ICED 2026 Abstract Book

Plenary Sessions

BIOLOGY PLENARY | Psychedelics in Eating-disorder Treatment: Scientific Promise, Ethical Questions, and Research Priorities

Abstract: Whereas various evidence-informed psychological treatments for eating disorders are available, not all individuals benefit from these approaches. This highlights the importance of exploring complementary treatment options. Psychedelic substances, and ketamine in particular, have been relatively well studied in other areas of mental health, including major depressive disorder and posttraumatic stress disorder (PTSD). Emerging small-scale studies suggest that psychedelic-assisted therapy may also hold promise for certain individuals with eating disorders who have not responded to more conventional treatments. Such approaches may be particularly useful in addressing some of the core symptoms of eating disorders and comorbidities, such as treatment-refractory depression. This biology plenary will focus on the potential role of psychedelic-assisted therapies in the treatment of eating disorders, with a focus on recent insights into underlying therapeutic mechanisms accounting for biological, psychological, experiential, and contextual perspective. It will also address clinical applications, ethical considerations and cultural contexts.

Learning Objectives:

1. Describe the mechanism of action of psychedelic-assisted therapies.
2. Educate on the ethical considerations in the use of psychedelics in research and clinical practice.
3. Review the role that psychedelics may or may not have in the treatment of eating disorders

Authors:

- David Nutt, Imperial College London
- Robert. A. Schoevers, University of Groningen, the Netherlands
- Stephanie Knatz Peck, UCSD Eating Disorders Treatment and Research Center
- Philip S. Mehler, University of Colorado School of Medicine; Eating Recovery Center; ACUTE Center of Excellence for Eating Disorders and Severe Malnutrition

SOCIOCULTURAL PLENARY | Unmasking Overlap: Neurodiversity and Eating Disorders Informed Care

Abstract: The intersection of eating disorders (EDs) and neurodivergence is a rapidly developing area of study, highlighting the need for more inclusive, individualized, and personalized approaches to care. Emerging research reveals a complex interplay of cognitive, emotional, and sensory factors that influence the onset, maintenance, and

treatment response of EDs. Neurodivergence, inclusive of autistic individuals and those with attention-deficit/hyperactivity disorder (ADHD), is increasingly recognized as central to understanding risk, maintenance, and recovery processes in eating disorders. Given the growing evidence of co-occurence between EDs and neurodivergence, this plenary will focus on the links between neurodivergence and eating disorders and provide guidance for integrating lived neurodivergent experiences into ED frameworks. Importantly, the plenary will also examine the specific relationship between neurodivergence and avoidant/restrictive food intake disorder (ARFID), given the high levels of co-occurrence with autism and ADHD. Reviewing the overlap between ARFID and neurodivergence—especially autism—in this plenary session is essential because of their shared features and unique contributors to feeding and eating challenges, which remain poorly understood in mainstream clinical frameworks, underscoring the need for tailored conceptual and clinical approaches.

Learning Objectives:

1. Identify key biopsychosocial factors that increase eating disorder and feeding disorders risk in neurodivergent individuals. Raise awareness of how neurodivergent presentations can influence the presentation, diagnosis, and treatment of eating and feeding disorders.
2. Provide strategies for integrating lived experience and neurodivergent perspectives into assessment and intervention.
3. Review overlap between ARFID and autism and discuss how to approach the support needs of autistic people with ARFID through assessment, diagnosis, and treatment.

Authors:

- Dr. Fiona Duffy, NHS Lothian CAMHS; University of Edinburgh, Scotland, UK
- Laurence Cobbaert, University of New South Wales; Eating Disorders Neurodiversity Australia (EDNA)
- Dr. Rachel Bryant-Waugh, South London and Maudsley NHS Foundation Trust; Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK
- Prof. Dr. Kate Tchanturia, King's College London, UK

TREATMENT PLENARY | Measurement-Focused Care in Eating Disorders: Promises and Pitfalls

Abstract: Measurement-Based Care (MBC), is an established approach that formally integrates patient self-reported and clinician-rated assessments into clinical decision-making. Research in the field of MBC has demonstrated that it has the potential to improve treatment outcomes, potentially facilitated even further by innovations in data science and technology. However, although MBC has been an option for many years, integration into the field of eating disorders treatment remains limited. This plenary will examine the application of MBC within the complex and heterogeneous landscape of

eating disorder treatment and research. Our plenary aims to gather a diverse group of experts to address several key questions from different perspectives, including “Can the eating disorder field learn from other fields that indicate this approach improves treatment outcomes, and how can we implement MBC in a way that maximizes its promise while mitigating its pitfalls?”

Three talks and discussion will focus on answering critical questions, including: What key constructs, beyond symptom reports, would be helpful to center in coordinated assessments? What problems in the field might the quantitative MBC approach exacerbate, such as an overreliance on quantitative data, missing details related to cultural and socioeconomic influences, the risk of greater labeling of patients as "non-responders," or the reduction of the patient's lived experience to a data point? Furthermore, the plenary will discuss the crucial issue of equity. How might MBC worsen existing divides between well-resourced clinics and those without resources, how are marginalized or disadvantaged groups included in MBC tools, and how can we develop a framework for MBC that enhances equity and allows for the consideration of patient heterogeneity? This plenary will provide a comprehensive, multi-disciplinary perspective, bringing together researchers, a systems level administrator, mental health clinician and dietitian to discuss these complex questions.

Learning Objectives:

1. Articulate the promises and potential pitfalls of prioritizing a measurement-based approach to eating disorder care.
2. Identify critical constructs beyond simple symptom counts that should be considered for assessment.
3. Discuss strategies for adopting MBC in a way that considers logistics, funding and centers equity and inclusivity across diverse patient populations.
4. Evaluate the ethical implications of MBC, particularly regarding patient experience and the labeling of outcomes.

Authors:

- Christine M. Peat, Spring Health
- Sarah Maguire, InsideOut Institute, University of Sydney
- Kim de Jong, Institute of Psychology, Leiden University
- Mel Simone, University of Colorado Denver, Department of Psychology

WILDCARD PLENARY | From Individuals to Ecosystems: Eating Disorders in the Context of a Shared Planet

Abstract: Eating disorders arise from a web of interconnected factors spanning biological, psychological, social, and environmental domains, demanding a multifaceted approach to both prevention and treatment. For clinicians and researchers, addressing these complex dynamics is essential for developing effective preventive and treatment interventions and promoting equitable care. This session explores the broader socio-

ecological contexts that shape eating disorders through three interdisciplinary talks with an eco-psychological focus. These talks will address 1) how large-scale social and ecological crises intersect with mental health and influence access to care, 2) how global food systems disproportionately relate to eating disorders and uniquely impact marginalized communities, and 3) the therapeutic and recovery potential of reconnecting individuals with nature. This plenary will end with a discussion of the necessity of adopting a systems-level perspective to address the root causes of eating disorders and create sustainable, holistic pathways for prevention and care.

Learning Objectives:

- Knowledge about the interconnectedness between socio-ecological factors with mental health in general and eating disorders in particular
- Knowledge about the global food systems in shaping eating disorder behaviors
- Critical reflections about the ethical and environmental implications of the industry of food and pharmacy relevant to development and treatment of eating disorders
- Competence about nature connectedness and how to approach and explore this in eating disorder treatment and as part of everyday life of eating disorders recovery

Authors:

- Dr. Sirry Alang, University of Pittsburg
- Dr. Kendrin Sonneville, University of Michigan
- Dr. Lise Transrud, University of South-Eastern Norway
- Dr. Carolyn Becker, Trinity University

Clinical Teaching Day & Research Training Day Workshops

Bridging the Gap: Building Research Capacity in Eating Disorder Clinical Practice

Abstract: Despite progress in developing efficacious interventions for eating disorders (EDs), a significant research-practice gap persists, limiting the translation of evidence-based treatments into routine care. Narrowing this gap requires analysis of data routinely collected in clinical practice settings to offer a deeper understanding of the needs of treatment-seeking populations and effectiveness of care in the real world, rather than under controlled conditions. However, studies of this nature remain scarce, in part due to clinicians' often limited exposure to and uncertainty with how to initiate and carry out such efforts. Thus, this research training workshop aims to build participants' capacity to conduct feasible research studies and other scholarly activities in their clinical settings by providing a practical, step-by-step overview for producing and disseminating such projects using existing or accessible assets. The session will begin with a definition of the research-practice gap and a summary of the value of real-world evidence for providers, programs, and the broader ED field. Participants will explore perceived barriers and concerns that may deter clinicians from engaging in research, with attention to differences across cultural contexts, treatment settings, and levels of care. Building on this foundation, participants will brainstorm and categorize potential data types and

sources and then receive instruction on matching to appropriate research questions, designs, and analytic strategies. Next, logistical and practical hurdles will be addressed, encompassing ethical and administrative considerations, tools and strategies for completing studies, and opportunities to disseminate resulting products. Specific attention will be paid to the concerns and barriers shared earlier, with an emphasis on low-resource approaches along with recognition that needs, options, ethics, and legal frameworks may differ across countries, cultures, and clinical contexts. Participants will apply what they've learned through independent work and small group consultation to begin designing an actionable research project tailored to their own practice setting, such as preparing a proposal suitable for submission to ICED 2027. The session will conclude with a Q&A period. Attendees will leave with a stronger understanding of how to launch or enhance research efforts in their clinical practice and a concrete plan for taking the next step.

Learning Objectives

- Identify available clinical/operational data types and match to research questions, designs, and analytic strategies.
- Describe key ethical and logistical considerations for conducting research in clinical settings, with an emphasis on low-resource and setting-specific approaches.
- Apply the knowledge and skills gained throughout the session to design an actionable research project tailored to participants' clinical practice.

Authors: Hannah Wolfe, Within Health; Caitlin Shepherd, Within Health; Renee Rienecke, Galen Hope

From Recognition to Action: Addressing Weight Stigma in Family-Based Treatment

Abstract: Weight stigma remains pervasive in healthcare, including within evidence-based eating disorder (ED) treatments such as Family-Based Treatment (FBT). Despite growing awareness of weight stigma as a barrier to equitable care, clinicians often lack structured opportunities and tools to recognize, reflect on, and address their own biases or effectively support families who experience weight stigma. In many cases, including atypical anorexia nervosa, these biases appear as overlooked weight suppression, skipped critical steps in Phase 1 of FBT, or inappropriate weight targets—all of which compromise treatment effectiveness. This Clinical Teaching Day aims to strengthen clinicians' ability to recognize and respond to weight stigma in FBT. The 4-hour session will combine didactic content, guided reflection, and experiential learning to build self-awareness and equip participants with actionable strategies in a safe, non-shaming space. The session will begin by situating weight stigma and fatphobia as systemic forms of discrimination that shape health, treatment, and recovery, and that remain normalized in 2026. Participants will then engage in a reflective exercise (e.g., guided writing, implicit bias measures) to explore their own weight-related beliefs and

experiences. Building upon participants' existing knowledge of FBT, we will identify key decision points where weight stigma can surface, such as setting weight restoration targets, implementing Phase 1 and 2 interventions, and communicating with youth and families. Through case vignettes, role-play, and group discussion, attendees will reflect on practice patterns, consider alternative approaches, and rehearse anti-stigma strategies (e.g., responding to parents' fears about higher weight or resistance to full weight restoration) by redirecting weight-focused fears towards recovery goals and highlighting the harms of restriction, undernutrition, and weight suppression. The session will conclude with practical resources, frameworks for ongoing reflection, and opportunities to contribute to a collaborative white paper on weight stigma in ED treatment. Although focused on FBT, the principles discussed will be broadly applicable across modalities. By integrating didactic and experiential methods, this session will provide clinicians with knowledge, self-awareness, and actionable strategies to reduce the impact of weight stigma and deliver equitable, weight-inclusive, and effective care to all patients with EDs.

Learning Objectives

- Define weight stigma and fatphobia and describe how they impact clinical decision-making in eating disorder treatment.
- Reflect on and identify their own implicit and explicit biases related to weight and body size.
- Apply practical strategies to recognize and address weight stigma within FBT and related treatment settings.

Authors: Maria Nicula, McMaster University; Gina Dimitropoulos, University of Calgary; Rebecka Peebles, Monte Nido; Kristen Anderson, Chicago Center for Evidence Based Treatment

Holding Hope Across Cultures: Person-Centred and Ethical Pathways for Longstanding Eating Disorders

Abstract: This workshop aims to enhance trauma-informed, person-centred care for individuals with longstanding eating disorders through the Holding Hope Guide and its complementary workbooks, developed in partnership with the National Eating Disorders Collaboration (NEDC, Australia). Across health systems and cultural contexts, individuals living with longstanding eating disorders often experience fragmented care, moral distress, and few pathways that uphold both dignity and autonomy. The Holding Hope Guide provides a practical framework to support care when traditional, recovery-focused models no longer align with an individual's goals or wellbeing. The session brings together clinicians, researchers, lived-experience and carer professionals, and service leaders in a shared learning space to explore how compassionate, values-based approaches can be implemented across disciplines and cultures. The workshop models collaboration between clinical and lived-experience expertise, demonstrating how shared

knowledge can strengthen teams and reduce moral distress in complex care situations. Participants will engage with real-world vignettes, planning tools, and ethical frameworks that strengthen collaboration and safety during complex care transitions. Building on the foundational Holding Hope Discussion Paper, the Guide introduces structured tools for advance care planning, collective decision-making, and reflective practice that centre quality of life and personal meaning. Through didactic teaching, small-group reflection, and cross-disciplinary dialogue, participants will examine the realities of providing care when recovery takes many forms, leaving with adaptable frameworks and materials to embed Holding Hope principles within their own practice or service, supporting equitable, compassionate, and person-led pathways for individuals, families and carers, and teams worldwide.

Learning Objectives

- Identify the key principles of the Holding Hope Guide and Workbooks and describe how they inform trauma-informed, person-centred care for individuals with longstanding eating disorders.
- Apply practical tools that strengthen shared decision-making, ethical reflection, and collaborative care planning across clinical, lived-experience, and carer roles.
- Analyse how cultural, systemic, and contextual factors shape pathways of care and identify strategies to adapt the Holding Hope framework internationally.

Authors: Shannon Calvert, Lived Experience of Eating Disorders (LEED), Australia; Amy Woods, National Eating Disorders Collaboration (NEDC), Australia

Training & Certificate CBT Didactic Courses

Cognitive-Behavioral Therapy for Anorexia Nervosa in Adolescents and Adults (CBT-AN-20): Skills Needed to Implement a 20-session Protocol for Mild to Moderate Outpatient Cases

Presented by: Glenn Waller

Cognitive-behavioural therapy for eating disorders is a NICE-recommended intervention for adults who can be treated as outpatients. However, at 40 sessions, it is very resource-intensive, slowing the capacity of clinicians to intervene promptly, particularly with recent-onset cases. Building on the example of CBT-T, which showed that brief therapies for non-underweight patients can be treated effectively in far less time, we have developed a 20-session protocol for treating such cases (BMI>15). This new protocol (CBT-AN-20) is supported by preliminary evidence as being equally effective and acceptable compared with longer CBT protocols for such cases. It is supported by skills videos and resources for clinicians to use.

This workshop will detail the CBT-AN-20 protocol (Waller, Eddy, Rose, Thomas & Turner, 2026), and will demonstrate key skills that are required to deliver it effectively. Those skills include meta-competences that apply across therapies and competences

that are specific to CBT-AN-20. Compared to other protocols for anorexia nervosa, there is more focus on: exposure-based methods; early start to changes in eating; working with the 'anorexic voice' to enhance motivation; balancing exposure and behavioural experiments to teach the patient that weight gain is both achievable and controllable; addressing traits and emotional factors that underpin compulsivity, in the context of past experience; and a wide range of patient-specific methods to address body image. The workshop will also consider adaptations for adolescents, those with atypical anorexia nervosa, and others.

This training (over two sessions of four hours each) will briefly address the rationale and evidence for CBT-AN-20, and the meta-competences that support effective therapy. The remainder of the training sessions will detail the phases of CBT-AN-20, and how we adapt to the individual's needs (e.g., neurodivergence; trauma-based emotional states). We stress the use of the wide range of CBT techniques, particularly as found in the wider range of anxiety-based disorders. Phases focus on core techniques such as exposure and nutritional stability, behavioural experiments, addressing emotionally-driven behaviours, body image work, and ending therapy appropriately. Case material and video role plays will be used throughout to illustrate how to deliver CBT-AN-20.

Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder (CBT-AR)

Presented by: Dr. Kendra R. Becker

Avoidant/Restrictive Food Intake Disorder (ARFID) was recently added to the Feeding and Eating Disorders section of *DSM-5* to describe children, adolescents, and adults who cannot meet their nutritional needs, typically due sensory sensitivity, fear of aversive consequences, and/or apparent lack of interest in eating or food. Research on the efficacy of novel treatments is ongoing. One such novel treatment—cognitive-behavioral therapy for ARFID (CBT-AR)—has shown evidence of preliminary efficacy in three open trials and is currently being investigated in a randomized controlled trial funded by the U.S. National Institute of Mental Health.

