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INTRODUCTION

The 11th annual conference of The Australia & New Zealand Academy for Eating Disorders was held on 23-24 August 2013 at the Mercure Pullman Hotel Melbourne. 71 Oral papers and 11 Posters were presented following review of the Scientific Committee chaired by Professor Susan Paxton and Dr Beth Shelton and are published in this supplement. Over 400 delegates attended the conference.

Keynote talks were by Dr Susie Orbach; The Politics of the body and the body politic and Dr Joe Proietto; Why is it so difficult to maintain weight loss: is this failure related to binge eating disorder and bulimia nervosa? The conference also involved two Plenaries, I-Tools & the internet (Amy Slater, Jenna Tregarthan and Jane Miskovic) and Interventions for the overweight client (Sue Byrne and Leah Brennan) as well as a case panel discussion featuring Susie Orbach, Anthea Fursland and Carolyn Costin.

Seven pre-conference workshops focussed on medical, nursing dietetic and psychological approaches to eating disorders. Susie Orbach’s workshop addressed the interpersonal history and psychology of the body. Jennifer Gaudiani presented insightful and highly rated workshops on medical issues at both introductory and advanced levels. Andrew Wallis and Linsey Atkins provided insight into Family-based Therapy clinical practice.

ORAL PRESENTATIONS

ADULT TREATMENT AND SERVICES

O1 The Barwon Health Eating Disorder Service

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The Barwon Health Eating Disorder Service is a specialist regional service providing assessment, treatment and consultation for individuals with eating disorders of all ages living in the Barwon region. The service delivers evidence-based treatments including Family-Based treatment, Cognitive Behaviour Therapy-Enhanced and Cognitive Analytic Therapy in conjunction with dietetic support. The service prides itself on engagement and partnerships with the service providers in the region both in the public and private sector to provide the community with a range of integrated options for treatment and support.

In recent times the service has collaborated with The Barwon Health Deakin Psychology Clinic and the Community Adult Mental Health teams to provide an assessment clinic and evidence-based outpatient treatment to individuals 26 years and over and their families with eating disorders. This presentation will showcase the work being done in the service and the ongoing development of the adult treatment model in conjunction with service partners, including the important partnership with the Victorian Centre of Excellence in Eating Disorders.

This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

O2 Evaluation of the Recovery Is Possible for Everyone transdiagnostic treatment and support program for adults with eating disorders

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This research program examined the effectiveness of the Recovery is Possible for Everyone (RIPE) a community based transdiagnostic group treatment program for adults with eating disorders.

Study 1 used retrospectively collected clinical data to evaluate the effectiveness of two versions of the RIPE program, the original CBT-based program and a more recent ACT-based program. Pre and post EAT26 scores improved for both groups (n=97, p<.05); there were no difference between the CBT and ACT versions of the program (p>.05). High levels of client satisfaction and clinically significant reductions in binging and purging were reported (n=100).

Study 2 used prospectively evaluated the effectiveness of the RIPE program (ACT-based). Participants (n=15; 100% female; M=25.7y; BMI=17.1-28.7kg/m2) reported elevated levels of eating disorder and general psychopathology (p<.05). Weight preoccupation and drive for thinness, dietary restraint, internalised and externalised disordered eating, body image satisfaction, self-esteem and quality of life improved significantly (p<.05). Interpretations are limited by the small sample size.

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This is one of the first studies evaluating ACT based eating disorder treatment and one of the few studies evaluating the ‘real world’ effectiveness of eating disorder intervention. Results provide preliminary evidence for the effectiveness of ACT in the treatment for eating disorders. This study highlights the viability of proving evidence based interventions and conducting practice based research in real world settings.

This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

O3 Effectiveness of a day program for patients with eating disorders

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Derwent House is a government funded pilot treatment day program within an established eating disorder service that commenced operation in 2010. It is run by a multidisciplinary team of clinical psychologists, dietitians and an occupational therapist. The program is based on a cognitive behaviour therapy framework with patients attending four days per week. Admission lengths range from four to twelve weeks depending on their individual treatment plan. Fifty patients completed outcome measures at admission, discharge, six and twelve month follow-up. Measures collected included the Eating Disorder Examination Questionnaire; the Eating Attitudes Test; the Depression, Anxiety and Stress Scale; the Eating Disorder Quality of Life instrument; the Intuitive Eating Questionnaire; the Eating Attitudes Test; the Rosenberg Self-Esteem Scale; and the Anorexia/Bulimia Stages of Change Questionnaires. The data has been analysed using hierarchical linear modelling. Findings suggested that this intervention was effective in reducing eating disorder symptoms. Results on the short and long-term treatment effectiveness of the day program will be presented.

This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

O4 From one extreme to another: treatment challenges and dilemmas in a transdiagnostic day program

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Can you treat someone with a BMI 15 alongside someone with a BMI 48? Are there be more differences than similarities? These were some questions faced when deciding inclusion criteria for a transdiagnostic Central Coast Day Program.

We use Acceptance and Commitment Therapy (ACT) in treatment. The use of a ‘values based’ approach is helpful in recovery providing ‘common ground’ for clients who are in the same ‘eating disorder boat’.

One aim of treatment is to not restrict or reduce intake of any type of food but rather restore ‘freedom around food’.

We use a ‘self-observation log’, a valuable tool to monitor and analyse emerging patterns between daily food intake, eating behaviours and psychological Room: State.

Our Challenges and dilemmas are:

- How do we retain someone with Anorexia Nervosa when cognitively ready for recovery but not ‘behaviourally’ ready; a Day Program helps contain behaviours but 69% of binges occur in the evening; a client with BED gains an additional 14% body weight in 8 months of treatment; what do you do when someone no longer meets BED criteria but is still overeating and, is it ‘better’ to just be morbidly obese rather than be morbidly obese and have an eating disorder?

This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

O5 Where is the family when we work with adult patients? An eating disorders perspective

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The North Western Mental Health, Eating Disorders, Day Patient Program located at the Royal Melbourne Hospital is a 10 week program (8 weeks full time, 2 weeks part time) for adults suffering from Anorexia Nervosa, Bulimia Nervosa and Eating Disorder Not Otherwise Specified (EDNOS). The program operates 5 days a week and is designed for those who demonstrate motivation to engage in the recovery process. The program is based around group work and individuals are given the opportunity to practice eating in a variety of settings.

The service, in conjunction with CEED* has identified family work as a major component of the program. Single session work, multi-family groups and family and carer information sessions provide the foundation for this aspect of the program as they demonstrate the importance of working creatively with families and carers. These groups aim to facilitate change by; providing awareness about the lived experience of an eating disorder as well as that of a carer, endeavouring to bridge the gap between life in the community and intensive out-patient treatment and understanding the influence of family communication styles and dynamics. This presentation will highlight the importance of conducting family work in an adult setting and explore the outcome data that has been collated over the past 12 months.

* CEED is a service designed to provide clinical consultation, training, resource and service development, to build quality and sustainable eating disorder treatment responses within the public specialist mental health service.

This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

O6 The use of a DBT skills-based group in aiding with the inpatient and outpatient treatment demands of a specialized eating disorders unit

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The Royal Melbourne Hospital provides inpatient, outpatient and day patient treatment to over 130 patients within the NorthWestern catchment area of Victoria each year. The RMH Eating Disorders Unit is the largest public inpatient service Room: State-wide offering 8 inpatient beds, with an average length of stay of 36 days. The severity, chronicity and complexity of emerging presentations has resulted in a greater demand for inpatient beds, exhausted wait lists, and placed further need and demand on outpatient and transitional support. The Dialectical Behavioural Therapy (DBT) group for Eating Disorders was developed and introduced to the Unit in mid-2011 as a means to provide support, treatment and relapse prevention to those patients who presented with borderline personality disorder (BPD) features and/or often required multiple admissions.

The DBT group is a skills-based closed group, which runs for 2.5 hours weekly for 15 weeks. The group focuses on psycho-education of eating disorders, mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness. Each cohort is evaluated using pre-test and post-test measures as well as weekly participation feedback. The outcome measures to date have shown that the DBT outpatient group has been effective in reducing BPD features and impulsive behaviours; created positive shifts in mood, unhelpful thought patterns and schemas; reduced stress and anxiety; and attributed to lower readmission rates.

This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.
07 Support group for long term sufferers of anorexia
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At least 10% of people living with Anorexia will develop a chronic course of the illness. There’s been very little research or literature surrounding this patient group. The Eating Disorder Program at the Royal Melbourne Hospital has commenced a new initiative for clients with severe and enduring eating disorders. This group aims to engage these patients from a different stand point, operating on a recovery focus, aiming to improve the quality of life, as it aims to maximize the individual’s potential despite the illness.

The group is primarily supportive and mostly patient driven, topics discussed within the group are brought up by participants. It is facilitated by a consultant of the outpatient team and social worker of the inpatient unit. The group will remain an open group with a maximum of 9 participants running once a month, with the aim for the group to become self-supporting in the long term.

Most of the participants assessments show all reasonable attempts to reach full recovery have been made, many are recurrently admitted or who have maintained a low weight for a long period of time have lost social skills and lead lonely lives. This group aims to improve self-esteem and promote friendship groups within the patient group.

This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

08 The role of exercise in the treatment and recovery process of anorexia nervosa
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The detrimental role of excessive exercise in the pathogenesis and maintenance of Anorexia Nervosa (AN) has featured in past research (Casper, 1998; Davis, 1997). A scarcity of research has focused on targeted exercise interventions in treatment and recovery. Research indicates eliminating exercise completely during treatment is not therapeutic (Beumont, Arthur, Russell & Touyz, 1994), and exercise interventions can be beneficial for improving psychological outcomes (Hausenblas, Cook & Chittester, 2008). The current study aims to investigate the role of exercise in treatment and recovery. 24 participants (12 currently diagnosed with AN, 12 recovered from AN) complete the Eating Disorder Examination (Fairburn, Cooper & O’Connor, 2008), Compulsive Exercise Test (Taranis, Touyz & Meyer, 2011) and a semi-structured interview assessing exercise attitudes and behaviours across their lifespan (including through AN). Data collection is ongoing, with interview data analysed qualitatively using narrative inquiry and grounded theory methods. Preliminary data suggests that for some participants, exercise played a pivotal role in treatment and recovery. Thematically, it appears there is a subgroup of participants for whom exercise was a part of their identity pre-morbidly, and that re-establishing healthy exercise is an integral part of their recovery process. Implications for clinical treatment options will be discussed.

