

THINNESS

is not the answer

Organised by

The Austrian Society on Eating Disorders
(ÖGES/ASED)
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Netzwerk Essstörungen
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& Innsbruck Medical University,
Dept. of Psychological
Medicine & Psychotherapy
www.i-med.ac.at



MEDIZINISCHE UNIVERSITÄT
INNSBRUCK

Anorexie
Bulimie
Adipositas

NETZWERK ESSTÖRUNGEN

LONDON 1989 · LEUVEN 1991
PADUA 1977 · STOCKHOLM 1999

ECED

Innsbruck

2005

Programme



European Council on Eating Disorders

9th General Meeting

September 7-9, 2005
Innsbruck, Austria

Convenor: Günther Rathner, Innsbruck (A)
Venue: Old University, Innsbruck

info@eced-innsbruck2005.at
www.eced-innsbruck2005.at

PRAGUE 1993 · DUBLIN 1995
BARCELONA 2001 · BUDAPEST 2003



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Welcome

Dear colleagues and friends,

In **1989**, the **European Council on Eating Disorders (ECED)** has been founded in the spirit of an **informal and truly European collaboration and exchange** of eating disorders clinicians and researchers. Now it is my privilege to convene the **9th General Meeting of the ECED in Innsbruck, Austria**.

The number of submissions was greater than expected and we are excited about the program that has taken shape. This meeting is aimed at presenting the present state of science in the field of eating disorders and to demystify the clinicians' and researchers' illusions and myths. **The focus is European, although the content is truly international.** We expect delegates from at least 24 countries.

The focus of our Meeting is on dialogue, contact and interaction. Thus, **three debates in the tradition of good old parliamentarism, are the core format.**

We are confident that the **multi-disciplinary format** of the Conference will be thought-provoking and exciting. The programme includes **four special sessions** dedicated to improve cooperation of all **European Scientific Societies on ED** and of all **European Self-Help Associations for ED**. In addition, a special section is dedicated to **specialized ED training courses** all over Europe aimed at comparing existing models and experiences and possibly adjust them at an European level in the future. Finally, a **Guided Plenary Poster Session** will take place ending in the **ECED Best Poster Award** (Gold, Silver, Bronze) based on the votes of all delegates. The Special Session "**A conversation with Arthur Crisp and Gerald Russell**" introduces a new format with three discussants to get to know the ideas and opinions 'behind the papers' of seminal contributors to the ED field.

Last but not least we are delighted to offer you the Austrian hospitality coming from the heart and do hope that you enjoy your stay in Innsbruck, a city with amazing scenery in the heart of the Alps and of Europe.

Günther Rathner

Convenor

ECED Innsbruck 2005

ECED Innsbruck 2005

Scientific Board, International Advisory Board & Local Organising Committee

Organised by:

The Austrian Society on Eating Disorders (OEGES/ASED): www.oeges.or.at
 Netzwerk Essstörungen (Austrian Network Eating Disorders):
www.netzwerk-essstoerungen.at
 & Innsbruck Medical University, Dept. of Psychological Medicine &
 Psychotherapy: www.i-med.ac.at

Venue

Old University, Universitätsstrasse, Innsbruck
Emperor Leopold Hall

Scientific Board

Günther Rathner (Head)	Innsbruck, Austria
Martina de Zwaan	Erlangen, Germany
Andreas Karwautz	Vienna, Austria
Karin Waldherr	Vienna, Austria

International Advisory Board

Gerard Butcher, Ireland	Michel Probst; Belgium
Arthur Crisp, UK	Gerald Russell, UK
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Manfred Fichter, Germany	Janet Treasure, UK
Hubert Lacey, UK	Ferenc Túry, Hungary
Mervat Nasser; UK	Walter Vandereycken, Belgium
Claes Norring, Sweden	Glenn Waller, UK
Robert Palmer, UK	

Local Organising Committee

Susanne B. Leeb	Gabriel Ingrid
Stephanie Oberndorfer	Waldegger Eva
Elisabeth Mores	Assmayr Karin
Julia Aichbauer	Kröll Julia
	Hellmair Christina

Programme overview

Wednesday, September 7, 2005

15.00 - 18.00	Congress Registration, Old University
18.00 - 18.30	Official Opening
18.30 – 19.30	<u>Keynote Lecture:</u> Ordered Societies, Disordered Bodies. A Sociological Perspective.
19.30 -	Welcome Reception, Old University, Ground Floor

Thursday, September 8, 2005

08.00 - 09.00	Congress Registration, Old University
09.00 - 10.30	Debate I
10.30 - 11.00	Coffee Break
11.00 - 12.30	Debate II
12.30 - 14.00	Lunch Break, Hotel Grauer Bär
14.00 – 15.45	Special Session: Eating Disorders Societies for Professionals in Europe
15.45 – 16.30	Guided Plenary Poster Session
16.30 – 17.00	Coffee Break
17.00 - 18.30	Scientific Sessions (in parallel)
20.15 -	Congress Dinner at Villa Blanka, Innsbruck

Friday, September 9, 2005

09.00 - 10.30	Debate III
10.30 - 11.00	Coffee Break
11.00 - 12.30	Special Sessions (in parallel) a) Eating Disorders patient & carers organisations in Europe b) Eating Disorders Training Courses (for Professionals) in Europe
12.30 - 14.00	Lunch Break, Hotel Grauer Bär
14.00 - 15.30	Scientific Sessions (in parallel)
15.30 - 16.00	Coffee Break
16.30 - 18.00	Special session: A conversation with Arthur Crisp & Gerald Russell
18.00 – 18.30	<i>ECED Business Meeting:</i> Everybody is invited to decide about place of the next meeting in 2007 and future European activi- ties on Eating Disorders.
19.00 -	Farewell Reception, Old University, Ground Floor

Scientific Programme

Wednesday, September 7, 2005

15.00 - 18.00	<i>Congress Registration, Old University</i>
18.00 - 18.30	Official Opening
18.30 - 19.30	Keynote Lecture: Ordered Societies, Disordered Bodies. A Sociological Perspective.
19.30 -	<i>Welcome Reception, Old University, Ground Floor</i>

Thursday, September 8, 2005

08.00 - 09.00	<i>Congress Registration, Old University</i>
09.00 - 10.30	Debate I The treatment of AN has no impact on the natural history of the disorder.
10.30 - 11.00	Coffee Break
11.00 - 12.30	Debate II Manualized treatments are to good therapy what cheap ready to wear clothes are to made-to-measure clothes.
12.30 - 14.00	Lunch Break, Hotel Grauer Bär
14.00 - 15.45	Special Session: Eating Disorders Societies for Professionals in Europe
15.45 - 16.30	Poster Session 33 Posters in Guided Plenary Poster Session
16.30 - 17.00	Coffee Break
17.00 - 18.30	Scientific Session I: Body Image Scientific Session II: Treatment Scientific Session III: Epidemiology Scientific Session IV: Panel Salut
20.15	Congress Dinner at Villa Blanka, Innsbruck

Friday, September 9, 2005

09.00 - 10.30	Debate III DSM and ICD should include obesity as an eating disorder.
10.30 - 11.00	Coffee Break
11.00 - 12.30	Special Sessions (in parallel) a) Eating Disorders patient & carers organisations in Europe b) Eating Disorders Training Courses (for Professionals) in Europe
12.30 - 14.00	Lunch Break, Hotel Grauer Bär
14.00 - 15.30	Scientific Sessions (in parallel) Scientific Session V: Diagnostics Scientific Session VI: Family Scientific Session VII: Comorbidity & Personality Scientific Session VIII: Risk factors and prevention
16.00 - 16.30	Coffee Break
16.30 - 18.00	Special Session: A conversation with Arthur Crisp & Gerald Russell
18.00 - 18.30	ECED Business Meeting: <i>Everybody is invited to decide about the place of the next meeting in 2007 and future European activities on Eating Disorders.</i>
19.00 -	<i>Farewell Reception, Old University, Ground Floor</i>

SCIENTIFIC PROGRAMME

WEDNESDAY, September 7, 2005

- 15.00 - 18.00 Congress Registration, Old University
 18.00 - 18.30 **Official Opening**
 Günther Rathner, Convenor ECED Innsbruck 2005
 Dr. Maria Rauch-Kallat, Austrian Ministry of Health and Women
 18.30 – 19.30 **Keynote Lecture:**
Ordered Societies, Disordered Bodies. A Sociological Perspective.
 19.30 - Welcome Reception, Old University, Ground Floor

THURSDAY, September 8, 2005

- 08.00 - 09.00 Congress Registration, Old University
 09.00 – 10.30 **Debate I**
The treatment of AN has no impact on the natural history of the disorder
Chair: J. Hubert LACEY (London, UK)
Pro: Cynthia M. BULIK (Chapel Hill, USA)
Con: Fernando FERNÁNDEZ-ARANDA (Barcelona, Spain)
 10.30 - 11.00 Coffee Break
 11.00 – 12.30 **Debate II**
Manualized treatments are to good therapy what cheap ready to wear clothes are to made-to-measure clothes
Chair: Eric F. VAN FURTH (Leidschendam, NL)
Pro: Robert PALMER (Leicester, UK)
Con: Christopher FAIRBURN (Oxford, UK)
 12.30 - 14.00 Lunch Break
 14.00 – 15.45 **Special Session**
Eating Disorders Societies for Professionals in Europe
Chair: Martina DE ZWAAN (Austria, Germany)

Austria: Martina DE ZWAAN (www.oeges.or.at)

Scandinavia: (Nordic Eating Disorder Society) Ulf WALLIN

Spain: Luis BEATO-FERNÁNDEZ

Italy: (AIDAP) Riccardo DALLE GRAVE, Patrizia TODISCO
 Switzerland: (ENES) Erika TOMAN, Christoph RUTISHAUSER
 Czech Republic: Hana PAPEZOVA
 England: (EDA, EDNET) Sue RINGWOOD
 England: (SIG Royal College of Psychiatrists) Ulrike SCHMIDT
 The Netherlands: (Dutch Kenniscentrum Eetstoornissen) Hans BLOKS
 Portugal: (NDCA) Dulce BOUCA, Abel Matos SANTOS
 Hungary: Ferenc TÚRY

15.45 – 16.30 **Guided Plenary Poster Session**
Chair: Karin WALDHERR (Austria)

Speakers: Hans W HOEK (The Netherlands), Andreas KARWAUTZ (Austria),
Karin WALDHERR (Austria), Ferenc TÚRY (Hungary),
Joern VON WIETERSHEIM

33 Posters in Guided Plenary Poster Session

1. **Therapy Goals and Self-Regulation Capacities of Female Patients with Anorexia and Bulimia Nervosa in the Course of In-Patient Psychotherapy – First Results of a Pilot Study**
 Katja ASCHENBRENNER, Peter JORASCHKY, Karin PÖHLMANN
University Hospital of Dresden, Department of Psychotherapy and Psychosomatics, Dresden
2. **The Estimation of Cerebral Hypoperfusion in Patients with Eating Disorders**
 Ana BANAS, Piotr LASS
Medical University, Psychiatry, Nuclear Medicine, Gdansk, Poland
3. **Eating Disorder Related Psychopathological Traits in Adolescents with Typ-1 Diabetes (DM) Compared with Adolescents Suffering from Primary Eating Disorders (pED)**
 Gabriele BERGER, Gudrun WAGNER, Ursula SINNREICH, Vasileia GRYLLI, Edith SCHOBER, Harald EDER, Andreas KARWAUTZ
Medical University of Vienna, Department of Neuropsychiatry of Childhood and Adolescence, Eating Disorders Unit, Vienna, Austria
4. **Eating Disorders and Substance Abuse in Women. The Role of MDMA**
 Carla CANDELORI, Barbara MAGALOTTI
Università G.D'Annunzio, Facoltà di Psicologia, Chieti, Italy
5. **The Holistic Management of the Eating Disorder – Case Study**
 Aikaterini DIMAKOPOULOU, Florentia MPAKOMITROU, Theodoros KOSTIS
General Hospital of Nikaia Piraeus "Ag. Panteleimon", Department of Psychiatry, Piraeus, Greece

6. **Angels' Kitchen, or a Hungarian Model Experiment to Change Eating Behaviour**
Katalin DUDÁS, Zsuzsanna TÓTH, Lucia MOUKHTAR
Angels Kitchen, Psychologist, Counsellor, Budapest, Hungary
7. **Restrained and disturbed eating behaviour in adolescents from Lower Austria in 1993 and 2004**
Helga FRIEDL¹, Karin WALDHERR¹, Günther RATHNER²
¹University of Vienna, Faculty of Psychology, Department of Psychological Basic Research, Vienna, Austria; ²Innsbruck Medical University, Department of Psychological Medicine and Psychotherapy, Innsbruck, Austria
8. **Family Day Clinic for Families with Anorectic Adolescents in Dresden – Concept, Manual and Results**
Krassimir GANTCHEV, Volker THÖMKE, Maud RIX, Katja SCHOLZ, Michael SCHOLZ
University Clinic Carl Gustav Carus, Department of Child and Adolescent Psychiatry and Psychotherapy, Dresden, Germany
9. **Body Worlds of the Eating Disturbed Patients. Eating Disorders and their Influence on the Body Image**
Martin KUMNIG, Dieter FRANK
University of Innsbruck, Institute of Psychology, Innsbruck, Austria
10. **Personality Traits Differentially Predict Body Dissatisfaction and Disordered Eating in Female and Male Italian Adolescents**
Caterina LOMBARDO, Chiara CARDUCCI, Giovanna IBBA, Cristiano VIOLANI
University of Rome "La Sapienza", Department of Psychology, Rome, Italy
11. **Eating and Body Attitudes in Young Males**
Liza LUKÁCS, Attila ARGALÁSZ, Ferenc TÛRY
University of Semmelweis, Institute of Behavioural Sciences, Budapest, Hungary
12. **Hypnotic Susceptibility and Dissociative Capacity in Muscle Dysmorphia – Preliminary Study**
Julia MAZZAG, Katalin RESS, Ferenc TÛRY
Semmelweis University, Institute of Behavioural Science, Budapest, Hungary
13. **Child Sexual Abuse and Eating Disorders in Adolescents and Young Adults Women: Psychotherapeutic Interventions and Treatment Outcome**
Fotios MOROGIANNIS
Private Practice, Primary Psychiatric Health Service, Ioannina, Greece
14. **And When You Deal With It – A film by those affected**
Martina NÖSTER
Women's Health Centre F.E.M., Vienna, Austria
15. **The Association of Hormonal Substitution Therapy, Pain Perception and Cognitive Function in Patients with Anorexia Nervosa**
Hana PAPEZOVÁ¹, Anna YAMAMOTOVÁ², Ingrid VURMOVOVÁ¹
¹Charles University, 1st Faculty of Medicine, Department of Psychiatry, Prague, Czech Republic; ²Charles University, 3rd Faculty of Medicine, Department of Normal, Pathological and Clinical Physiology, Prague, Czech Republic

16. Should Fathers Sacrifice Themselves? Perceived Paternal Care in Anorexia Nervosa (Preliminary Results)

Bea PÁSZTHY¹, Kata RESS², Flora SZTANO³, Julia MAZZAG², Ferenc TÚRY²

¹*Semmelweis University, Faculty of Medicine, Budapest, Hungary;* ²*Semmelweis University, Faculty of Medicine Institute of Behavioural Sciences, Budapest, Hungary;* ³*Semmelweis University, Faculty of Medicine, Budapest, Hungary*

17. Anorexia Nervosa: Treatment Satisfaction

Gunilla PAULSON-KARLSSON, Lauri NEVONEN

Queen Silvia Childrens Hospital, Child and Adolescent Psychiatry Center, Anorexia-Bulimia Outpatient Unit, Göteborg, Sweden

18. 2nd to 4th Digit Ratio (2D:4D) in Clinical and Non-clinical Women

Stephanie QUINTON

University of Central Lancashire, Department of Psychology, University of Lancashire, Preston, UK

19. Eating Disorders, Gender Roles and Media

Sandra RABL¹, Karin WALDHERR¹, Günther RATHNER²

¹*University of Vienna, Faculty of Psychology, Department of Psychological Basic Research, Austria;* ²*Innsbruck Medical University, Department of Psychological Medicine and Psychotherapy, Austria*

20. ACCES Therapy's Effects on severe ED

Brigitte REMY, D. BARBIER, C. VANLERBERGHEN, Michael VILLAMAUX

MGEN Centre de Santé Mentale, Troubles des Conduites Alimentaires, Paris, France

21. Transgenerational Approach of Maladaptive Cognitions Associated to Eating Disorders. A Preliminary Study.

Katalin RESS, Júlia MAZZAG, Bea PÁSZTHY, Flóra SZTANÓ, Ferenc TÚRY

Semmelweis University Budapest, Institute of Behavioural Sciences, Budapest, Hungary

22. Stress Situation reveals an Association between Drive for Thinness and Perfectionism in Eating Disordered People

Giovanni Maria RUGGIERO¹, Sara BERTELLI¹, Patrizia TODISCO², Sandra SASSAROLI¹

¹*Post-graduate Cognitive Psychotherapy School, Ospedale San Paolo, Unità disturbi alimentari, Milano, Italy;* ²*Post-graduate Cognitive Psychotherapy School, Spedalo civili di Bresca, Unità disturbi alimentari, Brescia, Italy*

23. Anorexia Nervosa in Male Adolescents: An Underdiagnosed Disorder?

Christoph RUTISHAUSER, Barbara SEYFFARTH, Daniel MARTI

University Children's Hospital, Adolescent Medicine, Zurich, Switzerland

24. Relationship of Eating Psychopathology to Reported Craving for Food

Estefanía SEGURA ESCOBAR, Rosa RODRÍGUEZ-HUESCA, Teresa RODRÍGUEZ--CANO, Luis BEATO-FERNÁNDEZ

Hospital del Carmen, Sescam, Service of Psychiatry, Ciudad Real, Spain

25. Eating Attitudes, Maturity Fears and the Quality of Life (QOL) in the Czech Students

Libuse STARKOVA, Lucia MINOVSKA

Medical Faculty of Palacky University, Psychiatric Clinic, Olomouc, Czech Republic

26. **The Quality of Life (QOL) in the Eating Disorder Patients – A 5 Year Follow-Up**
Libuse STARKOVA, Pavla NEMECKOVA, Marcela ZATLOUKALOVA
Medical Faculty of Palacky University, Psychiatric Clinic, Olomouc, Czech Republic
27. **The Role of Parental Behaviour in the Background of Maladaptive Schemata in Bulimia Nervosa**
Flora SZTANO, Bea PASZTHY, Katalin RESS, Julia MAZZAG, Ferenc TÚRY
Semmelweis University Budapest, Budapest, Hungary
28. **Struggling With Recovery: A Structured Model of Relapse Prevention in the Inpatient Treatment of Eating Disorders**
An VANDEPUTTE, Walter VANDEREYCKEN
¹Alexian Hospital Tienen, Eating Disorder Unit, Tienen, Belgium; ²Leuven, Belgium
29. **„The Next Morcel ‘ll be the Best!“ Edonic Eating and Obesity**
Piergiuseppe VINAI¹, Silvia CARDETTI¹, Gabriella CARPEGNA¹, Noemi FERRATO¹, Paola VALLAURI¹, Donatella MASANTE¹, Sandra SASSAROLI², Giovanni Maria RUGGIERO²
¹Cuneo, Italy; ²Milan Italy
30. **The Effect of Spironolactone on Bulimia Nervosa Symptoms**
Joern VON WIETERSHEIM, Vera MUELLER-BOCK, Stephan RAUH, Georg BUEHLER
University of Ulm, Psychosomatic Medicine and Psychotherapy, Ulm, Germany
31. **Cross-cultural comparison of the Eating Disorder Inventory in the Netherlands, Austria, and Italy**
Karin WALDHERR¹, Angela FAVARO², Paolo SANTONASTASO², Tatjana VAN STRIEN³, Günther RATHNER⁴
¹University of Vienna, Faculty of Psychology, Department of Psychological Basic Research, Vienna, Austria; ²University of Padova, Psychiatric Clinic Padova, Department of Neurological and Psychiatric Science, Padova, Italy; ³University of Nijmegen, Center for Women's Studies, The Netherlands; ⁴Innsbruck Medical University, Department of Psychological Medicine & Psychotherapy, Innsbruck, Austria.
32. **What Does the Assessment of Temperament and Character in Eating Disorders and Patients with Diabetes Type 1 Add to our Clinical Assessment? A Comparison Study**
Gudrun WAGNER, Vasileia GRYLLI, Edith SCHOBER, Klaus SCHWIENBACHER, Harald EDER, Andreas KARWAUTZ
Medical University of Vienna, Department of Neuropsychiatry of Childhood and Adolescence, Eating Disorders Unit, Vienna, Austria
33. **Intense Medical Treatment at a Pediatric Ward, as a Part of a Treatment Program for Young Patients With Anorexia Nervosa**
Ulf WALLIN
Lund University Hospital, Eating Disorder Unit, Department of Children and Adolescence Psychiatry, Lund, Sweden
34. **6-years follow-up study of patients with restrictive type of anorexia nervosa.**
Cezary ZECHOWSKI, Warsaw, Poland
Institute of Psychiatry & Neurology, Dept. of Child & Adolescent Psychiatry, Warsaw, Poland

Scientific Session I: Body Image

Chair: Michel PROBST (Belgium)

17.00 – 17.15

Body-Images of Patients With Anorexia or Bulimia Nervosa and Their Mothers

Dieter BENNINGHOVEN, Nina TETSCH, Sebastian KUNZENDORF, Günter JANTSCHKEK
University of Schleswig-Holstein, Campus Lübeck, Department of Psychosomatic Medicine, Lübeck, Germany

17.15-17.30

Does the Exposure to the Own Body Image Provoke Different Patterns of Change in Regional Cerebral Blood Flows in Anorexia and Bulimia Nervosa?

Luis BEATO FERNANDEZ, Teresa RODRIGUEZ-CANO, Inmaculada GARCIA-VILCHES, Victor POBLETE GARCIA, Ana GARCIA-VICENTE
Hospital del Carmen, Eating Disorders Unit, Service of Psychiatry, Ciudad Real, Spain

17.30-17.45

Body Image Assessment Software: A New Program for Assessing Body-Image Disturbances Using Adjustable Partial Image Distortion

Marta FERRER-GARCIA, José GUTIÉRREZ-MALDONADO, Alex LETOSA-PORTA
Universidad de Barcelona, Department of Personality, Assessment and Psychological Treatments, Barcelona, Spain

17.45-18.00

Body Image in Eating Disorders. Test of the Computer Program Body Shape

Helén LÖNNING

Child and Adolescent Psychiatry, Videgarden Eating Disorder Unit, Linköping, Sweden

18.00-18.15

Body Composition in Eating Disorders: What Kind of Method/Formula did we use in Clinical Practice?

