

Poster Presentations Session II

Friday, May 3, 2013

6:15 – 7:45 p.m.

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BED & Obesity

F1

The Impact of Psychiatric and Medical Comorbidity on Barriers to Physical Activity in Post-Operative Bariatric Surgery Patients

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Bariatric surgery patients have a high prevalence rate of psychiatric disorders and medical conditions compared to normative samples. An important predictor of weight loss and maintenance following bariatric surgery is regular engagement in physical activity. Previous research by our group has found that the majority of bariatric surgery patients do not meet the minimal recommendation for physical activity following surgery. A parallel line of research in non-bariatric surgery populations has demonstrated that individuals with psychiatric disorders and medical conditions report lower levels of physical activity than individuals without these conditions. The purpose of the present study was to examine the impact of psychiatric and medical comorbidity on reported barriers to physical activity in post-operative bariatric surgery patients. Participants (n=120) provided demographic information and completed a measure of perceived barriers to physical activity. A retrospective medical chart review was conducted to collect information on psychiatric diagnoses (assessed by the Mini International Neuropsychiatric Interview) and medical comorbidities. The results indicated that individuals with an Axis I psychiatric disorder reported significantly more barriers to physical activity than those without an Axis I disorder ($p < .05$). Regarding medical conditions, individuals with a respiratory condition ($p = .01$) or neurological condition ($p = .005$) reported significantly more barriers than individuals without those conditions. With respect to specific barriers, individuals with respiratory conditions reported pain as being a significant barrier, whereas those with neurological conditions reported fatigue as being a significant barrier. These findings suggest that post-operative bariatric surgery patients could potentially benefit from exercise regimens that are specifically tailored to address their perceived barriers to physical activity.

Learning Objectives:

- To discuss the prevalence rates of psychiatric disorders and medical conditions among bariatric surgery patients.
- To understand the impact of psychiatric comorbidity on barriers to physical activity following bariatric surgery.
- To understand the impact of medical conditions on barriers to physical activity following bariatric surgery.

F2

Executive Functioning and Behavioral Impulsivity of Young Women Who Binge Eat

Nichole Kelly, MS, Virginia Commonwealth University, Richmond, VA, USA; Cynthia Bulik, PhD, FAED, University of North Carolina, Chapel Hill, NC, USA; Suzanne Mazzeo, PhD, FAED, Virginia Commonwealth University, Richmond, VA, USA

Preliminary research indicates that behavioral impulsivity and executive dysfunction may contribute to the onset and/or maintenance of binge eating behavior. However, few studies have utilized neuropsychological measures to examine this link, and the assessment of behavioral strategies is limited in scope. The purpose of the current study was to gain a deeper understanding of the behavioral and cognitive processes associated with binge eating behavior. To address these aims, 50 women who reported engaging in weekly binge eating in the absence of regular compensatory behaviors and 66 women with no history of binge eating completed several self-report questionnaires and a brief neuropsychological battery, including the Wisconsin Card Sorting Task (WCST) and Conner's Continuous Performance Task (CPT-II). Hierarchical

regression revealed that groups did not differ significantly in executive functioning after controlling for depression, anxiety, body mass, psychotropic medication use, and general intelligence; nonetheless, correlation analyses suggest that as binge eating increased, so did difficulties thinking flexibly and shifting attention. Secondary analyses indicated that individuals who binge eat are more likely to engage in impulsive behavior, but only when distressed. Although the current study is unable to determine whether these factors precede or follow binge eating episodes, results may have clinical implications. Specifically, programs focused on the prevention and treatment of binge eating should help individuals learn to better tolerate difficult affective states and to utilize more adaptive means of coping. Outcomes also provide important directions for future research, including longitudinal designs to better understand the temporal associations of the current study's variables, as well as suggestions to broaden and standardize neuropsychological assessment procedures.

Learning Objectives:

- Describe the link between executive functioning, behavioral impulsivity and binge eating.
- Describe the clinical implications of the presence of greater behavioral impulsivity when distressed among individuals engaging in regular binge eating in the absence of regular compensatory behavior.
- Identify avenues of future research to gain deeper understanding of link between binge eating and executive functioning, such as broadening and standardizing neuropsychological evaluations.

F3

Barriers to Physical Activity in a Post-Operative Bariatric Surgery Population

Stephanie Cassin, PhD, Ryerson University, Toronto, Canada; Kaitlin Graham, MD, University of Toronto, Toronto, Canada; Sandy Van, MSc, University of Toronto, Toronto, Canada; Kathleen Lyons, BA, Ryerson University, Toronto, Canada; Sanjeev Sockalingam, MD, University of Toronto, Toronto, Canada; Raed Hawa, MD, University of Toronto, Toronto, Canada

Regular exercise has been shown to promote weight loss and maintenance in post-operative bariatric surgery patients. Treatment non-compliance is a prevalent problem among bariatric surgery patients, particularly with respect to recommendations for physical activity. Given these findings, it is important to understand the perceived barriers to engaging in physical activity reported by post-operative bariatric surgery patients. The present study examines physical activity levels as well as barriers to physical activity in a sample of post-operative bariatric surgery patients (> 6 months following surgery). Participants (n = 120) provided demographic information and completed measures of physical activity levels (IPAQ; International Physical Activity Questionnaire) and perceived barriers to physical activity. The majority of participants (n = 76, 63%) reported activity levels that fell below the IPAQ recommended guidelines. The most commonly cited barriers to physical activity were (1) injury/disability; (2) cost; (3) physical pain; (4) work commitments; (5) feeling tired; and (6) other priorities. Participants who did not meet the IPAQ guidelines reported lack of time (p=.007), weather conditions (p=.014) and injury/disability (p=.035) as a greater barrier compared with those who did meet the IPAQ guidelines. The results suggest that the majority of bariatric surgery patients are not engaging in the recommended amount of physical activity following surgery. Interventions focused on reducing the barriers to exercise and increasing physical activity in bariatric surgery patients may help to improve post-surgical outcomes.

Learning Objectives:

- Discuss the importance of regular physical activity in weight loss and maintenance following bariatric surgery.
- Describe the physical activity levels reported by bariatric surgery patients following surgery.
- Discuss common barriers to engaging in physical activity reported by bariatric surgery patients following surgery.

F4

Perceived Family Adaptability as a Mediating Variable in the Relationship Between Family Meals and Decreased Emotional Eating among Adolescents

Marisa Murray, MA, University of Ottawa, Ottawa, Canada; Nicole Obeid, MA, Children's Hospital of Eastern Ontario, Ottawa, Canada; Katherine Henderson, PhD, Children's Hospital of Eastern Ontario, Ottawa, Canada; Martine Flament, MD, PhD, University of Ottawa Institute of Mental Health Research, Ottawa, Canada; Annick Buchholz, PhD, Children's Hospital of Eastern Ontario, Ottawa, Canada; Meagan Birmingham, MA, University of Ottawa Institute of Mental Health Research, Ottawa, Canada; Gary Goldfield, PhD, Children's Hospital of Eastern Ontario, Ottawa, Canada

Although researchers have identified family meals as a protective factor for obesity, few have examined the underlying mechanisms involved in this relationship. The first objective of the study was to examine family meals as a predictor of emotional eating. The second objective was to examine perceived family adaptability as a mediating variable in the relationship between family meals and decreased emotional eating. Participants included 965 male and 1358 female adolescents (Mage = 14.08, SD = 1.60) from high schools and middle schools in the Ottawa Ontario region, who were part of a larger study, the Ontario Research on Eating and Adolescent Lifestyle (REAL) study. In the present study, archival data from validated, self-report questionnaires related to family functioning, family meal time, and disordered eating behaviours were analyzed. Results from regression analyses indicated that, for females only, family meals were

significantly predictive of decreased emotional eating, $B = -0.08$, $p < 0.01$. Based on the causal steps approach to mediation analysis, there was evidence of a partial mediation for the effect of family meals on emotional eating via perceived family adaptability for female adolescents ($R^2 = 0.020$; $F(2, 1355) = 13.920$, $p < .001$). Results from the Sobel test concluded that perceived family adaptability acted as a significant mediator between family meals and emotional eating in this subsample (Sobel = -0.425 , $p < .001$). Results are discussed in terms of the observed gender differences and in terms of previous research, which has examined family variables in relation to disordered eating behaviours and obesity. Implications for prevention and treatment programs are also addressed.

Learning Objectives:

- To examine family meals as a significant predictor of decreased emotional eating among adolescents.
- To illustrate the mediating effect of perceived family adaptability in the relationship between family meals and decreased emotional eating among adolescents.
- To detect gender differences in risk and protective factors associated with emotional eating among adolescents.

F5

Eating Behaviors in Overweight and Obese People with Type 2 Diabetes

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In individuals suffering from Type 2 diabetes (DMT2), it has been suggested that weight has a significant impact on eating psychopathology. The present research focuses on eating behaviors and body esteem in overweight and obese people with DMT2. Participants were recruited through advertisements on the web site of Diabète Québec and through information sent to the members of their mailing list. A total of 377 DMT2 participants, with a Body Mass Index (BMI) higher than 27, accepted to take part in the study. They completed the French version of the Diabetes Eating Problem Survey Revised (DEPS-R), the body dissatisfaction subscale of the Eating Disorder Inventory (BD-EDI), and the Eating Disorder Examination Questionnaire-6 (EDEQ-6). Results indicated that body dissatisfaction for men ($\bar{x} = 4.7$) and women ($\bar{x} = 10.5$) was lower than normative scores and that both participants of both gender were at risk of Eating Disorders (ED), according to the DEPS-R ($\bar{x} = 33$). Among the participants, 17% reported omitting their diabetes medication in order to control their weight and 24% experienced feelings of loss of control related to binge eating episodes frequently enough to be considered as having a Binge-Eating Disorder (BED). However, only 4% of the participants reported suffering from an ED. Moreover, DMT2 people with BED obtained significantly higher scores on body dissatisfaction subscale, as opposed to people with DMT2 without BED: (BD-EDI $\bar{x} = 14$ vs $\bar{x} = 9$; $p < .01$). These results show that problematic eating behaviors are common in individuals with DMT2 and that overweight and obese DMT2 patients who binge eat are particularly likely to be dissatisfied with their body. Most DMT2 individuals who meet criteria for BED are not aware of their ED. Therefore, a systematic screening of problematic eating behaviors should be included in routine evaluation of DMT2.

Learning Objectives:

- Describe eating behaviors and body esteem in overweight and obese people with type 2 diabetes (DMT2).
- Describe the difference on eating behaviors and body esteem between overweight DMT2 people with and without a diagnosis of binge eating disorder.
- Describe the eating behaviors difference between overweight and obese people with DMT2 that omit their diabetes medication and people who do not.

F6

The Role of Body Awareness as a Moderator Between Emotion Dysregulation and Binge Eating in a Community Sample

Natalia Orloff, BA, University of the Sciences, Philadelphia, PA, USA; Michelle Schlesinger, BA, None, None, FL, USA; Debra Franko, PhD, FAED, Northeastern University, Boston, MA, USA; Alix Timko, PhD, University of the Sciences, Philadelphia, PA, USA

Individuals with Binge Eating Disorder (BED) have deficits in accepting their internal state and in attending to their physiological bodily cues. Research focusing on acceptance and awareness in BED fails either to incorporate both dimensions simultaneously or to parse out the two constructs. Thus, there is a lack of consensus in this area as to whether difficulties in regulating emotions are the main cause of binge eating, or if binge eating is driven by the relationship between the lack of acceptance and lack of body awareness. The primary aims of the current study were to identify whether body awareness moderates the relationship between two different aspects of emotion regulation and binge eating. It was hypothesized that low body awareness would result in higher levels of binge eating in individuals with deficits in non-acceptance and impulse control, respectively. A community sample of 516 individuals completed the Difficulties in Emotion Regulation Scale, the Body Awareness Questionnaire, and the Binge Eating Scale. Both non-acceptance and impulse control were significant predictors of binge eating: $B = .50$, $t(312) = 10.54$, $p < .001$ and $B = .62$, $t(309) = 14.40$, $p < .001$, respectively. A hierarchical regression revealed no interaction between body awareness and either of the two

emotion regulation variables $B = -.04$, $t(307) = -.89$, $p = .37$ and $B = -.03$, $t(310) = -.704$, $p = .48$, respectively on binge eating. Body awareness did not have a significant effect on binge eating ($B = -.072$, $t(311) = -1.52$, $p = .13$), but a post hoc analysis revealed that emotional awareness had a significant effect on binge eating ($B = .24$, $t(295) = 2.33$, $p = .02$). The results of this study support previous findings suggesting that emotion regulation difficulties act as a mechanism maintaining binge eating. Future research should attempt to parse out the different effects that aspects of emotion regulation have on binge eating and how body awareness differs from emotional awareness.

Learning Objectives:

- To assess how physiological awareness moderates the relationship between non-acceptance and binge eating.
- To measure the effect of physiological awareness on the relationship between impulse control and binge eating.
- To address how physiological awareness differs from psychological awareness and the direct effects of each on binge eating.

F7

The Role of Psychological Adjustment on Prediction of Muscle Dysmorphia in Bodybuilder Men

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It has found that media influence may predict internalization of body ideals and this, in turn, could make a person more likely to experience dissatisfaction with their body size or shape, assuming this as a higher risk for the development of Muscle Dysmorphia (MD). However, this functional relation among risk factors is less clear when person's vulnerability is included, it means, when aspects of psychological adjustment, such as anxiety, depression, self-esteem or perfectionism may predispose or protect against media influence, ideal internalization, body dissatisfaction or development of MD symptoms. Therefore the aim of this study was to evaluate the interaction between psychological adjustment, media influence, body internalization and body dissatisfaction on prediction of MD symptomatology. The sample consisted of 162 bodybuilder men among 18 and 35 years old, who -after signed the informed consent- completed an assessment battery conformed by eight self-report questionnaires. Data fit was analyzed using structural equation modeling and results showed that depression moderates media influence on muscle ideal internalization, while anxiety moderates the effect of media on body dissatisfaction, also this latter directly predicted MD symptoms ($X^2(7) = 10.339$, $p = .17$, CFI = 0.988, RMSEA = 0.054, CI90%RMSEA = .000 - .119). It may be concluded that anxiety and depression, as aspects of psychological adjustment, play an important role predicting MD symptoms, situation which was not observed in low self esteem and perfectionism. However, research on identifying predictors of MD is still incipient, so it is imminent the need to deepen on the understanding of this psychopathology. Research funded by PAPIIT-UNAM-IN305912.

Learning Objectives:

- To evaluate the interaction between psychological adjustment.
- To know about media influence, body internalization and body dissatisfaction on prediction of MD symptomatology.
- To explain some predictors of MD symptomatology.

F8

Mothers' Concerns about their Daughters' Eating Habits

Allison Palmberg, MS, Virginia Commonwealth University, Richmond, VA, USA; Marilyn Stern, PhD, Commonwealth University, Richmond, VA, USA; Nichole Kelly, MS, Virginia Commonwealth University, Richmond, VA, USA; Cynthia Bulik, PhD, FAED, University of North Carolina-Chapel Hill, Chapel Hill, NC, USA; Faye Belgrave, PhD, Virginia Commonwealth University, Richmond, VA, USA; Stephen Trapp, PhD, Virginia Commonwealth University, Richmond, VA, USA; Hofmeier, Sara, MS, University of North Carolina-Chapel Hill, Chapel Hill, NC, USA; Suzanne Mazzeo, PhD, FAED, Virginia Commonwealth University, Richmond, VA, USA

The current investigation used qualitative methodology to examine mothers perceptions of their daughters' eating habits, including binge eating (BE), loss of control eating (LOC), and sneaking or hiding food (SHF). Five focus groups were completed with 19 mothers of adolescent girls (58% African American, 41% White) who endorsed BE and/or LOC eating behavior. Responses to focus group questions were analyzed using phenomenological qualitative analysis. Mothers evidenced awareness and concern for their daughters' problematic eating behaviors, the influence of emotions on eating for both their daughters and themselves, and sociocultural factors influencing diet such as hectic schedules, financial obligations, genetic predisposition, and cultural expectations. Furthermore, mothers reported that the discussion of both their own and their daughters' eating habits was upsetting, particularly when describing a lack of awareness of amount of food consumed, difficulties responding appropriately to hunger and satiety cues, the speed with which the food is consumed, and the fact that LOC eating occurred in response to dietary restriction and certain emotional states. Mothers

expressed significant concern for their daughters' emotional states, in general. They reported feeling grateful that anything (even food) improved their daughters' mood, and encouraged their daughters to open up to them. Data from these focus groups informed the development of an ongoing intervention for adolescent girls engaging in loss of control eating.

Learning Objectives:

- Following the training, participants will be able to gain insight to mothers' perspectives on their daughters' eating behaviors.
- Following the training, participants will be able to articulate topics to address in family-based interventions for binge and loss of control eating behaviors.
- Following the training, participants will be able to gain insight into mothers' concerns about their own eating behaviors and how they affect their daughters.

F9

Young Adults' Food Selection Patterns: Relations with Binge Eating and Restraint

Janet Lydecker, MS, Virginia Commonwealth University, Richmond, VA, USA; Allison Palmberg, MS, Virginia Commonwealth University, Richmond, VA, USA; Suzanne Mazzeo, PhD, FAED, Virginia Commonwealth University, Richmond, VA, USA

Universities are offering increasingly varied food options as part of their dining plans. Given that young adults are establishing eating patterns that will endure throughout their lifespan, this is a key developmental stage to assess eating behaviors, including food selection, restriction, and emotional eating. The current study examined young adults' food selection patterns within the context of their campus, and their relation to binge and emotional eating. Participants were 434 students at a large Mid-Atlantic university (age $M = 19.14$). They completed an online survey about eating behaviors, dining plan allowances, typical and emotional eating in the dining hall, and at on and off campus locations. Individuals who endorsed more binge eating reported buying food when they felt sad, frustrated, or bored. Further, they reported intentionally not eating in the dining hall when they were sad, but seeking food at off-campus restaurants. When frustrated, they sought out on- or off-campus restaurants. When bored, they sought on-campus restaurants. Individuals who endorsed higher restriction reported not purchasing food when they felt sad or frustrated. Further, they reported not going to the dining hall when they felt sad. Results provide evidence of the importance of attention to food selection as an eating behavior because of its relation to restraint and emotional and binge eating. Future research should explore reasons for these patterns, including planned use or avoidance of specific food sources for emotional eating, desire for privacy, avoidance of judgment, or escape from the campus environment. Data suggest the need to address food selection, restraint, and emotional eating with young adults, and also suggest potential points of intervention (i.e., planning alternatives to food sources that are associated with emotional eating).

Learning Objectives:

- Describe normal eating food selection patterns for university students.
- Contrast food selection for normal eating and binge eating.
- Formulate hypotheses for food selection patterns.

F10

Hedonic Hunger and Binge Eating in Bulimia Nervosa

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Binge eating is characterized by overconsumption of food and a sense of loss of control over eating, and is a defining feature of bulimia nervosa (BN). Hedonic hunger, the appetitive drive to eat to obtain pleasure in the absence of an energy deficit, is associated with overeating and with loss of control over eating, but has not been investigated in BN. Aims of the present study were (1) to examine the relation between scores on the Power of Food Scale (PFS), a self-report measure of hedonic hunger, and frequency of objective binge eating, subjective binge eating, and urges to binge eat at pre- and post-treatment among individuals with BN; and (2) to examine whether these associations are significant when controlling for other factors thought to drive binge eating, (e.g., dietary restraint and weight suppression). The PFS and measures of eating disorder symptomatology were administered to female patients with BN at admission ($N = 86$) and discharge ($N = 44$) from two residential treatment facilities over six months. PFS scores were positively associated with frequency of objective binge eating, subjective binge eating, and urges to binge at pre-treatment (all p 's $< .03$); these associations remained significant when controlling for restraint and weight suppression. Pre-treatment PFS scores were not associated with changes in symptomatology during treatment. PFS scores significantly decreased during treatment, and reductions in PFS scores were associated with reductions in urges to binge ($p = .001$). Results suggest that hedonic processes may be involved in stimulating binge eating, even when other factors thought to drive binge eating are taken into account. In addition, it is possible that the structure imposed on eating during residential treatment may result in reduced hedonic appetite via reduced exposure to highly palatable food. Due to high attrition, further research is needed to investigate whether pre-treatment PFS scores have prognostic significance.