This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

09 Therapeutic alliance and symptom change in enhanced cognitive-behavioural therapy for eating disorders
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Objective: To investigate the role of therapeutic alliance in cognitive-behavioural therapy enhanced (CBT-E) for eating disorders.
Method: 200 individuals (16+ years) admitted to the CBT-E treatment program at the Centre for Clinical Interventions completed the Helping Alliance Questionnaire-2nd Edition (HAQ-II; Luborsky et al., 1996) and the Eating Disorder Examination-Questionnaire (EDE-Q; Fairburn & Cooper, 1993) at the start, middle, and end of treatment as well as baseline and post-treatment measures of related pathology.
Results: Scores on the HAQ-II increased significantly from the start to the middle of treatment and were maintained post-treatment. Alliance was not related to improvement in eating disorder symptoms at any time point or to drop-out. For patients who completed CBT-E, lower scores on the EDE-Q at post-treatment were associated with more positive ratings of alliance at the end of treatment.
Discussion: CBT-E, a manual-based treatment for eating disorders, yields excellent patient ratings of alliance at various time points. Overall, alliance was unrelated to eating disorder pathology or to changes in symptoms although a greater reduction in symptoms at the end of treatment was associated with more positive ratings of alliance at the end of treatment. There was no evidence that alliance drives symptom change in CBT-E. This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

010 Weight suppression in bulimia nervosa: relationship with cognitive behavioral therapy outcome
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Weight suppression has been found to negatively predict treatment completion of cognitive behavioural therapy (CBT). However, subsequent attempts to replicate these findings have failed. In light of this, the current study revisits the relationship between weight suppression and treatment outcomes in bulimia nervosa. We propose that moderator effects may assist in interpreting previous inconsistency. Moderators tested were parent history of overweight, chubby/overweight childhood body shape, higher pre-treatment body mass index, and highest ever adult weight discrepancy. Participants were 117 female outpatients aged 16-54 years with bulimic disorders treated with enhanced cognitive behavioural therapy at a specialist community clinic. Logistic regression indicated that pre-treatment weight suppression did not predict drop-out or poor treatment outcome. No moderator effects were observed when hypothesised moderator features were included in treatment completion or treatment outcome models. The current study calls into question the association between weight suppression and treatment outcome. Further research into moderator models, using a larger sample, could assist us to refine conceptualizations of why some patients who have a weight suppression history are vulnerable to poor treatment adherence and outcome and to establish clinical interventions that enhance prognosis. This abstract was presented in the Adult Treatment and Services stream of the 2013 ANZAED Conference.

CARE IN INPATIENT AND COMMUNITY SETTINGS
011 Eating disorder mentor program
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Developing a sense of hope is a foundation for recovery. How can we inspire hope and motivation in those who are suffering from an eating disorder and the struggles that ensue?
The Eating Disorder Mentor Program is a collaborative project between The Eating Disorder service at Royal Melbourne Hospital (ED-RMH) and Eating Disorders Victoria (EDV).

It’s an opportunity for people with a lived experience of an eating disorder to tell their recovery story and share their insight with current patients. Research has shown the many benefits of peer support which include increased feelings of hope for patients and the learning of practical strategies to assist their recovery. Mentors gain skill and satisfaction from seeing their lived experience used as a valuable source of expertise in promoting recovery.

This presentation will:
- Give an overview of the program including the aims, processes and results
- Explore the value achieved by collaboration between a community based mental health provider and a specialist tertiary health service
- Highlight the benefit of combining the experience of both health professionals and consumers

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

O12
Real life real hope
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Often it is mentioned by participants that having peers speak out about their personal journey has instilled a sense of hope and been an inspiring experience. From this evolved the Mentor program. The Body Image and Eating Disorders Treatment and Recovery Service (BETRS) Mentor Program has been developed to complement the professional expertise within the team. Our Mentors share their lived experience of an eating disorder with current patients of BETRS. The invaluable contribution to the service by our mentors has been the following:
- Supporting hopefulness and the recovery process by co-facilitating group sessions that focus on how they dealt with issues that are of particular concern to current patients.
- Strengthen relapse prevention by giving firsthand accounts of occasions when lapses have not signalled a relapse but have been incorporated into the recovery process.
- Mentors have been fostering motivation by encouraging behaviours that supported their own recovery and by assisting with the organisation and general care of the client group.
- By sharing their experience of having an eating disorder and providing evidence of hope during the course of recovery mentors have given family and carers and better understanding.

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

O13
Supporting families and carers during the inpatient admission
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The Royal Brisbane and Women’s Hospital Eating Disorder Treatment Unit is a Room: State wide public specialist service providing high quality support and intervention to adults requiring an inpatient admission to treat eating disorders. Family members and carers play a significant role in providing support for their loved one both in the community and during inpatient admissions. A gap in service delivery was noted in the provision of support to families and carers during the inpatient admission. The identification of a nominated family worker (provided by the Social Worker) was developed to ensure that families and carers were able to access support and assistance in a timely manner.

In conjunction with this an information booklet was produced to be given to families on admission of their loved ones as a way of providing detailed, up to date information to better assist and improve the support family members received.

The information booklet was developed in conjunction with consumers, a paid carer representative and other eating disorder professionals. This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

O14
The Mater CYMHS Inpatient Unit program for the management of eating disorders
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In October 2011 the Mater Child and Youth Mental Health Inpatient Unit developed and implemented the Mater CYMHS Program for the Management of Eating Disorders (the protocols). The protocols were developed to improve admission and discharge pathways for young people with restrictive eating disorders as well as to improve consistency and efficacy of inpatient treatment which supports various outpatient models of care. Currently there exists little evidence for best practice treatment of restrictive eating disorders in children and adolescents on a psychiatric inpatient unit. This presentation aims to fill in the gaps in the existing literature by presenting outcome data for young people treated under the protocols. These outcomes will then be compared with those patients who received “treatment as usual” prior to the implementation of the protocols. Furthermore, we will present data examining staff perceptions of patient care of those with restrictive eating disorders both before and after the protocols were introduced.

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

O15
A cohesive multidisciplinary team approach to the management of patients with eating disorders
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Eating disorders can be a life threatening illness not only due to the effects of starvation, but also the effects of impaired capacity. At Robina Hospital, patients admitted with a BMI < 14 are admitted to the Acute Medical Unit(AMU) for nutrition, restoration and medical management before being transferred to a suitable mental health ward for ongoing treatment. The AMU at Robina has been managing patients with eating disorders, in particular Anorexia Nervosa for a number of years. The treatment plan implemented by the Acute Medical team is considered to be of a very high standard by the Eating Disorders Outreach Service (EDOS), a specialist consulting liaison service provided by the Royal Brisbane and Women’s Hospital. The AMU prides itself on developing a cohesive multidisciplinary team approach, striving for best practice management by utilising protocols and guidelines developed by the EDOS service. This presentation will discuss the experiences of the Acute Medical Team in managing eating disorder patients. It will outline the team structure, current practices and guidelines used and identify areas of improvement identified through lessons learned.

The aim is to present information and experiences that may assist other eating disorder professionals discussing evidence based strategies developed to support and improve the management and physical health of patients with eating disorders.

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.
O16 The evidence and role of music therapy in addressing the resilience of adolescents with eating disorders in the context of an acute inpatient admission
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Engaging in music is an integral part of identity formation and coping during adolescence. For a population who are establishing their place in the world, music serves as a medium for peer interaction, social acceptance and connectedness (McFerran, 2010). The effectiveness of music therapy with the adolescent population has been well documented (Baker, McFerran-Skewes & Kroul, 2011). In particular, the use of familiar and unfamiliar songs provides a powerful platform for adolescents to express and share parts of their identity, communicate their feelings, as well as discover hope and guidance.

Drawing on the evidence, this paper will outline the ways that a music therapy program strives to improve coping for adolescents with an eating disorder within an acute paediatric inpatient setting and once discharged. This will be highlighted through case vignettes and patient perspectives.

The music therapy program outlined in this paper is an integral part of the multidisciplinary treating team and works closely alongside medical and nursing staff to address the needs of young people with eating disorders.

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

O17 Evidence supporting the safety of rapid refeeding protocols, using a food based approach, in a paediatric inpatient eating disorder program
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Historically, a cautious approach to refeeding has been taken due to lack of evidence about refeeding syndrome. The aim of this study was to evaluate outcomes following the introduction of a more aggressive feeding protocol in a paediatric eating disorder program. This included commencing at a higher energy intake, more rapid energy increases and macronutrient manipulation of meal plans while maintaining a food based approach.

A retrospective audit of 38 Austin Hospital patients admitted for medical stabilisation of their eating disorder, using rapid refeeding protocols, were compared to previous refeeding protocols. Thirty-seven patients (97%) were commenced on 8.2 megajoules (MJ) or more and increased to 11 MJ within one week. Previously, 23 patients (60%) had commenced on 6.8 MJ or less. With more intensive feeding 30 patients (79%) gained more than the target of 1 to 1.5 kilograms per week (compared to 35% previously). Evidence of refeeding syndrome was identified and treated in only two patients (5%). Only one patient required a lower energy intake (6.5MJ) with reduced contribution to energy from carbohydrates (40%) due to high risk of refeeding syndrome.

These findings suggest more rapid refeeding can be achieved safely with a food based approach in this patient group.

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

O18 Dining out: developing an outreach service for a busy eating disorders program
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The Eating Disorders Program (EDP) based at Royal Melbourne Hospital offers inpatient, day patient and outpatient services to adults from western Melbourne and regional Victoria and receives over 150 referrals per year. Despite streamlined referral processes to the program and access to training for front line clinicians, there are still gaps in the management of eating disorders in the community. Most affected are patients who have been discharged from the inpatient or day programs and those from regional centres.

The EDP set up a pilot outreach service in 2013 following extensive service mapping and needs analysis. There were two initial goals; individualised community treatment for patients in recovery phase of their eating disorder and a consultation liaison role to advise local and regional clinicians and inpatient units in effective management of eating disorders.

The outreach service consisted of a multi-disciplinary team supported by the EDP. The goals of treatment for individual work were improved quality of life, weight restoration and decreased eating disordered behaviour. The consultation liaison role aimed to reduce the need for admission to specialist beds and build the capacity of local clinicians.

This presentation aims to describe the background, setup and outcomes of this new service.

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

O19 At home with eating disorders
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This presentation will discuss the outcomes and evaluations of the organisation and delivery of the 2013 “At home with eating disorders Conference”.

Introduction: With the emergence of evidence based treatments, including Maudsley Family Based Therapy parents and carers play a crucial role in early detection and efficacious treatment. But they do it in the face of significant challenges – lack of information or education, difficulties in navigating the health system, difficulty in finding suitable clinicians, and suffer significant personal and financial burdens in the process.

Governance: The conference was organised by
- F.E.A.S.T
- The Butterfly Foundation
- Eating Disorder Outreach Service (EDOS)
- ANZAED

Aim of the conference: This conference aimed to provide access for parents and carers of people with an eating disorder to a range of expert knowledge and skills so they can be better prepared and empowered to take an active role in the treatment of, and recovery from, the eating disorder.

Measurable outcomes:
- Online evaluations pre and post conference
- Attendance
- Range of Speakers and Workshops
- Budget management
- Successful Sponsorships

Conclusions about the extent to which the conference met its aims, as well as recommendations for future carers conference planning will be made.

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

O20 Telephone coaching of carers: comparison with collaborative care skills workshop
Ross King*, Genevieve Pepin, Amy Brown, Amanda Dando
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This presentation will compare outcomes and evaluations of the organisation and delivery of the 2013 “Telephone coaching of carers” workshop.

Introduction: With the emergence of evidence based treatments, including Maudsley Family Based Therapy parents and carers play a crucial role in early detection and efficacious treatment. But they do it in the face of significant challenges – lack of information or education, difficulties in navigating the health system, difficulty in finding suitable clinicians, and suffer significant personal and financial burdens in the process.

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Measurable outcomes:
- Online evaluations pre and post workshop
- Attendance
- Range of Speakers and Workshops
- Budget management
- Successful Sponsorships

Conclusions about the extent to which the workshop met its aims, as well as recommendations for future carers workshop planning will be made.