Michel PROBST^{1,2}, Marina GORIS^{1,2}, Jacquélien HILLEBRAND³, Guido PIETERS², Walter VANDEREYCKEN²

¹K.U.Leuven, Faber, Department of Rehabilitation Sciences, Belgium; ²University Centre Sint Jozef Kortenberg, Belgium; ³University Medical Centre, Utrecht, The Netherlands

18.15-18.30

Plenary discussion

Scientific Session II: Treatment

Chair: Ivan Eisler (UK)

17.00-17.15

Evaluation of a Manual Based Cognitive Behavioral Group Therapy (CBT) Program for Adolescent Girls with Anorexia Nervosa (AN) and their Families

Susanne OHMANN¹, Christian POPOW^{1,2}, Bibiana SCHUCH¹, Andreas KARWAUTZ¹, Monika LANZENBERGER³, Herbert HERZOG³, Klaus HINUM³, Silvia MIKSCH³

¹Medical University, Department of Neuropsychiatry for Children and Adolescents, Vienna, Austria; ²Medical University of Vienna, Department of Pediatrics and Adolescent Medicine, Vienna, Austria; ³Technical University of Vienna, Institute of Software Technology, Vienna, Austria

17.15-17.30

Impact of the Family Meal Intervention on Weight Gain and General Outcome in Adolescent Anorexia Nervosa. A Randomized Controlled Pilot Study

Cecile RAUSCH HERSCOVICI

Universidad del Salvador, Department of Psychology, Buenos Aires, Argentina

17.30-17.45

Patient Perspectives of Causes and Recovery from Anorexia

Karin NILSSON, Bruno HÄGGLÖF

Umea University, Child and Adolescent Department, Umea, Sweden

17.45-18.00

The Impact of a Time-limited, Integrated Psychodynamic-behavioural Outpatient Treatment Programme for Bulimia Nervosa and Binge Eating Disorder

Susan MURPHY, Lynda RUSSELL, Glenn WALLER

Springfield Hospital, St. George's Outpatient Eating Disorders, London, UK

18.00-18.15

Cognitive Behavior Therapy Multi-Step (CBT-MS) for Eating Disorders

Riccardo DALLE GRAVE

Villa Garda Hospital, Garda, Italy

18.15-18.30

Plenary discussion

Scientific Session III: Epidemiology

Chair: Ferenc Túry (Hungary)

17.00-17.15

Anorexia Nervosa in a Black Antillean Woman

Hans Wijbrand HOEK, Ellen M.C. WILLEMSSEN

Parnassia Psychiatric Institute, Psychiatric Residency and Research, The Hague, The Netherlands

17.15-17.30

Bigorexia Nervosa and Disordered Eating in a Sample of Male Body Builders from Romania

Timea KOVÁCS¹, Lukás-Márton RÉKA¹, Pál SZABÓ²

¹Transylvanian University of Science-Sapientia, Department of Human Science, Targu-Mures, Romania; ²Debrecen, Hungary

17.30-17.45

Socio-Cultural Profile of Patients Seeking Treatment at Two Large ED Outpatients Clinics in Israel: A Descriptive Epidemiological Study

Yael LATZER¹, Eynat ZUBERY², Shlomit VANDER¹, Miri GIVON¹, Evelyne STEINER², Itzhak GILAT³

¹Eating Disorders Clinic, Psychiatric Division, Rambam Medical Center, Haifa, Israel; Department of Social Work, University of Haifa, Haifa, Israel; ²Eating Disorder Unit, Davidson Clinic, Ra'anana, Shalvata Mental Health Center, Israel; Sackler Faculty of Medicine, Tel-Aviv University, Israel; ³"ERAN", Israeli Association of Emotional First Aid, Netania, Israel; Levinski College of Education, Tel Aviv, Israel

17.45-18.00

Epidemiology of Eating Disorders Not Otherwise Specified: A Two-Stage Study

Paulo MACHADO¹, Daniel SAMPAIO², Barbara MACHADO¹, Sónia GONÇALVES¹, Hans HOEK³

¹Braga, Portugal, ²Lisboa, Portugal, ³The Hague, The Netherlands

18.00-18.15

The Changing Nature of Eating Disorders in Japan

Yoshikatsu NAKAI

Karasuma Oike Nakai, Kyoto, Japan

18.15-18.30

Plenary discussion

Scientific Session IV: Panel Salut

**The development and deployment of online therapeutic tools:
Results and experience from a European study on the deployment of a web-based
Self-Help guide for Bulimia Nervosa.**

Chair: Claes Norring (Sweden)

17.00 - 17.05

Introduction SALUT project

Claes NORRING

17.05 – 17.15

Efficacy Evaluation of the French Version of the Web-Based Self-Help Guide for Bulimia Nervosa in Switzerland.

Isabelle CARRARD², Patrick ROUGET¹, Anne-Christine VOLKART⁸, Maria CAROLA⁸, Tony LAM⁹

¹Hôpitaux Universitaires de Genève, Liaison Psychiatry Unit, Switzerland; ²Centre Hospitalier Universitaire Vaudois, Liaison Psychiatry Service, Lausanne, Switzerland; ⁸Hôpital de Malévoz, Institutions Psychiatriques du Valais Romand, Monthey, Switzerland; ⁹NetUnion, Lausanne, Switzerland

17.15 – 17.30

Efficacy Evaluation of the Spanish Version of the Web-Based Self-Help Guide for Bulimia Nervosa: A Controlled Study.

Fernando FERNÁNDEZ-ARANDA, Araceli NÚÑEZ, Cristina MARTÍNEZ, Roser GRANERO PÉREZ

University Hospital of Bellvitge, Department of Psychiatry, Barcelona, Spain

17.30 – 17.45

Efficacy Evaluation of the German Version of the Web Based Self Help Guide for Bulimia Nervosa

Iris LIWOWSKY⁷, Marian CEBULLA⁶, Manfred FICHTER⁶

⁶Klinik Roseneck, Prien-am-Chiemsee, Germany; ⁷Cinderella Beratungsstelle für Essstörungen e.v., Munich, Germany

17.45 – 18.00

Efficacy Evaluation of the Swedish Version of the Web-Based Self-Help Guide for Bulimia Nervosa.

Lauri NEVONEN, Gunilla PAULSON-KARLSSON, Birgitta LEVIN, Marianne LINDSTROM
Queen Sylvia Childrens Hospital, Goteborg, Sweden

18.00 – 18.30

Questions and Answers, Plenary Discussion

20.00 **Bus Transfer, Departure Old University (Congress Venue) to Congress Dinner at Villa Blanka, Innsbruck**

20.15 **Congress Dinner at Villa Blanka, Innsbruck**

FRIDAY, September 9, 2005

09.00 – 10.30

Debate III

DSM and ICD should include Obesity as an Eating Disorder

Chair: Hans Wijbrand HOEK (The Hague, NL)

Pro: Anna KESKI-RAHKONEN (Helsinki, Finland & New York, USA)

Con: Simon GOWERS (Liverpool, UK)

10.30 - 11.00 Coffee Break

11.00 – 12.30

Special Session:

Eating Disorders patient & carers organisations in Europe

Chair: Ulrike SCHMIDT (London, UK)

Presenters:

Barbara HAID (Innsbruck, Austria)

Gisela VAN DER STER (Sweden)

Susan RINGWOOD (UK)

Eric VLEESCHDRAGER (The Netherlands)

Marta VOLTAS (ACAB, Spain)

11.00 – 12.30

Special Session:

Eating Disorders Training Courses (for Professionals) in Europe

Chair: Andreas KARWAUTZ (Vienna, Austria)

Gerard BUTCHER

Dublin, Ireland

Background and Treatment of Eating Disorders

David CLINTON

Stockholm, Sweden

A Vertically-Integrated Model in Eating Disorders Training for Health Professionals in Italy: A 8 yr.-Perspective

Riccardo DALLE GRAVE

Verona, Italy

Fernando FERNANDEZ-ARANDA

Barcelona, Spain

Günther RATHNER

Innsbruck, Austria

Training in Eating Disorders in the UK

Bob PALMER

Leicester, UK

Training in Eating Disorders in the UK Part 2: Training in Eating Disorders in the London Area

J Hubert LACEY

University of London, London, UK

12.30 - 14.00

Lunch Break

Scientific Session V: Diagnostics

Chair: Pál SZABÓ (Hungary)

14.00-14.15

Consciousness About Own and Others' Affects

Börje LECH, Rolf HOLMQVIST

Linköping University, Videgarden Eating Disorder Unit/ Department of Behavior Sciences, Linköping, Sweden

14.15-14.30

Instability of Eating Disorders Diagnoses: Eating Disorders or Eating Disorder?

Gabriella MILOS¹, Anja SPINDLER¹, Ueli SCHNYDER¹, Christopher FAIRBURN²

¹University Hospital, Department of Psychiatry, Zurich, Switzerland; ²University of Oxford, Department of Psychiatry, UK

14.30-14.45

Motivation As a Key Factor in the Treatment of Adolescents with Eating Disorders

Dagmar PAULI

University of Zurich, Zentrum für Kinder- und Jugendpsychiatrie, Poliklinik, Zurich, Switzerland

14.45-15.00

Cognitive Dimensions across the Eating Disorders

Sandra SASSAROLI, Giovanni Maria RUGGIERO

Post-graduate Cognitive Psychotherapy School, Milano, Italy

15.00-15.15

Multidimensional Approach to Perfectionism in Eating Disorders

Giovanni Maria RUGGIERO¹, Sara BERTELLI¹, Vanessa GARGHENTINI², Marco DE COPPI², Alice PASSARINI¹, Luca BOCCALARI¹, Silvio SCARONE¹

¹"Psicoterapia cognitiva e ricerca" Psychotherapy, Research, Milano, Italy; ²Monza, Italy

15.15-15.30

Plenary discussion

Scientific Session VI: Family

Chair: Ulf WALLIN (Sweden)

14.00-14.15

Carers of Patients with Anorexia or Bulimia Nervosa – Their Burden and their Need for Support

Holmer GRAAP¹, Stefan BLEICH², Julia WILHELM², Florian HERBST¹, Johannes WANCA-TA³, Martina DE ZWAAN¹

¹University of Erlangen, Department of Psychosomatic Medicine and Psychotherapy, Erlangen, Germany; ²University of Erlangen, Department of Psychiatry and Psychotherapy, Erlangen, Germany; ³Medical University of Vienna, Department of Psychiatry, Vienna, Austria

14.15-14.30

Environmental Psychology and Eating Disorders – Are the Home Visits Useful?

Ferenc TÚRY

Semmelweis University, Institute of Behavioural Sciences, Budapest, Hungary

14.30-14.45

A Short Form of the Anorectic Behaviour Observation Scale to Screen Parental Assessment of Their Children's Eating Behaviours

Cornelia THIELS, Gerdamarie S. SCHMITZ

University of Applied Sciences Bielefeld, Social Sciences, Bielefeld, Germany

14.45-15.00

Parents Possibilities to Recognize ED's in an Early Stage

Mirjam VAN DER GEEST, Greta NOORDENBOS

Leiden University, Clinical Psychology, Leiden, The Netherlands

15.00-15.15

“Parents for Parents”: A Self-help Project for Parents of Eating Disorder Patients

Walter VANDEREYCKEN

Catholic University Leuven, Belgium

15.15-15.30

Plenary discussion

Scientific Session VII: Comorbidity & Personality

Chair: Joern von WIETERSHEIM (Germany)

14.00-14.15

Impulsivity in Eating Disorders: Subjective versus Behavioral Measures

Laurence CLAES¹, Walter VANDEREYCKEN¹, Hans VERTOMMEN¹, Chantal NEDERKOORN²

¹K.U. Leuven, Departement of Psychology, Leuven, Belgium; ²Maastricht, The Netherlands

14.15-14.30

Self-Injurious Behaviour in Eating Disorders: Body and Self in Feminine Development. A Cases Study

Laura DALLA RAGIONE, Letizia DRAPPO

Azienda USL2 dell'Umbria, Centro per i Disturbi del Comportamento Alimentare (Eating Behaviour Disorders Centre) "Palazzo Francisci", Todi, Italy

14.30-14.45

Long-term Follow-up of Personality, Self-esteem and General Life Satisfaction in Girls with Different Outcomes of Adolescent Onset Anorexia Nervosa

Inger HALVORSEN, Sonja HEYERDAHL

Buskerud Hospital, Child and Adolescent Psychiatry Department, Drammen/Oslo, Norway

14.45-15.00

Personality Defensiveness of Women with Bulimia Nervosa

Beata MIRUCKA

University of Bialystok, Department of Clinical Psychology, Bialystok, Poland

15.00-15.15

Eighteen-year Follow-up of Adolescent Onset Anorexia Nervosa: Psychiatric Disorders and Overall Functioning Scales

Elisabet WENTZ, Christopher GILLBERG, I. Carina GILLBERG, Henrik ANCKARSÄTER, Maria RÄTSAM

Göteborg University, Department of Child and Adolescent Psychiatry, Göteborg, Sweden

15.15-15.30

Plenary discussion

Scientific Session VIII: Risk factors and prevention

Chair: Paulo MACHADO (Portugal)

14.00 – 14.15

Do Prevention Programs more Good than Harm?

Greta NOORDENBOS, Frits MEIJERNIK

Leiden University, Clinical Psychology, Leiden, The Netherlands

14.15-14.30

Improving Secondary Prevention of Eating Disorders in Flemish School Health Centers

An VANDEPUTTE¹, Walter VANDEREYCKEN²

¹Eetstoornis.be, Department Prevention, Holsbeek, Belgium; ²Leuven, Belgium

14.30-14.45

Childhood Body-Focused Behaviors and Social Behaviors as Risk Factors for Eating Disorders in Males

Barbara MANGWETH¹, Armand HAUSMANN¹, Claudia I. RUPP¹, Claudia DANZL², Georg KEMMLER¹, Wilfried BIEBL¹

¹Medical University Innsbruck, Innsbruck, Austria; ²General Hospital Kufstein, Kufstein, Austria

14.45-15.00

Prediction of Long-term Course and Outcome of Binge-Eating Disorder (BED)

Manfred M. FICHTER^{1,2}, Norbert QUADFLIEG¹

¹University of Munich, Department of Psychiatry, Munich, Germany; ²Roseneck Hospital for Behavioral Medicine, Prien Germany

15.00-15.30

Plenary discussion

16.00 - 16.30

Coffee Break

16.30 – 18.00

Special Session:

A conversation with Arthur Crisp & Gerald Russell

Chair: Günther Rathner (Innsbruck, Austria)

Panel:

Arthur Crisp (London, UK)

Gerald Russell (London, UK)

Annemarie A. van Elburg (Zeist, The Netherlands)

Isabel Krug (Vienna, Austria & Barcelona, Spain)

Elisabet Wentz (Gothenburg, Sweden)

18.00 – 18.30

ECED Business Meeting

Chairs: Gerard Butcher (Ireland), Hubert Lacey (UK), Walter Vandereycken (Belgium)

Everybody is invited to decide about place of the next meeting in 2007 and future European activities on Eating Disorders.

19.00 -

Farewell Reception

Abstracts

WEDNESDAY, September 7, 2005

Keynote Lecture

Ordered Societies, Disordered Bodies. A Sociological Perspective

Chris SHILLING

University of Portsmouth, UK

This paper develops a distinctive sociological approach towards eating disorders by scrutinising long term changes in the structure of society that have made problematic characteristically modern relationships to the body. I begin by identifying food and eating as privileged creators of culture, before exploring how the emergent properties of culture shape our relationship with the edible world. I then suggest that the contemporary era is witnessing the consequences of a shift in the relationship between sociality, food and the formation of self-identity. While pre-modern societies were typified by 'eating communities' (Falk, 1994) in which the consumption of food was a collective process involving the incorporation into individuals of communal identities, the rise of rationalised and ordered societies in the affluent West has moved the boundaries of decisions regarding food and identity onto the individual body. Food has lost its traditional meanings and has become instead an unstable symbolic resource that nevertheless remains central to people's increasingly reflexive attempts to establish and maintain a viable embodied identity (Shilling, 2003). In this context, the subject of eating can be used to exemplify how highly rationalised, ordered societies are structurally related to particular types of disordered bodies.

THURSDAY, September 8, 2005

15.00 - 16.30

Special Session

Eating Disorders Societies for Professionals in Europe

Austria:

The Austrian Society on Eating Disorders (ASED)

Martina DE ZWAAN¹, Andreas KARWAUTZ², Günther RATHNER³

¹Erlangen, Germany; ²Vienna, Austria; ³Innsbruck, Austria

The Austrian Society on Eating Disorders (ASED) is a scientific society located in Innsbruck encompassing the whole of Austria. It was founded in 2000 as a non profit organisation. The ASED is the first German scientific society on Eating Disorders. The activities of the ASED are interdisciplinary, unifying all academic and clinical professions aiming at improvement of early detection, treatment, prevention and research of eating disorders as well as the development and support of health promotion regarding eating behaviour, body & self-image in order to reduce the incidence of eating disorders. The ASED devotes its efforts particularly to develop a network of various psychosocial occupational groups specialised in eating disorders, to promote training in early detection, diagnosis, counselling and treatment, to improve the therapeutic

standards for sufferers and relatives, to promote research in the field of eating disorders, to develop guidelines for treatment, to improve the interdisciplinary co-operation particularly with obesity experts, to develop and evaluate health promotion measures in the field of eating behaviour, body & self-image in order to minimise the incidence and to maximise the development of individual potentialities particularly for adolescents, to increase the public's sensitisation on the contribution of thinness-obsession and on the devaluation of one's natural figure and body forms. The ASED intends to consult and cooperate with public and private institutions aiming at improvement of the situation of sufferers and relatives and foster international co-operation in these fields. Our website address is www.oeges.or.at

Czech Republic

Hana PAPEZOVÀ

Charles University, 1st Faculty of Medicine, Department of Psychiatry, ED Unit at Psychiatric Department, Prague, Czech Republic

The Czech Eating Disorder Association (CZEDA) has been founded at the occasion of 1st Eating Disorders (ED) Conference held at Prague, Czech Republic in 1997. CZEDA represented a professional organization founded by psychiatrists and became a part of the Czech Psychiatric Association (represented at www.ceskapsychiatrie.com). The 1st ED conference was associated also with the organization of the 7th management Committee meeting of EU supported International project COST Action B6. This International Multicenter Collaborative Study contributed also substantially to the formation of several ED University Centers in the Czech Republic and to professional need of specialized organization for further research exchanges, clinical training and interdisciplinary professional communication. The organization has been inspired by organizational structure, network formation and goal definition at AED and ECED. Its 51 member group consists mainly of psychiatrists, psychologists and other therapists, while nurses, social workers, dieticians and health sciences students rarely took part in the organization. We concentrate to organize the biannual ED conference with international participation open to the participants of Eastern countries. We support other educational courses to provide dissemination of the specialized knowledge in ED problems, to assist the guidelines for practice and professional conduct and to stimulate interdisciplinary communication and to advocate for the field on behalf of the patients, their family, the risk population and eating disorders professional. We plan to develop the primary and secondary prevention in collaborations with ED self-help non-professional organizations. And to participate in the international ED research in this field. CZEDA supports the website www.pppinfo.cz.

Eating Disorders Network (EDNet, England)

Susan RINGWOOD

Eating Disorders Association, Norfolk, UK

EDNet (Eating Disorders Network) was formed in January 2004, and is the UK's only multidisciplinary forum for professionals working in the field of eating disorders.

Membership is open to anyone working, paid or unpaid, in the field of eating disorders. There are currently over 300 members, most of whom are based in the UK. EDNet conferences and networking events are open to non-members who are actively encouraged to attend (and join!)

EDNet was founded on these principles:

EDNet members believe that the work of supporting and treating people affected by eating

disorders is improved and strengthened by building links between professionals – both salaried and unwaged; from different disciplines, services and locations.

By joining EDNet, members are making a commitment to share best practice, skills and knowledge; engage in professional development and support colleagues in the field.

EDNet's Aims are to:

- Be membership driven and led
- Be accessible to staff working at all levels
- Be inclusive of staff working in all disciplines where people with eating disorders are treated or supported

To facilitate this, EDNet will:

- Organise affordable conferences and networking events – regionally and nationally
- Establish discussion fora and e-mail groups
- Advertise job, training and research opportunities
- Lobby and campaign for improved services

EDNet's methods will make maximum use of IT based technologies in order to increase access to information and keep costs low. EDNet's initial priorities are to organise one national conference in the first year; distribute an e-mail update each quarter; and seek funding to develop a website.

EDNet is facilitated by the Eating Disorders Association, the UK's independent voluntary organisation supporting people affected by eating disorders. EDNet events and activities are organised by a steering group of members representing the range of professional disciplines involved.

EDNet contact e-mail is: ednet@edauk.com

England:

The Eating Disorders Special Interest Group of the Royal College of Psychiatrists

Ulrike SCHMIDT

Institute of Psychiatry, Section of Eating Disorders, London, UK

The Eating Disorders Special Interest group (EDSIG) of the Royal College of Psychiatrists (www.rcpsych.ac.uk) began its life in 1990 as the College Eating Disorders Working Group. This group produced College Council Report CR14, on eating disorders services in the UK. A further survey on this topic was published in 2001 as Council Report CR 87 in collaboration with the Consumers Association. The group also collaborated with the Eating Disorders Association in the preparation of their guides to purchasing and providing services and in a large survey of EDA members' views of their treatment. The Special Interest Group was inaugurated at the Annual meeting of the College, in Torquay, July 1995, with Prof.G. Russell as its first Chair. It brings together psychiatrists in the field aiming to exchange information and improve services for this often neglected group of patients and their families. The EDSIG has two meetings a year with business and academic meetings, often with controversial themes combined on the same day. Links are maintained with Eating Disorders Special Interest Groups in other professional organisations.

Other publications of the group include leaflets and fact sheets for patients and their families, a webguide on eating disorders and a forthcoming report on nutritional management of eating disorders. Current areas of work include a survey of the implementation of the NICE guideline.

Hungary:

The Eating Disorder Working Group of the Hungarian Psychiatric Association

Ferenc TÚRY

Institute of Behavioural Sciences, Semmelweis University, Budapest, Hungary

Eating disorders represent an increasing and significant problem also in Hungary. Former epidemiological studies corroborated that the prevalence of bulimia is similar to the West European data. Only one special eating disorder unit functioned in Miskolc from 1990 to 2001. A new unit will be established from this September in Budapest, in the National Institute of Psychiatry.