This training (over two sessions of four hours each) will cover the assessment of ARFID and determining patient appropriateness of CBT-AR, as well as the implementation of all four stages of this flexible, modular treatment, for individuals with ARFID ages 10 and up. Material will be drawn from our book *Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder: Children, Adolescents, and Adults* (Cambridge University Press, 2019), cases we have seen in our clinical practice, and our ongoing research studies on the neurobiology, treatment, and longitudinal course of ARFID. Our interactive presentation will include a brief description of the rationale for and goals of CBT-AR; detailed case examples drawn from a heterogeneous group of patients who have benefitted from CBT-R; critical choice points for tailoring CBT-AR to the presenting patient; and multiple role-play demonstrations. We welcome

audience members to come with questions about specific cases from their own clinical practice, and we will leave ample time for discussion at the workshop's conclusion.

Educational Sessions | SIG Panels

Bridging the Gap: Strategies to Target Trauma Symptoms Across the Continuum of Eating Disorders Care

Abstract: This panel addresses the complex clinical dilemma of targeting trauma symptoms in multi-diagnostic clients with eating disorders (ED) who are not behaviorally stable enough for formal, exposure-based Post-Traumatic Stress Disorder (PTSD) treatments (e.g., Prolonged Exposure). A key challenge in this population is the impact trauma-related symptoms can have on one's ability to effectively engage in ED treatment, as ED behaviors often serve the function of coping with trauma, and those with multi-diagnostic presentations including PTSD often have poorer treatment outcomes (Day et al., 2023) and greater risk of relapse if trauma is not treated (Convertino & Mendoza, 2023). Thus, informal, yet evidenced-based treatment of traumatic symptoms is crucial to holistic treatment and positive outcomes. Presenters and attendees will engage in collaborative discussion of common issues faced in targeting trauma in ED treatment and corresponding interventions, including empirically-supported treatments for complex, multi-diagnostic presentations like dialectical behavior therapy (DBT). Relevant interventions discussed include psychoeducation, mindfulness training, skills generalization for trauma-linked behaviors, navigating systems-level interventions, and aiding clients in effective emotional experiencing during early stages of treatment. Panelists will share practical case conceptualizations demonstrating how trauma-informed interventions can be utilized across various populations and levels of care through review of case examples. Panelist 1 will share their perspective working with chronically underserved children, adolescents, and families in both inpatient medical and outpatient settings with a wide range of racial and ethnic backgrounds, languages, and access to resources; Panelist 2 will highlight elements of treating adults in intensive care settings, emphasizing risk management, medical stabilization, and harm reduction; and Panelist 3 will share their perspective working with adults in outpatient care, including those with severe and enduring illness, prioritizing treatment of life-threatening and therapy-interfering behaviors, before other goals. Attendees will leave with concrete strategies for identifying and safely addressing trauma in early stages of treatment, improving engagement, and preparing clients for eventual trauma resolution across developmental levels and ED-focused levels of care.

Learning Objectives

- Describe relevant mechanisms for how trauma-related symptoms can interfere with eating disorder treatment
- Identify key intervention strategies for managing trauma symptoms during eating disorder treatment, depending on presentation, including options for integrating multi-diagnostic, empirically-supported treatments like DBT

- Evaluate how strategies learned during this panel can be applied to clinical practice, adapted to the setting in which the practitioner works

Authors: Kimberly Clauat, University of California, San Diego; Raquel Friedman, Portland DBT Institute; Lauren Yadlosky, Montefiore Medical Center; Alexandra Convertino, SDSU/UC San Diego Joint Doctoral Program in Clinical Psychology; Anita Federici

Bolstering value in assessment techniques to optimize diagnosis and treatment of eating disorders

Abstract: Researchers have long used diverse methods to study eating disorders, spanning neural, psychological, biobehavioral, and qualitative approaches. Recently, the broader fields of psychiatry and psychology have emphasized personalized treatment, driving new efforts to develop individualized assessment outcomes. Conceptualizing eating disorder pathology from different angles also leads to differences in assessment and treatment. For example, emphasis on manifest eating behavior (arguably, a “top-down” approach) leads to a different treatment approach than emphasis on underlying mechanisms such as neurobiological processes or an individual’s temperament (arguably, a “bottom-up” approach). Against this backdrop, the proposed panel features experts leveraging multi-modal assessment techniques to better understand risk, resilience, and treatment response to ultimately optimize personalized treatment selection.

Panelists will discuss the following questions from their unique perspectives: 1) Thinking from ‘bottom-up’ and ‘top-down’ perspectives, what assessment tools are you currently using - and why? 2) What are some benefits and challenges with your current approaches? 3) What are important priorities for the future of eating disorders assessment and treatment response monitoring that will yield the greatest clinical benefit? Panelists will include researchers who leverage qualitative mixed methods designs (Neha Goel); neurobehavioral data (including from meal-based and task-based cognitive/behavioral assessment and neuroimaging) (Joanna Steinglass, Christina Wierenga); and digital tools (Christina Ralph-Nearman), who will present for ~10 minutes each. Last, co-moderators Sasha Gorrell and Trevor Steward will summarize key takeaways and lead a 30-minute interactive discussion to engage audience and panelists in identifying pathways forward for promoting steps in implementing broader and more effective use of targeted assessment methods in their clinical or research settings.

Learning Objectives

- Identify innovative assessment methods that can optimally combine modalities to better understand and treat eating disorders

- Identify goals for future assessment and diagnostic research
- Link new ideas for assessment into future implementation in home settings

Authors: Sasha Gorrell, University of California San Francisco; Trevor Steward, The University of Melbourne; Neha Goel, Virginia Commonwealth University; Kara Christensen, University of Nevada, Las Vegas

Eating Disorder Prevention for High-Risk Athletes: Where Are We Now and What Are New Paths Forward?

Abstract: Aesthetic athletes are at elevated risk for eating disorders (EDs). In recent years, stakeholders have called for enhanced prevention, assessment, and intervention strategies tailored for aesthetic athletes and the sport environment. Although multiple initiatives have been developed to promote athlete well-being and mitigate ED risk, their degree of implementation and demonstrated outcomes remain insufficiently evaluated. Evaluating progress and identifying future directions is necessary as rates of EDs in high-risk athletes continue to escalate. Panelists representing expertise in psychology, nutrition, and athlete health will provide interdisciplinary perspectives addressing three central questions: (1) What are the essential components of effective ED prevention among high-risk athletes? (2) What initiatives have emerged in the past decade, and what evidence exists regarding their success? (3) What innovative frameworks are needed to sustain athlete well-being in sport contexts? The panelists will include: 1) Jenny Conviser, PsyD, CEDS, CMPC, clinical psychologist, Certified Mental Performance Consultant, and former collegiate gymnastics coach, 2) Rachael Flatt, PhD, clinical psychologist and Olympian, 3) Sasha Gorrell, PhD, clinical psychologist and former professional dancer, and 4) Monika Saigal, MS, RD, CEDS-C, CDN, registered dietitian and former professional dancer. The panel will include five, brief 9-minute presentations followed by a moderated Q&A. Distinguished professor of physical activity and health and former gymnast for Norway's national team, Jorunn Sundgot-Borgen, PhD, will synthesize implications and lead a 20-minute collaborative dialogue to identify pathways forward for evidence-based prevention and athlete support globally. Participants will gain an updated understanding of ED prevention progress for high-risk athletes, identify remaining gaps, and develop actionable strategies to promote positive health outcomes and resilience among athletes worldwide.

Learning Objectives

- Examine the current state of eating disorder prevention efforts in high-risk sports
- Evaluate factors which facilitate or impede progress made since initial calls for reform
- Identify future directions, practices, and sustainable prevention models to enhance performance and preserve athlete well-being

Authors: Danielle Iverson Chapa, University of Pittsburgh; Elizabeth Lampe, Dartmouth College; Jenny Conviser, Northwestern University; Rachael Flatt, Boston Children's Hospital; Sasha Gorrell, University of California San Francisco; Monika Saigal, Private Practice; Jorunn Sundgot-Borgen, Norwegian School of Sport Sciences

Current Trends in Telehealth, Technology and Innovative Treatments

Abstract: This dynamic panel of researchers, clinicians, and developers will showcase current trends in telemental health and digital innovations that are reshaping eating disorder treatment. As artificial intelligence and technology continue to rapidly evolve, practitioners are at the forefront of evaluating and integrating these tools into assessment, treatment, and service delivery. The panel is comprised of international innovators who will showcase emerging digital tools and practices across clinical and cultural settings. Timely topics include: 1.) Discussion of the clinical advantages of AI assisted clinical documentation including the patient perspective, the provider perspective, quality and timeliness of documentation consistent with insurance and regulatory expectations as well as dialogue around ethical considerations. 2.) The efficacy of Single Session Interventions (SSIs) intentionally involving only a single client encounter which can be self-guided or provider-delivered, administered in-person or completed remotely, and can act as a stand-alone treatment or be deployed as an additive interventional element to traditional multi-session treatments. 3.) The development of the Wellness In-the-moment Interventions for Sleep and Eating (WISE), a just-in-time adaptive intervention (JITAI) designed to address disordered eating in perimenopausal women by delivering psychological and behavioral interventions during vulnerable moments in real time when individuals are most likely to benefit, rather than during scheduled in-person sessions. These interventions have the potential to complement traditional therapies by providing support during an individual's most vulnerable moments. 4.) Considerations and lessons learned from culturally adapting an evidence-based eating disorder app for Spanish-speaking users across the U.S. and Latin America. Practical and ethical considerations will be explored - from language and imagery to evaluation - followed by a discussion on how to build inclusive digital tools that resonate across cultures while maintaining therapeutic fidelity. Together, these presentations offer a state-of-the art snapshot of how eating disorder clinicians can leverage digital tools to increase access to care, therapeutically enhance care, and remain at the forefront of innovative treatments. All topics and presentations are intended to stimulate questions and robust discussion of these emerging interventions with the audience.

Learning Objectives

- identify advantages to AI clinical documentation as well as list ethical concerns
- describe potential uses for single-session interventions
- describe the potential of digital tools to enhance traditional treatment

Authors: Deborah Michel, Eating Recovery Center; Elissa Martinez, Bright Therapeutics

Bridging the Research-Practice Gap: Leveraging Science to Inform Clinical Care for Eating Disorders

Abstract: This interdisciplinary panel brings together clinicians from nutrition, psychology, and medicine to examine how emerging science in genetics, neurobiology, and physiology can be meaningfully translated to inform clinical practice for eating disorders. While basic research provides crucial insights into the biological underpinnings of these complex conditions, clinicians face the ongoing challenge of making this knowledge clinically relevant and accessible to patients and families. Our panelists will share the basic science findings that have most significantly shaped their clinical approach, discussing how they translate complex research into practical clinical applications. Panelists will also discuss how they personalize research findings for individual clients and families and the strategies they use when client presentations and trajectories diverge from nomothetic patterns in the research literature. Discussion points will include: which basic science findings have been most clinically impactful across disciplines; methods for staying current with basic science research and evaluating its clinical relevance; approaches to (and pitfalls in) communicating complex scientific concepts to patients and families in ways that reduce stigma/blame while acknowledging psychosocial factors; integration of biology into existing treatment approaches (e.g., CBT-E, FBT); and guidelines for determining when research findings are sufficiently robust to incorporate into clinical practice to avoid premature application of preliminary findings.

Panelists will include Dr. Marcia Herrin (founder of Dartmouth College's nationally renowned eating disorder treatment program for college students), Dr. Alexis Richards (Medical Director of the Eating Disorder Program and an Assistant Professor of Pediatrics at Montefiore Einstein in the Division of Adolescent Medicine), and Nikki Pagano, LCSW (current FBT certified therapist in private practice and former Director of Adolescent Services at the Columbia Center for Eating Disorders).

This panel addresses a fundamental opportunity and challenge in eating disorder treatment: how do we harness the power of basic science to enhance understanding, reduce stigma, and inform more effective clinical care? By examining the intersection of research and practice, we aim to strengthen clinicians' ability to translate scientific discoveries into improved patient outcomes.

Learning Objectives

- Gain strategies for communicating complex scientific concepts to patients and families in ways that reduce stigma/blame and enhance understanding

- Learn best practices and approaches for incorporating basic science research into clinical practice
- Evaluate when research is and is not sufficiently robust to be integrated into clinical practice

Authors: Megan Mikhail, UCSF Eating Disorders Program; Marcia Herrin, Dartmouth College Geisel School of Medicine; Nikki Pagano, Carolina Psychotherapy & Consulting; Alexis Richards, Montefiore Medical Center; Jessica Van Huysse, University of Michigan; Kristen Anderson, Chicago Center for Evidence Based Treatment; Francesca Golfin, Wise Pinch Nutrition; Laura Pascoe, Michigan State University

Leveling Up Your Private Practice

Abstract: Across health systems worldwide, most eating disorder clinicians work in private or independent outpatient practices rather than within academic or corporate structures (Conti et al., 2025, Setnick et al (2022, Liu et al., 2025). Depending on the country of origin and the health care system, in many regions, academic centers are overburdened and often limited to high-acuity cases, leaving the majority of patients to seek care within private practice settings (Johns, Taylor & Tan, 2018). Private practices can lack the integrated ecosystems found in academic and corporate systems—such as interdisciplinary teams, embedded consultation structures, and research partnerships—which can make it harder to sustain the same level of systemic collaboration, opportunities for training, cross-disciplinary feedback, and coordinated care that lead to delivering the highest standard of evidence-based care for their patients. (Leventhal et al, 2021; Miu et al, 2022; Spiel et al 2025) This then raises the question: How can private practice clinicians of all disciplines enhance their work in a private practice setting so that patients get the best care possible? How do outpatient clinicians build academic-caliber systems when working independently, such as receiving proper training, developing multidisciplinary teams, measuring outcomes, finding consultative support, and creating research collaborations? Our panelists, representing private practices across multiple countries, will discuss their experiences implementing evidence-based care in non-academic settings, provider-owned practices.

Learning Objectives

- Describe two strategies for identifying collaborating colleagues and building multidisciplinary teams.
- Define two methods for ensuring adherence to evidence-based interventions.
- Describe how to establish consultation and peer support sytems that are essential to sustain clinical quality in private practice.

Authors: Lauren Muhlheim, Eating Disorder Therapy LA; Sarah Altman, Eating and Behavioral Health Associates; Lucene Wisniewski, Center for Evidenced Based Treatment Ohio; Kristen Anderson, Chicago Center for Evidence Based Treatment;

Anita Federici, The Centre for Psychology and Emotion Regulation; Eva Trujillo-ChiVacuan, Comenzar de nuevo

Men, muscles, and disordered eating: Where we have been and where we are heading

Abstract: Starting from a young age, boys and men are bombarded with representations of highly idealized muscular and lean male bodies. In addition to eating disorders, muscularity-oriented eating and body image disturbances may reach severity levels consistent with muscle dysmorphia (classified as a specifier of body dysmorphic disorder). This is a particularly timely concern, given that muscle-building behaviors (e.g., energy/workout supplement use, compulsive weightlifting, anabolic steroid use) have become more common in boys and men. Moreover, many boys and men also exhibit muscularity-oriented disordered eating (e.g., protein overconsumption, intentional eating beyond fullness, engaging in cheat meals/days, cycles of 'bulking' and 'cutting'). Emerging research highlights the importance of cross-cultural considerations, as well as factors that may heighten vulnerability in specific marginalized populations. Critically, there remain significant research and clinical gaps for muscularity-oriented disordered eating and muscle dysmorphia, warranting greater attention. This panel presentation, co-sponsored by two SIGs (i.e., Males & Eating Disorders; Gender, Sex, and Sexual Orientation), will provide attendees with contemporary knowledge and address future directions on muscularity-oriented eating and body image disturbances. It will begin with concise overviews of core topic areas by the four presenters (~45 minutes). First, Dr. Lavender will define muscularity-oriented disordered eating and muscle dysmorphia, and provide a brief overview of assessment considerations for boys and men. Dr. Ganson will then review the epidemiology and risk factors of muscularity-oriented eating and body image disturbances. Dr. Barnhart will discuss multicultural considerations for sexual and gender minority individuals, including gender/sexual minority and within-community stressors. Finally, Dr. He will discuss cross-cultural considerations, including findings from research in the Chinese context and comparative studies with U.S. adults. Collectively, the panelists will discuss next steps in research, prevention, and clinical intervention to enhance our understanding of muscularity-oriented eating and body image disturbances. Following these brief presentations, the remaining time (~45 minutes) will be allotted to an interactive panel discussion, facilitated by the chair (Dr. Nagata), during which attendees will be invited to ask questions of the panelists.