Learning Objectives:

- Describe the construct of hedonic appetite.
- Describe the association between self-reported hedonic appetite and binge eating among women with bulimia nervosa.
- Discuss remaining research questions on the role of hedonic hunger in eating disorders.

Body Image & Prevention

F11

Moderators of Two Programs Designed to Reduce Eating Disorder Risk Factors in Female Athletes

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Female athletes represent a unique population with respect to both body image concerns and eating disorder risk. As such, researchers and clinicians recently have begun to create programs at both the treatment and prevention level aimed specifically at this population. The goal of this study is to explore moderators of two programs designed to reduce eating disorder risk factors in female athletes so as to determine if specific characteristics are associated with better or worse response to the interventions. In a previous randomized controlled trial, Becker et al. (2012) heavily modified a cognitive dissonance-based program and a healthy weight program to address the unique needs of female athletes, including the female athlete triad. Both programs significantly reduced thin-ideal internalization, dietary restraint, bulimic pathology, shape and weight concern, and negative affect at 6 weeks, and bulimic pathology, shape concern, and negative affect at 1-year. Although there were no quantitative differences between the groups, qualitatively, the healthy weight program was preferred. The analyzed sample consisted of 157 female athletes from all varsity sports at a highly competitive Division III university in Texas. Participants ranged in age from 18 to 22 years ($M = 18.94$, $SD = 1.04$). In this poster, we will explore potential moderators of program effects with the same sample using the general linear mixed model. We will investigate the following moderators: initial levels of thin-ideal internalization, BMI, weight concerns, shape concerns, bulimic pathology, dietary restraint, and negative affect. The interaction between programs, time, and the moderator will be investigated. We will also consider moderators such as sport played and/or participation in lean versus non-lean sport.

Learning Objectives:

- Participants will be able to describe effects of two programs for female athletes designed to reduced eating disorder risk factors.
- Participants will be able to describe moderators of the athlete modified cognitive dissonance program.
- Participants will be able to describe moderators of the athlete modified healthy weight program.

F12

Does Short-Term Fasting Promote Changes in Body Image?

Katherine Schaumberg, MA, University at Albany - State University of New York, Albany, NY, USA; Drew Anderson, PhD, FAED, University at Albany - State University of New York, Albany, NY, USA

Some studies indicate that fasting, or going at least 24-hours without food, represents an important risk factor for the development of eating pathology. Presumably, individuals who seek to lose weight receive reinforcement for caloric deprivation through acute weight reductions. It is possible that improvements in one's body image after caloric restriction may also reinforce this behavior. The current study seeks to examine this hypothesis by evaluating individuals' responses in body image after a short-term fast. Participants ($N = 194$) in this study attended an appointment before fasting, and they completed self-report survey measures of body image and eating disorder risk. Participants were then asked to fast for 24-hours. Participants attended an appointment at the end of their fast in which they completed the Body Image States Scale. Analyses evaluated the degree to which individuals show change in their body image after fasting, and whether eating disorder risk factors predicted change in body image. Analyses indicate that pre-fasting levels of dietary restraint predicted improvement in body image after fasting, $t(184) = 2.78$, $p = .008$, $n2p = .04$, and weight loss did not predict shifts in state body image. In addition, participants who endorsed fasting to control their weight in the past 28 days ($n = 45$) displayed more improvement in body image after the experimental fast compared with participants who did not endorse fasting for weight control, $t(188) = 1.95$, $p = .05$, $n2p = .02$. Results from this investigation suggest that at-risk individuals may receive reinforcement for engaging in problematic eating patterns through improvement in state body image. Restrained eaters, for instance, may feel more attractive after successful reductions in caloric intake. Short-term improvements in state body image, then, may represent one mechanism that promotes the development of problematic eating patterns including meal skipping and fasting.

Learning Objectives:

- Describe how fasting relates to fluctuations in body image.

- Understand the relationship between dietary restraint and fluctuations in body image after fasting.
- Discuss how fasting may be reinforced through improvements in body image.

F13

Applying a Moderated Mediation Model to Examine the Influence of Thin Ideal Internalization on Associations Between Body Dissatisfaction, Dieting and Eating Pathology

Taona Chithambo, MA, University of Southern California, Los Angeles, CA, USA

Past research suggests that dieting is a mediating factor in the relationship between body dissatisfaction and eating pathology. However, few studies examine contextual variables that affect the mechanisms predicting eating pathology. The present study aimed to investigate the influence of thin-ideal internalization on associations between body dissatisfaction, dieting, and psychological adjustment. Dieting was examined as a mediator of the relationship between body dissatisfaction and eating pathology/negative affect. Thin-ideal internalization was tested as a moderator of the mediated effect; it was hypothesized that dieting would account for the relationship between body dissatisfaction and eating pathology/negative affect *only* among those with high thin-ideal internalization. The sample consisted of 346 female undergraduates attending a large, private institution in southern California (age $M = 19.88$, $SD = 1.85$). Bootstrapping procedures indicated that dieting mediated the relationship between body dissatisfaction and eating pathology [95% CI: .03, .09] and depression [95% CI: -.05, -.0001]. Thin-ideal internalization moderated the indirect effect for eating pathology; the mediation effect was only significant for participants with moderate (0 SD; $Z = 3.98$, $p < .001$) to high (+1 SD; $Z = 4.99$, $p < .001$) thin-ideal internalization. Moderated mediation was not detected for depression. The results indicate that the mediating influence of dieting on eating pathology only exists for individuals who report moderate to high endorsement of the thin ideal; individuals with low thin-ideal internalization may not be negatively influenced by dieting behaviors. Thus, the explanatory role of dieting in predicting eating pathology is specific to individuals who pursue media-propagated ideals of thinness.

Learning Objectives:

- Identify the role of dieting in explaining the relationship between body dissatisfaction and eating pathology.
- Identify the role of dieting in explaining the relationship between body dissatisfaction and depressive symptoms.
- Assess whether individual differences in thin ideal internalization influence the relationship between dieting and eating pathology.

F14

The Whole Image: Eating Disorder Prevention and Culture Change Program for College Students

Aimee Zhang, BA, Stanford University, Stanford, CA, USA; Varvara Mazina, BA, Stanford Medical Center, Stanford, CA, USA; Mickey Trockel, MD, PhD, Stanford Medical Center, Stanford, CA, USA; Hannah Weisman, BA, University of California Santa Barbara, Santa Barbara, CA, USA; Elaine Patten, BA, Stanford University, Stanford, CA, USA; C. Barr Taylor, MD, Stanford Medical Center, Stanford, CA, USA; Megan Jones, PsyD, Stanford Medical Center, Stanford, CA, USA

The prevalence of eating disorders and unhealthy weight regulation practices in college students is alarming. Past research has shown that high weight and shape concerns and thin-ideal internalization are major risk factors for the onset of eating disorders. Two pilot studies were conducted to determine the efficacy of The Whole Image for preventing eating disorders by reducing weight and shape concern and changing community culture through reducing thin-ideal internalization and fat talk. The program consists of eight weekly online sessions presented in the form of interactive webpages. The Whole Image is unique in taking a comprehensive approach to body image improvement that can be applied to a variety of college communities, including communities with members of both genders. It is the first college-age body image program to address both men's and women's body image culture and to discuss how body image interacts with different ethnicities, sexual orientations, and cultural backgrounds. In pilot study 1, 61 sorority women were assigned to The Whole Image or a wait-list control; in pilot study 2, 57 male ($n = 17$) and female ($n = 40$) college students recruited via e-mail were randomly assigned to the intervention or a control sleep improvement program. The ES for change in thin-ideal internalization was 0.25 for pilot study 1, and 0.86 for pilot study 2. When examining the combined sample from both pilot studies, participation in the intervention was associated with significantly reduced weight and shape concerns ($p = 0.048$, Cohen's $d = 0.41$), thin-ideal internalization ($p = 0.017$, Cohen's $d = 0.47$), and the use of fat talk ($p = .001$, Cohen's $d = 0.73$) among females. Results suggest that The Whole Image may be effective for reducing weight and shape concern, and thereby, preventing eating disorders and improving body image culture among college students.

Learning Objectives:

- Review relevant research on what defines "culture" and how to measure these constructs in the framework of body image.
- Discuss results of the current study and its effectiveness in reducing weight and shape concern and thin-ideal internalization.

- Recommend future research directions and applications of eating disorder prevention programs focused on body image social culture.

F15
Beliefs About the Consequences of Thinness and Restricting Predict Fasting Behavior Among Individuals with Eating Disorders

Denage Braaten, BA, University of North Dakota, Grand Forks, ND, USA

The tendency to believe that thinness is associated with compelling, positive reinforcers has been found to predict the onset of binge eating and purging in adolescent girls. Interestingly, no studies have investigated the relationship between these beliefs and restrictive behaviors that are often thought to lead to weight loss. The purpose of this study was to test the hypothesis that beliefs about thinness and restricting food intake predict fasting in individuals with eating disorders. A community, mixed eating disorder (anorexia, nervosa, bulimia nervosa, binge eating disorder, and purging disorder) sample (N=101) prospectively reported the frequency of their weekly levels eating disorder symptoms including the number of days they fasted (i.e., went at least 8 waking hours without eating for weight/shape reasons) for 12 consecutive weeks. At baseline, participants completed the Thinness and Restricting Expectancy Inventory (TREI), a measure of beliefs regarding the benefits of being thin and restricting food intake. A Spearman correlation was calculated due to the positive skew present in the average frequency of fasting. The results revealed that baseline TREI scores predicted the frequency of fasting in this sample ($p = .37, p < .001$). Those who strongly endorsed the beliefs that thinness and restricting would improve their lives were more likely to engage in fasting behavior. These findings support the utility of assessing expectancies about eating disorder behaviors and direct attention to the potential benefit of targeting such expectancies in psychotherapeutic interventions.

Learning Objectives:

- Describe the beliefs regarding the benefits of being thin and restricting food intake.
- Explain the relationship between the beliefs regarding the benefits of being thin and fasting in individuals with eating disorders.
- Utilize the importance of assessing expectancies about eating disorder behaviors.

F16
Beliefs and Attitudes About Disordered Eating and the Prevention of Related Problems in High School Females: Perspectives of Parents and Staff in a Private Boarding School Setting

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The current study used a comprehensive survey to assess eating disorder prevention needs at a private boarding school on the Island of Hawai'i. At baseline (start of the school year), parents' (n = 51) and faculty members' (n = 15) attitudes and beliefs about eating- and weight-related disorders were explored, as well as their views about the school-based prevention of these and other problems that may impact young women. Finally, faculty members' perspectives on the school culture concerning eating and weight were assessed at baseline and at the end of the school year as part of an evaluation of a pilot peer-led dissonance-based eating disorder prevention program. Parents and faculty members in the current study demonstrated reasonable support for the school-based prevention of eating- and weight-related concerns. Of note, prevention efforts targeting obesity were generally rated as more important than those aimed at the prevention of eating disorders. Parents and faculty members also expressed an interest in prevention programs targeting a range of other health and mental health concerns, such as suicide, sexual harassment, and bullying. Regarding parents' and faculty members' personal attitudes toward eating and weight, some degree of anti-fat attitudes, body dissatisfaction, and restrained eating were found in the current sample. A strong majority of participants also indicated that they were engaging in weight control efforts at the time of the survey. Finally, although the pre-post sample of participating faculty was small (n = 7) and these findings should be interpreted cautiously, faculty participants perceived the school culture around eating and weight to be significantly worse at the end of the school year, despite the implementation of a prevention program. Study findings indicate that involving parents and faculty members in school-based eating disorder prevention may be an important part of efforts to enhance the overall impact of such programs.

Learning Objectives:

- Assess school-based eating disorder prevention needs in a comprehensive manner.
- Identify domains of relevance for future eating disorder prevention efforts targeting parents and school staff.
- Understand the importance of involving a range of key stakeholders prior to implementing prevention efforts in a new environment to ensure that such efforts are relevant and sustainable.

F17
Body Image: Dissatisfaction and Distortion in a Group of Participants With and Without Eating Disorders

Body image (BI) described as the mental picture of the size, shape and form of the human body; and the feelings (and attitudes) concerning these characteristics and the constituent body parts is a key factor for eating disorders (EDs). This description proposes two aspects with respect to EDs; sensory denoting for distortions in body size estimation or “body image distortion” (BID) and affective-attitudinal denoting for negative feelings towards the body or “body image dissatisfaction” (BIS). However, most of the studies conducted in Turkey measure only BIS aspect of BI. This study attempts to investigate the multidimensional aspect of body image in a group of women diagnosed with Anorexia Nervosa (ANG) (n=44, mean age=24.1) and Bulimia Nervosa (BNG) (n=31, mean age=28.2) in comparison with a healthy control group (CG) (n=75, mean age=26). All the participants completed the Turkish version of Photographic Figure Rating Scale for Women (PFRS) which measures BIS as the discrepancy between body mass index (BMI) of the ideal picture and the actual BMI; and BID as the discrepancy between BMI of the perceived self picture and the actual BMI. According to the results, BNG showed the highest level of BIS when compared to ANG and CG, whereas CG scored higher than ANG. In terms of BID, participants in each group were categorized as underestimators, accurate estimators and overestimators of their actual body size. As expected, overestimators in ANG and accurate estimators in BNG were more frequent. However, contrary to the literature where overestimators are reported to be higher in those with no EDs, CG participants of this study were mostly underestimators. These results verify the affective-attitudinal aspect specific to Bulimia Nervosa and sensory aspect specific to Anorexia Nervosa. On the other hand the links between underestimation and body dissatisfaction in those with no EDs deserves further investigation from a cross-cultural perspective.

Learning Objectives:

- Describe body image sub-aspects as body image distortion and body image dissatisfaction.
- Assess and discuss of different aspects of body image in terms of eating disorders subtypes like anorexia nervosa and bulimia nervosa.
- Notice the differences of body distortion in different cultures.

F18 Body Image and Weight Goals of Obese Individuals Diagnosed with Schizophrenia and Schizoaffective Disorder

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Persons with severe mental illness are at risk for becoming overweight and obese, in particular because of the weight promoting effect of antipsychotic medications (Allison and Casey, 2001). Thus, weight management has increasingly become important in psychiatric populations (Álvarez-Jiménez et al. 2008). Body image concerns are associated with obesity and may lead to a variety of psychological and behavioral problems such as lowered self-esteem (Powell & Hendricks, 1999) and increased depression (Noles et al., 1985). In the current study, we report the weight goals of obese community mental health center clients diagnosed with schizophrenia and schizoaffective disorder. Twenty-two individuals (54.5% female, mean BMI = 37.3 kg/m², mean age = 45.3 years) completed interviewer-administered questions from the Goals and Relative Weight Questionnaire (GRWQ; Foster et al., 1997) and the Weight and Lifestyle Inventory (WALI; Wadden and Foster, 2006) as part of a larger weight management pilot study. When asked “How much weight would you like to lose at this time?” females reported an average of 64.3 ± 52.7 lbs. and males reported an average of 35.2 ± 36.2 lbs. (ns). This equates to a weight loss goal of 25.6% for females and 13.5% for males (ns). Participants’ current, dream, happy, acceptable, and disappointed weights were assessed with the GRWQ by gender. Males and females differed statistically significantly for dream weights and happy weights (both lbs. and % ps<0.05). Consistent with research on weight loss goals of non-psychiatric adults, our participants expressed weight loss goals that are challenging given behavioral weight loss interventions. It is important to assess and provide feedback on patient expectations when engaging in weight management with psychiatric populations. In addition, it is important to address body image concerns with persons with serious mental illness to help minimize the associated psychosocial stressors.

Learning Objectives:

- Better understand weight goals of psychiatric populations.
- Better understand perceived distress associated with weight gain in persons with SMI.
- Better understand gender differences in weight goals among persons with SMI.

F19 Coach Experiences of Identifying Disordered Eating Amongst Athletes

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This study aimed to explore the factors affecting coach identification of disordered eating (DE) in athletes using a qualitative methodology. Eleven athletics coaches (aged 44-69 years) with an average of 23.60 years of coaching experience took part in a semi-structured interview exploring their experiences of eating problems in athletes. Six of the coaches were involved in coaching athletes at international level and the remaining five were coaching athletes up to national level. The interviews were transcribed verbatim and thematic analysis was conducted. The analysis revealed that coaches most commonly identified an eating problem through observing changes to the physical appearance or behaviours of the athlete. Only a small number of coaches used any objective assessments to determine the presence of an eating problem and just one coach identified changes in mood and anxiety as a sign of a potential eating problem. A lack of experience, athlete secrecy and sport-body stereotypes were factors that coaches found to complicate the identification process. This study highlights the need for greater training, support and resources for coaches to improve their knowledge and confidence in the identification of eating problems in athletes.

Learning Objectives:

- Understand the ways in which coaches identify eating problems in their athletes.
- Explain the physical and behavioural changes that coaches look for when identifying eating problems.
- Describe the factors that coaches perceive to complicate the identification of disordered eating in athletes.

Children & Adolescents

F20 Importance of Parental Report in Assessing Internalizing Psychiatric Symptoms in Adolescents with Eating Disorders

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Studies suggest that adolescents with eating disorders (EDs) under report their eating-related symptoms compared to parental reports, but parent-child agreement on co-morbid anxiety and depressive symptoms has received little attention. We examined whether discrepancies exist in reports of anxiety and depression in ED adolescents (N=152) ages 12-19y (M 16.2, SD 2.0) and their parents recruited at an academic eating disorder program. Patients completed the Eating Disorder Exam (EDE) and Youth Self Report (YSR) and parents completed the Child Behavior Checklist (CBCL). Mean CBCL and YSR subscale T-scores were compared using Wilcoxon signed-rank testing. Females comprised 87.2% of the sample; 62.5% had Anorexia Nervosa (AN) or partial AN (pAN), 16.5% had Bulimia Nervosa (BN) or partial BN (pBN) and 21% had eating disorder not otherwise specified (EDNOS). Patients with AN/pAN had lower mean T-scores on the YSR than the parent CBCL on the internalizing (59.9 v 64.5, p=.001), affective (63.1 v 68.5, p<.001), anxiety (58.6 v 67.4, p<.001), somatic (57.2 v 60.3, p=.002), obsessive compulsive (62.8 v 67.4, p<.001), and post-traumatic stress (59.9 v 63.9, p<.001) problems scales. In BN/pBN patients, there were no differences in these outcomes. Patients with EDNOS had lower mean T-scores on the YSR than the parent CBCL on the internalizing (61.2 v 66.8, p=.002), affective (61.7 v 70.2, p<.001), anxiety (58.2 v 62.7, p=.001), obsessive compulsive (62.7 v 67.0, p=.05), and post-traumatic stress (58.5 v 66.2, p=.001) problems scales. These differences reflect AN and EDNOS patients' tendencies to report themselves in a normal or borderline range on these subscales, while parents would describe them as having borderline or clinical scores. Youth with AN and EDNOS minimize clinically relevant mood/anxiety symptoms at presentation when compared to parental reports. Future studies should examine how to incorporate parental reports in comprehensive assessments of adolescent EDs.

Learning Objectives:

- To understand differences in parent and child ratings of internalizing psychiatric symptoms in Anorexia Nervosa and partial Anorexia Nervosa.
- To understand differences in parent and child ratings of internalizing psychiatric symptoms in Bulimia Nervosa and partial Bulimia Nervosa.
- To discuss clinical implications of these differences between parent and child ratings.