In the light of these data the Eating Disorder Working Group of the Hungarian Psychiatric Association was established in June, 2005. The members of the WG can be: doctors (mostly psychiatrists), clinical psychologists, social workers, and also college students interested in research work. The actual number of members is 30.

The goals and activities of the WG are:

1. to establish a network in the country with specialists offering psychotherapeutical capacities for eating disordered patients;
2. to stimulate the research work in this territory involving students, as well;
3. to provide supervision for clinicians;
4. to stimulate the organization of self-help groups both for patients and parents.

Italy:

The Italian Society for the Study of Eating Disorders (SIS.DCA)

Patrizia TODISCO¹, Ottavio BOSELLO², Massimo CUZZOLARO³

¹Eating Disorders Center, Brescia, Italy; ²Verona, Italy; ³Roma, Italy

The Italian Society for the Study of Eating Disorders (SIS.DCA) is the oldest and the widest Italian scientific society in the field. It was founded in 1991 by a group of researchers and clinicians who agreed that Eating Disorders (ED) need a multidimensional approach and the collaboration of professionals of different orientations. In fact the first aim of our society is to stimulate studies, researches and cultural events that can enhance our knowledge, improve the treatment of ED and develop the important links between ED and obesity. For these reasons SIS.DCA joins together medical doctors, specialists in different fields (clinical nutrition, internal medicine, psychiatry, endocrinology) and psychologists but also people who study and treat eating disordered patients. Everyone who has a University degree and submits a formal membership request together with the letters of presentation by two members of the SIS.DCA and the curriculum vitae can become a member of the society. The scientific board of the society accept or deny the request. Our society is also involved in prevention programmes and in the training of future therapists. From 1991 SIS.DCA has organized four national conferences; the next will take place in Verona on March 2006. Twice a year we organize also two-day training courses on special topics. The next, that will be the twelfth, will be about Diabetes and ED. We are involved in some multisite studies on epidemiology and treatment of ED and obesity in Italy. The international journal *Eating and Weight Disorders, Studies on Anorexia Bulimia and Obesity* (covered in Index Medicus, MEDLINE and PsycINFO) is affiliated to SIS.DCA (www.kurtis.it; ewd@kurtis.it). Actually our society has 300 members and a website (www.disturbialimentazione.it; info@disturbialimentazione.it). The President of SIS.DCA is Prof. Ottavio Bosello (University of Verona). The immediate future goal of our society is to develop the Italian Guidelines for assessment and treatment of ED.

Italy:

AIDAP (Associazione Italiana Disturbi dell'Alimentazione e del Peso)

Riccardo DALLE GRAVE

Department of Eating and Weight Disorder, Villa Garda Hospita, Garda (Vr), Italy

Name of the society:

AIDAP (Associazione Italiana Disturbi dell'Alimentazione e del Peso)

website address: <http://www.positivepress.net/Aidap>

Contact e-mail: aidavr@tin.it

When was the society founded?

1999

Who can become a member?

There are three different levels of membership: two levels (ordinary members with voting rights and professional members with non-voting rights) for health professionals (MDs, psychologists and dietitians) and one level for the lay public (patients, educators, family and friends of the sufferers). Ordinary members must have gone through a special one-year training program and to maintain the status must update continuing education credits outlined by the scientific society. AIDAP is associated with FISM (Italian Federation of Scientific Medical Society).

Number of members

600

Goals and activities

The main objective of AIDAP is to diffuse and coordinate nationally in Italy scientific information with regards to eating and weight disorders and to create a dialogue among researchers, clinicians, policymakers and the general public.

Its principal activities include:

- Annual conference for health professionals
- Research projects on eating and weight disorders
- School-based prevention programs
- Newsletter „Emozioni e Cibo“ and Journal Observer (a summary of articles on eating and weight disorders from leading medical journals & comment on the latest clinical research). The circulation of both the Newsletter and the attached Journal Observer is 30,000 and publishes three times a year. More than 20,000 are distributed via traditional mail. It is the only source of its kind in Italy.
- Website with a forum coordinated by an AIDAP psychologist's where sufferers of eating disorders can seek help and exchange their experiences. To date there have been more than 300.000 visitors.
- Coordination of many media events through various representative members of the society.

Portugal:

Dulce BOUCA & Abel Matos SANTOS

NDCA, Portugal

This communication presents the reality of the Portuguese Eating Disorders Society, named NDCA – Núcleo das Doenças do Comportamento Alimentar.

It was officially founded in 1994, beginning its work in 1995. Since that time, NDCA had implemented comprehensive and integrated plans for the treatment of Eating Disorders. He also develops research and formation for younger practitioners, in the field of Psychiatry, Psychology, Endocrinology, Nursing and Nutrition.

The NDCA, is a scientific society, non profit organization. Our goals are the study of eating disorders, assistance to patients and families in hospital and outpatients, organizing scientific meetings, conferences and reunions, and research. The NDCA, is composed by health professional that are interested in ED.

Our presence is more stronger in Lisboa, Porto and Coimbra, but we have affiliates all over the country and islands.

We have inpatient and outpatient clinics. Both are compost by Psychiatrists, Psychologists, Endocrinologists, Internists, Nutritionists, Dieticians, Specialized Nurses and Social Workers. The aim is to integrate the information and its discussion, in a biopsicossocial perspective, to adequate the therapeutic response.

In our mains outpatients clinics, located in Lisbon, we accepted and annual average of 160 new patients (access limited), calculating and average of 400 new patients every year ins the 3 major clinics of NHS.

Scandinavia:

Nordic Eating Disorder Society – An Association for Clinicians and Researchers

Ulf WALLIN

Lund, Sweden

The Nordic Eating Disorders Society started as an initiative from the three national eating disorders societies in Sweden, Norway and Denmark, and had its constituent meeting in Stockholm, May 23, 1997. People from Finland and Iceland take part in the activities. Recently a collaboration with people in Estonia have started.

The Society has as its main object to develop and systematise the knowledge about and improve the treatment methods for eating disorders. This objective is attained by:

promoting and supporting research in the field, especially research that implies co-operation among treatment/research units in the Nordic countries.

promoting and supporting co-operation among treatment units in the Nordic countries and among these and researchers in the field.

working to make existing and new knowledge available to all members of the Society.

promoting contacts with corresponding organisations outside the Nordic countries.

serving as a forum for new contacts and exchange of experiences among people in the Nordic countries, who in different ways work professionally with eating disorders.

The main activities for the society are to arrange the Nordic Eating Disorders Conference, which take place every two year in different Nordic Countries, were the national Eating Disorders Societies are the local host. These conferences has it main purpose to present activities within the Nordic countries.

Spain:

The Spanish Association for the Study of Eating Disorders (AEETCA)

Luis BEATO-FERNÁNDEZ

Asociación Española para el Estudio de los Trastornos de Conducta Alimentaria (AEETCA), Spain

The Spanish Association for the Study of Eating Disorders (AEETCA) was founded in 1993 with the purpose of agglutinating a group of professionals interested in the field of eating disorders, both from clinical and research points of view. Memberships of this Society may be psychiatrists or other medical specialists, psychologists, nutritionists, nurses and social workers. Since 1999 the Society organizes bi-annually a National Congress. At the moment, AEETCA has 160 members, mainly psychologists and psychiatrists who are mostly the responsible of the public health assistance of eating disorders in Spain. The Society has a web page (www.gonzalomorande.eresmas.net), where clinical and other information of interest are available for the members. Furthermore it is possible to contact with the Society through electronic mail (AEETCA@yahoo.es). Likewise, a journal of the Society is published and it is sent to all the AEETCA members (Anorexia & Bulimia).

The core objectives of the Society are: 1) the development of clinical guidelines for the good practice of the majority of professionals that work in this field; 2) the stimulus and coordination among the different groups of Spanish researches. Besides teaching support and collaboration is offered. Finally the Society coordinates the demand of assistance resources from the different Spanish associations of family of eating disordered patients.

Switzerland:

National International Scientific Societies on Eating Disorders (for Professionals)

Erika TOMAN, Christopher RUTISHAUSER

Experten-Netzwerk Essstörungen Schweiz ENES, Meilen, Switzerland

Name of the society: Experten-Netzwerk-Esstörungen Schweiz ENES/ Réseau Expert Troubles Alimentaires Suisse RESTA

Website address, contact e-mail:

www.netzwerk-essstoerungen.ch/ www.tr-alimentaires.ch

kontakt@netzwerk-essstoerungen.ch/contact@tr-alimentaires.ch

When was the society founded?

The society was founded in 2001.

Who can become a member?

The Experten-Netzwerk Essstörungen Schweiz (ENES) is a non-profit organization. Membership is open for health professionals such as physicians, psychotherapists, nutritionists and others who are specialized in treatment, research and prevention of eating disorders in children and adolescents as well as adults.

Number of member?

45 institutions and 200 individuals

Goals and activities?

- ENES runs a regularly updated and frequently visited web site that provides comprehensive information about eating disorders and treatment options for health professionals, including updates on scientific meetings.
- ENES provides addresses of health professionals and institutions specialized in treating eating disorders. Members of ENES have the opportunity to give specific information about their treatment facilities via the web site.

- ENES takes initiatives in order to make the public health care systems and associated organizations aware of issues important to patients with eating disorders.
- ENES aims to support networking between health professionals specialized in eating disorders, and particularly improvement of collaborations between clinicians, researchers and public health professionals.
- ENES regularly organizes national scientific meetings as well as institutional visits for health care professionals.
- ENES has established several task forces working on specific projects (e.g. treatment facilities for children and adolescents with eating disorders).

The Netherlands:

The Dutch Academy for Eating Disorders

Hans BLOKS

Leidschendam, The Netherlands

The Dutch Academy for Eating Disorders (NAE) is founded in January 2005 as successor of the Dutch Foundation for Eating Disorders (SEN). The NAE is a multidisciplinary society for professionals and researchers working in the field of eating disorders. The aim of the NAE is to promote structure and quality of care for patients with eating disorders and to promote research and prevention. Members can become professionals like doctors, psychiatrists, psychologists, psychotherapists, dieticians, nurses, art therapists and psychomotor therapists. The NAE provides education, training and a forum for collaboration and professional dialogue.

The NAE has now 45 members. Institutions specialized in the treatment of eating disorders can also become member of the NAE.

In November 2005 there will be the yearly NAE day. The content of this day is workshops and presentations about special topics.

Future plans of the NAE include further cooperation with the Dutch Knowledge Center on Eating Disorders, starting "special interest groups", making a newsletter and building a website. Contact with similar organizations in other countries will be established.

17.00 – 18.30

Scientific Session I

Body Image

Body-Images of Patients With Anorexia or Bulimia Nervosa and Their Mothers

Dieter BENNINGHOVEN, Nina TETSCH, Sebastian KUNZENDORF, Günter JANTSCHKE
University of Schleswig-Holstein, Campus Lübeck, Department of Psychosomatic Medicine, Lübeck, Germany

Background: Little is known about body images of mothers of eating disordered patients. In this study we investigated the body-images of patients with anorexia or bulimia nervosa and their mothers in a computer assisted approach.

Method: A computer program is presented that allows modelling perceived and desired body-images. The program also allows to assess body-images not only from patients themselves but

also from family members. In this study patients and mothers estimate their own body-images and mothers estimate the images they have from their eating disordered daughters. The selected images are compared with data from standardised questionnaires about body image (FKB), about family functioning (FAM) and with anthropometric data. Data from 50 patients (30 anorexia patients and 20 bulimia patients) are presented.

Results: Both groups of patients overestimate their body fat. Bulimia patients wish to be thinner. Mothers of patients with anorexia perceive their daughters accurately, mothers of patients with bulimia underestimate their daughters. Both groups of mothers underestimate their own bodies and wish to be thinner. Body dissatisfaction of bulimia mothers is correlated with body dissatisfaction of their daughters and with less family functioning assessed both from mothers' and from daughters' perspectives. Body image distortion of anorexia mothers is correlated with family functioning assessed from mothers' perspective only.

Discussion: Body images of mothers may provide potentially significant information for the treatment of eating disordered patients. Body dissatisfaction and body image distortion of mothers are closely related to overall family functioning.

Does the Exposure to the Own Body Image Provoke Different Patterns of Change in Regional Cerebral Blood Flows in Anorexia and Bulimia Nervosa?

Luis BEATO FERNANDEZ, Teresa RODRIGUEZ-CANO, Inmaculada GARCIA-VILCHES, Victor POBLETE GARCIA, Ana GARCIA-VICENTE

Hospital del Carmen, Eating Disorders Unit, Service of Psychiatry, Ciudad Real, Spain

Objective: To see if there were significant differences between anorexia nervosa (AN), bulimia nervosa (BN) and controls regarding the patterns of change in the regional cerebral blood flow (rCBF) experienced during the exposure to their own body image.

Method: Participants were 12 female controls and 27 DSM-IV eating disordered patients (12 AN restricting type and 7 BN purging type), without comorbid I Axis or organic disorders. Eating psychopathology, anxiety and depressive symptoms were assessed by means of several questionnaires at the time of every one of the three experiments with single photon emissions computed tomography (SPECT): 1) at baseline; 2) during the exposure to a landscape video-film (neutral stimulus); 3) during the exposure to their own body image (positive stimulus) filmed two weeks before. Body dissatisfaction was measured with the Body Shape Questionnaire (BSQ) as soon as each exposure was completed.

Results: In the BN group there was found an activation in the right temporal region (RT) during the exposure to the positive stimulus and a hypoperfusion during the neutral stimulus. No activation was found in the AN group and a hypoperfusion in the RT region was found in the control group during the exposure to the positive stimulus. Those differences were statistically significant, after controlling the effect of BSQ scores (ANOVA for repeated measures: $F=7.649$, $df=2$, $p<.01$). Conclusions: patterns of changes in rCBF during the exposure to the own body shape were different in BN compared to AN, and to a control group.

Body Image Assessment Software: A New Program for Assessing Body-Image Disturbances Using Adjustable Partial Image Distortion

Marta FERRER-GARCIA, José GUTIÉRREZ-MALDONADO, Alex LETOSA-PORTA

Universidad de Barcelona, Department of Personality, Assessment and Psychological Treatments, Barcelona, Spain

We present an innovative interactive computer program developed to assess body-image distur-

bances. This assessment is especially indicated in patients with eating disorders but it may also be of use in other contexts. The BIAS (Body-Image Assessment Software) is a simple, fast and economical method for assessing body-size distortion and body dissatisfaction via the modification of a scale image of the subject's figure. The software can be run on any computer that has Windows and Microsoft Access or Microsoft Access TunTime, and the data can be exported to applications such as SPSS and Excel. Thus, the strong points of the software are its accessibility and ability to generate a female figure to scale that represents the real silhouette of the patient. Recently, we have analyzed psychometrical properties of BIAS. The BIAS was administered to 197 psychology students at the University of Barcelona. Moreover, the students filled up the Eating Attitudes Test (EAT-26), the Body Shape Questionnaire (BSQ), the Body Dissatisfaction Scale of the Eating Disorders Inventory (EDI-2-BD) and a test of silhouettes (the Body Image Assessment-Revised, BIA-R).

Results obtained show good validity and a very high reliability. Furthermore, the BIAS is able to discriminate between people who are in risk of having an ED and people that are not in risk of having an ED. People who are in risk of having an ED show more body image distortion and body image dissatisfaction.

Body Image in Eating Disorders. Test of the Computer Program Body Shape

Helén LÖNNING

Child and Adolescent Psychiatry, Videgarden Eating Disorder Unit, Linköping, Sweden

To treat body image distortion in eating disorders, and also to assess and understand the body image in a certain patient as in groups of patients, instruments are needed. In a new computer program "Body Shape", a schematic contour of a woman body, can be redrawn to form a picture of oneself, both from the front and from the side. The size of different parts of the body can independently be changed and in the same time it gives a whole image of the body. Three possible pictures can be drawn – "Think", "Feel" and "Want". These can be compared with the "Is-picture", constructed from real height and width of the body. Body perception index is calculated estimating the relationship between the actual picture and the estimated one.

The aim of the study was to validate and test reliability of the computer program in one group of patients and one healthy group and to compare the pictures within and between the groups. A number of 23 eating disorder patients and 30 wealthy women; senior high school girls and occupational therapist students performed the test.

The results showed reasonable criteria validity compared to Figure Rating Test and Body Attitude Test, enough sensitivity to differ pictures, and a good test retest stability. In the clinical work the use of the program also gives a good educational aid, where the pictures serves as a starting point for further reflection and discussion about the personal body image and conceptions about ideals.

Body Composition in Eating Disorders: What Kind of Method/Formula did we use in Clinical Practice?

Michel PROBST^{1,2}, Marina GORIS^{1,2}, Jacqueliën HILLEBRAND³, Guido PIETERS², Walter VANDEREYCKEN²

¹K.U.Leuven, Faber, Department of Rehabilitation Sciences, Belgium; ²University Centre Sint Jozef Kortenberg, Belgium; ³University Medical Centre, Utrecht, The Netherlands

Background & objective: The estimation of body composition in eating disorder patients is a complex issue due to the biochemical immaturity, severe underweight or weight fluctuations

and often increased physical activity of the subjects involved.

This study aimed at comparing (1) different methods for measuring body composition: hydrodensitometry (underwater weighing), anthropometry (skin fold thicknesses) and bio impedance analysis (Maltron BF 907; Tanita TBF-300), (2) the weight percentage of body fat in anorexic adolescents on the basis of four distinct formulas (Siri, Lohman, Deurenberg & Weststrate, Heyward & Stolarczyk)

Design: (1) The body composition of 80 subjects (25 eating disorder patients) was studied using the four different methods. Bland & Altman analysis of agreement was used.

(2) 238 AN patients divided into four age categories (13-15, 15-17, 17-19, 19-22 years) were measured by means of densitometry, and percentage of body fat was calculated using the four distinct formulas. One factor repeated measure ANOVA followed by post hoc contrasts was conducted using the Scheffé method for complex contrasts.

Results: (1) Percentage body fat measured by underwater weighing and skin fold thicknesses differs significantly from the bio impedance analysis. The correlation between underwater weighing and impedance is 0.58. For five patients (BMI= 13,6; SD 0.7) the bio impedance gave an error message.

(2) The Siri formula generally results in the highest mean fat percentage whereas the Hewyward & Stolarczyk formula shows the lowest figures. Applying the Lohman and the Heyward formulas results in negative fat percentages.

Conclusions: Based on these results we recommend the anthropometry method and with some restrictions the Siri formula as a clinically useful formula for the estimation of body composition in specific age categories in anorexia nervosa patients.

17.00 – 18.30

Scientific Session II

Treatment

Evaluation of a Manual Based Cognitive Behavioral Group Therapy (CBT) Program for Adolescent Girls with Anorexia Nervosa (AN) and their Families

Susanne OHMANN¹, Christian POPOW^{1,2}, Bibiana SCHUCH¹, Andreas KARWAUTZ¹, Monika LANZENBERGER³, Herbert HERZOG³, Klaus HINUM³, Silvia MIKSCH³

¹Medical University, Department of Neuropsychiatry for Children and Adolescents, Vienna, Austria; ²Medical University of Vienna, Department of Pediatrics and Adolescent Medicine, Vienna, Austria; ³Technical University of Vienna, Institute of Software Technology, Vienna, Austria

Objectives: Because there are no standardized CBT programs for juvenile AN we developed a multimodal manual of group therapy and evaluated it in an ongoing three years experience. Our intervention included schema therapy, psycho-education, problem analysis, training of social skills, and parental interchange of problem solving strategies.

Methods: Twenty-five outpatient girls between 13 and 17 years of age meeting the diagnostic ICD-10 criteria of AN were assigned to one year of group CBT (40 sessions each 90 minutes) including family sessions (one monthly). Psychopathologic symptoms, schemas, family relations and treatment ratings were assessed at baseline, during (every three months), at the end of and 12 months after therapy.

Results: Twenty-five patients have been treated within three groups (1: n= 9; 2: n= 7; 3: n= 9), whereas the third group is still ongoing. Until now, 19 patients completed treatment and 6 took part in some therapeutic group sessions only.

The criteria for “positive outcome” (group 1 & 2) or “improved status” (group 3) were met by

19 patients. Three girls (group 1 & 2) improved in the following years, 2 changed the hospital, 1 girl (group 1) did not improve. So far, no once successful treated patient relapsed.

Conclusion: Our treatment has been effective in improving outcome and preventing relapse. This study for the first time empirically documents the efficacy of a standardized group CBT program in adolescent patients with AN.

Impact of the Family Meal Intervention on Weight Gain and General Outcome in Adolescent Anorexia Nervosa. A Randomized Controlled Pilot Study

Cecile RAUSCH HERSCOVICI

Universidad del Salvador, Department of Psychology, Buenos Aires, Argentina

Objective: Evaluate the effectiveness of the family meal interview (FMI) on weight gain and general outcome.

Method: Upon admission participants were categorized based on symptom severity and on family dysfunction. A quantitative controlled trial with a matched group design was used in which 12 adolescents with anorexia nervosa were randomly assigned to two groups of outpatient family-based therapy, treated during 6 months and followed-up at 12 months. Measures were taken at admission and on these two occasions. Groups differed only with regard to the FMI.

Results: Both treatments produced considerable and comparable improvement in biological parameters, in depression, and in eating and general psychological symptoms. Weight increase was found to be inversely related to family dysfunction.

Discussion: Event though the FMI intervention did not appear to convey specific benefits in causing weight gain it may still have a place in the intractable self-starving patient with greater psychopathology. It is important to measure the degree of family dysfunction in future studies; here the value of the Kinston Family Health Scale has been demonstrated.

Patient Perspectives of Causes and Recovery from Anorexia

Karin NILSSON, Bruno HÄGGLÖF

Umea University, Child and Adolescent Department, Umea, Sweden

Background: Although much research has been done concerning Anorexia Nervosa there still remain questions concerning causes and recovery. It has not been common to address questions of causes and recovery to patients.

Aim: The aim of this study was to find out previous anorexia nervosa patients' opinions about causes, turning-points and recovery from anorexia nervosa.

Method: 68 women that were admitted for treatment at child and adolescent clinics in northern Sweden during the years 1980-1985 were interviewed 8 and 16 years after admittance. Questions of causes and recovery were analyzed qualitatively.

Results: At the 2nd follow-up 58 (85%) were recovered from eating disorders. Reasons for developing anorexia nervosa were seen within the person (myself), the family and outside of the person and the family. Myself and family reasons were the most common answers. Low self-esteem as a reason for developing anorexia nervosa was expressed more often in the group that was not recovered compared to the recovered group. Outside reasons like athletics were common for women that recovered after a short duration of illness.

In the turning points there was often an active decision to change the eating behaviour. Sometimes there was a special turning-point that had a strong impact on the decision to change.

