 = 5.29$, $p = .15$; GFI = .99; RMSEA = .07). These results suggest that the role of positive ethnic self-regard and internalization of both culturally-specific and Eurocentric beauty ideals in Black women warrants further investigation for potential implications in prevention work with regard to body dissatisfaction and disordered eating.

Learning Objectives:

- To examine the mediating relationship of cultural beauty ideals among positive ethnic self-regard, body dissatisfaction, and disordered eating in Black women.
- To explore the indirect effect of cultural beauty ideals on body dissatisfaction in Black women through positive ethnic self-regard.
- To discuss the importance of incorporating culture in the theoretical development of eating pathology in Black women.

S-92: Feminism Motivates ED Recovery: Perspectives from Recovered Individuals

Akash Wasil, BA, Harvard University, Cambridge, MA, USA; Katherine Venturo-Conerly, BA, Harvard University, Cambridge, MA, USA; Rebecca Shingleton, PhD, Harvard University, Cambridge, MA, USA; John Weisz, PhD, Harvard University, Cambridge, MA, USA

This poster illustrates how feminist themes influence eating disorder (ED) recovery motivation. We interviewed 13 recovered ED patients to identify factors that motivated recovery. Eligible participants were: a) at least 18 years old, b) formerly diagnosed with an ED, and c) recovered from their ED for at least one year prior to the interview. Participants were recruited from local ED advocacy groups in Boston, Massachusetts. We reviewed verbatim transcripts to identify important themes and created a codebook with five themes relating to feminism. Two coders independently assessed the presence or absence of these themes (Cohen's kappa ranged from 0.7 to 1.0). In the interviews, forty-six percent ($n = 6$) of our participants reported that feminist themes improved their motivation to recover. Participants reported that understanding harmful cultural forces (e.g., how magazines affect body image), developing strategies to fight these forces (e.g., reading fewer magazines), engaging with feminist texts, hearing about feminist ideas from clinicians, and forming relationships with strong female role models positively impacted their motivation. Some participants experienced less self-blame when they realized how cultural forces can influence the development of EDs, and some participants began to view recovery as an act of rebellion against harmful gender norms. In our final poster, we will offer quotes to illustrate these themes. Overall, our findings suggest feminist ideas and experiences can motivate ED recovery. Motivation-enhancing interventions for patients with EDs may benefit from incorporating feminist themes. Further research is needed to understand what kinds of feminist ideas are most helpful in therapy, which clients benefit most from feminist perspectives on EDs, and how best to integrate feminist ideas into evidence-based treatments.

Learning Objectives:

- Describe how feminist themes can motivate patients to recover.
- Understand the perspectives of patients who were exposed to feminist ideas during treatment.
- Understand how culture, gender, and media influence the development and maintenance of eating disorders.

S-93: An Examination of Negative Attitudes Towards Obesity and Thin-Ideal Internalization as Underlying Factors that Influence Ethnic Differences in Body Dissatisfaction

Jessica Habashy, BA, University of Nevada, Las Vegas, Las Vegas, NV, USA; Kristen Culbert, PhD, University of Nevada, Las Vegas, Las Vegas, NV, USA

The prevalence of body dissatisfaction differs between ethnic groups, yet within each ethnic group, there is substantial individual variability in the extent to which women are dissatisfied with their bodies. Identifying the factors that contribute to between-group and within-group variability in body dissatisfaction is critical for illuminating health disparities in risk for eating disorders. It has been theorized that ethnic group differences in body dissatisfaction are at least partially rooted in cultural differences in appearance-based ideals, namely the extent to which a thin or larger physique is idealized; however, few studies have empirically tested this hypothesis. Thus, the current study aimed to: (1) examine ethnic differences in rates of body dissatisfaction in a diverse sample of female college students (N = 314), and (2) determine whether between-group differences in body dissatisfaction are attenuated after controlling for individual differences in sociocultural appearance-based attitudes. Body dissatisfaction and negative attitudes towards obesity were assessed with the Eating Pathology Symptoms Inventory. Thin-ideal internalization was assessed with the Sociocultural Attitudes Towards Appearance Questionnaire. Black/African American women showed significantly lower levels of body dissatisfaction while Asian-American and White/non-Latina women showed the highest levels; Latina and Multiracial women reported intermediate rates of body dissatisfaction. Importantly, these ethnic group differences were completely attenuated after adjusting for individual differences in negative attitudes towards obesity and thin-ideal internalization. Overall, findings underscore that body dissatisfaction affects women from all ethnic groups and that sociocultural appearance-based attitudes are important for understanding which women, within an ethnic group, may be at greatest risk for body image concerns and the potential development of an eating disorder.

Learning Objectives:

- Discuss ethnic differences in body dissatisfaction.
- Recognize that sociocultural-based variables (i.e., negative attitudes towards obesity, thin-ideal internalization) may account for these ethnic differences in body dissatisfaction.
- Understand that findings suggest that negative attitudes towards obesity and thin-ideal internalization weakened the ethnic/racial differences in body dissatisfaction.

S-94: Confirmatory Factor Analysis of the muscle-oriented modified version of the Eating Disorders Examination-Questionnaire among Spanish males

Emilio J. Compte, MSc, PhD, Favaloro University, Buenos Aires, Argentina; Robin Rica, MSc, PhD Student, Autonomous University of Madrid, Madrid, Spain; Mar a Solar, MSc, PhD Student, Autonomous

University of Madrid, Madrid, Spain; Sara Foguet, MSc, PhD Student, Autonomous University of Madrid, Madrid, Spain; Ana R. Sep lveda, PhD, Autonomous University of Madrid, Madrid, Spain

The Eating Disorders Examination Questionnaire (EDE-Q) is a self-report measure that derives from the clinical interview Eating Disorders Examination and is one of the most used instruments in the evaluation of Eating Disorders (ED) in the female population. However, given that body image concerns and disordered eating are expressed differently among men and women, its effectiveness in capturing the reality of males is questionable. In the present study we aimed to assess the factorial structure of a muscle-oriented modified version for EDE-Q, among a sample of male university students from Spain. A Confirmatory Factor Analysis (CFA) for the theoretical 4-factor structure was performed in 505 students. Internal consistency and convergent validity, using specific measures for males (Muscle Dysmorphia Disorder Inventory, MDDI) was also evaluated. The retained model resulted in good fit indices. Satisfactory levels of internal consistency were obtained. In addition correlations with the MDDI are presented as evidence of convergent validity. The modified version of the EDE-Q data for males allows to assess more adequately muscularity-oriented ED in Spanish males.

Learning Objectives:

- To assess the psychometric properties of the muscle-oriented modified version of the Eating Disorders Examination-Questionnaire among Spanish males.
- To establish normative data in a community sample of male college students.
- To compare results with previous research using the original version of the Eating Disorders Examination-Questionnaire.

S-95: Cross-cultural study of behavioral factors associated to the Mediterranean Diet in Spanish and Chilean youth samples

Camila Oda-Montecinos, Psychologist, MSc, PhD, O'Higgins University, Rancagua, Region del Libertador Bernardo O'Higgins, Chile; Carmina Salda a, Psychologist, PhD, University of Barcelona, Barcelona, Catalunya, Spain

Little is known about the social, cultural and behavioral factors associated to the Mediterranean Diet. Some examples of these factors are meal preparation, mealtime socialization, food moderation or the practice of physical activity. The aim of the present study was to analyze behavioral factors associated to the Mediterranean Diet in Spanish and Chilean youth samples. Participants of the present study were 443 young adults, who completed the e-tona self-report. The sample was composed by 275 Spanish and 168 Chilean participants, and the 77% of the sample were women. The mean age and BMI was 21.9 years (SD=3.3) and 22.6 Kg/m² (SD=3.6), respectively. The mean BMI of both groups was allocated in the normal weight category. However, statistically significant differences were found between groups, with Chilean participants showing higher BMI. Results showed that both groups followed some of the recommendations of the Mediterranean Diet, such as mealtime sharing with family and friends or food size moderation. However, Chilean participants showed less regularity in serving meals, more snacking between meals, more fast food consumption and less consumption of homemade meals. Also, they showed a higher frequency eating while doing other activities, and less hours of exercise per week. Moreover, Spanish participants tended to consider food's nutritional value when shopping. Recommendations of the Mediterranean Diet are highly followed by Spanish participants of the present study compared to the Chilean group, which could explain the lower mean BMI of the former group. Therefore, further research of behavioral factors of the Mediterranean Diet is required. Encouraging

people to incorporate these factors in their lifestyle will be a tool for preventing and treating the obesity epidemic.

Learning Objectives:

- Identify what are the behavioral factors associated to the Mediterranean Diet.
- To describe if exist association between the behavioral factors associated to the Mediterranean Diet and differences in BMI of participants.
- Analyze if exist differences between Chilean and Spanish samples in relation to the behavioral factors associated to the Mediterranean Diet.

S-96: Can Early Response in CBT-GSH be Augmented by a Smartphone App?

Alison Printz, BA, Research Coordinator, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Robyn Sysko, PhD, FAED, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Andreas Michaeledes, PhD, Noom Inc, New York, NY, USA; Lynn DeBar, PhD, MPH, Center for Health Research, Kaiser Permanente Northwest, Portland, OR, USA; Tom Hildebrandt, PsyD, FAED, Icahn School of Medicine at Mount Sinai, New York, NY, USA

The purpose of this study was to examine early response to a guided self-help form of cognitive-behavior therapy (CBT-GSH) and examine the additive contribution of a smartphone app in reducing binge eating. Primary outcomes were from the Eating Disorder Examination (EDE) or Questionnaire (EDE-Q; objective bulimic episode; OBE, subjective bulimic episode; SBE) and Beck Depression Inventory (BDI). Logistic regression models examining predictive accuracy of early treatment change (week 4) on responder status (0 OBEs & 4 Global EDE subscale) were estimated using R package nnet and receiver operator characteristic (ROC) curves using auRoc. A total of 66 men and women with DSM-5 binge eating disorder or bulimia nervosa received 8 sessions of CBT-GSH either with (n=33) or without (n=33) a smartphone application designed to facilitate treatment. We tested specific measures of symptom change (EDE-Q Global; Shape/Weight Concern subscales, Eating Concern, body mass index (BMI), OBEs, SBEs, and BDI), and point estimates for area under the curve (AUC) varied across measures. A combined model using Global EDE, OBE, SBE, BMI and BDI was also tested. Individual symptom models indicated that change in OBEs, BMI, and BDI were the best predictors of response (AUC = 0.674-0.765, $p < 0.05$). The combined model improved accuracy over any individual item (AUC = 0.834, $p < 0.01$) with variable individual thresholds for maximal sensitivity and specificity (OBE = -78%, BDI = -24.5%, BMI = -0.15 Kg/m²). There was a significant interaction, with evidence that the predictive model performed better among those receiving CBT-GSH+app vs. CBT-GSH alone ($\beta = 0.12$, SE = 0.06, $p < 0.05$). Thus, a composite measure offered the most predictive information on early response, and a smartphone application for the treatment binge eating appeared to augment early response to CBT-GSH.

Learning Objectives:

- Describe the time course of response in a study of guided self-help.
- Discuss whether the addition of a phone app to guided self-help treatment affects the time course of response.
- Consider how to integrate the results of this analysis into the larger literature on early response to treatment in eating disorders.

S-97: Understanding Cultural and Gender Differences of Eating Disordered Behaviors on Social Media

Jessica Pater, PhD, Georgia Tech, Atlanta, GA, USA; Lauren Reining, MA, Parkview Research Center, Fort Wayne, IN, USA; Tammy Toscos, PhD, Parkview Research Center, Fort Wayne, IN, USA; Elizabeth Mynatt, PhD, Georgia Tech, Atlanta, GA, USA

The current knowledge base of online eating disordered behaviors is predicated on data that is gender and culturally homogenous. The data collected to construct this knowledge base was based on a lexical hierarchy that is grounded within clinical terminology. While this was an appropriate and useful starting point, it excludes clinically unrelated terminology that is used within the online eating disordered community. This presentation will review the findings from our research study that used an iterative methodology to uncover gendered and culturally specific characteristics for eating disordered behaviors across multiple online communities. Once the dataset was constructed, we used a mixed-methods approach to analyze the data. We used linguistic machine learning tools to assess sentiment and emotionality of the content in the dataset. We coupled this with an inductive content analysis to understand the different media archetypes that were present in the data. We will conclude the presentation with a discussion of how social media data like ours is being used to develop algorithms that claim to predict eating disordered behaviors and ethics that surround this.

Learning Objectives:

- Describe the variance of online presentations of eating disordered behavior and content based on gender and culture.
- Describe the ways in which eating disordered content is presented in online communities.
- Assess the potential ethical challenges of using social media data within clinical contexts.

S-98: Virtual Reality Cue Exposure Therapy for Eating Disorders: Development of a Culturally Specific Manual in the U.S. for Use in a Real World Clinic Setting

Emily Nauman, BA, PhD Student, PGSP-Stanford PsyD Consortium, Palo Alto, CA, USA; Theresa (Tess) Brown, BA, PhD Student, PGSP-Stanford PsyD Consortium, Palo Alto, CA, USA; Cristin Runfola, PhD, Stanford University, Stanford, CA, USA; Debra Safer, MD, Stanford University, Stanford, CA, USA; Kim Bullock, MD, Stanford University, Stanford, CA, USA; Katherine Nameth, BA, Research Coordinator, Stanford University, Stanford, CA, USA; Sarah Adler, PsyD, Stanford University, Stanford, CA, USA

A significant subset of eating disorder (ED) patients experience suboptimal outcomes. Recent European studies suggest that integration of virtual reality (VR) with evidence-based treatments increases treatment retention, improves adherence and enhances outcomes. There has been minimal US adoption of VR in the ED field, necessitating cultural adaptations. Our team has created a manual adapted from virtual reality cue exposure therapy (VR-CET) for eating disorders in Italy and Spain, to address the needs of patients in the US. This manual was created for adults who meet full or sub-threshold DSM-5 criteria for binge eating disorder or bulimia nervosa. VR-CET is integrated into standard CBT-E, and uses environments that simulate triggering eating-related situations to extinguish the binge response via repeated exposures. To inform development of the manual, in addition to a literature review, we collected data from Stanford providers about their exposure to VR, attitudes toward VR, and training needs via a semi-structured focus group (N = 6) and self-report surveys (n = 4), pulling themes from the data. Previous provider exposure to VR was minimal (4/4 providers had never used VR). Enthusiasm for VR was high (3/4 providers were extremely interested in it). Providers saw the advantages of VR as a bridge between the therapy room and reality, and expanding possibilities within cue exposures. Providers expressed concern about the accessibility, cost, or potential harm of VR (4/4 providers were at least slightly concerned), and whether VR has advantages over in vivo or imaginal

experiences. A need for a strong evidence base, and a clear rationale and protocol for implementation was highlighted. These data (in conjunction with existing research) were used to create an adapted VR-CET manual. The adapted manual reviews the rationale of and previous research supporting VR-CET, and delineates a protocol for assessment and exposure sessions.

Learning Objectives:

- Describe virtual reality cue exposure therapy (VR-CET) for binge eating disorder and bulimia.
- Assess the need for a culturally specific VR-CET manual that addresses the needs of eating disorder patients in the US.
- Describe provider attitudes toward virtual reality gleaned from a focus group and self-report surveys, and how these data informed key components of a culturally adapted VR-CET manual for eating disorders.

S-99: Effects of smartphone coaching intervention on specific markers of self-reported dietary intake for bariatric surgery candidates: preliminary results from a pilot randomized controlled trial

Youngjung Kim, MD, PhD, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Robyn Sysko, PhD, Icahn School of Medicine at 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; Tom Hildebrandt, PsyD, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Bariatric surgery outcomes are variable, often with suboptimal weight loss and/or weight relapse. Smartphone coaching applications offer a potential window of affecting behavioral change to improve outcomes in a widespread and cost-effective way, but clinical efficacy is unknown. In phase I of this pilot study, we investigated effects of pre-surgical treatment with mobile platform Noom Coach for Bariatric Health. Forty adult candidates (82.5% female) for bariatric surgery were recruited for pilot randomized controlled trial (Noom Bariatric Health vs. Standard Care). All participants dietary intake was assessed initially and after 8 weeks of intervention, with the 24-hour dietary recall (ASA24) to analyze food intake. Paired t-tests were used to compare within group changes in dietary parameters. Independent t-tests were used to assess inter-group differences at the end of treatment. Post intervention, both Noom and Control groups consumed numerically less total calories, empty calories, fat, and carbohydrates compared to their baseline. Reduction in empty calorie consumption was significant only in Noom ($t=2.39$, $p=0.04$, Cohen's $d=0.96$) and not in Control ($t=0.89$, $p=0.40$, Cohen's $d=0.30$). Both total kcal and total fat intake showed larger numerical reductions within Noom (kcal,fat: $t=1.94,2.07$; $p=0.08,0.07$; Cohen's $d=1.03,1.06$) compared to reductions seen within Control (kcal,fat; $t=0.41,0.48$; $p=0.69,0.64$; Cohen's $d=0.14,0.16$). There were no other significant changes in macronutrients and micronutrients within groups. At the end of treatment, Noom compared to Control groups had significantly lower percentage fat intake ($t=3.02$, $p=0.008$, Cohen's $d=1.42$) without initial difference at screening ($t=1.12$, $p=0.27$, Cohen's $d=0.36$). Though limited due to small sample size, preliminary results appear promising that mobile coaching intervention may have beneficial effects on diet pre-bariatric surgery. We will discuss the impact of these findings on potential post-surgery outcomes.

Learning Objectives:

- Describe specific within-group changes in the self-reported dietary parameters after intervention with mobile coaching or with standard care for bariatric surgery candidates.
- Describe the differences in dietary parameters between mobile coaching vs. standard care groups after intervention in the pre-bariatric surgery period.

- Understand that these preliminary results showing beneficial effects of mobile coaching intervention on diet in the pre-surgical period may offer a potential window of affecting behavioral change to improve post-surgical outcomes in a widespread and cost-effective way.

S-100: Any Males on here? Gender and Language in an Eating Disorder Forum

Johannes Feldhege, MSc, BA, Center for Psychotherapy Research, Heidelberg, Baden-Wuerttemberg, Germany; Markus Moessner, DPhil, Center for Psychotherapy Research, Heidelberg, Baden-Wuerttemberg, Germany; Markus Wolf, DPhil, Professorship for Clinical Psychology and Psychotherapy Research, Zurich, Canton of Zurich, Switzerland; Stephanie Bauer, PD, Dr. rer. soc., Center for Psychotherapy Research, Heidelberg, Baden-Wuerttemberg, Germany

The language in an online eating disorder forum was investigated and differences between male and female users in respect to linguistic style and content were explored. Posts and comments from an eating disorder forum on reddit.com, a popular social media website, were extracted over a period of eleven months using its official application programming interface (API). The extracted sample consists of N = 2,717 users (N = 232 male; N = 2,385 female) who wrote N = 107,880 comments and N = 10,819 posts in the pro-ED forum. Two types of computerized text analyses were conducted in order to investigate language styles and content of comments and posts. Language styles were analyzed with the Linguistic Inquiry and Word Count (LIWC) program. Predominant topics in the forum were identified using topic modelling with Latent Dirichlet Allocation (LDA). Differences in language styles, and prevalence of topics in posts and comments between male and female users were explored. Results of the text analyses, and differences in language styles and content between male and female users in the ED forum will be presented. The results have important implications for the field of eating disorder research in general and the research on online eating disorder communities in particular.

Learning Objectives:

- Describe bottom-up and top-down approaches to text analyses.
- Assess research opportunities in the area of online eating disorder communities.
- Understand the motivations of individuals for using online eating disorder communities.

S-101: Online sharing of dieting behaviour: What do mothers and young adolescent daughters think and feel?

Sarah Woodruff, PhD, University of Windsor, Windsor, ON, Canada; Sara Santarossa, PhD Candidate, University of Windsor, Windsor, ON, Canada

Dieting behaviour is prevalent on social networking sites. The purpose of this study was to investigate what daughters (and mothers) would think and feel if their mother (or daughter) posted about dieting behaviour and/or wanting to lose weight on a social networking site. Daughters (aged 12-15 years) and mothers (of daughters who are 12-15 years) were asked to share various opinions about social networking behaviours and attitudes in a 45-60 minute focus group. Eight separate focus groups (4 mothers, 4 daughters) were conducted with a total of 42 participants. Thematic analysis was used among transcribed transcripts. Daughters thought that mothers (and/or their mothers' friends) posting about dieting and weight loss had both positive (i.e., happy for them that they are doing something about their health and receiving support from peers) and negative (i.e., would make them uncomfortable) responses. Daughters thought that mothers should act as role models as negative body-size comparisons may be elicited within the daughters. Consensus among mothers was that dieting

behaviour was all around them and that if their daughter posted about wanting to diet and/or lose weight, they would have a situation-specific discussion with their daughter. If mothers saw something posted by their daughters friend, they would still discuss it with their daughter, rather than with the friend or the friends mother. Similarly, role modelling was evident among mothers, as mothers felt that if daughters were posting about dieting, it was likely a result of familial influence. As parent modelling exists offline between mothers and daughters, it is evident that similar influences exist in the online digital word of social networking sites. Very little research has been done within the online world and the need to develop tools to help foster positive online mother/daughter relationships is needed.

Learning Objectives:

- Better understand the mother/daughter relationship.
- Describe how dieting/wanting to lose weight influences mothers/daughters on social networking sites.
- Recognise that similar mother/daughter influences exist in the online digital word.

S-102: About Executive Function in Bulimia Nervosa and Binge Eating Disorder: A Systematic Review

Arnaldo Cascardo, MD, IPUB, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil; Adriana Daquer, BA, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil; Monica Duschene, BA, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil; Jose Carlos Appolinario, MD, PhD, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Background: More recently, several evidences suggested that eating disorders characterized by the phenomenon of binge eating and purging, such as bulimia nervosa (BN) and binge eating disorder (BED) may possible represent a diagnostic category subgroup sharing the same neurobiology expressed by specific neuropsychological patterns. **Objective:** The main objective of this study is to review the neuropsychological investigations assessing the executive function (EF) in subjects with eating disorders with binge eating and purging (BN and BED). **Methods:** A systematic review of the literature was performed using PRISMA guidelines (Preferred Reporting Items of Systematic Reviews and Meta-Analyses), using the following search terms: bulimia nervosa or binge eating disorder and executive function or executive dysfunction in MEDLINE/PubMed database. The articles retrieved were screened using a predefined standardized criterion and those selected were analyzed. **Results:** From a total of 47 articles identified, 14 studies assessing EF were included in this review, 7 in subjects with BN and 7 in patients with BED. Overall, these studies suggested that patients with BN showed EF abnormalities related most frequently in inhibitory control and in changing the set, and those with BED had an impact in several EF domains. **Conclusion:** The studies analyzed in this systematic review supports that there is an executive dysfunction in individuals with BN and BED. Besides, the evidences suggest that other factors such as co-morbid conditions may impact in the worsening of the EF. However, future research should contribute with more data to clarify the relevance and impact of those abnormalities for eating disorders characterized by binge eating and purging.

Learning Objectives:

- The main objective of this study is to review the neuropsychological investigations assessing the executive function (EF) in subjects with eating disorders with binge eating and purging (BN and BED).
- Evaluate which aspects of the Executive Functions are changed in Bulimia Nervosa and Binge Purging Disorder.

- To identify the subtypes of Executive functions are modified in the selected patients (BN and BED), and also point the instruments and scales are applied to evaluate the EF.

S-103: Using ecological momentary assessment to compare trajectories of negative affect and subjective feelings of control with individuals who do and do not plan binge episodes

Megan Parker, BS, Drexel University, Philadelphia, PA, USA; Helen Murray, BS, Drexel University, Philadelphia, PA, USA; Adrienne Juarascio, PhD, Drexel University, Philadelphia, PA, USA; Stephanie Manasse, PhD, Drexel University, Philadelphia, PA, USA

The current study was the first to investigate the negative reinforcement function of binge planning (BP; the cognitive process of a priori deciding where, when, and what foods to binge eat at least 1 hour before a binge episode). We examined if individuals with binge eating disorder (BED) who engage in BP, compared to those who do not engage in BP, show differential trajectories of negative affect (NA) and feelings of control. We hypothesized that individuals who plan episodes would: 1) report consistently lower or more slowly increasing levels of NA on binge days and 2) consistently feel more in control or have slower decreases in subjective control on binge days. We collected ecological momentary assessment (EMA) data for 2 weeks prior to enrollment in a small pilot study of CBT-guided self-help treatment for individuals with full or subthreshold BED. Participants (N=14) answered six, semi-randomly prompted EMA questions per day regarding binge episodes, levels of negative affect, and momentary levels of emotion regulation. At baseline, 42.9% (n=6) of participants reported some BP in the past month. Consistent with hypothesis 1, linear growth curve modeling indicated that anxiety more quickly decreased for individuals who engage in BP ($t=-2.20$, $p=.03$). Unexpectedly, individuals who engaged in BP consistently reported higher sadness throughout the day ($t=2.30$, $p=0.02$). Consistent with hypothesis 2, individuals with BP had more gradual decreases in feeling in control over their behavior ($t=-2.16$, $p=0.03$). Overall, we found partial support for the negative reinforcement function of BP. BP may be reinforced by alleviating anxiety and increasing subjective behavioral control on binge days. However, BP may also function to heighten one's sadness throughout the day as one anticipates an a priori planned binge. Future studies with larger samples should examine patterns of NA and subjective control before and after planned binges to further explore the function of BP.

Learning Objectives:

- Describe the cognitive process of binge planning.
- Assess the negative reinforcement function of binge planning.
- Consider the implications of this for targeting compulsive binge eating in treatment.

S-104: My child is better .. but what about me? What happens to parents once their child has recovered from an eating disorder

Genevieve Pepin, MSc, BscOT, PhD, Deakin University, Geelong, Victoria, Australia; Christine Headlam, BScOT, Deakin University, Geelong, Victoria, Australia

The impact of caring for someone with an eating disorder has been widely documented. Although interventions aimed at developing parents' skills when caring for their loved one with an eating disorder have proven efficient in decreasing burden and anxiety and improving coping skills, little is known about parents' experience when treatment is completed. Therefore, the purpose of this study was to explore the lived experience of parents once their child had recovered from an eating disorder and professional help had ceased. A qualitative phenomenological research design was implemented with 10 Victorian

parents (mothers=9, fathers=1). Participants' children were mostly females (females=9, males=1) with anorexia nervosa (anorexia=6, bulimia=4). In depth interviews were completed with participants. Data were analysed thematically and informed by interpretative phenomenological analysis. Four themes emerged from the data analysis: My child's recovery, My own recovery, The impact of the eating disorder on my life, and Rebuilding a new normal. Findings highlighted that the impact of the eating disorder on the parents was not a priority while their child was unwell and emotions appeared repressed, maintaining distress long after their child had recovered. Feeling abandoned by the eating disorders services and difficulty trusting recovery delayed parent's ability to rebuild their life post eating disorder. This study identified the hidden and unspoken impact of eating disorders on parents' roles, routines and occupational engagement. Insight into participants' lived experience and co-production with participants identified strategies for professionals working in the field of eating disorders whose professional beliefs include a holistic approach to recovery.

Learning Objectives:

- Determine the impacts of caring for someone with an eating disorder on parents' daily life.
- Identify strategies to support parents after their child has recovered from an eating disorder.
- Explain interactions between eating disorder services and community resources to better support parents' own recovery.

S-105: Collaborative Care Skill Training Workshop: Supporting carers through the eating disorder of their loved one

Genevieve Pepin, MSc, BScOT, PhD, Deakin University, Geelong, Victoria, Australia

This study examined the impact of participating in the Collaborative Care Skill Training Workshop on carers' coping strategies, expressed emotion (EE), burden, distress, confidence in their loved one's capacity to change, as well as the previously unexplored dimension of accommodating and enabling their loved one's eating disorder behaviour. The Collaborative Care Skill Training Workshop was developed by Janet Treasure and her colleagues in the UK in 2007. It consists of six 2-hour sessions, based on a comprehensive model of carer coping, designed to improve carers' well-being, coping strategies, and problem-solving skills, modify ineffective communication patterns, educate carers about Prochaska and DiClemente's transtheoretical model of change and teach carers the basic principles of motivational interviewing. In this study, a non-experimental research design was implemented and 77 carers from Victoria, Australia participated in the study and completed questionnaires at pre- and post-intervention and an 8-week follow-up. Significant reductions occurred in accommodation and enabling of some eating disorder behaviours, as well as in carers' maladaptive coping, EE, eating disorder specific burden and psychological distress. Increased confidence that their loved one could change was also observed. These changes were maintained at a follow-up. Results suggest that the workshop can be effective in decreasing carer use of maladaptive coping, carer distress and burden. Notably, it targets and has contributed to reducing factors associated with maintaining eating disorders such as accommodation and enabling of certain eating behaviours and high levels of EE. Modification to the content of the workshop may be required to improve carers' adaptive coping and reduce certain behaviours which accommodate and enable the eating disorder. Results also demonstrated that this intervention can be replicable in a different context with similar results.