F21 Feasibility, Acceptability, and Accuracy of Using Ecological Momentary Assessment (EMA) to Assess Loss of Control (LOC) Eating Behavior in Adolescent Girls

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EMA is an ecologically valid tool used to examine LOC eating in adults. Yet, there are no data in adolescents with LOC. We therefore examine feasibility, acceptability, and self-reported accuracy of using EMA to elucidate momentary predictors of LOC eating in 23 overweight (body mass index, BMI, kg/m², >=85th percentile) adolescent girls (14.93±1.58 y, 34.7% Caucasian; BMI 35.69±6.76) with reported LOC as assessed by the Eating Disorder Examination. Girls completed 12.5±2.6 days of EMA using electronic digital devices. At the conclusion of the study, girls completed a 6-item self-report measure of acceptability, assessing such features as ease of use and disruptiveness of the device. A subset (n=12) completed 7-point Likert scales to assess girls' perceptions of the accuracy of their responses to EMA questions and the similarity between their eating behavior during the study and time when not participating in the study. Higher scores indicated greater acceptability, accuracy, and similarity. Mean acceptability was 5.29±0.85 (Range 3-7). Mean accuracy was 6.17±0.84 (Range 5-7). Similarity to overall eating behavior when not participating in the study, and LOC episodes specifically, was 5.83±1.03 (Range 4-7), and 5.00±2.00 (Range 1-7), respectively. Girls reported that the frequency of LOC episodes during the study (compared to when they are not in the study) was 2.9±1.37 (Range 1-5) on a scale of 1-7 (1=much less frequently; 7=much more frequently). Results suggest that the electronic device was generally acceptable and that girls' responses to questions were largely accurate. Adolescents reported that their eating behavior and LOC episodes during the study were similar to when they are not in the study, yet they report experiencing fewer LOC episodes during the study. EMA appears to be a feasible and acceptable strategy for understanding LOC eating behavior among adolescent girls. The impact of EMA on LOC episode frequency warrants further exploration.

Learning Objectives:

- Identify advantages of using EMA methodology.
- Cite feasibility and acceptability of EMA research for measuring Loss Of Control (LOC) eating behavior in adolescent girls.
- Infer future directions for EMA research regarding LOC in adolescents.

F22

Bradycardia in Anorexia Nervosa in Children and Adolescents

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Bradycardia is the best-known complication of anorexia nervosa. It is unclear whether this is a physiological protection or risk for sudden cardiac death. We aimed to assess the effects of (severe) bradycardia and to find predicting factors for serious cardiac complications through which we will be able to support future somatic admission criteria. ECG's at the lowest heart rate of 227 children (age 7-17 years old) with anorexia were included between 2004 and 2012. The ECG's were assessed by two independent blinded interpreters. Rhythm abnormalities are summarized in table 1. HR ranged from 29-92/min, 18% showed a HR of <40 bpm. Rhythm abnormalities did not occur more often with a HR < 40 bpm (p=0.44), with the exception of nodal beats. Only 2/227 children had a Qtc over 0.44 sec (0.496 sec and 0.486 sec), both having a HR over 40 bpm. The average QTc time was 0.386 sec. Four children had a QT dispersion of over 0.04 sec (max 0.06 sec, mean 0.02 sec). A total of 3 children had repolarization abnormalities consisting of negative Ts in leads 2 or V4-V6. Microvoltages did not occur more often in ECGs with a HR of < 40 bpm. To our knowledge, this is the largest retrospective cohort study in adolescents with anorexia. ECG abnormalities were frequently seen in our population. (Benign) arrhythmias and conduction blocks have been recognized before in smaller studies (2-4). We seemed to find more ECGs with either sinus arrhythmias or nodal rhythms, both benign arrhythmias. Our mean QTc time as well as the heart rate was lower than found in other studies done in adolescents (5). Potential life-threatening abnormalities (prolonged QTc time and repolarization abnormalities) occurred in only 5 evaluated ECGs (2%). In the future demographic data, abnormalities during physical examination and laboratory data will be linked to the ECGs to correlate symptoms and signs to the ECGs.

Learning Objectives:

- Get inside on the effects of bradycardia on the heart in children and adolescents with anorexia nervosa.
- To discuss (cardiac) admission criteria for children and adolescents with anorexia nervosa.
- Describe predicting factors for serious cardiac complications in children and adolescents with anorexia nervosa.

F23

Neurocognitive Functioning and Obsessive-compulsive Traits in Adolescents with Anorexia Nervosa

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Research on patients with anorexia nervosa (AN) has found neurocognitive inefficiencies in the areas of set-shifting (SS), and central coherence (CC). SS is the ability to move fluidly between mental sets, while CC is the ability to use global

processing to integrate details into a meaningful whole. Research has found similar neurocognitive inefficiencies in obsessive-compulsive disorder (OCD). Given that OCD is highly co-morbid with AN, and that AN typically onsets during adolescence, a crucial time for brain maturation and development, the current study sought to explore the existence of a relationship between neurocognitive inefficiencies and obsessive-compulsive traits in a sample of adolescents with AN (N=11). Participants were female between the ages of 12-18 with a mean body weight (MBW) <85%. They were administered a neurocognitive assessment battery and the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS). Neurocognitive scores were correlated with CY-BOCS scores using a non-parametric (Spearman's Rho) correlation. Results found strong, positive correlations between obsessive compulsive traits and Delay Accuracy ($r=.69$), Order ($-r=.80$), Style ($r=.91$), and Central Coherence ($r=.90$) indices on the Rey Complex Figure Test (RCFT) a measure of visual-spatial integration and global processing. No other significant correlations were found, including between SS measures and OCD. Though limited by a small sample size the current study supports the existence of a relationship between global processing inefficiencies and obsessive-compulsive traits in adolescents with AN. While further research is needed the current study has implications for understanding and treating AN in a developing adolescent population.

Learning Objectives:

- Inform audience of comorbidity of OCD and anorexia nervosa.
- Inform audience of current research findings on neurocognitive inefficiencies in anorexia nervosa.
- Assess the relationship between obsessive-compulsive traits and neurocognitive inefficiencies in adolescents with anorexia nervosa.

F24

Response Vigor and Reward Anticipation in Adolescent Patients with Anorexia Nervosa

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Individuals with anorexia nervosa (AN) are known for their reduced ability to experience pleasure and reward. However, in contrast to many patients with schizophrenia or depression, according to clinical observations AN patients usually do not lack motivation. As the reward system in patients with anorexia nervosa is rarely examined, in the present study we focus on reward anticipation and individual motivation to obtain varying monetary rewards. The ongoing study includes adolescent patients with acute AN (acAN, n=29), young weight-recovered patients (recAN, n=16) and healthy controls (HC, n=28). While lying in a fMRI scanner all participants completed a well-established simple motivational task (cf. Bühler et al., *Biol Psychiatry*, 2010) with stimuli predicting not disorder-related monetary rewards. The task allows for the behavioral assessment of subsequent motivation to obtain the particular reward on a trial-by-trial basis. Our preliminary findings suggest that acAN patients respond more vigorously than HC when they have the chance to obtain very low monetary rewards (elevated rate of button presses and decreased reaction time). In contrast, recAN patients respond less vigorously at low reward levels when compared to healthy controls. At higher reward levels participants of all groups respond vigorously. Taken together, patients with acute AN, but not recovered patients, display increased motivation to obtain negligible monetary rewards which may indicate malnutrition-related dysfunctional sensitivity to incentive salience.

Learning Objectives:

- Reward anticipation and individual motivation to obtain varying monetary rewards in patients with anorexia nervosa.
- Description of the monetary incentive delay paradigm.
- Patients with anorexia nervosa show dysfunctional sensitivity to incentive salience.

F25

Normal Grey and White Matter Volume After Weight Restoration in Adolescents with Anorexia Nervosa

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Objective: The aim of this study was to determine whether treated, weight-stabilized adolescent with anorexia nervosa (AN) present brain volume differences in comparison with healthy control subjects. **Methods:** Forty-two adolescents with weight-recovered AN and seventeen healthy controls matched by age and sex were assessed by means of psychopathology scales and magnetic resonance imaging. Axial three-dimensional T1-weighted images were obtained in a 1.5 T scanner and analysed using optimized voxel-based morphometry (VBM). **Results:** There were no significant differences between controls and weight-stabilized AN patients as regards global volumes of either grey or white brain matter, or in the

regional VBM study. Moreover, no differences were found when examining regions of interest that have previously been shown to be affected in underweight AN patients. Differences between patients classified according to the duration of weight recovery and the lowest BMI reached during the acute phase of illness were also non-significant. Conclusion: Adolescent AN patients show no global or regional grey or white brain matter abnormalities after treatment and weight stabilization.

Learning Objectives:

- To analyze brain volume in weight-stabilized adolescent anorexia nervosa in comparison with healthy controls.
- To replicate the results of previous studies.
- To relate brain alterations with clinical variables.

F26

Promoting Health Behavior in Children via Text Messaging

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Several studies showed that technology enhanced measures could be a useful and innovating tool to promote health behaviors. In this study, a Short Message Service (SMS) program was used to monitor three behaviors: fruit and vegetable consumption, physical activity and screen time. Based on the input (SMS) of each participant, the program sent an automatic supporting feedback message. The aim of this minimal intervention (eight weeks period) was to improve all indicated behaviors. Testing feasibility, adherence and satisfaction of the SMS system was also in the scope of the study. Eight classes with a total of 160 children (age 8 to 10) participated in this study and were randomly distributed into an intervention group (with access to the program) and a control group (without access to the program). The adherence was high with participants sending the monitoring SMS in 67% of the intervention days. Furthermore, high satisfaction scores were reported (89.4% were satisfied with the program). Significant results regarding fruit and vegetable consumption were found, $F(2,168) = 7.86, p < .01$ indicating that participants in the intervention group increased the amount of fruit and vegetable intake over time. However, results for physical activity, $F(2,162) = 0.93, p = .399$, and screen time, $F(2,168) = 1.40, p = .249$ were non significant. Summarizing the results, this minimal intervention demonstrated to be a feasible program to increase fruit and vegetable consumption. There seems to be a need to further investigate such programs, as 32% of the children were overweight and 8% obese.

Learning Objectives:

- Describe the use of new technologies to promote health.
- Assess healthy behaviors in Portuguese children.
- demonstrate the feasibility of the Text-message Program.

F27

Struggling with Eating Disorders: Are the Boys any Different?

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Eating disorders result in mortality and morbidity among adolescents. They occur less frequently among male adolescents as compared to females. Partly due to lower occurrence, eating disorders in males are under-represented in research literature and therefore might be overlooked and/or misunderstood among health care professionals taking care of this unique male population. Primary care providers (PCP) tend to offer more screening for a wider range of symptoms for their female patients than for their male patients. Often PCP are not aware of signs and symptoms of eating disorders, specifically in males, which might cause them to potentially fail to see the diagnosis leading to an increased morbidity as compared to female adolescents. This study was undertaken to determine and compare medical morbidity such as length of inpatient stay in the medical unit, severity of bradycardia, electrolyte abnormalities and psychological markers such as personality characteristics, co morbid concerns and family dynamics among male and female adolescents with eating disorders. We reviewed the Electronic Medical Record for all patients coming for treatment of eating disorders at the Children's Hospital Colorado. We also will review baseline assessment data obtained on all patients including personality characteristics, co-morbidities and family functioning to better understand if there is a potential "profile" for adolescent male patients with the spectrum of eating disorders. To date, we have obtained data on approximately (n=16) male patients and (n=173) female patients and will describe medical and psychological characteristics of this understudied population. With a better understanding among our population of adolescent males with eating disorders we hope to learn if there is a difference from their female counterparts in an effort to improve rate of early detection for adolescent males struggling with eating disorders.

Learning Objectives:

- Enumerate the medical characteristics of adolescent males with an eating disorder.

- Identify the psychological characteristics of adolescent males with an eating disorder.
- Describe if there are any differences in medical and/or psychological factors among adolescent males with eating disorders as compared to their female counterparts.

F28
Frequency and Effect of Weight-related Teasing Among Children
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Teasing is a common experience among children. It is estimated that 78% of children report being teased about their appearance and of those, 89% are teased about their weight. Weight-related teasing (WT) is associated with multiple adverse consequences like eating disorders and can also have a long term influence. School-based prevention and intervention programs are now being implemented world wide. A recent meta-analysis has shown that school-based anti-bullying programs are often effective. However, it was found that bullying was only decreased by 20 to 23% and programs have a larger influence for children aged 11 or older. To better guide these programs, and especially for younger children, it would be useful to identify the most common types of WT in this group. The purpose of this study is to discuss six types of WT in children aged 6 to 9 years and to report the level of distress they entail. The sample size was of 430 students (56% girls, 44% boys) aged 6 to 9 years, recruited in their classrooms. They answered the french version of the subscale Weight-Related Teasing from the Perception of Teasing Scale. This subscale assesses the frequency and the effect of WT. Results indicate that the more frequent type of WT is being called names like “fatso” (20.2%). It is however the type of WT that upset less children (63.8%). The less frequent type of WT experience by children is people snickering about their heaviness (10.2%) and is the type of WT that upset them more (88.2%). Overall, data suggest that when developing anti-bullying programs it is important to consider the teasing that are most frequent but also the ones that disturb the most the victims. Writing rules against bullying on a notice that is displayed in the classroom is a key element in anti-bullying programs. Precise and concrete rules against calling people names and snickering about their weight should be written and expected to be followed by children.

Learning Objectives:

- Describe the most frequent type of weight-related teasing among children and those that are more distressing.
- Reflect on strategies to improve prevention and intervention school-based anti-bullying programs.
- Question the best method to measure weight-related teasing among children.

F29
Reliability and Validity of the Child Version of the Power of Food Scale
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The food environment has become increasingly obesogenic due to the increasing availability of highly palatable and energy dense foods. Past research has shown that a subset of the population is driven to consume these palatable foods for their reward value, even in the absence of physiological need. This motivation has been labeled “hedonic hunger”, which the Power of Food Scale (PFS) was developed to measure in adults. An adapted version of the PFS for early adolescents was administered to 51 healthy weight and 91 obese adolescents. Mean age (\pm sd) of the sample was 13.0 (\pm 1.9). The majority of participants were female (64.1%) and identified as African-American (64.8%). The PFS showed excellent internal consistency, with a Cronbach’s alpha of .91 for the total scale and between .73 and .86 for the three subscales (food available, food present, food tasted). As in adult samples, there was no difference in PFS scores between obese and healthy weight adolescents [$t(136) = 1.502, p = .135$]. However, PFS scores were significantly and negatively correlated with all scales on the Pediatric Quality of Life Inventory (PedsQL) after controlling for BMI z-score: physical functioning ($r = -.19, p = .031$), emotional functioning ($r = -.19, p = .028$), social functioning ($r = -.26, p = .002$), school functioning, ($r = -.23, p = .008$), and the psychosocial health summary score ($r = -.27, p = .002$). In addition, PFS scores were significantly and negatively correlated with three out of five scales on the Impact of Weight on Quality of Life-Kids (IWQOL) after controlling for BMI z-score: physical comfort ($r = -.313, p = .000$), body esteem ($r = -.227, p = .008$), and total score ($r = -.256, p = .004$). Overall, the Child PFS had acceptable reliability and was unrelated to BMI; the significant correlations with the PedsQL and IWQOL suggests that elevated preoccupation with highly palatable foods may adversely impact quality of life, independent of relative weight.

Learning Objectives:

- Evaluate the reliability of the child version of the Power of Food Scale.
- Evaluate the validity of the child version of the Power of Food Scale.
- Describe the preliminary results of analyses using the child version of the Power of Food Scale.

F30
Clinical and Diagnostic Heterogeneity in Childhood Eating Disorders (6-13 Years)
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The childhood eating disorders (ChED) present specific clinical features that do not comply with usual classification diagnosis criteria. The aim is clinical and diagnostic description of eating disorders in children (6-13 y.), who come to an EDs Unit, by a 4 years retrospective study about sociodemographic, clinical variables and diagnosis of patients. N= 194, girls 152 (78, 4 %); boys 42 (21, 6 %); age 11, 4 years (s.d. 1,8). Psychiatric family history: 96 (49, 5%); Early eating disorder history: 33 (17%); Evolution time 14, 6 months (s.d. 4, 57). Nutritional status: average BMI percentile at evaluation: 10-20. DSM-IV Diagnosis: ChED: Infantile Anorexia: 11 (5, 7%) Restrictive anorexia nervosa (RAN): 96 (49, 5%), Non specified eating disorder (EDNOS) 76 (39, 1%), Purgative anorexia nervosa (PAN): 6 (3, 1%), Bulimia nervosa (BN): 2 (1%) Great Ormond Street Hospital Diagnosis: Infantile Anorexia: 11 (5, 7%), RAN 96 (49,5%), Functional dysphagia: 22 (11,3%); Selective eating: 21 (10,8%); Food Avoidance Emotional Disorder (FAED): 7 (3,6%); PAN: 6 (3,1%); BN 2 (1%); Total Comorbidity 72 (37,1%); Affective: 33 (17%); Anxiety: 23 (11,9%); Obsessive-Compulsive Disorder 3 (1,5%); Oppositional defiant 8 (4,1%); Attention deficit hyperactivity: 5 (2,6%). Diagnosis < 12 y (81): 60 (74, 1%) girls, 21 (25, 9%) boys. RAN: 22 (27, 2%); EDNOS: 11 (13, 6%); Functional dysphagia: 14 (17, 3%); Selective Eating 15 (18, 5%); infantile anorexia : 9 (11, 1%); FAED 7 (8, 6%); Comorbidity 36 (44, 4%). Diagnosis 12-13 y. (92): 77 (83, 7%) girls, 15 (16, 3%) boys. RAN: 65 (70,7%); EDNOS: 9 (9,8%); Functional dysphagia: 4 (4,3%); Selective eating 4 (4,3%); infantile anorexia: 2 (2,2%); PAN: 6 (6,5%); BN: 2 (2,2%); Comorbidity 29 (31,5%). These disorders prevalence is higher in males, the younger the patients are. Almost half of patients are diagnosed of EDNOS. Other criteria, adapted to the these age clinical symptoms , might be useful.

Learning Objectives:

- Describe the clinical features and diagnosis in childhood eating disorders.
- Analyze the diagnostic difficulties in this age.
- Determine the clinical heterogeneity along this period.

Diagnosis, Classification and Measurement

F31
Visual Scanning Bias: An Objective Marker for Anorexia Nervosa?
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Central psychopathological concerns bias attentional processing and visual scanning behavior (VSB) in patients (pts). These biases tend to occur automatically and outside of awareness. This pilot study explores a novel method to detect VSB biases in anorexia nervosa (AN) by utilizing a previously validated methodology of presenting competing image stimuli to test attention bias. 13 female AN pts and 20 controls aged 12-18 were tested. Subjects completed a self report screen for eating disorders (EAT-26) and viewed 16 test slides while their eye-movements were monitored by an eye-tracking system. Each slide had 2 images of thin body forms, 1 social image, and 1 image of scenery. For each slide, the relative fixation time on images with thin body shapes (RIT) and the relative fixation time on images with social interactions (RIS) were measured. Measurements of RIT, RIS and their probability density functions for pts and controls were used by a log-likelihood ratio processor to detect VSB biases. 9 pts with AN and 0 controls scored above the clinical cut-point on the EAT-26. The RIT-RIS for AN patients (M=0.4262, SD=0.1894, range 0.1516-0.7291) was larger (t (31)=0.8135, P<0.001) than for controls (M=-0.0193, SD=0.1797, range -0.3456-0.2992). All 13 pts demonstrated an attentional bias (RIT-RIS> 0) towards thin images. The processor correctly identified 92% of the pts (sensitivity 92%) and 90% of the age-matched controls (specificity 90%). 3 of the 4 pts who misrepresented their symptoms on the EAT-26 were classified correctly by the detector. When the threshold of the processor was adjusted to correctly classify all AN pts, the specificity remains 90%. Preoccupation with shape and weight increased the attention bias towards thin visual images in pts with AN, when compared to controls. Analysis of VSB can be used for reliable detection of attentional biases in individuals with AN even when symptoms are minimized or misrepresented.

Learning Objectives:

- Describe common attentional bias found in patients with anorexia nervosa.
- Explain how to measure attentional bias through visual scanning behaviour.

- Explain the differences between the visual scanning behaviour of patients with anorexia nervosa and normal controls.