Sometimes the recovery process was gradual with the interplay of passive and active elements. Mostly there were important interpersonal relations that contributed to turning-points and recovery. The relations could be in private life or in treatment.

Discussion: The diversity of experienced causes shows the need for a variety of treatment models. The attribution of recovery also to other things than treatment points to the importance of social life during the recovery process.

The Impact of a Time-limited, Integrated Psychodynamic-behavioural Outpatient Treatment Programme for Bulimia Nervosa and Binge Eating Disorder

Susan MURPHY, Lynda RUSSELL, Glenn WALLER

Springfield Hospital, St. George's Outpatient Eating Disorders, London, UK

Background: While there is substantial theoretical support for treatments that focus on interpersonal issues, in bulimic disorders, there is only a very limited evidence base to validate that opinion. There are suggestions that psychodynamic approaches are likely to be more effective if they include an explicit focus on behavioural issues, and if they are time-limited, but again there is little evidence to support this possibility. This pilot study presents outcomes from a time-limited, psychodynamic-behavioural outpatient treatment programme for bulimia nervosa and binge eating disorder.

Methods: The participants were 14 patients with bulimia nervosa and seven with binge eating disorder. Each was selected for treatment within a protocol-driven programme. Indices of outcome were changes in body mass index, binge frequency and frequency of vomiting. Patients were followed up for up to six months after treatment ended.

Results: Both groups showed low drop-out rates, clinically significant reductions in bulimic symptoms, and substantial rates of full recovery. These findings are comparable with those from cognitive-behavioural therapy.

Conclusions: Particular bulimic patients can be treated effectively within a psychodynamic framework, where there are explicit behaviour elements and where there is a limited time frame. Further research is needed to determine if these findings can be extended to anorexic disorders, and to extend our understanding of the viability of matching treatments to individual cases.

Cognitive Behavior Therapy Multi-Step (CBT-MS) for Eating Disorders

Riccardo DALLE GRAVE

Villa Garda Hospital, Garda, Italy

The aim of this presentation is to describe a novel model of cognitive behaviour therapy (CBT) for eating disorders called CBT-Multi-Step (CBT-MS). The treatment, derived from the trans-diagnostic cognitive behaviour theory of eating disorders described by Fairburn, Cooper & Shafran (2003), expands the range of applicability of outpatient CBT. It is designed to be applicable to different levels of care (outpatient, intensive outpatient, day-hospital, inpatient, and post-inpatient), and to eating disorder patients of all diagnostic categories, ages and BMI. Distinguishing CBT-MS is the adoption of an unique theory at different levels of care, the multi-step approach conducted by a multidisciplinary (but non eclectic) team, and the inclusion of a CBT family module for patients < 18 years. An observational study is in progress to test the effectiveness of CBT-MS in a 'real' clinical setting and at different level of care.

17.00 – 18.30

Scientific Session III**Epidemiology****Anorexia Nervosa in a Black Antillean Woman**Hans Wijbrand HOEK, Ellen M.C. WILLEMSSEN*Parnassia Psychiatric Institute, Psychiatric Residency and Research, The Hague, The Netherlands*

Previously we have found that anorexia nervosa does not occur among black women in Curaçao (Am J Psychiatry 2005; 162:748-752). However, recently a black Antillean woman with anorexia nervosa was presented to our clinic in The Netherlands.

We describe a case of anorexia nervosa in a black woman who migrated from the Caribbean island of Curaçao to the Netherlands. On Curaçao, our patient succeeded in gaining weight to become more attractive for her partner. After her partner had threatened her with physical violence, she decided to lose weight to become less attractive to him. At the age of 24, she decided to leave her partner and fled to the Netherlands. She then discovered that being thin is considered attractive in the Netherlands. Mainly through watching television, she discovered that many Dutch women were dieting. She then tried to avoid fat food, until she weighed a mere 45 kgs. At referral she was suffering from anorexia nervosa (DSM-IV criteria).

This case illustrates the important role of sociocultural factors in the development of anorexia nervosa.

Bigorexia Nervosa and Disordered Eating in a Sample of Male Body Builders from RomaniaTimea KOVÁCS¹, Lukás-Márton RÈKA¹, Pál SZABÓ²¹*Transylvanian University of Science-Sapientia, Department of Human Science, Targu-Mures, Romania;* ²*Debrecen, Hungary*

With the new male body ideal in the media, young men have become increasingly engaged in body building and the use of anabolic steroids. Anabolic steroids can cause psychotic reactions such as auditory hallucinations, maniac symptoms and depression.

These men perceive themselves as small and frail when in fact they are large and muscular. This process is called reverse anorexia, bigorexia nervosa or muscle dysmorphia.

In Romania only a few researches have been made in the field of eating disorders and there are no data about the rate of reverse anorexia in our country. The present research was designed to fulfill this gap.

The present paper analyses the prevalence of reverse anorexia and eating disorders in 300 male body builders from Romania.

A total of 300 men were surveyed using the Eating Disorder Inventory (Garner;1983), the Human Figure Drawing Test (Fallon & Rozin; 1985), The MASS Questionnaire and the Depression, Anxiety and Stress Scales (Lovibond;1995).

The results show that half of the 300 men questioned used anabolic steroids. And the situation in our country regarding the muscle dysmorphia represents a problem at least as common as in Western countries. Evaluating the group of anabolic steroid users we found other psychotic symptoms also (depressive and anxiety symptoms). The surveyed population presented disturbed eating habits also.

An understanding of the sociocultural forces influencing body shape and size in males may help us understanding not only why eating disorders are less frequent in man than in women but also why they occur in those male who do experience them.

It is commonly thought that eating disorders are considered Western illness. Romania as a post-communist country is in a process of multiple sociocultural and economical changes which offers a proper ground for the process of “westernization”.

Socio-Cultural Profile of Patients Seeking Treatment at Two Large ED Outpatients Clinics in Israel: A Descriptive Epidemiological Study

Yael LATZER¹, Eynat ZUBERY², Shlomit VANDER¹, Miri GIVON¹, Evelyne STEINER², Itzhak GILAT³

¹Eating Disorders Clinic, Psychiatric Division, Rambam Medical Center, Haifa, Israel; Department of Social Work, University of Haifa, Haifa, Israel; ²Eating Disorder Unit, Davidson Clinic, Ra'anana, Shalvata Mental Health Center, Israel; Sackler Faculty of Medicine, Tel-Aviv University, Israel; ³“ERAN”, Israeli Association of Emotional First Aid, Netania, Israel; Levinski College of Education, Tel Aviv, Israel

Objectives: Israel is a unique society. Its population is characterized by both ethnic mixtures and polarities. The present study focused on the differential help-seeking characteristics of Eating Disordered (ED) patients who referred to the two biggest Out-Patient's ED clinics in Israel. The aims of this study were: To determine the relative frequencies of ED. To describe the socio-cultural profile of this clinical group and the differential characteristics of each diagnostic group. To compare the two ED out patient clinics with regard to the two former objectives.

Method: The study was carried out at two ED outpatient clinics. These ED Clinics were established concurrently 12 years ago at two separate medical centers in Israel. The data retrieved from the patient's files included: age of onset of illness; age of referral, gender, referral source, country of birth, ethnicity, religion, residential setting, parents' level of education. The patients were diagnosed according to DSM-III (1991) DSM-IV (1994) and EDE.

Results: No significant differences were found between the two clinics except for residential setting. The Rambam patients included a significantly higher percentage of kibbutzim residents and a lower percentage of rural residents. The ED patient profile that emerged from the data is as follows: Jewish, born in Israel, of Ashkenaz (European origin) ethnic group, secular and highly educated. The percentage of new immigrants, Arabs, and religious patients is much lower than their proportion in the general population.

Discussion: Our results shed light on the different social- cultural aspects of Eating Disorders, help identify at risk groups and call for the need to develop a plan to prevent Eating Disorders

Epidemiology of Eating Disorders Not Other Wise Specified: A Two-Stage Study

Paulo MACHADO¹, Daniel SAMPAIO², Barbara MACHADO¹, Sónia GONÇALVES¹, Hans HOEK³

¹Universidade do Minho, Department Psicologia, Braga, Portugal, ²Lisboa, Portugal, ³The Hague, The Netherlands

Eating Disorders not other wise specified is the most common eating disorder diagnose in eating disorder treatment setting. Previous research has estimated that 60% of all ED cases in clinical settings are ED-NOS. However little is known about the actual distribution of ED-NOS in community samples. The purpose of the current project was to assess the prevalence of eating disorders (including ED-NOS) in a community sample using a controlled two-stage epidemiological design. Participants in the study were 2028 students between 9th 12th grades from the North, Centre and South of mainland Portugal, age ranged between 12 to 23. (M=16.18; SD=1.36). Participants responded to the Eating Disorder Examination Questionnaire (EDE-Q, 4th edition Fairburn & Beglin, 1994) at stage 1 of the study. For the stage 2 we selected all the participants that fulfil one of these criteria: (1) BMI $\leq 17,5$; (2). Scores ≥ 4 on each of the four EDE-Q Subscale; (3). Total EDE-Q score ≥ 4 ; or, (4). Presence of dysfunctional eating behaviours (binge eating episodes, weight control methods). At stage 2 we interviewed 901 participants using the Eating Disorder Examination (EDE, 12th edition, Fairburn & Cooper, 1993) to confirm possible eating disorder diagnosis at stage 1. Results showed an overall prevalence of 3.06% for all eating disorders in this age range. Prevalence for Anorexia Nervosa, was .39%, for Bulimia Nervosa .30%, and ED-NOS 2.37%. Cases of ED-NOS accounted for 77.4 % of all cases of eating disorders diagnosed.

The Changing Nature of Eating Disorders in Japan

Yoshikatsu NAKAI

Karasuma Oike Nakai, Kyoto, Japan

Objective: The purpose of this study is to reveal the changing nature of eating disorders (EDs) in Japan based on the clinical experience of EDs.

Method: Three studies were conducted. The epidemiological survey of EDs in Kyoto University Hospital was conducted (Study 1). A modified two-stage survey among approximately 9000 students aged 12-24 at Kyoto prefecture in 1984, 1994 and 2004 (Study 2). The risk factors for EDs were studied (Study 3).

Results: Study 1: Detailed descriptions of anorexia nervosa (AN) were first reported in 1960. The number of patients with AN has been increasing since 1970. The prevalence of bulimia nervosa (BN) has been increasing since 1980. Recently the prevalence of binge eating disorder (BED) has been increasing in Japan.

Study 2: The prevalence of AN in females was 0.1 % in 1984, 0.15 % in 1994 and 0.2 % in 2004, respectively. The prevalence of BN in females was 0.5 % in 1994 and 1.5 % in 2004, respectively. The prevalence of BED in females was 1.0 % in 1994 and 2.0 % in 2004, respectively.

Study 3: The risk factors for AN were personal vulnerability factors, particularly perfectionism and negative self-evaluation. For BN, they were dieting vulnerability factors. For BED, they were stress vulnerability factors.

Discussion: The overview of EDs in Japan indicated in the 1970s the focus was on a contribution of the family in classical AN, in the 1980s on weight and diet pressure in BN and in 1990s on the awareness of female role and stress in BED.

17.00 – 18.30

Scientific Session IV**Panel Salut****The development and deployment of online therapeutic tools:****Results and experience from a European study on the deployment of a web-based Self-Help guide for Bulimia Nervosa.****Introduction SALUT project**Claes NORRING**Results from a European multi-centre study on the efficacy of a Web Based Self Help Guide for the Treatment of Bulimia**Patrick ROUGET¹, Isabelle CARRARD², Lauri NEVONEN³, Fernando FERNÁNDEZ-ARANDA⁴, Claes NORRING⁵, Mariane CEBULLA⁶, Manfred FICHTER⁶, Iris LIWOWSKY⁷, Maria CAROLA⁸, Anne-Christine VOLKART⁸, Tony LAM⁹

¹Hôpitaux Universitaires de Genève, Liaison Psychiatry Unit, Switzerland; ²Centre Hospitalier Universitaire Vaudois, Liaison Psychiatry Service, Lausanne, Switzerland; ³Queen Silvia Childrens Hospital, Göteborg, Sweden; ⁴University Hospital of Bellvitge, Department of Psychiatry, Barcelona, Spain; ⁵National Resource Centre for Eating Disorders, Örebro, Sweden; ⁶Klinik Roseneck, Prien-am-Chiemsee, Germany; ⁷Cinderella Beratungsstelle für Essstörungen e.v., Munich, Germany; ⁸Hôpital de Malévoz, Institutions Psychiatriques du Valais Romand, Monthey, Switzerland; ⁹NetUnion, Lausanne, Switzerland

Clinical research has shown that self-help manuals, based on Cognitive Behavioural Therapy (CBT), can be used effectively for the treatment of Bulimia Nervosa (BN). The purpose of this study was to examine the effectiveness of a web-based self-help guide in reducing symptoms of bingeing and vomiting in BN patients.

The study uses a web based self-help guide developed by the University Hospital of Geneva and NetUnion. The guide is available in 7 European language and efficacy studies were conducted in Germany, Switzerland (French), Spain and Sweden from 2002 to 2004. The sample population (N= 141) includes women between the ages of 18 to 30, with confirmed BN or EDNOS type 3 and 4 (DSM IV). Participants used the self-help guide over a period of six months. Contact with the therapist consists of 3 face-to-face interviews (pre, post, follow-up) and a short weekly e-mail. Both participant and therapist can access online analytical summaries for progress monitoring. All participants were evaluated during the pre, post and follow-up interviews with the Eating Disorders inventory-2 (EDI-2), the Symptom Checklist-90 (SCL-90) and an anamnestic and user acceptance questionnaire.

Results demonstrate significant improvements across all EDI-2 subscales, and that there is reason to continue the development of an Internet based self-help guide for eating disorders. Full results for the study including comparison with waiting list, psycho-educational group therapy, or randomly drawn normal control group will also be presented.

The European Commission and the Swiss Federal Office for Education and Science funded this study within the SALUT project.

Efficacy Evaluation of the French Version of the Web-Based Self-Help Guide for Bulimia Nervosa in Switzerland.

Isabelle CARRARD², Patrick ROUGET¹

¹*Hôpitaux Universitaires de Genève, Liaison Psychiatry Unit, Switzerland;* ²*Centre Hospitalier Universitaire Vaudois, Liaison Psychiatry Service, Lausanne, Switzerland*

This study was conducted in Switzerland by the Unité de Psychiatrie de Liaison, Hôpitaux Universitaires de Genève and the Institutions Psychiatriques du Valais Romand, Hôpital de Malévoz. A total of 45 female participants meeting the DSM IV criteria for bulimia nervosa used the self-help guide over a period of six months and maintain a brief e-mail contact once a week with a coach (a therapist). All participants were measured during face-to-face interviews in the beginning, after four months and after six months with the Eating Disorders Inventory-2 (EDI-2), the Symptom Checklist-90 (SCL-90R). The results showed encouraging results concerning standardized questionnaires, in terms of symptoms (binges, vomiting) and about user satisfaction. Participants found the guide useful and easy to use. Weekly e-mail contacts with the therapist were considered as essential. Some web-based self-help structure modifications or more specified guidelines for e-mail coaching could improve results and compliance.

Efficacy Evaluation of the Spanish Version of the Web-Based Self-Help Guide for Bulimia Nervosa: A Controlled Study.

F. FERNÁNDEZ-ARANDA, Araceli NÚÑEZ, Cristina MARTÍNEZ

University Hospital of Bellvitge, Department of Psychiatry, Barcelona, Spain

Objectives: The purpose of this study was to examine the effectiveness of Internet Based Therapy (IBT), in reducing symptoms of bingeing and vomiting in BN patients, when compared to other therapy options or a waiting list group.

Method: In this control trial 93 female BN patients, diagnosed according to DSM-IV criteria, participated. An experimental group (31 patients who received IBT) was compared to two control groups (31 patients, who received a brief psychoeducational group therapy -PET-, and 31 patients, who were on the waiting list -WL-). All the control Ss. (PET and WL) were matched to the IBT group for age, duration of the disorder, number of previous treatments and severity of the disorder.

Results: Preliminary data analysis, using MANOVA with repeated measures, detected a significant main effect for the factor „time“ ($p < .0001$) and an interaction effect was observed between „time“ and „type of treatment“ ($p < .012$). After the completion of the self-help guide, 79% of the patients reduced the frequency of binges and 83% of the patients reduced the frequency of purges. A full remission of bulimic symptoms was observed in 32,3 % of the IBT patients (37,5% in PET and only 3% in WL). No significant differences between the two treatment conditions (IBT vs. PET) were revealed on drop-out rates (35,5% IBT vs. 16,1% PET).

Conclusions: The results of this study indicate that a self-help guide appears to be a valid treatment option for people who have difficulties to attend a treatment centre or who present lower severity of their ED symptoms.

Efficacy Evaluation of the German Version of the Web Based Self Help Guide for Bulimia Nervosa

Iris LIWOWSKY⁷, Marian CEBULLA⁶, Manfred FICHTER⁶

⁶*Klinik Roseneck, Prien-am-Chiemsee, Germany;* ⁶*Cinderella Beratungsstelle für Essstörungen e.v., Munich, Germany*

This study was conducted in Germany by Cinderella Beratungsstelle für Essstörungen e.v., Munich, in collaboration with Klinik Roseneck, Prien-am-Chiemsee. A total of 22 female participants meeting the DSM IV criteria for bulimia nervosa used the self-help guide over a period of four months and maintained a brief e-mail contact once a week with a coach. They were also given the option of continuing the work during the two month follow up period.

Assessment: All participants were measured during face-to-face interviews in the beginning, after four months and after six months with the Eating Disorders inventory-2 (EDI-2), the Structured Inventory for Anorexia and Bulimia SIAB, the Symptom Checklist-90 (SCL-90R), the Beck Depression Inventory BDI and an anamnestic questionnaire.

Results: The T-tests showed promising results in terms of significantly reduced bulimic symptoms (binges, vomiting), depressive symptoms and good user satisfaction.

Among other advantages, the SHG also helps overcome the problem of travel distance, time constraints of both patients and therapists. It appears to be a valuable treatment option.

Efficacy Evaluation of the Swedish Version of the Web-Based Self-Help Guide for Bulimia Nervosa.

Lauri NEVONEN, Gunilla PAULSON-KARLSSON, Birgitta LEVIN, Marianne LINDSTROM

Queen Sylvia Childrens Hospital, Goteborg, Sweden

The Swedish study was conducted by the Queen Silvia Children's Hospital, Göteborg, Sweden. The Swedish sample comprises 36 female participants between 18-24 years of age (M=21.1) with a mean duration of 5.1 years meeting DSM IV criteria for bulimia nervosa (n=26) or eating disorder not otherwise specified (n=10). All participants were measured pre- post- and at a 2-month follow-up with the Rating of Anorexia and Bulimia Interview (RAB-R), Eating Disorders inventory-2 (EDI-2), and the Symptom Checklist-90 (SCL-90). Participants used the self-help guide over a period of six months and maintain a brief contact once a week with a coach. This follows a similar protocol as studies in the other countries. Significant pre- to post changes were demonstrated on Drive for thinness (EDI-2), Bulimia (EDI-2), Interoceptive awareness (EDI-2) and Maturity fears (EDI-2). Significant changes were demonstrated from pre- to 2-months follow-up for Exercise (RAB-R) and Weight Phobia (RAB-R). The results indicate that the self-help guide targets the main features of bulimia nervosa, and that there is reason to continue the development of an Internet based self-help guide for eating disorders

FRIDAY, September 9, 2005

11.00 – 12.30

Special Session

Eating Disorders patient & carers organisations in Europe

Chair: Ulrike SCHMIDT, London (UK)

The aim of this session is to introduce the work of different European Eating Disorder patient and carer organisations and to identify common themes and challenges, similarities and differences in focus and opportunities for collaboration.

Barbara HAID, Ulrike SMREKAR, Maria SEIWALD

Netzwerk Essstörungen – Austrian Network Eating Disorders

“Netzwerk-Esstörungen” (Austrian Network Eating Disorders) was founded in 1990 by Günther Rathner, together with psychologists, psychotherapists and medical doctors. It is located in Innsbruck but encompasses the whole of Austria. Network Eating Disorders is one of the eldest non-profit organisations supporting sufferers and carers in German-speaking countries. Membership is open to everyone; fifteen years after foundation there are about 140 members including sufferers, carers, professionals, and students.

Since its foundation the Network Eating Disorders has set itself a wide range of objectives - from enhancing public understanding, prevention and health promotion up to counselling sufferers and their carers. One emphasis is placed on personal counselling which aims at information, education and treatment motivation. Recommendations on possible treatment are given. Network Eating Disorders therefore is in close contact with health care professionals, hospitals and clinics specialized in this field.

A telephone helpline, which started in 1998, offers the opportunity of anonymous, free and efficient help. In recent years e-mail counselling has increased. Basic information is provided on a webpage (www.netzwerk-essstoerungen.at), educational material and a specialised library including video-tapes is available. Training for teachers and support for school projects is offered, and lectures/workshops are held in schools. Furthermore, workshops for carers are co-organized and self-help groups for sufferers and carers are initiated and sustained.

The International Congress on Eating Disorders in Austria, organised by Netzwerk Essstörungen as an annual event, is now in its thirteenth year and has developed into the largest eating disorders meeting in German speaking countries. From the very beginning, these meetings have been open to sufferers, carers and professionals. Unfortunately, due to the fact that subsidies have been steadily reduced since the 1990s, all these activities have to be run by a very small team.

The Swedish Eating Disorder Association

Gisela VAN DER STER

Sweden

The Swedish Eating Disorder Association was founded in 1983 as a response to a TV-program, which for the first time dealt with binge eating. The initiative came from Madeleine Mesterton, who still is the chairman after 22 years. In 2003, we became a nationwide organization.

The members amount to 1400, with the head office in Stockholm. There are also affiliations in 14 cities, with support peers in many other locations. Among our members one can find organizations and specialist units. The Swedish EDA has an allowance from the health care authorities in Stockholm, although the EDA covers the whole country. The allowance covers a part-time job for the chairman, which means that we have to apply annually for grants to meet our activity costs. As with other EDA:s, the organisation must rely heavily on voluntary work.

In the past few years, one focus of importance is the work with prevention strategies, implying that when giving seminars in schools, we do not talk about ED with the pupils, but rather have discussions on how to improve self-confidence and how to become more critical when reading magazines. As with other EDA organizations, we also receive many e-mails daily, and host a well visited web-site: www.abkontakt.se.

The voluntary work includes among other things, visiting hospitals and specialist units, the highly appreciated support peer function, help with the EDA news magazine and daily telephone support. The EDA also have group meetings for sufferers, as well as meetings for family members. We organize seminars, and is a member of several nation-wide health committees. We are always requested to be the expert panel when TV programs give the opportunity. It is fair to say that we are considered a serious co-worker by all Swedish authorities. They count on, and rely on our views and opinions.