Learning Objectives

- To understand the nature and assessment of muscle dysmorphia and muscularity-oriented eating and body image disturbances in boys and men
- To describe the scope of and risk factors for muscularity-oriented eating and body image disturbances
- To review unique, multicultural considerations for muscularity-oriented eating and body image disturbances

Authors: Jason Nagata, University of California; Jason Lavender, Uniformed Services University of the Health Sciences; Kyle Ganson, University of Toronto; Wesley Barnhart, Suffolk University; Jinbo He, Xi'an Jiaotong-Liverpool University

Intersections between Cannabis Use and ARFID: Clinical, Medical, and Treatment Considerations

Abstract: Co-occurring avoidant/restrictive food intake disorder (ARFID) and cannabis use present unique medical and treatment complications, such as increased risk for malnutrition (e.g., as seen in cannabis hyperemesis syndrome) and reliance upon cannabis to stimulate appetite or relieve nausea. Although there is currently a dearth of research characterizing the co-occurrence of ARFID and cannabis use, one study suggested individuals with ARFID were 2.4 times more likely than those with other eating disorders to use cannabis daily, and clinicians have reported encountering this overlap more frequently. Despite increasing rates of cannabis use among individuals with ARFID, there is little empirical or clinical guidance on how cannabis interacts with ARFID's sensory, fear-based, and appetite-related pathways, which can have serious impacts on treatment outcomes. This gap has significant implications for assessment, medical safety, and treatment sequencing, making dedicated exploration of this intersection both timely and essential. With this need in mind, the ARFID and Substance-Related and Addictive Disorders SIGs present an interactive panel specifically highlighting the co-occurrence of cannabis use and ARFID. Through a series of four lightning talks followed by facilitated conversation, participants will: 1) learn about clinical context for ARFID and cannabis use; 2) become familiar with the clinical presentation of ARFID subtypes and overlap with cannabis use; 3) develop an understanding of medical considerations and physiological effects in this co-occurring presentation; and 4) gain insight into how to integrate this information into realistic clinical application. Panel members will facilitate interactive discussion between each lightning talk and throughout the second half of the panel. Attendees should expect to leave with increased awareness of the overlapping mechanisms between ARFID and cannabis use, medical and physiological impacts of this overlap, and greater confidence in treatment planning for clients presenting with co-occurring ARFID and cannabis use.

Learning Objectives

- Provide overview of clinical presentation and overlapping mechanisms of ARFID subtypes and cannabis use.
- Review medical and physiological considerations for cannabis use and ARFID.
- Identify best practices for effective treatment of ARFID and cannabis use.

Authors: Gabrielle Pero, University of California San Diego Health Eating Disorders Center for Treatment and Research; Brittany Bohrer, University of California San Diego Health Eating Disorders Center for Treatment and Research; Eva-Molly Petitto Dunbar, University of California San Diego; Nadia Micali, University of Copenhagen; Anna Karam

Jones, University of California San Diego Health Eating Disorders Center for Treatment and Research

Translating the management of exercise in eating disorders across cultures, language and setting

Abstract: Maladaptive movement, a pathological relationship movement, is near ubiquitous in people with an eating disorder (ED). Risks of maladaptive movement include cardiac complications, stress fractures, and relapse, and poorer prognosis. Attitudes toward exercise and its role in a healthy lifestyle differs cross-culturally; yet the impact of this sociocultural lens on our relationship with movement is often overlooked.Talk 1: We set the scene with a qualitative study of clinicians and researchers across five countries (Australia, Canada, Norway, Spain and U.S.), investigating the intersection between culture and exercise among ED professionals. Via focus groups and interviews we identify emergent themes for each location before merging cross-site data to elucidate meta-themes. Meta-themes include national identities of exercise, fear about return to movement in ED treatment and the need for individualized approaches.Talk 2: Despite the rates of maladaptive movement in ED, there is no standard approach on how or when patients can safely return to movement. In 2018, we developed the Safe Exercise at Every Stage (SEES) guideline to augment clinical decision- making in return to exercise during ED treatment. However, SEES is currently only available in English limiting their uptake. Our second talk outlines the translation and adaptation of SEES for a Spanish population. Bilingual members of the research team with expertise in exercise and ED conducted translation considering cultural adaptations from.Talk 1. Spanish- speaking clinicians, researchers, and experts by experience reviewed the document to provide final modifications. The SEES-Spanish guidelines are a vital step to improve evidence-based care for people in Spain with an ED.Talk 3: Decades of research indicate that nutritionally supported and supervised exercise can address maladaptive movement without worsening ED symptoms or interfering with weight gain. Yet, many providers report hesitancy in facilitating return to exercise with their patients. We examined the feasibility and efficacy of resistance training and aerobic exercise in patients with an ED. We synthesize findings including post- treatment reductions in ED symptoms and maladaptive movement and improved fitness markers. We end the symposium with discussion of steps to promote safety and address shame/stigma in return to exercise and facilitate a broader understanding of maladaptive/ adaptive movement among attendees via a cross-cultural lens.

Learning Objectives

- Discuss the role of culture in determining our relationship with movement and how this may influence our integration of return to movement in patients with an ED
- Outline steps to conduct a culturally-competent translation and adaptation of clinical guidelines

- Consider how to effectively integrate return to movement interventions in your clinical or research setting

Authors: Danika Quesnel, University of Toronto; Solfrid Bratland-Sanda, University of South-Eastern Norway; Maria Fernandez-del-Valle, University of Oviedo; Marita Cooper, Children's Hospital of Philadelphia

Impact of Community-Based Interventions on Addressing Eating & Body Image Concerns

Abstract: The objective of this SIG panel will be to explore the value and impact of community-based interventions for women of color experiencing disordered eating and body image concerns. Research highlights that women with intersecting marginalized identities face elevated risk due to macrosystemic factors (structural racism, patriarchy), exosystemic influences (media, acculturative stress), and microsystemic dynamics (family, peers). Evidence supports the efficacy of group-delivered, dissonance-based, and peer-facilitated programs in reducing body dissatisfaction, internalized appearance norms, and eating pathology among racially and ethnically diverse women. Culturally informed frameworks and interventions that address acculturative stress, gendered racial microaggressions, and culturally specific appearance ideals are essential for meaningful engagement and improved outcomes. Panelists will discuss the current research as well as their professional experience on how inclusive, community-driven models—particularly those that incorporate cultural context and intersectionality—can foster resilience, reduce self-silencing, and promote body acceptance. The session will also address gaps in current assessment tools and the need for culturally congruent screening and support. Overall, the panel will emphasize that community-based, culturally sensitive interventions are critical for addressing the complex, multi-level determinants of eating and body image pathology in women of color and will highlight opportunities for future directions for research and practice.

Learning Objectives

- 1.Describe 2 unique sociocultural factor that influences eating and body image issues in women of color.
- 2.Identify one evidence-based strategy for designing and implementing community-based interventions for women of color
- 3.Recognize one gap or limitation in current eating disorder intervention approaches for women of color

Authors: Lesley Williams, Mayo Clinic

Transforming Access to Evidence-Based Treatment for Binge Eating: Digital Innovations in CBT-E

Abstract: Expanding access to treatment for binge-eating disorder (BED) is a pressing global priority. Although Enhanced Cognitive Behavior Therapy (CBT-E) is an established, effective and transdiagnostic treatment, many individuals remain untreated due to limited therapist availability, service capacity, and geographic and financial barriers. In alignment with ICED 2026's theme, this SIG-sponsored panel explores how digital innovations in CBT-E can bridge cultural and systemic divides by expanding access to care across diverse populations and service contexts.

Study 1 presents findings from a randomized controlled non-inferiority trial comparing 12 sessions of digital Guided Self-Help CBT-E with therapist-led CBT-E for adults with BED. Digital CBT-E was non-inferior to therapist-delivered CBT-E in reducing binge-eating frequency and associated psychopathology, providing strong support for the efficacy of digitally delivered treatment. Building on these findings, a study protocol is presented using trained non-therapists to provide structured guidance, assessing whether outcomes can be maintained while enhancing scalability.
Presenter: Ella van Beers and Elske van den Berg, Novarum, Netherlands

Study 2 reports findings from a real-world mixed-methods evaluation conducted within a specialist eating disorder National Health Service (NHS) service in the United Kingdom. The supported, digital program-led version of CBT-E was offered to patients who self-reported features consistent with binge-eating disorder. Treatment was feasible, acceptable, and associated with improvements in binge eating, eating-disorder psychopathology, and mood. Feedback highlighted accessibility and flexibility, alongside challenges for those with more complex presentations.
Presenter: Emma Osborne, CREDO, Oxford

Study 3 outlines the protocol for an ongoing feasibility randomized controlled trial comparing compares supported (guided) digital CBTe with a wait-list control. The study was designed with involvement from experts by experience, including a group focused on improving participation among people from ethnically minoritised and faith-based communities. This collaborative approach aims to foster evaluations that reflect the diverse needs and preferences of those experiencing binge eating.
Presenters: Rebecca Murphy, CREDO, Oxford and Expert by Experience Contributor [TBC]

Chairs: Catherine Drury & Suzanne Bailey-Staebler

Learning Objectives

- Understand the latest empirical evidence supporting digital versions of Enhanced Cognitive Behavior Therapy

- Identify challenges in implementing and evaluating digital versions of CBT-E across clinical settings
- Recognise future opportunities for developing inclusive and scalable digital treatments for binge eating

Authors: rebecca murphy, University of Oxford; Catherine Drury, Montefiore Medical Center | Albert Einstein College of Medicine; Suzanne Straebler, Department of Psychiatry, Weill Cornell Medicine; New York Presbyterian Hospital; Ella van Beers, Novaum; Elske van den Berg, Novarum Centre for Eating Disorders; Emma Osborne, CREDO, Dept of Psychiatry, University of Oxford

Educational Session | Workshop

Getting Back to Basics: The Nuts and Bolts of Exposure Therapy for Eating Disorders and Anxiety

Abstract: Eating disorders and anxiety-based disorders (including PTSD and OCD) commonly co-occur. Successful treatment of an eating disorder sometimes yields concurrent remission of comorbid anxiety, but not for all patients. In these cases, it is beneficial for eating disorder therapists to be well armed to treat anxiety directly. Although exposure therapy is widely recognized as one of the most effective strategies for reducing pathological anxiety in both eating and anxiety-based disorders, remarkably few clinicians utilize this technique and even fewer optimize it. Exposure can be delivered in everyday practice; yet it often is delivered in ways that omit key elements, with a resulting loss of effectiveness. One reason commonly given for this omission is the clinician's fear of distressing the patient. This workshop will detail the rationale for using exposure for comorbid anxiety – how it works, and why it depends on both the patient and the therapist tolerating their own anxiety and overcoming their joint safety behaviors. Case examples will be used to illustrate how to introduce, deliver and build on exposure in real-life settings, so that we can treat comorbid anxiety with maximum effectiveness.

Learning Objectives

- Describe key steps in implementing exposure for comorbid anxiety
- Identify patients' avoidance and safety behaviors
- Identify clinicians' avoidance and safety behaviors and how they interact with those of patients

Authors: Carolyn Becker, Trinity University; Glenn Waller, The University of Sheffield

What is an "ideal body weight"? Using weight-inclusive approaches across the lifespan

Abstract: Establishing an “ideal body weight” (IBW) has long been part of dietetics and medical approaches in treatment for malnutrition and eating disorders. However, such practices are culturally imbedded in histories of scientific racism and weight bias, utilizing inadequate and outdated statistical methodologies. In this work, we briefly review historical and cultural context for the development of IBW methodologies from sociological and statistical perspectives. We discuss currently-utilized methods and their benefits and consequences in clinical context across levels of care. Finally, we suggest an approach to individualizing IBW based on a holistic interpretation of “healthy weight” that emphasizes body diversity and psychological, medical, and social aspects of eating disorder recovery. Workshop participants will learn how to incorporate these approaches into their practice with interactive case studies and roleplaying exercises.

Learning Objectives

- Identify and explain cultural and historical factors that influence the identification of “ideal” bodies.
- Identify, utilize, and explain different methods for establishing “ideal body weight”.
- Identify, utilize, and explain individualized approaches to identifying eating disorder recovery in bodies of all shapes and sizes.

Authors: Rebecca G. Boswell, Penn Medicine Princeton Center for Eating Disorders; Jenna Deinzer, Penn Medicine Princeton Center for Eating Disorders

A Booster Dose of Family Treatment During Inpatient Care

Abstract: Although family-based treatment (FBT) for eating disorders is the leading evidence-based treatment for pediatric eating disorders, it remains agnostic about the parenting skills that may best address highly anxious, aggressive, and oppositional behavior in children with eating disorders. We will present an interactive training on our new integrative approach to a “booster dose” of FBT delivered in an inpatient treatment setting that incorporates evidence-based treatments targeted at parents, including Parent Management Training (PMT) and Supporting Parenting for Anxious Childhood Emotions (SPACE). These treatment targets two areas of parental skills that may enhance child treatment outcomes: (1) parental communication and reinforcement contingencies, and (2) accommodation of child anxiety/distress. This workshop will briefly review the existing literature on parent-factors that may impact treatment outcomes, including family communication styles and accommodation patterns in the context of eating disorders, and including our outcome data with this approach. Then, we will review ways to assess and build a care plan that integrates parent-targeted evidence-based treatments. We will review a case series highlighting how intensive parent-targeted treatment during pediatric eating disorder care can promote eating disorder recovery even in the context of complex family history and pediatric behavior. Finally, we will engage in roleplaying and training exercises to support clinicians in implementing these interventions into practice across levels of care.

Learning Objectives

- Following this presentation, participants will be able to identify, utilize and explain, the key components of evidence-based treatments including Family Based Treatment (FBT), Parent Management Training (PMT), and Supporting Parenting for Anxious Childhood Emotions (SPACE).
- Following this presentation, participants will be able to identify, utilize and explain how evidence-based treatments that target parental behavior management skills and parental accommodation of child anxiety can be incorporated into eating disorders treatment including for highly anxious, aggressive, and oppositional children.
- Following this presentation, participants will be able to identify, utilize and explain concrete ways to support parents whose children are in treatment for an eating disorder by utilizing evidence-based treatment frameworks.

Authors: Rebecca G. Boswell, Penn Medicine Princeton Center for Eating Disorders; Susan Murray, Princeton Center for Eating Disorders, Penn Medicine Princeton Hospital

Ready for It? Considerations for Implementing Augmented Intelligence in Eating Disorder Care

Abstract: With the rapid growth of artificial intelligence (AI) in recent years, the integration of AI technologies into clinical eating disorder (ED) practice appears inevitable. While understandable concern and hesitancy exist, particularly towards tools that aim to replicate or replace the work of clinicians, thoughtfully implemented augmented intelligence approaches can enhance clinical expertise. Such tools hold promise for improving efficiency, patient outcomes, and clinician experience; however, realizing this potential depends on navigating their ethical challenges and safety issues. Thus, this workshop will dive into the practical implementation of AI tools to support treatment and clinical decision-making in ED care settings. The session will begin with an overview of potential applications of AI in ED treatment and then narrow its focus on AI-assisted clinical documentation as a case example, given its relatively lower risk and high clinical relevance. A brief review of the literature on AI-assisted documentation will be provided, outlining observed benefits and limitations, while also acknowledging the dearth of ED-specific evidence or guidelines. Next, participants will be invited to identify key considerations for selecting and implementing AI tools and examine how these insights align with existing AI evaluation tools and frameworks. The discussion will highlight similarities and differences across these evaluation tools, noting potential gaps and unique considerations for ED contexts. The final segment of the session will turn to implementation science frameworks that can be used to support the safe and effective adoption of AI tools by guiding processes, identifying key factors, and evaluating outcomes. Participants will apply these frameworks to a real-world scenario, leveraging a framework-specific planning instrument to assess fit within the clinical context, identify barriers and facilitators, and consider how to evaluate impact. Interactive elements (e.g., polling, discussion, small-group activities) and case examples will be used throughout

the session to capture participant ideas, illustrate concepts, and foster engagement. The session will offer participants an opportunity to reflect on the challenges and ethical implications of using AI in ED treatment and provide them with concrete strategies for responsibly evaluating and implementing AI tools in their own practice.

Learning Objectives

- Summarize existing literature on AI-assisted clinical documentation in general healthcare, mental health, and ED-specific settings.
- Establish key considerations for selecting and implementing AI tools in ED treatment, with reference to existing AI evaluation tools and frameworks.
- Describe three commonly used implementation science frameworks and apply these tools to support the safe and effective adoption of AI technologies in clinical practice.

Authors: Rebecca Brumm, Within Health; Caitlin Shepherd, Within Health; Hannah Wolfe, Within Health

The Adapted Biosocial Theory: A Cultural and Clinical Lens for MED-DBT in Adolescents

Abstract: Eating disorder (ED) treatments are often siloed, leaving adolescents and their families confused by fragmented care models that fail to account for the complexity and diversity of real-world presentations and system level complexities. This 90-minute workshop introduces the adapted biosocial theory of MED-DBT, a multi-systemic, culturally aware conceptual framework designed to help clinicians connect the dots between biology, social learning, and chronic invalidation. Developed by Federici and Wisniewski, the MED-DBT model offers a compassionate, evidence-informed path forward for adolescents with co-occurring EDs, suicidality, autism spectrum conditions, trauma, and more. We will further consider the MED-DBT application to young adults and their natural support network.