F32
Chewing and Spitting Food is a Frequent Behavior Among Hospitalized Patients with Eating Disorders and is Associated with More Severe Psychopathology

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Chewing and spitting food is a neglected yet frequent behavior in hospitalized patients with eating disorders (ED) with a reported prevalence as high as 30%. Which patients are more likely to regularly chew/spit (CS) or the amount of food consumed during an episode is unknown. This study characterizes CS behavior in a sample of inpatients with ED, its association with psychopathology, and the frequency of binge-like CS episodes. Participants (N=324; 92% female; 86% Caucasian; Mean age=29.4; SD = 12.4) were inpatients on an ED specialty unit (AN-R=19%; AN-P=27%; BN=26%, EDNOS = 28%). Thirty-three percent (n=107) reported engaging in CS at least once in the 8 weeks prior to admission, 65% (n=69) of whom reported CS > once a week. This subset (CS+) was compared to those with less frequent or no CS (CS-) on clinical and demographic indices and the EDI-2, BDI, and NEO. Participants were also asked the degree to which their CS behavior involved a binge-like amount of food (>1000 kcal) and loss of control (LOC). CS+ were more likely to have purging diagnoses and to engage more frequently in restricting behaviors (p<.001), vomiting (p<.05), laxative and diet pill abuse (p's <.001) and excessive exercise (p<.001). They also had greater drive for thinness and body dissatisfaction (p's <.001), and endorsed greater depression (p<.001) and neuroticism (p<.01) than CS-. CS+ participants on weight gain protocol gained more rapidly than CS- (p<.05). Ten percent of patients endorsed recent chew/spitting a binge-like amount of food; 19% endorsed a lifetime history of this behavior. LOC co-occurred with CS behavior in more than half of these cases. Although common, CS remains understudied and goes largely unrecognized and untreated in patients with ED. This behavior should be assessed regularly in all patients, as it appears to be associated with increased illness severity.

Learning Objectives:

- describe chewing and spitting behavior in patients with eating disorders.
- explain the relationship between chewing and spitting behavior and psychopathology.
- state the relation between chewing and spitting and binge-eating criteria.

F33
The Eating Beliefs & Behaviors Questionnaire: A New Measure of Health At Every Size-Consistent Treatment Targets

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Treatments consistent with the Health at Every Size (HAES; Bacon, 2011) approach advocate eating in accordance with hunger and satiety cues. This study examines specific maladaptive behaviors and beliefs related to eating in accordance with one's bodily cues that could be used as direct HAES-consistent treatment targets for subclinical eating disorders (EDs). College students (n=101) completed the Eating Disorder Inventory EDI-3; Garner et al., 2004), the Intuitive Eating Scale (IES; Hawks et al., 2004), and the Eating Beliefs and Behaviors Questionnaire (EBBQ) online for credit. The EBBQ behavioral items are intended to measure frequency in the past week of deviations around eating according to bodily cues (i.e. restricting when hungry, stopping before full, eating when not hungry, and eating until uncomfortably full). Beliefs hypothesized to be maladaptive (e.g. If I eat when hungry, I'll gain weight) are endorsed on a Likert scale from 0-7. Items are designed to be clinically useful in identifying HAES-consistent treatment targets and tracking change over weekly sessions. Pearson correlations are used to examine the association between individual EBBQ items with EDI-3 and IES totals. EDI-3 and IES scores are correlated with days in the past week participants restricted when hungry (EDI-3, r = .33, p<.01; IES, r = -.38, p<.01), stopped before full (r = .26, p<.01; r = -.33, p<.01), ate when not hungry (r = .20, p<.01; r = -.32, p<.01), and ate until uncomfortably full (r = .24, p<.01; r = -.30, p<.01). All EBBQ belief items are also correlated with EDI-3 and negatively correlated with IES. This study provides preliminary convergent validity of the EBBQ. Future research is needed to determine if direct treatment of EBBQ identified targets is effective in subclinical ED populations in which hunger and satiety cues are more normal relative to populations with more severe ED pathology.

Learning Objectives:

- Describe that distrust in one's bodily cues of hunger and fullness, and lack of eating in accordance to these cues, are linked with eating pathology.

- Assess for specific intuitive eating inconsistent beliefs and behaviors & measure them over the course of a weekly Health at Every Size consistent treatment with the EBBQ.
- Explain how EBBQ beliefs and behaviors may be able to be directly targeted with future treatments for subclinical eating disorders.

F34
The Factor Structure of the Eating Disorder Examination-Questionnaire in Japanese University Students
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The purpose of this study was to evaluate the factor structure of the Eating Disorder Examination-Questionnaire (EDE-Q 6.0 Japanese version) in Japanese university students. A total of 1440 students (1179 females, 261 males) were assessed with the EDE-Q. We used exploratory factor analysis to examine the factor structure of the EDE-Q. The results suggested that three-factor model provided the best fit to the data. In particular, the Weight Concern and Shape Concern items appear to combine in one factor rather than in two separate ones. For the female and male students, exploratory factor analysis resulted in similar three-factor solutions. For the total sample, the three-factor solution explained 59.98 % of the total item variance. When the number of components was set to three, the first component included ten of the 12 Weight and Shape Concern items focused on attitudinal and cognitive aspects of a negative body image. The second component included five Restraint items concerned with behavioral aspects of dietary restriction. The third component included one Weight and Shape Concern and three of the five Eating Concern items focused on cognitive symptoms of eating disturbances. These findings provide partial support for the theorized EDE-Q subscales, but it appears that the Weight Concern and Shape Concern items may contribute to a single factor. These suggested that separating shape and weight may not be a meaningful distinction for Japanese university samples. Further investigations are needed to examine the factor structure of the EDE-Q in clinical as well as non-clinical samples. In addition, exploration of the comparison with the Japanese and the Western samples should be conducted.

Learning Objectives:

- Evaluate the factor structure of the EDE-Q.
- Describe the three-factor model provided the best fit to the data.
- indicate that separating shape and weight Concern may not be a meaningful distinction in EDE-Q.

F35
Diagnosis of PTSD in an Eating Disorder Center: A Comparison of the Posttraumatic Stress Disorder Checklist (PCL-S) and Clinician Diagnosis

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Although studies have examined the prevalence of trauma and PTSD in eating disorder (ED) populations, the number of clinical settings studied remains limited. In addition, there is a lack of research on the concordance between scores on the well validated Posttraumatic Stress Disorder Checklist-Specific version (PCL-S) and “real world” clinician diagnosis in ED samples. Lastly, since many clinical settings do not routinely screen for PTSD using gold standard structured interviews, it is important to determine if clinicians may be missing possible PTSD comorbidity, which often is associated with significant shame and avoidance. This study investigated the agreement between PTSD when diagnosed by a clinician and scores on the PCL-S. As part of an ongoing effort to bridge the gap between research and clinical practice, we used a purely clinical sample of 102 patients who received treatment at an intensive outpatient treatment program for EDs. Upon entry to the program, patients completed the PCL-S as part of a battery of measures and attended a clinical intake evaluation. We found that 19.6% of patients were diagnosed with PTSD by the clinicians. PCL-S scores with a cutoff of 47 indicated that 39.2% of patients met criteria for PTSD and this increased to 53.9% with a 40 cutoff score. Using a cut off score of 47, 26.5% of patients met criteria for PTSD based on the PCL-S, but were not diagnosed by the clinician; 6.9% were diagnosed by clinician and not the PCL-S. Using a cutoff score of 40, 37.3% of patients met threshold on the PCL-S but were not diagnosed by the clinician; 2.9% were diagnosed by the clinician without being identified by the PCL-S. Assuming the PCL-S provides more accurate reflection of PTSD symptomatology in ED patients compared to a relatively unstructured clinical evaluation, these findings highlight a need for structured clinical interviews and use of well validated questionnaires to fully assess the possibility of PTSD in ED clinical samples.

Learning Objectives:

- Evaluate the concordance between clinician PTSD diagnoses and validated screening instrument.
- Explain the level of PTSD in an Eating Disorder clinical sample.

- Explain why structured assessment of PTSD may be important in a clinical ED population.

F36

The Development of Emotional Go-No/Go Task to Measure Behavioral Impulsivity in Eating Disorder Patients

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Several studies have found that impulsivity differentiates eating disorder (ED) patients from healthy controls and between ED diagnoses themselves. Usually self-report measures are used in studies but they may rather reflect erratic eating behavior in ED patients than trait impulsivity. The main purpose of this study was to create an emotional Go-No/Go task to assess behavioral impulsivity in ED patients and test whether it could differentiate ED patients from each other and from healthy controls. The sample consisted of 26 women, of those 8 were diagnosed with anorexia nervosa binge/purge subtype (AN-P), 9 with bulimia nervosa binge/purge subtype (BN-P) and 9 were healthy controls. The emotional Go-No/Go task with pictorial stimuli (food, body and neutral stimuli) and Time interval production task were administered at the beginning of the inpatient treatment. Reaction time (RT) was measured and commission and omission errors were recorded. Also the BIS-11, DII, and MÅDRS were administered. Self-report measures of impulsivity did not differentiate AN-P and BN-P patients from one another or the healthy controls. In contrast behavioral tests were able to differentiate AN-P and BN-P patients from healthy controls and themselves. In the Go-No/Go task the RT was slowest in BN-P patients compared to AN-P patients and healthy controls, latter showing the fastest RT. BN-P patients made more errors compared to AN-P patients reflecting difficulties in behavioral inhibition. The results remained significant when depression scores were entered as covariates. In time interval production task AN-P patients produced shortest time intervals, followed by BN-P and healthy controls, the latter showing the longest time intervals. Results of this study show that AN-P, BN-P patients and healthy controls exhibit differences on behavioral impulsivity and the constructed emotional Go-No/Go task serves as a useful tool to assess behavioral impulsivity.

Learning Objectives:

- Describe the development of emotional Go-No/Go Task.
- Use emotional Go-No/Go task to measure behavioral impulsivity.
- Contrast self-report and behavioral impulsivity measures in ED patients.

F37

Diagnostic Crossover in Patients Treated at a Specialized Center in Brazil

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Crossover between ED diagnosis is common and challenges the classificatory systems. The objective of this study is to investigate changes to the diagnosis at 2-3 or 4-5 years of follow-up in people with ED. A sample of 91 patients seen at a specialized center in Brazil were evaluated using the EDE-16.0 for diagnosis at follow-up, and the Structure of Clinical Interview for DSM-IV (SCID-I/P; ED module: AN, BN and BED) and diagnosis based on clinical evaluation described in charts were used for past diagnosis. Diagnosis of an eating disorder not otherwise specified (EDNOS) was based on DSM-IV criteria. The majority of patients (90.11%) were women, with a mean age of 32.5 years (17-72 years old) and mean duration of illness of 12.7 years (SD=9.19). Approximately 37.36% (n=34) of patients changed diagnosis of ED since referred to treatment (considering patients with both periods of follow-up), with greater changes observed for those with an initial diagnosis of BN (51.51%). Forty percent (n=36) showed remission of the ED (higher in those with AN: 56.25%) and around 23% (n=21) maintained their initial diagnosis (mainly patients with EDNOS: 33.33%). None of the patients of AN had a history of BN. Only one patient with BED described a history of AN. It was found that crossover between ED diagnoses occurred in more than a third of patients, a percentage that is line with previous retrospective studies in the literature. This diagnostic instability of ED diagnosis raises concerns with limitations of existing classificatory systems and supports the need of identifying stable aspects of disorders to guide changes in definitions of ED categories in the future.

Learning Objectives:

- Tell about the manifestation of ED in Latin American population.
- Compare crossover between ED diagnosis.
- Evaluate implications of ED diagnosis instability.

F38

Are Common Measures of Dietary Restraint and Binge Eating Reliable and Valid in Obese Persons?

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Self-report eating disorder (ED) measures are widely used in obese populations and have become particularly important in helping to determine eligibility for bariatric surgery. However, because ED measures were developed and validated in primarily normal weight samples, it is unclear if the psychometric properties of these measures are equivalent in obese groups. The purpose of this study was to evaluate the reliability and validity of self-report measures of binge eating and dietary restraint in normal weight (NW; N=470) and overweight/obese (OvOb; N=274) individuals recruited from the community. Coefficient alpha and average interitem correlations were used to examine internal consistency reliability. Correlations between measures of dietary restraint and binge eating (EDI-3 Drive for Thinness and Bulimia, Restraint Scale, EDE-Q Restraint, DEBQ, and TFEQ) and measures of depression, anxiety, and substance misuse were used to determine if relationships between constructs were equivalent between groups. Significance tests were computed after Fisher's r- to z- transformation, with p-values set to .001. No significant differences between overweight and obese samples were found; thus, these samples were combined to maximize power. For the EDE-Q Restraint, EDI-3 Bulimia, and Restraint Scale, coefficient alpha was significantly lower in OvOb compared to NW participants. Across ED measures, there was a consistent underestimation of relationships between constructs in OvOb relative to NW groups. However, DEBQ Restrained Eating and TFEQ Cognitive Restraint scales were the most reliable and valid between samples, indicating these measures are ideal for assessing dietary restraint in OvOb persons. In conclusion, this study is one of the most comprehensive analyses of the reliability and validity of ED measures in OvOb individuals and is expected to improve future research and clinical assessment of ED behaviors in obese populations.

Learning Objectives:

- Describe the reliability of eating disorder assessments in normal weight vs. obese persons.
- Describe the limits to the validity of dietary restraint and binge eating measures in obese persons.
- Select the best measures of dietary restraint and binge eating for use with obese persons in clinical and research settings.

F39 Eating Disorders, Self-Esteem, and Sports Involvement in Female Adolescents: a Comparison Between the General Pediatric Clinic and the Eating Disorders/Adolescent Medicine Clinic

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An inverse relationship between eating disorder symptomatology (EDS) and self-esteem in adolescent populations has been established. Adolescents participating in athletics have higher self-esteem levels yet develop EDS at higher rates than non-athletes. This study evaluated self-esteem and sporting activities interrelationship with EDS in female adolescents. Were certain sports protective or contributory? The General Pediatric Clinic (GPC) was also evaluated for a subset of patients at risk for developing an eating disorder. Our study enrolled 144 females ages 12-18 years old from Penn State Hershey's GPC (81 participants) and the Eating Disorder/Adolescent Medicine Clinic (EDAMC) (64 participants). Three standardized surveys including the Rosenberg Self-Esteem Scale (RSE), the Body Self-Esteem Scale (BES) and Eating Attitudes Test (EAT-26) and a Sports Questionnaire created specifically for this study were used. Descriptive statistics were generated using data extracted from the aforementioned surveys. An inverse relationship between EDS and global self-esteem was found. Those with eating disorder diagnoses in the EDAMC were found to have improvement in global self-esteem on the RSE and their Weight Control and Physical Condition scores on the BES once their EDS became lesser than or equal to 20 on the EAT-26 survey. The largest differences between those with an EAT-26 scores > 20 in the EDAMC compared to the GPC were lower scores in Weight Control on the BES and higher scores in Dieting and Bulimia subcategories of EAT-26. 11.11% participants in the GPC were at risk for developing an eating disorder. Statistical analysis of the sports questionnaire did not yield any correlations between any particular sports in regards to RSE scores, any component of the BES survey or the EAT-26 score. Screening adolescent females ages 12 - 18 years old in the GPC with three questions would be able to identify 77.7% of those 'at risk' for an eating disorder in this population.

Learning Objectives:

- Understand the role of self-esteem and sports participation.
- Discover a set of questions that will help discover at risk individuals for eating disorders.
- Examine self-esteem and sports involvement between Eating Disorder and General Pediatric populations.

F40 Psychometric Properties of the Body Modification Scale in Adolescent Boys

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Several countries have noticed not only the adoption of body change strategies by males, but these may respond to different purposes: weight loss, weight gain and increase muscle tone or muscle mass. Nevertheless, instruments that

allow the assessing of these aspects in a differentially way are scanty. Therefore, the aim of the present study was to obtain the Spanish version of the Body Modification Scale (BMS), as well as to examine its psychometric properties in adolescent men. The first study included the translation, adjustment and piloting of the BMS; internal consistency and factor structure were evaluated with 270 adolescents (M age = 12.84); 171 of them participated in retest. The second study was conducted to prove, in an independent sample (n = 200; M age = 13.46), the adequacy of the factor structure derived from the original. The Spanish version of the BMS indicated to have adequate internal consistency (Cronbach's alpha = .88) and test-retest reliability (r = .80). The exploratory factor analysis derived initially four factors, showing conceptual overlap between two of them; therefore, was opted to replicate the analysis performing an extraction to three factors. These explained 44.1% of the variance, grouping 20 of the 24 original items. The loss weight and increase muscle tone or muscle mass factors showed adequate reliability (Cronbach's alpha > .86; r > .80), resulting substantially lower the weight gain factor (.63 y .74, respectively). The confirmatory factor analysis supported the adequacy of both structures; however the model here proposed showed a better fit. In general, the Spanish version of the BMS showed adequate psychometric properties in adolescent men, nevertheless, this should be corroborated not only in others ages, but also in women. Grant sponsor: UNAM-DGAPA-PAPIIT (IN305912) and CONACyT (131865-H).

Learning Objectives:

- Describe the psychometric properties of the Spanish version of an instrument aimed at assessing body change behaviors.
- Describe the reliability (internal consistency and test-retest) of an instrument aimed at assessing body change behaviors in adolescent boys.
- Assess the construct validity of the Scale of Body Modification, to derive its factor structure (exploratory factor analysis) and establish its suitability with confirmatory factor analysis.

F41 The Implicit Association Test for Body Image (IAT-BI): Development and Validation of a Tool to Assess Implicit Body Dissatisfaction

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Existing explicit measures of body dissatisfaction have been criticized for being subject to demand characteristics and being insensitive to state-level changes. In order to rectify these problems, some researchers have called for the use of implicit measures in the assessment of body image. The Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998) is a gold-standard tool for the assessment of implicit cognition. The IAT measures implicit or automatic congruency between constructs by assessing differences in reaction time latencies between pairings of target words and valence words. The current study responded to this gap in the literature by developing an IAT for body image (IAT-BI). The IAT-BI asks participants to categorize target words from the "self" schema with valence words related to "positive" and "negative" body image schemas. It was hypothesized that IAT-BI scores would be correlated with conceptually related measures (e.g., body dissatisfaction, restrained eating). Because IAT-BI scores should not be subject to demand characteristics, it was hypothesized that the scores would not be correlated with social desirability. Undergraduate students (N = 95) completed the IAT-BI and the following questionnaires: Body Shape Questionnaire (BSQ); Objectified Body Consciousness Scale (OBCS); Revised Restraint Scale (RS); Social Physique Anxiety Scale (SPAS); and Marlow-Crowne Social Desirability Scale (SDS). Consistent with hypotheses, the IAT-BI scores were significantly correlated with: BSQ; OBCS Body Shame subscale; and RS. IAT-BI scores were not correlated with SDS scores. These findings were taken as evidence of convergent and discriminant validity, respectively. The IAT-BI may be a valid measure of implicit body dissatisfaction, and may be a useful assessment tool in body image research in non-clinical samples. Future research should investigate its validity in clinical samples.

Learning Objectives:

- Describe the benefit of using implicit tools to measure body image.
- Explain the development and validation of the IAT-BI.
- Reflect on how they might incorporate implicit tools such as the IAT-BI into their own research.

F42 Picking and Nibbling: Prevalence and Associated Clinical Features in Bulimia Nervosa, Anorexia Nervosa and Binge Eating Disorder

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Picking and nibbling is a relatively recently reported eating behavior characterized by eating in an unplanned and repetitious manner in between meals and snacks, and related to poorer weight outcomes in weight loss treatments. However, clarification is still required regarding its clinical value in other eating disordered samples. The purpose of this study is to investigate the prevalence of picking and nibbling across different eating disordered samples as well as its association with psychopathological eating disordered features. Our sample is comprised of 259 binge eating disordered (BED) patients; 280 bulimia nervosa (BN) patients and 137 anorexia nervosa (AN) patients. Subjects were assessed before treatment with a face-to-face Eating Disorders Examination interview. Picking and nibbling was highly prevalent across the different samples: reported by 57.5% of the BN patients; 44% of the BED and 34.3% of the AN group of patients. No association was found between picking and nibbling and BMI, compensatory behaviors, binge eating or eating disorder psychopathological features. Research is still required to understand the core and associated features of this eating behavior. Picking and nibbling seems to be a non-normative eating behavior outside the spectrum of eating disorders that results in increased caloric intake. Thus, its clinical interest might be limited to weight loss programs as it appears to be associated with poorer outcomes.