Susan RINGWOOD

Eating Disorders Association, Norfolk, UK

EDA was founded in 1989, and is the UK's only national organisation supporting people affected by eating disorders. We are uniquely placed as an independent organisation respected by sufferers, families and professionals, and able to facilitate communication and contact between those groups.

Membership is open to anyone with an interest in eating disorders, either professionally or personally. There are over 2,000 members who include carers, professionals and people with direct experience on an eating disorder. Youth members (aged 25 and under) are particularly welcome and receive free membership.

EDA's vision is that awareness, understanding and effective treatment combine to reduce the impact and incidence of eating disorders. Our mission is to strive to improve the quality of life for people affected by eating disorders. We achieve this by being proactive in meeting needs, successful in influencing policy and by promoting understanding.

Our activities are designed to increase knowledge, awareness and understanding of eating disorders; to provide support, help and information to people directly affected; and to increase the understanding and skills of professional staff.

We operate telephone helplines taking 16,000 calls a year. We facilitate a UK wide Self Help Network run by 250 volunteers. We publish and distribute literature and educational resources.

We run a website at www.edauk.com which takes 2 million hits a month.

We deliver training courses for professional staff in health, education and social care. We facilitate EDNet, the UK's multidisciplinary forum for professionals working in eating disorders.

Stichting Anorexia en Bulimia Nervosa (SABN)

Eric VLEESCHDRAGER

SABN, Netherlands

SABN exists more than 25 years and since its existence is active in three areas:

- self-help and support for patients and their relatives
- providing information on Eating Disorders
- protection of interests

SABN is an organisation fully operated by volunteers.

This paper deals with the development of self-help in The Netherlands.

Originally self-help groups were started and guided by some enthusiastic volunteers often meeting common type of pitfalls.

Nowadays there is besides self-help organised through SABN a regional professional self-help organisation (ZieZo) set up by an early member of SABN in cooperation with one of the Dutch Mental Healthcare Organisations. They organise self-help groups, have written manuals and provide training and continuous support for the leaders of self-help and after-care groups.

Since two years One of the larger Mental Healthcare Organisations in the Netherlands (Altrecht) started in collaboration with SABN a similar self-help organisation active in the centre region of The Netherlands.

SABN's policy is to actively support further collaboration between healthcare and the patient organisation with the aim to better meet the demand for self-help, improve the quality and enable that cost is paid by the Insurance Companies .

Professionals were in the past somewhat sceptical about the effect of self-help.

A recently reported extensive scientific survey under (ex-) patients however revealed that this besides treatment in a Eating Disorders Centre is considered as a contributing factor for recovery.

ZieZo as a innovative initiative opened more than a year ago a what is called a "Practice" House for Eating Disorder Patients.

Patients in whatever stage can meet each other and practice simple things, such as shopping, cooking and eating together.

Some video/imagery will be presented in a Powerpoint Presentation.

www.sabn.nl

e-mail: voorzitter@sabn.nl

Marta VOLTAS (ACAB, Spain)

Association against Anorexia and Bulimia (Asociación contra la anorexia y bulimia: ACAB), Spain

OBJECTIVES AND PROGRAMS

DATA ON THE SITUATION IN CATALONIA

- There is a lack of research on the incidence among adults of anorexia and bulimia and also a lack of general investigation on eating disorders ("Trastornos de la Conducta Alimentaria").
- Diverse studies on the adolescent and youth population indicate an incidence rate of approximately 5%.
- Ignorance about the disease by primary health services and absence of training of health professionals cause delays in correct diagnosis.
- A unified and evaluable prevention model is lacking.
- A transversal effort including the different sectors involved is lacking.
- There is a need to define a specific program for treatment in Catalonia. The current psychotherapeutic model is ineffective. Treatment objectives are not prioritized.
- Deficit of resources: few reference units, and those that do exist are located in the urban center of Barcelona which leads to long waiting lists and few medical interventions.
- High degree of personal involvement on the part of some professionals specialized in eating disorders, and close collaboration with the public and associative sector.

ABOUT THE ACAB

In 1991 a group of mothers and fathers of children suffering from anorexia and bulimia in treatment in Barcelona's Hospital Clinic, came together to carry out the following objectives:

- To help people who suffer from nervous anorexia and bulimia, their relatives and friends.
- To raise social, public health and media consciousness on the serious damage that young people incur, especially women, as a consequence of diseases due to eating disorders.

PROGRAMS AND SERVICES

Thus the ACAB -Association against Anorexia and Bulimia- is born. It is structured into four programs with their respective activities in order to carry out the proposed goals, which are:

- 1) Attention and help for people suffering from anorexia and bulimia.
- 2) Attention to relatives and people affected by eating disorders.
- 3) Training for prevention.
- 4) Sensibilization of the society as a whole, of authorities and companies.

Eating Disorders Training Courses (for Professionals) in Europe

Chair: Andreas KARWAUTZ, Vienna (A)

This 90 minutes session is giving an overview about existing and running training courses in Europe which are held to develop knowledge and enhance competence of health professionals dealing with people suffering from eating disorders in clinical and private settings.

The aim of the session is to inform the audience about:

- the contents of the existing curricula,
- who is invited to attend the courses
- to introduce names and professions of the training staff,
- duration and group size issues
- examination issues
- approvals by health authorities
- the essentials for developing such a curriculum (including a history of difficulties and highlights during implementation).

The talks will be short (max. 10 minutes). The focus will be on possible ways of networking between the existing curricula and hints for future developments and colleagues who intend to develop a curriculum in their own country or center.

Eating Disorders Training in Northern Ireland and the Irish Republic

Gerard BUTCHER

Cognitive-Behavioural Psychotherapist, Dublin, Ireland

This talk will cover briefly the development history, core course content and experiences of running a modular training course in eating disorders for health professionals in Northern Ireland in a university based setting. Assessment/examination issues will be presented along with student comments on the course. The establishment of a similar course in the Republic of Ire-

land will be discussed. Current plans for setting up and running an 'e-learning' course through the University of Ulster, Northern Ireland are at an advanced stage and the details of this development will also be presented.

Background and Treatment of Eating Disorders in Sweden

David CLINTON

Resource Centre for Eating Disorders, Karolinska Institutet, Stockholm, Sweden

Background and Treatment of Eating Disorders is an introductory higher education course aiming to spread knowledge of eating disorders to a wide range of students and professionals. The course is part of the general educational curriculum offered by Karolinska Institutet, Sweden's leading provider of medical education. Upon successful completion of the course, students are awarded 5 academic credit points. This annual course has proved to be very popular, with on average an excess of 100 applications for 20 available places. Applicants are divided into three groups: students involved in training (medicine, clinical psychology, social work, nursing, nutrition), professionals within health care and related fields working with eating disorders, and "others" who must provide motivation for their application. In selecting applicants emphasis is placed on "documented experience of work with eating disorders". Course groups tend to be heterogeneous; this can be used to advantage in group discussions where it becomes possible to integrate lectures with a diversity of previous experience.

Course curriculum is divided into two parts. The first part covers general background to eating disorders. Topics include: diagnosis, epidemiology, aetiology (biological, social and psychological aspects), along with methods of assessment (interview-based, EDI, etc.). During the second part of the course students are introduced to a wide range of treatment methods for eating disorders: cognitive-behavioural therapy, interpersonal psychotherapy, family therapy, psychodynamic psychotherapy, group therapy, psycho-educational methods, as well as medical and inpatient treatment. The required textbook for the course is Clinton & Norring (2002) *Bakgrund och behandling av ätstörningar*, Stockholm: Natur & Kultur. Additional journal articles are used for specific topics, and an emphasis is placed on covering recent research developments. The 14 lecturers involved in teaching have extensive experience of academic and/or clinical work within the field of eating disorders, and are specialists in the particular topic covered. The course is for one academic term, with lectures held once or twice weekly, in the late afternoon or early evening. Each course meeting usually covers two lectures, each one 1.5 to 2 hours. A half-hour break with refreshments is provided between lectures. Emphasis is placed on promoting an exchange of ideas and experiences between students. Additionally, a number of more integrative sessions with group exercises are utilised to help students integrate lectures and exchange ideas; students often find these particularly helpful.

Attendance at lectures is compulsory. Students who fail to attend are required to complete an exercise related to the topic (usually to write a critical synopsis of a journal article pertaining to the topic). Examination (pass/fail) is based on participation and successful completion of two written exams, one covering background topics and the other covering treatment issues. Students are required to choose one question from each of the exam papers and compose essays that are a minimum of 4 and maximum of 5 pages. Exams are distributed early in the course, long before students are required to submit essays. When evaluating essays particular importance is attached to students' abilities to formulate ideas and arguments, as well as support points of view with evidence and relevant course literature. Written feedback is given to each student.

A Vertically-Integrated Model in Eating Disorders Training for Health Professionals in Italy: A 8 yr.-PerspectiveRiccardo DALLE GRAVE*Villa Garda Hospital, Department of Eating and Weight Disorders, Garda, Italy*

For the past 11 years, Positive Press in collaboration with the scientific society AIDAP (Associazione Italiana Disturbi dell'Alimentazione e del Peso) have organized various training courses for health professionals in the arena of eating and weight disorders in the Italian territory. One course in particular, in its current 8th edition, „First Certificate of Professional Training in Eating Disorders and Obesity“ is the first of its kind in Italy and embraces MDs, psychologists, psychiatrists, and dietitians.

The training course requires that all participants undertake one-year classroom training (120 hours) as well as one week of clinical observational training (20 hours) at an in-patient setting and one out-patient setting. Most of the classroom training is held during the weekends as many of the participants must travel quite a distance to get to the venue. The course is recognized as part of the Ministry of Health's Continuing Education Program of health professionals and all participants must complete a 4 hour, 200 multiple-choice and one clinical case exam to complete the program. Circa 20-30% will not be able to pass the exam on their first try. To date there are approximately 300 participants nationwide and each year 30-35 participants are admitted to the program.

The Course is focalized in the cognitive-behavioural approach to treating eating and weight disorders and its main objective is to create a network of therapist in Italy who is able to communicate to other colleagues with the same language. Its complete program can be downloaded from the website: www.positivepress.net.

Although many of the participants initially start the course with dubious approach since many come from different school of thoughts and work setting, most are glad to have gone through the experience at the end of the year and seems to produce a special bonding that is everlasting; many will continue to collaborate even after the training. Many will also become members of the AIDAP and play an active role. The course is mostly about obtaining professional tools for the participants to immediately put into practice what they've learned throughout the year.

In Italy several post-degree courses, mostly for psychologist's students, include an eating disorders module. However, only few are exclusively focused on eating disorders. An exception is the Padua University post-degree further training entirely dedicated to the diagnosis and treatment of eating disorders.. Finally, the same training staff of the First Certificate of Professional Training in Eating Disorders and Obesity is solely responsible for teaching to students the one year eating disorders module to the students of the cognitive behaviour psychotherapy school in seven different cities of Italy.

Fernando FERNANDEZ-ARANDA*Barcelona, Spain*

[Abstract missing]

Postgraduate Training Course in Treatment of Eating Disorders in AustriaGünther RATHNER*Innsbruck Medical University, Dept. of Psychological Medicine and Psychotherapy, Innsbruck, Austria*

This is the first German language postgraduate training into the Treatment of ED and has been running since 2000. This training is multidisciplinary and integrating different psychotherapy schools and methods (“trans-“). It aims at delivering basic expertise in the diagnosis, treatment and prevention of ED.

The whole course consists of 200 training hours over 18 months; examination is based on exams and a written thesis. The course is approved by the Psychotherapy Board as a postgraduate specialisation into treatment of ED, by the Medical Association, the Psychological Association and the Dieticians Association of Austria. Participants are clinical psychologists, psychotherapists, medical doctors (registrars & consultants), dieticians and counsellors; a minimum of 2 years of professional experience is required. This bilingual training is held in German and in English.

The course is led by Günther Rathner and includes an international training staff of renowned experts on ED (e.g. Gerald Russell, Ulrike Schmidt, Bob Palmer, Walter Vandereycken, Andreas Karwautz, Martina de Zwaan).

Course Content: Diagnostic criteria (DSM-IV, ICD-10), Epidemiology of ED: prevalence, incidence, natural history, Risk factors for the development of ED, Guidelines for the treatment of ED (AN, BN, ED-NOS, BED), The first contact with sufferers & carers, Ambivalence, ‘resistance’ & treatment motivation; which treatment is best? (self-help (groups), day hospital, outpatient vs. in-patient treatment), Somatic aspects, emergencies, How to change ED symptoms? (weight gain, changes in eating behaviour), Pharmacological treatment of ED, Binge Eating Disorder: diagnosis, epidemiology & treatment, Specific problems in treatment (body image, (physical & sexual) abuse, multi-impulsivity, co-morbidity, injury & self-mutilation etc.), Aims of treatment, Denial of illness & ‘resistance’: compulsory treatment (pros & cons), Developmental aspects of ED (treatment of children & adolescents), Self-help & stepped-care-approach, multi-disciplinary cooperation, High-risk groups for ED, Males & ED, Role & impact of families, relatives & partners, Family therapy & couples therapy, Different (psycho-)therapeutic schools vs. a general model of treatment of ED, Course & prognosis of ED, Prevention of ED: high-risk vs. population-based approach, Basics of diagnosis & treatment of obesity.

Training in Eating Disorders in the UK

Bob PALMER

Leicester, UK

In general in the UK, there are no special or additional qualifications required for a mental health professional to practice in the field of eating disorders.

The Royal College of Psychiatrists Special Interest Group has made recommendations about the experience and training that are advisable for psychiatrists wishing to take up consultant posts specialising in eating disorders. However, at present these recommendations are not mandatory requirements although it is quite likely that they may become so in the future. These recommendations will be outlined.

Other professions have no such specifications and rely on “on the job” experience and various training courses and workshops either related to the eating disorders or to particular relevant therapies. Leicester runs such courses and these will be described as examples.

Training in Eating Disorders in the UK Part 2: Training in Eating Disorders in the London Area

J Hubert LACEY

University of London, London, UK

This brief presentation will outline the opportunities of taking part in formal and informal training in the London area. Some training is around workshops, whilst much is based on an apprenticeship system. Details of opportunities suitable for psychiatrists, psychiatrists -in-training, psychologists and specialist nursing staff will be presented, together with contact details.

14.00 – 15.30

Scientific Session V

Diagnostics

Consciousness About Own and Others' Affects

Börje LECH, Rolf HOLMQVIST

Linköping University, Videgarden Eating Disorder Unit/ Department of Behavior Sciences, Linköping, Sweden

The individual's consciousness about his or her affective reactions contributes vitally to the ability to manage interpersonal and social interactions, and to mental health.

Especially psychosomatic problems have been associated with problems in identifying and expressing affects (Sifneos, 1973). Some authors contend that lack of ways to become aware of and express affects is a reason for the transformation of psychological pain to somatic suffering. A lack of empathy has also been associated with psychosomatic disorders (Krystal 1982, Gerhards, 1998).

This study presents a modified version of the affect consciousness interview (Monsen et al., 1996), intended to capture the individual's affective consciousness in four aspects: awareness of the affect, tolerance of it and ability to express the affect non-verbally and verbally. As a complement to the original interview, the modified version aims at capturing the individual's consciousness of his or her apprehension of others' affective reactions as well as the individual's consciousness about his or her own affects. The interview had an acceptable interrater scoring reliability and correlated meaningfully with other measures of mental functioning.

One group with eating disorders, one group with stress related problems, one group with severe social problems and a non-clinical group (total n =92) was interviewed.

The instrument discriminated between the clinical groups and also between the clinical groups and the non-clinical subjects. The interview can be seen to measure one of the dimensions underlying empathy and the ability to be emotionally present in interactions with others.

Instability of Eating Disorders Diagnoses: Eating Disorders or Eating Disorder?

Gabriella MILOS¹, Anja SPINDLER¹, Ueli SCHNYDER¹, Christopher FAIRBURN²

¹*University Hospital, Department of Psychiatry, Zurich, Switzerland;* ²*University of Oxford, Department of Psychiatry, UK*

Objective: The stability of eating disorder diagnoses has been the subject of little systematic research. The aim of the present study was to examine the course and stability of the full range of eating disorder diagnoses over a period of 30 months.

Method: One hundred and ninety two women with a current DSM-IV eating disorder (55 anorexia nervosa, 108 bulimia nervosa and 29 eating disorder not otherwise specified or EDNOS) were assessed at three time points using the Structured Clinical Interview for Axis I (SCID I). **Results:** Although the overarching diagnostic category of “eating disorder” was relatively stable, the stability of the three specific eating disorder diagnoses was low with just 32 % of participants retaining their original diagnosis over the 30-month period. This was only due in part to remission since the remission rate was low across all three diagnoses. Rather, the diagnostic instability was due to crossover between the three eating disorder diagnoses with all three showing a tendency to change in form, although this was least evident among those with anorexia nervosa.

Discussion: The marked migration between anorexia nervosa, bulimia nervosa and EDNOS during a limited time period alludes for a common biological and psychopathological matrix for all eating disorders. The findings have relevance for future classifications system.

Motivation As a Key Factor in the Treatment of Adolescents with Eating Disorders

Dagmar PAULI

University of Zurich, Zentrum für Kinder- und Jugendpsychiatrie, Poliklinik, Zurich, Switzerland

Aim: Presentation of current research in the field of treatment motivation in adolescents with eating disorders. We will present the design of our current study about the relation between motivation, social support, and treatment success. Moreover, we will explain its implications on our own outpatient treatment program.

In recent years, the focus of research and the clinical treatment of eating disorders has shifted from mainly inpatient treatment to more diversified treatment modalities including outpatient programs and day treatment. Clinical and economic considerations led to an intensive search for ways of treating patients with eating disorders, that are less invasive but still effective.

In clinical work we see patients, who manage to “realize” at a certain point of severe illness that they want to change their anorectic or bulimic way of life. We call this particular point in the process of the treatment the “point of return” and try to enable the young patients and their families to reach this point as early as possible.

We will present clinical instruments to measure the level of motivation and therapeutic techniques to improve the young patients’ and their parent’s understanding of the eating disorder and to enhance their motivation for change. For this purpose our treatment program involves the patients in individual therapy sessions and group therapy as well as the parents in family sessions and psychoeducational parent groups. All these treatment options are described in the presentation with special attention for motivational issues.

Cognitive Dimensions across the Eating Disorders

Sandra SASSAROLI, Giovanni Maria RUGGIERO

Post-graduate Cognitive Psychotherapy School, Milano, Italy

To explore the role of cognitive dimensions across eating disorders, 117 patients with either anorexia nervosa (AN) or bulimia nervosa (BN), as well as 54 nonclinical volunteers, completed eight measures of cognitive dimensions: the Multidimensional Perfectionism Scale (MPS; Frost et al., 1990), the Metacognition Questionnaire (MQ) (Cartwright-Hatton & Wells, 1997), the Penn State Worry Questionnaire (PSWQ), the Rosenberg Self-Esteem Scale (Rosenberg, 1965), the Intolerance of Uncertainty Scale (IUS) (Freeston, Dugas, Letarte, Rhéaume, & La-

doucer, 1993), the Anxiety Control Questionnaire (ACQ) (Rapee, Craske, Brown, & Barlow, 1996), and the Affective Control Scale (ACS) (Williams & Chambless, 1992; Berg, Shapiro, Chambless, & Ahrens, 1998; Williams, Chambless, & Ahrens, 1997). AN was associated with higher degree of perfectionism and need of control, whereas BN with higher degree of low self esteem. The remaining cognitive dimensions failed to differentiate among groups.

Multidimensional Approach to Perfectionism in Eating Disorders

Giovanni Maria RUGGIERO¹, Sara BERTELLI¹, Vanessa GARGHENTINI², Marco DE COPPI², Alice PASSARINI¹, Luca BOCCALARI¹, Silvio SCARONE¹

¹*"Psicoterapia cognitiva e ricerca" Psychotherapy, Research, Milano, Italy;* ²*Monza, Italy;*

Terry-Short (1995) believes "neurotic perfectionism" to be one of the major factors underlying the onset and development of Eating Disorders. Using the Multidimensional Perfectionism Scale (Frost, 1990) we tried to determine how different features of perfectionism vary between the pathological population considered and a non-pathological control group. We then also measured these variations in relation to the specific diagnosis within the pathological group and then analysed the distinguishing capacity of perfectionism associated to the outcome of treatment 6 months after the beginning of a therapeutical program. We compared two groups of 60 subjects each, assessing socio-demographic (sex, age, education), clinical (age of onset and duration of illness, BMI, ideal BMI, DSM-IV axes I and II co-diagnoses) and test-related (Eating Disorders Inventories 2, Multidimensional Perfectionism Scale – MPS) variables. Data analysis and comparison between groups was done through the normal distribution of variables in the Kolmogorov-Smirnov test and – having subsequently found some variables had a non-normal distribution – we employed the Mann-Whitney non-parametric U Test. There were 27 subjects with Anorexia Nervosa (15 Restricting, 12 Binge Eating / Purging) and 33 with Bulimia Nervosa in the pathological group (55 female and 5 male). The case and control groups were significantly different in all MPS factors except for the Organization sub-scale whereas the two pathological groups (Anorexia and Bulimia) did not differ in any of the MPS sub-scales. Referring to the outcome of treatment after 6 months we noticed a significant difference between patients in ambulatory care and patients sent to residential facilities, the latter displaying higher personal standards and a higher presence of doubts and uncertainties regarding their abilities

14.00 – 15.30

Scientific Session VI

Family

Carers of Patients with Anorexia or Bulimia Nervosa – Their Burden and their Need for Support

Holmer GRAAP¹, Stefan BLEICH², Julia WILHELM², Florian HERBST¹, Johannes WANCA-TA³, Martina DE ZWAAN¹

¹*University of Erlangen, Department of Psychosomatic Medicine and Psychotherapy, Erlangen, Germany;* ²*University of Erlangen, Department of Psychiatry and Psychotherapy, Erlangen, Germany;* ³*Medical University of Vienna, Department of Psychiatry, Vienna, Austria*

Introduction: There has been little research into the impact of caring for individuals with eating disorders. This study aims to assess the degree of distress and the need for support of carers of patients with anorexia or bulimia nervosa.

34 carers were given the General Health Questionnaire (GHQ 12) and our German translation of the revised version of the Carers' Needs Assessment Measure (CaNAM). In addition, patients were interviewed with the Eating Disorder Examination (EDE) to assess the severity of the eating disorder.

