

their bites. Then, they have started to restrict their food intake and the types of food consumed, which led to emaciation with health problems, interrupted daily routines, and social isolation; meeting the diagnosis of avoidant/restrictive food intake disorder (ARFID) in DSM-5. Due to traumatic experiences, EMDR therapy was applied.

**Discussion** After five EMDR therapy sessions, patients turned back to healthy eating habits, normal BMI, and effective daily life. As expected, EMDR therapy made significant improvements in the treatment of ARFID.

**Conclusion** EMDR can be useful to treat ED with traumatic background.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0482

### Sleep disturbances in anorexia nervosa

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**Introduction** In clinical practice, insomnia is a common feature in anorexia nervosa (AN). Sleep self-reports in AN suggest that these patients report poor sleep quality and reduced total sleep time. Weight loss, starvation and malnutrition can all affect sleep. Patients with eating disorders who have sleep disturbances have more severe symptomatology.

**Objectives** The authors intend to review sleep disturbances observed in AN, describe possible pathophysiological mechanisms and evaluate the clinical impact of sleep disturbances on the treatment and prognosis of the disease.

**Methods** In this study, a non-systematic search of published literature from January 1970 and August 2015 was carried out, through PubMed, using the following keywords: 'sleep', 'anorexia nervosa' and 'insomnia'.

**Results** These patients subjectively report having poor sleep quality, with difficulty falling asleep, interrupted sleep, early morning waking or reduced total sleep time. Sleep disturbances found in AN using polysomnography are: reduction in total sleep time, decrease in slow wave sleep, slow wave activity and reduced sleep efficiency.

**Conclusions** Privation of adequate and restful sleep has a negative impact on the quality of life of patients, may contribute to the appearance of co-morbidities, such as depression and anxiety, and to a poor prognosis for AN.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0483

### Eating disorders symptoms related to gestational BMI in breastfeeding mothers

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**Background and aims** Research has shown that maternal obesity and underweight are major risk factors for reduced initiation, duration, and exclusivity of breastfeeding. This prospective, cohort study analysed the association between gestational body mass index (BMI) and symptoms of eating disorders (ED) in breastfeeding women.

**Methods** The study involved 1318 consecutive, at term, healthy mothers, who delivered at the division of Perinatal Medicine of Policlinico Abano Terme, located in a North-Eastern Italy industrialized area, supporting advanced educational levels, good socio-economic status and low and late fertility. The day of discharge mothers completed the eating disorder examination-questionnaire (Fairburn and Beglin, 2008), including four subscales, restraint (R), shape concerns (SC), weight concerns (WC), eating concerns (EC) and a global score (GS). Mothers' BMI groups were categorized as underweight, normal weight, overweight and obese, according to 2009 IOM guidelines.

**Results** EDE-Q mean values ( $\pm$ SD) significantly increased with BMI increasing categories. Compared to normal weight mothers ( $n=290$ , 22.0%), obese women ( $n=273$ , 20.7%) had higher significant GS ( $0.6 \pm 0.7$  vs.  $0.2 \pm 0.3$ ;  $P=0.006$ ), R ( $0.6 \pm 0.9$  vs.  $0.3 \pm 0.6$ ;  $P<0.0001$ ), EC ( $0.4 \pm 0.6$  vs.  $0.3 \pm 0.5$ ;  $P<0.0001$ ), SC ( $0.9 \pm 1.0$  vs.  $0.3 \pm 0.5$ ;  $P<0.0001$ ) and WC ( $0.7 \pm 0.8$  vs.  $0.1 \pm 0.3$ ;  $P<0.0001$ ). In addition, formula-feeding adoption at discharge significantly increased with BMI increasing categories ( $P$  per trend = 0.01).

**Conclusions** We present evidence that gestational obesity is associated with reduced breastfeeding rates at discharge and higher ED symptomatology. Women need information and support to gain adequate weight during pregnancy.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0484

### Bulimia nervosa in Singapore: Clinical profile, comorbidity and gender comparisons

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**Introduction** Though eating disorder cases have been on the rise in Asia, little is known about them. Bulimia nervosa (BN) has been associated with poor treatment outcome and high mortality risk, and is the second most commonly diagnosed eating disorders in Singapore, after anorexia nervosa (AN), yet no report thus far has explored this condition.

**Objectives** The current study seeks to describe the clinical population diagnosed with BN in our hospital treatment program, as well as to compare their clinical characteristics with a previously published local study on patients with AN.

**Method** Retrospective medical records review was carried out for patients diagnosed with BN in our hospital's eating disorders treatment program. Patient records from 2003 to 2013 were retrieved and analyzed. We also further compared presenting characteristics across genders and with AN patients.

**Results** Between 2003 and 2013, 348 patients were diagnosed with BN by psychiatrists based on the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR). BN patients presented with high rate of self-harm behaviors (37.1%), previous suicide attempts (19.0%) and psychiatric comorbidities (67.5%), many of which require inpatient treatment. Significant differences were found between genders and in comparison with the AN patients.

**Conclusion** Our results suggest that many patients with BN present with severe psychiatric comorbidities, in some aspects more severe than the AN population. The current study appeals for the development of more effective detection and treatment of vulnerable populations in Singapore. We further discuss about