Learning Objectives:

- Describe the prevalence of picking and nibbling across different Eating disordered samples.
- Describe the psychological features associated with picking and nibbling.
- Explore the clinical interest of picking and nibbling across different samples.

Epidemiology

F43 Impact of Different Diagnostic Criteria on the Proportion of EDNOS Cases: Evidence from Community Samples

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Eating Disorder Not Otherwise Specified (EDNOS) constitute the most common eating disorder among those seeking treatment at eating disorder facilities; they are even more common among persons with eating disorders the community. The purpose of the current study was to analyze the impact of applying different diagnostic criteria on prevalence of EDNOS. The revised diagnostic criteria proposed by the DSM-5 workgroup, and the broad categories for the diagnosis of eating disorders (BCD-ED) proposed by Walsh and Sysko were used to reclassify previously diagnosed EDNOS cases. The prevalence of eating disorders among female high school (n=2028) and university students (n=1020) was examined using DSM-IV criteria in two nationwide epidemiological studies. We used a two-stage design, administering a questionnaire in the first stage and an interview in the second stage. In the combined samples 118 cases of eating disorders (DSM-IV) were detected, of which 86 were diagnosed as EDNOS (72.9%). Application of the DSM-5 criteria reduced the number of EDNOS cases to 60 (50.8%) or to 52 (44%), when using a BMI <18.5 as cutoff for “significantly low weight” criterion in AN; with the use of BCD-ED criteria, only 5 (4.2%) cases of EDNOS remained. Proposed criteria set for DSM-5 substantially reduce the number of EDNOS cases. However, the BCD-ED scheme further reduces its proportion, almost eliminating it. The proposed BCD-ED scheme was also used as a framework to analyze EDNOS cases and their clinical characteristics.

Learning Objectives:

- Asses the impact on different diagnostic criteria on the prevalence of EDNOS.
- Characterise EDNOS cases.
- Assess the implications for clinical practice.

F44 Weight Status, Actual-Ideal Weight Discrepancy, Eating and Weight Control Behaviors: A Comparative Study Between French and U.S. Adolescents

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Over the past decades, a significant increase in the body mass index (BMI) of adolescents has been observed worldwide, and to a greater extent in North America compared to Europe. Yet, socio-cultural pressures to be thin remain prevalent,

and it is unclear how this conflicting environment impacts youths' self-perception of weight and related concerns. This study examined weight status, actual-ideal BMI discrepancy, weight and shape concerns, eating and weight control behaviors among French (N=1076) and U.S. (N=1456) adolescents, who completed the McKnight Risk Factor Survey and self-reported weight and height. BMI categories were defined according to international age- and gender-specific percentiles. Hierarchical regression analyses revealed significant country and gender effects for BMI categories ($\beta_{\text{country}}=.276, t=12.96; \beta_{\text{gender}}=.101, t=5.13, p<.01$), BMI discrepancy ($\beta_{\text{country}}=.098, t=4.20; \beta_{\text{gender}}=.289, t=12.88, p<.01$), and weight and shape concerns ($\beta_{\text{country}}=.066, t=3.43; \beta_{\text{gender}}=.474, t=28.44, p<.01$). Compared to the French, Americans had higher rates of obesity (15.9 vs. 6.6%) and overweight (18.9 vs. 8.0%), greater ideal BMI (M=21.77, SD=3.50 vs. M=20.10, SD=2.30), larger BMI discrepancy (M=1.26, SD=3.37 vs. M=0.59, SD=2.21), and more weight and shape concerns (M=2.30, SD=1.11 vs. M=2.19, SD=1.10). However, there were no country differences for unhealthy eating and weight control behaviors. Regarding gender differences, more males than females were in the higher BMI categories, while the usual female preponderance was seen for BMI discrepancy, weight and shape concerns, and all unhealthy weight control strategies. Identifying similarities and differences between countries on weight related variables should indicate prevention interventions specifically tailored to the health and cultural climate of each country, as well as help formulate hypotheses regarding the environmental factors which contribute to the etiology of eating and weight disorders.

Learning Objectives:

- Appraise differences in weight status between French and U.S. male and female adolescents.
- Compare actual-ideal weight discrepancy, weight and shape concerns, eating and weight control behaviors between French and U.S. male and female adolescents.
- Consider the implications of the study findings regarding etiology and prevention of eating and weight disorders in adolescents.

Personality & Cognition

F 45
Abnormal Visual Scanning Patterns in Body Dysmorphic Disorder and Anorexia Nervosa
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Anorexia nervosa (AN) and body dysmorphic disorder (BDD) both involve distorted self-perception and preoccupations with perceived physical defects. Perception may be influenced by visual scanning patterns. The purpose of this study is to compare visual scanning patterns in individuals with BDD and AN to those of healthy controls (HC). We hypothesized that individuals with AN and those with BDD would exhibit fixation patterns similar to HC for non-appearance stimuli, but would show a different pattern for disorder-specific appearance stimuli. We used an eye-tracking camera to record fixation duration while participants performed a matching task of photos of others' a) bodies, b) neutral faces, and c) houses. Twenty-two individuals with BDD, 15 with AN, and 16 HC participated. For body images, the AN group demonstrated significantly shorter, and the BDD group significantly longer, mean fixation duration relative to HCs. For faces, the BDD and AN group had significantly shorter fixation duration than HCs, and the BDD group had shorter duration than the AN group. For houses, the AN and BDD group had significantly shorter fixation duration relative to HCs, and the AN group had shorter duration than the BDD group. In the AN group, there was a trend for severity of eating disorders symptoms to negatively correlate with fixation duration for body stimuli. In the AN group, how much the body image triggered thoughts of own appearance showed a strong negative correlation with fixation duration. In sum, AN and BDD individuals demonstrate abnormalities in eye tracking patterns for appearance and non-appearance related stimuli, although they differ slightly from each other. Abnormally short fixation duration for the bodies stimuli in the AN group could be related to behavioral avoidance of viewing, due to the image triggering thoughts of their own appearance. Abnormal visual scanning may produce attentional biases and influence perception in these disorders of body image.

Learning Objectives:

- Describe basic similarities and differences in the phenomenology of anorexia nervosa and body dysmorphic disorder.
- Understand the patterns of abnormal visual scanning in individuals with anorexia nervosa and in those with body dysmorphic disorder, and how they relate to disorder-specific appearance concerns.
- Appreciate the possible implications of abnormal visual scanning patterns in relationship to perception, in these disorders of body image.

F46
The Impact of Meal Consumption on Emotion among Individuals with Eating Disorders

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Minimal research has examined how the act of eating a regular (non-binge) meal impacts post-meal emotion for individuals with eating disorders (ED). Understanding how meal consumption influences emotion may be especially important to determine potential precipitants of post-meal ED behaviors that may be directly influenced or maintained by changes in affect. The goal of this study was to investigate the impact of meal consumption on post-meal affective states for individuals with ED. Treatment-seeking participants (N=96) with heterogeneous ED diagnoses completed the State-Trait Anxiety Inventory, Positive and Negative Affect Scales, and Profile of Mood States measures immediately prior to and following meal consumption as part of treatment in an ED treatment program. Meal consumption was associated with significant decreases in anxiety ($t(14) = 2.2, p < 0.05$), negative affect ($t(14) = 3.50, p < 0.01$) and mood disturbance for individuals with BED ($t(14) = 3.03, p < 0.01$). Findings suggest that individuals with binge eating disorder (BED) have significantly different affective responses to eating that are not found in anorexia nervosa (AN), bulimia nervosa (BN), eating disorder not otherwise specified (EDNOS). The data suggest that changes in negative affect following meal consumption may be specific to certain ED diagnoses. These results suggest that the association between eating and subsequent emotions may need to be targeted differently in treatment depending on ED type, and that the function of emotion as a psychopathology maintenance mechanism may vary among ED diagnoses.

Learning Objectives:

- Assess the role of emotion in eating disorders.
- Compare differences in post-meal emotion observed between binge eating disorder and other eating disorder diagnostic groups (anorexia nervosa, bulimia nervosa, eating disorder NOS).
- Consider possibility that momentary emotion may act as maintenance mechanism for behaviors associated with eating disorders, and contemplate future implications this may have for future treatment development and prevention.

F47 Beyond Eating, Weight, and Shape: Understanding Anorexia Nervosa by Exploring Maladaptive Schemas

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Increasingly, more researchers are examining factors associated with the development and maintenance of anorexia nervosa (AN) that are not limited to eating, weight, and body shape in order to gain a more comprehensive picture of the factors contributing to AN. Some researchers have investigated Young's early maladaptive schemas (EMSs) and have demonstrated that EMSs may underlie the presentation of eating disorder (ED) pathology. Little research has examined the presence of EMSs in adolescent females clinically diagnosed with AN. The purpose of this study was to assess the EMSs reported by adolescent females with and without AN in order to develop a schema profile for adolescent females with AN. Thirty-six adolescent females with AN or subthreshold AN were recruited from outpatient hospital and private ED clinics in Melbourne, Australia. The community group comprised 111 female secondary school students. Participants completed measures assessing EMSs, adaptive and maladaptive personality and behavioural features, and general psychopathology. AN patients reported greater maladaptive schemas, general psychopathology, and behaviour problems than the community group. Two clinically distinct subgroups of AN patients also emerged and showed significant differences in EMSs. A significant proportion of the community group was identified as at-risk of an ED via an ED screen and reported similar levels of EMSs to the clinic patients. Six EMSs were found to be characteristic of AN in adolescent females. Identification of the EMSs that may be present in adolescent females with AN may assist in the development of a schema profile and may have implications for intervention, such as the potential use of schema-focused therapy.

Learning Objectives:

- Understand anorexia nervosa as it occurs in adolescent females from a perspective not limited to diagnostic criteria.
- Identify the maladaptive schemas present in adolescent females with anorexia nervosa.
- Consider the role of targeting maladaptive schemas in therapy with adolescent females with anorexia nervosa.

F48 Implicit Positive Associations and Selective Visual Attention Towards Thin Bodies- An Underlying Mechanism of Body Dissatisfaction

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Past research has shown that both male and female observers are biased to selectively attend more to thin bodies compared to heavy bodies. This attentional bias towards thin bodies is thought to underlie the maintenance and creation of body dissatisfaction. The current study assesses observers' automatic and unconscious evaluations of thin and heavy bodies to understand the implicit cognitive mechanisms driving attentional biases toward thin bodies. Utilizing the dot-probe task of attentional bias and an Implicit Association Task (IAT), the proposed study assesses automatic associations of positive/negative attitudes towards thin and heavy bodies as a function of observers' attentional biases and body dissatisfaction. Twenty-five male and 25 female students from Rutgers University completed the Body Shape Questionnaire-34 as a measure of their level of body dissatisfaction. Observers then completed a dot-probe task with images of heavy and thin bodies (same gender as the observer) to assess visual attentional biases. Observers also completed a standard IAT to measure negative/positive attitudes (good/bad) towards the same bodies presented in the dot-probe task. Response latencies recorded during the IAT were analyzed to measure implicit attitudes. Individuals who hold positive associations towards thin bodies tend to respond faster when thin bodies are paired with positive words. Individuals who display significant attentional biases towards thin bodies also hold strong positive associations towards thin bodies. The automatic associations underlying these attentional processes have important implications for the prevention and treatment of eating disorders and body dissatisfaction.

Learning Objectives:

- Assess the role of implicit associations in body dissatisfaction.
- Describe cognitive processes that underlie body dissatisfaction.
- Assess visual perceptual mechanisms that underlie body dissatisfaction.

F49
Dysfunctional Metacognitions in Individuals with Anorexia Nervosa, Dieters, and Non-Dieters
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Recent interest has turned towards the role of higher-level metacognitions in anorexia nervosa (AN). Preliminary evidence suggests individuals with AN have higher levels of dysfunctional metacognitions compared to controls (Cooper, Grocutt, Deepak, & Bailey, 2007; McDermott & Rushford, 2011). Interestingly, in line with the widely accepted notion of the importance of control-related issues in maintaining AN (e.g., Fairburn, Shafran, & Cooper, 1999), the two control-related metacognitions measured by the Metacognitions Questionnaire (MCQ-30; Wells & Cartwright-Hatton, 2004), negative beliefs about the uncontrollability/danger of thoughts and the need to control thoughts, had the largest effect sizes (McDermott & Rushford, 2011). A limitation of existing studies was failure to control for potentially confounding factors of low weight, depression, and anxiety, which are associated with elevated levels of dysfunctional cognitions/metacognitions. Purpose of study: To compare metacognition in AN ($n = 110$), dieting ($n = 65$) and non-dieting ($n = 66$) community groups whilst controlling for BMI, depression and anxiety. Method: Data were collected through self-report measures. MANOVA, MANCOVA, and Tukey's post-hoc tests were conducted. Summary findings: Before controlling for covariates, the AN group had significantly elevated scores for all five subscales of the MCQ-30 compared to the two community groups ($p < .01$). After controlling for the covariates, significant differences were found to be confined to the two control-related metacognitive variables and cognitive self-consciousness ($p < .01$). The results indicate the disturbing extent to which individuals with AN are affected by metacognitive level control-related factors and cognitive self-consciousness, suggesting that these variables may have a role in the maintenance of AN. Metacognitive therapy (Wells, 2009) could be adapted for treatment of AN.

Learning Objectives:

- Recognise the importance of dysfunctional metacognitions in maintaining anorexia nervosa.
- Identify the specific dysfunctional metacognitions relevant to anorexia nervosa.
- Describe the relationship between dysfunctional metacognitions, anorexia nervosa, low weight, depression and anxiety.

F50
Threat-related Attention Bias in Anorexia Nervosa
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Threat-related attentional bias is evident in those with elevated anxiety. There is high co-morbidity between anxiety traits and disorders and eating disorders and it has been hypothesised that anxiety plays a central role in onset and maintenance of pathological eating behaviours. The purpose of this study was to examine threat-related attentional bias in participants currently ill with AN and healthy control participants. In addition, we examined the relationship between attentional bias, eating pathology, anxiety, depression, stress and emotional regulation. Forty-four healthy female control participants and

49 female outpatients with AN or Eating Disorder Not Otherwise Specified (EDNOS-AN) (mean BMI 16.49) completed a dot-probe task with threatening words. Participants also completed the Eating Disorder Examination Interview and Questionnaire, the Beliefs about Emotions Scale and the Emotional Regulation Questionnaire. Patients with AN showed elevated levels of anxiety. On the dot probe task, patients with AN consistently showed longer reaction times compared to healthy controls ($F(1)=5.31, p=0.02$) even after controlling for BMI. However, there was no evidence of increased threat-related attentional bias in AN patients compared to controls ($F(1,1)=1.43, p=0.23$). A negative attentional bias index (ABI), indicating an attentional bias towards threat, was found in 51% of AN participants and in 59% of control participants. The attentional bias index (ABI) was not correlated with any of the self-report measures. Taken together, these findings (longer reaction times and no differences in measures of attentional bias) could indicate that patients with AN approach the dot-probe task differently to healthy controls. They appear to react more slowly and more carefully perhaps to avoid errors, which could conceal an attentional bias effect. Methodological limitations of the dot-probe task should also be considered.

Learning Objectives:

- Explain the role of threat-related attentional bias in anxiety.
- Describe the evidence for threat-related attentional bias in anorexia nervosa.
- Explore potential methodological limitations of the dot-probe task in patients with anorexia nervosa.

F51

The Prevalence of Personality Disorders in Patients with Eating Disorders

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Personality disorder (PD) in individuals with eating disorders (ED) is partly a consequence of the chronic symptoms of ED and the improvement of ED produces changes in personality. The purpose of our study is to evaluate the prevalence of PD in patients with ED attending in a Brazilian hospital. We conducted a cross-sectional study with 52 patients (14 with restrictive subtype of ED and 38 with purgative subtype of ED) of the Eating Disorders Program for Adults of Hospital de Clinicas de Porto Alegre. The patients were evaluated by symptomatic eating disorders rating scales (EAT-26, BITE and BSQ) and via the personality questionnaire SCID-II conducted by a trained clinician. In the total sample, 43.6% of patients had some PD of Cluster B (borderline, histrionic, narcissistic, antisocial), 36.8% had some PD of Cluster A (paranoid, schizoid, schizotypal), and 24.6% has some PD of Cluster C (avoidant, dependent, obsessive-compulsive). Twelve patients showed no PD, while some patients seem to show more than one PD. The high prevalence rate of PD in our ED sample may be associated with the chronic course of ED. Most of the patients had ED symptoms for over 10 years, which often affect the person's way of being and acting. The evaluation of the presence of PD in patients with ED may improve the predictive power in relation to the course and response to the treatment, allowing the development of more specific interventions. The present study will be continued for a future analysis of the magnitude of the interaction between changes in personality and symptoms of ED after treatment.

Learning Objectives:

- Describe the prevalence of personality disorders in patients with eating disorders.
- Evaluate the impact of eating disorders symptoms in the patient's way of being and acting.
- Reflect the implications of personality disorders in the course and treatment response of patients with eating disorders.

F52

Behavioral Impulsivity in Eating Disorder Patients Before and After Normalising Regular Eating Behavior

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Trait impulsivity as assessed by self-report questionnaires has been shown to have a small effect in predicting ED. However, behavioural indicators of impulsivity such as aggression and substance abuse have been shown to be better indicators of risk for the onset of ED. Moreover, malnutrition has been shown to exaggerate impulsive behaviour. The aim of the current study was to assess the effect of restored eating pattern on behavioral impulsivity, more specifically on behavioural inhibition, attentional difficulties and emotional bias to food and body related stimuli. Method. The sample consists of ED patients (recruited from inpatient unit) and healthy controls, so far 17 patients and 9 controls have been tested. The emotional Go-No/Go task with pictorial stimuli (food, body and neutral stimuli) was administered at the beginning and after the inpatient treatment. Reaction time was measured and commission and omission errors were recorded for each block. Also the BIS-11, Dickman Impulsivity Inventory (DII) and MÅDRS were administered. Results.

The preliminary results show that BN binge/purge patients are behaviorally more impulsive before and after the nutritional treatment in association to all presented stimuli as compared to AN-P patients and healthy controls. Interestingly AN binge/purge patients show reduced levels of impulsivity after the food restoration and do not differ from healthy controls. These effects remain significant when the effect of depression is controlled for. Conclusions. These results suggest that behavioral impulsivity has reduced due to stabilizing eating patterns in all ED subtypes but still refer to higher premorbid impulsivity in BN-P patients.

Learning Objectives:

- Assess the treatment effect on behavioural impulsivity.
- Describe different facets of impulsivity.
- Add knowledge on assessment methods.

F53

Set Shifting, Central Coherence and the Effect of Fasting in Eating Disorders

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This paper investigates whether set shifting, central coherence and indices of fasting differ between AN, BN and a Healthy Control (HC) group. Fifteen individuals with AN, 15 with BN and 15 HCs completed completed set shifting tasks (Trail Making Task; Brixton Test) and central coherence tasks (Group Embedded Figures Test; Local-Global Switching Task). Participants also completed the National Adult Reading Test to obtain an intelligence estimate. There was some evidence for set shifting difficulties in AN and BN, however anxiety, depression and obsessive compulsive symptomatology may have accounted for some of these. There was no evidence for central coherence impairments in AN or BN. Indices of chronic and acute starvation were not significantly correlated with set shifting or central coherence performance. It is important to replicate these findings with more accurate indices of starvation before conclusions can be drawn about whether set shifting and central coherence impairments are a consequence of starvation or a risk factor for eating disorders.

Learning Objectives:

- Assess the evidence for set shifting difficulties in eating disorders.
- Assess the evidence for central coherence difficulties in eating disorders.
- Understand the role starvation may play in accounting for neuropsychological deficits in eating disorders.