Results: All patients suffered from anorexia (n=16) or bulimia nervosa (n=18). The mean duration of illness was 6 years. The mean age of the carers was 40 years. Most of the carers were mothers or partners. The carers reported high levels of unmet needs on all scales of the CaNAM. They reported the need for more information about treatment options. Information about the prognosis and plans for future treatment and support for themselves by health professionals.

Discussion: The findings from this study suggest that carers of patients with anorexia or bulimia nervosa have a large number of unmet needs for support in different areas. Our results suggest that carers themselves have high levels of distress which is usually not addressed.

Environmental Psychology and Eating Disorders – Are the Home Visits Useful?

Ferenc TÚRY

Semmelweis University, Institute of Behavioural Sciences, Budapest, Hungary

The home visits are only seldom used in family therapy, and the visit belongs mainly to the working style of general practitioners. However, it is a very useful tool to collect realistic informations about the family structure.

In our practice, during the family therapy of eating disordered subjects, the home visits became a routine part of the therapy. The experiences of visits in the homes of 20 patients will be demonstrated. Generally the visit is performed once in the initial phase of the therapy. In some cases it was done at the closing of the therapy.

One of the advantages of the visit is that informations about the structural characteristics of the family become obvious (e.g., the personal boundaries in the family). In this respect the structural family therapy is an important theoretical basis. Second, the visit is a good opportunity to introduce "in vivo" structural therapeutical interventions (e.g., to ask to shut the opened doors, or challenging the sleeping habits). Third, the visit is an important occasion to strengthen the therapeutical alliance. The therapists (without the traditional doctor's role) can enter into the personal spaces of the family members, like the participating observers in cultural anthropology.

The informations of the family visit can be analyzed by the environmental psychology, the structural family therapy, and the cognitive therapy. Basic concepts of the environmental psychology will be overviewed.

A Short Form of the Anorectic Behaviour Observation Scale to Screen Parental Assessment of Their Children's Eating Behaviours

Cornelia THIELS, Gerdamarie S. SCHMITZ

University of Applied Sciences Bielefeld, Social Sciences, Bielefeld, Germany

The Anorectic Behaviour Observation Scale (ABOS) is commonly used to assess parents' judgment about their children's eating disorders. It consists of 30 items, divided into three subscales (i) unusual eating behaviour, (ii) bulimic-like behaviour, and (iii) hyperactivity. In a study on 1,057 children between 10 and 17 years of age, 922 parents (mothers or fathers) filled out the ABOS. The data revealed a number of psychometric problems with the instrument, including variance restriction and extreme distributions. This is due to the check list-design of the scale, generating a minority of "yes" responses and a majority of "no" responses. By principal

components analysis and confirmatory factor analysis, those 10 items were selected that had better psychometric characteristics while maintaining the same level of validity as the total of 30 items. Three subscales of 4, 2, and 4 items were derived, reflecting the three original ones. Thus, a more parsimonious instrument was developed that can be used more efficiently to screen parental assessments in large-scale epidemiological studies on children's eating behaviours.

Parents Possibilities to Recognize ED's in an Early Stage

Mirjam VAN DER GEEST, Greta NOORDENBOS

Leiden University, Clinical Psychology, Leiden, The Netherlands

Although parents may be very important for early recognition of ED's, most research on secondary prevention is directed at general practitioners (Noordenbos & Vandereycken, 2005).

Research questions: 1) Which persons are the most important for secondary prevention of ED's? 2) Which factors are the most important for parents to be able to recognize an ED?

Methods: 1). A questionnaire was developed to ask ED patients which persons were the most important for early recognition of their condition. 2). Parents of ED patients were interviewed about the most important factors in being able to recognize an ED.

Results: 1) 120 young ED patients returned the questionnaire and answered that the following persons were the most important for the recognition of their ED: Mothers (26%), friends (21%), general practitioners (20%), teachers (14%), fathers (11%), class mates (8%), lessons about ED (4%) and school doctors (3%).

2). 58 parents were interviewed who had a daughter with an ED: 46 (79%) mothers and 12 (21%) fathers. The mean duration between the start of their daughter's ED and their suspicion that she has an ED was 5 months, but it took another 7 months before their suspicion was confirmed. The mean duration between the start of the ED and recognition by parents was one year. Most important for recognition were psychological risk factors, followed by psychological consequences, changes in eating behavior, somatic consequences and social consequences.

Conclusions: Mothers are the most important persons for earlier recognition of ED's. Psychological factors are the most important cues to recognition of an ED.

Discussion: How can parents be helped to recognize an ED?

"Parents for Parents": A Self-help Project for Parents of Eating Disorder Patients

Walter VANDEREYCKEN

Catholic University Leuven, Belgium

An overview is given of this rather unique project which was set up to train parents to become "field experts" who can support other parents in similar situations. The volunteering parents were carefully selected and received an intensive training program including knowledge of eating disorders, educational themes, guidance of groups, and counseling techniques. Nine parents have completed the whole training and are now working independently as field experts on a voluntary basis. They run discussion groups, answer telephone calls and give lectures at schools. There are interventions on a regular basis to follow up the work of the field experts and adjust it if necessary.

14.00 – 15.30

Scientific Sessions VII**Comorbidity and Personality****Impulsivity in Eating Disorders: Subjective versus Behavioral Measures**

Laurence CLAES¹, Walter VANDEREYCKEN¹, Hans VERTOMMEN¹, Chantal NEDERKORN²

¹K.U. Leuven, Departement of Psychology, Leuven, Belgium; ²Maastricht, The Netherlands

Background: It has been suggested that the various eating disorders (ED) – anorexia nervosa, restrictive type (AN-R), bingeing-purging type (AN-P) and bulimia nervosa (BN) – can be situated on a spectrum with varying degrees of obsessive-compulsive and impulsive traits. This study is focusing on impulsiveness which we investigated in women with different types of ED (N=60) and a control group (N=60) using three self-report measures and one behavioral measure (Stop-go task).

Results: The AN-R group had lower self-reported impulsiveness and venturesomeness scores and higher inhibition scores than the AN-P and BN patients (while scores were comparable with the controls). However, on the Stop-go task, the different types of ED patients and the controls did not differ significantly from each other with respect to % good answers on the go trials, % lack of inhibition, and stop-signal reaction time on the stop trials, except for the mean reaction time on the go trials that was faster for the BN patients compared to the normal controls and the AN-R/P patients.

Discussion: The coexistence in AN-R patients of self-reported control but no better behavioral control indicates that the relationship between impulsivity and disordered eating is more complex than previously recognised and perhaps supports the view that self-awareness in AN is low.

Self-Injurious Behaviour in Eating Disorders: Body and Self in Feminine Development. A Cases Study

Laura DALLA RAGIONE, Letizia DRAPPO

Azienda USL2 dell'Umbria, Centro per i Disturbi del Comportamento Alimentare (Eating Behaviour Disorders Centre) "Palazzo Francisci", Todi, Italy

Current theories and studies showing high rates of deliberate self-harm in eating disorders suggest that different kinds of self-injurious behaviour, including purging behaviour, may be classified particularly in the modern binge-purge syndrome, bulimia nervosa.

In order to analyze this correlation on a historical dimension, 352 eating disorders cases (30 males and 322 females), reported from the 1st May 2003 to the 1st May 2005, were investigated. The subjects of the study were 230 patients with bulimia and 122 with anorexia nervosa, diagnosed by DSM-IV criteria. The patients also were evaluated by means of a semistructured interview and self-report questionnaires (Eating Disorders Inventory, SCL-90, Body Shape Questionnaire).

These were found to include 211 examples of self-destructive behaviour: these cases are described and discussed. A specific link between self-injurious behavior and bulimia nervosa has been observed.

A distinction between compulsive and impulsive self-injurious behaviour seemed to be confirmed by a principal component analysis. Self-induced vomiting find collocation on the compulsive and laxative abuse on the impulsive dimension.

Eating disorders and the syndrome of delicate self-mutilation are primarily afflictions of women. This preponderance might be examined in light of the hypothesis that women's body experiences are inherently more ambiguous and recalcitrant than those of men, and women are thus both more alienated from and more attuned to their bodies than are men.

The historical evidence lends some support for the suggested connection between eating pathology and self-mutilation.

Long-term Follow-up of Personality, Self-esteem and General Life Satisfaction in Girls with Different Outcomes of Adolescent Onset Anorexia Nervosa

Inger HALVORSEN, Sonja HEYERDAHL

Buskerud Hospital, Child and Adolescent Psychiatry Department, Drammen/Oslo, Norway

Objective: To study personality, self-esteem and life satisfaction in former patients with different outcomes of childhood and adolescent onset anorexia nervosa (AN).

Methods: Forty-eight (of 55) female AN patients, representative for AN patients below 18 years old referred to treatment, were assessed $8.7 \pm SD 3.5$ years after treatment start with a clinical interview and questionnaires including the Temperament and Character Inventory (TCI) and the Rosenberg Self-Esteem Scale. Self-esteem and general life satisfaction in former patients were compared with 12043 women of the same age in a population health study.

Results: At follow-up 24(50%) subjects had no Eating Disorder (ED) as well as normal/relaxed eating attitudes, 15(31%) had no ED, but somewhat strenuous eating attitudes, and 9(19%) subjects had ED (AN: $n=1$, Bulimia Nervosa: $n=1$, EDNOS: $n=7$). The former patients with no ED and normal/relaxed eating attitudes had similar TCI profiles and self-esteem as samples from normal populations, while subjects with poorer ED outcome had significantly lower TCI Self Directedness, self-esteem and life satisfaction scores. Eating problems were highly correlated with reduced self-esteem also when controlling for depression and other psychiatric disorders. Life satisfaction was reduced in all outcome groups and was strongly associated with self-esteem.

Conclusion: Personality, self-esteem and life satisfaction varied significantly between outcome groups. The results indicate that young AN patients with a good outcome may have normal personality and self-esteem features in young adulthood.

Personality Defensiveness of Women with Bulimia Nervosa

Beata MIRUCKA

University of Bialystok, Department of Clinical Psychology, Bialystok, Poland

This study investigated a relationship between the disordered body self and personality defensiveness of women with bulimia nervosa. It was hypothesized that bulimic women would not be a homogeneous group in the sense of the body self disorder and that the level of this disorder would be significant as a way of personality functioning in terms of defence styles. The body self is defined as the way of experiencing oneself together with one's sexuality and in one's own body and as the sum of concrete body experiences – conscious and unconscious – that are mirrored in the body image each person possesses.

To investigate the hypothesis I used two methods: the Body Self Questionnaire (Mirucka, 2004) and the Defence Style Questionnaire by Andrews, Singh and Bond (1993). The participants were 36 bulimic women from 15 to 25 years old, diagnosed according to DSM IV criteria for bulimia nervosa. The conclusions from the study are: The body self of bulimic women is differentially disordered into three levels: profound, moderate and minimal.

The level of the body self disorder is psychologically significant given the defence style of bulimic personality. The profound and moderate level of body self disorder relate to immature defence styles, while the minimal level relates to neurotic and mature ones.

Eighteen-year Follow-up of Adolescent Onset Anorexia Nervosa: Psychiatric Disorders and Overall Functioning Scales

Elisabet WENTZ, Christopher GILLBERG, I. Carina GILLBERG, Henrik ANCKARSÄTER, Maria RÄTSAM

Göteborg University, Department of Child and Adolescent Psychiatry, Göteborg, Sweden

Objective: To study prospectively the long—term outcome in a representative sample of teenage-onset anorexia nervosa (AN) in respect of psychiatric disorders and overall outcome.

Method: Fifty-one AN cases, recruited by community screening, with mean age of onset 14 years, was contrasted with 51 matched comparison cases at a mean age of 32 years (18 years after AN onset). All 102 cases had been examined at ages 16, 21 and 24 years. At 32 years all probands were interviewed regarding psychiatric disorders (SCID-I) and overall outcome (Morgan–Russell assessment shedule, the GAF).

Results: There were no deaths at 18-year follow-up. Twelve percent (n=6) had a persisting eating disorder (ED), including three who still had AN. Only half the an group reported being free from disturbed behaviours and attitudes in respect of food and shape. Half the AN group met criteria for at least one psychiatric disorder at follow-up. The most common psychiatric disorder was obsessive compulsive disorder. Outcome according to Morgan-Russell was poor in 12%, intermediate in 10% and good in 78%. Thirty-five percent reported severe difficulties insocial integration. According to the GAF, 41 percent had a poor psychosocial functioning.

Conclusions: Eighteen-year outcome of teenage-onset AN is favourable in the majority of cases; most individuals have recovered from their ED. Poor psychosocial outcome is frequent due to psychiatric morbidity and social interaction problems.

14.00 – 15.30

Scientific Session VIII

Risk factors and prevention

Do Prevention Programs more Good than Harm?

Greta NOORDENBOS, F. MEIJERNIK

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In order to prevent ED's, several prevention programmes have been developed and evaluated (Dalle Grave, 2003; Stice & Shaw, 2004). Great controversy was created by the publication of Carter e.a. (1997) entitled 'More Harm than Good' in which they showed that one year after the prevention program the intervention group did not diet less- as was the positive result 6 months after the program, but more. Their research, however, has been severely criticized because of many methodological shortcomings. They did not use a control group, and it was not clear why the 13 to 14 year old pupils were dieting more than before: was this because of the prevention program, their natural growth, or because other (media) factors increased their dieting behaviour? Moreover, it is not clear what kind of dieting behaviour they exhibited, slow and healthy dieting, or extreme and unhealthy dieting? Until now, there have been no other studies which have shown that eating disorders are a(n) (in)direct consequence of prevention programs.

Goals of this research: to investigate whether prevention program's had an (in)direct effect on the development of eating disorders in eating disorder patients.

Research questions: 1) do prevention programs have effect on the development of an ED?
2) do prevention programs benefit earlier recognition and earlier help seeking?

Methods: 121 ED patients completed a questionnaire in which they were asked whether they had had prevention lessons about eating disorders, and whether this program lead to the development of their ED and/ or to early recognition and asking for help.

Results: Only 33 ED patients (36%) were involved in a prevention program for eating disorders.

Of this group 18 (55%) had not yet developed an ED, while 15 of them (45%) already had an ED. 10 (30%) ED patients confirmed that the prevention program contributed more or less to their slimming behaviour or eating disorder and 23 (70%) answered that this was (absolutely) not the case. The 33 ED patients who followed a prevention program discovered their ED earlier than the 88 ED patients who did not follow a prevention program.

Conclusion: Both hypothesis can be affirmed. Although prevention program can have some negative side effects, they also had a positive effects of earlier recognition and help seeking.

Discussion: How can negative side effects be reduced?

Improving Secondary Prevention of Eating Disorders in Flemish School Health Centers

An VANDEPUTTE¹, Walter VANDEREYCKEN²

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The Flemish government supported a program to improve prevention and health care of youngsters with eating disorders and weight problems. As part of this large scale project we have targeted school health centers as main partners in the early detection of eating/weight problems in pupils between 10 and 18 years. All pupils get a standard medical check up in the school health center every two years. Additionally the center can intervene "on demand" in specific cases of (suspected) problems. We first carried out a detailed survey in all school centers to gather information on their existing knowledge, experience and needs with respect to detection and counseling of pupils with eating/weight problems. Because of the strong need to improve their skills in this guidance process, we designed a step-by-step approach including inservice training, intervision and the development of a detailed manual for the school health centers. Emphasis was laid on easy ways of early detection of pupils "at risk" and on skills to motivate them to engage into some form of professional help. In our approach special attention was paid to working in a multidisciplinary team and in collaboration with the schools.

Childhood Body-Focused Behaviors and Social Behaviors as Risk Factors for Eating Disorders in Males

Barbara MANGWETH¹, Armand HAUSMANN¹, Claudia I. RUPP¹, Claudia DANZL², Georg KEMMLER¹, Wilfried BIEBL¹

¹*Medical University Innsbruck, Innsbruck, Austria;* ²*General Hospital Kufstein, Kufstein, Austria*

Object: Risk factors for eating disorders are poorly understood. It is generally agreed, however, that interactions with one's body and interactions with others are two important features in the development of anorexia and bulimia nervosa. Thus we assessed a variety of childhood body-focused and social behaviors in eating-disordered patients as compared to controls.

Method: In this ongoing study we compare male inpatients with current anorexia or bulimia

nervosa (N=22), with male control subjects without an eating disorder history (N=19). We assess psychopathology (SCID) and ask questions about childhood body-focused behaviors (e.g. nail-biting, bodily caresses) and 2) and childhood social behaviors (e.g. numbers of friends).

Preliminary results: As expected eating disordered subjects exhibited significantly more psychiatric disorders as compared to controls (91% vs. 18%). Many body-focused measures such as lack of parental caresses and family taboos characterized eating-disordered patients as opposed to controls, as did several social behaviors such as negative relationships to both mother and father, adjustment problems at school, lack of close friends and persons of trust. Sexual and physical abuse did not distinguish the two groups.

Conclusion: It appears that eating-disordered patients compared to healthy controls show a distinct pattern of body-focused and social behaviors during childhood, characterized by a body-denying, „cold“ family climate, and social distance.

Prediction of Long-term Course and Outcome of Binge-Eating Disorder (BED)

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Objective: Very little is known about the long-term course of BED and how they compare. Methods: Data are presented for 68 BED and 196 BN patients for four time points: beginning of therapy, end of therapy, six-year follow-up and twelve-year follow-up. Validated expert-rating interviews and self-rating scales were used.

Results: The participation rate at twelve-year follow-up was high with 94% for BN and 85% for BED. The general pattern of results over time until 12-year follow-up was: substantial improvement during therapy, moderate (mostly non-significant) decline during the first two- or three-year post-treatment and further improvement over the last follow-up years. Of the BED patient sample twelve-year diagnostic outcome was: 8.1% had BED, 9.7% had BN-P, 12.9% were classified as EDNOS; more than two thirds (69.95) showed no major DSM-IV eating disorder and no case of AN or BN-NP was found. Concerning binge-eating the former BED patients at twelve-year follow-up 56.5% had a good outcome, 22.6% an intermediate outcome and 21.0% a poor outcome while two patients (2.9) were deceased. Systematic – strictly empirically based – model building (using logistic regressions) resulted in several predictors for an unfavourable twelve-year outcome. A powerful predictor for unfavourable course was psychiatric comorbidity for BED (OR = 8.15; CI = 1.47 – 45.21) as well as for BN (OR = 2.52; CI = 0.93 – 6.80).

Conclusion: BED as compared to BN has a similar twelve-year course and outcome with somewhat greater variability. At the start of treatment all patients were severely ill and received inpatient treatment. In our large samples the course of BED was as severe and chronic as it was in BN.

Poster Presentations

1. Therapy Goals and Self-Regulation Capacities of Female Patients with Anorexia and Bulimia Nervosa in the Course of In-Patient Psychotherapy – First Results of a Pilot Study

Katja ASCHENBRENNER, Peter JORASCHKY, Karin PÖHLMANN

University Hospital of Dresden, Department of Psychotherapy and Psychosomatics, Dresden, Germany

Therapy goals can be conceived as middle-level personal goals and be understood as one element in the person's hierarchically organized goal systems. Personal goals are defined as future-oriented states or outcomes that one strives to achieve or avoid. In addition to a categorization of the contents of those goals the assessment of capacities which a person uses to achieve therapy goals gives important informations about the person's self-regulation capacities.

Patients were asked to describe what they wanted to achieve in the course of psychotherapy and rate their therapy goal according to the Goal Systems Assessment Battery (GSAB, Karoly & Ruehlmann, 1995; German: Pöhlmann, 1997). The GSAB measures self-regulation strategies in goal pursuit. The participant's goal descriptions were assigned to different life area categories (e.g. job, intimate relationship, family, health, leisure etc.)

Task of this study was to examine whether there are differences concerning therapy goals and self-regulation-strategies of anorectic (n=20) and bulimic (n=20) female patients. Regarding the age and the severeness of disease (SCL-90, KOEPS, BDI) there were no differences found. Number and contents of the mentioned middle – level goals were equal between the two groups. Anorectic patients displayed higher deficits of self-regulation in the beginning of therapy. Their evaluation of self-efficacy and their self-monitoring were significantly lower than in bulimic patients. Furthermore, anorectic participants planned goal-directed actions not as thoroughly, they rewarded themselves less for goal related progress and their therapy goal incited less positive emotions (all $p < 0.04$) than in bulimic patients.

Although anorectic and bulimic patients didn't display differences concerning the severeness of disease, anorectics had higher deficits in self-regulation capacities than bulimics. Possible changes in the course of in-patient psychotherapy are object to a future study.

2. The Estimation of Cerebral Hypoperfusion in Patients with Eating Disorders

Ana BANAS, Piotr LASS

Medical University, Department of Psychiatry, Nuclear Medicine, Gdansk, Poland

Method: 12 female with eating disorders / 5 AN and 7 BN / aged 20-41, $SD = 25,92 \pm 6,05$, / $SD_{AN} = 28,2 \pm 3,18$ and $SD_{BN} = 25,14 \pm 7,41$ / were examined with single photon computed tomography/ SPECT/, Benton's, Bender's Tests, Hospital Anxiety and Depression Scale, Beck Depression Inventory, Spielberger Self-Evaluation Questionnaire. All of them were examined with electroencephalography as well.

The eating disorders lasted 2-25 years / $SD = 15,6 \pm 8,55$ /. All bulimic patients were purging type according to DSM-IV, 4 anorectic patients were bulimic type and one was restricting type. BMI of anorectic patients was $SD = 16,87 \pm 0,73$ and bulimic patients $SD = 21,82 \pm 3,37$.

In most cases we observed psychiatric comorbidity: in 6 cases / 1AN, 5 BN/ personality disorders and in 11 cases mild depressive disorders/ 5AN, 6 BN/.

Results: In 11 cases / 5 AN, 6 BN/ we observed hypoperfusion in different regions /parietal- 6, prefrontal- 4, frontal- 4, aboutmedial- 4, thalamus- 2/ mostly on the left side /in 13 regions versus 9.

In 2 cases / AN and BN/ we also, observed hypoperfusion in two hemispheres / 65-76% of cerebellar perfusion. In BN we found hypoperfusion in more regions than in AN / 16 versus 6/. One case of AN we examined with SPECT twice / after 3 years/ and observed improvement after complex treatment /psychotherapy and pharmacotherapy/.

The Benton's and Bender's Tests confirmed impairment of CNS in 5 cases/ 1AN, 4BN/, encephalography was pathologic in 4 /1AN, 3BN/.