Learning Objectives:

- Described the content of the Collaborative Care Skill Training Workshop.

- Identify the impact of participating in the Collaborative Care Skill Training Workshop in carers' coping strategies, expressed emotion (EE), burden, distress, confidence in their loved ones capacity to change, accommodating and enabling their loved ones.
- Understand the underpinnings of the Collaborative Care Skill Training Workshop.

S-106: Perceived coercion amongst patients admitted to hospital for the treatment of eating disorders.

Bethany Moody, BSc (Hons), Medical Student, Swansea University, Swansea, UK; Jacinta Tan, MBBS, MA, MSc, DPhil, FRCPsych, MD, PhD, Swansea University, Swansea, UK

Research suggests that a patient's experience of compulsion and coercion does not necessarily correspond with the legal status of their admission. It seems to be associated with negative pressures (experiencing threats and force) and procedural justice (perception of being treated fairly). The primary aim of this study is to determine the levels of perceived coercion that occurs during admission of patients for the inpatient treatment of eating disorders and relate this to admission status and perceived participant outcomes. The secondary aim is to explore participants' experiences and perceptions of inpatient treatment for eating disorders. Participants completed an online survey regarding previous inpatient admission(s) for the treatment of an eating disorder. This included the 20-item MacArthur Admission Experience Survey (MAES). 327 accounts of admission were collected. Participants admitted voluntarily perceived significantly less coercion and negative pressure, but more procedural justice than participants admitted involuntarily. The majority of adults admitted under compulsory treatment orders reported a high level of perceived coercion (81.8%). However, many voluntary participants also reported high levels of coercion (38.1%). Interestingly, when grouping participants based on outcome (whether they feel recovered, on the way to recovery, or still unwell) there was no statistical difference between perceived coercion, negative pressure, and procedural justice scores.

Learning Objectives:

- Gain insight into perceived coercion, negative pressure, and procedural justice during inpatient admission for the treatment of eating disorders.
- Gain insight into the extent of coercion in voluntary vs. formal inpatient admissions for the treatment of eating disorders.
- Gain insight into the impact of perceived coercion on perceived inpatient treatment outcomes in eating disorders.

S-107: Exploring the Relationship of Affect and Eating/Body Image-Cued Exercise and Binge Eating and Purging Pathology

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

Existing evidence indicates that individuals with eating disorder (ED) behaviors and attitudes are prone toward exercising when experiencing negative affect, but it is unclear whether this tendency is uniformly associated with ED psychopathology. We examined exercising in response to eating and body image related cues as a moderator of the relationship between exercising in response to negative affect and eating psychopathology, specifically binge eating (BE) and purging pathology. Undergraduates (N=305; 73% female) completed the Eating Pathology Symptom Inventory (EPSI) and the Reactive

Exercise Scale (RES), a newly developed self-report measure of affect and eating/body image-cued exercise. Multiple linear regression analyses controlling for sex and BMI indicated that the relationship between exercising in response to negative emotion and purging (EPSI Purging subscale) was moderated by exercising in response to eating/body image-related cues (Beta=.157, $t=2.83$, $p=.005$). Specifically, the tendency to exercise in response to negative emotion was increasingly predictive of purging pathology as the tendency to exercise in response to eating/body image cues increased. However, exercising in response to eating/body image-related cues did not moderate the relationship between exercising in response to negative emotion and BE (EPSI Binge Eating subscale; Beta=-.014, $t=-0.24$, $p=.812$), and neither exercise tendency was predictive of BE as measured by the EPSI. Affect and eating/body image-cued exercise may be similar to purging, in that both behaviors may serve as an attempt to suppress an emotional state by negating energy intake. Both behaviors alleviate distress by providing an outlet for it. BE, on the contrary, may leave an individual increasingly distressed and experiencing feelings of shame and guilt. Future research should clarify the distinct role of affect and eating/body image-cued exercise in different EDs and associated psychopathology.

Learning Objectives:

- Describe how exercising in response to eating and body image related cues moderates the relationship between exercising in response to negative affect and purging.
- Describe how exercising in response to eating and body image related cues moderates the relationship between exercising in response to negative affect and binge eating.
- Identify how affect and eating/body image-cued exercise may be similar to purging in alleviating distress.

S-108: "Emotional regulation and childhood trauma related to eating disorders"

Nelly Capetillo, MD, FAED, National Institute of Psychiatry Ramon de la Fuente Muñiz, National Autonomous University of Mexico, Mexico City, Mexico; Griselda Galván, CBT-E CREDO, MD, Autonomous University of Queretaro, Hospital Espanol of Eating Disorders, National Autonomous University of Mexico, Mexico City, Mexico; Laura Zavala, MD, FAED, National Institute of Psychiatry Ramon de la Fuente Muñiz, National Autonomous University of Mexico, Mexico City, Mexico; Alejandro Caballero, MD, National Autonomous University of Mexico, Mexico City, Mexico

Childhood abuse has been identified as non-specific risk factor for the development of eating disorders. Emotional dysregulation has been positively associated with eating disorders, it has been proposed that eating behaviors such as binge eating, vomiting and restriction, serve to regulate negative emotions. Burns et al. investigated emotional dysregulation as a potential mediator of the relationship between childhood trauma and eating disorders. They found in a sample of female students that emotional abuse in childhood was the only form of trauma consistently associated with eating disorders and that this relationship was mediated by emotional dysregulation. The present study aimed to examine the association of childhood trauma in relation to eating disorders and emotional regulation. It is a transversal, descriptive study. Sociodemographic data of the participants were collected and subsequently the following scales were delivered: Child Maltreatment Index, Childhood Trauma Questionnaire-Short Form, Difficulties in Emotional Regulation Scale (DERS). Diagnosis and severity of eating disorder were evaluated using diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5). 90 patients were recruited, 70% with a diagnosis of Bulimia Nervosa and 30% with a diagnosis of Anorexia Nervosa. Socio-demographic and clinical data were collected; scales were subsequently applied after informed consent. All participants were women between 14 and 30 years of age. Higher scores were obtained in the DERS and in the scales of childhood abuse in patients with

Bulimia Nervosa. Findings support previous research linking childhood trauma to eating psychopathology. Therefore multiple forms of childhood trauma should be assessed for individuals with eating disorders. The emotion regulation processes should also be considered in the treatment of eating disorders.

Learning Objectives:

- Examined the association of childhood trauma in relation to eating disorders and emotional regulation.
- Describe the sociodemographic characteristics of the sample.
- Describe the relationship between childhood trauma and eating disorders and the relationship between emotional dysregulation and eating disorders.

S-109: Pain perception in patients with eating disorders and its relationship with metacognition and interoceptive awareness

Gilda Fazia, MD, Magna Græcia University, Catanzaro, Italy; Marianna Rania, MD, PhD Fellow, Magna Græcia University, Catanzaro, Italy; Mariarita Caroleo, MD, PhD Fellow, Magna Græcia University, Catanzaro, Italy; Matteo Aloï, Psychologist, Magna Græcia University, Catanzaro, Italy; Elvira Anna Carbone, MD, Magna Græcia University, Catanzaro, Italy; Luana Colloca, MD, PhD, University of Maryland, Baltimore, MD, USA; Cristina Segura-Garcia, MD, PhD, Magna Græcia University, Catanzaro, Italy

Decreased pain sensitivity has been reported in anorexia (AN) and bulimia nervosa (BN), but data are scarce and inconclusive. Some biological variables as autonomic vagus overstimulation, blood pressure or skin temperature were hypothesized to play a causal role, but some other subjective psychological features need to be addressed as underlying factors. Body image distortion, dissociative symptoms, emotional suppression have been investigated as putative causal factors; to date, interoceptive awareness (IA), body listening and trusting and the tendency to not-worrying and distracting from nociceptal discomfort have not been deepened. Moreover, it seems reasonable hypothesizing a crucial effect on pain perception for metacognition capabilities in detecting, monitoring and discriminating external-internal stimuli. Finally, a comprehensive evaluation of pain perception in all eating disorders (EDs) subgroup, including Binge eating disorder (BED) is still missing. The study aims at: 1) comparing pain perception in EDs by means of self-report questionnaires and experimental stimulation of pain; and 2) assessing the relationship between pain perception, IA and metacognition in a sample of patients with EDs (DSM-5) or obesity. Our data showed low scores in the perception of neuropathic pain all patients and no differences emerged between different EDs diagnosis. Pain perception resulted highly associated to psychopathological dimensions of depression and anxiety and, more interestingly, to specific IA dimensions and mastery metacognitive regulation.

Learning Objectives:

- Understand differences in pain perception between eating disorders subgroup.
- Learn the impact of interoceptive awareness on pain perception.
- Learn the impact of metacognition on pain perception.

S-110: The Competency of Anorexia Nervosa Patients

Yoshiyuki Takimoto, MD, PhD, The University of Tokyo, Tokyo, Japan

One of major ethical problem in anorexia nervosa (AN) treatment is whether AN is competent or not. Especially, in the case of refusal treatment, the competency of anorexia nervosa has been discussed in court. In this study, Medical doctor in Japan, U.K. and U.S.A. attitudes towards the competency of AN were surveyed. Questionnaire survey on web were investigated in Japan, U.K. and U.S.A. Anorexia nervosa doctor in Japan (n=96), 11% considered AN patients full competent, 66% considered partial competent, and 23% considered incompetent. In U.K. (n=68), 15% considered AN patients full competent, 50% considered partial competent, and 35% considered incompetent. In U.S.A. (n=72), 14% considered AN patients full competent, 54% considered partial competent, and 32% considered incompetent. One third anorexia nervosa doctor in U.K. and U.S.A. think that anorexia nervosa patients lose their competency, while quarter in Japan. Most of reason for incompetency is the presence of pathologic value for example "fearfulness of fat". Compared to U.K. and U.S.A., Japanese doctor tend to consider AN patients competent. However, in Japan, compulsory treatment of AN patients in the situation of treatment refusal is often carried out. This is thought to be controversial. AN treatment in Japan, saving a life as beneficence ethical duty might be emphasized.

Learning Objectives:

- The medical doctor attitudes towards competency of anorexia nervosa.
- Evaluation of competency.
- Cross-national difference of competency in anorexia nervosa.

S-111: Predictors of adherence to treatment after bariatric surgery: A systematic review

Cittim Palomares, National Autonomous University of Mexico, Tlalnepantla, Mexico; Georgina Alvarez-Ray n, National Autonomous University of Mexico, Tlalnepantla, Mexico; Juan Manuel Mancilla-Diaz, National Autonomous University of Mexico, Tlalnepantla, Mexico; Mayaro Ortega-Luyando, National Autonomous University of Mexico, Tlalnepantla, Mexico; Adriana Amaya-Hernandez, National Autonomous University of Mexico, Tlalnepantla, Mexico

Currently the treatment option for morbid obesity is bariatric surgery (BS); however, it requires patients to make behavioral changes, being that one of the main predictors of postoperative success is adherence to treatment (ADT). The purpose of this study was to conduct a systematic review of the studies that during the last decade have aimed to identify the predictors of post-BS ADT. The search was made on the Web of Science, MedLine and PsycInfo databases, following the PRISMA declaration principles. Based on the inclusion and exclusion criteria, 16 studies were included in the final analysis. Only 10 of the studies were prospective, while the rest were retrospective or retro-prospective. Regarding the indicators of ADT, 81% considered only one, mostly weight loss (69%); the number of studies that included some other indicator (e.g., nutritional follow-up, realization of physical activity) was minimal. As for the pre-BS variables, the main predictors of ADT were: body mass index, number of previous diets, cognitive restriction, willingness to perform physical activity and cognitive functioning; sex and age effect were inconsistent. Regarding the post-BS variables, the following were shown to be good predictors: early weight loss, adherence to diet and performance of physical activity. There were few identified studies, which present great methodological inconsistencies, among which the dissimilarity in the variables examined stands out, even about the definition of ADT itself, which weakens the evidence. Therefore, the need to systematize the research leading to define which variables affect the ADT of patients who are under BS protocol is imperative. Work funded by DGAPA-UNAM-PAPIIT (No. IN307218).

Learning Objectives:

- Describe the behavioral changes that include adherence to the treatment of patients under bariatric surgery protocol.
- To describe the therapeutic adherence in patients under bariatric surgery protocol.
- To identify the factors that influence the therapeutic adherence in patients under bariatric surgery protocol.

S-112: Eating Disorder Recovery: A Metaethnography

Carrie Eaton, PhD, RNC-OB, C-EFM, CHSE, University of Connecticut, Storrs, CT, USA

The purpose of this article was to synthesize qualitative research studies with various eating disorder (ED) populations in order to help elucidate the ED recovery process from the perspective of those who have overcome the disease. Eating disorder recovery is often seen as impossible. In addition, the concept of full recovery is difficult to grasp. This research utilized Noblit and Hare's (1988) approach to metaethnography. Through the process of synthesizing the rich data in each article, this author extrapolated 5 overarching themes reflecting the complex psychological processes of eating disorder recovery: (a) the eating disorder as a life jacket, (b) drowning: recognizing consequences, (c) treading the surface: contemplating recovery, (d) swimming: the path towards recovery, and (e) reaching recovery: a sense of freedom. Implications for healthcare providers include a significant opportunity to make a difference in the care experiences of individuals with an ED. Unfortunately, this opportunity often is lost as EDs are minimized and misunderstood. An integral first step in improving recovery trajectories includes promoting awareness of ED signs and symptoms as well as appropriate.

Learning Objectives:

- Describe a definition of eating disorder recovery.
- Describe Noblit and Hare's (1988) process of metaethnography.
- Discuss the findings and clinical implications of a qualitative study on eating disorder recovery.

S-113: Experiences of Mothers Recovered from Anorexia Nervosa and its Impact on Maternal-Child Feeding

Carrie Eaton, PhD, RNC-OB, C-EFM, CHSE, University of Connecticut, Storrs, CT, USA

There are invisible wounds in a mother recovered from anorexia nervosa that can resurface when faced with feeding a child everyday. Mothers recovered from anorexia nervosa often have ongoing concerns and dilemmas around food that are difficult to verbalize, yet there is stigma associated with asking for help. This study utilized Colaizzi's (1978) descriptive phenomenological method underpinned by the philosophy of Edmund Husserl. An unstructured interview process consisting of an open-ended question started the interview and was helped to facilitate the collection of rich data and poignant experiences. Using Colaizzi's procedural steps of analysis, six themes of meaning were explicated in the pilot study. These six themes, when combined as a whole, described the true essence of the journey of mothers recovered from anorexia who are faced with feeding their children everyday. For moms with a history of anorexia nervosa the process of forging a healthy relationship with feeding their children requires healthcare providers to extend emotional support, dietary guidance, counseling referrals when needed, and most importantly, an educated and non-judgmental attitude.

Learning Objectives:

- Describe recovery from anorexia nervosa.
- Discuss the use of Colaizzi's (1978) phenomenological research related to this study topic.
- Discuss the findings and clinical implications of a phenomenological study on mothers recovered from anorexia feeding their children.

S-114: Assessing Profiles of Food Neophobia in Adult Picky Eaters Across Diagnostic Categories

Julia Nicholas, Research Assistant, Duke Eating Disorder Research Laboratory, Duke University, Durham, NC, USA; Erik Savereide, BS, Clinic Manager, Duke Center for Eating Disorders, Duke University, Durham, NC, USA; Bruny Kenou, Research Assistant, Duke Eating Disorder Research Laboratory, Duke University, Durham, NC, USA; Stephanie Ng, Research Assistant, Duke Eating Disorder Research Laboratory, Duke University, Durham, NC, USA; Gregory Wallace, PhD, George Washington University, Washington, DC, USA; Marsha Marcus, PhD, University of Pittsburgh, Pittsburgh, PA, USA; Nancy Zucker, PhD, Duke Center for Eating Disorders Associate Professor, Duke University, Durham, NC, USA

The purpose of this study was to examine profiles of food neophobia across food categories and eating disorder diagnoses as a possible means of further clinically differentiating disorders. Responses from self-identified adult picky eaters responding to an online questionnaire battery (n = 8,009) were analyzed to explore cross-diagnostic differences in food neophobia in adult picky eaters. Scoring syntax for the Eating Disorders Diagnostic Scale was used to determine respondents' diagnostic categories according to Diagnostic and Statistical Manual-IV criteria. A questionnaire developed for the battery was used to diagnose Avoidant/Restrictive Food Intake Disorder (ARFID). Participants meeting diagnostic criteria for ARFID (n = 2530), anorexia nervosa (n = 54), or bulimia nervosa (n = 320) were compared on reported likelihood of trying various food categories (e.g., vegetables, fruits, and bread products), as well as on age group, onset age of picky eating, and highest education level completed. One-way ANOVA with post-hoc Tukey and LSD tests revealed a significant effect of eating disorder diagnosis on respondents' willingness to try different types of food (p .05). Individuals with ARFID reported significantly less likelihood to try fruits and vegetables compared to individuals with AN or BN. Additionally, individuals with ARFID reported significantly more avoidance of vegetable juice, unprocessed meat, and mixed foods compared to individuals with BN. Tests also indicated significant differences in approach likelihood for alcoholic beverages. Individuals with AN reported more avoidance of trying beer compared to individuals with BN, and individuals with ARFID reported more avoidance of trying beer, wine, and liquor compared to individuals with BN. These findings suggest that differential profiles of neophobia across food categories may be helpful in elucidating the similarities and differences in AN, BN, and ARFID, and that further examination is warranted.

Learning Objectives:

- Explore the features of foods that are avoided in adults with ARFID, including factors such as likelihood of food consistency across presentations, and sensory features, among other characteristics.
- Describe the features of food neophobia in anorexia nervosa and bulimia nervosa, and hypothesize about the motivations for these categories of food avoidance beyond weight and shape concerns.
- Explore the sensory and ingestive features of alcohol consumption and alternative hypotheses to explain findings regarding alcohol avoidance in ARFID as reported in the current study.

S-115: Facets of impulsivity and compulsivity are differentially associated with disordered eating behaviors among adults with bulimia nervosa

Katherine Schaumberg, PhD, University of Wisconsin, Madison, WI, USA; Anna Bardone-Cone, PhD, University of North Carolina, Chapel Hill, NC, USA; Carol Peterson, PhD, University of Minnesota, Minneapolis, MN, USA; Daniel Le Grange, PhD, FAED, University of California - San Francisco, San Francisco, CA, USA; James Mitchell, MD, Sanford Health, Fargo, ND, USA; Ross Crosby, PhD, Sanford Health, Fargo, ND, USA; Steve Wonderlich, PhD, Sanford Health, Fargo, ND, USA; Scott Crow, MD, University of Minnesota, Minneapolis, MN, USA; Thomas Joiner, PhD, Florida State University, Tallahassee, FL, USA; Marjorie Klein, PhD, University of Wisconsin, Madison, WI, USA

While facets of both impulsivity and compulsivity appear central to the development and maintenance of bulimia nervosa (BN), specific BN behaviors may be propagated by differing profiles of risk. The current study examined associations between dimensions of impulsivity and compulsivity and BN symptoms (binge eating, vomiting, laxative use, driven exercise), both in terms of the presence of such behaviors and their frequency. Two hundred and four women ($M_{age} = 25.7$) who met criteria for full or subthreshold BN completed self-report measures of perfectionism (Frost Multidimensional Perfectionism Scale), anxiety (Spielberger Trait Anxiety Inventory), impulsivity (Barratt Impulsiveness Scale 11; Impulsive Behavior Scale), eating disordered behaviors (Eating Disorder Examination Questionnaire), and associated psychiatric symptoms (Michigan Assessment Screening Test/Alcohol-Drug; Maudsley Obsessive-Compulsive Inventory). Factor analysis revealed multidimensional impulsive and compulsive traits (7 impulsivity factors; 5 compulsivity factors). In zero-sensitive regression models, different facets of impulsivity evidenced association with the presence of binge eating (risk taking), laxative use (impulsive spending), and fasting (difficulty concentrating), along with the frequency of vomiting (long-term planning difficulties). In contrast, compulsive dimensions were only associated with driven exercise (high standards) and fasting (concern over mistakes, high standards, parental expectations). Obsessive-compulsive symptoms related to increased presence of driven exercise (cleaning) but decreased presence of laxative use (checking) and frequency of vomiting (slowness). Overall, impulsive and compulsive factors and symptoms showed distinct associations with specific eating disorder behaviors, even among those with the same diagnosis. Results also highlight a connection between restrictive behaviors (fasting and driven exercise) and dimensions of compulsivity in those with BN.

Learning Objectives:

- Describe differing facets of impulsivity, compulsivity, and associated symptoms. Express how these constructs are both related and distinct.
- Explain how zero-inflated regression models allow for the simultaneous examination of the presence and frequency of eating disordered behaviors, and how the application of such models can inform understanding of how eating disorder risk factors, like impulsivity and compulsivity, may differentially operate in the onset and escalation of eating disordered behaviors.
- Explain how specific facets of impulsivity and compulsivity are differentially associated with the presence and frequency of eating disordered behaviors among individuals with BN. Identify limitations of the current study and avenues for future work to understand how personality-related risk factors may operate at the level of specific eating disorder symptoms.

S-116: Social cognition in anorexia nervosa (AN), recovered AN, and healthy controls

Jess Kerr-Gaffney, MA, MSc, King's College London, London, UK; Amy Harrison, MPsy, PhD, DClinPsy, University College London, London, UK; Kate Tchanturia, PhD, DClinPsy, King's College London, London, UK

The purpose of this study is to examine perception of non-verbal communication in women with anorexia nervosa (AN), recovered AN (AN-REC), and healthy controls (HCs). Thirty-nine participants were recruited from the community and specialist eating disorder services, and completed a battery of social cognition tests, including the Mini Profile of Nonverbal Sensitivity (MiniPONS). The MiniPONS measures the ability to recognise emotions and intentions from different forms of nonverbal communication (bodily gesture, vocal prosody, facial expression). Clinical and demographic information was also collected. Groups did not differ in age, years of education or IQ. Preliminary results showed that compared to HC, AN-REC were significantly poorer at recognising vocal prosody, but significantly better at perceiving communication through bodily gesture. These findings partially support previous work demonstrating difficulties in the social-cognitive domain in those with a current or past diagnosis of AN. However, AN-REC may demonstrate strengths in decoding certain types of nonverbal communication, a factor which may be important to distinguish when measuring related constructs, such as theory of mind.

Learning Objectives:

- Describe the importance of studying social cognition in AN.
- Understand how nonverbal communication may play a role in the social difficulties displayed in those with AN.
- Describe how difficulties in social cognition may be targeted in treatment.

S-117: Neuropsychological evaluation of hospitalized patients with anorexia nervosa: a prospective cohort study

Andreza Lopes, Neuropsychologist, Clinical Therapist, University of São Paulo, Clinic for Eating Disorders (AMBULIM), Hospital das Clínicas da Universidade de São Paulo, São Paulo, Brazil; Daniele Stivanin, Neuropsychologist, Clinic for Eating Disorders (AMBULIM), Hospital das Clínicas da Universidade de São Paulo, São Paulo, Brazil; Mirella Baise, Neuropsychologist, Clinic for Eating Disorders (AMBULIM), Hospital das Clínicas da Universidade de São Paulo, São Paulo, Brazil; Mariana Flaks, Neuropsychologist, Clinic for Eating Disorders (AMBULIM), Hospital das Clínicas da Universidade de São Paulo, São Paulo, Brazil; Marcelo Costa, Orthoptist, Associate Professor, University of São Paulo, São Paulo, Brazil; F Bio Salzano, Psychiatrist, Clinic for Eating Disorders (AMBULIM), Hospital das Clínicas da Universidade de São Paulo, São Paulo, Brazil; T Ki Cord S, Psychiatrist, Clinic for Eating Disorders (AMBULIM), Hospital das Clínicas da Universidade de São Paulo, São Paulo, Brazil

The aim to identify changes in neuropsychological evaluations after treatment for anorexia nervosa in hospitalized patients. 17 female patients with anorexia nervosa were evaluated at hospital admission and discharge, with a number of neuropsychological tests, including attention, cognitive functions, memory, visuospatial exams, visuoconstruction abilities, and also the Beck Anxiety and Depression Inventory and the factor analysis of personality. Results were compared between the moments. Patients showed positive improvement, after anorexia nervosa treatment, in the short and long-term verbal memory functions ($p = \leq 0,005$). However, there was no alteration in their long-term visual memory, attention, visuospatial and visuoconstruction abilities and the executive functions, in cognitive flexibility, inhibitory control, verbal reasoning and concepts formation and planning, at hospital discharge. The results suggest that patients with anorexia nervosa showed various neuropsychological deficits during

hospitalization, and after treatment and hospital internment, there were no improvement in this functioning. These findings suggest that these cognitive deficits might be part of a premorbid cognitive pattern, and once associated to the disorder residues, they do not improve even after multidisciplinary short-term treatment.

Keywords: Neuroscience; Neuropsychology; Cognitive Functioning; Anorexia Nervosa.

Learning Objectives:

- To identify the cognitive deficits found in patients with anorexia nervosa in hospital admission after the period of hospitalization.
- Relate the clinical aspects of hospitalization time, amount of hospitalization, body mass index and mood symptoms, to the neuropsychological profile of patients with severe Anorexia Nervosa.
- To identify how cognitive deficits may have an influence on the maintenance of the eating disorder of patients with Anorexia Nervosa.

S-118: Reassurance-seeking is a good thing isn't it?

Glenn Waller, DPhil, FAED, University of Sheffield, Sheffield, Yorkshire, UK; Grace Brennan, BSc, University of Sheffield, Sheffield, Yorkshire, UK

Reassurance-seeking is a safety behaviour that is well understood in the anxiety disorders and depression. It differs from other safety behaviours because it is entirely based on obtaining other people's support. It serves the short-term function of reducing concerns, but makes them worse in the long term, and can drive people away, reducing the availability of support. However, there is almost no understanding of the impact of reassurance-seeking in the field of eating disorders, even though clinical experience suggests that many patients seek such reassurance. This experimental study tested the effects of different forms of reassurance-seeking in a naturalistic setting among a non-clinical group of young adult women. The 64 women were randomly assigned to one of three conditions: seeking reassurance about their body, seeking reassurance about their personality, and no reassurance-seeking. Each completed measures of eating pathology (ED-15) and body dissatisfaction (Body Satisfaction Scale) before and after the reassurance-seeking task period (asking another person for reassurance about their body once an hour for eight hours; asking for reassurance to the same schedule; no action). They then completed the same measures again. Under the control condition, there was no change in eating pathology or body dissatisfaction. However, each of the experimental manipulations had an impact on eating pathology, though those effects were different. Seeking reassurance about their body resulted in greater weight and shape concerns and fear of uncontrollable weight gain, while seeking reassurance about their personality resulted in greater eating concerns. These findings indicate that reassurance-seeking has the potential to worsen eating disorder symptoms, but in different ways. The multifaceted nature of reassurance-seeking will be outlined, to understand these specific patterns of association and to detail potential clinical implications.

Learning Objectives:

- Understand the role of reassurance-seeking as a safety behaviour.
- Distinguish personality- and body-related reassurance-seeking as having different impacts.
- Identify whether reassurance-seeking is a safety behaviour that should be considered and addressed when formulating and treating eating disorder pathology.

S-119: The Evaluation of Interactions between Perfectionism, Negative Urgency, and Distress Tolerance in Eating Disorder Pathology

Helen Brandt, George Mason University, Fairfax, VA, USA; Christine Reha, BS, George Mason University, Fairfax, VA, USA; Jose Dinh, BS, George Mason University, Fairfax, VA, USA; Joseph Wonderlich, MA, PhD Student, George Mason University, Fairfax, VA, USA; Sarah Fischer, PhD, George Mason University, Fairfax, VA, USA

Both perfectionism and negative urgency, the tendency to act rashly in response to distress, are personality traits implicated in the development and maintenance of eating pathology. No previous studies have examined the interplay of these three variables on eating disorder symptoms. It is possible that individuals who are both highly perfectionistic and have difficulty tolerating negative affect may be more likely to engage in disordered eating behaviors than those who strive for perfection but have adaptive emotion regulation abilities. The purpose of this study was to examine how individual differences in distress tolerance moderate the influence of perfectionism and negative urgency on eating pathology. We hypothesized that individuals with high levels of both negative urgency and low distress tolerance, and individuals with high levels of perfectionism and low distress tolerance, would have the highest levels of eating pathology. Participants included 142 undergraduate women from a mid-Atlantic university, all of whom completed the Distress Tolerance Scale, the UPPS-R Impulsive Behavior Scale, the Eating Disorder Examination Questionnaire, and the Multi-Dimensional Perfectionism Scale. Hierarchical linear regression analysis indicated there were significant main effects of perfectionism and negative urgency on eating disorder severity, as well as a significant interaction between distress tolerance and negative urgency. No significant three way interaction was found. After statistically adjusting for all covariates, both perfectionism and negative urgency had unique relationships to eating pathology. Finally, the relation of distress tolerance to eating pathology is conditional upon levels of negative urgency, such that high levels of negative urgency and poor distress tolerance is associated with greater eating pathology. No such relationship was found for perfectionism, suggesting that this has a unique main effect on disordered eating.