Participants will learn how this adaptation integrates genetic and metabolic vulnerabilities (e.g., sensory sensitivities, energy dysregulation, altered hunger signals) with invalidating environments (e.g., diet culture, medical trauma, identity-based stigma), and how this "perfect storm" fuels and maintains ED symptoms across cultural and family contexts. Particular focus will be placed on interventions that help families validate neurobiological realities while supporting change, and on clinical strategies that strengthen commitment to recovery in adolescents and young adults who have lost hope in traditional care.

Using lecture, case vignettes, small group reflection, and practice-based dialogue, attendees will walk away with tools to introduce the adapted biosocial theory in a

collaborative, culturally sensitive way, while supporting both caregivers and adolescent and young adult clients to feel seen, respected, and understood.

Learning Objectives

- Describe the adapted biosocial theory for multidiagnostic eating disorders and its clinical relevance for adolescents and young adults.
- Identify how neurobiological and metabolic factors intersect with invalidating environments, including those shaped by culture, identity, and care systems.
- Apply culturally sensitive strategies for introducing the adapted biosocial theory to caregivers, adolescents, and young adults during treatment.

Authors: Anita Federici, The Centre for Psychology and Emotion Regulation; Gina Dimitropoulos, University of Calgary

Building Treatment Capacity for Eating Disorders and Muscle Dysmorphia in Boys and Men

Abstract: Recent, soon-to-be-published, research conducted by the workshop presenters outlines concerning statistics regarding the capacity of outpatient psychotherapists to treat boys and men with eating disorders or muscle dysmorphia. Specifically, this research suggests that more than two-thirds of over 250 outpatient psychotherapists in Canada and the United States possess limited or no knowledge of eating disorders or muscle dysmorphia among boys and men. Additionally, over seventy-five percent report a lack of confidence in providing treatment for these conditions within this population. It is noteworthy that very few psychotherapists received formal training specifically related to eating disorders and muscle dysmorphia among boys and men during their graduate or postgraduate education. Together, these data highlight a significant deficiency in the clinical training of psychotherapists, which undoubtedly adversely affects the lives and well-being of boys and men receiving clinical care. This issue is particularly salient given that one in seven males will experience an eating disorder by the age of forty, and recent evidence suggests that between 2% and 3% of boys and men meet the clinical criteria for muscle dysmorphia. Since outpatient psychotherapy is often the predominant form of treatment for these conditions, it is imperative that psychotherapists acquire the necessary training to deliver effective treatment to these clients. Moreover, eating disorders present in unique and complicated ways among boys and men, differing from other gender groups, which necessitate specialized knowledge for comprehensive assessment and treatment. This includes a specific focus on the muscular body ideal, masculinity and gender norms, and addressing issues of stigma and shame that frequently arise within these populations. This 90-minute interactive workshop is designed to enhance psychotherapists' knowledge and confidence in effectively assessing, engaging, and treating boys and men with eating disorders and muscle dysmorphia. Experiential learning activities will enliven the didactic content and are designed to bridge gaps in current training, which

often lack sufficient focus on boys and men, with a particular emphasis on symptom presentation, assessment, and gender-responsive interventions.

Learning Objectives

- Participants will be able to describe the unique symptoms and presentations of eating disorders and muscle dysmorphia in boys and men, distinguishing them from those in other gender groups.
- Participants will demonstrate effective, gender-responsive assessment and intervention strategies tailored for boys and men, considering the impact of masculinity and gender norms.
- Participants will improve confidence in treating boys and men with eating disorders and muscle dysmorphia by applying learned techniques through experiential learning activities, case-based group work, and role play.

Authors: Kyle Ganson, University of Toronto; Douglas Bunnell, Private Practice

Supporting Those Who Support Others: Evolving Carer Interventions Across Cultures and Modalities

Abstract: Workshops for carers supporting a loved one with an eating disorder improve carer wellbeing and patient outcomes, and can be adapted in innovative ways to benefit more diverse groups of carers supporting individuals with all subtypes of eating disorders, comorbid mental and physical health conditions, and neurodivergence. In this workshop, we will outline the rationale for supporting carers to develop evidence-based skills and share data and experience from two countries (United Kingdom, Netherlands) that have adapted the New Maudsley Collaborative Care Model. In the United Kingdom, online delivery during the COVID-19 pandemic was associated with significant reductions in carer distress and burden and increased confidence in supporting recovery. In the Netherlands, linguistic and cultural adaptation enhanced accessibility and engagement, with outcomes comparable to in-person delivery. A one-day intensive model integrating measures of autism traits and anxiety showed that higher anxiety predicted greater benefit, while elevated autism traits indicated a need for modified pacing and sensory considerations. Alongside these data, we will also highlight findings from Norway and Spain which have demonstrated feasibility of national implementation with strong participant satisfaction. Having investigated these outcomes, we will hear from lived experience facilitators about their role delivering carers' workshops. Workshop participants will discuss how they have, or could further, develop and adapt workshops and delivery methods to better meet the needs of carers, including those supporting individuals with avoidant/restrictive food intake disorder, binge-spectrum disorders, and neurodivergent profiles. We will use AI transcription to record and summarise discussions, supporting the facilitation team to identify future research priorities, service innovations, and lived-experience-informed strategies to broaden the reach and impact of carer workshops globally.

Learning Objectives

- Following the training, participants will be able to describe the evidence base for carer workshops and explain how these interventions improve carer wellbeing and patient outcomes.
- Following the training, participants will be able to compare international adaptations of the New Maudsley Collaborative Care Model across cultural, linguistic, and clinical contexts.
- Following the training, participants will be able to reflect on future iterations of carer workshops in their own settings that could be developed to better serve carers in those contexts.

Authors: Amy Harrison, University College London; Lot Sternheim, Utrecht University

Multidisciplinary ARFID Treatment: Two Approaches to Reduce Barriers to Care

Abstract: Avoidant/Restrictive Food Intake Disorder (ARFID) was introduced as a new eating disorder in the DSM-5 in 2013, and over time there has been a surge in ARFID diagnoses. This increase in diagnosis is multifactorial and likely due to increased awareness, broad diagnostic criteria, a high co-occurrence with other disorders, increased access to telehealth services, or social factors. While increased awareness is overall positive, the growing number of ARFID referrals has challenged traditional eating disorder service models, revealing critical gaps in assessment, coordination, and access. Specifically, there is a lack of comprehensive treatment options for ARFID patients. Patients are often referred to specialty eating disorder clinics from a wide range of professionals without proper assessment, leading to an influx of young people with complex presentations. There is also a lack of options for higher levels of care regardless of insurance coverage, leading to an increased burden on outpatient clinics. Increased referrals to eating disorder clinics and lack of multidisciplinary treatment options can lead clinics to be overwhelmed with the volume of ARFID referrals. The increased volume can put a strain on clinics and create longer wait lists for patients with all eating disorders. These system pressures necessitate creative, multidisciplinary models that can meet rising demand while maintaining high-quality, evidence-based care.

Our eating disorder clinic is part of a large children's hospital in the Midwest. Approximately 10-20% of our referrals are patients who need an ARFID assessment. Due to the influx of patients and limited availability of both medical and mental health providers, we have implemented different multidisciplinary strategies for managing these patients: a one-day multidisciplinary ARFID clinic and a six-week ARFID group for patients and caregivers. This workshop aims to share multidisciplinary models developed within our children's hospital to improve ARFID treatment and care coordination, and to invite providers to brainstorm how these strategies may be used in their unique settings. We will include a brief lecture, group discussion, audience polls, think-pair-share, experiential activities, and case studies to offer an interactive and

welcoming space for providers from all disciplines to create practical strategies to address the growing issue of increased ARFID referrals.

Learning Objectives

- Identify common barriers to timely and effective ARFID treatment across medical and mental health settings and describe how multidisciplinary care can reduce those barriers
- Learn about evidenced-informed, multidisciplinary approaches of an integrated ARFID clinic and a six-week caregiver-patient group, and discuss lessons learned during implementation, outcomes, and sustainability in real-world settings
- Learn about practical, transferable strategies and generate ideas on how providers can enhance ARFID care in their own clinical settings

Authors: Kelly Horn, Ann & Robert H. Lurie Children's Hospital of Chicago; Lance Nelson, Golisano Children's Hospital; Katrina Obleada, Ann & Robert H. Lurie Children's Hospital/Northwestern University Feinberg School of Medicine; Ariela Kaiser, Ann and Robert H. Lurie Children's Hospital of Chicago

Exposure in CBT: Don't Avoid It, Do It!

Abstract: The Dutch Association for Cognitive Behavioral Therapy, Eating Disorders Section, is organizing this workshop to address exposophobia (fear of using exposure). CBT treatments are evidence-based for all eating disorders: Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), and Avoidant/Restrictive Food Intake Disorder (ARFID). Techniques such as weighing, keeping a food diary, and exposure are crucial components of these treatments. The effectiveness of these treatments is strongly associated with the quality of their execution. The tendency to deviate from established protocols, termed 'therapist drift,' has been observed to occur for a number of reasons.
In this workshop, we will first: Review various specific eating disorder CBT (exposure) techniques, including body exposure, weighing, mirror exposure, and food exposure (15 minutes). And then: Discuss the current research on therapists' avoidance of these techniques (10 minutes).
Prior research has shown that therapist avoidance often involves skipping the exposure-based parts of the therapy, such as weighing, food exposure, and behavioral experiments. This may be due to the clinician’s anxiety about burdening patients with difficult tasks, discomfort with the techniques themselves, and sometimes a lack of optimism regarding the techniques for patients with a long treatment history.
Next, we will divide the workshop participants into sub-groups and assign the following tasks:
Discuss your knowledge of/history in training for the CBT techniques and specific eating disorder groups (5 minutes).

Discuss your own avoidance: Which techniques do you avoid, why, and when? (10 minutes).
Choose a technique you tend to avoid and collaboratively discuss how to turn it into an effective exposure exercise (10 minutes).
Role-plays in which participants practice with the technique chosen in step 3 (15 minutes).
Afterward, we will bring the group back together to discuss the experiences (10 minutes).
We will conclude with a discussion about whether you can go too far with exposure exercises. We will discuss ethical considerations in the use of exposure techniques. Using vignettes, we will analyze the boundaries of exposure assignments (15 minutes).

Learning Objectives

- Develop awareness of exposophobia.
- Create effective exposure exercises.
- Reduce their own exposophobia.

Authors: Alberte Jansingh, Altrecht; Elke Wezenberg, GGNet Amarum; Klaske Glashouwer, Accare; Bernou Melisse, American Center Abu Dhabi; Diana Kroes, SeysCentra

Collaborative Treatment of Athlete Eating Disorders: Interdisciplinary Return-to-Sport Workshop

Abstract: Athletes represent a population at elevated risk for eating disorders (EDs), with prevalence rates up to 19% in males and 45% in females. Performance identity, rigid exercise rules, and fueling misconceptions contribute to Relative Energy Deficiency in Sport (RED-S), increased injury risk, and impaired psychological recovery. Despite growing evidence supporting athlete-focused interventions, few clinicians receive formal training in addressing dysfunctional exercise or the safe reintegration of movement from ED higher levels of care through return to competitive sport, including at the high school and collegiate levels. Building upon data from athlete-specific programming delivered within partial hospitalization and intensive outpatient adolescent and adult ED programs, this workshop will translate empirical findings into practical interdisciplinary strategies. The evaluation of this specialized programming included 182 adolescents and adults who self-identified as athletes. Participants demonstrated significant reductions in dysfunctional exercise, ED symptoms, ED-related impairment, depression, and anxiety, with the most significant gains between admission and one month of treatment, and maintenance through one-year follow-up. These outcomes highlight the feasibility and safety of structured athlete interventions within higher levels of care. This 90-minute interactive workshop will guide attendees through applied training in interdisciplinary communication, treatment planning, and athlete-specific recovery approaches. Through

case conceptualization, clinician-athlete role-play, and group exercises, participants will learn to identify psychological, nutritional, and cultural drivers of dysfunctional exercise; adapt language to support athlete identity without reinforcing pathology; and implement evidence-based reintroduction of movement and fueling plans that promote both recovery and performance in higher levels of care and return-to-sport environments. Trauma-informed, weight-inclusive, and culturally responsive frameworks will be integrated throughout, focusing on gender-diverse and underrepresented athlete populations. This session will equip clinicians, dietitians, and allied health professionals with actionable tools to support safe return to sport and strengthen interdisciplinary collaboration in ED care

Learning Objectives

- Identify the key psychological, nutritional, and cultural factors that contribute to exercise compulsion and Relative Energy Deficiency in Sport (RED-S) among athletes.
- Apply evidence-based, interdisciplinary strategies to support safe exercise reintegration and recovery from eating disorders.
- Demonstrate effective communication and treatment alignment across disciplines through clinician-athlete role-play and case conceptualization.

Authors: Krissy Ladner, San Diego Sports Nutrition; Herbalife; Eva-Molly Petitto Dunbar, University of California San Diego

Choosing Treatment that Fits

Abstract: The pandemic ushered in the age of telemedicine, reshaping how eating disorder treatment is delivered and presenting opportunities to expand access to care and increase the percent of people who get care for an eating disorder beyond the typical 20-30% frequently cited statistic. What is not changing is the need for evidence-based public advocacy messages aimed at helping families and individuals understand what eating disorder care entails. While the opportunity for expansion has increased access for some, it has also introduced new complexities for individuals, loved ones, and providers. Amid these shifts, individuals, families and clinicians have expressed growing concern about one-size-fits-all messaging that overlooks important clinical factors such as a patient's acuity, age, life circumstances, and support system. These broad claim messages can be misleading, and in some cases, harmful. Treatment that isn't intensive enough may fail to interrupt the eating disorder and leave a person stuck and sicker than before. Treatment that is not flexible and tailored enough to the individual may be uninviting and unacceptable to individuals and families. When a selected care intervention proves inadequate, individuals and families may feel blindsided, hopeless, or even blamed for not doing enough. The reality is: there is no single path to recovery. Effective care must be personalized and grounded in evidence. In response to these concerns, and in direct answer to calls from the field, the REDC Consortium and the

National Alliance for Eating Disorders has produced a guidebook to shine a light on the evolution of care post-pandemic, discuss the challenges and opportunities that exist, and to equip providers with tools and information to help families and providers navigate a complex and evolving landscape, where treatment options vary widely in structure, intensity, and quality. Offering extensive commentary sourced from across the field, this workshop will highlight these issues and offer tools focused on bringing clarity on what responsible care looks like and how to help the public make thoughtful, informed choices in a time of uncertainty. Most importantly, it aims to expand our collective ability to answer to the question so many patients and families are asking: Is this treatment the right fit for me or my loved one? Bring your thoughts, questions, and open minds to the conversation - as a field we need to tackle these sticky questions together!

Learning Objectives

- Describe common barriers to navigating care selection experienced by individuals and families and strategies to overcome these barriers
- Describe how to recognize evidence-based messaging aimed at expanding access to care as well as potentially misleading messaging
- Describe the contents of a new guidebook for individuals, families, and providers for use in navigating care decisions

Authors: Jillian Lampert, The Emily Program; Johanna Kandel, National Alliance for Eating Disorders

Personalized AI Interventions to Support Adherence In-Between Treatment for Eating Disorders

Abstract: This workshop presents findings from a real-world pilot of Kahani, a Stanford-affiliated digital health platform designed to extend eating disorder care between therapy sessions. Kahani uses a multi-agent conversational AI system to deliver personalized, evidence-based micro-interventions derived from Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT). Each user interacts with distinct “AI agents” supporting emotional regulation, self-regulation, cognitive flexibility, relational skills, purpose and direction, and positive orientation. The platform aims to bridge the “167-hour gap” between formal sessions by offering daily, adaptive support for individuals navigating recovery outside treatment environments. The pilot included 64 participants aged 16–68, recruited through treatment center partnerships, clinician referrals, and social media outreach. Participants engaged with Kahani over a four-week period, with in-app analytics and self-reported outcomes used to assess feasibility, engagement, and perceived progress. Average daily engagement was 7–10 minutes, with 85% four-week retention—significantly exceeding the 25% industry baseline for digital mental health apps. Users reported a 23% average reduction in eating disorder symptom severity on the EDE-Q scale, while “super users” (≥15 minutes/day) demonstrated up to a 60% decrease. Qualitative self-

reports reflected meaningful behavioral and emotional shifts, including longer streaks without purging, the addition of new meals, greater self-awareness of emotional triggers, willingness to try new foods or social contexts, and turning to Kahani instead of harmful coping behaviors when urges arose. The system emphasizes resource-based, non-directive responses that use Socratic questioning to promote safety, autonomy, and privacy rather than advice-giving. Findings highlight the promise of multi-agent conversational AI as a clinically informed, ethically grounded adjunct to standard care. The workshop will include a live demonstration of Kahani's therapeutic architecture and hands-on engagement for therapists to design and implement digital tools that strengthen recovery between sessions.