In Beck Depression Inventory score was $SD=17,43\pm5,67$ / for AN- $SD=16\pm4,74$, for BN- $SD=18,5\pm7,5$ / in Hospital Anxiety and Depression Scale –for depression $SD=9,0\pm2,45$ / for AN- $SD=8,25\pm2,16$, for BN- $SD=10,00\pm3,0$ / for aggression $SD=11,71\pm4,59$ / for AN- $SD=12,5\pm5,67$, for BN- $SD=9,5\pm1,5$. In Spielberger Self-Evaluation Questionnaire -anxiety as state- $SD=44,42\pm2,32$ / for AN- $SD=43,0\pm1,22$ and for BN- $SD=45,0\pm1,0$ / and anxiety as trait $SD=54\pm27,03$ / for AN- $SD=55,75\pm7,56$ and for BN- $SD=48,0\pm2,0$ /

Conclusions: In our group we found more pathology in BN patients / hypoperfusion in more regions of CNS, pathology in Benton's and Bender's Tests, EEG, personality and depressive disorders. In AN patient's anxiety as state and aggression score were higher than in BN.

3. Eating Disorder Related Psychopathological Traits in Adolescents with Typ-1 Diabetes (DM) Compared with Adolescents Suffering from Primary Eating Disorders (pED)

Gabriele BERGER, Gudrun WAGNER, Ursula SINNREICH, Vasileia GRILLI, Edith SCHÖBER, Harald EDER, Andreas KARWAUTZ

Medical University of Vienna, Department of Neuropsychiatry of Childhood and Adolescence, Eating Disorders Unit, Vienna, Austria

Introduction: One of the internationally most commonly used standardized instruments for screening specific psychopathological parameters of eating disorders is the Eating Disorders Inventory (EDI, Garner et al. 1991) (2 versions EDI-1 & EDI-2).

In the course of recent studies (Jones et al. 2000, Grylli et al. 2004) patients with certain internal diseases such as diabetes mellitus have been screened for eating disorders and the relevant parameters were tracked by the EDI.

How specific are the EDI-scale related results from young diabetics in comparison with juvenile patients suffering from primary eating disorders?

Method: Subjects: 199 adolescents with diabetes and 138 adolescents with primary eating disorders (pED).

Instruments: EDI-1 and EDI-2 (Version: Rathner et al. 1997) were used for self-rating.

In the diabetic group interviews were conducted (Eating Disorders Examination -EDE) with subjects above a certain cut-off score. Twenty-four of those patients were diagnosed as having an eating disorder acc. to ICD-10.

Results: Diabetic patients with eating disorders (DMmED) differed from the pEDs only insofar as that DMmED had higher "body dissatisfaction".

DMmED showed significantly higher ratings in the subscales "drive for thinness", "bulimia", "body dissatisfaction", "ineffectiveness", "interoceptive awareness" and "impulse regulation" compared with the diabetic patients without eating disorders.

Discussion: The EDI is an important instrument for measuring specific psychopathological parameters of eating disorders among adolescents with diabetes. The results of the subscales should, however, also be interpreted in the light of the specific diabetes-induced requirements that juveniles are confronted with in the course of effectively managing their diabetes.

4. Eating Disorders and Substance Abuse in Women. The Role of MDMA

Carla CANDELORI, Barbara MAGALOTTI

Università G.D'Annunzio, Facoltà di Psicologia, Dipartimento di Scienze Biomediche, Chieti, Italy

In the last years the use of MDMA (ecstasy) has increased dramatically in young people. This study explores the relationship between eating disorders and the use of MDMA in women. Many authors have underlined the co-occurrence of ED and substance abuse (Bulik, 1987; Hardy & Waller, 1988; Krahn et al., 1992; Wolfe & Maisto, 2000).

In our research the subjects were 40 women, users of MDMA, aged from 17 to 35 years (M : 23.9), students (mostly) or unemployed.

As measures, we have used: 1) a semistructured anamnestic interview, 2) the Eating Disorder Inventory (EDI), Garner, 1995; 3) The Bulimic Investigatory Test Edimburgh (BITE), Hender-son & Freeman, 1987; 4) the Three Factor Eating Questionnaire (TFEQ), Stunkard & Messik, 1985; 5) the Symptom Check List 90 (SCL 90); 6) the Freiburger Persönlichkeits Inventar – Revidierte Fassung (FPI-R), Farhenberg et al., 1989.

The main results show that 32.5% of the subjects presented a diagnosis of Anorexia, Bulimia or Binge Eating Disorders, while 25% presented eating disorders not otherwise specified. The findings show furthermore the role of psychopathological factors and, specifically, the referred experience of traumas and mournings. The data suggest the opportunity to study deeply the psychological personality features of these subjects, highlighting the importance of specific intervention programs.

5. The Holistic Management of the Eating Disorder – Case Study

Aikaterini DIMAKOPOULOU, Florentia MPAKOMITROU, Theodoros KOSTIS

General Hospital of Nikaia Piraeus “Ag. Panteleimon”, Department of Psychiatry, Piraeus, Greece

Background: The therapy of a 20 year old patient, affected by eating disorder and admitted in the General Hospital, with the cooperation of the interdisciplinary team. She was referred by her mother, who rightly thought she was anorectic. The patient became bulimic in the course of therapy.

Purpose: The purpose of the present study is the case of a young patient affected by eating disorder, with a history of recurrent admissions who was subjected to biological therapy combined with cognitive-behavioural therapy and family supportive psychotherapy.

Method: The patient received antidepressant treatment while at the same time she participated in a personal program therapy.

Results: The holistic management of the eating disorder not only helped in controlling the depressive symptoms of the patient but also in motivating the family frame and the rehabilitation of the patient in Social, Educational, and Occupational teams.

Discussion: A combined application of the suitable pharmacological and psychotherapeutic management at a personal level in the case of a young patient with eating disorder seems to both contribute to the holistic management of the disorder and strengthen, in the long run, the preservation of the positive results of the intervention for the patient and her family.

6. Angels' Kitchen, or a Hungarian Model Experiment to Change Eating Behaviour

Katalin DUDÁS, Zsuzsanna TÓTH

Angels Kitchen, Psychologist, Counsellor, Budapest, Hungary

Angels' Kitchen provides counselling on nutrition and living habits. Psychologists, doctors, dieticians and organic kitchen specialists work together to change our clients' attitude to their eating and bodies. Our psychologists work on a face to face basis.

Clients usually come to Angels' Kitchen to seek help to lose weight and changing their eating habits. Besides providing them with basic information on healthy eating, drawing up their personal organic diet and delivering ready-made dishes to their home, we also aim to determine underlying psychological factors and involve them in psychotherapy. During the cure, we try to enhance our clients' self-knowledge in eating related fields making them realize and accept their bodies' reactions to emotions such as frustration, stress, joy, sadness and grief.

Our programme is ideal for longitudinal research. We carried out our first survey on 60 of our regular clients, 30 females and 30 males, with questionnaires about self-regulation, self-estimation, autonomy and behavioural control. After the factor analysis of in-depth interviews taken with the same clients, we compiled a tailor-made questionnaire for our programme. Factor analysis revealed 4 constructs: 1) compliance, 2) self-estimation, 3) judgement, 4) attitude.

7. Restrained and Disturbed Eating Behaviour in Adolescents from Lower Austria in 1993 and 2004

Helga FRIEDL, Karin WALDHERR, Günther RATHNER

¹*University of Vienna, Faculty of Psychology, Department of Psychological Basic Research, Vienna, Austria;* ²*Innsbruck Medical University, Department of Psychological Medicine and Psychotherapy, Innsbruck, Austria*

Aim of the present study was the estimation of change of frequency of underweight and overweight, restrained eating, binge and purging behaviour, and Eating Disorders in adolescents aged 10 to approximately 20 years in Lower Austria between 1993 and 2004. In 1993 a total of 1660 adolescents (1080 female, 580 male) from 16 randomly selected schools answered the Eating Disorder Inventory-2 (EDI-2) including the symptom checklist. Ten of the 16 schools participated again in the follow-up study in 2004; furthermore, three additional schools took part. The sample in 2004 consisted of 585 girls and young women and 286 boys and young men between 10 and 26 years.

In 2004 significantly more females have extreme underweight (BMI < 3rd percentile according to the German Childhood Obesity Group) or extreme overweight (BMI > 97th percentile) than in 1993 ($p=.000$). For males only the percentage of the overweight group with a BMI between the 90th and 97th percentile increased significantly ($p=.002$). Both for females, but even more for males, the percentages of those who ever have been fasting raised from 50.2% to 54.1% ($p=0.064$) and from 19.2% to 29.2% ($p=.000$), respectively. The percentage for binge eating stayed constant for females, however, additional compensatory actions (vomiting, use of laxatives, etc.) are reported more frequently in 2004 ($p=.042$). For males the percentage for binge eating raised significantly from 7.4% to 12.2% ($p=.004$); additional compensatory actions are not more frequent ($p=.414$). Purging behaviour without binge eating episodes was slightly but not significantly more frequent in 2004 for females ($p=.068$), and less frequent for males ($p=.074$).

Conclusion: Problematic eating behaviour has become more frequent both for female as well as male adolescents in the last ten years. Whereas males engage more frequently in dieting, females additionally vomit and purge more frequently in 2004 in comparison with 1993.

8. Family Day Clinic for Families with Anorectic Adolescents in Dresden - Concept, Manual and Results

Krassimir GANTCHEV, Volker THÖMKE, Maud RIX, Katja SCHOLZ, Michael SCHOLZ
University Clinic Carl Gustav Carus, Department of Child and Adolescent Psychiatry and Psychotherapy, Dresden, Germany

In controlled studies Eisler and Dare found family therapy to be the most effective treatment of anorexia in adolescents. Multifamily therapy (MFT) achieves even better results due to group dynamics and individual effects reinforcing the effects of family therapy. A manualized MFT programme has been used for treatment of eating disorders in a day clinic setting since 1998. Treating a severe anorectic patient costs 12.000-15.000€ in MFT compared to 65.000-75.000€ in traditional inpatient treatment. A normal weight can be obtained by both treatment concepts, but MFT achieves a one-third lower relapse rate and recovery and improvement rates of 85% in the follow up.

MFT focuses on implementing and enforcing of specific coping strategies by systemic approach.

Patient's and control families groups differ in inner familiar emotional attachment and autonomy (Scholz, Rix, Selisko). Specific intrafamilial relationship patterns exist in families with depressive (N=33), behavior disordered (n= 36), anorectic adolescents (n=56) and controls (n= 66).

In successfully treated families the structure of family relationships is coming close to normality. MFT leads to a significant better self-esteem of the mother, a significant better relationship between the parents and between the father and the child. In families with an anorectic adolescent emotional connectedness and autonomy are valuable indicators of severity of anorectic disease at beginning of treatment and therapy outcome.

9. Body Worlds of the Eating Disturbed Patients. Eating Disorders and Their Influence on the Body Image

Martin KUMNIG, Dieter FRANK
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The objective of this study is to explore the self- and body-conception of eating disturbed patients, based on the construct specific detection of emotionally-cognitively burdened aspects of body perceptions, components of the construct "body image", and depth-sensitive (proprioceptive and kinaesthetic) structural features, that are subsumed under the construct "body scheme".

The method was carried out using two groups of clinical eating disorders (AN: n=18; BN: =18), in contrast to a normal population (n=22) to detect the body constructs.

The operationalisation efforts are based on the methods applied (Body Part Procedures) to the different construct understanding. A new apparatus-based test, "surface-sensitive visoreception" (SSVR), that filters proprioceptive kinaesthetic depth structures, was developed to examine the hypotheses. Due to the differential construct validity of the methods, the "image marking test" after Askevold (1975; modified by Allamani, 1978) detects depth-sensitive structural features and therefore addition aspects of the "body scheme", while the SSVR remains on the "surface" of body perception and detects primary aspects of the "body image".

According to the empirically-supported construct illumination of the IMT, the events allow the conclusion that in the case of anorexically-structured female patients, the disorder of "body image" affects deep sensitive proprioceptive information structures. Consequently, the disso-

ciative moment of body perception cannot be restricted just to single, predominantly emotionally-cognitively burdened body structures, but rather it appears that a holistic impairment of bodily perception exists in eating disorders, that contains by anorectic patients additional depth-sensitive structural features. Nevertheless individual body structures, as the field of sight, abdomen, pelvis and the thighs can be extracted, that are integrated as psychosomatic equivalents of the observed body perception disorder in the psychodynamic processes at eating disorders

10. Personality Traits Differentially Predict Body Dissatisfaction and Disordered Eating in Female and Male Italian Adolescents

Caterina LOMBARDO, Chiara CARDUCCI, Giovanna IBBA, Cristiano VIOLANI

University of Rome "La Sapienza", Department of Psychology, Rome, Italy

Among the personal characteristics acknowledged as predictors of eating disorders there are the body dissatisfaction (e.g. Polivy and Herman, 2002) and some personality traits like neuroticism (e.g. Cervera et al., 2003). Studies on this topic are, however, few and there is no such study conducted in Italy. Furthermore, the evaluation of the relationship between personality traits, body dissatisfaction and disordered eating in non clinical samples using multidimensional measures of body dissatisfaction could help in understanding why, even if body dissatisfaction is highly prevalent (e.g. Heatherton, et al., 1997) only few subjects develop an eating disorder. To this issue, 491 students of 6 high-schools of Rome were asked to fill the following questionnaires in: the Eysenck Personality Questionnaire (Eysenck, Eysenck, 1975), the Behavioural Inhibition System/Behavioural Activation System Questionnaire (BIS/BAS, Carter, White, 1994); the Contour Drawing Rating Scale (Thompson, Gray, 1995); the Body Uneasiness test (Cuzzolaro et al., 1998); Eating disordered Inventory-2 (by Garner, 1991). Results evidenced that in females BMI, neuroticism and the Anxiety scale of the BIS/BAS systematically predicts most measures of body dissatisfaction. Disordered eating (DT and BU) is widely predicted by neurocism, psychoticism and the anxiety, drive and reward dependency scales of the BIS/BAS. In males body dissatisfaction and Drive for Thinness are systematically predicted by BMI and neuroticism, while predictors of Bulimia include the fun seeking scale of the BIS/BAS together with neuroticism and BMI.

11. Eating and Body Attitudes in Young Males

Liza LUKÁCS, Attila ARGALÁSZ, Ferenc TÛRY

University of Semmelweis, Institute of Behavioural Sciences, Budapest, Hungary

Objective. As the scientific literature has shown that pathological eating and extreme weight control practices are generally more prevalent in some populations in which leanness or low body weight are important for enhanced performance or appearance (e.g., figure skating, gymnastics, wrestling etc.), there may also be some professions exposed to a greater extent in which the appearance of physical strength and muscularity is more important as armed corporations and security organizations. We have studied the body and eating attitudes as well as the prevalence of bodybuilding of 480 military college student men and 752 "general" college student men.

Method. Demographic, bodybuilding practice, steroid use information, and Eating Disorder Inventory were used to compare examined populations.

Results. The prevalence of bodybuilding is significantly higher in the military population (N=310, 56,4%). General university students have higher BMI than military students (23,9 respectively 23,5 kg/m²). Comparisons between and within groups also showed significantly

different scores on several subscales of EDI.

Discussion. The findings suggest that military college student men possess some protective factors against the psychopathological factors of eating disorders.

12. Hypnotic Susceptibility and Dissociative Capacity in Muscle Dysmorphia – Preliminary Study

Julia MAZZAG, Katalin RESS, Ferenc TURY

Semmelweis University, Institute of Behavioural Science, Budapest, Hungary

Over the last few decades, conflicts of self, identity and body seem to be linked more and more to eating disorders. These typically occur in female population. In the last decade a new body image disorder was identified that is predominantly characteristic to men. In contrast to anorexia nervosa, men with muscle dysmorphia regularly workout, take anabolic steroids and despite their large, muscular bodies they believe that they are small and weedy.

Objectives. Our hypothesis was that men with muscle dysmorphia are more susceptible to hypnosis than the average population, which might suggest a tendency to succumb more easily to cultural body ideals. In addition, we also supposed that men with muscle dysmorphia can be characterised with a higher than average dissociative capacity, which might have a mediating role in their symptom development.

Methods. The hypnotic susceptibility and dissociative capacity of men with muscle dysmorphia (N=9) has been compared to a normal control group (N=14). Muscle dysmorphia was screened by questionnaire (MASS) and diagnosed by clinical interview. The hypnotic susceptibility was measured on the SHSS-A scale. DIS-Q was used for measuring the dissociative capacity of the participants.

Results. There was significant difference ($p = .002$) between the hypnotic susceptibility of the two groups i.e., men with muscle dysmorphia scored $8,22 \pm 2,11$ points, compared to $4,57 \pm 2,65$ points of the control group. There was no significant difference in the dissociative capacity.

Discussion. Subjects with muscle dysmorphia are significantly more susceptible to hypnosis, which suggests that they may be more vulnerable to cultural pressure in the mass media.

13. Child Sexual Abuse and Eating Disorders in Adolescents and Young Adults Women: Psychotherapeutic Interventions and Treatment Outcome

Fotios MOROGIANNIS

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Introduction: In an epidemiological study in the past, we studied a number of male and female students, at senior high school, living in the city and villages of the Ioannina area, in order to evaluate the size of the problem with eating disorders and to identify the factors, affecting the appearance of such disorders. In this anamnestic clinical study, we present a clinical sample of patients with eating disorders, from the same area, during the period 1994-2004, 72 outpatients, 63 women and 9 men. They were suffered from anorexia nervosa, AN (N=24, 38%), bulimia nervosa, BN (N=20, 32%), eating disorders non otherwise specified, EDNOS (N=9, 15%) and binge eating disorders, BED (N=9, 15%).

Results: In this poster, are presented demographic and clinical data of women ED patients: age (16-49 years old), residency (43 from Epirus, 70 %), type of family (N= 30, 48% the first child), academic status (N=36, 58% students), and social class (N=11, 17% higher, N=19, 30% middle, N=32, 51% from lower classes), and history of traumatic experiences and sexual abuse (9/63), 14,2%.

All patients, have taken medication, psychotherapy, family counseling and dietary advice. There are 9 patients (15%), suffered from severe anorexia nervosa (N=7), bulimia nervosa, purging type (N=1), and 1 patient with BED, who had only one session with the physician, caused by denial of illness.

Conclusions: The results of this study are unclear. In some cases (N=31, 50%), the outcome is good. This category includes BN, BED patients and 13 cases (54%), with AN. 4 cases have a moderate outcome and fortunately 27 patients suffered from severe AN-restricting type, (43,5%) have had a bad outcome (after a telephone information by family members). We are also proposed for discussion the type of therapeutic intervention, the overcome of traumatic memories, the need for hospital treatment and the restraints which comes from the therapy itself and the limitations from the setting.

14. And When You Deal With It – A film by those affected

Martina NÖSTER

Women's Health Centre F.E.M., Vienna, Austria

The video, which was planned and implemented by clients of the Women's Health Centre F.E.M., resulted as part of their dealings with the illness. The projects supports girls during the healing process in realising, living with, and being able to express their feelings about their eating disorder. It helped them to recognise new aspects of the illness and to be able to bring them into the open. The girls want to use this medium to support other girls in their process of realisation and give them the courage to seek and accept help. Thanks to a lot of creativity, dedication and willingness to experiment an exciting film was created which has given experts, relatives as well as those affective new perspectives on the topic.

Following the presentation of the film I will discuss the process which took place before, during and after the making of this film in more detail from a psychotherapeutical point of view (Psychodrama).

15. The Association of Hormonal Substitution Therapy, Pain Perception and Cognitive Function in Patients With Anorexia Nervosa

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Eating disorders has been described to be associated with changed perception of pain, interoception of hunger and satiety, cognitive disturbances and changes in stress and sex hormones levels. The changes are related with the onset, the course and the outcome but there is no agreement about the interplay of these factors during the development and treatment of ED. Hormonal replacement therapy (HRT) was discussed in anorexia nervosa in relation with osteoporosis but estrogens also largely modify cognition (memory processes) and perception (pain perception). Our study compared hospitalized adult anorexic patients with and without HRT (N=19) and controls. HRT significantly increased pain sensitivity to thermal stimuli. The authors demonstrate the relation between changes in pain perception presented as memory like process and selected cognitive functions.

16. Should Fathers Sacrifice Themselves? Perceived Paternal Care in Anorexia Nervosa (preliminary results)

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Background: Family therapy proved to be effective in the treatment of anorexia nervosa. The involvement of parents in responsibility issues regarding weight and behaviour has been addressed as one of the key factors that predict outcome. Although mother-daughter relationship has attracted much attention in research of the EDs, the role of fathers and their perceived care is still to be answered. Our hypothesis was that paternal behaviour as perceived by their daughter suffering from AN has a specific link to the symptoms.

Methods: In a full family screening we investigated 15 families with an anorectic daughter, using eating disorder questionnaires (EDI, BAT, EDES) and perceived childhood parental behaviour (Young Parenting Inventory) .

Results: More maladaptive schemata regarding paternal care are associated to the eating disorder symptoms than those regarding maternal care. Low BMI, drive for thinness (EDI-DT) and EDES-bulimia subscale show a high correlation to many of the paternal schemata: self-sacrifice, insufficient self-control, negativism/pessimism, entitlement, shame/default, approval seeking are the most prominent ones. Perceived paternal self-sacrifice shows the highest correlation to most of the symptoms across the scales ($r = -0,82$ for BMI, $0,88$ for EDI-DT, $0,84$ for BAT, $p < 0,05$) suggesting a general role in the anorexia nervosa psychopathology.

Discussion: According to the clinical observations, perceived paternal care and father-daughter relationship has a significant influence on the eating disorder symptoms, suggesting a role as important as perceived maternal care. Therefore, involving the father into the treatment of his daughter's anorexia nervosa in order to reconstruct cognitions and behaviour may have an outstanding influence on the outcome.

17. Anorexia Nervosa: Treatment Satisfaction

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Objective: To study female adolescent anorexia nervosa patients and their parents' expectations on and satisfaction with a family-based treatment at the Anorexia-Bulimia Outpatient Unit, Child and Adolescent Psychiatry Centre, Queen Silvia Childrens Hospital, Sweden. **Method:** 32 consecutive patients between 13 and 17 years of age and 41 parents were followed up 18-month after pre-assessment with a self report questionnaire focussing on expectations and experiences of treatment, therapists, aims of treatment and the accomplishment. **Results:** At 18-month follow-up, 70% of the patients did not fulfil an eating disorder diagnosis. The results show that 73% of the patients and 83% of the parents felt that their pre-treatment expectations had been fulfilled. A majority of patients and parents agreed that individual patient sessions and parental sessions were of great help, while the patients valued family therapy sessions as being less helpful than their parents did. In overall terms, parents were more pleased with the therapists than the patients were. Parents with a patient without an eating disorder diagnosis at the 18-month follow-up were more satisfied than families with a patient still having an eating disorder. **Discussion:** These data suggest that family-based treatment with individual sessions, corresponds well to patients' and parents' treatment expectations.