This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.
Caring for an individual with an eating disorder is associated with significant burden. Treasure and associates’ Collaborative Care Skills Workshops reduce carer burden and distress through altering maladaptive expressed emotion communication patterns and teaching basic motivational interviewing skills which assist in boosting readiness to change in their loved one. However, due to time or distance constraints, the workshops are not accessible to all carers. The current study examined the effectiveness of a telephone coaching intervention, incorporating use of a self-help book and DVDs. Carers received four 40 minute coaching sessions delivered at fortnightly to three week intervals. Carer distress, coping patterns, expressed emotion, accommodation and enabling behaviours and perceived impact of the eating disorder on the carers were assessed pre-, post and six weeks’ follow-up. Fifteen carers completed questionnaires at all three time points and were matched to 15 attendees of the carer workshop intervention. At follow-up, carers in the interventions showed similar reductions in psychological distress, perceived burden, emotional over-involvement, accommodation and enabling and maladaptive coping. Changes in adaptive coping and critical comments were not observed. Therefore, despite small participant numbers, the telephone intervention was comparable in impact, providing an effective alternate mode of delivery for carer interventions. This abstract was presented in the Care in Inpatient and Community Settings stream of the 2013 ANZAED Conference.

DISORDERED EATING – CHARACTERISTICS & TREATMENT

O21 Can guided self-help for perfectionism improve disordered eating?  
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Targeting perfectionism in psychological treatment has shown to be effective in improving negative affect, one of the two most potent risk factors for eating disorders (Fittig & Jacobi, 2010), and decreasing symptomology of disordered eating. The study aimed to evaluate the efficacy of a guided self-help intervention focussed on perfectionism to improve negative affect and the symptoms of disordered eating, anxiety and depression. Participants were assessed at five time points, creating a four-week control and a four-week information-only condition prior to the commencement of eight treatment sessions, and three-month follow-up. All were above the community mean for perfectionism. Of the 33 participants that completed the first three waves (baseline period), 21 participants (64%) reported symptoms of disordered eating on at least one assessment. The presentation will focus on this clinical subsample. Nineteen participants reported disordered eating symptomology over the baseline period. Of the 14 that completed treatment, eight no longer met criteria for an eating disorder at post-treatment, however two failed to maintain this improvement to follow-up. Changes in severity and comorbidities will be discussed along with investigations of the outcome variables, negative affect and weight and shape concern. The presentation will provide results comparing pre- and post-intervention and follow-up assessments. This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O22 Measurement of disordered eating in bariatric surgery candidates: a systematic review of the literature  
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Symptoms of disordered eating are common among patients seeking bariatric surgery, and assessment of eating pathology is typical in pre-surgical evaluations. This systematic review evaluates the methods used to assess disordered eating in bariatric surgery candidates. A systematic literature search of papers published from the emergence of bariatric surgery in the literature to March 2012 was conducted to identify original studies measuring eating psychopathology in adults seeking bariatric surgery. One hundred and forty-seven articles were identified, which featured 34 different questionnaires and 45 different interviews used in assessments prior to surgery. Limitations of the literature reviewed included the large variety and application of measures, limited description of assessments, and inconsistency in eating disorder criteria. Results demonstrate a lack of measures designed specifically for an obese sample and limited psychometric evaluation of measures in bariatric surgery candidates. The psychometric data available suggest that interview assessments are critical for accurately identifying binge episodes and diagnostic information, while self-report questionnaires may be beneficial for screening and providing additional information of clinical utility (e.g., eating, shape and weight-related cognitions). The use of validated measures will ensure accurate identification of disordered eating in the pre-surgical population, enabling appropriate targeting of intervention to optimise treatment success. This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O23 The prevalence and impact of eating disorder behaviours in Australian men  
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Objective: To determine sex differences in the prevalence and associated impairment of eating disorder (ED) features over time.  
Method: Cross-sectional surveys of randomly selected adults were carried out in 1998 (n = 3010) and 2008 (n = 3034). Outcomes included self-reported health-related quality of life (HRQoL), objective and subjective binge eating, extreme dieting, purging, and overevaluation of weight or shape.  
Results: Men represented 23 - 41% of participants who reported ED features. Objective binge eating was associated with greater reductions in mental HRQoL in men compared to women (p < 0.05), whereas overevaluation of weight or shape was associated with greater reductions in HRQoL in women compared to men (p < 0.05). The prevalence of extreme dieting and purging increased at a faster rate in men compared to women (p = 0.03), whereas the rate of increase in objective binge eating was similar between the sexes (p > 0.05). Mental HRQoL impairment associated with binge eating had increased over time for men but not for women (p < 0.05).  
Conclusions: The gender gap in the prevalence and impact of ED behaviours may be closing. Implications include the need for more gender-neutral public health campaigns and interventions, and the active inclusion of male participants in ED research. This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O24 Exercise and eating behaviour: the role of mindfulness  
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The present study examined yoga participation and cardiovascular exercise in relation to dietary intake and disordered eating symptomatology and the role of mindfulness. Participants were 159 female exercisers who completed a questionnaire incorporating measures of exercise behaviour,
body awareness, trait mindfulness, mindful eating, and dietary intake and disordered eating symptomatology. Participation in yoga was associated with significantly lower levels of disordered eating symptomatology whereas the amount of time spent participating in cardio-based exercise was associated with greater eating disturbance. The relationship between yoga participation and eating behaviour was mediated by both trait mindfulness and body awareness; the relationship between cardio-based exercise and eating behaviour was partially mediated by trait mindfulness. The relationships between amount of exercise and actual food intake were not mediated by trait mindfulness or body awareness. The differential findings for dietary intake and disordered eating proneness indicate that mindfulness may be more beneficial for clinical populations or those at risk for eating disorders than for modifying actual dietary intake in the general population.

This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O25
Program for disordered eating in a primary care setting
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The Program for Disordered Eating run at Headspace Gold Coast is a new intervention developed in September 2012 in response to an identified unmet need for a service for young people with eating issues. This program aims to provide screening, assessment and early intervention for those who are suffering from disordered eating at a distressing level but who do not meet the criteria for local public health eating disorder services. Headspace is an ideal organisation as it targets young people between 12 and 25 and the two peak risk periods for the onset of eating disorders are early adolescence and late teens (Watson et al, 2010). Funded under ATAPS a young person can access 12 individual sessions and 12 groups per calendar year. The paper will present the background and rationale for the program, an outline of the evidence based approaches offered and the preliminary data gathered which demonstrates the effectiveness of the interventions. This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O26
Revisiting the three-factor model of eating disorders: the role of self-compassion
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Three-factor model posits that a three-way interaction between weight concern, perfectionism, and self-efficacy predict changes in disordered eating but has proved difficult to replicate. The aim of this study was to investigate a revised model, examining a three-way interaction between concerns, perfectionism, and self-compassion in predicting changes in disordered eating. Women (N=55) with a mean age of 23.89 years completed questionnaires on two occasions, 4 to 6 months apart. The three-way interaction was significant, as was the contribution of self-compassion, the concern score from the Eating Disorder Examination, and all of the 2-way interaction terms. The whole model accounted for 43% of the variance of the change in disordered eating. Women experienced decreases in disordered eating if they had high level of concerns but low levels of perfectionism and high levels of self-compassion. This suggests that interventions that tackle both perfectionism and self-compassion may be useful in the prevention and treatment of eating disorders. Subsequent examination of a short self-compassion intervention confirmed that, compared to a distraction and control condition, it increased weight satisfaction. Additionally, in comparison to the control condition, it decreased belief in perfectionistic thinking.

This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O27
Romantic attachment, social support, sexual approach style and sociocultural influences on eating disorder symptoms
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The purpose of this study was to examine the prediction of eating disorder symptoms within an integrated theoretically-driven model of romantic attachment, social support, sexual approach styles and the internalization of the media’s portrayal of ideal body standards. A community sample of 671 women aged 19 to 88 years completed a series of self-report questionnaires. The findings supported a mediation model of romantic attachment being associated with eating disorder symptoms through interpersonal factors (perceived social support, game-playing and possessive sexual approach styles), and an environmental factor (the internalization of the media’s depiction of ideal body standards). Romantic attachment anxiety predicted eating disorder symptoms directly; however, romantic attachment avoidance did not. Instead it predicted other factors. The findings enhance the understanding of the pathways influencing eating disorder symptoms and indicate that the attachment theory is a valuable framework to integrate the literature regarding sociocultural theory, sexual approach style, social support and eating disorders. This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O28
Placing the focus on perfectionism in female adolescent anorexia nervosa: three cases of the use of augmented Maudsley Family Based Treatment
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Journal of Eating Disorders 2013, 1(Suppl 1)O28

Although Family Based Treatment (FBT) appears to be demonstrating positive treatment outcomes in terms of weight restoration and menstruation, maintaining psychological factors such as perfectionism have largely been overlooked. At the conclusion of FBT it has been reported that approximately 60% of cases receive follow-up or engage in supplementary psychological treatment (Lock et al, 2006; Lock et al, 2010). Perfectionism is one of the maladaptive cognitive patterns that seems important to the onset and/or maintenance of Anorexia Nervosa (AN), further it has been linked to treatment resistance and relapse (Franco-Paredes, et al, 2005). By concentrating on those maintaining mechanisms that appear to be necessary for the AN to persist, it has been hypothesised that reducing perfectionism would improve AN symptoms and rates of recovery. It is therefore timely to compliment FBT, which is commonly considered to be the most efficacious treatment of AN in adolescents, with a therapy that specifically addresses perfectionism. The purpose of the paper is to introduce a cognitive behavioural treatment component focused on perfectionistic thinking and related maladaptive thought patterns, which has been used to augment FBT for AN. By adding components to specifically address perfectionism using CBT techniques, outcomes for adolescents in FBT may be substantially improved; such an approach is described with illustrative examples of its effectiveness with three adolescent females diagnosed with AN. This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O29
The mind-body dilemma: a model for understanding women’s mental health
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The mind-body dilemma: a model for understanding women’s mental health
Body image dissatisfaction has been recognised as a key concern of Australian women, with longitudinal studies indicating that between 40% and 82% of women are unhappy with their body. Further, depression is the number one burden of disease among women and depressive symptoms and suicidal ideation represent a significant cost to both the individual and the community. Given the concurrently high rates of depression and body image disturbance in women, it is surprising that body image and disordered eating are not at the forefront of discussion regarding women’s mental health.

The current paper will present a model of mental health for women that empirically tests and extends the Objectification Model (Frederickson & Noll). The model of mental health offers important treatment implications for recovery and early intervention in women. Based on the proposed model, it is asserted that body image should be a key focus of research if we are to adequately understand women’s mental health. Further, it is proposed that body image and disordered eating should be considered as playing a role in precipitating and maintaining psychological distress in women, even when no diagnosable eating disorder is present. This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O30 Examining eating disorder symptoms, sociocultural pressures, romantic attachment, social support, mating approaches and mating tactics within romantic relationships
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The current study examined the associations between romantic relationship status, gender, and factors of wellbeing related to eating disorders. A community sample of 586 women and 206 men, including a subsample of 80 couples, completed a series of self-report questionnaires. Involvement in such a relationship was related to less eating disorder symptoms, less attachment anxiety and avoidance, and greater social support, but was not related to the experience of sociocultural pressures. A more committed sexual approach style and more intimate mating tactics were found for those involved in a relationship compared with single status individuals. Within couples, partners were similar with regard to their level of perceived social support, global socioeconomic and use of friendship mating tactics. Women reported higher eating disorder symptoms, more sociocultural pressures and greater anxious attachment than men. The examination of relationship status and wellbeing, particularly eating disorder symptoms, is unique. The findings supplement the eating disorder literature and enhance the knowledge of mating behavior. This abstract was presented in the Disordered Eating – Characteristics & Treatment stream of the 2013 ANZAED Conference.