F54

Personality Traits Comparison Between Eating Disorder Patients and Their Healthy Siblings

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Despite the existence of numerous studies that describe the importance of personality traits in the genesis and maintenance of an ED, few studies have assessed the personality among patients with eating disorders and their healthy siblings. The aims of the present study were threefold: 1) analyze differences in symptomatology and general psychopathology among eating disorder (ED) patients and their sisters discordant for eating disorders, 2) identify differential personality vulnerabilities between ED patients and their healthy sisters and 3) identify predictors of developing an eating disorder. The sample consisted of 92 female participants (46 ED patients fulfilling DSM-IV-TR criteria for eating disorders vs 46 healthy sisters). All the ED patients were consecutively admitted to the Eating Disorders Unit, at the University Hospital of Bellvitge, and diagnosed according to DSM-IV criteria. The results showed significant differences in eating symptomatology and general psychopathology. In terms of personality traits, ED patients had higher Harm Avoidance ($p < .001$) and lower Self-directedness ($p < .001$) compared with their discordant sister. Finally, the results showed that having a history of obesity or overweight ($p = .027$), and specific traits of temperament (high scores on Harm Avoidance; $p = .025$) and character (low Self-directedness; $p = .009$) were associated with the development of an ED. These findings allow to conclude that the combination of non-shared environmental factors such as obesity with specific vulnerabilities of personality, influence the subsequent emergence of an eating disorder.

Learning Objectives:

- Analyze differences in symptomatology and general psychopathology among eating disorder patients and their sisters discordant for eating disorders.
- Identify differential personality vulnerabilities between ED patients and their healthy sisters.
- Identify predictors of developing an eating disorder.

F55
Executive Functions and Olfactory Functioning in Extreme Eating/Weight Conditions: from Anorexia Nervosa to Obesity

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Several studies have described olfactory alterations and executive dysfunction in extreme eating/weight conditions (EWC), such as anorexia nervosa (AN) and obesity (OB). The orbitofrontal cortex (OFC) appears to be simultaneously implicated in olfactory and executive processing. However, there is a lack of data concerning olfaction and its connections with executive functions in the OFC in EWC. The present study aimed at exploring the links between olfaction and executive functions in EWC (AN and OB), using three tasks of comparable difficulty, one known to rely on OFC processing (Iowa Gambling Task-IGT), and two not associated with this area (Stroop Colour and Word Test-SCWT and Wisconsin Card Sorting Test-WCST). 35 AN patients, 45 OB subject and 134 healthy controls took part in an experiment evaluating olfactory abilities ("Sniffin' Sticks" test) and executive functioning (WCST; SCWT; and IGT). All participants were female, aged between 18 and 65 years. A consistent pattern of significant correlations was found between the IGT and high-level olfactory performance ($R=.58; p<.01$). Indeed, IGT index score was significantly correlated in both groups (AN and OB) with high-level olfactory task, namely odour identification ($p<.01$). No correlations were found between SCWT results and olfactory performance (threshold; $p=.59$, discrimination; $p=.41$; identification; $p=.82$), nor between WCST and olfactory functioning (threshold; $p=.31$, discrimination; $p=.63$; identification; $p=.45$). Our results suggest that decision making abilities, but not inhibition response and cognitive flexibility, seems to be associated with olfactory functioning in EWC. These results strongly support the hypothesis that olfactory and decision making measures have a common neural substrate in OFC, and suggest that olfaction could become a reliable cognitive marker in EWC. In addition, it underlines the need to consider these olfactory and executive functioning impairments in a clinical context.

Learning Objectives:

- To explore the links between olfaction and executive functions in extreme eating/weight conditions.
- To study whether olfactory functioning and executive dysfunction in extreme eating/weight conditions might have a common neural substrate in orbitofrontal cortex.
- To investigate whether olfactory functioning could become a reliable cognitive marker in extreme eating/weight conditions.

F56
Thought Suppression of Food Mediates the Relationship between Avoiding Food and Binge Eating
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When instructed to suppress thoughts about chocolate, people consume more of it (Eskrine et al., 2010; Johnston, et al., 1997; Eskrine, 2008). While previous studies have examined thought suppression in a laboratory setting, the main goal of this study is to examine if thought suppression mediates the relationship between restriction and bingeing. Participants are (n=100) Hofstra University students. All measures were completed online and include: Eating Attitudes Test (EAT-26; Garner et al., 1982), Food Thought Suppression Inventory (FTSI; Barnes et al., 2010), Multiaxial Assessment of Eating Disorder Symptoms (MAEDS; Anderson et al., 1999), and Eating Beliefs and Behaviors Questionnaire (EBBQ; Deliberto, et al. in preparation). A bootstrap (resampling) method is used to test the statistical significance of indirect effects (Preacher & Hayes, 2008), examining if thought suppression of food (FTSI total score) mediates the relationship between restriction and binge eating. There was a statistically significant total indirect effect of FTSI score on the relationship

between avoidance of food (MAEDS Avoidance Scale) and bingeing (MAEDS Binge Scale; estimate = .22; bias corrected [BC] 95% CI .01, .35). There was also a statistically significant total indirect effect of FTSI score on the relationship between dieting (EAT-26 Diet Subscale) and MAEDS Binge Scale (estimate = .31; bias corrected [BC] 95% CI .19, .45). Lastly, there was a statistically significant total indirect effect of FTSI score on the relationship between maladaptive weight loss beliefs (EBBQ Weight Loss Beliefs Subscale) and MAEDS Binge Scale (estimate = .27; bias corrected [BC] 95% CI .16, .42). Results indicate suppressing thoughts of food mediates the relationship between diet behavior / mentality and bingeing. While data are cross sectional, this study contributes to the understanding of cognitive processes in EDs. This may inform interventions aimed at decreasing suppression.

Learning Objectives:

- Describe how suppressing thoughts about food accounts for the relationship between avoiding foods and bingeing.
- Describe how suppressing thoughts about food also accounts for the relationship between endorsing the efficacy of weight loss strategies and bingeing.
- Consider both assessing for thought suppression in treatment and employing mindfulness techniques for coping with food-related thoughts.

F57
Do Alexithymia and Worry Increase Cognitive Inflexibility in Patients with Anorexia Nervosa?
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It is striking that patients with anorexia nervosa (AN) are often reluctant to engage in treatment (in which weight gain is often a central feature) despite their serious physical and psychological consequences and severely diminished quality of life. Growing evidence suggests that an inflexible thinking style is an important factor contributing to reduced treatment engagement. A number of processes have been identified relating to this inflexibility, for example difficulties in set-shifting and seeing the bigger picture, but also recurrent thinking processes (e.g worry) and broader affective processes (e.g. emotion processing). The interplay between these processes and their contribution to eating disorder pathology however remains unstudied. This study investigates relationships between emotion processing (e.g. alexithymia), worry and cognitive inflexibility and their contribution to eating disorder pathology in a sample of AN patients. Secondly, differences between individuals with restrictive subtype AN and binge-purge subtype AN will be explored. Sixty-five adult patients with anorexia nervosa were assessed on measures of depression (Becks Depression Inventory), anxiety (Spielberger Trait Anxiety Inventory), alexithymia (Toronto Alexithymia Scale), worry (catastrophising worry interview) and cognitive inflexibility (Wisconsin Card Sorting Task and the Rey Complex Figure Test). Clinical data such as BMI, ED severity, age of onset, duration of illness and medication were also collected. Data collection was completed in January 2013, results will be presented at the AED 2013 for the first time.

Learning Objectives:

- Comprehend the definition and potential impact to daily life of inflexible thinking styles in anorexia nervosa.
- Distinguish different relevant affective processes for anorexia nervosa.
- Assess the importance of the interplay between affective processes and cognitive inflexibility in anorexia nervosa and its clinical implications.

F58
Variability in Binge Eating Frequency in Bulimia Nervosa and Binge Eating Disorder: It Depends on Neuroticism and Affective Lability
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Neuroticism describes the tendency to have strong negative reactions to stress and has been associated with eating disorder (ED) symptom severity. Likewise, affective lability has been noted to drive fluctuations in binge eating (BE) episodes. Although BE occurs in both binge eating disorder (BED) and bulimia nervosa (BN), it is unknown whether BE fluctuations are related to the same factors across these disorders. This study aimed to evaluate the differences of BE fluctuation between BED and BN. Individuals with BED (n=26) and BN (n=46) from the community completed the Eating Disorder Examination-Questionnaire (EDE-Q) and the Big Five Personality Inventory (BFI) at baseline and reported negative affect via the Positive and Negative Affect Schedule and frequency of BE for 12 consecutive weeks, prospectively. Multiple regression analysis indicated the presence of two 2-way interactions (p<.05) after controlling for age, body-mass index, and binge eating frequency. Individuals with BED who experienced high variability in negative affect experienced the most variability in BE frequency, whereas the frequency of BE in individuals with BN was not as strongly related to negative affect variability. Similarly, individuals with BED who scored high on neuroticism experienced the most

variability in BE frequency. Interestingly, individuals with BN who were high on neuroticism did not report greater variability in BE than those who were low. These findings illustrate unique differences in BE fluctuations between BN and BED and highlight the importance of addressing mood fluctuations, and the tendency toward negative moods, in the treatment of individuals with EDs, especially BED.

Learning Objectives:

- Assess distinctions in binge eating fluctuations between binge eating disorder and bulimia nervosa.
- Describe the association between neuroticism and negative affect lability with binge eating fluctuations in binge eating disorder. Implications for treatment.
- Describe the association between neuroticism and negative affect lability with binge eating fluctuations in bulimia nervosa. Implications for treatment.

F59

Neuropsychological Phenotypes in Patients with Eating Disorders

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This study aims to examine sensitivity to change in cognitive style (i.e., global/local processing) as a function of treatment across eating disorders (ED). Thirty participants between the ages of 12-60 (15 with ED diagnoses, 5 of which are currently enrolled; and 15 matched controls) will be administered a neuropsychological battery and given self-report measures of body mass index (BMI), eating behavior (Eating Disorder Examination-Questionnaire Version-4, EDE-Q), emotional regulation (Difficulties in Emotional Regulation Scale, DERS); body preoccupations and severity (Yale-Brown-Cornell Eating Disorder Scale, YBOCS-ED) body behaviors and checking (Body Checking Question, BCQ), and questions regarding body shape (Body Shape Questionnaire, BSQ) at the beginning of treatment (Pre-) and 6 months later (Post-). Such neuropsychological measures will include: A measure of intellectual ability (Wechsler Abbreviated Scale of Intelligence (WASI), verbal memory (Hopkins Verbal Learning Test-Revised, HVLT-R); visuospatial memory (Brief Visuospatial Memory Test-Revised, BVMT-R) and two tests of executive functioning (Delis Kaplan Executive Functioning System, D-KEFS; and Trails A/B). A mixed-effects model will be used to examine the change in neuropsychological symptoms pre-post treatment, changes in eating disorder symptoms will be tested as individual time-varying covariates, and ED diagnosis, Age, Gender will be examined as predictors of change. Persistence of specific cognitive styles has been implicated in the development, maintenance and relapse of eating disorder pathology and such findings could help illuminate new treatment targets for individuals with eating disorders showing deficits in these areas.

Learning Objectives:

- This study aims to examine sensitivity to change in cognitive style (i.e., global/local processing) as a function of treatment across eating disorders (ED).
- To examine if a unique subset of eating disorders will emerge characterized by weak central coherence.
- To assess if central coherence increases with treatment and if potential predictors of phenotypes may include BMI, severity of body image disturbances, as well as symptoms of eating disturbances.

Risk Factors of Eating Disorders

F60

Is Shame to Blame? Differences in Disordered Eating Across Weight Categories

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Numerous studies have confirmed that body shame is a mediating variable connecting self-objectification and self-surveillance to disordered eating outcomes. To date, none of the research in this area has examined the effect of weight category on these variables. Weight category is an important variable to consider due to the fact that body shame is theorized to result when a woman's body departs from cultural ideals of beauty. The current study examined self-objectification and body shame as moderators of disordered eating in women of different weight categories (i.e., underweight, normal weight, overweight, and obese). Female undergraduates (N = 604; M = 21.6 years-old) completed measures of body shame, self-objectification, and disordered eating online. ANOVA results revealed that weight category had a significant effect on disordered eating, $F(3, 600) = 27.65, p < .001$. Women in the underweight (M = 1.78, SD = 1.03) category reported lower levels of eating pathology than women in the other weight categories. Women in the normal weight (M = 2.62, SD = 1.27) category reported higher levels of eating pathology than the underweight group, but significantly lower levels than the overweight (M = 3.41, SD = 1.24) and obese (M = 3.65, SD = 1.40) groups. Moderation analyses revealed that body shame, but not self-objectification, significantly moderated the relationship between weight category and disordered eating, such that women in the normal weight to obese categories displayed elevated levels of

disordered eating at high levels of body shame. These findings suggest body shame may be a contributing factor in the development of more severe eating pathology. Implications for prevention and shame-based public health campaigns (e.g., Blue Cross and Blue Shield's Today is the Day campaign) will be discussed.

Learning Objectives:

- Describe differences in disordered eating between women of different weight categories.
- Describe the moderating effects of body shame on disordered eating among weight categories.
- Identify implications of findings for shame-based public health campaigns.

F61 The Moderating Role of Depression on the Relationship between Eating Disorders Symptom Level and Treatment Motivation in Individuals Diagnosed with Anorexia Nervosa and Bulimia Nervosa in a University Hospital in Istanbul

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The prevalence of eating disorders (EDs) is increasing in Turkey with a percentage of 2.3 as reported in 2011. Drop-out rates are high, and almost 50% of the cases receiving treatment experience either only partial or no remission. From this stance, treatment motivation (TM) as postulated as the stage of readiness for treatment in Transtheoretical Model of Change (TTM) is proposed to be an underlying factor. According to TTM, advances in treatment is expected only if the individuals receive treatment modalities that fit their stage of TM which shows moderate to strong correlations with period of hospitalization, weight gain, level of eating disorder symptoms and maintenance of recovery. On the other hand, depression which is frequently observed in EDs is related with TM. This study attempts to highlight the degree of change in the relationship between ED symptom level (EDSL) and TM as a function of depression in individuals diagnosed with Anorexia Nervosa (AN) and Bulimia Nervosa (BN). Participants were 75 women with either AN (n=44, mean age=24.1, acute phase=27%, partial remission=43%) or BN (n=31, mean age=28.2, acute phase=39%, partial remission=51%). All filled out the Turkish versions of Eating Disorders Examination Questionnaire, Beck Depression Inventory and AN/BN Stages of Change Questionnaire. As expected, level of TM increased with advances from acute to full remission. On the other hand depression moderated the relationship between EDSL and TM for BN group, but not for AN group; for participants with BN who were low in depression, there was a strong negative relationship between EDSL and TM, for those with high depression this relationship was weak; decreases in symptom levels did not end up with increases in TM. This result suggests that depression should be a primary focus for BN patients as it is a stronger risk factor for individuals with BN with respect to TM.

Learning Objectives:

- Introduce and discuss the concept of treatment motivation as a crucial factor for the choice of treatment modality in eating disorders
- Elaborate the differences between Anorexia nervosa and Bulimia Nervosa in terms of predictors of treatment motivation
- Discuss the role of depression as a risk factor for treatment motivation in Bulimia Nervosa

F62 Maternal Anxiety, Overprotection and Anxious Personality as Risk Factors for Eating Disorder: A Sister Pair Study

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Using a sister-pair design, we aimed to investigate the role of maternal anxiety in pregnancy, and parental overprotection as risk factors for Anorexia Nervosa (AN) and Bulimia Nervosa (BN). We were also interested in investigating anxious personality traits in patients with AN and BN compared to their sisters, and their possible association to overprotection. One-hundred-and-fifty-seven females (Anorexia Nervosa=94; Bulimia Nervosa=63) and their healthy sisters from four European centers were recruited. Data on temperament, childhood characteristics were obtained from cases and their sisters, and maternal anxiety and overprotection were obtained from retrospective parental report. AN women displayed anxious temperamental traits and higher level of separation anxiety in childhood. We found that mothers of women with

AN reported higher levels of anxiety during the index pregnancy ($p < 0.01$). The age at which women with AN were first left with another adult for a night was also higher compared to their sisters (respectively medians: 12 (Range: 1-120), 9 (Range: 1-96), $p < 0.05$). Maternal overprotection was independent of index daughter temperament. In conclusion, a relationship between maternal anxiety in pregnancy, parental overprotection and AN was identified. Separation anxiety and anxious temperament were also predictive of AN. This finding is suggestive of an association between AN and maternal stress and anxiety in utero and later overprotective care.

Learning Objectives:

- Disentangle the relationship between Eating Disorder and Anxiety Disorder.
- Understand differences in temperamental profiles of Sister-pairs discordant for Eating Disorder
- Understand the role of maternal characteristics and early environment in the genesis of Anorexia Nervosa

F63

Modeling the Relationship Between Serotonin Transporter Gene Promoter Region Polymorphism (5-HTTLPR), Adverse Life Events, Neuroticism, Anxiety and Eating Disorder Symptomatology

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Low treatment success for eating disorders and high mortality rate are some of the main reasons why it is important to learn more about risk factors. Research suggests that there are many different psychological, environmental and biological risk factors that are related to eating disorder symptoms. Yet, limited research has investigated the relationship and interaction between these factors and eating disorder symptoms. The aim of this study was to examine the effect of serotonin transporter gene promoter region polymorphism (5-HTTLPR), anxiety, impulsivity, neuroticism and adverse life events on abnormal eating behaviors among 25-year-old women. This study is based on ECPBHS (Estonian Children Personality, Behaviour and Health Study) older cohort data who participated in the study in 1998 (N = 593), 2001 (N = 417) and 2008 (N = 541). Participants filled out State and Trait Anxiety Inventory (STAI), Barrat Impulsiveness Scale (BIS-11), NEO-PI Estonian version, Eating Disorder Inventory-2 (EDI-2). The sample was genotyped for 5-HTTLPR. We performed path analysis using least squares method to show the associations between 5-HTTLPR, adverse life events, neuroticism and the moderating effect of anxiety and eating disorders. All the necessary assumptions for path analysis were met. The main finding of the current study is that the influence of neuroticism on eating disorder symptomatology is mediated mainly by trait anxiety. This study shows consistent effects of neuroticism through trait anxiety on bulimic symptoms, body dissatisfaction and drive for thinness. Neuroticism through impulsivity influences only bulimic symptoms. Trait anxiety can be seen as a stable trait predisposing people toward higher levels of eating disorder symptoms.

Learning Objectives:

- Describe the associations between serotonin transporter gene promoter region polymorphism (5-HTTLPR), anxiety, impulsivity, neuroticism, adverse life events and eating disorder symptomatology
- Describe the methods used to investigate moderation of genetic, environmental and psychological risk factors for disordered eating.
- Discuss the importance of trait anxiety as a stable trait predisposing toward higher levels of eating disorder symptomatology.

F64

A Systematic Review of Obstetric Complications as Risk Factors for Eating Disorder and a Meta-Analysis of Delivery Method and Prematurity

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Objective: The aim of this study was to systematically review the literature on obstetric factors at birth and their role as risk factors for a subsequent eating disorder (ED) and where possible to perform a meta-analysis of case-control studies of EDs and obstetric complications (OCs). **Method:** Studies were ascertained by computer searches of electronic databases (Medline, PsycINFO, Web of Science and CINAHL), searches of reference lists and from raw data obtained upon request from the authors. A total of 14 studies were identified for the systematic review, of which 6 were eligible for the subsequent meta-analysis. Of the selected 6 studies, 5 reported on the same OCs, namely vaginal instrumental delivery and prematurity. Accordingly, meta-analyses were run on these two variables. Both analyses were conducted on anorexia nervosa (AN) patients. **Results:** Findings from the systematic review were conflicting: with some reporting a significant relationship between OCs and ED diagnoses and/or ED symptomatology, while others refuting it. A non-significant association of instrumental delivery [pooled odds ratio (OR) 1.06, 95%CI: 0.69,1.65] and prematurity [pooled OR 1.17, 95%CI: 0.91,1.52] with AN was revealed for our meta-analysis. **Conclusion:** The current literature on OCs as risk factors for

a later ED is contradictory. The range of different occurrences considered as OCs and methodological limitations hinder ultimate conclusions. Upcoming studies should pool datasets together to obtain sufficient power to assess OCs and EDs in combination.