Learning Objectives:

- Assess the relationship between negative urgency and distress tolerance.
- Better ascertain a role of perfectionism in eating pathology.
- Describe how negative urgency interacts with eating pathology.

S-120: The Relative Importance of Emotion Regulation Difficulties in Eating Disorder Symptoms

Helen V. White, University of Minnesota Twin Cities, Minneapolis, MN, USA; Lisa M. Anderson, PhD, Postdoctoral Fellow, University of Minnesota Twin Cities, Minneapolis, MN, USA; Jesse D. Dzombak, BA, University of Minnesota Twin Cities, Minneapolis, MN, USA; Victoria R. Gibbs, University of Minnesota Twin Cities, Minneapolis, MN, USA; Scott J. Crow, MD, Professor, University of Minnesota Twin Cities, Minneapolis, MN, USA; Carol B. Peterson, PhD, LP, Associate Professor, University of Minnesota Twin Cities, Minneapolis, MN, USA; Emily M. Pisetsky, PhD, LP, Assistant Professor, University of Minnesota Twin Cities, Minneapolis, MN, USA

Maladaptive patterns of emotion regulation are prevalent across eating disorder diagnoses. There is a gap in the current research concerning the relative degree to which specific emotion regulation deficits contribute to eating pathology. The current study evaluates the relative importance of emotion regulation difficulties in cognitive eating disorder symptoms. Eighty-four adults (mean age = 33.3 years,

93.2% white, 96% female) from a heterogeneous treatment-seeking eating disorder sample completed the Eating Disorder Examination Questionnaire (EDE-Q), which assesses cognitive eating disorder symptoms. Emotion regulation deficits were assessed using the Difficulties in Emotion Regulation Scale (DERS). Bivariate correlations were used to assess relations among the DERS and EDE-Q subscales, which revealed significant positive associations with small-to-moderate effect sizes. Relative importance weight (RIW) analyses were used to test which specific DERS subscales accounted for greatest variance in EDE-Q subscale scores relative to other DERS subscales. Lack of emotional clarity was the best predictor of restraint (RIW=0.043) and eating concern (RIW=0.047). Lack of access to emotion regulation strategies was the most powerful predictor of shape concern (RIW=0.067) and weight concern (RIW=0.089). Lack of access to emotion regulation strategies and lack of emotional clarity may be particularly strong predictors of cognitive eating disorder symptoms. These findings support a targeted and individualized approach to the development and implementation of eating disorder treatment based on individual needs, that emphasizes emotion regulation skill development in addition to the context of traditional cognitive behavioral therapy.

Learning Objectives:

- Describe the role emotion regulation deficits play in the clinical presentation of eating disorder symptoms, particularly regarding cognitive factors in eating pathology.
- Understand the value of using relative importance weight analysis compared to other statistical approaches to assess the relative impact of emotion regulation difficulties on eating disorder symptoms.
- Consider the findings in the context of treatment development and implementation, including to augment traditional cognitive behavioral therapy with emotion regulation skills.

S-121: Relationship between Attentional Bias to Food Cues and a Measure of Eating Behavior

Ashleigh Pona, PhD, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Jennifer Lundgren, PhD, FAED, University of Missouri-Kansas City, Kansas City, MO, USA

The purpose of the current study was to examine the relationship between baseline attentional bias (AB) to food cues and a measure of eating behavior among female university students. A visual dot probe task was used to assess AB (a type of cognitive bias involving selective attention to one particular type of information) towards pictures of healthy versus unhealthy food. Pictures were presented in pairs with each pair depicting a healthy food and an unhealthy food. Participant reaction times to probes replacing the food pictures were used to measure AB. The Three Factor Eating Questionnaire (TFEQ) was utilized to assess three components of eating behavior, including Restraint, Disinhibition, and Hunger. Scores on the three TFEQ subscales were correlated with AB scores to determine the relationship between a measure of eating behavior and AB to food cues. Participants (N=114) had a mean age of 21.1 years (SD =3.8), a mean weight of 157.7 pounds (SD=39.7), and a mean body mass index (BMI) of 26.2 kg/m² (SD=6.1). The distribution of BMI groups was 52% with non-obese weight BMI and 48% with overweight/obese BMI. Nearly half of the participants were White (48%), 20% Black, 17% Asian, 10% Hispanic, and 5% other. Mean scores on the TFEQ subscales for the entire sample were: Restraint 8.71 (SD=4.49), Disinhibition 6.21 (SD=3.21), and Hunger 5.40 (SD=2.73). The two BMI groups did not differ from one another on any of the three TFEQ subscales. Restraint was the only subscale that was significantly correlated with AB to food cues, and this relationship was only significant for the participants with overweight/obese BMIs ($r=0.34$, $p=0.02$), whereby greater Restraint scores were associated with greater AB towards healthy foods. These findings suggest that the relationship between

AB towards healthy foods and restraint over eating might look different in, or only be relevant to, specific weight groups.

Learning Objectives:

- Describe the relationship between attentional bias to food cues and a measure of eating behavior for different weight groups.
- Describe an ecologically valid, implicit processing measure to assess attentional bias to food cues.
- Describe a cognitive factor that is, attentional bias that may play a role in eating behavior and, possibly more globally, the development and maintenance of weight status.

S-122: A Meta-analysis on the Relationship between Eating Disorders and Defense Mechanisms

Susana Garcia, John Jay College of Criminal Justice, New York, NY, USA; William Gottdiener, Fellow, Director, Professor, John Jay College of Criminal Justice, New York, NY, USA

The purpose of this meta-analysis is to synthesize findings on the various defense mechanisms (DM) used by people with eating disorders (EDs) and to identify whether use of DM differs by diagnosis (anorexia nervosa vs. bulimia nervosa). PubMed, PsychINFO, and Google Scholar will be the primary reference databases used to find relevant quantitative and qualitative studies on defense mechanisms (independent variable, IV) and eating disorders (dependent variable, DV). Studies findings will be examined and summarized using standard meta-analytic methods to determine the type of relation that exists between these two variables. Information will be coded and entered on a coding guide, which will be based on the IV and DV, sample characteristics, year, and type of research design. We predict that 1) maladaptive defense mechanisms (e.g. denial, projection, undoing) will be positively correlated with having an eating disorder, and 2) adaptive defenses (e.g. humor, intellectualization, altruism) will be negatively correlated with suffering from an eating disorder. It is also expected to find a difference in the use of DM between these two samples, where individuals with BN will be more likely to use undoing than those with AN. Study results are expected to be completed by December, 2018.

Learning Objectives:

- Identify the maladaptive defense mechanisms used by individuals diagnosed with an eating disorder, mainly anorexia and bulimia nervosa.
- Acquire a greater understanding of the psychological functioning of people with anorexia and bulimia nervosa.
- Access a research synthesis of various studies on eating disorders. Clinicians can expand past literature on DM and ED and, hopefully, augment treatment approaches to help people suffering from these dangerous psychiatric illnesses.

S-123: Decriminalizing fat: The impact of media portrayals and social consensus information on support for weight anti-discrimination legislation.

Suman Ambwani, PhD, Dickinson College, Carlisle, PA, USA; Scott Elder, Dickinson College, Carlisle, PA, USA; Mary Taylor Goeltz, BA, Dickinson College, Carlisle, PA, USA; Ziting Gao, Dickinson College, Carlisle, PA, USA; Meghan Shippe, BA, Dickinson College, Carlisle, PA, USA

Although weight stigma and discrimination are associated with increased eating disorder risk, reduced academic and economic opportunities, and poorer social relationships and overall well-being, weight-based discrimination remains legal in most US states. The current systematic science study addressed one possible barrier to enacting such legislation—public attitudes toward weight anti-discrimination laws—by assessing the impact of media representations of fatness and information about public agreement on legislative attitudes. Following a 2x2 experimental design, undergraduates (N = 150) completed baseline assessments of political orientation and weight bias and were randomly assigned to read a news article about fatness (following an obesity epidemic or fat activism framework) that was ostensibly supported or not supported by their peers. They then completed questionnaires assessing fat phobia and attitudes toward weight anti-discrimination legislation. Results indicated high baseline weight bias among respondents across implicit and explicit indicators. Two-way ANCOVAs controlling for baseline weight bias and political orientation indicated a significant main effect for media framing, with greater fat phobia and less support for anti-discrimination legislation among those who read the obesity epidemic narrative; however, main effects for peer support and interaction effects were not significant. Findings suggest that interventions targeting media framing may facilitate support for policies banning weight-based discrimination. Of note, we are scheduled to collect data with a community sample (target N = 150 via Amazon's MTurk platform) in September 2018 to assess whether these findings are generalizable to different types of constituents. Future research should investigate other barriers to anti-discrimination legislation and estimate the impact of such legislation on eating disorder risk and other indicators of population health.

Learning Objectives:

- Describe past research on the nature, prevalence, and impact of weight-related stigma and discrimination.
- Understand the impact of media framing and social consensus information on fat phobia and attitudes toward weight anti-discrimination legislation.
- Brainstorm possibilities to facilitate weight anti-discrimination legislation as a structural eating disorder prevention strategy.

S-124: An initial investigation of clean eating as a risk factor for disordered eating among college students.

Suman Ambwani, PhD, Dickinson College, Carlisle, PA, USA; Ziting Gao, Dickinson College, Carlisle, PA, USA; Meghan Shippe, BA, Dickinson College, Carlisle, PA, USA; Scott Elder, Dickinson College, Carlisle, PA, USA; Mary Taylor Goeltz, BA, Dickinson College, Carlisle, PA, USA

Although clean eating is propagated via social media and anecdotal reports in the popular press, there is almost no scientific research on this potentially risky dietary strategy. The current study explored the meaning of clean eating, its perceptions (of healthiness and acceptability), and its associations with indicators of disordered eating. Using a within-subjects experimental design, undergraduates (N = 148) were asked to define clean eating via an open-ended question, and then read a randomized set of five vignettes featuring a gender-neutral protagonist who adopted five different diets. Participants rated the extent to which they believed the diet was 1) healthy, 2) reflective of clean eating, and 3) worth adopting themselves. Finally, participants completed questionnaires to assess body appearance evaluation, obsessive-compulsive symptoms, eating disorder symptoms, and symptoms of orthorexia nervosa (i.e., preoccupation with healthy eating). Open-ended responses indicated that participants defined clean eating in varied but overwhelmingly positive terms. Repeated measures ANOVAs indicated that the meal substitution vignette was perceived as the least healthy, least clean, and least

likely to be adopted, whereas the new diet (balanced) vignette was perceived as the most healthy, most clean, and most likely to be adopted by participants. Correlations among diet perceptions (cleanliness, healthiness, and willingness to adopt) and indicators of disordered eating were significant. Findings suggest that clean eating is likely a heterogeneous construct that is viewed favorably by college students. Notably, even an ostensibly balanced diet that causes mild functional impairment across multiple domains is viewed as healthy, clean, and likely to be adopted. Ongoing examination of the clean eating construct could clarify the potential benefits and risks posed by this dietary strategy and thus inform eating disorder prevention efforts.

Learning Objectives:

- Understand past research on dieting as a risk factor for eating disorders.
- Describe the nature of the heterogeneous clean eating construct.
- Describe the relationship between favorable views toward clean eating and disordered eating behaviors among college students.

S-125: Can Warning Labels Mitigate Body Dissatisfaction?: A Meta-Analysis of the Use of Labels to Expose Digital Manipulation

Elisa Danthinne, Northeastern University, Boston, MA, USA; Francesca Giorgianni, Northeastern University, Boston, MA, USA; Rachel Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA

In light of recent legislation in France and initiatives elsewhere requiring digitally altered media images to bear disclaimer or warning labels, the purpose of the current study was to conduct a systematic review and meta-analysis of the experimental studies examining the effects of exposure to media images bearing disclaimer labels on body image. A total of 21 published studies met inclusion criteria, yielding 10 comparable effect sizes that were included in the meta-analysis. No significant differences in body dissatisfaction emerged when comparing exposure to control conditions using images of models without any labels, and exposure to images bearing generic disclaimer labels (9 studies, $d=0.04$, 95% CI [-.065; 0.15], $p=.43$). Similarly, no differences in body dissatisfaction emerged when comparing exposure to control conditions using images of models without any labels, and exposure to images bearing health-related warning labels (3 studies, $d=0.01$, 95% CI [-.19; 0.18], $p=.98$), or when comparing exposure to control conditions using images of models without any labels, and exposure to images bearing warning labels that were specific regarding the aspects of the images that had been altered (5 studies, $d=0.01$, 95% CI [-.18; .16], $p=.91$). Finally, no differences were found in the effects of the exposure to generic versus specific disclaimer labels on body dissatisfaction (5 studies, $d=-.08$, 95% CI [-.25; 0.09], $p=.36$). Interestingly, a time trend was observed such that the effect of exposure to generic disclaimer labels, as compared to no labels, was associated with progressively increased body dissatisfaction, however, this was not significant ($p=.26$). The findings from this meta-analytic review confirm that the use of disclaimer labels on media images is of no benefit to body image. Strategic research should aim to evaluate alternative policy strategies, limit the presence of thin-ideal imagery in the media environment, and promote body diversity.

Learning Objectives:

- Understand the reasons for leveraging labels on media imagery to mitigate the detrimental effects of media exposure on body dissatisfaction.
- Statistically summarize the evidence to date regarding the usefulness of warning labels.
- Discuss alternatives to warning labels and implications for policy.

S-126: The Female Athlete Body Project (FAB): Final 18-Month Results

Tiffany Stewart, PhD, Pennington Biomedical Research Center, Baton Rouge, LA, USA; Nicole Wesley, BS, Pennington Biomedical Research Center, Baton Rouge, LA, USA; Tom Hildebrandt, PhD, The Mount Sinai Hospital, New York, NY, USA; Lisa Kilpela, PhD, University of Texas Health Science Center at San Antonio, San Antonio, TX, USA; Carolyn Becker, PhD, FAED, Trinity University, San Antonio, TX, USA

The purpose of this study was to evaluate the efficacy of the Female Athlete Body Project (FAB), an eating disorders (ED) prevention program for female collegiate athletes. The present study was a cluster randomized controlled trial in which 481 female collegiate athletes at three sites (NCAA DI-DIII) were randomly assigned by team to either the FAB intervention or a waitlist brochure control condition. Primary analyses examined the effects of FAB on 18-month outcomes for ED risk factors and symptoms. Secondary analyses examined internalization of the traditional and sport-specific thin ideals, knowledge of the Female Athlete Triad, healthcare utilization, and negative affect. Primary analyses, using linear mixed effects models with random intercept and random slope and team as the cluster level variable, revealed FAB yielded a significant effect on the ED subscale of dietary restraint. Further, teams in the FAB condition reported significantly less frequent objective binge episodes and subjective binge episodes than teams in the control arm of the study at 18-month follow-up. The FAB group also showed a reduction of internalization of the traditional thin ideal as well as a decrease in shape concern, highlighting the benefits of this program on minimizing both ED symptoms and associated risk factors. This study demonstrates successful collaboration between the research team and participating universities in implementing a community participatory research model, providing valuable lessons about future design and implementation of similar trials.

Learning Objectives:

- Describe the Female Athlete Body Project (FAB).
- Describe the efficacy of the Female Athlete Body Project (FAB).
- Describe future directions of eating disorder prevention work in athletes.

S-127: Eating Disorders and The Internet Use

Raquel Cecilia-Costa, MD, Psychiatrist, PhD Student, Hospital Sant Joan de Deu, Barcelona, Catalonia, Spain; Marina Fabrega-Ribera, Psychiatrist, Hospital Sant Joan de Deu, Barcelona, Catalonia, Spain; Monica Godrid-Garcia, Psychiatrist, Hospital Sant Joan de Deu, Barcelona, Catalonia, Spain; Eduardo Serrano-Troncoso, Psychologist, Hospital Sant Joan de Deu, Barcelona, Catalonia, Spain; Jose Soriano-Pacheco, MD, PhD, Hospital de Sant Pau, Barcelona, Catalonia, Spain; Raquel Linares-Bertolin, Psychologist, Instituto de Trastornos Alimentarios (ITA), Barcelona, Spain; Reyes Raspall-Coromina, Psychologist, Servicio Especializado de Trastornos de la Conducta Alimentaria (SETCA), Barcelona, Spain; Pedro-Manuel Ruiz-Lazaro, MD, PhD, Hospital Clínico de Zaragoza, Zaragoza, Spain

To study the use of the Internet in patients with eating disorders (ED) and to evaluate the association between the Internet searching habits and socio-demographic and clinical variables. We included a sample of 294 patients (8-59 years old) with ED [51% had Anorexia Nervosa (AN), 16% Bulimia Nervosa (BN), 5.4% Binge Eating Disorder (BED) and, 27.6% ED not otherwise specified (EDNOS)], recruited from different eating disorders units within The Catalan Eating Disorder Prevention Taskforce (Taula de Di leg per la Prevenci dels Trastorns de la Conducta Alimentaria). We collected data using a survey designed specifically for this study. Mean age was 19.28 years old (SD: 6.9 y) and 92.2% were female. In their first

search on the Internet related to the ED, 59.2% of the patients looked for information considered "unhealthy" (31.6% How to lose weight quickly, 10.86% Blogs Pro-Ana and Pro-Mia, 11.68% Extreme diets to lose weight and a 5.2 % How to induce vomit). The remaining 40.8% searched for information about the disorder (26.8%) and information about diets/nutrition (14%). 85% of the patients made their first search on the Internet when they were aged under 18 (average age: 15.51 years). No significant differences were found between different diagnostic groups in terms of kind of information searched on the Internet (AN> BN> TA> TCA-NE, $p = .065$). 71.3% of the patients considered that the information found on the Internet contributed negatively to their illness. In 87.7% of the cases, the family was unaware of the Internet searching habits. More than the half of our patients looks for "unhealthy" content in their first search on the Internet. These searches begin at a vulnerable stage for an ED onset such as adolescence. It is necessary to establish protection and prevention measures against potentially harmful information on the Internet about ED.

Learning Objectives:

- Describe the use of the Internet in patients with eating disorders.
- Characteristics of the search in the Internet of information regarding the disease in patients with eating disorders.
- Characteristics of the patients with eating disorders who search in the Internet regarding the disease.

S-128: Eating Disorders Prevention Strategies in Public Health

Mireille Almeida, MD, MSc, UNIFESP, São Paulo, Brazil

In the past three decades, a great number of strategies have been developed by eating disorder specialists in many countries in order to reduce the prevalence and harmful consequences of eating disorders. The aim of this study is to review current literature regarding worldwide strategies developed in public health scenario for the prevention of eating disorders. Electronic databases (including Pubmed and Web of Science) were searched for publications about eating disorders prevention strategies in public health. From 323 articles initially found, 83 were selected and then reviewed. There are studies from United States, England, Canada, Australia, Germany, Brazil, Austria and Hungary. The most common strategy found is the creation of school-based programs, most of them designed for students and some for educators. There are also some online interventions, mostly directed for population at risk and performed and executed more easily and with less costs than the face-to-face actions. We also found some initiatives developed to specific subjects, like mothers/families of people at risk, athletes, immigrants, fashion models, excessive drinkers, and to primary care professionals, including pediatric practioners and oral healthcare providers. Finally, some studies discuss the importance of setting policy actions, like creating regulamentation about weight loss products and healthcare access. Therefore, when it comes to eating disorders prevention field, it s time to move forward and make it a public health priority, increasing the reach and effect of the well stablished interventions and expanding these actions to a broader area, through a planned and universal public health policy.

Learning Objectives:

- Identify some kinds of eating disorders prevention strategies developed so far around the world.
- Find out where these actions are occuring.
- Understand the current challenges in the area of eating disorders prevention, which is to make strategies even more effective.

S-129: Social Networking Site Use and Eating Disorder Risk: What s Driving the Relationship?

Tiffany A. Graves, MA, Xavier University, Cincinnati, OH, USA; Marissa M. Abrams, MA, Xavier University, Cincinnati, OH, USA; Chelsea M. Esmeier, MA, Xavier University, Cincinnati, OH, USA; Tammy L. Sonnentag, PhD, Xavier University, Cincinnati, OH, USA

Meta-analytic results reveal that time spent on social networking sites (SNSs) is positively associated with internalization of the thin-ideal among female adolescents. Increased SNS use is also related to poor body image and disordered eating in this population. However, not all individuals are negatively affected by SNS use and relatively little is known about the mechanisms underlying the relationship between SNS use and eating disorders. The present study examined if perceiving heightened appearance-related social pressure via comparison with peers and cultural beauty ideals, as well as the use of online photographic appearance management strategies (e.g., filtering photos), help explain the relationship between time spent on SNSs and eating disorder risk. Female adolescents (N = 180; Mage = 15.86, SD = 1.22) completed self-report measures of their SNS use (i.e., hours spent per day), appearance-related social pressure, online photographic appearance management strategies, and eating disorder risk. Results of linear regression analyses revealed that heightened appearance-related social pressure and use of online photographic appearance management strategies significantly predicted eating disorder risk, [$F(2,177) = 29.00, p .001, \Delta R^2 = .25$ and $F(2,177) = 13.94, p .001, \Delta R^2 = .14$, respectively]. Interestingly, these effects were not moderated by time spent on SNSs, [$F(1,176) = .16, p = .691, \Delta R^2 = .001$ and $F(1,176) = .13, p = .719, \Delta R^2 = .001$, respectively]. Findings help explain differential effects of SNS use on eating disorder risk factors found in the previous literature and demonstrate that it may be more important for eating disorder prevention programs targeting female adolescents to address appearance-related social pressure and maladaptive online impression management strategies rather than focusing on reducing the overall time spent on SNSs. More longitudinal and experimental studies are needed to further delineate these complex relationships.

Learning Objectives:

- Assess the role of social networking site use in heightened eating disorder risk among female adolescents.
- Describe how appearance-related social pressure and maladaptive online impression management strategies relate to eating disorder risk.
- Develop eating disorder prevention programs for female adolescents targeting maladaptive social networking site use behaviors related to increased eating disorder risk.

S-130: Appearance Management Behaviors: Motivational Factors and Gender Differences in Usage

Tiffany Graves, MA, Xavier University, Cincinnati, OH, USA; Catherine B. Schuler, MA, Xavier University, Cincinnati, OH, USA; Arianna K. Constantakes, MA, Xavier University, Cincinnati, OH, USA; Megan Keller, MA, Xavier University, Cincinnati, OH, USA; Christian End, PhD, Xavier University, Cincinnati, OH, USA

The obsession with beauty has generated a \$445 billion-a-year global industry, with the average American woman spending a quarter of a million dollars on vanity in her lifetime. Body dissatisfaction, sexual mating strategies, and personality have been proposed to motivate the use of appearance management behaviors (AMBs) such as applying cosmetics, dieting and undergoing dangerous surgical procedures; yet, no studies to date have actively compared how well these factors predict the use of AMBs. The majority of the literature investigating AMBs has also excluded male participants, making

cross-gender comparisons difficult. To close these gaps in the literature, 36 male and 50 female college students ($M_{age} = 19.91$ years, $SD = 1.91$) completed self-report measures of AMBs (measure created for current study, $\alpha = .72$), body dissatisfaction, sexual mating strategies (i.e., sociosexual orientation, intrasexual competition), and personality traits (i.e., narcissism, neuroticism, and extraversion). For the total sample, the bivariate correlations between the measures and AMBs were all positive except grandiose narcissism. Multiple regression analyses indicated that approximately 29% of the variance in AMBs can be accounted for by the linear combination of all predictors, $F(7,76) = 4.46$, $p < .001$. Body dissatisfaction, neuroticism, and intrasexual competition were each significant predictors of AMBs ($p < .05$); however, only neuroticism significantly predicted the use of AMBs when controlling for all other variables. Women engaged in more frequent AMBs ($M = 46.78$, $SD = 8.36$) compared to men ($M = 33.53$, $SD = 7.97$), $t(84) = 7.39$, $p < .001$. This study adds to the understanding of motivations underlying the use of AMBs by women and men and opens new avenues for investigation, including potential mechanisms to target for reducing maladaptive AMBs.

Learning Objectives:

- Assess the relationship between appearance management behaviors, body dissatisfaction, sexual mating strategies, and personality.
- Describe gender differences in appearance management behaviors.
- Determine mechanisms to target for reducing maladaptive appearance management behaviors in women and men.

S-131: Interoceptive Accuracy and Sensibility on a Spectrum of Eating Restraint

Nandini Datta, MA, Duke University, Durham, NC, USA; Tatyana Bidopia, Duke University, Durham, NC, USA; Erik Savereide, BS, Duke University, Durham, NC, USA; Gaurie Mittal, BS, The Wright Institute, Berkeley, CA, USA; Adam Kiridly, MS, Georgetown University, Washington, DC, USA; Aishwarya Nag, BSE, Duke University, Durham, NC, USA; Nancy Zucker, PhD, Duke University, Durham, NC, USA

Interoceptive sensibility and accuracy, defined as the dispositional tendency to be internally self-focused and accurate in labeling internal body sensations (e.g., hunger and fullness), have been found to be impaired in anorexia nervosa. While studies on these interoceptive capacities have largely focused on clinical populations, eating disorder symptoms such as food restriction may impede the ability to reliably sense and label bodily sensations at subthreshold levels. The present study identifies the cut-off at which restrictive eating interferes with normal gastric sensitivity in college students, a population that may be at greater risk for the development and maintenance of restrictive eating habits. Ninety-six college-aged participants were blindly randomized to receive a lunch (638-calorie) or lunch-omission (48-calorie) shake. They completed questionnaires assessing change in affect, satiety and fatigue. After two hours, participants completed neuropsychology tasks and surveys assessing eating disorder symptomology, depression, and anxiety. Results revealed a significant interaction between condition and level of dietary restraint on the experience of satiety. Individuals in the lunch condition reported feeling more full than individuals in the no-lunch condition, only for those low in dietary restriction (those restricting their eating for less than a quarter of the previous month). Results showed no differences in energy or affect between conditions. Abnormal judgements of satiety are apparent in our sample for individuals endorsing higher levels of dietary restraint, even without crossing a clinical threshold. The results suggest that the ability to accurately discern satiety cues reduces with increasing levels of eating restraint, making it difficult for individuals regularly skipping meals to assess when they need to eat. This data could be informative for college students, a population vulnerable to the development dangerous eating habits.

Learning Objectives:

- Identify the frequency at which dieting trends (like intermittent fasting) begin to interfere with interoceptive accuracy and sensibility.
- Describe the importance of interoceptive capabilities and the consequences of chronic restrictive eating.
- Educate college students on the importance of regular meals and promote healthier eating habits.

S-132: Existential Anxiety and Disordered Eating: Exploring Gender Differences

Rachel Berry, MA, PhD Candidate, Northeastern University, Boston, MA, USA; Laura Fischer, MS, PhD Candidate, Northeastern University, Boston, MA, USA; Rachel Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA

Terror Management Theory has suggested that eating disorder (ED) psychopathology may be associated with existential anxiety (EA). However, to date, the literature examining these relationships is scant and has mostly examined death anxiety among small clinical samples, which limits our understanding of how these factors might be relevant in eating pathology. Further, gender differences may exist due to the gendered dimensions of different types of ED behaviors. The aim of the present study was to explore gender differences in the relationship between EA and EDs in a nonclinical sample. University students were invited to complete an online survey assessing eating disorder symptoms and EA. The sample included $n = 190$ male and $n = 361$ female participants (mean age = 22.50, $SD = 4.46$). The sample was 2.4% Black, 41.3% Asian, 39.6% White, 6% Latino, .3% Native Hawaiian/Pacific Islander, and .8% American Indian/Alaska Native. For the full sample, EA was positively and significantly correlated with ED symptoms, ranging from $r = .25$ for dietary restraint to $r = .42$ for eating concerns (all correlations significant at $p < .01$). For all ED constructs assessed, the correlations between ED traits and EA were stronger for males than for females. Gender differences were most pronounced in the relationship between dietary restraint and EA, with $r = .40$ effect size for males compared to $r = .19$ effect size for females. The authors propose that for females, ED symptoms such as restrictive eating may be more culturally normative and thus less related to EA. For males, restrictive eating may function more as a means of control when faced with existential uncertainty about meaning, identity, isolation, guilt, and death. Implications for understanding symptoms and treating males with eating disorders will be discussed.

