

priority treatment factors. Promote constructive dialog between EDs experts from different backgrounds and EDs patients.

Methods: In order to know the various treatment alternatives available, the different levels and reference structures are illustrated. In addition, it is also suggested different reasoning based on the ethical models of egalitarianism, utilitarianism and prioritarianism in order to build a waiting list management model, which is the maximum goal of this work. This model needs to be supported by a series of validated tools such as the clinical interview and self-administered questionnaires to investigate psychopathological aspects and psychiatric symptoms. Going into more details, a questionnaire is proposed to the EDs leading experts, so that they can provide their own priority factors list and related thoughts in order to build “the most ethical” waiting list.

Results: It is expected that both patients and clinicians tend to give priority to patients with greater psychophysical severity, not exclusively on the basis of physical parameters. Further hypothesis related to clinicians lead us believe that they tend to use utilitarian logics, in compliance with the demonstrated efficacy of early intervention. An evaluation that could lead to a disagreement between experts and patients is related to prioritize patients in the initial phase of the disease, which could be supported by clinicians, but not by patients, probably in connection with their personal experiences. In fact, this favoritism could have a negative impact on the care of the most serious cases who risk to be left to themselves.

Conclusions: This work aims to encourage a constructive dialogue between experts and patients with EDs in order to build a functional intervention model which should be “the most ethical as possible” in order to save the greatest number of lives in respect of mental suffering.

Disclosure of Interest: None Declared

EPV0461

In People who Identify as Gender Minority People the Social Cure Model and in People who Identify as LGBTQ* People the Intragroup Status and Health Model might Explain the Link between Identity Centrality and Body Appreciation

N. Komlenac*, K. Stockburger, J. Birke and M. Hochleitner
Gender Medicine and Diversity Unit, Medical University of Innsbruck, Innsbruck, Austria

*Corresponding author.

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Introduction: Sexual and gender minority (SGM) people are often found to have lower levels of body appreciation than do cis-heteronormative people.

Objectives: The current study utilizes the social cure model and the intragroup status and health model to investigate whether identification with a SGM social group and identity centrality (i.e., the degree to which a specific social identity is important to an individual) is linked to experiences of hostile behaviors because of a person’s looks or body and consequently, to body appreciation.

Methods: A cross-sectional online-questionnaire study was conducted with 1,680 German-speaking participants (49.2% cisgender women, 37.7% cisgender men, 9.0% non-binary, 4.1% transgender; $M_{age} = 32.7$, $SD = 12.5$). The Multidimensional and Multicomponent

Measure of Social Identification, the Body Appreciation Scale-2, the Perceived Stigmatization Questionnaire and the Sociocultural Attitudes Towards Appearance Questionnaire-4, revised were used. A manifest path model was calculated.

Results: People who identified as gender minority (GM) people and LGBTQ* people reported lower levels of body appreciation. Sexual minority (SM) individuals who identified with a social group other than LGBTQ* people reported levels of body appreciation similar to those of individuals who identified as women. Individuals who identified as GM people experienced fewer instances of hostile behaviors because of their looks or body the higher their level of identity centrality was. On the other hand, individuals who identified as LGBTQ* people more frequently encountered hostile behaviors because of their looks or body when their identity centrality was strong. Frequent experiences of hostile behaviors because of a person’s looks or body was linked to poor body appreciation in all social groups.

Conclusions: Identity centrality might help alleviate experiences of discrimination, especially in people who identify as GM people, as the social cure model suggests. In line with the intragroup status and health model, individuals who strongly identify as LGBTQ* people might be more visible as SM people and experience more discrimination than do SM people who identify with another social group.

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EPV0462

Avoidant Restrictive Food Intake Disorder in a 28 year old man: a case report

P. Setién Preciados*, E. Arroyo Sánchez and C. Díaz Mayoral

Servicio de Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain

*Corresponding author.

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Introduction: Avoidant Restrictive Food Intake Disorder is a disorder included among the eating disorders criteria group. Prevalence and incidence rates of ARFID in the general population remain largely unknown. Despite ongoing variability in the interpretation of diagnostic criteria in clinical practice, good progress has been made regarding recognition and assessment of ARFID. Different approaches to treatment are currently being explored, with reported outcomes for ARFID vary, consistent with the heterogeneity of the disorder. At present, there is insufficient evidence to determine the likely course and prognosis.

Objectives: Review what avoidant restrictive food intake disorder consists of, the challenges it presents, as well as its prognosis and potential treatments.

Methods: Presentation of a patient’s case and review of existing literature, in regards to ARFID.

Results: The patient in question is not clear he can be diagnosed of avoidant restrictive food intake disorder given his OCD symptoms, which are intertwined. That said, he does not have body dysmorphic phobia and does check for all the ARFID criteria. Their prognosis is not good, having failed several psychological and pharmacological treatments.