Learning Objectives:

- To gather more conclusive evidence regarding the size and direction of the association between OCs and EDs by undertaking a systematic review on the relationship between OCs and ED diagnoses and/or ED symptomatology.
- To assess the strength of the association between OCs and EDs through a meta-analysis across all suitable studies.
- To provide ideas for improvements for further studies on obstetric complications as risk factors for eating disorders.

F65 Weight-related Coaching Pressures and Disordered Eating in Male and Female Competitive University Athletes

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This study examines weight-related coaching pressures and disordered eating thoughts and behaviors. Competitive university athletes (432M,543F) were recruited to complete an online survey examining athletics and health. Predictors were both overt coaching pressures (OVCP: asked by coach to lose weight, prescribed a diet, or benched due to weight/body fat too high) and implicit coaching pressures (IMCP: team weigh-ins, team body fat monitoring, or team diets). OVCP and IMCP were scored 0-3 for total pressures reported and also dichotomized based on any pressures reported or not. Outcomes were Eating Disorder Exam Questionnaire (EDEQ) global and restraint scores, driven exercise, extreme weight control behaviors (EWCBs: purging, laxative/diet pill/diuretic use) and binge eating. 31% (130M,172F) of athletes reported OVCP (3:13.3%, 2:12.4%, 1:5.2%) while 27.3% (135M,131F) reported IMCP (3:1.6%, 2:6.2%, 1:19.5%). Athletes with higher OVCP scores had higher EDEQ scores (Global:M-3: 1.4 v 2: 1.1 v 1: 0.8 v 0: 0.8, $p<.001$, F-2.5 v 1.9 v 1.5 v 1.5, $p<.001$; Restraint:M-1.9 v 1.4 v 1.2 v 0.8, $p<.001$, F-2.5 v 1.9 v 1.4 v 1.4, $p<.001$). OVCP athletes reported more driven exercise in the past month (M-31.0% v 14.8%, $p<.001$; F-39.8% v 26.6%, $p=.003$). OVCP male, but not female, athletes reported more EWCBs ever (10.0% v 3.0%, $p=.004$) and binge eating in the past month (36.8% v 22.6%, $p=.004$). Male athletes with higher IMCP had higher EDEQ scores (Global Score: 1.0 v 1.1 v 0.8 v 0.7, $p=.003$, Restraint: 1.6 v 1.7 v 1.1 v 0.9, $p<.001$), while female athletes reporting more IMCP only scored higher on restraint (2.5 v 2.0 v 2.0 v 1.6, $p=.02$). Male IMCP athletes reported more driven exercise in the past month (34.6% v 12.9%, $p<.001$) and EWCBs ever (9.6% v 3.0%, $p=.008$), while females did not. IMCP was not associated with binge eating. Future research should focus on reducing overt coaching pressure in both male and female athletes, and further examine implicit coaching pressures in males.

Learning Objectives:

- Discuss overt and implicit weight-related coaching pressures in university athletes.
- Examine associations between weight-related coaching pressures and disordered eating thoughts and behaviors.
- Compare these findings in males vs females, with a focus on novel findings of elevated ED behaviors in males reporting higher levels of implicit coaching pressures.

F66 The Impact of Gender on the Manifestation of Impulsive Behaviors in the Presence of Trait Negative Urgency

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Trait negative urgency, the tendency to act rashly when distressed, has been shown to predict impulsive behaviors, including alcohol problems and bulimic symptoms (Fischer et al., 2012; Fischer et al., 2003; Fischer et al., 2008; Fischer et al., 2004). Past research has not examined gender differences in the manifestation of impulsive behaviors associated with trait negative urgency. The rate of alcohol problems and bulimic symptoms has been shown to be different across genders, in that males are more likely to report problems with alcohol and females are more likely to report disordered eating symptoms (Chartier et al., 2011; Hudson et al., 2007). The present study examined whether impulsive behaviors resulting from an individual's negative urgency is moderated by gender. More specifically, we were interested in whether males with trait negative urgency were more likely to experience alcohol problems, while females with trait negative urgency were more likely to report bulimic symptoms. Undergraduate college students from a midwestern university (n=1364) completed self-report measures using an online database. Self-report measures included the Bulimia subscale of

the Eating Disorder Inventory (EDI; Garner et al., 1984), the Rutgers Alcohol Problem Index (RAPI; White & Labouvie, 1989), and the UPSS Impulsivity Scale (Whiteside & Lynam, 2001). Analyses revealed a significant interaction between gender and negative urgency in predicting binge eating symptoms. More specifically, females with trait negative urgency were more likely to endorse binge-eating behaviors than males with trait negative urgency. Furthermore, a marginally significant interaction was found between gender and negative trait urgency in predicting alcohol problems, in that males with negative trait urgency were more likely to report alcohol problems than females. These findings offer a greater understanding of the differential manifestation of negative trait urgency between men and women.

Learning Objectives:

- Describe impulsive behaviors that result from negative urgency.
- Examine the relationship between trait negative urgency and the development of disordered eating.
- Examine the differential impact of gender on the manifestation of impulsive behaviors in the presence of trait negative urgency.

F67

Correlates of Compulsive Exercise Frequency in Bulimia Nervosa

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Compulsive exercise (CE) is exercise that one feels driven to undertake. Past findings suggest that CE is related to greater psychopathology in eating disorder samples than exercise that lacks this quality. However, our understanding of CE could benefit from further elaborating the specific aspects of eating disorder psychopathology that are associated with this behavior. The purpose of this study was to test for unique correlates of CE in bulimia nervosa (BN), purging type. A community sample of individuals with BN ($n=52$) completed the Eating Disorder Examination-Questionnaire, Thinness and Restricting Expectancy Inventory, Coping Inventory for Stressful Situations, and the Multifactorial Assessment of Eating Disorder Symptoms. A multiple regression analysis was conducted to account for the number of days over the past 4 weeks that participants engaged in CE. The overall model was statistically significant ($F(10, 51)= 7.98, p<.001$), explaining 58% of the variance in CE frequency. After controlling for BMI, depression, weight and shape concerns, and binge eating and purging frequency, higher levels of thinness and restricting expectancies ($\beta= .30, p<.05$), dietary restraint ($\beta= 2.18, p<.05$), and coping with stress through physical activity ($\beta= 5.93, p<.001$) were uniquely associated with more frequent CE. These findings indicate that CE is related to greater symptomatology in BN. Further, the perceived functionality of thinness and restriction and the tendency to cope with stress through physical activity may be important correlates of CE in BN, both of which may be related to the maintenance of the behavior and prove to be useful targets in psychotherapy.

Learning Objectives:

- Differentiate compulsive exercise from excessive exercise.
- Identify unique correlates of compulsive exercise in bulimia nervosa, purging type.
- Discuss and explore the potential benefits of targeting these correlates in treatment.

F68

Thin-Ideal Internalization and Self-Objectification in Girls: A Comparison between Mothers and Daughters

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Mother's body-related attitudes and behavior have been examined as a risk factor for their daughters developing body dissatisfaction and maladaptive eating habits, with research indicating that mothers who openly display body dissatisfaction with their own bodies around their daughters through negative body-related comments and behaviors are more likely to have daughters that also experience body dissatisfaction. Additionally, mothers who restrict their daughter's food intake because they do not want their daughter to be overweight or are actively trying to get their child to lose weight are more likely to have daughter's who experience eating disorder symptoms. Since research has identified mother's body dissatisfaction as a risk factor for the development of eating disorder symptoms in their daughters, and thin-ideal internalization and self-objectification have been identified as risk factors for the development of body dissatisfaction, the current study will examine these variables simultaneously within the mother-daughter relationship to explore mothers' influence on their daughters' levels of self-objectification and thin-ideal internalization. Participants for the current study will include 150 mothers and their 5 to 7-year-old daughters. Data collection is currently underway and is expected to be completed within the next three months. It is hypothesized that daughters whose mothers have high levels of self-objectification, thin-ideal internalization, body dissatisfaction, and eating disorder symptoms will be more likely to report engaging in these behaviors than daughters whose mothers have low levels of these behaviors. The information from this study can be used to develop prevention programs that educate mothers on ways to reduce their own and their daughters'

levels of self-objectification and thin-ideal internalization in an effort to reduce the risk for future onset of eating disorder symptoms.

Learning Objectives:

- Describe the role of self-objectification and thin-ideal internalization in the development of eating disorders.
- Assess and compare levels of thin-ideal internalization, self-objectification, body dissatisfaction, and eating disorder symptoms in mothers and their daughters.
- Understand ways to begin to develop prevention programs for mothers and daughters that target thin-ideal internalization and self-objectification in an effort to reduce body dissatisfaction and eating disorder symptoms.

F69
Effect of Gender Stereotypes on Eating Disorders Symptomatology: Identification of Mediator Variables
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The aim of this research was to evaluate the participation of gender stereotypes (self-description and discrepancy with the personal ideal) on prediction of eating disorders symptomatology (EDS), and the potential mediator role of psychological disadjustment. A sample of 310 college students, women and men aged from 17 to 34 years old ($M = 20.66$, $SD = 2.60$) completed measures of masculinity, femininity, anxiety, depression, self-esteem, body dissatisfaction, restrictive diet, binge eating and compensatory behaviors. Data analysis were performed based on three structural equation models, with an adequate fit for prediction of the EDS, being: for total sample ($R^2 = .23$, $\chi^2 = 61.03$, $df = 46$, $p = .07$), for women ($R^2 = .30$, $\chi^2 = 62.32$, $df = 49$, $p = .10$) and for males ($R^2 = .47$, $\chi^2 = 59.35$, $df = 51$, $p = .20$), the three of them with goodness fit index (NNFI, CFI and GFI) higher than .93 and less than .04 RMSEA. In all models, regarding to the direct predictive effects, it is highlighted the positive femininity (self-descriptive and discrepancy) and psychological disadjustment, as well as, the negative discrepancy masculinity. In men it was emphasized the positive predictive effect of psychological disadjustment. These findings are discussed based on the discrepancy hypothesis and on the superwoman's role, both linked to diseases characterized by body dissatisfaction and abnormal eating behavior. Grant sponsor: UNAM-DGAPA-PAPIIT (IN305912) and CONACyT (131865-H).

Learning Objectives:

- Evaluate the participation of gender stereotypes self-description on prediction of eating disorders symptomatology.
- Evaluate the participation of gender stereotypes discrepancy (self-description with the personal ideal) on prediction of eating disorders symptomatology.
- Analyse the potential mediator role of psychological disadjustment on prediction of eating disorders symptomatology.

F70
Eating Disorder Not Otherwise Specified (ED NOS) and Symptom Severity: Assessing the Correlation Between the Severity of an Eating Disorder and Suicide Risk
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The Eating Disorder not otherwise specified (ED NOS) diagnosis has become increasingly prevalent in outpatient and community mental health settings, yet, in comparison to Anorexia Nervosa (AN) and Bulimia Nervosa (BN) diagnoses, there is minimal research on the severity of symptoms, risk for psychological and medical complications, and prognosis for the ED NOS population. According to the minimal research on the ED NOS population, this group is still at significant risk for suicide and self-harm, and presents the same risk factors seen in AN and BN populations, including body dissatisfaction, weight control behaviors, and history of suicide attempts and self-injurious behaviors. The majority of the participants on The Menninger Clinic Eating Disorder Track (EDT) hold a diagnosis of ED NOS. We hypothesize that the patients with the ED NOS diagnosis that have higher Eating Disorder Risk Composite scores on the Eating Disorder Inventory III (EDI-3) will score higher on suicide items, based on the Beck Depression Inventory II (BDI-II), the Interpersonal Inventory 32 (IIP-32), and the Basis 24, thus suggesting greater suicidal ideation (suicidality). The subject sample would consist of approximately 50 female participants on the EDT who hold the ED NOS diagnosis and who have completed the EDI-3, the BDI-II, the IIP-32, and the Basis 24 at the point of admission to The Menninger Clinic. This presentation would contribute to the minimal and much needed body of research indicating the severity of risk within the ED NOS population and the need to thoroughly assess for eating disorder and suicide risk, as well as continually monitor for patient safety.

Learning Objectives:

- Recognize the degree of eating disorder symptom severity and suicide risk present among patients with ED NOS.
- Identify the correlation among Eating Disorder Risk Composite scores on the Eating Disorder Inventory III and scores on the Beck Depression Inventory II, the Interpersonal Inventory 32, and the Basis 24 present among ED NOS patients.
- Describe the need for thorough and ongoing assessment of eating disorder symptom severity and suicide risk among ED NOS patients, particularly those seeking treatment at an inpatient psychiatric facility.

Treatment of Eating Disorders

F71

Comprehensive Acute Management of Eating Disorders as Part of a General Psychiatric Milieu – Theoretical and Practical Considerations: Four Years of Experience from the Lindner Center of HOPE at the University of Cincinnati

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Eating disorders (ED) are difficult to treat and specialized care is often difficult to access due to geographic and financial barriers. Further, treatment provided away from home may not support behavioral changes that are sustainable upon return to the stressors and supports that were present during the development of the patient's illness. We propose a comprehensive inpatient treatment program designed to function within the milieu of a general acute psychiatric unit. This program provides specialized acute care to local patients with eating disorders. **Methods and discussion:** We collected descriptive data from 135 adult patients placed on the eating disorder treatment protocol from 2009 – 2012. These patients were treated on the general psychiatric unit at the Lindner Center of HOPE in Mason, OH. Patients were provided group therapies, Dialectic Behavioral Therapy (DBT) skills training, and case management services per standard inpatient services. Specialized eating disorder care was also provided according to the treatment protocol, adapted when needed to meet a patient's individual needs. We will present data which includes medical and psychiatric co-morbidities, BMI at admission and discharge, length of stay, and readmission rates, as well as general demographic information. We will present our treatment protocol and discuss its implementation. We will discuss education and training of staff, nutritional interventions, and tactics for medical management. Ideas about providing cost effective, consistent and individualized psychotherapeutic interventions will be shared. We will discuss the benefits and barriers to this model of eating disorders treatment and will share ideas for using similar strategies in other free-standing psychiatric hospitals.

Learning Objectives:

- Understand the rationale of building an acute eating disorders treatment program on a general psychiatric unit.
- Describe the benefits and potential pitfalls of this model of treatment.
- Evaluate how this model might be implemented at other acute psychiatric facilities.

F72

The Initial Outcomes of Implementing a DBT Based Milieu Therapy Program on an Inpatient and Residential Eating Disorders Unit

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Inpatient and residential eating disorder milieus can present treatment staff with challenging behaviors that can prolong treatment and lead to staff burnout. There is a lack of research in the area of milieu management specific to the treatment of eating disorders. Our treatment center has developed an innovative program that has had significant impact on decreasing the behavioral challenges specific to eating disorder milieus. The purpose of our study was to determine whether or not implementing a milieu therapy program based in DBT principles would result in a decrease in the behavioral challenges we were facing on our inpatient/residential units. Over a 2 year period, we experienced a significant rise in the need for 1:1 staff supervision for self-harm, purging behaviors, and other significant behaviors. During the same time period we also observed a dramatic rise in acute food refusal on our inpatient unit resulting in an increase in the need for tube feeding. These challenges resulted in the need to implement a new approach to manage these behaviors more effectively. This paper will look at the changes in inpatient and residential behavioral protocols and the impact it has had on the need for 1:1 staffing and tube feeding. We conducted a clinical pre-post trial over a 3 year period. Our subject sample consisted of 1722 patients who were admitted to our inpatient and residential programs during that time. Data on 1:1 staffing and tube feedings were collected on a daily basis. Our data has indicated that 1:1 staffing has decreased by 86.1% with similar findings in the need for tube feeding to address acute food refusal. In addition to the above data, we

will discuss the implications this has had on less severe behaviors such as refusing to attend programming, the need for nutrition replacements, other treatment interfering behaviors as well as how it has improved staff burnout.

Learning Objectives:

- Describe the DBT based milieu therapy program that was implemented.
- Explain key DBT interventions that were used in the residential milieu.
- Assess the outcome of the DBT interventions on measurable behaviors.

F73
Olanzapine Versus Placebo for Outpatients with Anorexia Nervosa: Who are the Participants?
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Anorexia nervosa (AN) is a life-threatening mental illness that is challenging both to treat and to study. Recruitment for clinical trials of AN, particularly those involving pharmacological interventions, has been notoriously difficult. We are currently conducting a five-year, five-site 16-week placebo-controlled trial of olanzapine for outpatients with AN. Having met recruitment targets for this clinical trial during its first two years, we have preliminary data regarding the characteristics of study participants. This study aims to examine the clinical and demographic characteristics of individuals with AN who have presented for participation in the olanzapine vs. placebo trial. Additionally, study participation including rates of participant withdrawal, dropout, and study completion will be presented. 539 individuals have been informed about the trial. 243 (45.08%) have expressed interest and have undergone a preliminary screen by phone. Of these 243, 114 (46.91%) have presented for an in-person evaluation, and 65 (26.75%) have been randomized to receive 16 weeks of olanzapine vs. placebo. 40 (61.54%) of the randomized participants have participated in at least 8 sessions. The average age of randomized individuals is 29.28 (SD = 11.25) years and their mean BMI at their baseline visit is 16.86 (SD = 1.08) kg/m². Overall, these data suggest that recruitment for an outpatient medication trial for acute AN is feasible, and that, once recruited, the participants are likely to remain in the trial for an extended period. Supported by NIMH (1R01MH085921) and Eli Lilly & Co.

Learning Objectives:

- Learn the evidence base for the examination of olanzapine versus placebo.
- Understand the factors that make it challenging to recruit and retain a sample of outpatients with anorexia nervosa.
- Describe a sample of patients in an outpatient medication trial for anorexia nervosa in terms of demographic and clinical variables.

F74
Pocket-Sized Therapy: A Case Series of Mobile Guided Self-Help in Bulimia Nervosa
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Research suggests that guided self-help (GSH) holds promise for the treatment of Eating Disorders (EDs; Perkins, Schmidt, & Williams, 2006), particularly for the treatment of bulimic symptoms (Wilson & Zandberg, 2012; Hay, Bacaltchuk, & Stefano, 2009). Thus, the aims of the present case series were twofold: first, to examine the feasibility and impact of GSH delivered via mobile technology in Bulimia Nervosa (BN), and second, to identify which components of the intervention were particularly liked, helpful, and acceptable to respondents. Eleven women diagnosed with BN received a 3-week mobile-based GSH intervention and completed standardized questionnaires to assess eating and mood symptomatology and readiness to change at baseline and post-intervention. The intervention included the use of 11 video-clips (“vodcasts”) targeting core aspects of eating disorders, a manual, and brief weekly guidance. Wilcoxon signed-rank tests comparing pre- and post-intervention measures indicated a significant improvement in eating disorder and mood symptoms post-intervention. There were trends for increased ratings of importance to change, but unexpectedly, decreased ratings of confidence to change post-intervention. The vodcasts that explained and encouraged the use of behavioral strategies to reduce binge eating/purging and those that targeted interpersonal problems were rated as the most helpful. Participants reported that the vodcasts resulted in increased awareness and practicality, but the imagery in the videos was rated as not particularly helpful for reinforcing attention and learning. Overall, the findings of this case

series support the acceptability, feasibility, and symptomatic impact of a mobile-based GSH intervention in BN. Further research may be helpful to clarify the role of confidence to change in the use and impact of GSH in eating disorders.

Learning Objectives:

- Describe the need for interventions targeting motivation and confidence to change in treating BN.
- Critically evaluate the use of mobile technology (including pragmatic and ethical considerations) in guided self-help interventions.
- Understand the acceptability and impact of a guided self-help mobile intervention for women with Bulimia Nervosa.