Learning Objectives:

- Describe the theoretical and empirical relationship between existential anxiety and disordered eating.
- Describe gender differences in the relationship between existential anxiety and disordered eating.
- Describe implications of these findings regarding the function of eating disorder symptoms for males with eating disorders.

S-133: 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, NSW, Australia; Deborah Mitchison, PhD, Macquarie University, Sydney, NSW, Australia; Phillipa Hay, PhD, Western Sydney University, Campbelltown, NSW, Australia; Nerissa Soh, PhD, University of Sydney, Sydney, NSW, Australia; Stephen Touyz, PhD, University of Sydney, Sydney, NSW, 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 ED/CHSP behaviour.

S-134: Exploring the Relationship Between Food Consumption as a Tool to Alleviate Negative Affect: An Experimental Study

Christine Reha, BS, George Mason University, Fairfax, VA, USA; Jose Dinh, BS, George Mason University, Fairfax, VA, USA; Helen Brandt, George Mason University, Fairfax, VA, USA; Sarah Fischer, BA, MS, PhD, FAED, University of Kentucky, Lexington, KY, USA

Eating expectancies are if-then beliefs about outcomes related to eating behavior. The expectancy that eating alleviates negative affect is associated with increased risk for binge eating in cross-sectional, ecological momentary assessment, and longitudinal studies. However, to date, there have not been any experimental studies examining the association between this expectancy and eating behavior in a lab under negative mood conditions. The purpose of this study was to conduct an experimental test of the hypothesis that individuals who believe that eating alleviates negative emotion would in fact eat more food under negative conditions. 118 undergraduate women completed baseline measures of personality, expectancies, and eating pathology. Baseline mood was assessed using the Affect Grid, in order to measure both valence and arousal. Participants completed one of four different mood inductions: happy, angry, sad, or neutral. Mood was assessed again. They were then asked to wait in

room for the experimenter with a bowl of candy, and invited to take as much as they would like while the experimenter left the room to score questionnaires. Candy count was measured pre and post for each participant. Zero inflated poisson regression models of the expectancy that eating alleviates negative affect and changes in arousal indicate that higher levels of expectancy endorsement were related to increased candy consumption. A second model was tested substituting changes in valence of mood for arousal. In this model, the only significant predictor of candy consumption was decreased valence of mood following the experimental manipulation. Results indicate that individual differences in endorsement of the expectancy that eating alleviates distress were associated with increased candy consumption when arousal increased, but were not significant when negative valence of mood was considered.

Learning Objectives:

- Describe 'if-then' beliefs of food consumption as precursor to disordered eating behaviors.
- Assess how these beliefs may arise dependent on specific moods as risk factors for disordered eating and how this translates into the natural environment.
- Long term objectives, to assess individuals relationship to food in order to alleviate negative affect in more adaptive ways.

S-135: The link between the level of stress and disordered eating pathology among high school dance students: controlled study

Yael Latzer, DSc, Haifa University, Haifa, Israel; Eynat Zubery, PhD, University of Haifa, Haifa, Israel; Ruth Katz, Professor, University of Haifa, Haifa, Israel; Daniel Stein, MD, Sheba Medical Center, Tel Hashomer, Israel

Dancers are at high risk for Disordered Eating Pathology. Our goal was to examine the relation between the stress and disordered eating among dance program students in art schools and in regular schools. 1031 school girls divided into four groups: 115 dance students from art schools, 312 non dance students from art schools, 263 dance students from regular schools and 341 non dance students from regular schools. Disordered eating and psychopathology was measured by the EDI-2, BDI, and the MPS. Beyond research groups, greater amounts of remarks and greater levels of parental criticism were found to be correlated with higher levels of depression and perfectionism that in turn created an environment conducive to higher levels of ED pathology. Furthermore, the dance programs in art schools, significantly higher exposure to the stressors shown above and accordingly higher levels of depression and perfectionism contributed to higher levels of ED. In contrast, the dance programs in regular schools demonstrated the lowest scores in drive for thinness, body dissatisfaction and depression. The research findings sharpen the necessity of implementation of prevention programs which emphasize the correlation between remarks and the level of disordered eating pathology and screening candidates for levels of Ed pathology, depression and perfectionism when entering art schools to accurately gauge if the adolescent can cope with the demands of competitive programs.

Learning Objectives:

- To examine the relation between the stress and disordered eating among dance program students in art schools and in regular schools.
- To examine if dancers are at high risk for Disordered Eating Pathology.
- To examine the necessity of implementation of prevention programs among dance program students.

S-136: Body Dissatisfaction and Negative Affect as Predictors of Muscularity-Oriented Eating Pathology Among Men

Patrycja Klimek, BA, San Diego State University, University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, CA, USA; Jamie-Lee Pennesi, PhD, San Diego State University, San Diego, CA, USA; Stuart Murray, DClinPsych, PhD, University of California, San Francisco, San Francisco, CA, USA; Kaitlin Rozzell, BS, San Diego State University, San Diego, CA, USA; Tiffany Brown, PhD, University of California, San Diego, San Diego, CA, USA; Aaron Blashill, PhD, San Diego State University, University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, CA, USA

Scant literature has examined longitudinal predictors of eating pathology in men. Men not only experience pressures to internalize the thin/low body fat ideal but also the muscularity ideal, which may lead to the development of muscularity-oriented eating pathology (e.g., excessive protein consumption, supplement use). Few studies have investigated models of muscularity-oriented eating pathology among men. The purpose of the present study was to investigate longitudinal associations between body dissatisfaction, negative affect, and muscularity-oriented eating pathology informed by seminal theoretical models of eating pathology developed for women (e.g., dual-pathway & affect regulation models). Daily online surveys were collected from 309 undergraduate men aged 18 to 35 years, over a period of 7 days. A generalized linear model with gamma distribution was used to assess body dissatisfaction and negative affect at baseline as predictors of muscularity-oriented eating pathology at Day 7, controlling for baseline muscularity-oriented eating. Body dissatisfaction significantly predicted greater muscularity-oriented eating, independent of negative affect and baseline eating pathology ($B = 0.06$, $p = .008$). Negative affect, however, did not significantly predict muscularity-oriented eating, after controlling for body dissatisfaction and baseline eating pathology ($B = -0.034$, $p = .48$). These findings demonstrate that body dissatisfaction may be more salient than negative affect in predicting muscularity-oriented eating in men. Future longitudinal tests of existing theoretical models of both thinness/low body fat-oriented and muscularity-oriented eating in men (e.g., dual-pathway model) are needed to further expand on these findings. These findings may have implications on treatment and prevention efforts; for example, addressing body dissatisfaction over negative affect may be most beneficial in reducing muscularity-oriented eating pathology in men.

Learning Objectives:

- Understand the heterogeneity in eating disorder and body image concerns among women and men.
- Describe risk factors for eating pathology specific to men.
- Assess the role of negative affect and body dissatisfaction in predicting muscularity-oriented eating pathology.

S-137: Investigating phenotypes of emotional eaters based on weight categories: a latent profile analysis

Hedvig Sultson, MA, University of Tartu, Tartu, Tartu County, Estonia; Kirsti Akkermann, PhD, University of Tartu, Tartu, Tartu County, Estonia

It is not yet thoroughly investigated how emotional eating relates to eating pathology and emotion regulation difficulties among different weight groups. The aim of this study was to explore the

phenotypes of emotional eaters based on weight categories, and to assess whether these subgroups show different levels of psychopathology. 525 women aged 15–61 ($M = 29.7$, $SD = 9.6$) with the mean body mass index (BMI) of 23.7 ($SD = 5.2$) filled out the Positive-Negative Emotional Eating Scale, Eating Disorders Assessment Scale (EDAS), and Difficulties in Emotion Regulation Scale (DERS). Data of BMI, Positive emotional eating (PNEES-P), Negative emotional eating (PNEES-N), and EDAS subscale Preoccupation with body image and body weight were submitted to a latent profile analysis. A five-profile model showed the best fit with women who were Normal weight non-emotional eaters (Nw-nonPN; 42%), Normal weight positive and negative emotional eaters (Nw-PN; 22%), Obese positive and negative emotional eaters (Ob-PN; 6%), Obese non-emotional eaters (Ob-nonPN; 10%), and Normal weight positive emotional eaters (Nw-P; 20%). Nw-PN and Ob-PN had the highest level of emotion regulation difficulties and eating pathology. Further, no significant differences between the two groups were found. As Nw-PN and Ob-PN had similar levels of PNEES-N but not PNEES-P, it is plausible that high PNEES-N rather than BMI serves to characterize psychopathology. Ob-nonPN were similar to Nw-nonPN, showing low levels of emotion regulation difficulties and disordered eating, further indicating that high BMI itself is not necessarily related to psychopathology. Nw-P showed low levels of disordered eating, but scored higher on some DERS subscales than Nw-nonPN and Ob-nonPN, indicating the presence of some emotion regulation difficulties in positive emotional eaters. Overall, our results suggest that negative emotional eating could be an important risk factor for disordered eating, independent of the weight status.

Learning Objectives:

- Assess the subgroups of emotional eaters based on weight categories.
- Understand the role of negative emotional eating in disordered eating and obesity.
- Understand the link between positive emotional eating and emotion regulation.

S-138: A PRISMA Systematic Review of Parental Expressed Emotion in Adolescent Binge/Purge Subtype Eating Disorders

Fiona Duffy, DCLinPsych, Psychologist, University of Edinburgh, Edinburgh, Lothian, UK; Kyle Murray-Dickson, MSc, University of Edinburgh, Edinburgh, Lothian, UK

The aim of this study was to systematically review levels of expressed emotion (EE) in carers of adolescents with binge/purge subtype eating disorders. Caring for someone with an eating disorder can elicit strong emotional reactions, which can present as high levels of EE, a measure of emotional over-involvement or criticism. High levels of EE have been found in carers of eating disorder populations (Zabula, et al., 2009; Anastasiadou; et al., 2014) and EE is hypothesised to have a maintaining role in Anorexia Nervosa (AN) (Schmidt & Treasure, 2006; 2013). However, previous reviews included predominantly AN samples. With differences in risk and maintaining factors across eating disorder presentations, and an increasing use of family based therapy in adolescent binge/purge subtypes, a review of the literature in relation to this exclusive population is required. Eight electronic databases were searched until July 2017. Selected studies included carers of adolescents (11-20 years) with Bulimia Nervosa (BN), Binge Eating Disorder (BED), Purging Disorder or EDNOS/OFSED if binge/purge in nature; which employed a reliable measure of caregiving EE. Six studies were identified ($n=595$). Eating disorder presentations included BN and EDNOS (binge/purge subtype) only. No studies investigating a BED population were found and only three studies included control groups. Reporting of parental EE was variable with some studies reporting percentage meeting threshold for high EE (mean 50% total n) and others reporting sample means, which overall were found to be below cut off for high EE. In comparison to control groups, some differences across subdomains were found, with higher frequencies of critical

comments present in BN populations compared to AN or major depression populations. The results of this review should be interpreted with caution due to a small numbers of papers, variability in measurement and presentation of results, and a predominantly BN population.

Learning Objectives:

- Determine levels of parental expressed emotion in adolescent binge/purge eating disorder presentations on standardised measures.
- Determine levels of parental expressed emotion in adolescent binge/purge eating disorder presentations in comparison to controls.
- Consider implications of systematic review on future research and clinical developments.

S-139: The Predictors of Disordered Eating Attitudes: A Comparison Study of Clinical and Healthy Population

Basak Ince, BA, MA, MSc, PhD Candidate, Istanbul Arel University, Faculty of Arts and Sciences, Istanbul, Buyukcekmece, Turkey; Basak Yucel, MD, Professor, Istanbul University, Istanbul Faculty of Medicine, Istanbul, Fatih, Turkey; Hanife Ozlem Sertel Berk, PhD, Professor, Istanbul University, Faculty of Letters, Istanbul, Fatih, Turkey

Eating disorders (EDs) are characterized by insistent disturbance in eating behavior and serious distress about weight and body shape. Since disordered eating attitudes (DEAs) are significantly associated with EDs, this study aimed to explore predictors of DEAs among clinical and healthy population in Turkey. Furthermore, this study investigated predictors of DEAs in females and males. Sample consisted of 63 patients (only 2 males) with EDs and 119 university students (64 females and 55 males). For testing the predictors of DEAs, Demographic Information Form, Eating Disorder Examination Questionnaire (EDEQ), Eating Attitudes Test (EAT-40), Body Image Satisfaction Questionnaire (BISQ), Toronto Alexithymia Scale (TAS-20), and Beck Depression Inventory (BDI) were administered to the participants. Descriptive statistics analyses on EDEQ, EAT-40, BISQ, BDI and TAS-20 showed that scores of patients were higher compared to the students except the score of BISQ, and patients body mass index (BMI) was lower. Moreover, a statistically significant difference between female and male students for BMI was found, but not for the scores of EAT-40, EDEQ, BISQ, BDI, and TAS-20. A further multiple regression analysis showed that BISQ, BMI, and TAS-20 explained significant variance of EDEQ and EAT-40. Different predictors of total and subscales of EDEQ and EAT40 were found for each sample and gender. BDI only found to predict weight concern score in female university students. It is believed that current findings contributed to understanding of predictors of DEAs and EDs for both clinical and healthy population, and genders. A further contribution of the study was to improve knowledge of appearance of EDs in Turkish society. Moreover, suggestions for future research were provided.

Learning Objectives:

- Gain knowledge about predictors of disordered eating attitudes.
- Learn how predictors of disordered eating attitudes show changes among clinical and healthy groups.
- Gain insight about the appearance of disordered eating attitudes in Turkey where Europe and Asia are connected both geographically and culturally.

S-140: The Relationship Between Parental Attitudes and Eating Attitudes of Adolescent Patients with Idiopathic Scoliosis: The Mediating Role of Selfcompassion, Depression, and Body Image Disturbance.

Duygu Kuzu, PhD, Istanbul Arel University, Istanbul, Buyukcekmece, Turkey; Ozlem Sertel Berk, PhD, Istanbul University, Istanbul, Buyukcekmece, Turkey; Omer Faruk Simsek, Professor, Istanbul Arel University, Istanbul, Buyukcekmece, Turkey; Haluk Berk, Professor, Dokuz Eylul University, Izmir, Balçova, Turkey; Aysegul Ketenci, Professor, Istanbul Capa Medical School, Istanbul, Buyukcekmece, Turkey; Azmi Hamzaoglu, Professor, Istanbul Florence Nightingale, Istanbul, Buyukcekmece, Turkey

Parental attitudes affect adolescent's self-compassion and psychological health that leads to maladaptive eating attitudes. The aim of the current study was to investigate the mediator role of self-compassion, depression and body image disturbance in the relationship between parental attitudes and eating attitudes. As a secondary aim, participants' demographic and medical features were investigated with respect to their self-compassion, parental attitudes, depression, body dissatisfaction and eating disorder. Present study was conducted with AIS patients receiving treatment in different clinics. The sample consisted of 38 males and 132 females whose age ranged from 12 to 24 years. The socio-demographic and medical information form, Self-Compassion Scale, Body Image Disturbances Scale-Scoliosis Version, Eating Attitudes Test-26, Leuven Adolescent Perceived Parenting Scale, and Beck Depression Inventory were utilized. The results were tested by a two-step mediation analysis via structural equation modeling. There was a significant mediation effect of body dissatisfaction, depression and self-compassion on the relationship between parental attitudes on eating attitudes. In the first step of the mediation, the main effect of parental attitudes on depression and body image disturbance through self-compassion revealed significant results. In the second step, the relationship between AIS patient's self-compassion and eating attitudes was mediated by body image disturbance and depression. In addition to main hypotheses, the demographic and medical characteristics were investigated as a secondary goal of the study. The results revealed the psychological associates of idiopathic scoliosis with an emphasis on the importance of having an interdisciplinary perspective. Thus, present evidence might guide possible multidisciplinary studies to further investigate the interplay between these variables and develop combined treatment programs.

Learning Objectives:

- Following the training participants will be able to understand parental roles that are related to eating attitudes.
- Following the training participants will be able to understand the role of body image over eating attitudes not only in normal populations but also in medical conditions like adolescent idiopathic scoliosis.
- Following the training participants will be able to assess some technique for increasing self-compassion level. Thus by this way adolescents can easily manage with their body deformities which might cause eating disturbances.

S-141: An Analysis of Stressful Events Experienced by Academically High-Achieving Females before the Onset of Disordered Eating

Jennifer Krafchek, BEc, M.Ed, PhD, Faculty of Education, Monash University, Melbourne, VIC, Australia; Leonie Kronborg, M.Ed, PhD, Australia Vice-President, World Council for Gifted and Talented Children, Monash University, Melbourne, VIC, Australia

This qualitative study examined the stressful life events experienced by academically high-achieving females before the onset of their disordered eating in high school. In response to advertisements at a

university and on an eating disorder website, fourteen participants who self-identified as academically high-achieving females who had suffered from disordered eating were interviewed, using a semi-structured protocol. All participants had tried to control or lose weight with their disordered eating, describing symptoms ranging along a continuum from milder symptoms to clinically diagnosed eating disorders. Based on ethical considerations, all participants had recovered from their disordered eating at least one year before being interviewed. All interviews were recorded and transcribed. The stressful events reported in each participant's interview transcript that occurred before the onset of symptoms were tabulated and arranged in chronological order, based on when they occurred in the life of each participant. A quantizing analysis (Miles & Huberman, 1994) was used to count the number, time frame, and types of stressful events described by each participant. All participants reported at least three stressful events over a complex time frame, combining long-term and short-term stressful events, before they developed their first symptoms of disordered eating in high school. These academically high-achieving females reported stressful events in five areas of life. Disordered eating appeared to occur after a build up of stress, sometimes over many years, and did not develop after only one stressful event. These findings suggest that many previous studies of stressful life events and eating disorders may have methodological problems as they measured participants who had reported only one or more stressful events within the 12 months before the onset of the eating disorder.

Learning Objectives:

- Describe the number of stressful life events experienced by academically high-achieving females before the onset of disordered eating in high school.
- Describe the complex time frame in the build up of stressful life events experienced by academically high-achieving females before the development of disordered eating in high school.
- Describe the types of stressful life events experienced by academically high-achieving females before the onset of disordered eating in high school, and how they differ from the stressful life events reported by other female adolescents with disordered eating in previous studies.

S-142: Appearance dissatisfaction and appearance pressures from significant others influence eating pathology in young adult men

Hayley Perelman, MS, M.Ed, Illinois Institute of Technology, Chicago, IL, USA; Sylvia Herbozo, PhD, University of Illinois Chicago, Chicago, IL, USA; Dean Lim, MA, Loma Linda University, Loma Linda, CA, USA; Alison Newman, PhD, ABPP, University of Illinois Chicago, Chicago, IL, USA; Denise Tran, MA, Loma Linda University, Loma Linda, CA, USA; Yuchen Chen, Loyola University Chicago, Chicago, IL, USA

Men may experience pressures to meet the unrealistic male body ideal emphasizing leanness and muscularity from many sources, including significant others. Appearance pressures have been associated with poor body image and eating pathology in young adult women. However, there is a dearth of research examining how appearance pressures from significant others and appearance dissatisfaction influence eating pathology in young adult men. The current study investigated whether appearance dissatisfaction mediated the relationship between appearance pressures from significant others and eating pathology in this population. Participants were 105 college men (54.3% White) aged 18 to 30 ($M = 20.48$, $SD = 2.43$) with a mean BMI of 25.03 ($SD = 5.30$). The Sociocultural Attitudes Towards Appearance Questionnaire-4-Revised-Pressures: Significant Others, Multidimensional Body Self-Relations Questionnaire-Appearance-Evaluation Scale, and Eating Disorder Examination-Questionnaire were completed. SPSS PROCESS macro version 3.0 with bootstrapping was used for the mediation analysis. Appearance pressures from significant others indirectly influenced eating pathology

via the effect of appearance dissatisfaction, $F(2,102) = 19.5$, $p .0001$, $R^2 = .276$. As appearance pressures from significant others increased by one point, eating pathology increased by .075 through the effect of appearance dissatisfaction ($ab = .075$, $p .001$). Greater appearance pressures also directly predicted more eating pathology ($c = .310$, $p .001$). Results suggest that for young adult men, appearance dissatisfaction partially mediated the relationship between appearance pressures from significant others and eating pathology. Future studies should further explore the influence of appearance pressures on negative outcomes in young adult men, as this may highlight the need for interventions focused on coping strategies to manage such pressures. Research on appearance pressures with larger male samples is also needed.

Learning Objectives:

- Describe the role that appearance pressures from significant others and appearance dissatisfaction have on eating pathology in college men.
- Describe the direct effect of appearance pressures from significant others on eating pathology in college men.
- Identify future directions for the treatment of eating pathology in this population.

S-143: An Examination of Pubertal Timing Effects on Drive for Muscularity in Men

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

The timing of pubertal onset has been implicated in risk for a number of disordered eating symptoms (e.g., body dissatisfaction, dieting); however, very few studies have explored whether differences in pubertal timing predict differences in drive for muscularity (DM) a form of body disturbance that is particularly evident in males. Moreover, in males, pubertal maturation results in decreases in body fat and increases in muscle mass, which moves boys closer to the socially-prescribed muscular body-ideal. Boys who mature later than peers may therefore be at heightened risk for DM, relative to their peers, given their delay in physical/masculine maturation. This study examined whether later pubertal onset is predictive of greater DM in 120-176 young adult men; the exploration of pubertal timing-DM associations in young adults allowed us to evaluate the potential presence of longer-term effects (e.g., after the completion of puberty). The Retrospective-Pubertal Development Scale assessed perceived (i.e., perception of timing compared to peers) and objective (i.e., age at onset of secondary sex characteristics) reports of pubertal timing on voice changes, body hair, facial hair, and spontaneous erections. The Eating Pathology Symptoms Inventory and Drive for Muscularity Scale assessed behavioral and cognitive aspects of DM. Only objective indicators of pubertal timing predicted DM symptoms. Moreover, later pubertal timing showed stronger predictive effects on behavioral aspects of muscle-building (replicated across two measures) than on cognitive aspects, independent of BMI. These findings highlight the importance of differentiating perceived versus objective measures of pubertal timing and provide evidence that later pubertal timing may exhibit differential effects on various types of DM symptoms. Future studies should identify the explanatory factors (e.g., internalization of the muscular body-ideal) underlying later pubertal timing effects on risk for DM behaviors.

Learning Objectives:

- Be aware of different pubertal timing measures and how their associations with drive for muscularity may differ.
- Understand evidence pointing to pubertal timing associations with drive for muscularity and possible differential effects for cognitive versus behavioral components of drive for muscularity.

- Describe proposed theories underlying the potential impact of individual differences in pubertal timing on drive for muscularity in men.

S-144: One-Year Longitudinal Associations Between Athletic Participation by Sport and Eating Disorder Risk Among Collegiate Athletes

Vivienne M. Hazzard, MPH, RD, University of Michigan, Ann Arbor, MI, USA; Traci L. Carson, MPH, University of Michigan, Ann Arbor, MI, USA; Kendrin R. Sonneville, ScD, RD, University of Michigan, Ann Arbor, MI, USA

The purpose of this study was to examine one-year longitudinal associations between athletic participation by sport and eating disorder (ED) risk among collegiate athletes. This study used data from 260 male and 247 female Division I athletes across the following sports at a Midwestern university: men's basketball, baseball, football, track and field, cross country, swimming and diving, golf, and wrestling, and women's basketball, softball, soccer, volleyball, track and field, cross country, swimming and diving, gymnastics, rowing, tennis, and golf. ED risk was assessed twice (at Year 1 and Year 2) via a screening tool comprised of six items modified from the Female Athlete Screening Tool and the Female Athlete Triad Screening Questionnaire ($\alpha=.81$ at Year 1). Possible ED risk scores ranged from 1 to 4, with higher scores indicating higher ED risk. Sex-stratified linear regression models were run to examine associations between sport and ED risk at Year 2, adjusted for ED risk at Year 1. Sports with the lowest increase in ED risk from Year 1 to Year 2 were chosen as referent sports for regression models (baseball for males; volleyball for females). At Year 1, mean (standard deviation) ED risk scores were 1.40 (0.43) among male athletes and 1.77 (0.67) among female athletes. Among males, athletes on the wrestling team reported higher ED risk at Year 2 compared to athletes on the baseball team, after adjusting for ED risk at Year 1 ($\beta=0.32$, $p=.01$). Among females, athletes on the swimming and diving ($\beta=0.53$, $p=.01$), softball ($\beta=0.49$, $p=.01$), and rowing ($\beta=0.39$, $p=.02$) teams reported higher ED risk at Year 2 compared to athletes on the volleyball team, after adjusting for ED risk at Year 1. These findings suggest that athletic participation may contribute to changes in ED risk throughout college years differentially by sport.

Learning Objectives:

- Understand that different sports may contribute differentially to eating disorder risk among collegiate athletes.
- Recognize the importance of including male athletes in eating disorders research.
- Appreciate the limitations of current eating disorder screening tools for male athletes.

S-145: Athleisure: A Manifestation of the Female Muscularity Ideal?

Sarah Lipson, AB Candidate, Harvard University, Cambridge, MA, USA; Stephanie Stewart, PhD Candidate, University of Melbourne, Melbourne, VIC, Australia; Scott Griffiths, NHMRC Early Career Fellow, University of Melbourne, Melbourne, VIC, Australia

Female muscularity is rapidly gaining popularity in mainstream Western culture. New trends such as Fitspiration and protein-centric dieting are manifestations of a new and unprecedented consumer demand among females to attain a lean and toned body. Athleisure, referring to athletic-inspired workout apparel that accentuates the wearer's physique, is one such trend now worth \$44 billion dollars annually in the US consumer market. Thus, we aimed to be the first to systematically examine athleisure and the body ideals underlying it. This qualitative study conducted semi-structured interviews with 20 women who regularly wore athleisure. Five master themes emerged using thematic analysis: (1)

fit as always thin, sometimes muscular, (2) when you're healthy and you know it, wear athleisure, (3) it's only athleisure if your body says so, (4) embodied athleisure, and (5) knowing is not believing cognitive dissonance. Findings suggest that athleisure communicates an adherence to the fitspiration lifestyle if the wearer's body aligns with the fit body ideal. Participants also described an influence of athleisure on their own psyche and behaviors to emulate the fitspiration ideal both in behavior and physique. The athleisure trend appeared to encourage efforts to achieve the fit body ideal in manners that could be described as disordered eating behaviors (e.g., food control, appearance-driven exercise). As athleisure continues to present as a rapidly growing, salient trend, these findings have relevant clinical implications as to the conduct of therapy when we consider how people with eating disorders are clothed both prior to and during recovery.

Learning Objectives:

- Understand the ways in which athleisure reflects the increasing glorification of female muscularity.
- Recognize the role of athleisure in the embodiment of the "healthy lifestyle" associated with female muscularity and fitspiration.
- Assess the clinical implications that athleisure poses for treatment practices and clothing considerations prior to and during recovery.

S-146: Feeling Fat and Gross: A Test of the Mediating Role of Disgust on the Association between Feeling Fat and Binge Eating in Adults with Obesity.

Lisa M. Anderson, PhD, University of Minnesota, Minneapolis, MN, USA; Leah M. J. Hall, PhD, Eastern Oklahoma VA Health Care System, Tulsa, OK, USA; Ross D. Crosby, PhD, FAED, Sanford Research, Fargo, ND, USA; Scott G. Engel, PhD, FAED, Sanford Research, Fargo, ND, USA; Scott J. Crow, MD, FAED, University of Minnesota, Minneapolis, MN, USA; Carol B. Peterson, PhD, FAED, University of Minnesota, Minneapolis, MN, USA

Binge eating (BE) has been associated with feeling fat (FF), a subjective experience implicated in the maintenance of eating pathology. While BE interventions often target FF, few studies have examined its relation to BE. Fewer have identified factors that may drive associations between FF and BE. Because BE may function to avoid or escape aversive states, the current study tested whether disgust, an emotion linked with avoidance of aversive stimuli or sensation, mediated the relation between FF and BE. Given links between obesity and elevated risk for both BE and FF, we recruited 50 adults with obesity and subthreshold to full-threshold BE from the community (Mean BMI=40.3; 84% female). Participants completed baseline diagnostic assessments and a two-week ecological momentary assessment (EMA) protocol, measuring FF, disgust, and objective binge episodes (OBE). Generalized linear mixed models (GLMM) tested within- and between-subject univariate paths of the mediation model; multilevel structured equation modeling (MSEM) evaluated the full model. GLMM evinced a significant within-subject effect for Disgust OBE associations, $F(1, 1675)=7.35, p=.007$, suggesting that momentary increases in disgust predicted later OBE. Within-subject effects for FF Disgust and FF OBE associations were not significant ($p > .05$). Between-subject effects for all univariate paths were significant ($p < .05$), indicating that, on average (across EMA observations), greater FF frequency was associated with greater tendency to endorse higher subsequent disgust and OBE. However, MSEM indicated the indirect effect of disgust on the relation between FF and BE was not significant [unstandardized estimate=.001, $SE(est)=.003, p=.82$]. Overall, findings suggest clinicians should assess trait disgust in individuals with BE, as individuals with greater trait disgust appear to experience more frequent FF and OBE. However, changes in state disgust do not mediate links between momentary FF and OBE.