Learning Objectives

- Identify key design and ethical considerations for integrating multi-agent conversational AI tools into eating disorder treatment and recovery support.
- Apply Kahani's multi-agent framework to improve clinical efficiency, personalization, and continuity of care between therapy sessions.
- Evaluate and adapt best practices for designing and implementing multi-AI conversational systems to maximize engagement, safety, and therapeutic alignment in real-world clinical settings.

Authors: Mehek Mohan, Kahani Health, Stanford, UC Berkeley; Daisy Cephas, PAU-Stanford; Brandon Chaffee, Kahani

CBT for adults with ARFID: exposure - focused on inhibitory learning - for all profiles

Abstract: Avoidant/restrictive food intake disorder (ARFID) is a feeding/eating disorder characterized by selective and/or restrictive eating, which is associated with physical and/or psychosocial problems, in the absence of shape/weight concerns. Three profiles have been described that drive the restriction/avoidance: (1) lack of interest in food/eating, (2) avoidance based on sensory characteristics of food, and (3) concern about aversive consequences.
Cognitive behavior therapy (CBT) has been shown to improve ARFID symptoms in children, adolescents, and young adults. In some of these studies, exposure - based on inhibitory learning - was provided to adolescent patients suffering from ARFID, who suffered from either or several of all the three profiles. This resulted in successful remission in the majority of adolescent patients. Drawing on these results, we developed an adapted treatment protocol for adults as this is still an underrepresented group within ARFID research and treatment. The adult treatment program is being used in clinical practice, for some years now. Meanwhile, we are currently investigating the program, that incorporates these exposure techniques based on inhibitory learning, more systematically in a large prospective, multi-center treatment study in the Netherlands. All major clinical centers for treatment of eating disorders in The Netherlands are

participating in this trial. The research focuses on adult patients with ARFID, characterised by all profiles. Patients may have several types of comorbidity, and being underweight is not an exclusion criterium. In the workshop we will outline the background of the treatment, based on CBT theory. Next, we will practice with case conceptualisations. Then, we will demonstrate and practice exposure with (feared/difficult) food while carrying out all the necessary steps, including the preparation of exposure exercises (i.e., the formulation of expectancies) and the post discussion of the exposure.

Learning Objectives

- Develop a set of catastrophic causal misinterpretations (CCMs/expectancies) for all ARFID profiles
- Understand (and explain) the rationale behind exposure to a patient with ARFID
- Carry out an exposure with a feared food, including all the necessary steps

Authors: Sandra Mulkens, Maastricht University; Malou Masereel, Maastricht University

Embodied Recovery: Integrating Psychomotor Therapy in Eating Disorder Treatment

Abstract: Movement awareness and body oriented therapies are internationally recognized as particularly well-suited for the treatment of eating disorders as they facilitate the connection between body and self. These approaches are frequently incorporated as complementary interventions within the multidisciplinary treatment frameworks.
Psychomotor Therapy (PMT) is a body-oriented, experiential intervention that integrates movement and bodily awareness into the psychotherapeutic treatment of eating disorders. Recognized in the Dutch multidisciplinary guidelines as a recommended complementary treatment component, PMT targets core maintaining mechanisms such as body image disturbance, emotional dysregulation, and dysfunctional exercise behavior.
This 90-minute interactive workshop aims to deepen participants' understanding of the theoretical and empirical foundations of PMT and to translate these into practical, experiential learning. Recent scientific developments form the theoretical backbone of this session.
The workshop is structured around three central pillars: (1) Body Experience addressing distorted body image and negative body perception through experimental exercises; (2) Emotion Regulation aimed at recognizing, expressing and tolerating emotions through movement and body awareness and (3) Healthy Exercise Behavior supporting balanced activity patterns by addressing both compulsive exercise and movement avoidance.
The session begins with a concise didactic introduction (20 minutes) that links current research and clinical frameworks to PMT practice. This is followed by three experiential

segments (20 minutes each) focused on Body Experience, Emotion Regulation and Healthy Exercise Behavior In each segment, exercises from clinical practice are demonstrated, allowing participants to actively experience the approach themselves. Participants also gain theoretical and embodied insight of how PMT principles can be applied across diverse treatment settings.
The workshop concludes with an integrative discussion on how recent research into experiential, body-oriented interventions reinforces their value within multidisciplinary eating disorder care.

Learning Objectives

- Following the workshop, participants will be able to describe the theoretical and empirical foundations of Psychomotor Therapy (PMT) in the treatment of eating disorders.
- Following the workshop, participants will be able to actively engage in and reflect on experiential PMT methods related to Body Experience, Emotion Regulation, and Healthy Exercise Behavior, gaining embodied insight into their clinical application.
- Following the workshop, participants will be able to evaluate the relevance of recent embodiment research and how body-oriented interventions can contribute to multidisciplinary care for individuals with eating disorders.

Authors: Aurelie Nieuwenhuijse, Emergis Network EEN; Marjon Voskamp, GGnet Amarum

Can't They Lose Weight In a Healthy Way? Critical Discourse on Weight Management in Eating Disorders

Abstract: Recent literature has reignited discourse integrating eating disorders (EDs), weight management (WM), and public health. With rapidly proliferating pharmacological, surgical, and psychological interventions for WM, many are wondering if and how to best integrate such tools into ED care. While integrating WM components to ED care has been considered by some to be "too risky" due to the potential of triggering pathological restriction and/or ED cognitions, other researchers and clinicians assert that medically-supervised WM may improve both metabolic health and EDs. Much of this framing reasserts long-standing weight-normative interpretations of WM literature, and risk perpetuating stigma and care inequities.

This presentation offers a scholarly rebuttal to such approaches, grounded in evidence-based weight science and fat studies frameworks, weight-inclusive health paradigms, and the lived experiences of those with EDs across the weight spectrum. In the first half of the workshop, speakers will draw upon current empirical literature and lived experience perspectives to examine how WM approaches to EDs conflate weight with pathology, ignore the metabolic harms involved in maladaptive weight control behaviors,

and reproduce moral hierarchies around food, weight, and health behaviors. We argue that such narratives fail to respond to critical weight science critiques of the pathologization of body size, conflating body size with poor metabolic outcomes, and underestimate iatrogenic harms by 1) the selection of which ED behaviors to measure and pathologize, 2) re-defining some ED outcomes as “desirable” based on body size, 3) failing to acknowledge the metabolic harms of maintaining ED behaviors, and 4) maintaining inadequate follow-up periods. We explore how these approaches obscure the structural and social determinants of EDs and body dissatisfaction, thereby undermining the field’s ongoing shift toward equity- and trauma-informed care. An alternative framework that situates EDs within systems of oppression (rather than individual failure), acknowledges the harms of weight-centered approaches, and calls for patient-centered, weight-inclusive approaches to maximize health and healing from EDs, will be presented. Following this didactic discussion with panelists, participants will participate in small groups to discuss the practical implications for 1) clinical practice, 2) research design, and 3) policy development, leaving ample time for group discussion.

Learning Objectives

- Identify ways in which weight management frameworks reinforce weight-normative and stigmatizing assumptions in eating disorder discourses.
- Explain how a weight-inclusive perspective broadens understanding of disordered eating and challenges pathologizing narratives.
- Describe practical implications for clinical practice, research design, and policy development through a weight-inclusive and justice-oriented lens.

Authors: Rebecka Peebles, Monte Nido Eating Disorder Program; Chevese Turner, Body Equity Alliance; Molly Robbins, Graduate student, psychology; Erin Harrop, University of Denver

Integrating Interoception: A Framework for Eating Disorder Treatment

Abstract: Eating disorders are complex conditions arising from multiple factors, including sensory preferences. Sensory preferences shape our individual experiences of being in the world. For people experiencing eating disorders, external and internal sensory inputs can contribute to treatment engagement and outcomes, and how a person feels about the impact of treatment on their sense of self. Sensory preferences involve the intricate relationship between sensory input and processing, neurological thresholds, and an individual's preferences related to food, the environment and their internal experience of their body. Interoception, the awareness of internal body signals, holds significant promise in understanding eating disorder behaviours and recovery. Occupational therapists are highly trained in identifying, assessing, and understanding the impact of a person’s sensory preferences (including interoception) and in using sensory approaches in treatment. This workshop aims to develop participants’ knowledge and understanding about the role of interoception in eating disorders and

present an evidence informed framework to help clinicians incorporate interoceptive awareness strategies and interventions into practice. Within this interactive workshop, interoceptive processes and their potential impact in eating disorders will be explored. This will be followed by activities exploring participants' own interoceptive awareness. Then, an evidence informed five-step framework for interoceptive intervention, adapted and tailored for people with eating disorders, will be presented. This framework provides guidance on adaptations for people with different levels of interoceptive awareness and how to build interoceptive awareness through noticing, understanding and responding to interoceptive messages and signals. Participants will have the opportunity to apply this framework to a person's story. The framework provides a structure for incorporating meaningful and intentional interoceptive work into clinical practice with or without occupational therapy expertise. Its emphasis is placed on fostering purposeful and person-centred interventions with an interoceptive focus, adapting interventions to meet the unique needs and preferences of each person.

Learning Objectives

- Understand the role of interoception and how it is linked with a person's sensory systems, experiences and preferences.
- Describe interoception and how different levels of interoceptive awareness can impact people with eating disorders.
- Apply a five step framework (that targets functional challenges resulting from differences in an individual's interoceptive awareness) to a person's story

Authors: Genevieve Pepin, Deakin University; Rachel Knight, Deakin University, Western Health; Alexandra Kearney, Deakin University, Royal Melbourne Hospital; Jasmin Watson, Victorian Centre of Excellence in Eating Disorders

Exploring and blending eating and weight issues from an Indigenous perspective.

Abstract: Eating disorders are often conceptualized and treated through biomedical and psychological frameworks that emphasize individual pathology and standardized evidence-based care through Western and a Eurocentric lens.These approaches, while valuable, can overlook the cultural, relational, and historical and on-going contexts that shape experiences of body, food, and wellness. This workshop brings Indigenous and non-Indigenous perspectives into dialogue to explore new ways of understanding and supporting individuals with recovery and wellness. Facilitated by an interdisciplinary team of Indigenous and non-Indigenous clinicians and scholars, the session introduces participants to key Indigenous health concepts, including the Mi'kmaw principle of Etuaptmumk (Two-Eyed Seeing) and the Cree teaching of Wahkohtowin (relationships between all things). Through short presentations and interactive case-based learning, attendees will consider how these teachings might inform the field of eating disorders and how biomedical clinical models can be practiced with greater cultural and contextual relevance. Participants will engage with three Indigenous-centered clinical scenarios

illustrating the intersections of cultural worldviews, evidence-based care, and systemic access barriers and potential facilitators. This workshop invites clinicians and researchers to reflect on how we might walk together toward care that is relational, inclusive, and grounded in cultural and contextual understanding.

Learning Objectives

- Attendees will be able to recognize Indigenous concepts applied to health, such as Mi'kmaw Etuaptmumk and the Cree teaching of Wahkohtowin.
- Attendees will be able to discuss the cultural and contextual limitations of eating disorders evidence base and the implications for Indigenous Peoples including historical trauma and biases. Attendees will be able to consider a collaborative approach to working with Indigenous Peoples including a holistic and strengths-based way of working.
- Attendees will be able to critically reflect on when eating disorders care may follow a parallel path or require culturally and contextually relevant tailoring to individuals, families, and communities.

Authors: Maureen Plante, University of Alberta; Amelia Austin, University of Calgary; Carolyn Melro, University of Otta; Gina Dimitropoulos, University of Calgary; Srividya Iyer, McGill University; Christopher Mushquash, Lakehead University

Reading Between the Lines: Strengthening Research Literacy in Eating Disorder Practice

Abstract: Every day clinicians, researchers, and patients are faced with media reports of new research findings that make promises of revolutionizing or calling into question long-held theories of health. More than ever before, clinicians need discernment to identify misinformation and help those they serve comprehend the information readily available. This session will equip eating disorder healthcare professionals with practical skills and tools to critically evaluate scientific literature and integrate findings into evidence-based practice. Participants will get experience evaluating the quality of articles and converting research into useful clinical insights using the Johns Hopkins Evidence Appraisal Model. Additionally, research design, impact factors, open-access models, retractions, and predatory journals will be discussed. Participants will leave this session with a greater ability to make evidence-informed decisions across clinical settings, address patient inquiries regarding online information, and engage with research through participant-led discussion, practical exercises, and interactive games.

Learning Objectives

- Identify key factors for evaluating the quality of research articles.
- Describe challenges in interpreting research findings, including issues related to predatory journals, impact factors, and retracted articles.

- Consider ways to address questionable research findings in the therapeutic setting.

Authors: Millie Plotkin, MedStar Washington Hospital Center / ACUTE Denver Health / National Alliance for Eating Disorders; Elizabeth Wassenaar, Eating Recovery Center; Shaun Riebl, Within Health

Patients with Severe and Enduring Anorexia (SE-AN): Outpatient Care Challenges and Recommendations

Abstract: Patients with severe and enduring anorexia nervosa (SE-AN) are a complex and difficult sub-group to treat. A lack of consensus in defining this sub-set of patients creates difficulties for clinicians when considering treatment, especially on an outpatient basis. This workshop will address various aspects of working with patients with SE-AN in an outpatient setting. First, we will present the latest definitions of SE-AN and evaluate the historical context as well as limitations of such definitions. A lack of clear diagnostic categorization of SE-AN coincides with limited outpatient treatment (effectiveness) studies and little data on treatment effectiveness. Secondly, we will elucidate ethical concerns and conundrums in outpatient treatment for this population. Ethical issues to be discussed include autonomy, non-maleficence, mental health commitments, and the distinction between a recovery versus a quality-of-life approach to care. Attendees will be invited to discuss clinical experiences and needs with their colleagues during this part of the workshop. Third, outpatient treatment recommendations will be presented, which will focus on the creation of an effective outpatient team, the inclusions of significant others/loved ones, the use of therapeutic holidays (for significant others and therapist) and the potential problems with transitions to higher levels of care. Recommendations will be offered on how to respond to symptom escalation and lack of progress in treatment. Participants will work in groups to review and revise these initial recommendations based on their own clinical experiences. Fourth, the workshop will conclude with an emphasis on recognizing provider issues, such as hopelessness, a sense of futility, and burnout in working with this population. Safeguards to prevent burnout, such as through the use of treatment contracts and the clinical team as the consultation team, will be discussed. Participants will then be invited to an interdisciplinary roundtable discussion about provider needs when working with outpatients with SE-AN.

Learning Objectives

- explain definitional concerns with SE-AN.
- analyze common ethical and clinical issues in working with the SE-AN population in the outpatient setting.
- articulate a minimum of three clinical recommendations for working with patients with SE-AN.

Authors: Eva Schoen, University of Iowa; Wayne Bowers, Univ of Iowa College of Medicine

Translational Advances in Understanding Binge Eating Behaviors

Abstract: Identify common barriers to timely and effective ARFID treatment across medical and mental health settings and describe how multidisciplinary care can reduce

Learning Objectives

- To describe emerging neurobiological mechanisms regulating binge eating and the therapeutic potential of selective orexin-1 receptor antagonism.
- To identify salivary epigenetic and microbiome biomarkers associated with binge-eating spectrum disorders and their clinical relevance.
- To discuss recent genomic discoveries in Binge Eating Disorder and their implications for translational models linking biology to behavior.

Authors: Cristina Segura-Garcia, Department of Medical and Surgical Sciences, University “Magna Graecia” of Catanzaro, Italy; Claudio Claudio D'Addario, University of Teramo, Italy; Karolinska Institutet, Sweden; Luca Botticelli, University of Camerino; Nadia Micali, University of Copenhagen

Changing Habits in Eating: Using Neuroscience in Patient Care

Abstract: Helping patients with anorexia nervosa (AN) change what they choose to eat remains a deep challenge for healthcare providers. It is well established that individuals with AN follow rigid, stereotyped diets in which they persistently choose low-fat, low-calorie foods – and that this behavior is resistant to change in treatment. Even patients who are engaged in treatment and seeking remission from illness show little change in food choices at the end of weight-restoration. Yet, the ability to change – the amount of change in high-fat foods – does relate to health over the longer-term.

Consideration of restrictive eating as a value-based decision has yielded considerable insights about maladaptive eating in AN. A Food Choice Task demonstrates that patients with AN consistently limit selection of high-fat foods, and that subjective determinations of healthiness have excessive influence over what to eat. This has been demonstrated across multiple countries (United States, England, Netherlands) and treatment settings. The influence of healthiness, and the limited selections, begins early in illness course, as demonstrated in studies with adolescents. Functional MRI findings consistently demonstrate that food-based decisions rely on different neural circuits among patients with AN compared with healthy peers, providing an important brain-behavior link. Specifically, brain circuits implicated in flexible vs rigid learning are implicated, supporting the need to leverage knowledge of how behavior can be learned and

unlearned in treatment. Behavioral interventions have been developed to specifically identify and target the cues for habitual behavior, and use a range of techniques based on habit reversal to foster new routines and suppress unhelpful routines. These interventions show promise in improving eating choices. Translating from existing, robust observational data to novel interventions that will support lasting behavioral change requires collaboration between the lab and the clinic, which this workshop will support.