O31 Risk factors for eating disorders: investigating the relationships between global self-esteem, body-specific self-esteem and dietary restraint
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Low Global Self-Esteem (GSE) is a well-established risk factor for eating disorders. Whilst GSE may be defined as an overall evaluation of oneself, evidence suggests that self-esteem is a multidimensional construct involving the evaluation of specific facets of oneself. It is proposed that a Specific Self-Esteem will have stronger associations with a relevant behaviour than GSE. One example of a Specific Self-Esteem, Body-Specific Self-Esteem (BSSE), involves evaluating oneself in terms of body shape. This study investigated relationships between GSE, BSSE and dietary restraint (DR). It was hypothesised that BSSE would be more closely related to DR than GSE, and that the relationship between GSE and DR would be mediated by BSSE. Male (N=139) and female (N=133) adolescents, participants in the Prevention Across the Spectrum randomized control trial, completed the Rosenberg Self-Esteem Scale, gender-specific Body Dissatisfaction scales and the Restraint subscale of the Dutch Eating Behaviour Questionnaire at baseline. Results show that, for both genders, BSSE was more closely related than GSE to DR. In fact, among girls, there was no significant relationship between GSE and DR. Among boys, BSSE fully mediated the relationship between GSE and DR. Findings suggest that eating disorder prevention programs should prioritise targeting BSSE over GSE. This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

O32 BodiMojo: an internet-based body image promotion program
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BodiMojo, an Internet program designed to promote positive body image in adolescents, was tested with 178 high school students (mean age 15.2 years, 67.6% ethnicity minority) in 3 public high schools in the U.S. The BodiMojo group used the program for 4 classes, while controls participated in their usual health curriculum. Body image measures were given at baseline, post-intervention, and 3-months. Girls reported decreased body dissatisfaction (p < .05), decreased physical appearance comparison (p < .05), and increased appearance satisfaction (p < .05), relative to controls. No effects were found for boys. Moderator analyses revealed a significant Group x Time x Overweight status interaction for body dissatisfaction among girls, with overweight girls reporting greater decreases in body dissatisfaction, p = .012, partial η2 = .15. Among girls, there was a significant Group x Time x Ethnic minority status interaction for the Body Esteem Scale (Appearance subscale), p = .004, partial η2 = .14. and body dissatisfaction, p = .029, partial η2 = .10 with ethnic minority girls reporting greater increases in body appearance esteem than Caucasian girls. BodiMojo appears to be effective in decreasing body image concerns and appearance comparisons among adolescent girls and may be particular effective with some groups. This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

O33 Happy Being Me: outcomes of a peer-based body dissatisfaction prevention intervention in young adolescent girls
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This study aimed to examine body dissatisfaction and risk factor outcomes following participation in Happy Being Me, a 6-lesson peer-based prevention intervention for young adolescent girls. Participants were 491 female year 7 students randomly allocated to the Happy Being Me intervention condition (N=295) or control condition (N=196). Self-report questionnaire data was collected at baseline, post-program, and 6- and 12-month follow-up. Preliminary data analyses for the incomplete sample indicate baseline to 6-month follow-up improvements for internalisation of the thin ideal (F = 5.38, R2 = .02), body dissatisfaction comparisons (F = 10.21, R2 = .002), and media literacy (F = 15.98, R2 = .001) in the Happy Being Me intervention condition relative to the control condition. Reductions in the intervention condition were not significantly different from the control condition for weight and...
shape concern (F = 0.28 (1, 313), p = .599) or body dissatisfaction (F = 2.48 (1, 313), p = .116). Twelve-month follow-up data will be presented for the complete sample. The results from this study provide preliminary evidence for positive outcomes following participation in a classroom delivered multi-component peer-based body dissatisfaction prevention intervention.

This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

O34
The next chapter in eating disorder prevention? Findings from a randomized controlled trial of a mindfulness-based intervention aimed at reducing risk for disordered eating

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The primary objective of this study was to evaluate a mindfulness-based prevention program against an established dissonance program with regard to reducing risk for disordered eating. Adolescent girls (N = 379, Mage = 15.70, SD = 0.77) from four high schools were randomly allocated by class to receive either a mindfulness or dissonance-based program, delivered universally, or lessons as normal (assessment-only control). Standardised measures of eating disorder behaviours and related risk factors were completed at baseline, post-program, 1-month and 6-month follow-up. Controlling for baseline, results showed significant group differences over time for weight concerns (F (6, 663) = 3.74, p = .001), with both mindfulness and dissonance groups showing a greater reduction than control. No other variables demonstrated significant interactions, however main effects of time for dietary restraint, mindfulness, self-compassion, emotion dysregulation, negative affect, escape-avoidant coping, and media internalisation indicated overall improvement across groups. Improvements evident within the control group may suggest the presence of cross-contamination between classes or an impact of assessment. Further analysis is required to account for significant missing data across time points; however, these preliminary findings validate continued evaluation of mindfulness in this context. This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

O35
Prevention of disordered eating in adolescents: the role of perfectionism and media internalisation

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There is extensive research into eating disorder risk factors, and recently the focus has moved to investigating the mechanisms underlying these factors. The current study examines the interrelationships between eating disorder symptoms and two proposed risk factors: perfectionism and media internalisation. This study uses data collected as part of the Prevention Across the Spectrum randomized controlled trial, which involves approximately 2000 Grade 7 and 8 adolescents across Australia. Students were randomly allocated to one of three eating disorder prevention programs or a control group. Students were assessed in 4 waves (pre-intervention, post-intervention, 6-month follow-up and 12-month follow-up) and the assessment included measures of perfectionism (Frost Multidimensional Perfectionism Scale), media internalisation (Sociocultural Attitudes Towards Appearance Questionnaire), and shape and weight concerns (Eating Disorder Examination Questionnaire). Preliminary analyses using a sample of baseline data suggest that the relationship between perfectionism and eating disorder symptoms is mediated by media internalisation, with differential effects depending upon the dimension of perfectionism and the outcome measure used in the analysis. Part two of this study will investigate the effects of the intervention programs on this relationship and outcome. The findings presented will have implications for our understanding of the development and prevention of eating disorder symptomatology. This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

O36
Prevention across the spectrum: findings from an RCT of three programs aimed at reducing risk factors for both eating disorders and obesity

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Objective: To date the fields of eating disorder prevention and obesity prevention have remained largely separate from each other. Many reasons exist to try to prevent these two problems simultaneously with the most compelling being that there is an overlap in risk factors (e.g., dieting).

Methods: Approximately N = 2,000 Grade 7 and Grade 8 girls and boys from schools in Victoria, South Australia and Western Australia participated. Classes in each school were randomly allocated to one of three 8-lesson programs: Media Smart; Life Smart; the HELPP Initiative (Helping, Encouraging, Listening and Protecting Peers) or to a control condition (usual school classes) with risk factor and weight status assessments at baseline; post-program; 6-month follow-up and 12-month follow-up. Media Smart and HELPP have both shown promise in previous eating disorder prevention trials while Life Smart was piloted and developed for this RCT. All three programs target one or more risk factors relevant to both eating disorders and obesity.

Results: 12-month follow-up data was being collected at the time of abstract submission. This will be the first presentation of findings from this RCT.

Conclusions: Interpretations will be made regarding the comparative efficacy of each program as well as investigations by age group and gender.

This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

O37
Improving eating disorders “mental health literacy” in young people: a preliminary evaluation

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Background: We sought to provide preliminary evidence for the effectiveness of an intervention designed to improve eating disorders mental health literacy (ED-MHL) in young people.

Methods: Participants were 177 young men and women recruited from a University campus. Key aspects of ED-MHL, including awareness and understanding of the nature and treatment of eating disorder (ED) behaviour, the importance of early, appropriate help-seeking and barriers to treatment such as poor insight and attitudes likely to be conducive to stigma were assessed by means of self-report questionnaire before and immediately after the intervention. The intervention comprised a single, three-hour workshop, developed by Hart and colleagues, designed to address a broad range of issues relating to the nature and treatment of EDs.

Results: Preliminary analysis of post-test data indicated benefits in terms of improved awareness and understanding of ED behaviour and its treatment and reduced stigma. Results of a three month follow-up
A brief psychoeducational intervention appears to be beneficial in improving ED-MHL in young people. This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

**O38**  
The effectiveness of educational interventions in reducing negative attitudes and stigmatisation toward patients with anorexia nervosa  
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It is frequently reported that clinicians across a range of professional disciplines experience strong negative reactions toward patients with eating disorders, particularly anorexia nervosa (AN). As research consistently demonstrates, fear of stigma is the most frequently cited reason explaining why individuals with mental illness do not seek treatment, the current study aimed to develop, evaluate and compare the effectiveness of two differing educational interventions, based on an etiological framing model, against a wait-list control. Participants were fourth-year medicine students randomly assigned to one of three conditions. A three-hour educational workshop was delivered to participants at the beginning of an eight-week clinical rotation. Outcome attitudinal data were collected pre-intervention, post-intervention, and at an eight-week follow-up period. It was hypothesised that both intervention groups would result in more positive attitudes toward AN, compared to the wait-list control, with the biologically-framed intervention resulting in the greatest stigma-reduction effect, consistent with Attribution Theory. Preliminary findings will be discussed.  
This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

**O39**  
Parents and prevention research - is it possible? A systematic review of the literature  
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Parents have been identified as playing an important role in promoting either risk or protective factors for the development of body image or eating problems in their children. The purpose of this study was to systematically review the literature on eating disorder prevention programs that include a component for parents. A range of academic databases were searched for English language publications between January 1992 and April 2012. 443 novel records were screened for eligibility. Studies needed to meet three inclusion criteria: 1) Delivery of a prevention program designed to reduce eating disorder or body image dissatisfaction in children (2) Some program component specifically targeted to parents (3) Implementation and reporting of an outcome measure to evaluate the prevention program. 18 papers were included in the review. Although three studies attempted to compare parental involvement with student-only interventions, very small sample sizes and a lack of parental engagement hampered statistical analyses. The majority of studies incorporated a minimal parental component in school-based interventions for pre- or young adolescents, without thorough evaluation of impact or effects. While research involving parents is well developed in prevention of obesity and externalising disorders, there are significant gaps in the eating disorders field. Researchers need to focus on effective parental engagement and rigorous evaluation design before parents can be optimally involved in prevention research.  
This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

**O40**  
A parent’s guide to promoting positive body image in their young children: development of a prevention resource  
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Body dissatisfaction (BD) and eating disorders (EDs) commonly emerge during adolescence, but foundations for these problems are laid during childhood. Also, some research has demonstrated that BD is increasingly prevalent in younger children. Parents play an important role in fostering positive environments for their children; however, parents need information and skills to facilitate this. This presentation describes the development of a resource to support parents in this task. First, a literature review identified parental risk factors for child BD and EDs. Second, focus groups with 43 parents of children aged 1 to 6 years and interviews with 11 early childhood professionals highlighted that parents require more information about body image (BI) and the roles they can play in promoting children’s positive BI. A concise and evidence-based resource with realistic guidelines in multiple formats was favoured. Accordingly, a resource has been developed in booklet and website formats, providing parents with information about what influences a child’s BI and practical tips to help their child develop positive BI. There are also several parent and child activities, all of which will be described. The resource is being evaluated using a randomised controlled trial with parents of children aged between 2 and 6 years.  
This abstract was presented in the Prevention stream of the 2013 ANZAED Conference.

ANOREXIA NERVOSA – CHARACTERISTICS AND TREATMENT

**O41**  
Defining recovery from anorexia nervosa: a Delphi study to explore practitioners’ views  
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There is no consensus as how best to define and measure recovery from anorexia nervosa (AN). Definitions of recovery vary vastly between studies, making them difficult to compare. This has been identified as a major barrier in the field. The aim of the current study was to explore how best to define and measure recovery according to expert researchers and clinicians. This research used the Delphi technique, a method used to gain consensus on an issue. Twenty leading international experts in the field completed three rounds of online questionnaires. This was a multi-stage process with each round building on the previous round until consensus was achieved amongst the panel. Preliminary findings have revealed that experts in the field define recovery from AN as more than the restoration of weight and absence of eating disordered behaviours. Participants suggested that recovery also includes experiencing normal levels of body dissatisfaction and improved quality of life and social functioning. Full findings are reported and the research and clinical implications for establishing a consensus definition in the field are discussed.  
This abstract was presented in the Anorexia Nervosa – Characteristics and Treatment stream of the 2013 ANZAED Conference.