Learning Objectives:

- Assess the associations among "feeling fat" and emotional and eating-disorder-related correlates in adults with obesity and binge eating.
- Evaluate the roles of both state and trait levels of disgust in binge eating, among individuals with obesity who endorse a range of binge eating symptoms.
- Describe the benefits of EMA methodology for examining associations among eating disorder behaviors, subjective experiences, and emotion states.

S-147: Reexamining Stress and Eating: The Predictive Effects of Prolonged Stress on Binge Eating

Kimberly Stevens, BA, University of Nevada Las Vegas, Las Vegas, NV, USA; Kristen Culbert, PhD, University of Nevada Las Vegas, Las Vegas, NV, USA

Extant data indicate that stress is predictive of binge eating (BE), yet most studies have focused on the impact of acute or momentary changes in stress. Very few studies have investigated the role of prolonged stress (i.e., recurrent stress over an extended period of time) on BE and those that have been conducted have not evaluated whether prolonged stress exerts predictive effects on BE, above and beyond general difficulties with distress tolerance or negative emotionality. Moreover, if prolonged stress is uniquely predictive of BE, independent of general emotional reactivity/regulation tendencies, findings might indirectly point to stress-driven biological processes being at play. Indeed, prolonged stress alters biological systems that may elevate risk for BE, such as stress-driven increases in glucocorticoid production that can enhance cravings for high fat/sugar food. This study aimed to take a first-step at investigating this possibility by exploring the relationship between heightened prolonged stress and BE, controlling for distress tolerance and neuroticism. Participants were 319 female college students. The Perceived Stress Scale was used to assess prolonged stress. The Eating Pathology Symptoms Inventory and Loss of Control over Eating Scale were used to assess BE symptoms. Distress tolerance and neuroticism were assessed with the Distress Tolerance Scale and Big Five Inventory, respectively. Consistent with hypotheses, women with heightened levels of stress over the past month reported significantly higher levels of BE symptoms. Effects were medium-to-large in magnitude and remained unchanged even after controlling for neuroticism and distress tolerance. These data underscore the importance of prolonged stress on BE symptoms and provide initial evidence that the etiologic basis of these effects likely extends beyond emotion-based processes. Elucidating the biological mechanisms by which prolonged stress impacts BE behaviors is a critical next step.

Learning Objectives:

- Understand prior findings regarding associations between stress and binge eating.
- Explain biological pathways between prolonged stress and binge eating and how those differ from the biological underpinnings between acute stress and binge eating.
- Recognize the conceptual relevance of neuroticism and distress tolerance in predicting individual differences in binge eating behavior.

S-148: Mindful Eating and Eating Disorders: The Mediator Role of Negative Core Beliefs associated with the Eating Disorders

Selin Karakose, BA, MA, PhD, Isik University, Istanbul, Turkey; Celia Naivar Sen, BA, MPH, PhD, Ozyegin University, Istanbul, Turkey

Core beliefs in eating disorders and mindful eating have been highlighted in current literature. On the other hand, negative core beliefs that associated with the eating disorders and its relation to mindful eating and eating disorders have not been examined. The aim of the study is to examine the role of negative core beliefs that associated with the eating disorders on the mindful eating and eating disorders. The study consisted of 71 women from non-clinical sample. In addition to BMI information, the Socio-Demographic Form, Mindful Eating Questionnaire (MEQ), Eating Disorders Belief Questionnaire (EDBQ), and Eating Attitude Test (EAT-40) were used to collect data from the participants. Results revealed that beyond the controlling BMI, control over eating and self acceptance acceptance have a mediator role on the relationship between mindful eating and eating disorders. In respect to literature and the current results of our study, modifying negative core beliefs are recommended for clinicians to maximize mindful eating on eating disorders.

Learning Objectives:

- Assess the role of control over eating and self acceptance.
- Getting a different perspective for an effective treatment/prevention plan for eating disorders and related symptoms.
- Describe the relationship between core beliefs about eating disorders and mindful eating and eating disorders.

S-149: Emotion Regulation Flexibility and Eating Pathology

Elizabeth Dougherty, MEd, Illinois Institute of Technology, Chicago, IL, USA; Jonathan Murphy, PhD, Illinois Institute of Technology, Chicago, IL, USA; Rachel George, Illinois Institute of Technology, Chicago, IL, USA; Skylar Hamlett, Illinois Institute of Technology, Chicago, IL, USA; Nicole Johnson, BS, Illinois Institute of Technology, Chicago, IL, USA; Krystal Badillo, BS, Illinois Institute of Technology, Chicago, IL, USA; Alissa Haedt-Matt, PhD, Illinois Institute of Technology, Chicago, IL, USA

Research suggests that individuals with eating disorders use more maladaptive emotion regulation (ER) strategies in response to emotional distress. However, these studies do not consider that the efficacy of ER strategies vary across situations. For instance, distraction is effective in highly emotional situations, but less effective in situations that require long-term adjustment. In contrast, cognitive reappraisal is effective in low emotional intensity situations, but less effective in high emotional intensity situations. Recent evidence suggests that healthy ER is characterized by an ability to flexibly adapt ER strategies to the demands of varying situations (i.e., ER flexibility). Despite evidence supporting the importance of ER flexibility to general psychological functioning, no research has investigated it in relation to eating pathology. This study aimed to examine whether more severe eating pathology would be associated with reduced ER flexibility. Female college students (N = 37) completed a self-report measure of eating pathology and a laboratory-based ER choice task to assess ER flexibility. Generalized estimating equations indicated that for participants with less severe eating pathology, the probability of choosing distraction was 72% greater in the high intensity condition than in the low intensity condition. In contrast, for participants with more severe eating pathology, the probability of choosing distraction was 54% greater in the high intensity condition than in the low intensity condition. This suggests that individuals with more severe eating pathology exhibited decreased ER flexibility. Thus, therapeutic treatment for eating disorders should incorporate strategies to help individuals utilize adaptive ER strategies in a context- appropriate manner to further improve their ability to effectively modulate emotional distress.

Learning Objectives:

- Describe a novel framework for understanding emotion regulation that emphasizes the importance of strategy-situation fit.
- Describe how emotion regulation flexibility relates to eating pathology.
- Describe how the relation between emotion regulation flexibility and eating pathology could inform treatment interventions for eating disorders.

S-150: Dieting Behaviors as a Function of Self-Identified Dieting Status: Despite endorsement of extreme eating behaviors, some individuals do not identify as a dieter.

Kelly Cuccolo, BS, MA, University of North Dakota, Grand Forks, ND, USA; Rachel Kramer, BS, MA, PhD, University of North Dakota, Grand Forks, ND, USA; Richard Ferraro, MA, PhD, Postdoctoral Fellowship, University of North Dakota, Grand Forks, ND, USA

The current study aimed to better understand how self-identified dieting status and an individual's weight related goals (weight loss, weight maintained) effected their endorsement of various dieting and eating behaviors. Participants were females, mainly Caucasian (87.8%) and the age ranged from 18.00 to 41.00 ($M = 19.31$, $SD = 2.68$). Participants were asked: Are you currently on a diet: Yes/No, and Are you currently trying to: lose weight, maintain weight, or not trying to do anything about your weight. Participants were then asked to check off any behaviors they utilized over the past year to lose weight or prevent weight gain (e.g.: fasting), and also how frequently they engaged in perceived healthy behaviors (e.g.: exercised). In order to examine how identification as a dieter impacted behavioral endorsement, four groups were created by combining participants' answers to the aforementioned questions. The four groups were: Diet-Weight Loss, No-Diet Weight Loss, No Diet-Maintain, No Diet/Weight Change ($N=103$). The No Diet-Weight Loss group endorsed the widest variety of behaviors (nine), and had the highest endorsement of diuretic usage (5.9%). Fisher's exact test revealed significant associations ($p < .01$) between dieting group and whether or not participants endorsed: fasting, restriction, using food substitutes, and skipping meals, with the Diet Weight-Loss group having the highest percentage of endorsement. The Diet-Weight Loss group was more consistent in their endorsement of healthier dieting behaviors (e.g.: exercise) compared to the other groups. Results suggest that identification and endorsement of various behaviors likely varies as a function of weight related goals, and an individual's willingness to identify as a dieter. It is also likely that participants' understanding and interpretation of the term diet may be subjective, and researchers should make sure to include operational definitions of the term when conducting research studies.

Learning Objectives:

- Describe the differences between restraint and dieting.
- Assess the importance of operationally defining dieter.
- Describe how willingness to identify as a dieter impacts self-reported dieting and eating behaviors.

S-151: Naturalistic Associations of Negative Affect and Body Dissatisfaction with Disordered Eating Behaviors in a Subclinical Sample

Krystal Badillo, BS, Illinois Institute of Technology, Chicago, IL, USA; Meghan Hansen, PhD, Illinois Institute of Technology, Chicago, IL, USA; Nicole Johnson, BS, Illinois Institute of Technology, Chicago, IL,

USA; Elizabeth Dougherty, MEd, Illinois Institute of Technology, Chicago, IL, USA; Alissa Haedt-Matt, PhD, Illinois Institute of Technology, Chicago, IL, USA

There is significant evidence from ecological momentary assessment (EMA) studies to support the role of negative affect (NA) in binge eating and purging behaviors. However, few studies have examined other disordered eating behaviors, such as dietary restriction and compensatory exercise. Further, body dissatisfaction (BD) is less examined in EMA studies despite the theoretical importance of this symptom to the development of disordered eating and evidence that there are momentary fluctuations in BD similar to fluctuations in NA. Therefore, the current study aimed to use EMA to model associations of NA and BD with four different disordered eating behaviors: binge eating, purging, dietary restriction, and compensatory exercise. Women (N=49) meeting criteria for at least subclinical levels of disordered eating completed multiple daily ratings of BD, NA, and disordered eating behaviors for one week. Generalized estimating equations (GEEs) with a binomial logit function were conducted for the prediction of each disordered eating behavior, including both between- and within-subjects effects of NA and BD. Higher NA predicted occurrences of binge eating within-participants ($p < .01$). Higher overall NA predicted more binge eating, purging, and exercise on average (between-subjects $p < .01$). Higher BD predicted the occurrence of restriction (within-subjects $p = .01$) and exercise (within-subjects $p = .02$). However, participants with higher overall BD reported less exercise behavior on average (between-subjects $p = .02$). Results provide support for the role of within-person changes in affect related to binge eating among a subclinical sample. Findings also suggest that within-person changes in BD may play a larger role in predicting restriction and exercise behavior compared to NA. Thus, affect regulation skills are important for binge eating whereas interventions for dietary restriction and compensatory exercise may need to incorporate additional skills aimed at tolerance of BD.

Learning Objectives:

- Describe the affect regulation model for eating disorders.
- Understand how negative affect and body dissatisfaction differentially influences various eating behaviors.
- Apply findings in therapeutic settings to better target disordered eating based on affect regulation or body dissatisfaction.

S-152: Testing Self-Esteem and Need for Social Approval as Unspecific Risk Factors for Eating Disorders: Structural Equation Modeling in Female from Buenos Aires (Argentina).

Brenda Murawski, PhD, CPsychol, CONICET, University of Buenos Aires, Buenos Aires, Argentina; Jessica Custodio, PhD, CPsychol, CONICET, University of Buenos Aires, Buenos Aires, Argentina; Guillermina Rutzstein, PhD, CPsychol, FAED, University of Buenos Aires, Buenos Aires, Argentina

Recent theoretical approaches to the etiology of eating disorders and body image disturbances have begun to focus on multifactorial models and unspecific factors. The purpose of this study was to evaluate the role of self-esteem, need for social approval, over-evaluation of body shape and thin-ideal internalization as factors that increase risk attitudes for eating disorders (body dissatisfaction, drive for thinness and bulimic behaviors). The sample included 237 female university students from Buenos Aires (Argentina) aged between 18 and 34 ($M = 23.35$, $SD = 3.90$). Participants completed the following self-administered instruments: Sociodemographic Questionnaire, The Rosenberg Self-Esteem Scale, Revised Martin-Larsen Approval Motivation Scale, Beliefs About Appearance Scale, Sociocultural Attitudes Towards Appearance Questionnaire-3 and risk subscales of the Eating Disorder Inventory-3 (Drive for Thinness, Bulimia and Body Dissatisfaction). This model proposes that self-esteem, need for social

approval, over-evaluation of body shape and thin-ideal internalization contribute to the development of risk attitudes for eating disorders. Pathways Analysis was used to test the model. Its fit was found to be adequate ($\chi^2(3) = 0.39, p = .943, RMSEA = 0.001, AGFI = 0.997$) and explained 38% of the variance. Structural equation modeling indicated that unspecific factors (self-esteem and need for social approval) had an influence on risk attitudes, but only in an indirect way and mediated by over-evaluation of body shape and thin-ideal internalization. Instead, specific factors had a direct influence. This finding of significant paths was in line with previous research. The results suggest that self-esteem and the need for approval increase risk for developed an eating disorder only if they are associated to specific risk factors. These results support the inclusion of specific and unspecific factors in both prevention and treatment programs.

Learning Objectives:

- Demonstrate the importance of analyze multifactorial models.
- Find out risk factors for eating disorders.
- Examine a structural equation modeling that include the association between self-esteem, need for social approval, over-evaluation of body shape, thin-ideal internalization and risk attitudes for eating disorders.

S-153: Exploring the Relationship Between Existential Anxiety, Weight-Related Experiential Avoidance, and Disordered Eating

Laura Fischer, MS, Northeastern University, Boston, MA, USA; Rachel Berry, MA, Northeastern University, Boston, MA, USA; Rachel Rodgers, PhD, FAED, Northeastern University, Boston, MA, USA

Theoretical accounts of disordered eating grounded in existential and terror management theory have posited that these behaviors may serve as a method of maintaining control in the face of existential threats and anxiety. Experiential avoidance has been conceptualized as a means of avoiding unpleasant private experiences and may play a role in the maintenance of eating disorders. Little research to date has explored the relationship between existential anxiety, weight-related experiential avoidance, and disordered eating. A sample of $N = 497$ (32.6% male) college students (mean age = 22.48, $SD = 4.5$) completed an online survey including measures of existential concerns and death anxiety, weight-related experiential avoidance, and disordered eating attitudes and behaviors as measured via the Eating Disorder Examination Questionnaire (EDE-Q). Descriptive statistics revealed no significant gender differences in weight-related experiential avoidance. Bivariate correlations revealed that existential anxiety was positively and significantly correlated with weight-related experiential avoidance ($r = .476, p < .01$) and eating disorder pathology ($r = .354, p < .01$). The correlations between both existential anxiety and weight-related experiential avoidance, as well as between existential anxiety and eating disorder pathology were stronger for males than for females. Findings from the current study suggest that individuals who engage in more avoidance of body and weight-related experiences may have greater eating disorder pathology. Prevention and intervention strategies targeting disordered eating may benefit from addressing individuals' existential concerns as well as avoidance of unpleasant private experiences. Future research will seek to further elucidate the relationship of these constructs.

Learning Objectives:

- Understand the theoretical relationship between existential anxiety and disordered eating.
- Understand the relationship between existential anxiety and weight-related experiential avoidance.

- Consider the potential value in addressing existential concerns as well as avoidance of unpleasant private experiences in prevention/intervention strategies targeting disordered eating.

S-154: Risk behaviors related to feeding and eating disorders in adolescents.

Rosalía Vázquez-Arevalo, PhD, FAED, National Autonomous University of Mexico, Tlalnepantla, Mexico; Xochitl López-Aguilar, PhD, National Autonomous University of Mexico, Tlalnepantla, Mexico; Raquel Balderrama-Díaz, Master's, National Autonomous University of Mexico, Tlalnepantla, Mexico; Karla Arely Medina-Tepal, Bachelor's, National Autonomous University of Mexico, Tlalnepantla, Mexico; Mayaro Ortega-Luyando, PhD, National Autonomous University of Mexico, Tlalnepantla, Mexico; Juan Manuel Mancilla-Díaz, PhD, FAED, National Autonomous University of Mexico, Tlalnepantla, Mexico

In the recent publication of the DSM-5, important changes in the diagnostic criteria in feeding and eating disorders were made, therefore, the aim of the present study was to identify the presence of symptoms and risky behaviors related to feeding and eating disorders in adolescents. The sample consisted of 716 men and women participants with a mean age of 13.77 (SD=1.62), from public educational institutions in the metropolitan area of Mexico City, who answered four questionnaires: EAT-26 to evaluate AN, BULIT for BN, QEWP-R for BED and to detect risky behaviors associated with Pica, Rumination Disorder and ARFID an instrument called CuPREA, which was designed in the present investigation and obtained an $\alpha = .73$. Regarding the results, the BED symptomatology was the most frequent in the total sample (4.79%), followed by the symptomatology of BN (2.07%) and AN (5.10%), by sex, percentages of symptomatology of these three disorders were similar in men (5.48%) and women (5.14%). Regarding compensatory behaviors the most use were vomiting 3.18% and the use of the laxatives 4.11%, regarding to the behaviors to lose weight the most frequent was exercise with 17.12%. Likewise, within the behaviors associated with Pica, Rumination and ARFID, 13.70% mentioned consuming non-food substances, 2.60% admitted to regurgitate and 31.06% avoided food because their organoleptic characteristics. In conclusion, men showed high percentages of AN, BN and BED symptoms, which implies a mayor study in this population, because there are few studies specific in adolescent males, in addition the results indicate the presence of behaviors associated to feeding and eating disorders, in adolescents, even though their presence was indicated only in childhood. PAPIIT IN306518

Learning Objectives:

- Assess the presence of symptoms of Eating Disorder in Adolescence according to the DSM-5.
- Assess the presence of symptoms of Anorexia, Bulimia and Binge Eating Disorder in Adolescents according to the DSM-5.
- Assess the presence of regurgitated and ingestion of inedible or raw food.

S-155: Cross-Sectional Associations between Weight Bias Internalization and Weight Concerns in Young Adults

Kelley Borton, MPH, University of Michigan, Ann Arbor, MI, USA; Kendrin Sonneville, ScD, RD, University of Michigan, Ann Arbor, MI, USA

The purpose of this study was to determine if weight bias internalization (WBI), or the degree to which individuals internalize societal messages of weight bias, is associated with higher levels of weight concern in young adults. Participants were recruited online through Amazon Mechanical Turk Service. WBI was assessed using the Modified Weight Bias Internalization Scale (WBIS-M), and mean WBIS-M

scores were used as the main predictor variable. Weight concern was assessed with five questions: How much more or less do you feel you worry about your weight and shape than others your age? (Weight worry), How afraid are you of gaining 3 lbs? (Fear of gain), When was the last time you went on a diet? (Dieting), Compared to other things in your life, how important is your weight to you? (Weight importance), and Do you ever feel fat? (Feeling fat). Response options varied for each question but were assessed on an interval level. To examine whether increases in WBI predicted increases in weight concerns, we ran separate linear regression models using each weight concern question as an outcome variable, adjusting for age, sex, and race/ethnicity. Participants were excluded from the analyses if they had missing information for any of the above variables. The final sample (N=97) was 52.6% male and 47.4% female, had a mean (SD) age of 23.9 (2.2) years, and was 75.3% Caucasian. After controlling for covariates, WBI was positively associated with all five weight concern questions: Weight worry ($\beta=0.540$, $p < 0.001$), Fear of gain ($\beta=0.423$, $p < 0.001$), Dieting ($\beta=0.854$, $p < 0.001$), Weight importance ($\beta=0.283$, $p < 0.001$), and Feeling fat ($\beta=0.621$, $p < 0.001$). WBI is significantly associated with greater weight concerns in a young adult sample, and further research is needed to understand the directionality of this relationship, and implications for the prevention of disordered eating.

Learning Objectives:

- Define and describe weight bias internalization.
- Describe the relationship between weight bias internalization and weight concerns.
- Understand the importance of weight bias internalization as a risk factor for weight concerns.

S-156: What types of #yoga images are being posted? Does body size matter?

Erin Dufour, BA, MHK Candidate, University of Windsor, Windsor, ON, Canada; Jillian Lacasse, BHK, University of Windsor, Windsor, ON, Canada; Sara Santarossa, BHK, MHK, PhD Candidate, University of Windsor, Windsor, ON, Canada; Sarah Woodruff, BPE, MSc, Postdoctoral Fellow, PhD, University of Windsor, Windsor, ON, Canada

The purpose of the present study was to investigate the body size of people being depicted in #yoga images on Instagram. It was hypothesized that images would depict people who are underweight and normal weight in more advanced poses, with less clothing, compared to those who are in the overweight/obese categories. One hundred random unique images of individuals performing a yoga pose were selected and analyzed from a larger dataset (N = 35,000 images) that was captured using the Netlytic (Grudz, 2016) program. Body size was categorized according to a Figure Rating Scale (Williamson et al., 1989), in addition to gender, the amount of clothing worn, difficulty of the pose, whether the image depicted a meditative state, and the environmental setting were categorized. An ordinal logistic regression analysis used various characteristics measured within the image to predict body size. The images portrayed individuals who were underweight (68%), normal weight (25%), and overweight (7%) and no individuals with obesity being depicted. Further, the images contained mostly women (89%), in minimal clothing (70%), demonstrating a basic pose (51%), not in a meditative state (94%), and in an indoor environment (57%). The ordinal regression analysis suggested that the odds of those in the underweight category being in an advanced pose was 2.50 (95% CI, 1.01 to 6.19) times that of those in the healthy weight and overweight/obese categories ($p = .048$). No other associations with body weight were statistically significant. According to the image analyses, those in more advanced poses were more likely to have a low body weight, suggesting that the author may feel more confident in posting pictures that present socially desirable physiques. The societal pressures and goals of #yoga on Instagram are helping to perpetuate the new standard of beauty being thin and fit.

Learning Objectives:

- Discuss the messaging associated with certain physical activity (e.g., yoga) and body types.
- Compare the various body types seen within social media hashtags relating to yoga.
- Critically analyze social media images associated with fitness and engaging in healthy lifestyles.

S-157: Overcoming shame: Lessons from a qualitative investigation of of shame resilience in clients diagnosed with eating disorders

Hilary Evans, BA, MA, Trinity Western University, Langley, BC, Canada; Chelsea Beyer, BHk, BA (Hons), MA, PhD Candidate, University of British Columbia, Vancouver, BC, Canada; Mihaela Launeanu, BA, MA, PhD, Trinity Western University, Langley, BC, Canada

Shame has been consistently recognized as a risk factor that is strongly and positively correlated to eating disorder onset and maintenance. While clinical attention and research has been given to investigating this impact, a much smaller amount of attention has been given to researching the process of overcoming shame. Often referred to as building shame-resilience, this process is clinically important as research indicates that chronic shame in the absence of shame resilience negatively affects the likelihood of (a) seeking help and disclosing information; (b) engaging in the therapeutic process, and (c) entering or remaining in remission from eating disorders. The purpose of this research paper was to examine how individuals diagnosed with an eating disorder overcame their shame related to their eating disorder and developed shame resilience. Data obtained from qualitative interviews with participants was analyzed using interpretive description. Several themes emerged including but not limited to: denying and questioning oneself, disrupted embodiment, learning about society and culture, and transforming thoughts. Identified themes have implications for understanding how individuals understand shame and perceive the development of shame resilience in relation to their eating disorder.

Learning Objectives:

- Participants will gain an understanding of shame and shame resilience and their role in eating disorders.
- Participants will be aware of factors that influence the development of shame resilience for individuals diagnosed with an eating disorder.
- Participants will leave with an understanding of how addressing shame and building shame resilience may contribute to treatment outcomes for individuals with an eating disorder.

S-158: Predictors of Short-Term Weight Trajectories in a Community Sample of Adults with Eating Disorders

Alexis Exum, BS, MPS, University of Kansas, Lawrence, KS, USA; Victoria Perko, BA, University of Kansas, Lawrence, KS, USA; Kelsie Forbush, PhD, University of Kansas, Lawrence, KS, USA

Many eating-disorder (ED) specific treatments conceptualize recovery and relapse in terms of restoration of healthful body weight and/or remission from inappropriate compensatory behaviors, such as binge-eating or purging. Although there has been substantial research evaluating associations among disordered-eating behaviors and weight status, few studies have tested within-group differences in weight trajectory across ED diagnoses. Weight suppression and weight fluctuations have been found to increase risk for future weight gain, binge-eating, and purging. Thus, identifying predictors of weight

trajectory is important because it could help identify persons at low and high risk for poor ED course and outcome. The purpose of this study was to identify how changes in ED symptoms influence weight trajectory (weight fluctuations) over time. Participants were adults with a DSM-5 ED recruited from the community (N = 252). Participants completed the Eating Pathology Symptoms Inventory (EPSI) and recorded their height and weight three times over a one-year period. Linear mixed models (LMM) will be used to test associations between ED pathology and BMI. Existing literature has established associations between binge eating and weight gain, as well as restricting and weight loss. However, the current study hypothesis posits that nuanced combinations of symptoms will account for variance in weight trajectory more appropriately than these predictors alone. Although the relationship among weight fluctuation and ED symptoms has been studied in individuals with binge eating disorder, our findings will provide novel information regarding these relationships across ED diagnoses. Additionally, our results have implications for the development of novel psychoeducation programs to enhance knowledge of ED prognosis for clinicians, clients, and social-support systems.

Learning Objectives:

- Advise efforts to positively identify individuals at high or low risk for poor eating disorder prognosis and outcome.
- Identify how changes in eating disorder symptoms influence, or predict, weight trajectories (weight fluctuations) over time.
- Aid in developing novel psychoeducational programs, on eating disorder prognosis, to enhance the knowledge of clinicians, clients, and social-support systems.

S-159: Intrinsic and Extrinsic Motivations for Exercise: Examining Associations with Problematic Exercise and Eating Pathology

Christina Scharmer, BA, State University of New York at Albany, Albany, NY, USA; James F Boswell, PhD, State University of New York at Albany, Albany, NY, USA; Drew A Anderson, PhD, FAED, State University of New York at Albany, Albany, NY, USA

Exercise can serve adaptive and maladaptive functions among individuals with elevated eating disorder (ED) pathology; however, little is known about how best to distinguish healthy and problematic exercise within this population. The present study aimed to inform this distinction by examining associations between intrinsic and extrinsic motivations for exercise, problematic exercise and ED pathology in a sample of undergraduate students (N=347, 70% female) with threshold or sub-threshold EDs. All participants completed the Eating Disorder Examination Questionnaire (EDE-Q), the Exercise Motivation Inventory-2 (EMI-2), the Compulsive Exercise Test (CET), and the Exercise Dependence Scale (EDS). Preliminary exploratory factor analysis of the EMI-2 revealed 10 factors representing extrinsic and intrinsic motives for exercise. Next, we tested three multiple regression models to evaluate the associations between exercise motives and compulsive exercise (adj. $R^2=.48$), exercise dependence (adj. $R^2=.43$), and ED pathology (adj. $R^2=.40$). Within each of these models, we determined the importance of specific motives for exercise by comparing regression and squared semi-partial correlation coefficients. In each model, extrinsic motives for exercise (e.g., social recognition) were associated with more severe exercise and ED pathology and intrinsic motives (e.g., prevention of health problems) were associated with less pathology. Interestingly, exercising for enjoyment was associated with greater compulsive exercise and exercise dependence but not for ED pathology. This association suggests that enjoyment of exercise is a powerful motivator, even for individuals with problematic attitudes towards exercise. Findings from this study suggest intrinsic and extrinsic motivations for exercise are differentially

associated with exercise and eating pathology and can inform the distinction between problematic and healthy exercise among individuals with ED pathology.

Learning Objectives:

- Describe the distinction between problematic and healthy exercise behaviors among individuals with eating disorders.
- Discuss intrinsic and extrinsic motives for exercise.
- Explain the associations between specific motives for exercise, problematic exercise, and eating disorder pathology.