Learning Objectives

- Describe the findings of a food choice task in different patient populations.
- Utilize habit-centered approaches to alter rigid and unhelpful eating patterns.
- Be able to provide education to patients on the neural mechanisms of learning and behavior and how these underlie anorexia nervosa and rigid eating.

Authors: Joanna Steinglass, Columbia University/NYSPI; Unna Danner; Karin Foerde, University of Amsterdam

Therapeutic Meal Support in Anorexia Nervosa: From Caloric Delivery to Neurobehavioral Recovery

Abstract: Nutritional rehabilitation is recognized as a cornerstone of recovery in anorexia nervosa (AN), yet routine practice often defaults to perfunctory feeding that stabilizes physiology without altering the mechanisms that maintain illness. This workshop reframes meal support as a therapeutic, learning-based intervention that leverages neuroplasticity to update threat and reward circuits. Drawing on Temperament-Based Therapy with Supports (TBT-S) and MANTRA, we operationalize mealtimes as structured, repeated, and safe exposures to feared foods and contexts that promote fear extinction, inhibitory learning, and reward recalibration. Core procedures include prediction testing (“plan and prepare,” “see and eat”), collaborative hierarchy building, pre-meal priming and cueing, in-meal coaching to block rituals and safety behaviors, and post-meal response prevention to consolidate learning. The session will feature a multidisciplinary panel of physician, psychologist and dietitian who will each describe how core procedures are operationalized and taught to teams (35 minutes). This will be followed by case presentations illustrating implementation with varying acuity, comorbidity and traits profiles (20 minutes), live role-plays demonstrating scripting and acute distress management (e.g., panic surges, refusal, bargaining) (15 minutes), and small-group discussions with Q &A to address barriers and adapt tools to cultural contexts (20 minutes). Attendees will receive adaptable worksheets and fidelity checklists to support implementation across inpatient, day-program, and outpatient settings. By positioning food as medicine and mealtime as treatment, the workshop aligns biological necessity with brain plasticity, transforming eating from a feared act into a rehearsal of recovery and accelerating durable remission. Finally, participants will leave with clear methods to distinguish perfunctory from therapeutic meal support, to

maintain momentum across settings, and to build durable connections with outpatient teams.

Learning Objectives

- Name ≥5 fidelity markers of therapeutic meal support and link each to core mechanisms (extinction, inhibitory learning, reward recalibration).
- Build a brief TBT-S/MANTRA meal-support plan (hierarchy, pre-priming, in-meal coaching, post-meal consolidation) with setting-specific adaptations and metrics.
- Assign clear team roles and use concise crisis scripts for panic/refusal/compensation to ensure consistent, mechanism-focused care.

Authors: MARIA TSIAKA, Hellenic Center For Eating Disorders,University of Thessaly Department of Dietetics; Eirini Lykouresi, Hellenic Center For Eating Disorders; Christina Kountiadou, Hellenic Center For Eating Disorders; Christina Wierenga, UC San Diego Health Eating Disorders Center for Treatment and Research

Dicing, Smearing, Wasting: Managing Mealtime Rituals in Eating Disorder Treatment

Abstract: Mealtime rituals (e.g., cutting food up into small pieces, eating foods in a particular order) are common among individuals with eating disorders (EDs) and are associated with higher meal anxiety, lower caloric intake, and longer duration of treatment. Despite their clinical significance, these behaviors receive little attention in the treatment literature and are rarely targeted directly in therapy. Mealtime rituals represent a critical therapeutic target to help normalize eating behavior and promote faster nutritional rehabilitation. Mealtime rituals parallel those observed in obsessive-compulsive disorder (OCD) because they serve to avoid or delay eating or to neutralize intrusive thoughts and anxiety. While they provide short-term relief, they maintain and exacerbate symptoms over time. Interventions targeting mealtime rituals can therefore be viewed as adaptations of exposure and response prevention (ERP). Assessment poses a challenge, as patients often rationalize these behaviors as normative or are reluctant to disclose them. Clinical observation remains the most effective method for identifying mealtime rituals.
This workshop will provide practical skills for assessment and treatment of mealtime rituals using ERP principles. First, we will review what is known about function and impact of mealtime rituals (10 minutes). Next, we will provide a comprehensive overview of different types of mealtime rituals and ways to identify them through clinical observation (15 minutes). Then, we will present a practical guide of ERP principles and their adaptations for targeting mealtime rituals (15 minutes). We will cover various ways to redirect the behaviors and help clients tolerate distress. These techniques will be illustrated during the interactive portion of the workshop which will include a live role-play of a meal session conducted by the presenters (15 minutes) and a Q&A session (15 minutes). The audience will be expected to engage in discussion of commonly

encountered obstacles, and to problem solve solutions to patient resistance or distress. A polling app will be employed during the videotaped meal session for participants to submit responses to demonstrated scenarios and to guide discussion. Attendees will have a chance to practice mealtime ritual prevention strategies in small groups (20 minutes).

Learning Objectives

- Describe the function, presentation, and clinical impact of mealtime rituals among individuals with eating disorders
- Identify common types of mealtime rituals and apply observational methods to assess them in clinical settings
- Demonstrate how to adapt and implement ERP strategies to effectively intervene on mealtime rituals and help clients tolerate associated distress

Authors: Irina Vanzhula, University of Louisville, Department of Psychological and Brain Sciences; Kimberly Osborn, University of Louisville; Cheri Levinson, University of Louisville

Innovations in times of crisis, a workshop on behalf of the European Chapter

Abstract: Since the onset of Russia's full-scale invasion of Ukraine, our Ukrainian colleagues have found themselves not only in a humanitarian catastrophe but also in a deep mental health crisis. Data from JAMA Pediatrics (Goto, 2024) show that over 96% of Ukrainian adolescents living abroad and 92% of those who remained in Ukraine display signs of psychological trauma. Thirty percent of adolescents living in Ukraine exhibit symptoms of EDs, and 25% of Ukrainian refugees experience disordered eating. Ukraine has no state-run ED programs, insurance coverage, or specialized public institutions, so most patients must rely on private clinics. Emotionally and financially exhausted families — many of whom have lost homes, income, or have a relative in military service — face situations where EDs emerge or progress rapidly and become extremely difficult to treat. Complexities for neurodivergent individuals are further amplified. Displacement, trauma, disrupted routines, and loss of social support may exacerbate underlying vulnerabilities or trigger maladaptive coping strategies. The wartime context has highlighted the urgent need for adaptive, trauma-informed, and neurodiversity-aware clinical approaches. Our geographically dispersed team continues to provide in-person ED care despite constant threats, air raids, and loss, maintaining supervision, intervision, and peer support. Using two clinical case studies — "Outpatient treatment of an adolescent with severe anorexia nervosa during the war in Ukraine" and "How Wartime Stress and Binge Eating Led to Type 2 Diabetes: A Case Report" — we will illustrate the practical and ethical complexities of providing treatment in low-resource, high-risk conditions. These cases exemplify how Ukrainian clinicians adapt evidence-based methods to extreme realities. With the support of the international professional

community, exchange of strategies, and development of low-resource clinical guidelines, we hope to continue building sustainable, compassionate ED care during wartime. Co-chairs of the European Chapter will moderate and lead discussion, Ukranian colleagues will present.

Learning Objectives

- After this workshop participants will be aware of the ongoing situation in Ukraine, a country in Europe
- After this workshop we will have learned about the influences of such extreme situations on young people, esp. With Eds
- After this workshop participants will have extended their own creativity and discuss possible adaptations not only for people in Ukraine but alsof for themselves

Authors: Annemarie van Elburg, University of Utrecht; Karin Waldherr, Head of Research & Development - Distance Learning University of Applied Sciences Vienna; Tetiana Lakusta, Clinical lead of outpatient ED clinic «Dr. Lakusta Clinic Kyiv Ukraine; Tatiana Moshkina, Pediatrician, Clinical Nutrition Specialist, «Dr. Lakusta Clinic», Kyiv, Ukraine; Oleksandra Yukhymchuk, Endocrinologist, Komisarenko Institute of Endocrinology and Metabolism; Maryna Fatieieva, Senior Lecturer, Practical Psychology Department, Borys Grinchenko Kyiv Metropolitan University

Paper Sessions

Clustering Anorexia Nervosa-Like Disorders on Weight History Variables

Abstract: Atypical anorexia (AAN) is heterogeneous and can include individuals who previously met anorexia nervosa (AN) criteria but have been weight-restored for some amount of time (AN-WR). DSM-5 does not quantify how long an individual can be weight-restored while still meeting partially-remitted AN criteria, which may result in diagnostic inconsistencies across research and clinical settings. For example, an individual with a current body mass index (BMI) of 20kg/m2 who was last BMI<18.5kg/m2 one year ago may be diagnosed as AN-WR or AAN. To understand how AN-WR may differ from currently-underweight AN ("AN") and from AAN with no history of underweight ("AAN") and to inform future DSM iterations, we: 1) used machine learning to cluster AN-WR, AN, and AAN based on weight history and 2) compared clusters on treatment outcome. We expected that: 1) AN-WR and AN would cluster together, separate from AAN, and 2) AN-WR/AN clusters would differ on treatment outcome from AAN, suggesting lifetime underweight should preclude AAN diagnosis. We applied K-medoids clustering to 213 adults (94% female, 83% White, Mage=25) with AN-WR, AN, or AAN using: current BMI; weight suppression; lifetime low BMI (LLBMI), lifetime high BMI (LHBMI); months underweight when BMI last <18.5; months since BMI <18.5. We compared resulting clusters on treatment outcome variables: length of treatment stay; BMI; eating disorder symptoms (Eating Disorders Examination-Questionnaire [EDE-Q], Eating Pathology Symptoms Inventory [EPSI]); eating disorder-related impairment

(Clinical Impairment Assessment [CIA]); and comorbid symptoms (State-Trait Anxiety Inventory [STAI] Trait subscale, Patient Health Questionnaire-9-item [PHQ-9]). k=3 clusters was optimal. Cluster 1 (n=170) comprised AN-WR (37%), AN (54%), and AAN (9%). Cluster 2 (n=14) comprised AN, 86% with LHBMI<18.5. Cluster 3 (n=29) comprised AN-WR (7%) and AAN (93%) with little/no time BMI<18.5 and higher LHBMI. EDE-Q Shape Concern, EPSI Body Dissatisfaction, and EPSI Cognitive Restraint differed between clusters. Specifically, Cluster 2 reported lower EDE-Q Shape Concern and EPSI Cognitive Restraint than Cluster 1 and lower EPSI Body Dissatisfaction and BMI than Clusters 1 and 3 at discharge. Individuals with lower LHBMI may report fewer symptoms at discharge. Findings support considering LHBMI and length of time underweight, rather than relying solely on current BMI and/or time since last underweight, in differentiating AN-like diagnoses.

Learning Objectives

- Describe how cluster analysis can be applied to understand how anorexia nervosa, anorexia nervosa in partial remission, and atypical anorexia are best distinguished from one another.
- Understand the weight history clusters of anorexia nervosa-like diagnoses that emerge from cluster analysis cluster analysis.
- Understand how these weight history clusters are associated with treatment outcome.

Authors: Sophie Abber, UC San Diego Health Eating Disorders Center for Treatment and Research; Emily Presseller, Departments of Psychiatry and Biomedical Data Science, Geisel School of Medicine; Katherine Gandee, Department of Psychiatry, University of California, San Diego; Thomas Joiner, Department of Psychology, Florida State University; Christina Wierenga, UC San Diego Health Eating Disorders Center for Treatment and Research

Incorporating Gastrointestinal-Focused Cognitive-Behavioral Therapy into Eating Disorder Treatment

Abstract: Approximately 72-97% of individuals with eating disorders (EDs) experience chronic gastrointestinal (GI) symptoms, often attributable to disorders of gut-brain interaction (DGBI, i.e., GI conditions without known structural cause). Individuals may restrict the types or amounts of foods they eat, delay eating, and/or purge in attempt to manage DGBI symptoms. Despite high comorbidity, DGBI symptoms are not explicitly addressed by standard ED treatments and many individuals continue to experience significant DGBI symptoms following ED treatment. We tested feasibility, acceptability, and proof-of-concept of a group cognitive-behavioral therapy for DGBI (CBT-DGBI+ED) implemented during intensive ED treatment. Adults with transdiagnostic EDs (n=10, 100% female, 70% White, Mage=22, expected n=40 at time of presentation) in a partial hospitalization program were selected to receive CBT-DGBI+ED if their treatment team

believed DGBI symptoms were contributing to ED behaviors. The initial protocol was 8 sessions, although it was subsequently shortened to 6 sessions based on patient feedback. Sessions focused on psychoeducation about DGBI, relaxation strategies, and DGBI-focused cognitive restructuring, interoceptive exposures, and behavioral experiments. Measures assessing upper GI symptom severity (Patient Assessment of Upper Gastrointestinal Symptom Severity Index [PAGI-SYM]), lower GI symptom severity (Patient Assessment of Constipation Symptoms [PAC-SYM]), irritable bowel syndrome [IBS] symptom severity (Irritable Bowel Syndrome Symptom Severity Scale [IBS-SSS]), GI-specific anxiety and hypervigilance (Modified Esophageal Hypervigilance and Anxiety Scale [EHAS]), and restriction due to fear of experiencing GI symptoms (Nine Item ARFID Screen-Fear Subscale [NIAS-Fear]) were completed at the initial, middle, and final sessions. Ninety percent of participants attended at least 6/8 sessions. Upper GI, lower GI, and IBS symptom severity decreased, with notable reductions in IBS symptom severity (M= -79 points IBS-SSS pre- to post-treatment, Hedge's g=0.46), meeting clinical significance benchmarks of change ≥50 points. GI-specific anxiety and hypervigilance and restriction due to fear of GI symptoms also decreased, with a particularly notable decrease in restriction due to fear of GI symptoms (M= -3 points NIAS-Fear pre- to post-treatment, g=0.56). Data provide initial support that patients may benefit from focused work on DGBI symptoms during intensive ED treatment.

Learning Objectives

- Explain why treating disorder of gut-brain interaction (DGBI) symptoms may be beneficial for individuals with eating disorders.
- Describe different cognitive-behavioral strategies for treating DGBI symptoms in individuals with eating disorders.
- Understand feasibility, acceptability, and proof-of-concept of a CBT for DGBI in individuals with eating disorders.

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Clinician Reflections on Implementing Eating Disorder Screening in Pediatric Diabetes Care

Abstract: Adolescents with type 1 diabetes are at increased risk of disordered eating, yet these symptoms often go unrecognized by clinicians. This study explored clinicians' attitudes and experiences with implementing the Diabetes Eating Problem Survey–Revised (DEPS-R) as a screening tool for disordered eating within a multidisciplinary pediatric diabetes clinic. Using a qualitative design guided by Interpretive Description

methodology, semi-structured interviews were conducted with ten clinicians, including pediatricians, nurses, dietitians, psychologists, and psychiatrists. Four main themes were identified: implementation challenges, collaborative care, developing confidence in addressing a sensitive topic, and gaining insights. Clinicians described how the DEPS-R enhanced their understanding of patients' experiences, promoted more open and confident conversations about eating concerns, and strengthened collaboration across professional roles and with families. Key implementation barriers included time constraints, uncertainty about score interpretation, and the need for management support and ongoing training. Overall, clinicians viewed the DEPS-R as a valuable tool for identifying disordered eating in youth with type 1 diabetes, emphasizing that successful implementation requires interdisciplinary collaboration, institutional support, and continuous optimization for clinical practice.

Learning Objectives

- Following the training, participants will be able to: Describe the role of the Diabetes Eating Problem Survey–Revised (DEPS-R) in identifying disordered eating among adolescents with type 1 diabetes.
- Following the training, participants will be able to: Recognize common barriers and facilitators to implementing disordered eating screening in pediatric diabetes care.
- Following the training, participants will be able to: Discuss how interdisciplinary collaboration and clinician confidence can enhance communication about disordered eating with young patients and families.