**O42**  
Assessment of quality of life in people with severe and enduring anorexia nervosa: a comparison of generic and specific instruments  
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This abstract was presented in the Anorexia Nervosa – Characteristics and Treatment stream of the 2013 ANZAED Conference.
Aims: To compare the psychometric properties of generic and disease-specific measures of health-related quality of life (HRQoL).

Methods: 63 participants with anorexia nervosa (AN) completed measures of generic HRQoL (Medical Outcomes Study Short-Form; SF-12), disease-specific HRQoL (Eating Disorders Quality of Life Questionnaire; EDQOL), functional impairment (days out of role; Work and Social Adjustment Scale), and eating disorder severity (Eating Disorder Examination Questionnaire) at baseline, post-treatment, and 6-12 months follow-up. The SF-12 and EDQOL were compared on internal consistency, convergence validity, and criterion-related validity.

Results: The majority of ED patients (66%) presented α = 0.92 vs. 0.80), convergence with eating disorder severity (r = 0.06 to 0.53 vs. 0.11 to -0.39), and criterion-related (functional impairment) validity (β = 0.37 - 0.46) compared to the SF-12. The SF-12 converged more strongly with functional impairment (r = 0.31 to 0.63 vs. 0.06 to 0.70). The SF-12 (β = 0.41 - 0.42) and EDQOL (β = 0.33 - 0.38) had similar criterion-related (eating disorder severity) validity.

Conclusions: The EDQOL and SF-12 should be used where possible in tandem as measures of HRQoL, whereas the SF-12 may be preferable in studies where comparisons are to be made with other populations.

This abstract was presented in the Anorexia Nervosa – Characteristics and Treatment stream of the 2013 ANZAE Conference.

The correlates of diagnostic instability in eating disorders: the role of psychopathtology, environmental risk factors, personality and genes

Aims: To assess the occurrence of diagnostic cross-over in Eating Disorders (EDs) and assess its relationship with psychopathology, environmental risk factors, personality and genes.

Method: Participants were 316 ED patients. The EATEATE part 1 (a semi-structured interview) was used to examine diagnostic cross-over in EDs. The Eating Disorder Inventory (EDI-2), Temperament and Character Inventory (TCI-R), Oxford Risk Factor Interview (ORFI), the EATEATE part 2 (used to assess obsessive-compulsive personality (OCPD) traits and impulsive behaviours) and four candidate genes (5-HT2A, BDNF, 5-HTTLPR, DRD4) were used to assess differences in cross-over patterns.

Results: The majority of ED patients (65%) presented with diagnostic instability. The most common cross-over change (23.42%) was from Anorexia Nervosa Restrictive (AN-R) subtype to a bulimic disorder. Significant differences across four ED cross-over groups (1) AN-R to bulimic disorder; 2) bulimic disorder to AN-R (5.6%); 3) threshold ED to EDNOS (10.76%); 4) EDNOS to threshold ED (6.7%); a stable group (34.5%) and a remitted group (18.67%) were obtained the EDI bulimia, aserticism and impulse regulation subscales, the TCI-R self-directedness and cooperativeness subscales, childhood OCPD traits and impulsive behaviours (p<0.05). No significant associations were found for environmental risk factors, the four candidate genes and diagnostic cross-over.

Conclusions: The findings of the current study indicate that diagnostic instability is very common in EDs and that especially psychopathological and personality correlates should be taken into consideration when treating patients with cross-over patterns.

This abstract was presented in the Anorexia Nervosa – Characteristics and Treatment stream of the 2013 ANZAE Conference.

O44 A new phenotype of anorexia nervosa: the changing shape of eating disorders

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Aims: Adolescents are increasingly referred to our specialist eating disorder (ED) program having lost large amounts of weight and having the diagnostic features of anorexia nervosa (AN) with the exception of underweight. Many of these adolescents with EDNOS-AN[w] were premorbidly overweight. We aimed to identify the changing prevalence of this phenotype from 2005-2010 in an inpatient sample, and compare the associated complications with adolescents with AN.

Methods: A 6-year retrospective cohort study was undertaken of adolescents admitted to hospital for the first time for refeeding. All patients met DSM-IV diagnostic criteria for AN (N=72) or EDNOS-AN[w] (N=28). Baseline medical data are reported.

Results: In 2005, EDNOS-AN[w] represented 7.7% of first admissions, rising 6-fold to 46.0% by 2010. Hypophosphataemia (< 1.10mmol/L) developed in 38.9% of AN and 28.6% of EDNOS-AN[w] inpatients. Bradycardia (pulse rates <50 bpm) occurred in 33.3% of AN and 46.4% of EDNOS-AN[w] patients, while pulse rates < 40 bpm occurred in 25.0% and 32.0% respectively.

Conclusions: A dramatic increase in the proportion of adolescents admitted with EDNOS-AN[w] is evident. The rate of severe medical complications is concerning, and suggests that significant weight loss can be life-threatening in adolescents, even when they are not underweight.

This abstract was presented in the Anorexia Nervosa – Characteristics and Treatment stream of the 2013 ANZAE Conference.

O45 Prevalence and familial patterns of gastrointestinal symptoms, joint hypermobility and diurnal blood pressure variations in patients with anorexia nervosa

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Anorexia nervosa (AN) is associated with gut and non-gut symptoms e.g. orthostatic intolerance and fatigue syndromes. Elsewhere, joint hypermobility has been found in non-anorexic populations who have gut symptoms, orthostatic intolerance or fatigue syndromes. We therefore postulated that joint hypermobility may be a feature of AN. Patients from an inpatient Eating Disorders Unit and their first degree relatives underwent medical interview, joint mobility assessment, postural and ambulatory blood pressure (BP) measurements and completed a number of questionnaires. Comparisons were made with healthy sex matched controls.

Patients (n=30), relatives (n=29) and controls (n=16) were aged 24.4±1.4 years (mean ± SEM), 44.7±2.9 years and 38.6±3.7 years respectively. Joint hypermobility was more common in patients (63%) than relatives (34%) and controls (13%). Gastrointestinal or orthostatic intolerance symptoms prior to onset of AN were reported by 8 and 14 patients respectively. Orthostatic tachycardia, orthostatic hypotension and blunted diurnal BP pattern were found in 38%, 21% and 50% of patients respectively.
Patients with AN are characterised by a high prevalence of gut symptoms, orthostatic intolerance, and joint hypermobility. First degree relatives also have these complaints. No causal mechanism has been identified, but we hypothesise that the joint hypermobility is a possible indicator of a familial disorder of connective tissue elasticity which potentially plays a causal role in the development of the eating disorder.

This abstract was presented in the Anorexia Nervosa – Characteristics and Treatment stream of the 2013 ANZAED Conference.

O46

Early pretend play: a novel approach to understanding the development of anorexia nervosa
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Similairties between anorexia nervosa (AN) and autism spectrum disorders (ASD) such as poor cognitive flexibility, difficulties with set shifting, and impaired interpersonal functioning and social interactions have been identified in the literature. Evidence concerning persons with ASD establishes that core characteristics are linked to poor pretend play in childhood and that improved pretend play ability increased cognitive flexibility and social competence. This study examines early play histories of persons with AN and their current flexible thinking abilities. A mixed methods design using quantitative analysis of flexible thinking measures and retrospective interviews exploring early play histories is being implemented with twenty young people aged 13 to 17 years with AN and their primary carers. This paper will present and critique the results of this study currently taking place in Victoria, Australia. Results will provide new information about AN from a perspective that has not been explored, contribute to the growing body of knowledge on the similarities between ASD and AN, inform professionals about how play behaviours may alert to or be early signs of some behaviours specific to AN, and potentially, provide guidelines for intervention development for these persons. This abstract was presented in the Anorexia Nervosa – Characteristics and Treatment stream of the 2013 ANZAED Conference.

O47

Using the Five Minute Speech Sample to assess expressed emotion in families of adolescents with anorexia nervosa
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High Expressed Emotion (EE) has been associated with poorer treatment outcomes and increased risk for relapse in patients with eating disorders. EE refers to the attitudes, emotions and feelings expressed by a relative towards a person with an illness. Assessment of EE includes measuring levels of criticism, emotional overinvolvement (EOI), warmth and positive remarks made by a relative towards a patient. The Structured Clinical Family Interview (SCFI) and Camberwell Family Interview (CFI) can be used to make EE ratings. However, extensive training is required to administer these interviews, and both interviews are extremely time consuming to conduct and score. The Five Minute Speech Sample (FMSS) was developed as an alternative to the SCFI and CFI and involves a relative speaking about the patient and their relationship with them for five minutes. This presentation will describe how the FMSS is administered, provide an overview of scoring and explain the training required to score a FMSS. Extracts from FMSS recordings provided by families of patients with anorexia nervosa at The Royal Children’s Hospital Eating Disorders Program will be presented. Examples of how the FMSS can be used in clinical and research settings will also be provided. This abstract was presented in the Anorexia Nervosa – Characteristics and Treatment stream of the 2013 ANZAED Conference.

O48

How is masculinity related to body image? A cross-cultural investigation
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Introduction: Research indicates a relationship between masculinity and body image and highlights the importance of masculinity in young men’s sense of masculinity. However, cross-cultural differences in these relationships have not been explored. We examined how conformity to masculine norms relates to attitudes toward masculinity, leanness, and thinness in men from Sweden, US, UK, and Australia and whether internalization of the masculine ideal mediated these relationships.

Method: Over five hundred males (n = 142 (Sweden), 192 (US), 93 (UK), and 118 (Australia)) completed an online survey that included the Conformity to Masculine Norms Inventory, the Drive for Muscularity/Leanness/Thinness scales, and the Sociocultural Attitudes toward Appearance Questionnaire.

Results: Path analyses confirmed that greater conformity to masculine norms related to attitudes toward masculinity, leanness, and thinness in men from Sweden, US, UK, and Australia and whether internalization of the masculine ideal mediated these relationships.

Method: Over five hundred males (n = 142 (Sweden), 192 (US), 93 (UK), and 118 (Australia)) completed an online survey that included the Conformity to Masculine Norms Inventory, the Drive for Muscularity/Leanness/Thinness scales, and the Sociocultural Attitudes toward Appearance Questionnaire.

Conclusion: Cultural differences in the role of internalization of the muscular ideal may inform research and prevention interventions.

This abstract was presented in the Body Image stream of the 2013 ANZAED Conference.

O49

Drive for muscularity and muscularity-oriented disordered eating in men: the role of set shifting difficulties and weak central coherence
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Set shifting difficulties and weak central coherence are information-processing biases associated with thinness-oriented eating and body image pathology in women. However, little is known about the relationship between these processing biases and masculinity-oriented eating and body image pathology. We investigated whether set shifting and central coherence were uniquely related to the drive for muscularity and muscularity-oriented disordered eating in a sample of 91 male undergraduates. Participants completed the Wisconsin Card Sort Test, the Matching Familiar Figures Task, the Drive for Muscularity scale, and a modified Eating Disorders Examination - Questionnaire. Results indicated that set shifting difficulties and weak central coherence were both uniquely positively associated with the drive for muscularity, and that set shifting difficulties were uniquely positively associated with muscularity-oriented disordered eating. Results are discussed with regard to the male experience of body image and eating pathology, and in regard to muscle dysmophia.