In literature, there is not much evidence around the disease because of its novelty, being recently included in the DSM 5 as a new class of

eating disorders (EDs), not finding high quality studies (meta analysis, systematic review). ARFID is characterised by a lack of interest in eating or avoiding specific types of foods because of their sensory characteristics. This avoidance results in decreased nutritional intake, eventually causing nutritional deficiencies. In severe cases, ARFID can lead to dependence on oral nutritional supplements, which interferes with psychosocial functioning. The prevalence of ARFID can be as high as 3% in the general population, and it is often associated with gastrointestinal symptom. Given the high prevalence of ARFID, a rapid and systematic nutrition survey should be conducted during every consultation. Its treatment should also be adapted depending on the severity of the nutritional problem and may involve hospitalisation with multidisciplinary care (paediatrician, nutritional therapist, dietitian, psychologists, and speech therapists).

In regards to potential treatments, there is no evidence-based psychological treatment suitable for all forms of ARFID at this time. Several groups are currently evaluating the efficacy of new psychological treatments for ARFID, particularly, family-based and cognitive-behavioural approaches, but results have not yet been published.

Conclusions: Future directions for research could be usefully informed by closer collaboration with other fields, including feeding disorders, emotion processing and regulation, neurodevelopment, and appetite.

Disclosure of Interest: None Declared

EPV0463

Using network analysis to explore the association between eating disorders symptoms and aggressiveness in Bulimia nervosa

R. Ceres^{1*}, M. Battipaglia¹, N. Attianese¹, S. Donato¹, R. Cerra¹, G. D'Agostino², A. M. Monteleone¹, P. Monteleone² and G. Cascino²

¹Department of Mental, Physical Health and Preventive Medicine, University of Campania "Luigi Vanvitelli", Naples and ²Department of Medicine, Surgery and Dentistry, University of Salerno "Scuola Medica Salernitana", Salerno, Italy

*Corresponding author.

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Introduction: Aggressive behaviors have been reported to be more frequent in people with eating disorders (ED), especially bulimia nervosa (BN). Network Analysis (NA) is particularly useful for examining the interactions among symptoms of comorbid conditions through the identification of "bridge symptoms," defined as those symptoms playing a key role in the connection between two syndromic clusters.

Objectives: The aim of the present study was to investigate the association of ED core symptoms and ED-related psychopathology with aggressiveness in a clinical sample of women with BN through NA.

Methods: A NA was conducted, including ED symptoms and aggressiveness measures. The bridge function was implied to identify symptoms bridging ED symptoms and aggressiveness.

Results: The most connected nodes among communities were asceticism and impulsivity from ED-related psychopathology, drive for thinness from ED- core psychopathology and guilt and suspicion from aggressiveness domain. In particular, drive for thinness

connected ED-core community to verbal hostility, while impulsivity connected ED-related symptoms to guilt and suspicion of aggressiveness community.

Conclusions: In conclusion the present study showed that in people with BN guilt is the specific negative emotion of the hostile dimensions that may be bidirectionally associated with ED symptoms.

Disclosure of Interest: None Declared

EPV0464

Emotional non-acceptance mediates the relationship between insecure attachment and specific psychopathology in women with eating disorders

S. Donato^{1*}, N. Attianese¹, M. Battipaglia¹, R. Ceres¹, R. Cerra¹, A. M. Monteleone¹, P. Monteleone² and G. Cascino²

¹University of Campania "L.Vanvitelli", Naples and ²University of Salerno, Salerno, Italy

*Corresponding author.

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Introduction: Insecure attachment is considered a general risk factor for eating disorders (ED). Emotion dysregulation has been proposed as one of the possible mechanisms by which attachment insecurity may affect ED psychopathology.

Objectives: Aim of the present study was to investigate whether difficulties in acceptance of emotions or emotional clarity may mediate the connection between insecure attachment and ED psychopathology.

Methods: One hundred and twenty patients participated and completed the Italian version of Eating Disorder Inventory-2 (EDI-2), Experience in Close Relationship questionnaire (ECR) and Difficulties in Emotion Regulation Scale (DERS). A mediator path model was performed, in which insecure attachment dimensions were set as independent variables, ED specific psychopathology measures as dependent variables, and non-acceptance of emotion and lack of emotional clarity as mediators.

Results: The association between both attachment avoidance and anxiety and ED specific symptoms was mediated by emotional non-acceptance, but not by emotional clarity.

Conclusions: This study showed the importance to address emotion regulation in individuals with ED, focussing on improving emotional acceptance. Exploring early developmental processes which lead to non-acceptance of emotions could improve this psychological trait in people with ED.

Disclosure of Interest: None Declared

EPV0465

Addiction Transfer Post Bariatric Surgery- A Case Report

S. Haugh^{1*}, H. Belay¹ and P. Cromwell²

¹Department of Psychiatry, Connolly Hospital and ²National Bariatric Unit Ireland, St Vincents University Hospital, Dublin, Ireland

*Corresponding author.

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