S-160: Expectancies of the effects of cannabis use on eating disorder symptoms

Christina Scharmer, BA, State University of New York at Albany, Albany, NY, USA; Brianna R Altman, BA, State University of New York at Albany, Albany, NY, USA; Joseph M Donahue, MA, State University of New York at Albany, Albany, NY, USA; Drew A Anderson, PhD, FAED, State University of New York at Albany, Albany, NY, USA; Mitchell Earleywine, PhD, State University of New York at Albany, Albany, NY, USA

Individuals with eating disorders (EDs) have higher rates of substance use and abuse compared to the general population; however, few studies have specifically explored the relation between EDs and cannabis use. The present study examined how participants expected cannabis to alter ED symptoms, including restrictive eating, binge eating, and compensatory behaviors. Participants included cannabis users with reported ED symptoms (N=132, 92% female) recruited through online advertisements. They completed self-report questionnaires that assessed ED symptoms, cannabis use, and expectancies of the impact of cannabis on ED symptoms. Participants reported expecting cannabis to increase the likelihood of binge eating, $t(107)=-5.77$, $p .001$, $d = .55$), decrease the likelihood of restrictive eating ($t(106)=7.51$, $p .001$, $d = .72$) and decrease the likelihood of compensatory behaviors including self-induced vomiting ($t(107)=5.91$, $p .001$, $d = .57$), driven exercise ($t(106)=-2.78$, $p .01$, $d = .27$), and laxative/diuretic use ($t(107)=4.98$, $p .001$, $d = .26$). Our finding that participants expect cannabis to increase binge eating aligns with existing research linking cannabis to increased appetite and food intake. Participants also reported expectations that cannabis use would reduce other key ED behavioral symptoms (i.e., restriction, compensatory behaviors). This study is the first to explore expected effects of cannabis use on ED symptoms. Our findings suggest that individuals may use cannabis as a means of decreasing most ED behaviors. Future research should further examine the association between cannabis expectancies and use among individuals with EDs to determine whether or not these expectancies contribute to problematic cannabis use or ED symptoms.

Learning Objectives:

- Describe cannabis use behaviors among individuals with eating disorder symptoms.
- Explain expectancies of the effects of cannabis on eating disorder behaviors.
- Discuss implications for the etiology and treatment of individuals with overlapping cannabis use and eating disorder behaviors.

S-161: Social anxiety disorder and eating disorders in a nationally representative sample: Is the association attributable to other comorbid psychiatric disorders?

Christine Xu, BE, Washington University in St. Louis, St. Louis, MO, USA; Alexis Duncan, MPH, PhD, Washington University in St. Louis, St. Louis, MO, USA

The objective of the current study was to examine whether associations between lifetime social anxiety disorder (SAD) and lifetime eating disorders (EDs) may be attributed in whole or in part to comorbidity of both SAD and EDs with other psychiatric disorders. We analyzed data from 12,642 participants in Collaborative Psychiatric Epidemiology Surveys using logistic regression to adjust for demographic variables and other psychiatric comorbidities. The weighted prevalence of any lifetime eating disorder was significantly greater among those with lifetime SAD compared to those without Lifetime SAD (9.42% vs. 2.97%; $p < 0.001$). Anorexia nervosa, bulimia nervosa, binge eating disorder, and any eating disorder were all robustly associated with lifetime SAD before adjusting for covariates (OR 3.12-4.01, all $p < 0.001$). After adjusting for demographic variables and psychiatric comorbidities, however, the magnitude of these associations was substantially attenuated (OR 1.84-2.0) and that of AN with SAD was no longer statistically significant (OR=1.87; 95% CI: 0.72-4.83). These results suggest that psychiatric disorders that are commonly comorbid with both EDs and SAD may account for some of the magnitude of the previously observed associations between these two disorders. Future studies should consider additional comorbidities when examining associations of EDs with specific comorbid psychiatric disorders.

Learning Objectives:

- Know the prevalence of social anxiety disorder among persons with lifetime eating disorder diagnoses.
- Describe the association between social anxiety disorders and eating disorders.
- Describe the role of other psychiatric disorders commonly comorbid with both social anxiety disorder and eating disorders in the association between social anxiety disorders and eating disorders.

S-162: Is childhood neglect associated with binge eating? Findings from a population-representative twin sample

Christine Xu, BE, Washington University in St. Louis, St. Louis, MO, USA; Alexis Duncan, MPH, PhD, Washington University in St. Louis, St. Louis, MO, USA; Melissa Jonson-Reid, MSW, PhD, Washington University in St. Louis, St. Louis, MO, USA; Andrew Heath, DPhil, Washington University School of Medicine, St. Louis, MO, USA; Pamela Madden, PhD, Washington University School of Medicine, St. Louis, MO, USA; Kathleen Bucholz, PhD, Washington University School of Medicine, St. Louis, MO, USA

Although many previous studies have reported that childhood maltreatment is a risk factor for binge eating, to date none have focused specifically on childhood neglect. To examine the associations between forms of childhood neglect and binge eating, we analyzed data from 1885 women participating in Waves 4 and 7 of the Missouri Female Twin Study. Data on self-reported current and past eating disorder symptoms and experiences related to self-reported childhood neglect by the participant's mother and father were analyzed using principal components analysis and logistic regression. Two principal components representing emotional and physical neglect (CEN and CPN, respectively) were extracted from the neglect data. Due to the highly skewed nature of the scales, each form of neglect was dichotomized and modeled as a four-level variable: neglect by both parents, by mother only, by father only, and no neglect. In unadjusted models, binge eating was significantly associated with CPN by both parents (OR = 1.81; 95% CI: 1.21-2.70), by mother only (OR = 3.85; 95% CI: 1.89-7.81) and by father only (OR 2.40; 95% CI: 1.18-4.89) and with CEN by both parents (OR = 1.94; 95% CI: 1.24-3.04) and by

mother only (OR = 2.62; 95% CI: 1.25-5.49) but not by father only. In models that included both forms of neglect, as well as covariates, such as major depression and other forms of childhood maltreatment, all ORs were attenuated and only those for CPN by mother only remained statistically significant (OR = 2.46; 95% CI: 1.05-5.75) and CPN by father only (OR = 2.27; 95% CI: 1.03-5.00). These findings suggest that CPN by a single parent may play a role in risk for binge eating but that risk associated with CEN may be attributable more generally to factors that co-occur with this type of childhood neglect.

Learning Objectives:

- Know different forms of childhood neglect.
- Assess the association between forms of childhood neglect and binge eating.
- Assess interrelationships between forms of childhood neglect and abuse and how they affect associations with binge eating.

S-163: Group Cognitive Remediation Therapy for Japanese Adolescents with Anorexia Nervosa

Rie Kuge, MD, PhD, Shinshu University Hospital, Matsumoto, Nagano, Japan; Ayano Yokota, Master's, Tokyo Metropolitan Matsuzawa Hospital, Setagaya-ku, Tokyo, Japan; Yuriko Morino, MD, Tokyo Metropolitan Children's Medical Center, Fuchu-shi, Tokyo, Japan; Michiko Nakazato, MD, PhD, FAED, International University of Health and Welfare, Narita-shi, Chiba, Japan

Cognitive remediation therapy (CRT) aims to increase patients cognitive flexibility through practicing new ways of thinking as well as facilitating bigger picture thinking, supporting patients with relevant tasks, and making them aware of their own thinking styles. CRT has been applied in the treatment of Anorexia Nervosa (AN), and has been shown to be an effective, acceptable, and beneficial treatment. However, only one study has been published on CRT for adolescents with AN in a Japanese sample. The purpose of this study is to assess the effectiveness of group CRT for adolescents with AN in a Japanese sample. This study recruited participants aged 13-18 years old admitted to the Department of Child and Adolescent Psychiatry of Tokyo Metropolitan Children's Medical Center with a clinical diagnosis of AN according to DSM-5 criteria. They were seen in weekly group CRT for four sessions. Weight, neuropsychological and psychological assessments (motivation, self-efficacy and depression) were performed before and after the group CRT. The participants completed a questionnaire after the group CRT. Twelve female participants enrolled. The average (standard deviation) age of participants was 15.2 (1.5) years old, and the average duration of illness was 19.8 (9.8) months. There was a medium effect size difference in weight and a large effect size difference in the part of the neuropsychological test scores between the pre-CRT and post-CRT. Adolescents feedback was almost positive. The dropout rate was 8%. This study will recruit 40 patients, but the current results indicated the large or medium effect size of outcome measures. The dropout rate was low and the adolescents feedback was positive.

Learning Objectives:

- Assess the effectiveness of group CRT for adolescents with AN in a Japanese sample.
- Describe the method of group CRT for adolescents with AN.
- Assess the cognitive function of adolescents with AN in a Japanese sample.

S-164: Cognitive behavior therapy (CBT) for body image in adolescents with eating disorders as an adjunct to family therapy a pilot case series

Natalie Pretorius, DCLinPsy, South London and Maudsley NHS Trust, London, UK; Catherine Stewart, PhD, DCLinPsy, South London and Maudsley NHS Trust, London, UK; Jonathan Espie, DCLinPsy, South London and Maudsley NHS Trust, London, UK; Mima Simic, MD, MRCPsych, South London and Maudsley NHS Trust, London, UK

Cognitive Behavioral Therapy for Body Image Dissatisfaction (CBT-BI) has not been tested in adolescents with eating disorders despite evidence of its efficacy in adults and its inclusion in enhanced CBT. Recent data from our clinic shows that 46% continue to have body shape concerns at the end of treatment, and this may make them vulnerable to future relapse. It is therefore vital that effective and efficient treatment for shape and weight concerns are evaluated. The aim of the study was to demonstrate the effectiveness and acceptability of a 6 week cognitive behavioral therapy (CBT) intervention for body image dissatisfaction for adolescents with eating disorders as an adjunct to family therapy for anorexia nervosa or bulimia nervosa via a case series of 10 adolescent outpatients with eating disorders who continued to experience significant body image dissatisfaction during Phase 3 of FT-ED. Results indicate reductions in body image dissatisfaction (body checking behaviors, body avoidance) after completing the CBT intervention. Session by session measures of change indicated improvements in social functioning and participants' feedback post treatment indicated that the intervention was acceptable to young people. Clinical impressions indicated that the CBT intervention helped young people to tolerate talking and thinking about their body image, and the impact of social media on body image appeared to be an important topic for adolescents. Suggestions will be made about further refinements and adaptations to CBT-BI as a result of this study and following feedback from young people. This study adds to the limited existing research into body image treatment for young people with eating disorders and aims to contribute to improving outcomes in FT-ED.

Learning Objectives:

- Learn about body image dissatisfaction and the impact of social media.
- Describe the effectiveness and acceptability of a 6 week cognitive behavioral therapy (CBT) intervention for body image dissatisfaction for adolescents with eating disorders.
- Describe modification and adaptations of CBT-BI for adolescent population following feedback from adolescents.

S-165: Does RO DBT improve outcomes in adolescent anorexia nervosa

Mima Simi, MD, MRCPsych, South London and Maudsley NHS Trust, London, UK; Julian Baudinet, BA (Hons), MSc, DCP, South London and Maudsley NHS Trust, London, UK; Katrina Hunt, DCLinPsy, South London and Maudsley NHS Trust, London, UK; Catherine Stewart, PhD, DCLinPsy, South London and Maudsley NHS Trust, London, UK

This study evaluates outcomes of the Radically-Open Dialectical Behaviour Therapy (RO DBT, Lynch, 2018) integrated into the day program or added as an additional outpatient treatment for adolescents with anorexia nervosa. All adolescents selected in this study had difficulties in social relationships, high level of social anxiety and rigidity and deficits in their emotional expression. These features are considered to be maintained by over-controlled personality traits and coping styles that possibly also contribute to the maintenance of the eating disorder. 76 young people (aged 11-17) completed sixteen RO-DBT skills classes as a component of the intensive day treatment program. 25 young people (aged 14-17) completed RO-DBT skills classes and individual therapy as outpatients in Phase Three of Family Therapy for Anorexia Nervosa (FT-AN) that targets independence and individuation. Analysis of factors associated with over-control measured before and after RO-DBT treatment reveals significant

improvement in self-reported social connectedness, and experiences of anticipatory and consumatory pleasure. There was also significant reduction in their social withdrawal, inflexibility, risk aversion and discomfort in attachment relationships. The self-reported perception of the relationship with their parents yielded significant increase in acceptance of fathers and control by mothers. On the Eating Disorder Inventory (EDI-3) interpersonal insecurity, interpersonal problems, interoceptive deficits and eating disorder general psychological maladaptive composite significantly decreased. Results indicate that adding RO DBT to the treatment as usual is promising innovation with the potential to improve outcome and psychological wellbeing of adolescents with anorexia nervosa.

Learning Objectives:

- Describe over-controlled personality traits and coping styles associated with adolescent anorexia nervosa.
- Summarise how RO DBT can be integrated into the treatment of adolescent anorexia nervosa.
- Describe how changes following RO DBT can improve outcomes and psychological wellbeing of adolescents with anorexia nervosa.

S-166: Parent-Child Agreement on the Eating Disorder Examination Questionnaire in a Family-Based Treatment Program

Kellsey Smith, BS, University of Michigan, Ann Arbor, MI, USA; Jessica Van Huysse, PhD, University of Michigan, Ann Arbor, MI, USA

When assessing psychopathology in children and adolescents, it is considered best clinical practice to obtain reports from both the parent and the child. This is particularly important when the child presents with anorexia nervosa (AN), which is often characterized by symptom denial and lack of insight about the severity of the illness. Cognitive deficits resulting from malnourishment may also impede one's ability to provide an accurate symptom report. While research suggests that parent and child reports of eating disorder symptoms are largely discordant, the current study is the first to compare the parent and child forms of the Eating Disorder Examination Questionnaire (PEDE-Q and EDE-Q, respectively) in the context of family-based treatment (FBT), and explore changes in these reports across treatment. Patients enrolled in an FBT-based partial hospitalization program (PHP) and their mothers completed the self-report questionnaire on the first day of treatment (baseline) and upon completion of the PHP (end of treatment). Sample size ranged from 53-169, mean age was 16.44 years, and the primary diagnosis was AN (72.7%). Paired samples T-tests showed that mothers scored significantly higher on all subscales at baseline only ($p < 0.01$, Cohen's $d = 0.24-0.34$) and by the end of treatment, parent and child reports were no longer significantly different on any subscale ($p > 0.01$, Cohen's $d = 0.02-0.22$). Parent and participant global scores decreased as treatment progressed and the magnitude of decrease did not differ significantly. The initial discrepancy in reports may be due to parents' heightened concern, the participant's lack of insight or symptom minimization, or a combination of both. FBT facilitates communication between family members and provides psychoeducation on eating disorders, which may support agreement by the end of treatment. Future research is needed to determine which report is a better predictor of treatment outcomes.

Learning Objectives:

- Identify the differences between parent and child reports on eating disorder symptoms and consider factors that may account for these discrepancies.
- Describe the change in parent and child EDE-Q scores throughout the course of a family-based partial hospitalization program.

- Discuss the utility of obtaining parent reports for children and adolescents receiving FBT.

S-167: Group Therapy in the Eating Disorder Intensive Day Program: Evaluation and patient perspectives

Elaine Tay, PhD, Sydney Children's Hospital Network - Westmead, Sydney, NSW, Australia; Lisa Dawson, PhD, Sydney Children's Hospital Network - Westmead, Sydney, NSW, Australia; Julian Baudinet, PhD, Maudsley Hospital, London, Camberwell, UK

The Eating Disorder Intensive Day Program for Adolescents, developed at the Children's Hospital at Westmead, offers an intensive approach for young people with eating disorders who have not responded to standard outpatient treatment, or have additional complexities likely to reduce treatment efficacy. The Group Therapy Program is a core element of the day program and was specifically designed to address difficulties commonly associated with young people with anorexia nervosa, such as perfectionism, high expressed emotion, and low motivation to change. The Group Therapy Program is a 10-week intervention incorporating evidenced-based treatments such as CBT, DBT, ACT, MANTRA, and tailored modules exploring values, identity, strengths, and self-worth. Initially developed and implemented in 2014, almost 50 individuals have completed the Program to date. This presentation aims to present and describe this novel group therapy program and examine the participants' perspectives of group. Quantitative and qualitative feedback was collected from participants via online questionnaires about the helpfulness, relevance, and acceptability of the program. Data indicate young people valued development of thinking and affect management skills, exploration of identity beyond anorexia nervosa, and formulation of their current difficulties. Feedback indicated that the program was acceptable to participants. Given the low motivation to change associated with young people and eating disorders, better understanding the perceived helpfulness and acceptability of therapeutic programs is essential to design effective treatments for this population.

Learning Objectives:

- Describe the Eating Disorder Day Program Group Therapy modules.
- Understand participant evaluation and feedback on Group Therapy modules.
- Discuss and consider perceived helpfulness and acceptability of group therapy program, more specifically in context of developing effective treatments for this population of young people that often are perceived to present with low motivation to engage in treatment.

S-168: Examining the Feasibility, Acceptability, and Outcomes of a 2-day Intensive Parent/Caregiver Workshop utilizing Emotion Focused Family Therapy.

Kristen Lohse, PsyD, Children's Hospital Colorado, Aurora, CO, USA; Mindy Solomon, PhD, Children's Hospital, University of Colorado, Aurora, CO, USA; Adele Lafrance, PhD, C.Psych, Mental Health Foundations, Denver, CO, USA

The purpose of this quality improvement project is to evaluate a 2-day parent/caregiver intensive workshop being offered as part of a hospital-based treatment for children/adolescents with eating disorders. The workshop is being offered free of charge to all caregivers of patients currently participating in a children's hospital based inpatient and partial hospitalization program as well as caregivers of recently discharged patients currently in outpatient care. Additional spots were offered on a first-come, first-serve basis for families of former patients who discharged within the previous year, or who were currently working with an outpatient provider affiliated with the hospital program via an

email invitation, up to 24 total caregiver spots. The workshop will be facilitated by the co-developer of Emotion Focused Family Therapy. Feasibility and acceptability will be measured by caregiver attendance, satisfaction survey, and attrition. Outcomes will be analyzed based on pre and post measures of parental self-efficacy, parent empowerment, expressed emotion and readiness/ intention to change. It is hypothesized that caregivers attending the workshop will increase their sense of self-efficacy, empowerment, and intention/readiness to commit to change. Additionally, there is an exploratory outcome looking at clinician s perceptions of this intervention s impact with the parents/caregivers and their impressions of utility of use in their practice. Future directions include long-term follow up to determine overall impact of workshop participation on length of stay and rates of re-admission.

Learning Objectives:

- Describe organization and delivery of an intensive caregiver workshop as part of a hospital-based family treatment program for children and adolescents with eating disorders.
- Examine and compare different caregiver responses to this 2-day workshop intervention based on what level of care they are currently in.
- Discuss costs/benefits of offering intensive caregiver workshop as an adjunct to treatment as usual and/or as a follow up/relapse prevention intervention.

S-169: Obsessive-compulsive behavior and adolescent bulimia nervosa: motivation to change impacts outpatient treatment outcome

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

Characteristics of obsessive-compulsive disorder (OCD) frequently present in individuals diagnosed with bulimia nervosa (BN), with indications that these comorbid features can negatively impact eating disorder (ED) treatment. Evidence suggests motivation for change in OCD-related ED behavior at baseline decreases eating pathology scores at end-of-treatment; however, the association between motivation for change and abstinence from symptomatic behavior (binge eating and purging) at treatment conclusion has not been examined. Adolescents (N = 130 aged 12-18, 92% female) with DSM-IV diagnosis of BN or partial BN (binge eating plus purging \geq 1/week for 6 months) participated in a clinical ED treatment trial, randomized to 1 of 3 treatment groups, Cognitive Behavioral Therapy, Family-Based Treatment (FBT), or Individual Supportive Therapy. Assessments included the Yale-Brown-Cornell Eating Disorder Scale (YBC-EDS) and the Eating Disorder Examination Linear regression analyses evaluated whether YBC-EDS Motivation for Change (MC) subscale scores were associated with abstinence from binge eating and purging at end-of-treatment, 6- and 12-month follow-up, relative to treatment group. MC subscale scores and abstinence from binge eating and purging at treatment conclusion were significantly related ($\beta = -.023$, $se = .01$, $p = .05$), such that those receiving FBT and high in MC were more likely to be abstinent; significant differences at 6- and 12- month follow-up were not indicated for any treatment group. Results suggest that individuals more motivated to change OCD-related ED behaviors at the start of treatment might benefit from a family-based approach, given familial support in achieving abstinence. Future work should strive to identify ways in which motivation

might be enhanced both at the start of, and throughout evidence-based treatment for BN, to increase the rates of sustained recovery.

Learning Objectives:

- Consider the impact of obsessive-compulsive disorder related behavior within eating disorders.
- Examine motivation for change in OCD eating disorder-related behavior within treatment for adolescents with bulimia nervosa.
- Evaluate types of treatment along with the impact of motivation for change in OCD behavior within adolescent bulimia nervosa.

S-170: Increasing detection of eating disorders across a hospital system servicing youth in Bronx, New York

Emma Racine, MS, Montefiore Medical Center, Bronx, NY, USA; Lauren Yadlosky, MS, Montefiore Medical Center, Bronx, NY, USA; Tucker Smith, MS, Montefiore Medical Center, Bronx, NY, USA; Michelle Lupkin, PhD, Montefiore Medical Center, Bronx, NY, USA

Research has shown no difference in overall prevalence rates of Eating Disorders (ED) among ethnic minorities across all levels of SES as compared to Caucasian populations (Schaumberg et al., 2017; Swanson et al., 2011). Still, there is extremely limited research on treatment for ED among youth from low income, ethnic minority areas. Compounding this lack of research is a lack of access to care for this population, due in part to ED often going undetected in both children and adults (Hart et al, 2011; Kazdin, Fitzsimmons-Craft & Wilfley, 2016). Additionally, even when detected, ethnic minorities are less likely to seek treatment and receive specialized treatment for an ED due to stigmas about mental health care and financial barriers (Cachelin, Gil-Rivas, & Vela, 2014; Regan, Cachelin, & Minnick, 2017). One way to increase access to specialized treatment for ED is by educating primary care teams about ED across a hospital system and providing resources for providers to access specialized services and consultation related to detection of ED. The Eating Disorders Program at Montefiore (EDPM) in Bronx, NY was formed in response to the lack of availability of specialized treatment for low income patients presenting to our psychiatry and adolescent medicine clinics with ED. Since October 2017, our team of specialists has trained primary care teams in pediatrics and school based health and mental health about detection and treatment of ED. Following trainings, providers were given access to directly consult with our team on cases. We also developed a streamlined process for primary care teams to directly refer to EDPM if an ED is detected. This poster will present data on the efficacy of this program in detecting and treating patients with ED across a hospital system. At this time we have been consulted on over 35 cases and have an outpatient census of 24, a 5 time increase from our census prior to October 2017. Data will also include ongoing consults and referrals.

Learning Objectives:

- Emphasize the barriers to specialized eating disorder treatment for adolescents from underserved communities.
- Highlight the importance of early detection for EDs in adolescents and the challenges to early detection.
- Describe early detection efforts by the Eating Disorders Program at Montefiore that have increased referrals from within our hospital setting.

S-171: Effect of prescribed physical activity on individuals hospitalized with anorexia nervosa: a systematic review

Holly Agostino, MD, Montreal Children's Hospital, Montreal, QC, Canada; Charlie Fougères, BSc, McGill University, Montreal, QC, Canada; Jaime Lawson, BSc, McGill University, Montreal, QC, Canada; Julie Pham, BSc, McGill University, Montreal, QC, Canada; Cory Schiffman, BSc, McGill University, Montreal, QC, Canada; Brett Burstein, MD, PhD, MPH, Montreal Children's Hospital, Montreal, QC, Canada; Isabelle Gagnon, PhD, McGill University, Montreal, QC, Canada

Management of hospitalized medically unstable anorexia nervosa (AN) patients has traditionally consisted of nutritional rehabilitation with strict bed rest to promote vital sign normalization and weight gain. Recent data suggest that inpatient management strategies employing strict bed rest may not be the optimal approach, and that limited prescribed physical activity may in fact hasten medical stabilization. In this context, we undertook a systematic review of the literature to evaluate the clinical effectiveness of prescribed physical activity programs on vital sign stability, mood, length of stay, rate of weight gain, and changes in bone density in patients with anorexia nervosa hospitalized for medical instability. We included studies addressing prescribed physical activity in hospitalized patients with AN and vital sign instability from 5 clinical databases, published in either English or French, for which titles and abstracts were reviewed for appropriateness. Seven studies met inclusion criteria and were evaluated for methodologic quality and included for analysis. Synthesis of the existing evidence suggests that prescribed physical activity programs may lead to a more rapid stabilization of vital signs, decrease depressive and anxious symptoms, and increase positive mood. Studies found no significant difference in bone density compared to bed rest-treated groups. Moreover, no studies demonstrated a negative effect of prescribed physical activity in reducing rate of weight gain, or lengthening overall hospital stay. Conclusions were limited by the small number of included studies and methodological heterogeneity between them. Well-designed prospective studies are needed to better characterize the relationship between prescribed physical activity programs and potential medical and psychological benefits for hospitalized AN patients.

Learning Objectives:

- Review the existing literature on prescribed physical activity in patients hospitalized with anorexia nervosa and its effect on medical treatment parameters including time to vital sign stabilization, change in bone mineral density and rate of weight gain.
- Review the existing literature on prescribed physical activity in patients hospitalized with anorexia nervosa and its effects on psychological treatment parameters including depressive and anxiety symptoms and overall mood.
- Based on existing literature, describe examples of a prescribed rehabilitation program that may assist with recovery in patients hospitalized with anorexia nervosa.

S-172: Higher weight gain rate in a multifamily group-based dialectical behavior therapy approach (GDBT) versus an individual patient behavioural therapy combined with Maudsley family-based therapy approach (IPFT) for adolescents with Anorexia Nervosa.

Brittany Marshall, BA, Behavioural Therapist, Kingston Health Sciences Centre, Kingston, ON, Canada; Amy Acker, PhD, Pediatrician, Professor, Queen's University, Kingston Health Sciences Centre, Kingston, ON, Canada; Marina Kanellos-Sutton, RN, BScN, NP-PhC, Kingston Health Sciences Centre, Kingston, ON, Canada; Ashleigh Vance, RD, BSc, BASc, Kingston Health Sciences Centre, Kingston, ON, Canada

Weight gain is an important health status variable for patients diagnosed with anorexia nervosa restrictive sub-type (AN-R) and anorexia nervosa binge-purge sub-type (AN-B/P). As such, measurements of treatment efficacy should include goals for weight gain. The Kingston Health Sciences Centre Outpatient Child and Youth Eating Disorder Clinic (EDO) uses a weight gain rate goal of 1.0-1.5 kg/week. In February 2018, the EDO changed the model for therapy from individual patient behavioural therapy combined with Maudsley family-based therapy (IPFT) to a multifamily group-based dialectical behavior therapy approach (GDBT). In this study we compared the weight gain rates of AN-R and AN-B/P patients who received either IPFT (18 patients) or GDBT (6 patients). We included patients who had reached at least 90 % of their ideal body weight (IBW) (a weight at which a patient may start to gain independence in treatment), and therefore had similar treatment outcomes. We also included patients who participated after March 2014 as they had comparable IBW calculations. Results: The GDBT patients had a higher rate of weight gain to 90 % IBW (984 g/week) compared to the IPFT patients (460 g/week) such that the GDBT patients had over twice the weight gain rate of the IPFT patients. The GDBT patients reached 90 % IBW in an average 9.1 weeks which was 26.6 % faster than the IPFT patients (average 12.4 weeks). While both IPFT and GDBT groups performed below treatment goals of 1.0-1.5 kg/week (31-47% and 66-98% of treatment goal respectively), the results of this study suggest that the GDBT approach may be superior for the health status variable of weight gain rate, and further study may be warranted.

Learning Objectives:

- Assess frequency of weight restoration for adolescents with AN-R across two treatment groups.
- Compare group therapy to individual therapy in an outpatient setting.
- Compare treatment outcomes of a multifamily group-based dialectical behavior therapy approach (GDBT) versus an individual patient behavioural therapy combined with Maudsley family-based therapy approach.