This abstract was presented in the Body Image stream of the 2013 ANZAED Conference.
Toward a framework of muscularity-oriented disordered eating

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Sociocultural forces promoting a thin ideal body for women have shaped our understanding of problematic eating attitudes and behaviours throughout the 20th century, giving rise to the modern, thinness-oriented definition of disordered eating. More recent cultural expectations of a lean and muscular body, particularly for males, have been named as likely contributors to the growing prevalence of muscularity-focused body image disturbance amongst boys and men. However, disordered eating in the pursuit of muscularity appears in stark contrast to that which is motivated by the drive for thinness, suggesting that a new disordered eating framework specific to muscularity is needed. We define muscularity-oriented disordered eating and propose a framework constituting five major components, including body image concerns, eating, nutritional supplements, appearance and performance enhancing drugs, and exercise. We critically analyse the nature, prevalence and effects of these facets of muscularity-oriented disordered eating, and suggest improvements and directions for future research. Intentions of this framework are to inform clinicians engaged in the treatment of muscularity-related body image and eating disturbance, and to guide future empirical research and interventions in this field.

This abstract was presented in the Body Image stream of the 2013 ANZAED Conference.

Body image and sport: a qualitative study

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Journal of Eating Disorders 2013, 1(Suppl 1):O51

Previous research has overwhelmingly established a relationship between sport participation and the development of positive body image (BI) (Richman & Schaffer (2000), Shaffer & Wittes (2006) and Greenleaf et al (2009). However a number of studies have indicated some women are particularly vulnerable to the development of poor BI in relation to sports participation (Slater & Tiggemann, 2011). Due to the conflicting evidence, we have used an interpretive phenomenological framework to qualitatively explore women’s experiences. Specifically we aimed to understand the perceived impact of sports participation and related commentary during childhood on adult body image. Participants were given the opportunity to suggest interventions which would improve their experiences of sports in relation to BI.

Women indicated they started to think about their bodies from as young as 6 and 7. They remembered critical incidents that occurred during childhood sports which they perceived to influence their BI either in a positive or negative way. The awareness of their bodies has often come about through commentary from family or coaches, or through sporting uniforms. Suggestions for interventions have included mandatory education on overall health and food from as young as 6 in primary schools.

This abstract was presented in the Body Image stream of the 2013 ANZAED Conference.

Body size attitudes of 4 year old girls and boys: the role of environmental and individual influences

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Journal of Eating Disorders 2013, 1(Suppl 1):O52

Very little is known about the development of body size attitudes in young children. We examined weight attitudes in 279 4-year-old girls and boys to test the hypothesis that children hold stereotypical beliefs about others based on body size, and that both child and maternal body image variables are related to these attitudes. Children completed an interview in which they were asked to select a figure to represent a child with positive or negative characteristics from an array of figures varying from very thin to large, and also to select figures to represent their own perceived body size, and their ideal body size. Child BMI-for-age z-score, as well as mothers’ body dissatisfaction, internalization of the thin ideal and dieting were assessed. Children chose larger figures to represent negative compared to positive characteristics. Maternal body image attitudes were correlated with figure size selection for positive, but not negative characteristics. Preliminary findings show a trend that children’s social environments are important in the development of positive body size attitudes.

This abstract was presented in the Body Image stream of the 2013 ANZAED Conference.

Reality check: where women look when viewing fashion magazine advertisements with disclaimer labels

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It is now well documented that exposure to the thin ideal can negatively impact women’s body image. One recent recommendation (National Advisory Group on Body Image, 2009) is that warning labels should be used to indicate when media images have been digitally altered. Thus far, preliminary research findings have been mixed as to the effectiveness of this strategy. The aim of the present study was to use eye tracking technology to examine where women look in fashion magazine advertisements when warning labels are affixed. Sixty female participants were allocated to one of three conditions: no warning label, a generic warning label, or a warning label referring to specific body parts. Significantly greater fixations (number, time) on the label area were found in the two label conditions, indicating that women did notice and attend to the label. There was, however, no difference in fixations on any specific body area. Nevertheless, in the specific label condition, the eye tracking recordings indicated that reading the label directed women’s attention to the specified body area (examples to be presented). It was concluded that eye tracking may provide a useful methodology for examining attentional mechanisms underlying responses to media images and proposed interventions.

This abstract was presented in the Body Image stream of the 2013 ANZAED Conference.

Self-compassion and positive body image: a role for social comparison?

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Journal of Eating Disorders 2013, 1(Suppl 1):O54

There is continued interest in mindfulness-based therapies for eating disorders, with self-compassion identified as a key psychological construct. Self-compassion has been shown to be associated with positive body image. The aim of the present study was to examine the role of social comparison as a possible mediator of the relationship between self-compassion and both positive body image and body dissatisfaction. Participants were 266 female university students aged 18 to 29 years who completed an online survey containing measures of positive body image, body dissatisfaction, self-compassion and social comparison. Self-compassion was found to be positively related to positive body image and negatively related to body dissatisfaction. Self-compassion was found to be negatively related to social comparison. Importantly, regression analyses showed that, as predicted, social comparison at least partially mediated the relationships between self-compassion and positive body image and body dissatisfaction. The findings add to our theoretical understanding of the precursors of positive body image and provide...
preliminary evidence for specifically targeting self-compassion and social comparison within prevention programs and mindfulness-based therapies for eating disorders.

This abstract was presented in the Body Image stream of the 2013 ANZAED Conference.

**O55**

Psychosocial outcomes of a non-dieting based positive body image community program for overweight adults: a pilot study

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The limited success of traditional diet focused weight management interventions has led to the development of alternative non-dieting approaches. This study evaluated the impact of a community based non-dieting positive body image program for overweight/obese adults.

Participants enrolled in the 8 week ‘No More Diets’ (NMD) group program completed questionnaires assessing disordered eating thoughts and behaviours, body image, motivation for exercise and psychopathology pre- and post-treatment.

Participants (n=17; 16 female; 19-78 years; BMI 25.2kg/m²-55.9kg/m²) reported elevated levels of eating disorder psychopathology, body shape pre-occupation, depression, anxiety and stress compared to community norms (p<0.05) at baseline. Following the treatment there were significant improvements in body shape pre-occupation, shape concern and eating attitudes (p < .05), and moderate to large effect sizes (0.3-0.35) for improvements in reported weight concern, eating competence, stress and health evaluation. There were no changes in reported dietary restraint, emotional eating, uncontrolled eating, or eating concern.

The NMD program was particularly beneficial for improving body image and shape concern but did not improve other disordered eating psychopathology. Addressing these body image factors may help to address some of the perpetuating factors of obesity and disordered eating, which are often not addressed in traditional diet based weight loss interventions.

This abstract was presented in the Body Image stream of the 2013 ANZAED Conference.

**CHILDREN AND YOUTH TREATMENT AND SERVICE DEVELOPMENT**

**O56**

“It depends who you ask”: perceptions of the family environment of adolescents presenting to a specialist eating disorders program

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Assessment of the family environment of adolescents with eating disorders is a standard part of clinical and research practice. It can identify factors that maintain symptoms or that have the potential to impede treatment progress. It can also be important for evaluating and monitoring the impact of the illness on the family and changes in family dynamics over the course of treatment. A comprehensive assessment will typically take a multi-informant approach by obtaining reports from a number of family members. However, reports may differ markedly between informants and be difficult to interpret. Further, discrepancies can be indicative of disturbances in the family or its members. We administered the Family Environment Scale (Cohesion, Expressiveness, Conflict) to families presenting to a specialist eating disorder program (94 adolescent-mother, 71 adolescent-father, 76 mother-father pairs). Mean scores were similar across informants, aside from slightly lower levels of cohesion and expression for adolescents than mothers and fathers respectively. Within families, however, many dyads held discrepant perspectives. Up to half of adolescent-parent dyads and a third of mother-father dyads reported significantly different scores. This presentation will further describe these discrepancies, their relation to other factors including parent and adolescent psychopathology, and implications for research and clinical practice.

This abstract was presented in the Children and Youth Treatment and Service Development stream of the 2013 ANZAED Conference.

**O58**

Is enhanced cognitive behaviour therapy effective for adolescents? Anthea Fursland1, Susan Byrne1,2

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Introduction: The aim of this study was to examine the efficacy of enhanced cognitive behavioural therapy (CBT-E) for adolescents with the full range of eating disorders. There is robust evidence of the effectiveness of CBT-E for adults with eating disorders, including low weight patients. CBT-E has been adapted for adolescents and there is emerging evidence from one study (N=51) for its effectiveness in adolescents. This study aimed to add to the evidence base for the efficacy of CBT-E in adolescents with all forms of eating disorder.

Methods: The participants (N=50, 16-18 years) were referred to a public outpatient clinic in Perth, Western Australia. 38% had a BMI <17.5. Patients attended, on average, 25 individual CBT-E sessions, plus up to 4 family sessions.

Results: 26 (52%) completed treatment. Good outcome was achieved by 61.5% of treatment completers and 32% of the total sample. Compared to those >18 years referred to this service, the adolescents were more likely to complete treatment and their outcome was similar. The results also compare favourably to those reported in the only previous case series of CBT-E with adolescents.

Conclusion: There is encouraging evidence to support the use of CBT-E for adolescents.

This abstract was presented in the Children and Youth Treatment and Service Development stream of the 2013 ANZAED Conference.
Family-Based Treatment - the Victorian roll-out: strategies, controversies and outcomes
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What do young people and families living with an eating disorder need from a public health service system? What do clinicians and services need to provide treatment, particularly family-based treatment? How do we go about creating a public health system which provides early, equitable and quality access to evidence-based treatment for young people?

The first priority of the Victorian Centre of Excellence in Eating Disorders (CEED) is supporting the provision of family-based treatment for eating disorders across public child and youth mental health services. Inspiring change for the person (child, youth and families) and for the public health treatment context is central in CEED’s work towards this priority. The engagement on the ground with metropolitan and rural services across Victoria has resulted in developing initiatives in training, case consultation and service system development.

This presentation aims to inform service leaders and clinicians about key aspects of implementing family-based treatment in public mental health services. It will provide an outline of CEED’s approach to dissemination and implementation, and provide data about Victorian services utilization of family-based treatment as an evidence-based first-line treatment model. Key challenges and controversies will be canvassed.

This abstract was presented in the Children and Youth Treatment and Service Development stream of the 2013 ANZAED Conference.

Eating disorders as core business for mental health clinicians working in a public mental health service
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Journal of Eating Disorders 2013, 1(Suppl 1):O60

This presentation will demonstrate how public mental health systems can deliver accessible, effective and client-centred eating disorder treatment. It will provide an overview of service development over time aimed at increasing workforce capacity, responsiveness of service provision, improved access and better integration of all essential elements of care. The presentations will describe and discuss this service delivery initiative in the Southern region of Melbourne, looking at barriers, enablers and implications for policy and planning. An overview of the development of an integrated mental health and paediatric service for young people with eating disorders at Alfred Health Child and Youth Mental Health Service will be provided.

Data on service provision and outcomes will be discussed, along with a case example illustrating a typical case presenting for treatment at this service. This abstract was presented in the Children and Youth Treatment and Service Development stream of the 2013 ANZAED Conference.