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An Exploration of the Child and Adolescent Eating Disorder Treatment Experiences of Autistic People

Abstract: Autistic people are overrepresented in eating disorders services and often need more intensive and extended treatment. While there have been some studies that have sought to understand the eating disorder treatment experiences of autistic adults, little is known about the experiences of autistic young people. Therefore, the aim of this study was to understand the child and adolescent eating disorder treatment experiences of autistic people and parents of autistic young people.
Participants included nine autistic people with lived experience of an eating disorder as an adolescent as well as nine parents of autistic young people currently engaged in paediatric eating disorders treatment. A range of eating disorders and treatment settings were experienced by participants including public and private services, inpatient

programs, day programs, and outpatient care.
Participants were interviewed using a semi-structured design. Each interview was analysed using a grounded theory approach to identify themes and develop emergent theory. Two major themes emerged 1) Misunderstood and 2) Safe and supportive eating disorder treatment for autistic young people and their families. While other qualitative studies exploring eating disorder treatment experiences of adults also found that being misunderstood was a common experience, this study furthers our knowledge by highlighting eight specific domains in which being misunderstood occurs: difficulties with the autism diagnostic process, misattribution, one size fits all approach, a lack of accommodations, siloed expertise, a lack of knowledge and treatment options for eating disorders outside of anorexia nervosa, lack of consideration of family neurodivergence, and neuro-normative definitions of eating and recovery. Participants identified a number of ways that health care professionals can provide neuro-affirming eating disorders care. Autistic young people and their families need safety and understanding. This is achieved through the embedding of lived experience expertise; care characteristics that promote connection and nuance; and autism specific accommodations that provide optimal support conditions and strengthen therapeutic alliance. This study was informed by lived experience experts at each step of the research process, and rigour was achieved through reflexivity, member checking processes, and data triangulation. Notably, these research findings are easily translatable to clinical practice.

Learning Objectives

- Following the presentation participants will be able to outline the ways that autistic young people experience a lack of understanding from eating disorders services
- Following the presentation participants will be able to identify specific autism accommodations that can be made in paediatric eating disorders care
- Following the presentation participants will be able to identify general treatment principals that promote connection and nuance in eating disorders care for autistic young people

Authors: Colleen Alford, Sydney Children's Hospitals Network Eating Disorders Service, Australia; Andrew Wallis, Sydney Children's Hospitals Network, and The University of Technology Sydney; Phillipa Hay, Western Sydney University; Deborah Mitchison, University of Technology Sydney

How does neurodiversity relate to treatment outcomes for patients with AN and their carers?

Abstract: The current study involved secondary analysis of data from a large cohort of UK patients receiving intensive treatment for anorexia nervosa (TRIANGLE RCT; N = 370 patient-carer dyads) to examine rates of neurodiversity and associated outcomes for patients and their carers. Baseline assessment included screening for neurodiversity including autistic features and obsessive-compulsive traits, as well as comorbid

diagnostic rates for ADHD, ASD, and OCD. Patient and carer outcomes were measured at intervals for up to 18 months. Results indicate that 27% (100/370) of patients reported high autistic features (AQ-10), 62% (228/370) reported high obsessive-compulsive traits (OCI-R), and 22% (80/370) reported high scores on both measures. In terms of co-morbid diagnoses, 2.4% reported prior ADHD diagnosis, 5.4% reported ASD diagnosis, and 16.2% reported OCD diagnosis. Participants with high autistic features had higher levels of eating and general psychopathology in combination with poorer work and social adjustment scores at both baseline and 18 months later. Participants with high OCD traits also had higher levels of eating and general psychopathology in combination with poorer work and social adjustment scores at baseline and worse depression, anxiety, and stress and work and social adjustment at 18 months. On average, patients improved from baseline to 18 months on BMI, eating disorder symptoms, depression, anxiety and stress symptoms, and work and social adjustment. However, those with high OCD traits had relatively greater reductions in their depression, anxiety, and stress over time. Carers of those with high vs. low autistic features or high vs. low OCD traits reported similar confidence in their caregiving skills and depression, anxiety, and stress at baseline. However, there were differences in the trajectory of change over time with those supporting patients with high autistic features reporting greater reductions in depression, anxiety, and stress over time, and those supporting patients with high OCD traits reporting greater improvements in caregiving skills over time. Present findings highlight high rates of neurodiversity in a large cohort of patients with AN, and in some cases, greater improvement for neurodivergent patients and their carers relative to neurotypical patients. Treatment providers should consider opportunities for personalization related to neurodiversity to further enhance benefit for patients and carers.

Learning Objectives

- Describe the current state of the evidence regarding treatment outcomes for neurodivergent patients with anorexia nervosa.
- Summarize rates of neurodiversity and associations with treatment outcomes for patients and carers in the TRIANGLE trial for AN.
- Critically analyze possibilities for further research to improve outcomes for neurodivergent patients and carers in anorexia nervosa treatment.

Authors: Suman Ambwani, DIS Study Abroad in Scandinavia; Valentina Cardi, Department of General Psychology, University of Padova; Katie Rowlands, Institute of Psychiatry, Psychology, and Neuroscience, King's College London; Yosua Yan Kristian, Institute of Psychiatry, Psychology, and Neuroscience, King's College London; Janet Treasure, Institute of Psychiatry, Psychology, and Neuroscience, King's College London

Relationship between Childhood Trauma and Reward Responsivity to Food in Adults with ARFID

Abstract: Avoidant/restrictive food intake disorder (ARFID) manifests as a lack of interest in food, sensory sensitivity, and/or a fear of adverse consequences surrounding food consumption. Mechanisms underlying ARFID remain incompletely understood, yet trauma exposure is prevalent among eating disorders, where traumatic experiences might contribute to aberrant reward processing. We hypothesized that childhood trauma would be more prevalent in adults with ARFID, relative to healthy controls (HC), and would be associated with blunted neural responses to images of food in reward-related brain regions.Adults with ARFID (n=69; 54F/15M; Mage=28.1) and healthy controls (HCs; n=32; 19F/13M; Mage=27.4) completed the Childhood Trauma Questionnaire (CTQ) and underwent 3T functional MRI scanning with a food-cue task. Due to non-normality in CTQ scores, Welch's two-sample t-tests examined differences between groups in CTQ global and subscales (emotional/physical abuse, emotional/physical neglect, and sexual abuse). Spearman's rho models examined associations between brain activation in reward-related neural regions and global/subscale CTQ scores. Multiple comparisons were controlled using false discovery rate (FDR). Adults with ARFID endorsed significantly higher global childhood trauma scores compared to HC (pFDR=0.002). The ARFID group also reported higher emotional abuse (pFDR<0.001) and sexual abuse (pFDR=0.003), and a trend for higher emotional neglect (pFDR=0.06). Within the ARFID group, higher global childhood trauma levels were associated with lower activation to food cues in the pallidum (r= −0.36, pFDR=0.027) and putamen (r= −0.32, pFDR=0.031). Analysis of CTQ subscales revealed that greater emotional neglect was associated with lower activation in the nucleus accumbens (r= −0.33, pFDR=0.047), while higher sexual abuse scores were linked to lower activation in the pallidum (r= −0.33, pFDR=0.037). There were no associations between CTQ and brain activation in HC. Adults with ARFID reported higher levels of childhood trauma than controls, and greater trauma was linked to lower activation in reward-related brain regions. This pattern suggests that early-life trauma may dampen reward circuitry responsivity to food, potentially contributing to reduced interest in eating and the persistence of restrictive behaviors. These findings point to the potential benefit of trauma-informed approaches to treatment in ARFID.

Learning Objectives

- Understand the relationship of childhood trauma and neural responses specific to ARFID.
- Characterize the various types of trauma measured by the CTQ, and their potential implications for ARFID symptoms.
- Discuss how trauma-informed care approaches may be beneficial in treating ARFID.

Authors: Kelly Armstrong, Mass General Brigham Multidisciplinary Eating Disorders Research Collaborative; Fiona Wu, Brigham and Women's Hospital

Feasibility of Ecological Momentary Assessment of State Risk and Protective Factors in Adolescents

Abstract: Adolescence is a critical period for eating disorder (ED) onset, yet little is known about how momentary risk and protective factors interact in daily life before symptoms reach clinical thresholds. Ecological Momentary Assessment (EMA) offers real-time insights into these processes, but its use in non-clinical adolescent populations remains limited. This mixed-methods study evaluated a 7-day EMA protocol and explored feasibility and acceptability, as well as preliminary associations between momentary risk and protective states, and appearance-related triggers. Fifty adolescents (Mage = 17.4, SD = 0.9) completed EMA surveys three times daily for seven days. Surveys assessed state risk factors (weight/shape concern, negative affect, perceived sociocultural appearance pressure), protective factors (mindfulness, self-compassion, body appreciation), and appearance-related triggers (social comparison, situational pressures). Feasibility (compliance, attrition, response latency) and acceptability (quantitative ratings, qualitative written and focus group feedback) were also examined. Compliance was high overall (82.5% survey completion) with mean response latency of 18.8 minutes, and modest decline over the week. Participants rated EMA as positive, helpful and minimally burdensome. Qualitative feedback highlighted usability, increased self-awareness, and minor challenges (e.g., timing, repetition). Multilevel models indicated that higher protective states predicted lower concurrent risk states at both within- and between-person levels. Real-time appearance-related triggers were associated with elevated risk and reduced protective states. EMA is feasible and acceptable with a non-clinical adolescent population and sensitive to dynamic fluctuations in ED risk and protective states. Findings underscore the influence of situational appearance-related triggers, and support EMA's potential for informing microintervention and just-in-time adaptive interventions in prevention contexts. Future research with a larger sample should extend sampling periods, diversify cohorts, and evaluate EMA-informed intervention strategies.

Learning Objectives

- 1)Consider the advantages and disadvantages of Ecological Momentary Assessment for informing preventive interventions
- 2)Describe the relationship between state risk and protective states, and situational appearance-related triggers, in older adolescents.
- 3)Discuss feasibility and recommendations for further research using EMA in a prevention context.

Authors: Melissa Atkinson, University of Bath; Lucy Tipple, University of Bath

Development of a Measure of Community Diet Pills Burden Using Spatial Methods &Machine Learning

Abstract: Long recognized for their myriad links with eating disorders as precipitants, accelerants, and/or intensifiers, over-the-counter (OTC) diet pills have a high prevalence of use among people with eating disorders. They are associated with acute and chronic health risks, including stroke, liver injury, and death and, in young women, with 4-6 times the risk of subsequent first-time eating disorder diagnosis within several years. In a range of fields, the study of community-level leverage points to improve behavioral and mental health, such as through substance use prevention, have long been the focus of rigorous investigation and preventive intervention, but in the eating disorders field, potentially powerful, community-level factors—analogous to those targeted in substance use prevention—remain largely unstudied, likely in part due to a lack of appropriate measures. To address this gap, we developed and validated the first multidimensional Community Diet Pills Burden Measure, including economic, exposure, and injury burdens—at multiple geographic levels. To construct our novel measure, we used US national databases on OTC diet pills sales, revenue, usage, and poisonings from Nielsen/IRi Retail Scanner, ESRI Business Analyst, National Poison Data System, and other sources. We used spatial analyses and machine learning to measure, interpolate, and validate burden indicators for all US Census block groups, tracts, and counties. Our preliminary analyses indicate that significant spatial autocorrelation is observed in Community Economic Burden (Global Moran's I=0.72) and Injury Burden (0.49), while Exposure Burden shows minimal spatial autocorrelation (0.07). A Geographically Weighted Regression model, with an R^2 value of 0.6185, indicates that spatially varying relationships in Economic and Exposure Burden significantly predict Injury Burden at the community level. Our novel Community Diet Pills Burden Measure will facilitate new lines of research to characterize, quantify, and map pathways from community-level exposure to behavioral and mental health outcomes, with the ultimate goal of identifying leverage points for preventive intervention for eating disorders and disordered weight-control behaviors.

Learning Objectives

- Explain the concept of community-level burden as fundamental to characterizing, quantifying, and mapping pathways from community-level exposures to behavioral and mental health outcomes, including eating disorders.
- Identify dimensions of community-level burden pertinent to use over-the-counter diet pills and their disparate impact on communities.
- Describe evidence of validity of a novel multidimensional Community Diet Pills Burden Measure.

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Beyond BMI: a comprehensive approach to pediatric obesity assessment

Abstract: The purpose of this study was to examine the limitations of body mass index (BMI) as a sole indicator of pediatric obesity and to highlight how reliance on BMI may contribute to misclassification, weight stigma, and unintended risk for eating disorders. We studied a cohort of physically active children aged 6–11 years from the Monterrey Football League. (n=111), who trained more than 10 hours per week, and collected demographic, lifestyle, and clinical data including waist circumference, blood pressure, cardiometabolic laboratory values, and dietary quality scores. Body composition was assessed using bioelectrical impedance analysis (InBody), and parents reported on sleep apnea, fatigue, orthopedic symptoms, and exercise tolerance. Results revealed that nearly one third of children classified as “healthy weight” by BMI percentiles had central adiposity, lipid abnormalities, or subclinical inflammation, while some categorized as overweight by BMI alone presented normal cardiometabolic profiles and no clinical impairment. These discrepancies underscore the limitations of BMI in pediatric populations and the potential harm of overdiagnosis, unnecessary labeling, and stigmatizing narratives when body size is equated with disease. By applying the 2025 Obesity Classification Framework, we identified heterogeneous phenotypes that differentiate metabolic risk from body size, providing a more nuanced and clinically useful approach. This framework allows recognition of children with normal BMI but hidden risk, as well as those with elevated BMI yet preserved health, reducing false positives and negatives. A multidimensional model of assessment has the potential to improve early detection of true cardiometabolic risk, reduce misclassification, and align prevention efforts with a weight-inclusive, stigma-reducing approach. Importantly, such refinement in diagnostic practice may help prevent the cascade of negative psychosocial consequences, including weight stigma and increased vulnerability to disordered eating, while ensuring that interventions are targeted only when clinically justified.

Learning Objectives

- Describe the application of the 2025 Obesity Classification Framework in children, highlighting its ability to differentiate metabolic risk from body size and provide a more clinically useful assessment.
- Identify the limitations of BMI as a sole indicator of pediatric obesity and recognize how BMI-driven misclassification can contribute to weight stigma and risk for disordered eating.
- Discuss how multidimensional approaches to pediatric obesity assessment can reduce overdiagnosis, guide appropriate interventions, and support weight-inclusive, stigma-reducing clinical practice.

Authors: Cipatli Ayuzo-del Valle, Clínica de Adolescentes, Tecnologico de Monterrey

Culturally Inclusive Appearance Satisfaction Measure Uncovers Ethnic Differences in Eating Disorders

Abstract: Eating disorders affect women of all ethnicities, but research suggests that Black women might be less at risk compared to White women. However, risk factors are often assessed with measures that might reflect White women's risk factors better than Black women's. This study examined whether a newly developed, culturally non-specific measure of appearance satisfaction, derived from happiness research and constructed to minimise Western beauty bias, can improve understanding of appearance-related experiences in Black women. Using this novel measure, we investigated whether Black women are indeed less at risk for eating disorders, and if sociocultural and appearance-related beliefs predict appearance satisfaction between groups differently, thus identifying unique risk factors to eating disorders for different ethnicities. In an online survey, UK Women (Black = 360, White = 309) first completed the new Appearance Satisfaction scale, comprising cognitive appraisal and affective reactions towards appearance. We further measured eating-disorder symptoms, internalisation of sociocultural beauty standards, and beliefs about appearance. First, we established the reliability of the Appearance Satisfaction Scale. Factor analysis showed high factor loadings for Cognitive, Positive and Negative Affect across groups (Black: .865–.524; White: .997–.573). Internal reliability analysis showed excellent reliability (all Women α =.88, Black women α =.87, White women α =.85). We then tested the validity of the scale, finding that appearance satisfaction correlated substantially with global eating disorder symptoms and all subscales, indicating that lower appearance satisfaction predicts higher eating disorder symptomatology across groups. We then compared the appearance satisfaction of Black and White women, finding that Black women were more satisfied with their appearance compared to White women. Importantly, subsequent regression analyses suggested that unique factors drive appearance satisfaction in Black women (media and family pressures) compared to White women (thin-internalisation, appearance beliefs). The study introduces a reliable, culturally inclusive measure of appearance satisfaction and demonstrates its utility across ethnic groups. Importantly, our findings also suggest that the underlying predictors of appearance satisfaction and eating disorder risk differ across ethnicities.

Learning Objectives

- Recognise that risk factors for eating disorders may differ across ethnic groups and can be influenced by cultural bias measurement.
- Understand how a culturally inclusive appearance satisfaction measure can reduce bias and capture ethnic differences.
- Discuss how identifying culturally specific risk patterns can inform more inclusive research and interventions.