18. 2nd to 4th Digit Ratio (2D:4D) in Clinical and Non-clinical Women

Stephanie QUINTON

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Digit ratio (2nd to 4th digit length - 2D:4D) is a proxy of prenatal oestrogen and testosterone. A high ratio between the lengths of the 2nd and 4th digits suggests exposure to a low level of testosterone and high level of oestrogen in utero, while conversely a low digit ratio indicates exposure to a high level of testosterone and low level of oestrogen. Testosterone is associated with reduced leptin levels, and leptin is high in female fetuses when brain organisational effects are likely to be important. The relationship between 2D:4D and eating psychopathology was investigated in a sample of clinical (N = 31) and non-clinical (N = 99) women. Digit ratio was determined from photocopies of the hand, and eating attitudes and behaviours using the Stirling Eating Disorder Scales (SEDS) and the Eating Disorder Inventory-2 (EDI-2). Amongst clinical women anorexia nervosa (restrictive and binge/purging subtypes) was associated with a masculinised (low) digit ratio and bulimia nervosa a feminised (high) digit ratio. Non-clinical controls were intermediary. However, within the control women a high digit ratio was associated with both restrictive and bulimic eating psychopathologies. Digit ratio (2D:4D) and early prenatal sex hormones appear implicated within the multifactorial aetiology of eating disorders. Low prenatal testosterone (high 2D:4D) may allow foetal leptin to rise affecting brain organisation with subsequent increased vulnerability to eating psychopathology.

19. Eating Disorders, Gender Roles and Media

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This study investigates the correlation between eating behaviour and negative body awareness - both of these are indicators for the development of eating disorders - with the perception and the identification with stereotypical gender roles in the reality of young females. It is understood that girls and young women with eating disorders differ significantly from healthy females in the perception of both their realistic as well as the ideal gender roles. This study is addressing the issue as to from where girls and young women draw the female roles' subjective desirable characteristics. By means of the Bem Sex Role Inventory (BSRI; Sandra Bem, 1974) relevant and formative frameworks (peer group, adults and the media) are analysed regarding their function as gender role model. This role model function can produce imitative mental attitudes and imitative behaviour.

The data were collected in June 2005 at three Viennese vocational schools incorporating seven different course elements. 214 pupils between the age of 14 and 24 participated in the study. A modified version of the EAT-26 as well as a check list for further relevant criteria (for example excessive sports activities, amenorrhoe) was used to assess a problematic eating behaviour and/or body image. The selection of the samples was done by the headmasters of each individual school in accordance with the operational availability at that specific school. The male pupils also received modified questionnaires, which however will be evaluated separately and are not regarded in these results. The study was conducted anonymously, and with the approval of the parents prior to implementation. Each school allocated 2 school lessons with a total amount of 100 minutes for this purpose, which, in most cases, left enough time for discussions and reflection.

In this survey three key questions will be dealt with: 1. Does the portrayal of womanhood in the media contribute to a role confusion in girls and young women, and results in a higher risk of developing an eating disorder for those who identify with this model? 2. Which frameworks determine the definition of the gender role for each individual? 3. Which stereotypic attributes are assigned to which framework (peer group, adults and the media)?

20. ACCES Therapy's Effects on severe ED

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ACCES Therapy is an integrative therapy which was developed in Quebec 15 years ago. It is particularly powerful on archaic and narcissistic disorders. We present ACCES' effects on ten severe ED patients, with borderline, multi-impulsive, and melancholic disorders. The patients are described using specific criteria for ED from medical records, scales and initial evaluation of the severity.

The second evaluation is done, using the same criteria and analogic scales on ED disorders, global satisfaction, and quality of life demonstrated by charts.

We quickly obtain a global appeasement, rapid improvement of self-destructive behavior, self-esteem, capacity to relate to others, and of the ED symptoms.

The quality of this improvement allows the patient to reconnect with his vitality and desires within a few months and therefore to resume professional activity and reengage in social and family life. Vital risks disappear.

The theoretical and technical aspects of ACCES Therapy are presented. It is a new understanding of archaic psyche, clear and useful for the patient himself. The therapy emphasizes existential concerns, questions about life and death, and allows perception of a possible inner peace. Observation clearly shows in all patients that "death instincts" have no substance. Ideas about death might only be an expression of a search for peace of mind.

This original approach consists of a mix of psychoanalytical and cognitive knowledge, and requires a specific training cursus that is quickly presented.

Site: ACCES, Louise Joly, Québec

21. Transgenerational Approach of Maladaptive Cognitions Associated to Eating Disorders. A Preliminary Study.

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Background. Core beliefs about oneself and interpersonal relations have an effect on specific cognitions and attitudes concerning body image and eating behaviours. These schemas are long-lasting and unconditioned, rooting in childhood experiences. Cognitions concerning parental care may contribute to the development of eating disorders. However, schema structure of parents of an eating disordered patient may also have an association to the symptoms and cognitions of the patient.

It is hypothesized that the schema structure of the parents of an eating disordered patient has a specific correlation with the specific cognitions and symptoms of the disorder. It is suspected that family functioning plays a mediating role in this relation.

Methods: 15 families with anorexia nervosa patients were investigated regarding schema structure (Young Parenting Questionnaire), family functioning (McMaster Family Assessment Device) and eating disorder symptomatology (EDI, BAT, EDES). The relationship between

symptoms, specific cognitions and maternal schema structure, as well as individual family functioning scores were evaluated.

Results. Preliminary results show that specific schemas regarding parental functioning have a high correlation to the symptoms (BMI, drive for thinness, BAT) especially self-sacrifice, entitlement and approval seeking of both parents, insufficient paternal self-control and high maternal vulnerability to harm. Regarding maternal schema structure we found that subjugation, mistrust/abuse and vulnerability to harm have a strong association to the symptoms of their anorectic daughters. After examining the correlation between parental schemas of mothers and daughters we found that maladaptive schemas regarding autonomy and achievement of mothers have the strongest association to the anorectic daughters' maladaptive schemas.

Discussion. We expect our results to underpin our system-approach hypothesis that core beliefs about self-image, roles and interpersonal relations affect the behaviour and this will be mirrored in certain family patterns which are related to eating disturbances.

22. Stress Situation Reveals an Association between Drive for Thinness and Perfectionism in Eating Disordered People

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Objective: Perfectionism is a personality style that has been described frequently as a central feature of eating disorders. Several theorists have hypothesized a pathogenic role for perfectionistic tendencies in these disorders. The purpose of this study was to assess whether a stress situation would reveal an association between perfectionism and measures of eating disorder symptoms in eating disordered subjects.

Method: A sample of 48 female eating disordered inpatient people completed the Multidimensional Perfectionism Scale and the Eating Disorder Inventory two times: on an average day, on the day they measured weight. Linear regression analysis was calculated to verify whether the dimensions of perfectionism were associated with the measures of eating disorders.

Results: Body Dissatisfaction was associated with Perfectionism on all the three occasions, while Drive for Thinness was associated with Perfectionism only on the day of the stress. **Discussion:** The results suggest that perfectionism would be associated with feelings of body dissatisfaction, but an association between perfectionism and actual desire or plan to lose weight would emerge only in a stress situation. Such a finding suggests that stress may stimulate behaviors related to eating disorders in perfectionistic personality.

23. Anorexia Nervosa in Male Adolescents: An Underdiagnosed Disorder?

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University Children's Hospital, Adolescent Medicine, Zürich, Switzerland

Background: Anorexia nervosa is predominantly diagnosed in female adolescents but rarely in male adolescents despite the literature providing evidence that in male adolescents the prevalence of anorexia nervosa is higher than commonly thought.

Aim: To review the characteristics of male adolescents with anorexia nervosa who were treated at the University Children's Hospital from 1999 to 2004, and to investigate potential obstacles that delayed prompt diagnosis and treatment.

Results: Out of 9 male patients diagnosed with an eating disorder (mean age 12.9 ± 2.2 yrs), five patients had lost weight significantly (mean weight loss 10.3 ± 3.2 kg, BMI < 3 .Pc) due to

specific avoidance of high calorie food intake followed by general restriction of food intake. Three of these 5 patients qualified for the DSM-IV diagnosis of anorexia nervosa (aged 10-13 yrs), and one of them showed severe comorbidity. All the male patients with anorexia nervosa showed signs of body image distortion that were less obvious and different in presentation compared to female patients: their distorted body image was mainly related to their abdomen, and they all refused to talk about their body image initially. As a consequence, they were initially misdiagnosed of suffering from secondary eating disorder caused by depression. Despite the misdiagnosis there was no delay in appropriate treatment.

Conclusion: Anorexia nervosa may be underdiagnosed in male adolescents due to its different presentation of body image distortion.

24. Relationship of Eating Psychopathology to Reported Craving For Food

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Introduction: Cravings are subjective motivational states that, in theory, promote ingestive behaviours. Food cravings have been held responsible for binge eating in bulimia, early dropout from weight-loss treatments, over-eating in obese individuals, and the prevalence of bulimia nervosa.

Objective: To identify which features of cravings, following a state-trait model, are correlated with different psychopathological aspects in eating disordered patients.

Methods: The sample consisted of 32 individuals diagnosed of any eating disorder (ED) following DSM-IV criteria. They were administered the Spanish versions of the State and Trait Food Cravings Questionnaires (FCQ-S and FCQ-T) and the Spanish versions of the Eating Attitudes Test (EAT40), Eating Disorders Inventory (EDI-2) and Bulimic Inventory Test Edinburgh (BITE).

Results: The 'symptoms subscale' of the BITE was positively correlated with following subscales of the FCQ-T: 'having intentions to consume food', 'lack of control over eating', 'thoughts of preoccupation with food' 'emotions' and 'guilt from craving'. The 'severity subscale' of the BITE was negatively correlated with 'positive reinforcement from eating'. The 'bulimia subscale' of the EDI was positively correlated with 'lack of control', 'preoccupations with food' and with 'having intentions to consume food'. 'Interpersonal distrust' of the EDI was negatively correlated with 'cues that may trigger food cravings'. Lastly, a high correlation was found between the FCQ-S and the 'symptom subscale' of the BITE.

Conclusions: To know which dimensions of craving are correlated with some psychopathological aspect in ED, such as the bulimic symptoms, might have interesting clinical implications, like helping to choose both pharmacological and psychotherapeutic strategies

25. Eating Attitudes, Maturity Fears and the Quality of Life (QOL) in the Czech Students

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The research was evaluating the eating attitudes and personality traits (Maturity Fears, Perfectionism etc.) in the Czech students. It came out of the findings of an international research (COST B6) that, while comparing, revealed a high score in the Maturity Fears Subtest (EDI) in the Czech and Bulgarian adolescent patients. The question was if the increased fear of the adulthood did not signify a deterioration of the QOL in these countries in connection with the

post-revolutionary socio-economical changes. We were evaluating the EDI in 665 Czech students and, at the same time, their QOL through the QOL SQUALA (Zannotti). We processed the results statistically. We have found out normal values in all sets of the EDI subtests with the exception of the Maturity Fears subtest. The QOL in women increased with the age while it was viceversa in men. The lowest QOL and simultaneously the highest score of the Maturity Fears, but also the Drive for Thinness and Body Dissatisfaction were in the adolescent females. A negative correlation was demonstrated between the QOL and MF – as we had presumed. There was not proved any correlation between the MF and areas of life that express contentment with the living standard (background, housing, security etc.). The conclusions of the research offer a speculative explanation that the MF are more a characteristic of the national mentality than a reflection of the socio-economical changes.

26. The Quality of Life (QOL) in the Eating Disorder Patients – a 5 Year Follow-Up

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The recovery of eating disorders signifies an improvement of the QOL. The purpose of the research was to find out what was the QOL in the eating disorder patients 5 years after the hospitalisation and if it differed from the QOL in the healthy women. We were comparing 39 (23 AN, 16 BN) women who had been hospitalised for the eating disorder at the Eating Disorder Unit 5 years ago with healthy women (109 women). We used the QOL SQUALA Questionnaire (Zannotti) and the EDI. A statistical analysis has been undertaken. We have found out that even though the overall QOL in the former patients was after 5 years in effect comparable with the QOL in the healthy women, the compared sets differentiated in some areas of life. The patients were less comfortable with their health and their mental well-being was smaller as well ($p < 0,05$). They expressed also a minor contentment in the domain of “nourishment”, which signalled that the disease is continually entering their lives ($p < 0,05$). They reached a higher score in the subtests EDI-Drive for Thinness, Ineffectiveness, Interpersonal Distrust and Interoceptive Awareness ($p < 0,05$). Although their physical condition and the overall QOL had improved, they were not as content as the healthy women. It seems that the adjustment of the physical condition and the global functioning need not install the mental well-being.

27. The Role of Parental Behaviour in the Background of Maladaptive Schemata in Bulimia Nervosa

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Family functioning and parental behaviour have a significant role in the development and maintenance of eating disorders. Some parental attitudes affect the development of earlier maladaptive schemata.

Aims: It is hypothesized that there is an association between bulimic symptoms, eating disorder personality character and parental behaviour hidden behind the maladaptive schemas.

Methods: Bulimia nervosa patients ($n=25$) and normal controls ($n=25$) were compared. EDI and EBSS were used to measure eating disorder pathology and Young Parenting Questionnaire was used evaluate the schema structure.

Results: Regarding our preliminary results, the bulimic group scored significantly higher in all of EDI scales except for body dissatisfaction ($p < 0,05$). As for the maladaptive schemata of maternal behaviour significant differences was found in sustained bounds schema ($p < 0,05$).

Maternal behaviour that has a great effect on negativism-pessimism schema correlated with the body dissatisfaction scale of EDI ($r=0,615$; $p<0,01$). There was a correlation between the maternal attitude that can trigger emotional inhibition and interoceptive consciousness scale of EDI ($r=0,721$; $p<0,01$).

Discussion: The maternal indulgence, pampering and the lack of guidance might be in the background of sustained bounds schema in bulimic patients. The more the perfectionism, rule-following and hiding of emotions is demanded by the mother that strengthen negativism-perfectionism and emotional inhibition schemata, the more dysfunctional the body dissatisfaction and more irresolute the recognitions of inside feelings (hungry, full) and emotions (interoceptive consciousness) are.

28. Struggling With Recovery: A Structured Model of Relapse Prevention in the Inpatient Treatment of Eating Disorders

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Eating disorder patients who have been treated in an intensive inpatient program face a gap after discharge: they will miss the structure and daily support while being confronted with stressful readaptation in their usual social environment. This postdischarge period is known for the serious risk of relapse, even if we offer the patients an aftercare program. Therefore we included a specific treatment module of relapse prevention in the last weeks of the residential treatment. The focus is on “coping with difficult situations after discharge”. In a series of structured thematic sessions attention is paid to becoming aware of potentially risky situations and learning to apply an alternative script to cope with these situations. Strong emphasis is laid on developing a social support system and actively engaging friends or family members into this relapse prevention program. The basic philosophy of the approach is teaching the patients to be prepared for “slip downs” as a normal part of their recovery process.

29. „The Next Morcel ‘Il be the Best!’“ Edonic Eating and Obesity

Piergiuseppe VINAI¹, Silvia CARDETTI¹, Gabriella CARPEGNA¹, Noemi FERRATO¹, Paola VALLAURI¹, Donatella MASANTE¹, Sandra SASSAROLI², Giovanni Maria RUGGIERO²

¹“Studi Cognitivi”, Post-graduate Cognitive Psychotherapy School, Cuneo, Italy; ²Milan Italy

Introduction: In this study we investigated the relation between BMI and the prediction of the sense of satiety and of pleasure that would be felt by eating the same portion of just eaten food another time.

Materials and Methods: We asked 125 subjects that ate a standard portion of a food to define the level of their own sense of satiety and of the pleasure felt eating it. Then we investigated the same things with regard to the hypothesis of assuming the same food a second time.

Results: BMI doesn't influence either the judgement of the present state of satiety, nor the pleasure felt eating the present food. BMI is directly related with the prediction of the pleasure they'll feel eating another portion of the same food. The predicted level of the sense of satiety after a second helping is in inverse relation to the BMI of subjects.

Discussion: The results point out that overweight subjects have a tendency to imagine themselves as less replete after a second helping in spite of the judgement on their own present satiety. The prediction of ones sense of pleasure deriving from repeating the assumption of food seems to be due to personal convictions not connected to the evaluation of the quantity of food really eaten and of the sense of satiety felt. These results could play a role in onset and maintenance of obesity.

30. The Effect of Spironolactone on Bulimia Nervosa Symptoms

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Some case reports mention that Spironolactone, a mineral corticoid and androgenic antagonist, causes, in addition to its well known diuretic effect, a reduction of binges in patients with bulimia nervosa. Therefore, we decided to research this effect with a randomized, double-blind, placebo controlled study. In this study, patients with bulimia nervosa were treated in one condition with a daily dose (tablets) of 150 mg Spironolactone, in the other condition, tablets with placebo were given. The duration of treatment was 8 weeks. The groups were parallelised with regards to the duration of the disease. The target variables were the number of binges and the scale 'Bulimia' of the Eating Disorder Inventory (EDI). The study included 91 patients; the final evaluation contained complete data sets of 78 patients. Most study participants had had the disease for a long time and were severely ill. The results show that there were small reductions in the amount of binges and of the scores of the Bulimia scale, but this happened in both groups (Spironolactone and placebo). No statistical significant difference could be demonstrated between Spironolactone and the placebo. Additional evaluations, conducted with the data of the Symptom-Check-List (SCL-90R) and with the other scales of the EDI, also showed no effect of Spironolactone. Therefore, the reported effects of Spironolactone might be placebo effects.

31. Cross-Cultural Comparison of the Eating Disorder Inventory in the Netherlands, Austria, and Italy

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The Eating Disorder Inventory-2 (EDI-2; Garner, 1991) is a self-report questionnaire which assesses three behavioural and attitudinal dimensions specific for Eating Disorders (ED; Drive for Thinness, Body Dissatisfaction, Bulimia) as well as eight clinically relevant general psychological dimensions (e.g., Perfectionism). It has been translated into several languages and is one of the most popular standardized instruments worldwide. The aim of the present study was a cross-cultural comparison of the EDI-Scores in an age-at-risk sample in European countries, which differ in language and culture and show North-South-variation. The sample consisted of 2643 female high-school and college students (The Netherlands: n=1076; Austria: n=813; Italy: n=754). Due to significant age differences analyses were done for three age brackets (1. 14 to 15.9 years, 2. 16 to 18.9 years, and 3. 19 and older).

Significant differences between the Netherlands and Italy were found in the general psychological dimensions and in Bulimia, whereby the scores in Italy were higher than in the Netherlands. The Austrian scores were in between. For the subscales Drive for Thinness and Body Dissatisfaction interactions between age and country were observable. Whereas in Italy and Austria for age group 1 both subscale scores were significantly higher than in the Netherlands, but showed a decrease with age, in the Dutch sample they increased with age. For young women 19 years and older no more significant differences between the three countries therefore were found.

32. What Does the Assessment of Temperament and Character in Eating Disorders and Patients with Diabetes Type 1 Add to our Clinical Assessment? A Comparison Study

Gudrun WAGNER, Vasileia GRYLLI, Edith SCHOBER, Klaus SCHWIENBACHER, Harald EDER, Andreas KARWAUTZ

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Introduction: Studies on eating disorders (ED) in adolescent girls with type 1 diabetes conclude that ED and subthreshold variants are almost twice as common in adolescent females with type 1 diabetes as in peers without diabetes and that ED in diabetes patients are mainly bulimia nervosa or EDNOS. Individual, family, and societal factors have been found in models of interaction between type 1 diabetes and ED (Daneman et al. 2002), but so far personality traits have been relatively neglected in most of the studies of interaction between type 1 diabetes and eating disorders. Grylli et al. (2005) found different personality traits in patients with diabetes without ED compared with patients with diabetes and ED, however, it remained unclear whether these personality traits are similar to those in primary EDs.

Methods: Temperament and character were assessed using the Temperament and Character Inventory (Cloninger et al., 1994) and the Junior-Temperament and Character Inventory (Schmeck, Meyenburg, & Poustka, 1995) in a clinical sample of 199 female patients with type 1 diabetes without (n=176) and with (n=23) an comorbid ED diagnosis and those diabetic groups were compared with a sample of 23 patients with primary EDs.

Results: Patients with diabetes and subsyndromal or clinical EDs showed higher novelty seeking and higher self-transcendence in comparison with patients with primary EDs.

Discussion: Assessing temperament and character is relevant in adolescents with both type 1 diabetes and eating disorders and can be used for screening underlying personality traits and for treatment decisions.

33. Intense Medical Treatment at a Pediatric Ward, as a Part of a Treatment Program for Young Patients With Anorexia Nervosa

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In co-operation between the eating disorders unit and a paediatric ward, a treatment model for severe anorexia nervosa in the young patient has developed. It is an exclusive treatment model, consisting of 10% of the total amount of the patients in inpatient care. The patients that are in the program are patients that have difficulty to engage in treatment and the parents have not been able to have oversight of the child's food intake. Patients that have had a long period of low weight, and have an arrested development, ten cm or more behind in height, are recruited to the treatment program. The goal with this treatment is to intensify the weight gain in the young patient with arrested development, where other treatments have failed. The treatment program is a strict medical treatment by the paediatric staff, consisting of tube feeding and intra venous drip. Staff from the eating disorders unit takes care of the psychiatric treatment during the 4-6 weeks of inpatient care. 12 patients have been in the treatment program during the ten years it has been running. We can see that after one year, the weight gain that was the result of the treatment is permanent. We find also that this treatment program facilitated the other treatments involved.

34. 6-years follow-up study of patients with restrictive type of anorexia nervosa.

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In 6-years follow-up study of patients with restrictive type of anorexia nervosa evaluated 15 patients from group of 20 patients hospitalized in adolescent unit between 1997-1999. Patients were investigated using questionnaires EDI, YBOCS, Hamilton Scale, STAI, Developmental Risk Factors Questionnaire. In evaluation of outcome of anorexia nervosa authors used Morgan-Russell criteria. 40% of patients had good outcome, 20% intermediate, 33,3% poor, 6.7% of patients died (1 person). In the most of the subscales of EDI there were no any statistically significant changes. In the subscales „Body Dissatisfaction“ , „Interpersonal Distrust“ and „Maturity Fears“ results were better in follow-up. Results of evaluation of depressive and obsessive-compulsive symptoms revealed improvement (for obsessive-compulsive symptoms on the statistically significant border). There were no any changes in anxiety symptoms (state and trait). Predictors of good outcome were higher BMI, lower results in YBOCS and in lower results in Developmental Risk Factors Questionnaire.

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