Establishing consistency and best practice in the care of children and adolescents with eating disorders: developments at the Mater Children’s Hospital (MCH) and Mater Child and Youth Mental Health Service (CYMHS)
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One of the biggest challenges for an organisation and for clinicians and practitioners is implementing a new program or a new practice. Following an 18 month research project and the recruitment of an Eating Disorders Coordinator the MCH and Mater CYMHS have developed and implemented a number of protocols across its service to ensure consistency in the continuum of care and to ensure that treatment is in line with the best current evidence base.

Within the campus based services these have included:
- Development of a protocol for the CYMHS Inpatient Unit to provide structure and consistency to the admission of patients with restrictive eating disorders.
- Design and roll out of a Care Pathway for the Paediatric Medical Ward where medical crises associated with malnutrition are managed.
- Guidelines for triage of such patients in the Children’s Emergency Department with parameters indicative of further consultation and/or admission.
- Off campus/outpatient service development has included:
  - The implementation of Maudsley Family Based Therapy as the model of choice giving structure and consistency to outpatient treatment.
  - Guidelines for community staff for medical monitoring nutritionally compromised children and adolescents.

This presentation will refer to implementation science as a framework to describe the process and stages of development involved in the implementation of these projects.

This abstract was presented in the Children and Youth Treatment and Service Development stream of the 2013 ANZAED Conference.

Missed opportunities around school support of FBT for adolescents with anorexia nervosa: facilitation and barriers to supervised eating
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The aim of this qualitative study was to explore the interface between the health and education sectors to better understand how to support adolescents with chronic health conditions. In-depth interviews were conducted with parents (n=38), school (n=16) and health staff (n=11).

Parents of adolescents with AN reported that support for parent supervised eating at school during phase one of Family-Based Treatment was either absent or inconsistent. Parents perceived lack of physical space, poor understanding by school staff, and their child’s concerns about privacy were barriers to supervised eating. While teachers recognized the reasons for health support for students with cancer, teacher supervised eating was viewed as a medical intervention for which they lacked training. Parents of adolescents with CF were able advocates for their child, while the lack of support for supervised eating for the AN cohort appeared to compromise educational participation. Parents perceived such support would help maintain their children’s connectedness to peers and school.

This abstract was presented in the Children and Youth Treatment and Service Development stream of the 2013 ANZAED Conference.

UNDERSTANDING AND TREATING EATING PATHOLOGY

Equipping school counsellors to support students with eating disorders
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School counsellors are often the first point of contact when people are concerned about a young person’s eating. The Children’s Hospital at
Westmead Eating Disorders Program in collaboration with The Children’s Hospital School has developed an eating disorder education program for school counsellors. The aim of this program is to equip school counsellors with general knowledge about eating disorders as well as an understanding of the evidence based treatment - family based treatment, and how to support students in the school setting. It has been rolled out across Western Sydney in Department of Education schools and will shortly be facilitated in Catholic Schools as well. The program runs for 90 minutes and is facilitated by a Clinical Nurse Consultant, a Social Worker and a teacher. The response from school counsellors has been very positive and has resulted in greater consistency in understanding of Eating Disorders, timely referrals, and clearer establishment of treatment roles. This presentation will outline the process of establishing this program as well as examining the content of the educational program, and presenting the results collated from school counsellor feedback.

This abstract was presented in the Understanding and Treating Eating Pathology stream of the 2013 ANZAED Conference.

Aims: To identify trajectory classes of disordered eating across adolescence using Growth Mixture Modelling and to examine differences in psychosocial outcomes (lifetime history of mood, anxiety and substance use disorders, sleep quality, depression and anxiety symptoms, and rumination and general psychosocial functioning) between classes.

Method: Participants included 213 individuals (106 males) from 3 waves of the Adolescent Development Study; Time 1 (mean age=14.98), Time 2 (mean age=16.61) and Time 3 (mean age=18.85).

Results: Factor scores based on confirmatory factor analysis of subscales and behavioural frequency items from the EDE-Q were used to estimate trajectories. The best fitting model comprised a 4-Class model including “high decreasing”, moderate increasing, low stable, and low decreasing” trajectories. Further, the high decreasing and moderate increasing trajectories were characterized by poorer psychosocial outcomes compared to the remaining two classes (p-values ranged from <.001 to <.05 for the majority of comparisons).

Conclusions: Findings provide increased insights into different developmental patterns of disordered eating across adolescence and suggests that even if symptoms decrease across time, they are still associated with poorer outcomes during late adolescence.

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This abstract was presented in the Understanding and Treating Eating Pathology stream of the 2013 ANZAED Conference.

How much difference does DSM-5 make? A longitudinal evaluation of DSM-IV and DSM-5 eating disorders in a population-based cohort of adolescents

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Aims: This study aimed to provide data on the relative prevalence of DSM-IV and DSM-5 eating disorders at three time points in adolescence, for males and females. It also aimed to examine associations between DSM-IV and DSM-5 eating disorders and depressive symptoms and quality of life.

Methods: Participants (N=1,383; 49% male) were drawn from the Western Australian Pregnancy Cohort (Raine) Study, a prospective, population-based cohort study that has followed participants from pre-birth to young adulthood. Changes in eating disorder prevalence over time were considered using generalised estimating equations.

Results: Eating disorder prevalence rates increased significantly from age 14 to age 20, irrespective of the diagnostic system used. The prevalence of DSM-5 eating disorders was significantly higher than the prevalence of DSM-IV eating disorders for females, but not for males. ‘Unspecified’ eating disorders were significantly less common when applying DSM-5 than DSM-IV criteria, for males and females, but still accounted for 15% to 40% of the DSM-5 cases. All eating disorder diagnoses were associated with depressive symptoms and poor mental health quality of life.

Conclusions: Results provide further support for the clinical utility of DSM-5 eating disorder criteria, and for the significance of binge eating disorder and ‘not elsewhere classified’ disorders.

This abstract was presented in the Understanding and Treating Eating Pathology stream of the 2013 ANZAED Conference.

Defining disordered eating trajectories across adolescence and assessing their impact on psychosocial outcomes using growth mixture modelling

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Few studies have examined different trajectories of disordered eating in adolescence across time which has particular relevance given the extensive maturation during this period.
This paper explores how young women with disordered eating rationalise their behaviour as ‘healthy’. Based on preliminary findings from an Australian Research Council grant that is investigating why people with eating disorders are reluctant to engage with treatment services, we demonstrate how young women use normative discourses of body surveillance, ‘healthy eating’ and self-discipline to maintain and support eating disorder practices. Healthy lifestyles are supported by a range of public health initiatives that promote ‘watching one’s weight’, taking regular exercise and eating foods that are low in fat. Such culturally sanctioned discourses are readily available for people with eating disorders to position themselves within, providing a normative space to practice body surveillance, and also a legitimate and moral claim to looking after oneself. Investigating the parameters in which people rationalise excessive dietary restriction, and over-exercising as a healthy lifestyle is important for early detection of eating disorders, and to the development of strategies that challenge the ease in which eating disorders can be hidden in everyday health practices. 

This abstract was presented in the Understanding and Treating Eating Pathology stream of the 2013 ANZAED Conference.

O68
Eating psychopathology and psychosocial impairment in eating disordered individuals - a Singapore study
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Journal of Eating Disorders 2013, 1(Suppl 1):O68

Research has shown that eating disorders have a serious and detrimental impact on an individual’s physical and mental well-being. In various studies conducted in the West, it was seen that eating disorders have a negative impact on psychosocial functioning and that individuals with eating disorders report a lower quality of life. It is interesting to note that previous studies have shown that south-east Asian individuals exhibit lower levels of body satisfaction, greater eating disorder psychopathology, and more concern about their weight compared to their Western counterparts. However, compared to Western individuals, the level of eating psychopathology and psychosocial impairment in Asian individuals is still relatively unknown. Knowledge in these domains may improve treatment and elucidate the impact eating disorders have on Asian individuals. The objectives of this study are:

- a) To determine the level of eating psychopathology and psychosocial impairment in individuals with eating disorders in Singapore and;
- b) To determine if there are any differences in levels of eating psychopathology and psychosocial impairment between the different eating disorders classifications.

This abstract was presented in the Understanding and Treating Eating Pathology stream of the 2013 ANZAED Conference.

O69
Dissecting the relationship between childhood abuse, personality traits and genetic markers in eating disorders using a discordant sister-pair design
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Objective: To evaluate the profile of genetic markers, childhood abuse and personality traits in eating disorders using a discordant sister-pair design

Method: Participants were 147 discordant sister pairs (total of 297 participants) for EDs. The semi-structured EATATE interview (designed to assess ED symptomatology and obsessive-compulsive personality traits (OCPD)), the Temperament and Character Inventory (TCI-R) and the Oxford Risk Factor Interview (ORFI) were used. DNA was also collected and three candidate genes (5-HT2A, BDNF and 5-HTTLPR) were genotyped.

Results: ED patients presented with significantly more adulthood OCPD traits, higher levels of harm-avoidance and lower levels of self-directedness and cooperativeness than their healthy sisters (p<.01). Compared to the sisters, the ED group revealed more significant associations between different personality measures and the candidate genes 5-HTTLPR and 5-HT2A (p<.05). Sexual abuse also occurred more commonly in the ED group compared to the sisters. The only personality traits associated with sexual abuse were adulthood OCPD traits (p<.05). Finally, for the G×E interaction effects, even though no significant results were obtained for either of the 3 candidate genes, the likelihood of an ED increased by roughly 4.5 times for those patients with the presence of the LS-S-HTTLPR genotype and sexual abuse.

Conclusions: Our findings indicate that EDs are complex genetic disorders of multi-factorial aetiology, where liability may result from the accumulation of psychosocial risk factors that trigger the illness in genetically vulnerable individuals. This abstract was presented in the Understanding and Treating Eating Pathology stream of the 2013 ANZAED Conference.

O70
A systematic review of the effects of neuromodulation on eating behaviour: implications for brain directed treatments in eating disorders
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Eating disorders (ED) are chronic, deadly illnesses and especially for adults with anorexia nervosa, existing treatments have limited proven efficacy. Growing knowledge about the neural underpinnings to ED provides an avenue for more targeted, brain directed interventions. Brain stimulation techniques, such as Transcranial Magnetic Stimulation (TMS), transcranial Direct Current Stimulation (tDCS), Vagus Nerve Stimulation (VNS) and Deep Brain Stimulation (DBS) have the ability to directly alter neural activity within the brain. Such methods are being used extensively within both research and clinical settings to treat movement disorders such as Parkinson’s and a range of psychiatric illnesses including depression. Findings within such disorders, relevant animal models and more recent research within ED populations have led to a strong rationale for the use of brain stimulation in ED. This paper systematically reviews this literature, identifying deficits in the current knowledge in an attempt to help guide future research and clinical practice within the imminent field of brain directed interventions for ED.

This abstract was presented in the Understanding and Treating Eating Pathology stream of the 2013 ANZAED Conference.

O71
Definition of dropout affect rates, predictors and outcomes: evidence from outpatient CBT-E
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There is inconsistency in how we operationalise dropout in clinical research, with studies defining it based on time, number of sessions, therapeutic goals, an identified ‘end’ of therapy, or the therapist’s judgement. The effect of different definitions is poorly understood, but meta-analyses have indicated that they may produce varying rates of dropout and relate to heterogeneous client groups. This study aimed to investigate the effect of different definitions of dropout on associated rates, predictors and outcomes in one sample. Analysis involved data from 249 clients (97% female) who received individual outpatient CBT-E. Each participant was classified as a completer or non-completer according to
four definitions: before 30 days (10%), before 10 sessions (26%), before prescribed sessions (56%), and non-mutual termination (40%). Analyses indicated that dropout classifications were significantly associated but had poor to moderate agreement. Three definitions were associated with at least one predictor variable and significant variables changed across definitions. Therapeutic outcome was only associated with therapist-judged dropout. Results indicate that inconsistent definitions may prevent accurate interpretation of the dropout literature, and may impede efforts to increase treatment completion. Therapist-judged dropout appeared to be the most useful definition, and we recommend it be the standard definition of dropout.

