

of sexual, physical, and emotional traumas suffered from 0 to 18 years, paying particular attention to emotional neglect.

Methods Fifty-seven consecutive DSM-V ED patients (91.2% females; age range: 18–42 years) were recruited at the Psychiatric Outpatient Clinic of our University Hospital. Ninety controls (78.9% females; age range: 20–39 years) were also recruited. 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).

Results The severity of all traumatic events, according to the TEC total score, was significantly higher in ED patients than controls ($P < 0.001$). Moreover, ED patients showed significantly higher scores with regard to emotional neglect ($P < 0.001$) and emotional abuse ($P < 0.001$). The same can be said for physical traumas ($P < 0.01$) and physical abuse ($P < 0.01$), although with a lower significance, and for sexual abuse ($P < 0.05$), with an even lower significance. No difference in the severity of sexual harassment was found.

Conclusions All types of traumas, especially neglect, can occur in ED patients and controls, however they are reported as more severe by ED patients.

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The relationship of perfectionism with changes in body dissatisfaction in eating disorders treatment outcome

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Introduction Body dissatisfaction is one of the core psychopathological components in Eating Disorders (EDs) and it tends to persist over time regardless treatment interventions. Perfectionism is considered as a mediator and moderator between body dissatisfaction and disordered eating.

Objectives To study the influence of Perfectionism in EDs outcome.

Aims To analyze changes in body dissatisfaction at one year follow-up in patients with eating disorders and the effect of perfectionism over these changes.

Methods Participants were 151 patients with eating disorders. DSM-IVTR diagnoses were as follows: 44 (29.1%) Anorexia Nervosa (AN), 55 (36.4%) Bulimia Nervosa (BN) and 52 (34.4%) Eating Disorders no Otherwise Specified (EDNOS). Perfectionism was assessed with the Edinburg Investigatory Test (EDI-2). The Body Shape Questionnaire (BSQ) was also distributed. One year after the beginning of their treatment, patients were reassessed.

Results Patients with BN showed significantly higher scores on BSQ than those with AN. There was a significant improvement in BSQ after one year of treatment regardless the diagnostic (repeated measures ANOVA: $F = 8.4$, $P < .01$). Perfectionism was a co-variable that influenced in those changes.

Conclusions The results confirm the interaction between perfectionism and body dissatisfaction in the treatment outcome of EDs. It has been described an interplay between Perfectionism, body dissatisfaction and disordered eating attitudes and behaviours, being Perfectionism a moderator factor. The results highlight the need of

dealing not only with the core symptoms of EDs, but also with the moderator factors such as Perfectionism to enhance the outcome.

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Perfectionism in eating disorders: Temperament or character? Does perfectionism improve on treatment outcome?

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Introduction Perfectionism is considered a risk factor and is very close related to Eating Disorders (EDs). It estimates heritability of 29–42%. However, it has also been related to psychosocial factors such as the insecure attachment style.

Objectives To study the relationship of perfectionism with personality dimensions, its likelihood of improvement and its treatment.

Aims To analyze if Perfectionism is associated with dimensions of Temperament or dimensions of Character and therefore more psychosocial.

Methods Participants were 151 female outpatients who consecutively started treatment at the Eating Disorders Unit (Ciudad Real University General Hospital). Personality was assessed by using the Temperament and Character Inventory (TCI). Perfectionism was assessed by using the Edinburg Investigatory Test (EDI-2) subscale (t0). One year later, patients were re-assessed with the EDI-2 (t1).

Results The scores on Perfectionism significantly improved from t0 to t1, (repeated measures ANOVA, $F = 6.6$, $P < 0.01$). At baseline, Perfectionism was related to any of the Temperament dimensions, but the Character variable Purposefulness (SD2) ($\beta = .25$ 95% CI .17, .98), 2.7% of variance). Responsibility (SD1) and Self-Acceptance (SD4) were inversely associated with Perfectionism. At t1, Responsibility still was a protective factor for Perfectionism, regardless the effect of Perfectionism at t0.

Conclusions Perfectionism is also related to psychosocial and developmental factors. People with an internal locus of control tend to take responsibility for their own actions and are resourceful in solving problems. Thus, Self-directedness, mainly Responsibility for their own actions, is a protective factor for Perfectionism in EDs.

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Internet and smartphone application usage in eating disorders: A descriptive study in Singapore

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Introduction Eating disorders are associated with significant morbidity and mortality. The Internet is a popular medium for individuals with eating disorders to discuss and reinforce their affliction. However, the available literature on Internet usage and