S-173: Epigenetic Alterations in Adolescent/Young Adult Patients with Anorexia Nervosa

Brittany Marshall, BA, MA Candidate, Kingston Health Science Centre, Kingston, ON, Canada; Marina Kanellos-Sutton, RN, BScN, NP-PHC, Kingston Health Science Centre, Kingston, ON, Canada; Calvin Sjaarda, Post-Doctoral Research Associate, Queen's University, Kingston, ON, USA; Amy McNaughton, PhD, Research Technologist Queen's Genomics Lab at Ongwanada (QGLO), Queens University, Kingston, ON, Canada; Linda Booij, PhD, Concordia University, Kingston, ON, Canada; Xudong Liu, PhD, Queen's University, Kingston, ON, Canada; Sarosh Khalid-Khan, MD, DABPN, FRCPC, Queen's University, Kingston Health Science Centre, Hotel Dieu Hospital Site, Kingston, ON, Canada

Recent studies point to genetic and epigenetic alterations in patients with Anorexia Nervosa in genes related to various physiological functions. To add to this body of research, this study examined the (epi)genetic profiles of 18 female individuals with AN. Both the exome and the methylome were investigated. All patients were between females between 13 and 20 years of age. Patients were diagnosed with AN-restrictive subtype (N=12) or binge-purge subtype (N=6). All patients lived in a rural community and came from families with low socioeconomic status. Genomic DNA was extracted from blood. For the exome analyses, the results from the affected individual were compared to the results from their parents. Methylome data in the patients were processed through the MeDIPs and MethylAction pipelines followed by independent t-tests with p set at 0.05. Preliminary findings of our mutation analyses in five individuals with a restrictive diagnosis identified 8 de novo mutations (DSP, DHX38, USP17L2, FAM46A, WWP1, MYH11, LAMA5, WDR35). In the methylome analyses where we compared patients with a restrictive subtype with patients with the binge-purge subtype, we identified

479 Differentially Methylated Regions (DMR) with the MethylAction pipeline and 714 DMR with the MeDIPs pipeline. Approximately 85% of the DMR were hypomethylated in the restricter subgroup relative to the binge-purge subgroup. Among the various findings, we observed with both statistical pipelines differences between the subtypes in methylation in genes related to neurotransmitter function (glutamate receptor GRIN2B), transcriptional regulation (ZNF721), immune function (IL12RB2, C5, IL6R), insulin expression (PASK), cholesterol (HDLBP) and taste (KCTD8). Future studies in larger samples are needed to replicate the findings and to study the clinical relevance in differentiating various forms of AN.

Learning Objectives:

- Assess the genetic and epigenetic alterations in patients with Anorexia Nervosa.
- Compare the exome and the methylome genetic profiles of patients with purging and restrictive subtypes of Anorexia Nervosa.
- Assess biopsychosocial influences of epigenetics and Anorexia Nervosa.

S-174: Evaluating the feasibility and effectiveness of a peer-mentorship intervention in eating disorders: An academic-community partnership

Mylene Wilhelmy, MD, Child and Adolescent Psychiatry Fellow, Columbia University Medical Center, New York State Psychiatric Institute, New York, NY USA; Lisa Ranzenhofer, PhD, Columbia University Medical Center, New York State Psychiatric Institute, New York, NY, USA; Annabella M. Hochschild, BA, Research Assistant, Columbia University Medical Center, New York State Psychiatric Institute, New York, NY, USA; Elizabeth Anne Larson, Research Assistant, Columbia University Medical Center, New York State Psychiatric Institute, New York, NY, USA; B. Timothy Walsh, MD, FAED, Columbia University Medical Center, New York State Psychiatric Institute, New York, NY, USA; Evelyn Attia, MD, FAED, Columbia University Medical Center, New York State Psychiatric Institute, New York, NY, USA

Data from other mental health fields suggest that peer support may reduce risk of relapse/hospital readmission and improve symptoms. Although peer mentorship interventions have proliferated in the field of eating disorders (ED), no study has systematically evaluated their efficacy. In collaboration with a not-for-profit organization offering peer mentorship, Project HEAL, an RCT was designed to evaluate the feasibility and effects of peer mentorship in outpatients with an ED who received treatment at a higher level of care in the past 6 months. Participants were randomized to receive peer mentorship or an active (social support) or inactive (wait list) control condition. Clinician-reported height/weight were collected at baseline and monthly. Participants completed weekly surveys assessing frequency of restriction, binge eating and purging. At baseline, mid- and post-treatment, ED symptoms were assessed using the Eating Pathology Symptoms Inventory (EPSI) and the ED Quality of Life scale (ED-QOL). Anxiety and depression were measured using the State-Trait Anxiety Inventory (STAI) and the Patient Health Questionnaire-9 (PHQ-9). To date, 125 participants expressed interest in the study; 80 were screened; 71 were eligible, and 32 were randomized (97% females, 90% Caucasian, age 28.1 ± 6.3y). Nineteen patients had AN (Body mass index (BMI) 17.1 ± 2.6kg/m², 7 had atypical AN (BMI 22.8 ± 4.4 kg/m²), 5 had BN, and 1 had BED. Patients enrolled in the study 2.12 ± 2.08 months after discharge from higher level of care. The majority of the sample (91%) had at least one psychiatric comorbidity, most commonly depression (56.3%) and anxiety disorders (53.1%). Rates of suicidal ideation (68.8%), suicide attempt (21.9%) and self-injurious behavior (62.5%) were high. Scores on the EPSI, ED-QOL, PHQ-9, and STAI were comparable to other published samples. There is marked interest in peer mentorship among patients with ED. The current RCT will inform its efficacy.

Learning Objectives:

- Identify a strategy for empirically evaluating a program developed outside the research context through a not-for-profit research collaboration.
- Identify characteristics of a subset of the population of individuals with eating disorders who are interested in participating in a peer-led mentorship intervention.
- Identify benefits and challenges of peer-support for individuals seeking to recover from an eating disorder.

S-175: Examining the Relationship Between Insomnia Symptoms and Treatment Outcome in Binge Eating Disorder

Megan Van Wijk, BS, MS Candidate, Memorial University of Newfoundland, St. John's, Newfoundland, Canada; Therese Kenny, BS, MS, University of Guelph, Guelph, ON, Canada; Jacqueline Carter, BA (Hons), MA, PhD, FAED, Memorial University of Newfoundland, St. John's, Newfoundland, Canada

A recent study showed that insomnia symptom severity predicts binge frequency among individuals with binge eating disorder (BED), demonstrating that more severe symptoms of insomnia were associated with more frequent binge episodes. Furthermore, there is evidence that insomnia symptoms predict a poorer treatment outcome among individuals with alcohol dependence and mood disorders. To date, no study has examined whether insomnia symptoms are associated with BED treatment outcome. The present study was a secondary analysis of a treatment trial that evaluated the effectiveness of two different self-help programs in 71 participants with BED (Carter et al., 2018). Study participants completed the following self-report measures at baseline, 12-week post-treatment and 3-month follow-up: Insomnia Severity Index (ISI), Eating Disorder Examination Interview (EDE-17), Eating Disorder Examination Questionnaire (EDE-Q), and the Brief Symptom Inventory (BSI). The trial findings revealed that participants in both groups showed significant reductions in binge frequency from pre- to post-treatment and this change was maintained at 3-month follow-up. A paired-samples t-test revealed that insomnia symptoms significantly improved from pre- to post-treatment, with a large effect size (Cohen's $d = 3.69$). A linear regression analysis revealed that, after controlling for depression, insomnia symptom severity at pre-treatment was not a significant predictor of change in binge eating frequency at post-treatment or follow-up. This was the first study to examine the association between insomnia symptom severity and treatment outcome in BED. While insomnia symptoms improved with improvements in binge eating, additional research is needed to determine the prognostic significance of sleep disturbance in BED.

Learning Objectives:

- Describe the comorbidity of insomnia symptoms and binge eating disorder.
- Describe the association between insomnia and treatment outcome for alcohol dependence and mood disorders and how this may be relevant to binge eating disorder.
- Assess the association between insomnia and treatment outcome for binge eating disorder.

S-176: Self-report vs. objective weight: Accurate assessment of body weight in an eating disorder population

Jaime Coffino, MPH, MA, University at Albany, The State University of New York, Albany, NY, USA; Sydney Heiss, MA, University at Albany, The State University of New York, Albany, NY, USA; Julie

Morison, PhD, University at Albany, The State University of New York, Albany, NY, USA; Julia Hormes, PhD, University at Albany, The State University of New York, Albany, NY, USA

Previous studies found that self-report yields fairly accurate estimates of actual body weight in eating disorder patients. This study aimed to examine discrepancies between self-report and objective weight (i.e. clinician assessed) in patients with anorexia nervosa (AN) (n=46), bulimia nervosa (BN) (n=15), and binge eating disorder (BED) (n=6) recruited from an intensive outpatient eating disorder treatment program (n=61; 86.6% female; 92.70% White; M body mass index (BMI) for AN=19.31, SD=2.38, M BMI for BN=25.69, SD=5.00 and M BMI for BED=37.78, SD=10.43). The discrepancy between self-reported and objective weight was examined by eating disorder diagnosis and gender. The mean weight discrepancy between self-reported and objective weight across all diagnostic categories was 4.19 pounds (SD=7.58), with a range of 18.20 to -47.80lbs for the overall sample. The presence of non-normal data necessitated transformation but means and standard deviations are presented for untransformed variables to facilitate interpretation. There were no significant differences in weight discrepancy by ED diagnosis ($p=.71$). Mean discrepancy between self-reported and objective weight in women was 3.27lbs (SD=4.12), compared to 11.92lbs (SD=20.07) for males, a difference that approached statistical significance ($p=.06$). These findings document that although the average discrepancy is small, there is a very large range of weight discrepancies between self-report and objective weight in eating disorder patients in an intensive outpatient eating disorder treatment center. Although gender differences were not significant in our sample, gender differences are likely to emerge with a larger sample size. Specifically, it is hypothesized that females will be more accurate than males in self-report weight because they are more likely to engage in frequent weighing behavior. Future research should determine the accuracy of self-report weight in understudied ED populations and to compare to controls.

Learning Objectives:

- Examine the discrepancy of self-report and objective weight in eating disorder patients in an intensive outpatient treatment program.
- Compare the discrepancy of self-report and objective weight in eating disorder patients by gender.
- Compare the discrepancy of self-report and objective weight in eating disorder patients by diagnosis (AN, BN, BED).

S-177: The Possible Myth of Multi-Impulsivity as a Barrier to Good Treatment Outcome

Rowan Hunt, BA, Drexel University, Philadelphia, PA, USA; Jordyn Abrahams, BA, Lehigh University, Bethlehem, PA, USA; Megan Michael, BA, Drexel University, Philadelphia, PA, USA; Adrienne Juarascio, PhD, Drexel University, Philadelphia, PA, USA

Individuals with bulimia nervosa (BN) often report engagement in a variety of impulsive behaviors (e.g., substance abuse, self-harm). As binge eating and compensatory behaviors themselves are often conceptualized as impulsive behaviors, this has led to speculation that there may be a subset of multi-impulsive individuals with BN (MIB) with treatment needs that are distinct from non-impulsive individuals with BN. We examined data from 69 (30 MIB, 39 non-MIB) participants with BN who took part in a residential treatment program to examine whether MIB was associated with worse treatment outcomes. Patients were determined to meet criteria for MIB if they 1) had a primary diagnosis of DSM-IV BN or subclinical BN and 2) met criteria for a substance-use or alcohol-use disorder or had engaged in self-harm within the past year. We hypothesized that compared to non-MIB, MIB would report greater

emotion dysregulation at baseline as measured by the Difficulties in Emotion Regulation Scale (DERS) total score and would show less improvement in ED symptoms after treatment as measured by the EDE-Q global score. There was no significant difference in baseline emotion dysregulation (MIB M=112.70, SD=25.75; non-MIB M=116.07, SD=22.10; $t(58)=0.54$, $p=0.59$) or EDE-Q global scores (MIB M=4.51, SD=1.21; non-MIB M=4.26, SD=1.33; $t(57)=-0.74$, $p=.46$) between groups. Furthermore, there was no significant effect of engagement in multi-impulsive behaviors on the change in EDE-Q global scores at end-of-treatment or at 6-month follow-up ($F(1, 22) = .162$, $p=.69$, partial $\eta^2 = .007$). Results suggest that, contrary to expectation, MIB may not be associated with greater severity in eating disorder pathology, greater deficits in emotion regulation, or reduced improvement in treatment outcomes. These findings suggest that patients with BN and other co-morbid, impulsivity-related diagnoses may be as well-suited for favorable outcomes in treatment as those with lower levels of impulsive behaviors.

Learning Objectives:

- Describe the construct of "multi-impulsive" bulimia nervosa.
- Understand the role of engagement in multi-impulsive behaviors emotion dysregulation, severity in eating disorder pathology, and treatment outcomes.
- Discuss the implications of the results on our conceptualization of treatments for individuals with BN and other co-morbid, impulsivity-related diagnoses.

S-178: The impact of nutrition and dietetic intervention on patient outcomes in the treatment of adult outpatients with an eating disorder: a systematic review.

Caitlin McMaster, BSc (Hons), Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders, University of Sydney, Sydney, NSW, Australia; Susan Hart, BSc, MND, PhD, St Vincent's Hospital, Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders, University of Sydney, Sydney, NSW, Australia; Tracey Wade, BSc (Hons), MClInPsych, PhD, FAED, Flinders University, Adelaide, SA, Australia; Janet Franklin, BSc, MND, PhD, Metabolism & Obesity Service, Royal Prince Alfred Hospital, Sydney, NSW, Australia

A multidisciplinary treatment team approach including medical, psychological and nutritional intervention is recommended for patients with an eating disorder (ED). Although reviews of medical, pharmacological and psychological interventions for ED patients have been conducted, no reviews have examined the current literature regarding the impact of nutrition and dietetic intervention on patient outcomes for adult outpatients with an ED. Systematic searches of Medline, PsychINFO, CINAHL, AMED and Embase were conducted for literature examining the impact of any individual or group nutrition and dietetic treatment, education or counselling on weight and ED symptom severity in adult outpatients diagnosed with anorexia nervosa (AN), bulimia nervosa (BN) or binge eating disorder (BED). Papers were excluded if they measured only physiological variables; were not available in English or did not contain adequate detail of the nutrition and dietetic intervention to ascertain what the intervention consisted of. 14 papers met the inclusion criteria including 11 randomized controlled trials, two observational studies and one case series. Four papers reported on studies involving patients with AN; six involved patients with BN and four involved patients with BED. Seven papers reported superior patient outcomes for patients who received nutrition and dietetic intervention compared to a control group or patients receiving another treatment. However, these papers used differing measures of patient outcomes. Studies included in this review are heterogeneous which preventing robust conclusions from being drawn. Specifically, this was due to variability in the components delivered as part of the nutrition and dietetic intervention and the wide range of comparison treatments used. The results of this review

indicate that further research is required to assess the impact of incorporating nutrition and dietetic intervention into the outpatient treatment of adults with an ED.

Learning Objectives:

- Identify the importance of further research into the impact of nutrition and dietetic intervention for adults receiving outpatient treatment for an eating disorder.
- Understand the lack of robust research into the impact of nutrition and dietetic intervention, particularly in comparison to medical and psychological interventions for eating disorder patients.
- Describe limitations in applying the current literature on nutrition and dietetic intervention to clinical practice.

S-179: EATING DISORDERS IN THE PERINATAL PERIOD TRANSFERRING EVIDENCE INTO PRACTICE

Abigail Easter, PhD, King's College London, London, UK; Amanda Bye, BSc, King's College London, London, UK; Jane Sandall, CBE, PhD, MSc, BSc, RM, HV, RN, King's College London, London, UK; Nicola Mackintosh, PhD, University of Leicester, Leicester, UK

Eating Disorders (ED) affect up to 7.5% of women during pregnancy, and are associated with adverse maternal and fetal outcomes including reduced fertility, reduced birth weight, and infant feeding difficulties. Clinical guidelines make specific recommendations for the care of pregnant women with ED; however, several barriers to implementing best practice exist. The purpose of this study was to utilise a co-design approach to knowledge-translation to develop an online training toolkit, including an animated training film, for healthcare professionals working with women with eating disorders during pregnancy. A co-design approach was adopted to inform the training, including three workshops with women (n=11) and healthcare professionals (n=10), and a stakeholder advisory group (n=9) with representatives from several clinical disciplines, training providers, women, and charities. Proof of concept and value of the toolkit were evaluated using a mixed-methods approach to assess their acceptability, reach and adoption of the tools. A co-design approach to knowledge-translation enabled the development of a unique online training platform, which showed good acceptability, reach and adoption by a range of healthcare professionals. We will present the training toolkit, including the animation, and preliminary evaluation findings. In conclusion, an arts based co-design method is a promising method of knowledge-translation and may facilitate public and patient involvement. Future research should examine the utility of the approach in changing knowledge and behaviours and uptake of clinical guidance.

Learning Objectives:

- Describe the effect of eating disorders on pregnancy and motherhood and the needs of this patient group.
- Provide an overview of an innovative co-design training toolkit for healthcare professionals working with women with eating disorders during pregnancy and early motherhood.
- Assess the value of a co-design approach to translating evidence on eating disorders during pregnancy into clinical practice.

S-180: Treatment Outcomes from an Intensive Outpatient Program for Competitive Athletes with Eating Disorders Inform Research and Clinical Practice.

Matt Stranberg, MS, RDN, LDN, CSCS, Walden Behavioral Care, Waltham, MA, USA; Dara Spital, MS, Walden Behavioral Care, Waltham, MA, USA; Emily Slager, MA, LMHC, Walden Behavioral Care, Waltham, MA, USA; Corinne Coia, MSW, Walden Behavioral Care, Waltham, MA, USA; Paula Quatromoni, DSc, RD, LDN, Boston University, Boston, MA, USA

New research provides a rationale for athlete-specific eating disorder (ED) treatment to address unique risk factors in the sports environment. Walden GOALS is an intensive outpatient ED treatment program designed specifically for competitive athletes. Pilot data from the first 15 patients treated demonstrate measurable outcomes. Validated tools measured body mass index (BMI), eating competence (EC), athlete behavioral risk (ABR), and ED risk using the Eating Disorder Examination Questionnaire (EDE-Q) on admission and discharge. All patients were female and none had been in ED treatment before despite ED duration. Patients ranged in age from 17 to 35 years and almost half were runners. Only 1/3 had a diagnosis of anorexia nervosa; more than half were diagnosed with other specified feeding/eating disorder (OSFED). Average BMI on admission was 21.4 +/- 2.6 and the average length of treatment was 8 weeks. EC was low at baseline (mean score, 17.8 +/- 11.5), particularly in the food acceptance (FA) subscale. On admission, 90% of patients scored below the threshold defining eating competence (>32). Similarly, ABR was high (86.8 +/- 14.6) with 42% of patients scoring in the clinical ED range (>94), 26% in the subclinical range (77-94), and 33% in the healthy range (< 77). Therapeutic food exposure, counseling and a dynamic curriculum developed recovery skills and positively shifted all outcome measures including EDE-Q scores and sub-scores. By discharge, average EC scores rose close to the desired range (29.4 +/- 8.4), FA scores doubled and one in three patients were competent eaters. Behavioral risks common to athletes were largely extinguished by treatment. Average ABR scores fell to 70.8 +/- 12, no patients remained in the clinical ED range and only 1/3 had subclinical symptoms. Weight stabilized and mean BMI on discharge was 21.7 +/- 2.7. Research is needed to extend these clinical observations to produce an evidence base for specialized treatment of EDs in athletes.

Learning Objectives:

- Articulate the rationale that warrants athlete-specific eating disorder treatment programs and research.
- Identify intervention strategies and assessment tools relevant to the treatment and monitoring of outcomes in competitive athletes with eating disorders and disordered eating.
- Define measurable outcomes achieved by athlete-specific treatment for eating disorders to inform future research and guide evidence-based practice.

S-181: Preliminary Findings on the Longitudinal Outcome of Inpatients with Anorexia Nervosa

Teresa Rufin, AB, New York State Psychiatric Institute, New York, NY, USA; Rachel Korn, BA, New York State Psychiatric Institute, New York, NY, USA; Lauren Davis, BS, New York State Psychiatric Institute, New York, NY, USA; Yuanjia Wang, BA, MA, PhD, Columbia University, New York, NY, USA; Peng Wu, BS, MS, Columbia University, New York, NY, USA; Joanna Steinglass, BA, MD, New York State Psychiatric Institute, New York, NY, USA; Laurel Mayer, BA, MD, FAED, New York State Psychiatric Institute, New York, NY, USA; Timothy Walsh, AB, MD, New York State Psychiatric Institute, New York, NY, USA; Evelyn Attia, AB, MD, FAED, New York State Psychiatric Institute, New York, NY, USA; Deborah Glasofer, BA, MA, PhD, New York State Psychiatric Institute, New York, NY, USA

Our field has begun important work to define and understand stages of illness, remission, and recovery in anorexia nervosa (AN). This study contributes longitudinal data of adolescents and adults with AN who received inpatient treatment at the New York State Psychiatric Institute. Beginning in 2009,

following discharge, all inpatients have been contacted annually to collect measures of physical, behavioral and cognitive health, including the Clinical Impairment Assessment (CIA). We used longitudinal analyses to examine the trajectory of body mass index (BMI) and CIA scores by fitting a mixed effects model that uses all available data. We also explored whether the rates of change in BMI and CIA scores differed by patient demographics, discharge BMI, and subtype by including these as covariates. The current analysis examined up to five years of follow-up data from 156 patients, who, at admission, were 25.8 8.3y old, 97.4% female, 89.7% Caucasian, 51.3% restricting type. The mean BMI at discharge was 20.1 1.4. BMI decreased significantly per year of follow-up (-0.13 0.052, $p=0.01$). CIA scores one year after discharge (22.9 14.8) indicated significant impairment and did not significantly change ($p=0.88$) during follow-up. These data are consistent with other findings demonstrating that AN typically runs a chronic and persistent course. Ongoing data analysis will examine predictors of successful outcome and of relapse.

Learning Objectives:

- Describe the demographic makeup and illness course of inpatients with Anorexia Nervosa.
- Understand body mass index (BMI) and clinical impairment (CIA) trajectories for patients with Anorexia Nervosa following inpatient treatment.
- Evaluate possible risk and protective factors for patients with Anorexia Nervosa.

S-182: Cognitive Behavioural Therapy for Eating Disorders: How Do Clinician Characteristics Impact on Treatment Fidelity?

Caroline Brown, BSc (Hons), MSc, MCLinPsy, PGDip, Australian College of Applied Psychology, Sydney, NSW, Australia; Kathryn Nicholson Perry, BSc (Hons), MCLinPsy, PhD, Australian College of Applied Psychology, Sydney, NSW, Australia

Clinicians routinely report not practicing evidence-based treatments with eating disorders. There has been limited research investigating the impact of adaptable clinician characteristics such as self-efficacy and therapeutic optimism in this area. This study evaluated if there is a relationship between clinician therapeutic optimism, self-efficacy and the provision of evidence-based practice in the treatment of bulimia nervosa and binge eating disorder. A survey developed for this study was administered to 100 psychologists who were recruited online via a range of organisations affiliated with psychology and/or eating disorders. The survey measured demographics, eating disorder treatment knowledge, treatment fidelity, the use of individual treatment components and a range of clinician characteristics including self-efficacy and therapeutic optimism. Results demonstrated that clinician self-efficacy was positively associated with, and predicted treatment fidelity. Therapeutic optimism had significant low correlations with treatment fidelity but did not predict treatment fidelity. These findings would suggest that strengthening clinician self-efficacy is useful in improving evidence-based practise in the treatment of binge eating disorder and bulimia nervosa and may also have implications in the training of clinicians. The study also demonstrated that the use of a range of knowledge translation strategies are valuable in enhancing clinician adherence to evidence-based practice. Further research with direct measures of treatment fidelity is needed to clarify these findings.

Learning Objectives:

- Understand how clinician self-efficacy impacts on treatment fidelity when delivering CBT for Bulimia Nervosa and Binge Eating Disorder.
- Assess the relationship between knowledge translation strategies and treatment fidelity when delivering CBT for Bulimia Nervosa and Binge Eating Disorder.

- Describe individual techniques that are not utilised frequently in CBT for Bulimia Nervosa and Binge Eating Disorder.

S-183: Characterization, feasibility, acceptability, and impact of a novel exposure-based treatment module for bulimia nervosa

Kelsey Clark, BA, Drexel University, Philadelphia, PA, USA; Sarah Palasick, BA, Drexel University, Philadelphia, PA, USA; Adrienne Juarascio, PhD, Drexel University, Philadelphia, PA, USA

As many as 60% of bulimia nervosa (BN) patients treated with current gold-standard approaches do not experience long-term remission, necessitating development of improved interventions. While exposure-based treatments (EBTs) hold promise for treating BN, their applications to disordered eating are underexplored, primarily due to concerns about their feasibility, acceptability, and impact. The present study aims to characterize and examine the feasibility, acceptability, and impact of a novel EBT module for BN. To address limitations of existing treatments, a novel three-session EBT module was developed as part of a larger pilot randomized controlled trial of an acceptance-based behavioral treatment. The EBT module is individualized to address each patient's core fears and provide in-session opportunities to practice distress tolerance skills learned in treatment. Patients (N=17) completed personalized in vivo exposures and negative affect inductions. Video coding of therapy sessions and patient/clinician pre- and post-session self-report data were used to analyze implementation of the module. Preliminary results indicate that the EBT module is indeed feasible (e.g., clinicians reported completing all session material 94.1% of the time), acceptable (e.g., How satisfied are you with the session content today? [1=Not at all 5=Completely], M=4.6 [SD=0.8]; most patients [58.8%, n=10] named exposure the most beneficial part of the session), and impactful (e.g., How mentally ill is the patient at this time? [1: Not at all 7: Extremely] significantly differed pre-/post-EBT module [Pre: M=3.3, SD=1.2; Post: M=2.7, SD=.7; t=3.5, p .01]). We will report on additional constructs of feasibility, acceptability, and impact following completion of video coding analyses. EBTs have untapped potential in their application to treating eating disorders; results from the present study will be used to revise the EBT module to ultimately create an innovative, effective EBT for BN.

Learning Objectives:

- Understand a novel exposure-based treatment module for bulimia nervosa.
- Examine feasibility, acceptability, and impact of a novel exposure-based treatment module for bulimia nervosa.
- Appreciate applications of exposure therapy for treating eating disorders.

S-184: Stories of Recovery Motivate Recovery from Eating Disorders

Katherine Venturo-Conerly, BA Candidate, Harvard University, Cambridge, MA, USA; Akash Wasil, BA Candidate, Harvard University, Cambridge, MA, USA; Rebecca Shingleton, PhD, Harvard University, Cambridge, MA, USA; John Weisz, PhD, Harvard University, Cambridge, MA, USA

In this poster, we describe how hearing stories from recovered individuals can motivate eating disorder recovery. We performed interviews with 13 recovered ED patients to identify factors that influenced their motivation to recover. Participants were adults who had received treatment for an ED and had recovered for at least a year. We recruited participants through Boston ED advocacy groups. Two independent coders assessed transcripts for the presence or absence of three themes related to recovery disclosure ($k = .86 - 1.0$). Here, we present a central theme from qualitative interviews with

recovered ED patients: the importance of hearing from others who had recovered from EDs (i.e., recovery disclosures). Of our 13 participants, 11 spontaneously reported that recovery disclosures increased their motivation to recover. Recovery disclosures from clinicians helped participants realize that recovery was possible, visualize the benefits of recovery, understand the recovery process, and develop stronger relationships with their clinicians. Recovery disclosures from non-clinicians produced similar benefits. Some of our participants, who became ED clinicians after recovery, reflected on the process of disclosing ED history to patients. They described when they choose to disclose (e.g., to boost patient motivation to change), what type of information they choose to disclose (e.g., information related to the patient's stage of recovery), and risks of recovery disclosures (e.g., stimulating patient competitiveness). Overall, our findings suggest that recovery disclosures may increase recovery motivation in patients with EDs. Future research should identify if recovery disclosures can be used in interventions to boost motivation for change, especially for patients with EDs.

Learning Objectives:

- Understand how hearing stories of recovery can motivate eating disorder recovery.
- Understand the potential benefits and risks of clinician and peer recovery stories.
- Examine how recovery stories can be used in ED treatment.

S-185: Weigh suppression, BMI and weigh concern in relation with early change in guided self-help for bulimic disorders

Ana Vaz, PhD, University of Minho, Braga, Portugal; Eva Conceio, PhD, University of Minho, Braga, Portugal; C lia Moreira, PhD, University of Minho, Braga, Portugal; Monfreita N dia, MS Psych, University of Minho, Braga, Portugal; Lara Castro Nunes, MS Psych, Hospital de Santa Maria, Lisboa, Portugal; Jennifer Santos, MD, Hospital de Santa Maria, Lisboa, Portugal; Ant nio Neves, MD, Hospital de Santa Maria, Lisboa, Portugal; Paulo Machado, PhD, FAED, University of Minho, Braga, Portugal

Early change in bulimic symptoms has been consistently indicated as a robust predictor of good outcome in bulimic disorders. Less research as focused on baseline predictors of early change. Fifty-seven patients entered a guided self-help treatment and were classified as having an early change (n=27) or no early change in treatment (n=30). Participants were assessed at baseline regarding eating disorders symptoms and psychopathology (Eating Disorders Examination questionnaire), Psychological distress (Outcome Questionnaire 45), depressive symptoms (Beck depression inventory). A logistic regression was conducted to test for predictors of early change. Weigh concern emerged as the only significant predictor of early change in treatment using GSH in patients with bulimic disorders ($B=-.679$ SE (.277); $p=.014$). Also, SEM analyses were performed to test Path diagram model for the relationships between weight suppression, BMI, weight concern, and early change. All path coefficients were significance ($p < .001$). The model showed good fit to the data with the following fit values: chi-square = 3.141, df = 3, RMSEA = 0.029, CFI = 0.997, TLI = 0.994, GFI = 0.995, AGFI = 0.976, and SRMR = 0.038. Patients with high weight suppression, have higher BMI, higher weight concern and are less prone to achieve early change in symptoms. Weight suppression, BMI and weight concern are important variables related to achieving early change and should be assessed and addressed early in a very early stage in guided self-help treatment, namely providing education about weight trajectories during treatment. Results have implications in the delivery of treatment components.