This abstract was presented in the Understanding and Treating Eating Pathology stream of the 2013 ANZAED Conference.

**POSTER PRESENTATIONS**

**P1**
A systematic review of treatment attrition in anorexia nervosa
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**Background:** Understanding of reasons for attrition in anorexia nervosa therapy is incomplete.

**Aims:** This systematic review was of trials that reported factors associated with attrition, and aimed to compare and contrast findings between treatment settings.

**Methods:** Data were extracted from published reports sourced from searches (dates to 2/2013) of SCOPUS, PubMed, PsychINFO, included French and English language papers, and search terms: ‘anorexia nervosa’ and ‘attrition / drop-out / premature termination of treatment / outcome’.

**Results:** 421 papers were identified, 34 met inclusion criteria, 4 were excluded as they were reviews, and 3 investigated outcome not attrition. Two papers of the 27 included were qualitative studies. Factors consistently associated with attrition in any treatment setting were the type of anorexia nervosa, where the purging type was associated with higher attrition rate than the restrictive type, and poor motivation to change. Less consistent findings were reported in regards to co-morbidity and personality features. The majority of trials were of adults or older adolescents, and over 70% were of inpatient samples.

**Conclusion:** More studies of attrition in younger people and outpatient settings, and more consistent and standardised assessment of co-morbidity and personality in anorexia nervosa research is needed. Expanding motivational enhancement strategies in therapy may reduce attrition.

**P2**
Anorexia nervosa artefacta
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**Methods:** A 14 year old girl presented with an 8 month history of increasing weight loss, peaking at approximately 10%; and disordered eating, increasing pallor, intermittent fevers and lethargy on the background of a complex social situation, anxiety issues and areas of research interest will also be outlined in this poster.
This initiative is the first of this kind in Australia and supports the development of a trained volunteer mentoring network, offering opportunities for people in early recovery to develop supportive mutually beneficial mentoring relationships through regular contact with someone who has lived through and recovered from body image or eating issues for a minimum six month mentoring contract. Recovery Mentors at Isis- The Eating Issues Centre Inc. receive Peer Mentor Training that focusses on awareness of mentoring role, boundaries, skills, risk management and self-care, developing social networks and becoming a non-professional ‘buddy’. Mentoring is provided as an additional support alongside the mentees current contact with professional medical and mental health support. This poster will outline aims and components of the Isis Recovery Oriented Peer Mentor Program that has been trialled at Isis from late 2012 to present, and includes qualitative results and identified areas for further development. This project values lived experiences of recovery and seeks to build capacity to provide effective mentoring support, reflect on the mentoring journey and factors that contribute to recovery. Preliminary results show the program is effective in reducing social isolation, increases hope in the possibility of recovery and provides linkages back to community.

P6
Drunkorexia: an empirical investigation of disordered eating in direct response to saving calories for alcohol use among Australian female university students
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Introduction: The term “Drunkorexia” has been used by the popular media to denote the use of extreme weight-control behaviours to compensate for planned binge drinking. This hazardous phenomenon has been declared a genuine public health concern due to its rapid growth as a popular trend among Australian female university students. To date, no empirical studies have explored the prevalence of Drunkorexia in an Australian sample.

Research aim: The present study aimed to address this gap by conducting systematic investigation of the phenomenon of Drunkorexia in a population of non-clinical Australian undergraduate female university students.

Method: One hundred and thirty nine healthy female Australian undergraduate university students aged between 18-29 years; (M=21.4, SD=2.80) completed the self-report Compensatory Eating and Behaviors in Response to Alcohol Consumption Scale (CEBRACS) to screen for Drunkorexia symptomatology.

Results: In the sample tested, over 79.1% (n = 110) of the participants reported engaging in characterised Drunkorexia behaviour. In addition, as predicted, series of bivariate Pearson correlations, and hierarchical multiple regression analyses indicated that binge drinking, group social norm of thinness, and group social norm of drinking were positively related to total Drunkorexia behaviour.

Discussion: The findings of this study provide preliminary empirical evidence that Australian female university students are engaging in Drunkorexia behaviours, and have far reaching theoretical and clinical implications for the area, and for the health and well-being of Australian female university students.

P7
Patient characteristics from a Melbourne based adult eating disorders inpatient unit
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This study aims to inform clinicians and researchers about the characteristics of patients admitted to the Eating Disorders Inpatient Unit, NorthWestern Mental Health, Royal Melbourne Hospital across a 4 year period. It is anticipated that this information can provide insights into the potential base rates for particular inpatient diagnosis, chronicity of illness, duration of admissions and planned versus unplanned discharges. Data was collected retrospectively via a hospital file audit of admissions to the unit between the years 2009 and 2012. Across the 4 year period there were a total of 193 admissions to the unit and just over a third of patients (35%) were placed on an involuntary treatment order. On admission, the average eating disorder duration was 5.4 years and eating disorder diagnosis comprised; anorexia nervosa-restricting type (65.8%), anorexia nervosa–binge purge type (6.8%), bulimia Nervosa (3.2%), eating disorder not otherwise specified (18.9%) and no eating disorder diagnosis (4.7%). The average duration of admission was 36 days and the majority of discharges were planned (88.4%) compared to unplanned (11.6%). Given the chronicity of illness, these findings emphasise the importance of intensive follow-up given the relatively short inpatient stay which may include outreach services, frequent individual/group outpatient appointments and utilising day patient programs as a step down following discharge.

P8
Changing schools in students with anorexia nervosa: escaping discredited identity
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Educational participation is central to adolescent peer relations, emotional wellbeing and future financial independence. The aim of this qualitative study was to explore the interface between the health and educational sectors to better understand how to support adolescents with chronic health conditions. Parents of adolescents with anorexia nervosa (AN, n=11), cancer (n=11) and cystic fibrosis (n=16) were recruited through two tertiary hospitals in Victoria, Australia. Audio-recorded in-depth interviews were conducted and transcribed verbatim. Just under half (5) of the AN parent cohort reported that their child changed schools during treatment due to identity concerns and a desire for a ‘fresh start’; this was not apparent within the cancer or cystic fibrosis cohorts. Experience of stigmatisation was perceived as the major reason to change schools, which also appeared to explain why many parents did not inform the new school of the diagnosis. Efforts to avoid discredited social identity related opportunities for educational support as parents of students with AN had less opportunity, or less overt legitimate cause, to know about and access educational supports for children with chronic health conditions than the other cohorts. In conclusion, the diagnosis of AN was frequently associated with school change and reduced opportunities for educational support.

P9
Disclosure or non-disclosure? Misdirection and secrecy around communicating with schools about the diagnosis of anorexia nervosa
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The aim of this qualitative study was to improve the understanding of the interface between health and educational sectors. Parents of adolescents...
with anorexia nervosa (AN, n=11), cancer (n=11) and cystic fibrosis (CF, n=16) were recruited through two tertiary hospitals in Victoria. Audio-recorded in-depth interviews were conducted and transcribed verbatim. Consistent themes emerged across the three cohorts, with parents agreeing that schools needed to know of a diagnosis for health safety, academic support and positive peer relationships. However there were significant condition-specific differences. Only parents of adolescents with AN engaged in misdirection (providing a different diagnostic label) or secrecy; a significant number elected not to disclose the AN diagnosis to schools in response to their child’s request. In contrast, parents of adolescents with CF who reported that their children did not wish schools to know of the diagnosis when secondary school commenced, overruled such requests. Diagnosis disclosure did not emerge as an issue for adolescents with cancer; all parents promptly informed the school of the diagnosis. In summary, parents articulated consistent reasons across disease cohorts for sharing the diagnosis of a chronic health condition with schools, yet experienced different challenges in implementing this, with implications around health safety, academic support and peer relationships.

P10

Identification of trace mineral and nutrient deficiencies as an adjunct to treatment of eating disorders

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Biochemical data from 90 patients presenting to a general practice over the previous five years has been analysed to identify specific nutrient deficiencies. It is a common complaint amongst families of eating disorder (ED) patients that on first presentation to their GP “the bloods were normal so the GP said that there wasn’t anything wrong”. This factor may contribute to delayed treatment of the ED, and hence specific nutrient testing at initial presentation may be invaluable. Routine bloods collected by the GP included FBC, ELFTs, phosphate, iron studies, zinc, magnesium, manganese, B12 , red cell folate, ionised calcium and vitamin D. Whilst many results were noted to be in the low end of the “normal” range, significant deficiencies were most commonly noted in zinc and manganese (95%). In patients with bulimia, of course, hypokalaemia was a significant and often life threatening finding. Patients were receptive to identification of specific abnormalities, and were then more amenable to being referred on to dietitians, psychologists and psychiatrists to address the eating disorder thus identified.

This data suggests the value of targeted specific tests in ED patients presenting in General Practice, and should encourage patients and doctors to seek more than “basic bloods” at first presentation.

P11

The master’s apprentices- making best practice out of practically nothing!

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Journal of Eating Disorders 2013, 1(Suppl 1)p11

The Paediatric Unit at Flinders Medical Centre in South Australia caters for children aged between 0 – 18 years of age, within a large general metropolitan hospital. Consistent with national trends we have experienced a significant increase in adolescents admitted with an eating disorder. In response a core eating disorder group visited other hospitals within the Room: State and interRoom: State in the hope of gaining insight into how to best manage this cohort. We formed a management team consisting of Paediatric Consultant, Psychiatrist, Nursing and Allied Health, CAHM5, School Teacher and Diversional Therapist. With much trepidation, February 18th 2013 saw the launch of our Eating Disorder program, heavily based on the Westmead Children’s Hospital model with their on-going guidance and support. Our immediate focus has been on delivering education sessions for all staff; developing written resources for staff, patients and families. Imperative to the success of this program has been setting up a weekly activity program, family meetings, team management meetings and addressing ward management issues.

This presentation will describe our journey and specific challenges we met along the way to ensure we are meeting not only the needs of these complex patients but also empowering staff and families to deal with concerns on a daily basis.

P12

Perceptions of the causes of eating disorders: a comparison of individuals with and without eating disorders

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People’s perceptions of the causes of eating disorders are important to identify in order to correct misconceptions. A few studies interviewed individuals with eating disorders (Button & Warren, 2001; Dignon et al., 2006; Lacey et al., 1986), but were limited by small samples and inconsistent findings. Although some studies surveyed the general public (Mond et al., 2004; Smith et al., 1986), only one compared individuals with and without eating disorders by asking them to select causes from pre-identified factors (Holliday et al., 2005). In this study, we sought to obtain greater depth in understanding people’s perceptions.

Our sample included 57 individuals with eating disorders and 220 without. Participants responded to open-ended questions about the causes of eating disorders. Eight causal categories were determined. Participants with eating disorders identified causes at different rates. Psychological/emotional and social problems were most frequently endorsed, with genetics/biology and media/culture ideals least endorsed. No significant relationships existed between types of eating disorder and causes specified. Additionally, participants without eating disorders identified causes at different rates. Psychological/emotional problems and media/culture ideals were most frequently endorsed, with traumatic life events and sports/health least endorsed. These samples differed in their perceptions, suggesting that misconceptions exist in the general public.

Cite abstracts in this supplement using the relevant abstract number, e.g.: Salafia et al. Perceptions of the causes of eating disorders: a comparison of individuals with and without eating disorders, Journal of Eating Disorders 2013, 1(Suppl 1)p12