

pharmacological treatment, SSRI, antidepressants, antipsychotic, sertraline, citalopram, escitalopram, duloxetine, venlafaxine, paroxetine, fluoxetine, fluvoxamine, topiramate". Reviews, single case studies and RCT were also analyzed.

Results Only few studies met the selection criteria. A recent 8-week double-blind placebo controlled study, in 34 patients with NES, has confirmed the efficacy of sertraline. Sertraline was associated with significantly greater improvement than placebo in overall symptomatology.

Conclusions SSRIs should be considered the drug of choice for the treatment of NES not only because of evidence in the literature but also since they display the best pharmacological profiles with fewer adverse events. More evidence of efficacy is shown for some SSRIs such as paroxetine, fluvoxamine and especially sertraline. Topiramate should be reserved for cases resistant to treatment with SSRIs.

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EW211

Childhood trauma and cortisol awakening response in eating disorders: A dose-dependent trauma effect

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Introduction A role for the hypothalamus-pituitary-adrenal (HPA) axis has been suggested in the pathophysiology of anorexia nervosa (AN) and bulimia nervosa (BN), and childhood trauma experiences have been detected frequently in patients with AN and BN. Since trauma exposure in the childhood may persistently affect HPA axis functioning, we explored HPA axis activity in AN and BN patients with and without childhood trauma history.

Objectives and aims We aimed to examine possible associations between childhood traumatic experiences and HPA axis functioning, as assessed by the cortisol awakening response (CAR), in adult patients with AN or BN as compared to adult healthy controls.

Methods Saliva samples were collected by 41 patients with symptomatic AN, 32 with symptomatic BN and 45 healthy controls at waking and after 15, 30 and 60 min. They filled in the Childhood Trauma Questionnaire (CTQ), which assesses five specific types of childhood trauma.

Results As compared to the control group, the no-maltreated AN patient group exhibited an enhanced CAR whereas the no-maltreated BN patient group showed a similar CAR. On the contrary, both AN and BN patients with a positive history of childhood maltreatment exhibited statistically significant blunted CAR as compared to no-maltreated patients. Moreover, in maltreated ED patients the CAR tended to decrease when the number of trauma types increased.

Discussion Present findings confirm a dysregulation of the HPA axis activity in symptomatic patients with AN and BN and suggest a dose-dependent effect of childhood adverse experiences on the CAR of adult ED patients.

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EW213

Emotional neglect as the colossus among traumas in patients with eating disorders. A case-control study

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Introduction Individuals with eating disorders (EDs) often report a history of early traumatization. Although a great attention has been paid to sexual and physical trauma, less is known about emotional one, especially neglect.

Objectives/aims We aimed to estimate the prevalence of sexual, physical, and emotional trauma-occurring under 18 years of age-in ED patients vs. healthy controls, focusing on emotional abuse and neglect.

Methods We consecutively recruited 57 DSM-V ED outpatients (91.2% females; age range = 18–42 years) at the Psychiatric Outpatient Clinic of our University Hospital and 90 healthy controls (78.9% females; age range = 20–39 years). Among ED patients, 43.9% had restrictive anorexia nervosa (AN), 29.8% binge/purging AN, 26.3% bulimia nervosa. Individuals completed the Eating Disorder Inventory-2 (EDI-2) and the Traumatic Experiences Checklist (TEC). We used Mann-Whitney U test and χ^2 test for comparisons.

Results ED patients scored significantly higher than controls on all EDI-2 subscales (P -values < 0.05). On the TEC, emotional trauma was more frequent than sexual/physical ones in both ED patients and controls. Emotional trauma, and to a lesser extent physical one, were significantly more frequent in ED patients than controls. Distinguishing between emotional abuse and neglect, the latter had a higher prevalence than the former in both groups. Additionally, ED patients reported significantly more neglect, but not emotional abuse, than controls.

Conclusions Our findings show a high prevalence of emotional trauma in EDs, mainly neglect, i.e., a lack of care and attention potentially contributing to EDs. Thus, it is crucial to investigate emotional neglect in ED patients.

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EW214

Severity of traumatic events in patients with eating disorders. A case-control study

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Introduction A high proportion of individuals with eating disorders (EDs) report childhood abuse and neglect. The prevalence of traumatic events in ED patients has been extensively investigated; less is known about their self-perceived-and reported-severity. **Objectives/Aims:** We aimed to assess in ED patients vs. healthy controls the severity, i.e., duration, perpetrator, and subjective impact,