Learning Objectives:

- Recognize the importance of early change in treatment outcome for Bulimia and binge eating disorder.

- Describe the predictive value of weigh concern as a predictor of early change in treatment.
- Understand the relationship between weigh suppression, BMI and weight concern in relation to early change in treatment.

S-186: Differences between short and long duration of illness in patients with Anorexia in a treatment seeking sample

Vaz Ana, PhD, University of Minho, Braga, Portugal; T nia Rodrigues, MS Psych, University of Minho, Braga, Portugal; Eva Conceio, PhD, University of Minho, Braga, Portugal; Isabel Brand o, MD, PhD, Hospital de S o Jo o, Porto, Portugal; Andreia Vila a, Master's, Hospital de Santa Maria, Lisboa, Portugal; Ant nio Neves, MD, Hospital de Santa Maria, Lisboa, Portugal; Machado Paulo, PhD, FAED, University of Minho, Braga, Portugal

Research suggests that short duration of illness is related with better outcomes in Anorexia Nervosa (AN) but less research has focused in what distinguish participants with short and long illness duration. The aim of the present study is to test for differences in short and long duration of illness in patients with AN. The sample consisted of 62 participants with AN assessed at initial consultation in a specialized eating disorders unit. Participants were classified in two groups according to the duration of illness: short duration of less than 1 year (n=20; M= 9,32 months; SD=1,41) and long duration of more than 1-year duration illness (n=42; mean illness duration= 26,52 SD=5.99). The groups were compared regarding clinical history, eating disorders symptoms and eating disorders psychopathology using the Eating Disorders Examination, impairment due to ED (Clinical Impairment Assessment), psychological distress (Outcome Questionnaire-45), depressive symptoms (Beck depression Inventory) and difficulties in emotion regulation (Difficulties in Emotion Regulation Scale). Analysis revealed no differences in eating disorders related symptoms, psychological distress, depressive symptoms and clinical impairment, BMI or weigh suppression. Differences were found regarding emotion regulation scales, namely on the non acceptance subscale (F=5,93; p≥.005) and on the total score (F=6,12; p≥.005). All analyses were conducted controlling for age. Results suggest that although clinical presentation of Anorexia is similar in the short and long duration groups, emotion regulation strategies such as acceptance of emotions seems to be less compromised in the group with shorter duration of illness. These results have implications for treatment planning and symptoms maintenance.

Learning Objectives:

- Describe differences in short and longer illness duration presentations on Anorexia in a treatment seeking sample.
- Discuss emotion regulation in relation to duration of illness.
- Understand implications of emotion regulation difficulties for treatment planning and clinical symptoms maintenance.

S-187: How do individuals talk about their experiences of inpatient treatment for Anorexia Nervosa on the video sharing platform, Youtube - a qualitative study

Stuart Gooding, BA (Hons), MBBCh, PgDip, Swansea University, Swansea, Wales, UK

Patients are increasingly using online platforms to share their experiences of health conditions. Youtube is the most popular video sharing website with many videos published by patients, describing their experiences of illness. Alongside uploaded videos, comments are often posted from other users. The role of social media in sharing information about anorexia has been previously explored by a number of

authors, including a focus on the pro ana movement, however less is known about how patients talk about their experiences of being an inpatient on social media platforms. The aim of this study is to gain an understanding of patient experiences of inpatient treatment for anorexia nervosa. Specifically, how individuals present and talk about their inpatient treatment experiences in videos posted online, and how others respond to this information on Youtube. Using the video sharing website, Youtube, videos will be searched for by using specific keywords - anorexia & inpatient , between the year 2015-2018. The top thirty videos uploaded by individuals discussing their inpatient experiences will be included, determined by the number of views. Videos posted by health providers, companies or other organisations will not be included. The qualitative research tool - Nvivo, will be used to analyse the video data and develop the coding scheme. Following a grounded theory approach, two coders will employ thematic analysis to explore the content of these videos until saturation of the data is achieved. In addition the top ten comments posted by youtube users will also be analysed and coded for each video to explore themes posted by users interacting with the posted content. The project is in progress and the results will be available in January 2019. Supervisor - Dr Jacinta Tan, Clinical Associate Professor of Psychiatry, School of Medicine, Swansea University

Learning Objectives:

- How do individuals with anorexia nervosa use video sharing and Youtube?
- How do individuals with anorexia nervosa talk about there experiences of inpatient treatment on Youtube?
- How do others respond to video sharing about inpatient experiences?

S-188: The Modum-ED trial protocol: Comparing Compassion-Focused Therapy (CFT) and Cognitive-Behavioural Therapy (CBT) in Treatment of Eating Disorders (EDs) with and without Childhood Trauma: a Randomised Controlled Trial

KariAnne Vrabel, PhD Candidate, Research Institute of Modum Bad, Vikersund, Modum, Norway; Asle Hoffart, PhD, Professor, Research Institute of Modum Bad, Vikersund, Modum, Norway; Bruce Wampold, PhD, Professor, Research Institute of Modum Bad, Vikersund, Modum, Norway

The combination of eating disorder (ED) and the experience of childhood trauma leads to significant impairment and suffering. To improve treatment, it is critically important to study treatment effects and the mechanism of these effects. The overall aim of the current project is to compare two treatment models; (1) Compassion-Focused Therapy (CFT) and (2) Cognitive-Behavioural Therapy (CBT) for patients with ED with and without childhood trauma. Patients included in this randomised controlled trial satisfy DSM-5 criteria for ED and approximately half of the patients will in addition have a history of childhood trauma. A total of 140 patients who have received either CFT or CBT are followed up one year after completion of the treatment. The study will collect a rich dataset of outcome measures at 4 time points, and process, sub-outcome and neurobiological measures at 13 time points. All patients will be assessed with the same clinical instruments based on current state-of-the-art methods. The primary outcome will be percentage of recovery of EDs, while secondary outcomes will relate to treatment effects on trauma symptoms, general symptoms and quality of life. The presentation will describe the design and preliminary data of this randomised controlled trial.

Learning Objectives:

- Describe a design for a randomised controlled trial for patients with eating disorder with and without childhood trauma.

- Assess the effectiveness of two treatment models for patients with eating disorder with and without childhood trauma.
- Understand the mechanism of change for patients with eating disorder with and without trauma.

S-189: Clinical case series: Piloting a novel in-home relapse prevention treatment for eating disorders

Laura Sproch, PhD, The Center for Eating Disorders at Sheppard Pratt, Baltimore, MD, USA; Kimberly Anderson, PhD, The Center for Eating Disorders at Sheppard Pratt, Baltimore, MD, USA

Adjunctive treatments focusing specifically on environmental modification (EM) for eating disorders (EDs) are lacking, despite knowledge of the important role the environment plays in the determination of behavior. The purpose of this pilot study was to evaluate the feasibility and acceptability of an in-home relapse prevention treatment (IRPT) for EDs. Eight adult females, with a history of higher level of care treatment, who had recently discharged from ED-specialized inpatient and partial hospitalization treatment were enrolled in the study. A structured, four-session EM treatment based on traditional cognitive-behavioral objectives, but in an in-home treatment delivery, was applied. Interventions included kitchen, dining space, bathroom, wardrobe, and technology modifications. Findings indicate that no participants dropped out of the study due to resistance to treatment; however, three participants terminated early due to readmission or sanitation issues. An assessment of time and mileage required for the in-home visits showed that an average of 100.8 minutes traveling time for the entire treatment was needed to cover 57.12 average miles. Results from feedback forms indicate that participants found the treatment to be valuable and useful for recovery and therapists noted its importance for evaluation and accountability. Secondary outcome measures found a decrease in EDE-Q scores from pre-treatment (3.78) to post-treatment (3.29) to six month follow-up (2.59). Mean scores on an EM measure indicated that participants reported a high level of positive environmental standards at post-treatment (71.46%) and six-months following IRPT (61.45%). Six months following the end of treatment, just one of the participants had been readmitted to a higher level of care. Results suggest that IRPT was feasible and well-accepted and additional research with more comprehensive designs may be warranted.

Learning Objectives:

- Illustrate the feasibility and acceptability of in-home treatment for eating disorders.
- Explain the application of in-home relapse prevention treatment as a supplemental treatment for eating disorders.
- Identify continued research questions related to in-home relapse prevention treatment for eating disorders.

S-190: Preliminary Findings for Treating Trauma and Eating Disorders Concurrently in a Residential Facility

Alyssa Durbin, MPsych, Registered Psychotherapist, Homewood Health Centre, Guelph, ON, Canada; Katrina Messina, MSW, RSW, Homewood Health Centre, Guelph, ON, Canada

Evidence-based treatments for eating disorders have mild to moderate results, with more than 50% of individuals not experiencing remission and an additional portion of individuals going on to relapse. It has been suggested that current treatments are not addressing the maintaining factors such as dissociation, emotional dysregulation, and other trauma-related symptoms. In addition, post-traumatic stress disorder (PTSD) frequently co-occurs with eating disorders and shares several overlapping features.

Given the functional relationship between PTSD and eating disorders, along with the low efficacy of specific eating disorder treatments, the development and research of concurrent treatment is warranted. The current study investigates the implementation of Cognitive Processing Therapy (CPT) in a residential treatment program for individuals with eating disorders. Patients (n=45) that were included in the study received both group-based CPT along with evidence-based treatment for their eating disorder in the inpatient setting. This study found reductions in trauma-related symptoms measured by the PCL-5 and surveyed patients' subjective experience of the CPT group. The findings discussed will inform the use of trauma-based treatment within a residential eating disorders program.

Learning Objectives:

- Describe the comorbidity of post-traumatic stress disorder and eating disorders.
- Evaluate outcomes of treating trauma and eating disorder concurrently.
- Assess the efficacy of including cognitive processing group therapy in inpatient programs for eating disorders.

S-191: My eating disorder's treatment was called Cognitive Behavioural Therapy. But was it, really? Eating disordered patients' experience with the delivery of CBT

Alexandra Mulkens, PhD, Professor, LCP, CBT Therapist, Maastricht University, Maastricht, Limburg, Netherlands; Glenn Waller, PhD, Professor, University of Sheffield, Sheffield, South Yorkshire, UK; Chlo de Vos, MSc, Maastricht University, Maastricht, Limburg, Netherlands

CBT is currently the most effective and, thus, treatment of choice for eating disorders. Evidently, people with such severe disorders as eating disorders should receive this therapy. Various studies, however, found that CBT therapists in the eating disorders field do not routinely use evidence-based CBT techniques with their patients. One of the reasons for this might be therapist drift (deviating from established treatment protocols by the therapist, for reasons of anxiety or certain opinions about 'what's good for the patient'). There is little research, though, concerning patients' experiences about the use of CBT techniques. One UK-based study (Cowdrey & Waller, 2015) found that patients with an eating disorder could hardly remember any of the CBT core elements from their treatment. Or they reported being treated with techniques that came from different therapy schools. We replicated this study in The Netherlands. Through patient associations, websites and treatment centers, we recruited (former) patients with an eating disorder, who filled out online questionnaires about their past CBT treatment for their eating disorder. N=124 participants (122 females; average age 23,4 jaar) took part. Results showed that CBT techniques that were specifically focused on eating disorders - such as exposure and weekly weighing - were reported by less than 44% of the patients. On the other hand, unfounded techniques such as mindfulness, motivational interviewing and relaxation, or simply talking about what was on the patient's mind, were reported by 60%. The total number of received sessions varied strongly (between 5 and 200). For bulimia nervosa, the number of sessions (40, on average) was far higher than necessary. In this presentation I will discuss differences and similarities with the original research that we replicated, as well as implications for practice (such as continual training and supervision). I will also discuss shortfalls and suggestions for future research.

Learning Objectives:

- Realize that therapist drift is far too common and that anxious therapists are more at risk.
- Identify whether they, themselves, use CBT techniques in a good way.
- Learn that CBT is the treatment of choice for eating disorders.

S-192: The Impact of Trauma on the Treatment of Eating Disorder Symptoms and Quality of Life.

Joseph Wonderlich, MA, George Mason University, Fairfax, VA, USA; Yvind R, MD, PhD, Oslo University Hospital, Oslo, Norway; KariAnne Vrabel, PhD, Modum Bad Psychiatric Center, Vikersund, Buskerud, Norway

There is a well-documented relation between trauma and risk of an eating disorder, though less is known about how a history of trauma might impact treatment outcome for individuals with an eating disorders. The purpose of this study is to examine how trauma history may impact various indicators of recovery for a clinical sample of individuals presenting at a specialized eating disorder unit (N = 63). A diagnostically heterogeneous sample of bulimic and anorexic individuals completed 13 weeks of either CBT or compassion focused therapy (CFT). Data were collected at pre-treatment, post-treatment, and again 1 year following end of treatment. For the purpose of analyses, two groups were created reflecting the presence vs. absence of trauma. Mixed ANOVAs were used to analyze both within (assessment timepoint differences) and between group (trauma vs. no trauma) differences. When controlling for type of eating disorder treatment (CBT vs. CFT), results indicated that there were no differences in changes in EDE-Q scores or changes in BMI between trauma groups, but there was a significant main effect of time for both EDE-Q and BMI. Specifically, patients in both groups experienced similar reductions in EDE-Q scores and increases in BMI over the course of treatment and at one-year follow up. However, there was a significant interaction of trauma group and time on measures of quality of life (QOL) assessed with the Clinical Impairment Assessment (CIA), such that individuals who had experienced trauma did not display as much improvement in QOL over time as individuals who had not experienced trauma. This suggests that although trauma history does not influence change in traditional eating disorder indicators during treatment, it does significantly limit improvements in QOL over time. These findings highlight the importance of assessing QOL as a measure of outcome in future eating disorder studies.

Learning Objectives:

- Discuss the relation between eating disorders and trauma history.
- Describe the differential impact trauma has on various indicators of recovery.
- Understand why it can be so difficult to define recovery.

S-193: Compliments to patients diagnosed with eating disorders: recommendations to health professionals and relatives.

Fellipe Augusto de Lima Souza, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil; Isabelle Tortorella Carneiro Gassi, Family Therapist, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil; Anna Rachel Algazi, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil; Rosa Guedes, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil; Sandra Pesce, MSc, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil; Raphael Camara Oliveira, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil; Raphael Cangelli Filho, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil; F bio Salzano, Psychiatrist, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil; T ki Athan ssios C rdas, Psychiatrist, PhD, Hospital das Clinicas of University of Sao Paulo Medical School, Sao Paulo, Brazil

Compliment is a verbal behavior whose function is to enhance one's individual trait, to value the other's action, and consequently to increase the behavior frequency. In cognitive behavioral therapies, compliment can be used as a positive reinforcing topography, but in patients with eating disorders, it seems to have a counter-reinforcing effect. Objective: To evaluate how patients receive compliment from people in their social life. The sample consisted of 123 patients, both sexes, aged between 18 and 60 years, diagnosed with eating disorders. The evaluation instruments used were interviews with the patients and the inventory of Social Skills - IHS Del Prette. Only results related to receiving compliment were considered. In the compliment scale, 63% of the patients evaluated scored below the average expected when receiving compliments and 37% scored among average. Patients distort compliments, especially these: "you look better," "how pout you are," "how strong you look," and "how different you are." These patients see those compliments as the other people were acting ironically, calling them fat or basically assume they are not being truthful. Final considerations: Patients with eating disorders have difficulty accepting, processing and understanding compliments. Interpreting them in a pejorative way. It is recommended not to comment about body parts of patients suffering from eating disorders. To broaden the compliments and go beyond the body is the most recommended action, because patients diagnosed with eating disorders overvalue weight and body, these should be considered for compliment: personality, motivation, intelligence, personal skills, values and virtues. It is important to be specific in the behavior you want to compliment so the patient does not misinterpret it and end up considering the behavior as a punishment instead of a real compliment. Keywords: Eating Disorders, Compliment, Social Skills.

Learning Objectives:

- Compliment patients diagnosed with eating disorders.
- Use of compliments as positive reinforcement instead of punishment.
- Discipline relatives about body related compliments.

S-194: The Factor Structure of the Fear of Self-Compassion Scale in Non-Clinical and Clinical Eating Disorder Samples

Megumi Iyar, MA, University of British Columbia, Vancouver, BC, Canada; Allison Kelly, PhD, RPsych, University of Waterloo, Ottawa, ON, Canada; Suja Srikameswaran, PhD, RPsych, St. Paul's Hospital, Vancouver, BC, Canada; Sara Robb, MSW, RSW, Sheena's Place, Toronto, ON, Canada; Deborah Berline-Romalis, MSW, RSW, Sheena's Place, Toronto, ON, Canada; Josie Geller, PhD, RPsych, St. Paul's Hospital, Vancouver, BC, Canada

Individuals with eating disorders (EDs) experience barriers to being self-compassionate, and research has shown that fear of compassion, as assessed by Gilbert's Fear of Compassion Scale (FoC; Gilbert et al., 2000) is associated with poor outcomes in this population. Previous research in a nonclinical sample demonstrated a single factor solution. To date, the factor structure of the FoC has not been examined in clinical samples, such as individuals with EDs. This research examined the factor structure of the FoC in two samples of individuals with eating disorders who were seeking either community ($n = 198$) or hospital-based treatment ($n = 252$). An additional confirmatory factor analysis was conducted on a new sample of female undergraduate students for comparison ($n = 310$). A two-factor model exhibited best fit in both clinical samples with the variance explained by each of the factors ranging from .36 to .88. Factor 1, labeled *Achievement loss* was comprised of items expressing concern about losing achievements and relationships. Factor 2, labeled *Undeserving* was comprised of items that focused on grief, negative feelings, and avoidance. The two subscales exhibited acceptable internal consistency ($\alpha = .83$ to $.91$) in both clinical samples. As in previous research, a single-factor solution was retained in the

non-clinical sample. These findings suggest that unlike in non-clinical samples, there may be two distinguishable types of fears of self-compassion in individuals with eating disorders and utility in assessing these separately. In order to inform current treatments, future research is needed to disentangle the extent to which the two factors contribute to treatment outcomes in individuals with eating disorders.

Learning Objectives:

- Understand the components of the Fear of Self-Compassion scale.
- Describe the factor structure of the Fear of Self-Compassion scale in a non-clinical sample.
- Describe the factor structure of the Fear of Self-Compassion scale in two clinical eating disorder samples.

S-195: The role of confidence in predicting outcome in inpatient treatment for eating disorders

Megumi Iyar, MA, University of British Columbia, Vancouver, BC, Canada; Daniel W. Cox, PhD, University of British Columbia, Vancouver, BC, Canada; David Kealy, PhD, RSW, University of British Columbia, Vancouver, BC, Canada; Suja Srikameswaran, PhD, RPsych, St. Paul's Hospital, Vancouver, BC, Canada; Josie Geller, PhD, RPsych, St. Paul's Hospital, Vancouver, BC, Canada

While motivation has been shown to be a robust predictor of eating disorder treatment outcome, little attention has been paid to the role of confidence. This study sought to better understand the role of confidence and the possible interaction it may have with motivation in promoting eating disorder symptom change. Participants were adult women (N = 159) in inpatient treatment for eating disorders. They completed measures of readiness and motivation for change, which assessed precontemplation, action, confidence and internality (changing for oneself vs. for others) and eating disorder symptom severity at pre- and post-treatment. Medical variables (e.g. height and weight) were also recorded. Precontemplation and confidence had significant effects on pre-and post-treatment symptom severity, while action only had a significant effect on pre-treatment symptoms. Confidence was also shown to moderate relations between both measures of readiness (i.e., precontemplation and action) and change in symptoms. Follow up analyses indicated that high precontemplation (low readiness) was associated with poor outcome, irrespective of confidence, however, low precontemplation (high readiness) was associated with better outcome at high levels of confidence. The interaction between confidence and action was significant only at very high levels of confidence. Among individuals who had high action at baseline, those with lower confidence had significantly poorer outcomes relative to those with high levels of confidence. Findings indicate that readiness and confidence are important prognostic factors and suggest that early behavior change in the absence of confidence does not guarantee best outcomes in inpatient eating disorder treatment.

Learning Objectives:

- Further understand factors that describe baseline patient characteristics.
- Understand factors that predict inpatient treatment outcome.
- Better understand the role of confidence in promoting symptom change.

S-196: Compulsive Exercise as a Resistance in the Treatment of Eating Disorders

Humberto Lorenzo Persano, MD, PhD, Psychiatrist, Professor, The Jose T. Borda Psychiatric Public Hospital, Buenos Aires, Argentina; Sofia Soto, Nutritionist, The Jose T. Borda Psychiatric Public Hospital,

Buenos Aires, Argentina; David Gutnisky, MD, Psychiatrist, The Jose T. Borda Psychiatric Public Hospital, Buenos Aires, Capital Federal, Argentina

Evaluation of recovery from symptoms after intensive day hospital treatment was carried out at the Unit on Mental Health Service and Eating Disorders: Day Hospital and Outpatients at The Jose T. Borda Psychiatric Public Hospital during 2017. 87 clinical reports of patients suffering from different eating disorder diagnosis according to DSM V were evaluated in order to identify which symptoms have been improved after intensive day hospital treatment. Sample 94.5% female patients, 48.3% bulimia, 29.9% restrictive anorexia, 18.4% purgative anorexia and 3.4% binge eating disorder. Intensive day hospital treatment, mean 22.1 months in treatment. We have found significative improvement in fasting behaviors (P 0.001) and diminished purging behaviors (P 0.0001). Otherwise we have found no significant improvement in compulsive exercise (P 0.28). There are not sufficient data to evaluate why compulsive exercise remain present after treatment. Probably social factors as exercise is a well health being state in Buenos Aires City as well as in other cities is a risk factor as well a resistance to full recovering from eating disorders. Furthermore studies must carry on to understand this condition.

Learning Objectives:

- Assess fasting behaviors in eating disorder patients. Assess purging behaviors in eating disorder patients. Assess compulsive exercise in eating disorder patients.
- Assess improving in fasting behaviors in eating disorder patients after intensive day hospital treatment. Assess improving in purging behaviors in eating disorder patients after intensive day hospital treatment. Assess improving in compulsive exercise in eating disorder patients after intensive day hospital treatment.
- Identify resistant symptoms after intensive day hospital treatment in eating disorders patients. Focus on compulsive exercise symptoms in treatment of eating disorders patients.

S-197: Exploring Mechanisms of Action in Exposure Therapy for Eating Disorders: The Role of Eating-Related Fear and Avoidance Behaviors

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

Increased recognition of the role of fear in the development and maintenance of eating disorders (EDs) has led to greater research on the effects of exposure therapy for EDs. Although there is growing evidence that exposure is helpful in reducing ED symptoms, there is little clarity regarding mechanisms of action that drive therapeutic benefit. In light of recent work showing eating-related fear and avoidance as central to the maintenance of EDs, the present research examines these variables as mechanisms of action that influence exposure treatment outcomes for EDs. Adult patients (current N = 112; M age = 28.2 years, SD = 10.8; 79.4% female; 82.1% Caucasian) with a principal ED diagnosis were treated in one of three identical exposure-based partial hospitalization programs that are part of the same behavioral health organization (M days in treatment = 46.3, SD = 16.7). During treatment, patients collaborate with a therapist to design exposure tasks targeting common ED fear-evoking stimuli, including feared eating scenarios (e.g., restaurants), foods associated with weight gain (e.g., fried foods), and body image triggers (e.g., wearing swimwear). Daily therapist-aided exposure tasks were completed in the program. Global ED severity was assessed at pre and posttreatment. Potential mechanisms of action assessed at bi-weekly time intervals throughout treatment include three distinct constructs from the Fear of Food Measure (FOFM): (a) anxiety about eating, (b) food avoidance behaviors, and (c) feared concerns. Preliminary multiple regression analyses indicate that improvement in the three FOFM constructs throughout treatment significantly predict global ED symptom severity at posttreatment

while controlling for pretreatment ED severity ($\beta_s > .20$, $p_s < .05$). Structural equation modeling will be used to test for indirect effects to assess the extent that changes in FOFM constructs mediate global ED symptoms. Clinical implications of these findings will be discussed.

Learning Objectives:

- Convey an effective rationale for the application of exposure therapy to individuals with eating disorders.
- Describe several variables related to fear and avoidance of eating that have been proposed as potential mechanisms of action in exposure therapy for eating disorders.
- Summarize the current findings indicating that reductions in eating-related fear and avoidance are associated with better overall treatment response.

S-198: Does UK medical education provide doctors with sufficient skills and knowledge to manage patients with eating disorders safely?

Agnes Ayton, MSc, FRCPsych, MMedSc, Oxford Health NHS Trust, Oxford, Oxfordshire, UK; Ali Ibrahim, MBBS, MRCPsych, South London and Maudsley Foundation Trust, London, UK

Eating disorders affect 1-4% of the population and they are associated with an increased rate of mortality and multimorbidity. Many of these deaths and complications are avoidable by prompt treatment. Doctors across the spectrum of most medical specialties are likely to encounter these patients in their clinical practice, given the high rate of complications and comorbidities. Research suggests that the majority of non specialists do not feel confident in helping patients with eating disorders, leading to delays in treatment or inappropriate management. Aim: To establish the extent of teaching and assessment relating to eating disorders throughout medical training, from undergraduate to postgraduate levels for all relevant specialties. Design: A cross sectional survey of medical training of all UK medical schools, combined with a review of curricula and requirements for Annual Review of Competence Progression for all relevant specialties. Participants: 33 medical schools and relevant GMC recognized postgraduate specialist and subspecialist training programmes, including foundation training, general practice, core and higher specialist and subspecialist training in medicine, obstetrics and gynaecology, psychiatry, surgery, occupational and public health. Results: The medical school response rate was 93%. The total number of hours spent on eating disorder teaching in medical schools is less than 2 hours. Postgraduate training adds little more, with the exception of child and adolescent psychiatry. The majority of doctors are never assessed on their knowledge of eating disorders during their entire training, and only a few medical students and trainees have the opportunity to choose a specialist placement to develop their clinical skills. Conclusions: Eating disorder teaching is minimal during the 10-16 years of undergraduate and postgraduate medical training in the UK. Given the high risk of mortality and multi-morbidity, this needs to be urgently reviewed.

Learning Objectives:

- To understand the teaching relating eating disorders in medical school in the UK.
- To describe postgraduate medical education relating to nutrition and eating disorders in relevant specialties in the UK.
- To encourage further research relating to medical education relating to eating disorders.

S-199: Is bed rest helpful as an intervention in the management of severe anorexia nervosa in hospitals?

Ali Ibrahim, MBBS, MRCPsych, South London and Maudsley NHS Trust, London, UK; Agnes Ayton, MSc, FRCPsych, MMedSc, Oxford Health NHS Foundation Trust, Oxford, Oxfordshire, UK

Bed rest has been part of treatment of severe anorexia nervosa in hospitals both in the UK and internationally. It is commonly used on medical and paediatric wards and both the adult and Junior MARSIPAN[1] guidelines recommend bed rest as part of nursing management of the physically compromised patient. However, recently there has been increasing awareness of the negative effect of bed rest in other patient populations. The aim of this study was to review the evidence base of using bed rest as an intervention in the management of severe anorexia nervosa. **Methods** We searched on HDAS NICE website the following data bases: Medline, Pubmed, Embase, PsychInfo, Cinahl, Hmic, Amed, HBE, BNI including title and abstract for the following search terms: bed rest, anorexia nervosa, randomized controlled trial. **Results** 21,591 papers included the search term bed rest and 56,131 anorexia nervosa . After exclusion of duplicates, only 17 papers included both topics. There were no randomised controlled trials. Negative physical consequences were described in a number of studies, and included lower heart rate, venous thrombosis, impaired bone turn over and increased risk of infection. Several papers showed that patients have a strong preference for less restrictive approaches. These are also less intensive in nursing time. **Conclusions** The evidence to support the use of bed rest in the management of hospitalised patients with severe anorexia nervosa is extremely limited. The risks associated with bed rest are significant, and include both physical and psychological harm. Given the clear risk of harm, it is difficult to recommend a randomised controlled trial on the subject, and the practice is best avoided altogether. Risks associated with initial refeeding can be managed in less restrictive manner.

Learning Objectives:

- Describe the historical origins of using bed rest as part of hospital treatment in anorexia nervosa.
- To understand the limited evidence base for using bed rest for patients with severe anorexia nervosa, and the potential physical and psychological harms.
- To stimulate generating alternatives for managing patients safely without enforced bed rest in hospitals.