F75

The Role of Parent Therapeutic Alliance in Family Based Treatment for Adolescents with Anorexia Nervosa

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Therapeutic alliance (TA) has been shown to be an important predictor of outcome in psychotherapy treatments, but few studies have examined the role of TA in the treatment of eating disorders. Family Based Treatment (FBT) is empirically supported as a treatment for adolescents with anorexia nervosa (AN). FBT asks parents to be responsible for their child's weight restoration; thus parental agreement with the tasks and goals of therapy, and alignment with the therapist are proposed to be important. The current study examined TA between therapists and parents participating in FBT. We hypothesized that early parent alliance would be a predictor of outcome. In order to examine parent alliance in FBT, independent observers rated audiotapes of full-length early therapy sessions from a randomized clinical trial using the Working Alliance Inventory-Observer Version (WAI-o). Early parent alliance was examined as a predictor of recovery (defined as weight >95% of expected mean BMI percentile for age/height/gender and Eating Disorder Examination global score with 1 SD of community means) at the end of treatment (EOT). Although TA in parents in families being treated with FBT was high ($M=5.37$, $SD=1.17$) TA did not predict recovery status at EOT. Secondary analyses demonstrated that parent TA scores were significantly higher than those of their children with AN (Child: $M=4.13$, $SD=.97$, $p<.01$), while mothers and fathers had similar alliance scores (Father: $M=5.65$, $SD=1.11$; Mother: $M=5.57$, $SD=1.28$, $p=.26$). However, differences in TA between parents and their children also was not predictive of recovery. While TA with parents is strong in FBT, it does not appear to be a specific variable supporting clinical change with this treatment.

Learning Objectives:

- Describe the role of parent therapeutic alliance in Family Based Treatment for anorexia nervosa.
- Assess whether parent therapeutic alliance is a predictor of full remission from anorexia nervosa.
- Examine the differences in parent and child alliance scores, and the impact of having a difference in alliance scores between parents and adolescents on outcome.

F76

Autonomy Support from Other Group Members in Group Therapy for Eating Disorders Predicts Positive Treatment Outcome and Greater Autonomous Motivation for Treatment

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Self-Determination Theory (SDT) states that autonomous motivation (AM) for therapy exists when individuals view their participation as freely chosen. SDT further stipulates that AM may be developed in an autonomy supportive therapeutic environment, for example, when individuals perceive support from others as non-controlling and as recognizing their feelings. Past research demonstrates that greater AM across treatment was associated with posttreatment symptom reductions. Building on this, past research has also shown that greater perceived autonomy support (AS) from the group therapist led to better treatment outcomes in patients diagnosed with bulimia spectrum eating disorders (BSEDs). Since treatment for eating disorders (EDs) often involve a group therapy component, the present study aimed to build on past research to determine if AS from other group members was also associated with greater AM and positive treatment response. Women ($N=141$) diagnosed with BSEDs participated in multimodal group therapy and completed measures of AS (Health Care Climate Questionnaire), AM (Autonomous & Controlled Motivations for Treatment Questionnaire), eating (EAT-26; EDEQ) and comorbid (BASIS-32) symptoms at pre and post-treatment. Multiple regression analyses, covarying for hours of therapy, medication use, and relevant pretreatment scores, indicated that greater AS from other group members at posttreatment significantly predicted lower posttreatment scores on the EDEQ shape concerns scale and the BASIS-32 relationship to self and others scale. Moreover, greater AS from other group members at pretreatment was significantly associated with increases in AM at posttreatment. Results are consistent with SDT in that perceived AS

predicted therapy-associated reductions in eating and comorbid symptoms and were positively associated with AM. Results also lend further support to the utility of group therapy as a key component in the treatment of EDs.

Learning Objectives:

- Understand the connection between autonomy support and autonomous motivation as they apply to the treatment of eating disorders.
- Describe the role of autonomy support among members in group therapy with regards to supporting individual autonomous motivation.
- Describe the role of autonomy support among members in group therapy for eating disorders with regards to symptom reduction.

F77

Purging Frequency Following Treatment for Bulimia Nervosa: Does the Size of the Binge Matter?

Catherine Byrne, BA, The University of Chicago Eating Disorders Program, Chicago, IL, USA; Chelsea Bath, BS, The University of Chicago Eating Disorders Program, Chicago, IL, USA; Elizabeth K. Hughes, PhD, Department of Paediatrics, University of Melbourne, Victoria, Australia; Anna Ciao, MA, The University of Chicago Eating Disorders Program, Chicago, IL, USA; Daniel Le Grange, PhD, FAED, The University of Chicago Eating Disorders Program, Chicago, IL, USA

There has been extensive debate in the literature regarding whether patients make a distinction between objective binge episodes (OBEs) and subjective binge episodes (SBEs). Clinically, it appears that purging behaviors are driven by binges, whether they are OBEs or SBEs. The aim of the current study was to compare purging frequency following treatment in adolescents with bulimia nervosa (BN) who experienced primarily OBEs to those who experienced primarily SBEs. Participants were adolescents (N=67) with a diagnosis of BN or sub-threshold BN randomized to receive either family-based treatment or supportive psychotherapy for BN. Number of OBEs, SBEs, and purging frequency were assessed at baseline, end of treatment, and 6 months post-treatment. Participants with primarily OBEs (N=41) were those who endorsed having more OBEs than SBEs one month prior to baseline, while participants with primarily SBEs (N=26) were those who endorsed having more SBEs than OBEs one month prior to baseline. Purging frequency was calculated as the average of all methods of purging combined, including: self-induced vomiting, laxative use, diuretic use, and exercise. Baseline purging frequency was not significantly different between the two groups [(primarily OBEs M=48.0 (SD=27.2); primarily SBEs M= 49.8 (SD=43.4)]. Purging frequency decreased significantly from baseline to end of treatment for both groups and reductions were sustained through 6 month follow up. For the primarily OBE group, purging behaviors dropped to M=15.7 (SD=24.3) at end of treatment and M=18.7 (SD=27.5) at 6 month follow-up. For the primarily SBE group, purging behaviors dropped to M=17.0 (SD=27.1) at end of treatment and M=11.9 (SD=24.8) at 6 month follow-up. However, these reductions in purging frequency over time did not vary significantly between the two groups. The results suggest that treatment response in regards to purging is quite similar regardless of the size of a patient's binge.

Learning Objectives:

- Discuss whether or not size matters when determining a binge episode.
- Examine the effect of binge size on purging reduction throughout treatment for adolescent bulimia nervosa.
- Review the psychopathology associated with binge eating.

F78

Modeling Treatment Outcomes in Eating Disorders: Does Therapist Feedback Support Individually Tailored Service Allocation?

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Eating disorders are notoriously difficult and costly to treat, with only 40% of individuals with an eating disorder making a full recovery. Individually Tailored Service Allocation provides a dynamic treatment model defined by empirically accepted theory and consistently informed by data provided by the patient. The use of patient feedback allows for the tailoring of individual treatment plans to meet the unique and varied needs of each patient. Hierarchical Linear Modeling was used to examine the effect of Individually Tailored Service Allocation on eating disorder treatment outcomes. A total of 51 adult women meeting diagnostic criteria for an eating disorder participated in this study. Participants were randomly assigned to treatment as usual or individually tailored treatment groups. Changes in psychological dysfunction and distress were measured bi-weekly throughout the course of treatment using the Outcome Questionnaire 45. The results of this study indicate variability in levels of global psychological dysfunction (both within and between subjects) throughout the course of treatment appear to be the norm, rather than an exception, and this variability is related to eating disorder treatment outcomes. The choice of treatment methodology and level of Individually Tailored Service Allocation has the ability to drastically shift treatment outcomes.

Learning Objectives:

- Identify the need for individually tailored service allocation in eating disorder treatment programs.
- Identify underlying variables impacting eating disorder course and, subsequently, treatment outcomes.
- Describe the comorbidity of global psychological dysfunction and an eating disorder and assess the impact on treatment outcomes.

F79 Comparison of High Versus Low Pre-Treatment Shape Concerns On Binge/Purge Reduction Throughout Treatment In Adolescents With Bulimia Nervosa

Chelsea Bath, BS, BA, University of Chicago Medical Center, Chicago, IL, USA; Catherine Byrne, BA, University of Chicago Medical Center, Chicago, IL, USA; Kristen Anderson, MA, BA, University of Chicago Medical Center, Chicago, IL, USA; Elizabeth Hughes, PhD, Department of Pediatrics, University of Melbourne, Melbourne, Australia; Daniel Le Grange, PhD, MA, BA, FAED, University of Chicago Medical Center, Chicago, IL, USA

Shape Concern is one of four Eating Disorder Examination (EDE) scales used to track treatment progress for bulimia nervosa (BN). The purpose of this study was to compare the effects of high versus low baseline Shape Concerns on binge/purge reduction throughout treatment for adolescents. Participants were recruited between 2001 and 2005 by The University of Chicago and included 80 adolescents (mean BMI = 22.1kg/m²) between the ages of 12 and 19 who met DSM-IV criteria for BN. Participants were randomized to either Family-Based Treatment or Supportive Psychotherapy for 20 sessions over 6 months. The EDE was administered at baseline, end-of-treatment and 6-month follow up. Shape Concern scores at baseline were compared with scores for Subjective Binge Episodes (SBEs), Objective Binge Episodes (OBEs), vomiting, laxative use, diuretic use and exercise at baseline, end of treatment and 6-month follow up. Shape concern was considered high if participants scored >4 and low if participants scored <4 on the EDE shape concern scale. Fifty participants exhibited high Shape Concerns and 30 participants exhibited low Shape Concerns at baseline. In both groups, OBEs, SBEs, vomiting and exercise (and the summed variable of “all purging”) decreased significantly from baseline to end-of-treatment as well as from baseline to 6 months follow-up. No significant differences between Shape Concern groups were present for reduction in OBEs, SBEs, vomiting and “all purging” ($p > .05$). However, a significant difference was present between Shape Concern groups for reduction in exercise. The high Shape Concern group showed a greater decrease in exercise from baseline to end-of-treatment compared to the low Shape Concern group ($p < .05$). These results suggest that with the exception of exercise reduction, treatment progress for adolescents with BN is not affected by severity of shape cognitions at the beginning of treatment.

Learning Objectives:

- Assess the severity of shape related eating disorder cognitions in bulimia nervosa adolescents.
- Examine the effect of shape cognition severity on treatment progress for bulimia nervosa adolescents in terms of rates of reductions in compensatory behaviors.
- Determine the necessity of a cognitive emphasis in treatment modalities for bulimia nervosa adolescents and describe family-based-treatment approach for adolescents with BN.

F80 Lived Experiences of an Emotion-focused Therapy Group for Parents of Children with Eating Disorders

Holly Graham, BA, Laurentian University, Sudbury, Canada; Stacey Kosmerley, BA, Laurentian University, Sudbury, Canada; Larry Dahmer, MA, Health Sciences North, Regional Eating Disorder Program, Sudbury, Canada; Maria Kostakos, MA, Health Sciences North, Regional Eating Disorder Program, Sudbury, Canada; Anna Gartshore, MSW, Health Sciences North, Regional Eating Disorder Program, Sudbury, Canada; Adele Robinson, CPsychol, PhD, MA, Health Sciences North, Regional Eating Disorder Program, Sudbury, Canada

Family-based treatment (FBT) is the only treatment for anorexia nervosa (AN) shown to be effective to date. This model of treatment can be very effective in the treatment of children and adolescents with eating disorders (EDs); however, while many adolescents and their families recover with FBT, a significant minority do not respond adequately to this treatment modality, indicating a need for innovative adjuncts to treatment. As such, we conducted a pilot study examining the experiences of parents who participated in an 8-week group, in addition to engaging in regular FBT. The group was based on emotion-focused therapy (EFT) principles and techniques and its aims were to coach parents to become their child’s “emotion coach”, as well as to process with parents any emotional “blocks” that may surface around their ability to take charge of their child’s refeeding and interruption of symptoms. As part of a larger study, five parents participated in the group and completed a semi-structured interview 6 months post-group. Interviews were audio recorded, transcribed verbatim, and reviewed for accuracy. Transcripts were then analyzed using a phenomenological approach. To support the validity of the qualitative research findings, multiple investigators independently analyzed the qualitative data, compared their findings, and collaborated until consistent themes were formed. Member-checking was also employed and participants were invited to provide suggestions where necessary. Themes emerged relating to the impact of specific parent-focused interventions with respect to refeeding, as well as the influence of emotion coaching on the parent-child

relationship, as well as the child's emerging abilities to express and manage emotions more effectively, making eating disorder symptoms less necessary to cope.

Learning Objectives:

- Describe the lived experiences of parents in an EFT group format as an adjunct to standard FBT.
- Summarize the components of the EFT parent group that were perceived as most beneficial in the support of the child's recovery.
- Identify the secondary benefits of the parent EFT group on the parent's own functioning.

F81 Pediatricians Knowledge and Attitudes Towards Eating Disorders *Colleen Siti, BA, Marywood University, Scranton, PA, USA; Tracie Pasold, PhD, Marywood University, Scranton, PA, USA*

The purpose of this Institutional Review Board approved study is to assess pediatricians' level of training, knowledge, comprehension of, attitudes toward, and ability to identify eating disorders as well as their treatment practices. Demographic variables will also be collected. The study sample will include pediatricians in rural and urban areas of northeastern Pennsylvania (N= 75). The survey research methodology entails mailing a letter detailing the purpose of the study along with a survey questionnaire designed to assess primary care providers' knowledge and training in eating disorders. Statistical analyses (SPSS 21.0) will include descriptive and correlational analyses with further exploration of identified relationships. Hypotheses include that a disproportionate number of pediatricians will report inadequate training in identifying and treating eating disorders in children; feeling unsure about how to recognize, diagnose, or treat eating disordered children; problematic attitudes toward eating disorders, and that they have likely not recognized cases of eating disorders. This research will expand upon existing efforts in the area by illuminating overarching issues related to identification and treatment of eating disorders in children. Increasing awareness is hoped to have a positive impact on medical professional education and practice.

Learning Objectives:

- Following the training, participants will be able to identify the limitations of pediatricians in identifying eating disorders in children.
- Following the training, participants will be able to identify the attitudes of pediatricians towards eating disorders.
- Following the training, participants will be able to describe the knowledge and comfort level that pediatricians have in treating eating disorders.

F82 Partnering with Patients and Families to Develop Innovative Multifamily Family Therapy Group-Based Treatments for Adults with Anorexia Nervosa *Mary Tantillo, PhD, RN, FAED, University of Rochester School of Nursing, Rochester, NY, USA; Jennifer Sanftner, PhD, Slippery Rock University, Slippery Rock, PA, USA; Emily J. Hauenstein, PhD, LCP, RN, University of Rochester School of Nursing, Rochester, NY, USA*

Recent biopsychosocial integrative models for Anorexia Nervosa (AN) emphasize neuro-developmental and interpersonal factors related to AN etiology and maintenance and suggest the existence of intra- and interpersonal processes that contribute to the patient's experience of being disconnected from her/his authentic self, her body, and close others (Lask & Frampton, 2011). Research findings also suggest that recovery from AN is influenced by improvements in social functioning and the experience of empathic relationships (Berkman et al., 2007). This presentation describes findings obtained from a content analysis of focus groups comprised of 17 alumnae members (n=5 adult patients [M=23.4 years old] with AN or EDNOS with symptoms of restriction, 11 parents and 1 partner) who attended 8-week close-ended cycles of an integrated relational/motivational Multifamily Therapy Group (R/M MFTG) over a 2-year period. R/M MFTG specifically targets intra- and interpersonal processes contributing to disconnections and promotes practice of emotional and relational skills required to restore or develop intra- and interpersonal connections (Tantillo, 2006; Tantillo, Sanftner, & Hauenstein, in press). Focus group members were engaged as "co-investigators" and asked to address questions regarding group strengths, weaknesses, and recommendations for development of a more comprehensive MFTG innovative treatment intervention. Findings include categories related to the "long and arduous process of AN recovery," "reframing AN as a disease of disconnection," using group to recognize and express emotions and renew relationships," promoting skills for successful transition to adulthood," "building connections for the future," "wanting a longer group," and "not focusing group work on weight gain." Study findings have implications for understanding the potential benefits of further developing the integrated R/M MFTG as an innovative treatment for adults with AN.

Learning Objectives:

- Name treatment targets of an integrated Relational/Motivational Multifamily Therapy Group Approach.

- Identify strengths and weaknesses of an integrated Relational/Motivational Multifamily Therapy Group Approach as experienced and described by patients and families.
- Discuss patient and family recommendations for development of a more comprehensive form of integrated Relational/Motivational Multifamily Therapy Group.

F83 **Ecological Momentary Assessment and Intervention: Examination of the Recovery Approach in Eating Disorder Treatment.**

Suman Ambwani, PhD, Dickinson College, Carlisle, PA, USA; Valentina Cardi, PhD, King's College London, London, United Kingdom; Sara Moss, BA, Dickinson College, Carlisle, PA, USA; Bernadette Pivarunas, BS, The London School of Economics and Political Science, London, United Kingdom; Janet Treasure, PhD, FAED, King's College London, London, United Kingdom

The evidence-base for treating adults with Anorexia Nervosa (AN) is limited by a paucity of research and low adherence rates (e.g., 20-40% drop-out from outpatient treatment; Dejong et al., 2012). Focusing on improving patient confidence, motivation and readiness to change can enhance treatment outcomes (Pinto et al., 2008), suggesting that the recovery approach (in which patient expertise is integral to the intervention) could enhance treatment success. As Ecological Momentary Interventions have been found to be highly accepted and efficacious for treating health behaviours (Heron & Smyth, 2010), a recovery-based mobile intervention may be well-suited for patients with AN. The present study combines ecological momentary assessment and intervention to examine the following among women with AN: 1) intervention acceptability and feasibility, 2) trajectories of confidence to change and mood around meal times, and 3) intervention impact on weight, symptoms, mood, and readiness to change over time. Participants are women with AN (target N = 25) and data collection is expected to be completed by March 2013. Participants are loaned iPod Touches programmed with 25 recovery-based and 5 anxiety-reduction videos (“vodcasts”) and survey software. They are prompted to view the vodcasts and complete brief pre-and post-surveys at meal-times and at semi-random intervals daily for a 2-week period. Participants also complete baseline and post-intervention assessments of eating disorder symptoms, mood, and motivation/confidence to change. Analyses will include repeated measures ANOVAs to compare pre/post intervention scores and longitudinal hierarchical linear modelling (HLM; Raudenbush & Bryk, 2002) to evaluate the patterning of changes within participants across time. It is expected that this study will facilitate an understanding of the momentary fluctuations in affect and confidence/motivation to change as well as the direct impact of a recovery-based self-help intervention in AN.

Learning Objectives:

- Describe recent empirical findings on the use of mobile technology in mental health assessment and intervention.
- Critically evaluate the use of mobile technology (including pragmatic and ethical considerations) in mental health assessment and interventions.
- Understand the acceptability and impact of a recovery-based mobile intervention for women with Anorexia Nervosa.

F84 **The Role of Siblings in Treatment for Adolescent Anorexia Nervosa**

Elizabeth Hughes, PhD, University of Melbourne, Parkville, Australia; Susan Sawyer, MD, University of Melbourne, Parkville, Australia; Rony Duncan, PhD, Murdoch Childrens Research Institute, Parkville, Australia; Daniel Le Grange, PhD, FAED, University of Melbourne/University of Chicago, Chicago, IL, USA

Family-based treatment (FBT) is an effective, manualized treatment for adolescent anorexia nervosa. In FBT, siblings are viewed as a potential resource for recovery and an integral part of therapy. They are encouraged to attend treatment sessions with their parents and affected sibling, and to provide support to their affected sibling at home. In practice, the degree and nature of sibling involvement in FBT varies greatly. Indeed, many therapists and families prefer to exclude siblings from FBT. The effect of involvement for siblings and the impact on treatment experience and outcome are unknown. We present a mixed-method study investigating family members’ expectations and experiences related to sibling involvement in FBT. Siblings, patients and parents undergoing FBT at a specialist eating disorders clinic completed pre- and post-treatment surveys and post-treatment interviews examining sibling relationship quality, perceived sibling role in treatment, and positive and negative aspects of involvement for the sibling. Themes identified from qualitative interviews included difficulty understanding the illness, disruptions to family life and the sibling relationship, sacrifices made by siblings and the benefits of attending treatment.

Learning Objectives:

- Describe the role of siblings in family-based treatment for adolescent anorexia nervosa.
- Understand the perceived effects of anorexia nervosa on the family as reported by parents, patients and siblings.
- Understand the benefits and drawbacks of siblings' involvement in family-based treatment as reported by parents, patients and siblings.