Authors: Oreoluwa Bademosi, City, St. Georges University of London; Andreas Kappes, City, St. Georges University of London

Examining Movement from Partial Recovery to Full Recovery Over a 1-Year Period

Abstract: Recovery from an eating disorder can involve moving through different stages. One validated approach operationalizes full recovery as meeting criteria for physical (BMI ≥18.5 kg/m2), behavioral (no eating disorder behaviors in the past 3 months), and cognitive (all EDE-Q subscales within 1 SD of age- and gender-matched norms) recovery, and partial recovery as meeting criteria in exactly two of these three domains. This study tests potential predictors of movement from a "partial recovery" state to full recovery over a 1-year period. Participants were female former patients from inpatient and outpatient eating disorder clinics in Southeastern US. For the purpose of this study, we focused on those who met criteria for partial recovery at baseline and participated in the follow-up data collection (N = 52). Potential baseline predictors examined included: self-esteem (which has preliminary support as a predictor of recovery), body image (which is among the last of the eating disorder aspects to resolve in recovery), and variables related to subjective stage of change in the recovery process. Logistic regression was used to identify significant predictors of full recovery. Nineteen (37%) of the women in partial recovery at baseline met criteria for full recovery at 1-year follow-up, while 33 were either still in partial recovery (n = 20) or had relapsed/worsened (n = 13). Self-esteem did not predict movement from partial recovery to full recovery (p = .447). Among body image variables, body surveillance was not significant (p = .121), but body shame was significant (OR = .60, 95% CI [.37, .99], p = .044) such that lower body shame at baseline increased the likelihood of full recovery at 1-year follow-up. Among variables related to subjective stage of change, neither perceiving oneself to be further along in the recovery process (p = .156) nor reporting less of an eating disorder focus in one's daily life (p = .120) was a significant predictor of increased likelihood of being in full recovery using a validated recovery operationalization. Thus, only body shame predicted movement from partial recovery to full recovery over a 1-year period. Given that attitudes toward one's body are among the most recalcitrant eating disorder symptoms to change, it makes sense that improvement in this area may be key to fuller and more stable recovery. These findings suggest body shame in particular as a promising target of intervention.

Learning Objectives

- Describe eating disorder recovery categories using standardized, validated recovery criteria.
- Understand the conceptual and empirical reasons for the potential predictors examined.
- Reflect on clinical implications of body shame, as a specific body image-related variable, that may predict movement from partial recovery to full recovery.

Authors: Anna Bardone-Cone, University of North Carolina at Chapel Hill; Hunna Watson, University of North Carolina at Chapel Hill; Nancy Zucker, Duke University; Cynthia Bulik, University of North Carolina at Chapel Hill

Lived Recovery: Exploring Subjective Experiences in Women Meeting Standardized Recovery Criteria

Abstract: There is value both in a consensus definition of eating disorder (ED) recovery for research purposes and in understanding individuals' subjective sense of recovery. This study used a mixed methods approach to expand our understanding of recovery. Participants were female former patients from outpatient and inpatient ED clinics in Southeastern US. Applying a standardized, validated operationalization of recovery, 37 met criteria for full recovery (physical, behavioral, and cognitive domains) and 59 were categorized in partial recovery (meeting recovery criteria in exactly two of the three domains). Participants also provided self-reports of their recovery experiences, including whether they personally identified as being in recovery, using a motivational stage of change measure. The full recovery group was significantly more likely than the partial recovery group to self-identify as: in recovery (76% vs 34%; $\chi 2$ (1, N = 96) = 15.88, p < .001); having given up dieting (54% vs 31%; $\chi 2$ (1, N = 95) = 4.99, p = .033); and having none of their daily life revolve around the ED (87% vs 36%; $\chi 2$ (1, N = 96) = 23.82, p < .001. Groups did not differ significantly in reporting giving up excessive exercise (72% vs 57%; $\chi 2$ (1, N = 85) = 1.98 p = .175) or in reporting they were working toward recovery from the ED mostly for themselves (60% vs 51%; $\chi 2$ (1, N = 94) = .67, p = .526). Qualitative analyses from participants who self-identified as recovered (full recovery, n = 28; partial recovery, n = 20) revealed common themes in how they knew they were recovered, such as: absence of ED behaviors; intuitive eating; not obsessing about food/eating, weight/body, or exercise; no interference from the ED; and a return to life and sense of "normal." Among the full recovery group, there was more discussion of identity, a change in focus from body appearance to body functionality, and acceptance of uncertainty. Overall, qualitative patterns among those who self-identified as recovered revealed that those in full recovery using standardized criteria were more likely to report changes in more domains and those in partial recovery tended to describe their recovery more tentatively; however, all identified as being in a very different place compared to when they had an ED. These findings provide some encouragement for both what recovery can personally mean for individuals and what it can look like when operationalized for research use.

Learning Objectives

- Describe recovery categories using standardized, validated recovery criteria.
- Understand the similarities and differences between the subjective recovery experiences of those in full recovery and partial recovery, per standardized criteria.
- Identify themes of how individuals know they are recovered, including common themes and different patterns of responding based on recovery group status using standardized criteria.

Authors: Anna Bardone-Cone, University of North Carolina at Chapel Hill; Hunna Watson, University of North Carolina at Chapel Hill; Nancy Zucker, Duke University; Cynthia Bulik, University of North Carolina at Chapel Hill

EFA of a cross-translated Portuguese self-acceptance scale for pregnant women in a diverse US sample

Abstract: The prenatal period with notable body changes may lead to increased susceptibility to negative body image, depression, anxiety, and disordered eating. Self-acceptance, or acceptance of one's positive and negative attributes (e.g., one's body, feelings, identity), has been associated with positive psychological outcomes among pregnant women and may serve as a protective factor from the negative effects of body dissatisfaction. The Self-Acceptance Scale for Pregnant Women (SAS-PW) is a 10-item scale with two subscales—Body Acceptance (BA, 7 items) and Pregnancy Acceptance (PA, 3 items)—validated in a Brazilian sample, yet to be validated for US pregnant women. Validating the scale could improve support for pregnant women and be a target for disordered eating interventions. The current study aimed to conduct an exploratory factor analysis (EFA) of the SAS-PW to assess its preliminary structure and applicability among US pregnant women. A sample of 225 pregnant women living in the US was recruited through social media platforms. The average participant was 29 years old (±4.6), in their 17th week of pregnancy (±8), identified as White (88%), and from the South (38.7%). The appropriateness of the EFA was supported by a Bartlett's sphericity test ($p < 0.001$), and all items had Kaiser–Meyer–Olkin values greater than 0.73. The EFA used maximum likelihood factor analysis and promax rotation to validate the theoretical structure. The EFA of the SAS-PW items revealed that two items from the PA subscale and one from the BA subscale had factor loadings below the recommended 0.4, leading to their deletion. The resulting one-factor structure encompasses BA and PA as a combined construct, with 7 items that explain 36.4% of the variance. Reliability analysis indicated good internal consistency (α = .80). The original two-factor structure of the SAS-PW did not replicate in the US sample. The absence of a distinct PA subscale may reflect cultural differences in how self-acceptance is experienced during pregnancy. While the Brazilian validation distinguished between acceptance of one's body and of pregnancy itself, US participants may perceive these as overlapping aspects of a broader construct of self-acceptance. This finding suggests that body acceptance remains closely tied to overall self-acceptance among US pregnant women. Future research should examine whether the original two-factor model or the emerging one-factor best fits through confirmatory factor analysis.

Learning Objectives

- Understand importance of self-acceptance in US pregnant women for body image and eating disorder concerns.
- Learn about the process of cross-cultural validation of scales, specifically exploratory factor analysis.

- Consider cultural differences in the pregnant women experience between Brazilian and US populations.

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Prospective Associations Between Neighborhood Deprivation and Disordered Eating in US Youth

Abstract: Neighborhood deprivation is a well-documented structural driver of mental illness in US-based youth, yet its role in shaping eating disorder risk – overall and across demographic subgroups – is not well understood. To help fill this gap, we examined whether youth exposed to greater neighborhood deprivation in late childhood were more likely than their lesser-exposed peers to engage in disordered eating (DE); we also explored differences in these associations by gender and racialized identity. Data came from the Adolescent Brain Cognitive Development (ABCD) Study, a cohort of youth aged 9–10 years at baseline (2015–17) from 17 states (analytic N=8,289). Neighborhood deprivation was assessed via the Child Opportunity Index (COI), a validated census tract-level measure of neighborhood conditions relevant to healthy development across educational, economic, and environmental domains (range=0–100; higher scores indicated more deprivation). Using baseline COI scores, we fit multilevel logistic models to quantify prospective associations between neighborhood deprivation and three forms of DE – restriction, compensatory behaviors, and binge eating – as derived from the Kiddie Schedule for Affective Disorders and Schizophrenia semi-structured interview that assesses engagement in each form of DE over the past two weeks at the two-year follow-up. Secondary models introduced interactions between COI and gender or racialized identity to explore effect heterogeneity. All models included random intercepts for census tract and adjusted for age and study site. In the full sample, greater neighborhood deprivation was significantly associated with higher odds of all three forms of DE. Specifically, each 1-point increase in baseline COI scores corresponded to higher odds of restriction (OR: 1.19; 95% CI: 1.12, 1.26), compensatory behaviors (1.12; 1.04, 1.21), and binge eating (1.11; 1.05, 1.18) two years later. Significant interactions indicated that associations between neighborhood deprivation and DE were stronger in boys than girls and in Latine and Black youth relative to White youth. Collectively, these findings suggest that neighborhood deprivation may heighten youth's vulnerability to engaging in DE, and disproportionately so for boys and those who are racially marginalized. Future research should examine intersectional effects and mediating pathways to better understand how structural contexts shape eating disorder risk and to guide equity-focused prevention efforts.

Learning Objectives

- Identify neighborhood deprivation as a key structural driver of disordered eating risk among US youth.
- Summarize evidence linking neighborhood-level structural conditions to disordered eating behaviors.
- Discuss how gendered and racialized inequities shape vulnerability to neighborhood deprivation and disordered eating risk.

Authors: Ariel L. Beccia, Department of Epidemiology, Harvard T.H. Chan School of Public Health; Dougie Zubizarreta, Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health; Amanda Raffoul, University of Toronto; S. Bryn Austin, Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health

Bodily Intolerance of Uncertainty: the conceptualization and development of a new scale

Abstract: A growing body of literature supports intolerance of uncertainty (IU) as underlying or as exacerbating symptoms of anorexia nervosa (AN). Although research predominantly conceptualizes IU as a dispositional trait, some studies suggest that situational contexts contributes to the salience of specific stimuli (e.g., body image disturbance). Existing measures capture generalized IU, yet fail to capture the fact that individuals are likely to vary in terms of types of uncertainties that are potentially distressing. Disorder specific scales can be of significant use in advancing theories and may have potential clinical utility. An AN-specific scale for IU, specifically focused on symptoms of a disturbed body image, has not yet been developed. We proposed that the overwhelming and intolerable feelings initiated by the uncertainty that is specifically related to (potential changes of) one's body can be conceptualized as bodily IU.
The present study describes the development and the initial psychometric evaluation of the Bodily Intolerance of Uncertainty Questionnaire (BIUQ). A literature review was conducted that shaped the development of the eleven items of the Bodily Intolerance of Uncertainty Questionnaire (BIUQ). Subsequently, we investigated psychometric qualities of this new questionnaire. Specifically, in Study 1, the content of the questionnaire was evaluated by an expert panel. In Study 2, an exploratory factor analysis revealed a one factor structure of the BIUQ. In Study 3, this one factor structure was validated by a multi group confirmatory factor analysis, and measurement invariance was upheld across different groups varying in terms of gender, age, language, and AN status. In Study 4, the test-retest of the BIUQ over a six-month period was partially supported.
The BIUQ was tested in nearly 1900 participants divided over 7 independent samples including adolescent girls with and without AN, adult men and women, in a Dutch and an English version. A one factor structure was confirmed by a multi group confirmative factor analysis, demonstrating an excellent fit. Furthermore, across studies, internal consistency and construct validity was supported. Across studies, evidence for reliability and (convergent, divergent, and incremental) validity was obtained. Overall, the BIUQ is

a psychometrically sound brief measure to assesses the overwhelming and intolerable feeling initiated by uncertainty that is related to (potential changes of) one's body.

Learning Objectives

- Understand the theoretical rationale for introducing bodily intolerance of uncertainty (BIU) as a construct relevant to anorexia nervosa and body image disturbance
- Learn how the Bodily Intolerance of Uncertainty Questionnaire (BIUQ) was developed and tested across different groups
- Recognize how the BIUQ can be applied in research and clinical settings to better understand and address body-related uncertainty

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Do increasing rates of eating disorder diagnoses among adolescents reflect rising symptom levels?

Abstract: Recent studies from multiple countries suggest that the incidence and prevalence of eating disorder diagnoses in children and adolescents have risen in the last decade. However, few studies have examined the extent to which temporal trends in eating disorder diagnoses and symptom assessments align. Integrating symptom-level and diagnostic data can reveal if increases in diagnoses reflect an increasing symptom burden or is explained by other factors, such as shifting awareness, help-seeking, diagnostic practices or administrative changes. Here, we examined temporal trends in eating disorder diagnoses and symptoms and behaviours in a population-based cohort of children enrolled in The Norwegian Mother, Father and Child Cohort Study (MoBa). We examined trends in eating disorder diagnoses recorded in primary and specialist healthcare across birth cohorts from 2002 to 2009 (N = 113,233). Parent-reported and self-reported eating disorder symptoms and eating behaviour measures assessed between ages 3 and 14 years were also included (n = 703 to 9,581 across measures and timepoints). The proportion of eating disorder diagnoses assigned between 10 and 15 years increased across birth year cohorts from 2002 (0.89%) to 2006 (1.71%) with a small decline observed for children born in 2007 (1.67%) and 2008 (1.64%). The increase was primarily explained by a rising number of diagnoses of anorexia nervosa, other eating disorders, and unspecified eating disorders among girls. Overall, scores for eating disorder symptoms and eating behaviours assessments exhibited limited variation across birth year cohorts. However, for shape concerns at 14 years, a small increase was observed across birth year cohorts 2002 to 2008 in the full sample (standardized z-score increase: 0.12), among boys (increase: 0.11), and among girls (increase: 0.15). Our findings suggest that the rise in eating disorder diagnoses in the paediatric

population in Norway is not clearly mirrored by an increase in eating disorder symptoms and behaviours. The increase may be explained by administrative factors, changing diagnostic practices, increased awareness, help-seeking, and/or improved detection by health care professionals. However, future studies integrating diagnostic and symptom data, in particular incorporating symptom measures which closely align with diagnostic criteria, are needed.

Learning Objectives

- Describe how integrating symptom-level and diagnostic data can clarify temporal trends in eating disorders.
- Understand and describe the extent to which trends in eating disorder symptoms, behaviors, and diagnoses in the MoBa study converge.
- Reflect on potential causes of temporal trends in eating disorders.

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Epigenetic Age Acceleration in Women and Girls with Anorexia Nervosa by Subtype and Illness Duration

Abstract: Studies have shown that a higher epigenetic age – an indicator of biological ageing based on individuals' DNA methylation pattern – is associated with increased risk for various physical and mental-health conditions, as well as higher all-cause mortality. The primary aim of the present study was to test the hypothesis that Anorexia Nervosa (AN) is associated with accelerated epigenetic ageing. We also examined the association between epigenetic age acceleration, AN subtype and illness duration.
We analyzed methylation patterns in whole blood DNA obtained from 221 females (ages 12–58) with active AN (110 AN-Restrictive type [AN-R], 111 AN-Binge-eating/purging type [AN-B/P]) and 93 age-matched individuals with no history of eating disorders (NED). Using methylation data derived from Illumina 450K or EPIC arrays, we computed epigenetic age according to three well-validated methods: Horvath (multi-tissue), Hannum (blood-specific), and GrimAge2 (which incorporates lifestyle and clinical data in the selection of biomarkers). The preceding three methods have previously been shown to capture different aspects of biological aging. Epigenetic age acceleration was estimated by regressing demographic age on epigenetic age and using the residuals as age-adjusted outcome variables in the analyses. Data were analyzed by general linear models and regression analysis.
Smoking was associated with higher GrimAge2 acceleration, irrespective of group

($p<.01$, $\eta^2 = .04$). The AN-R group had lower epigenetic age acceleration compared to the NED group (Hannum clock: p=.01, Bonferroni corrected, d=0.34; GrimAge2 clock: p=.01, Bonferroni corrected, d =0.32) and to the AN-B/P group (Hannum clock: p=.04, uncorrected, d=0.18). There were no differences between the AN-B/P and NED groups. Individuals with a long illness duration (>7 years, n=93) did not differ in epigenetic age acceleration from those with a shorter illness duration (0–7 years).
Despite the many medical complications associated with AN, our results suggest that AN does not impact epigenetic age in the same manner as is observed in several other medical and psychiatric conditions. Currently available epigenetic clocks may not capture the unique medical complications and mortality risk associated with AN. Nonetheless, the finding that individuals with long-standing AN do not have an advanced epigenetic age provides a hopeful indication that the illness is not, at the least, conducive to this one index of physical decline.

Learning Objectives

- 1.Following the training, participants will be able to have an understanding of the role of epigenetic processes in anorexia nervosa.
- 2.Following the training, participants will be able to understand the relevance of epigenetic age in physical and psychiatric disorders, including anorexia nervosa.
- 3.Following the training, participants will be able to understand the role of AN subtype and illness duration in epigenetic age acceleration.

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THE CO-DESIGN OF A BODY IMAGE AND SOCIAL MEDIA LITERACY INTERVENTION FOR TRANSGENDER YOUNG ADULTS

Abstract: Transgender and nonbinary young adults (TNBYA) have elevated risk of body image concerns and eating disorders (ED) compared with cisgender peers. Risk factors in online environments, including social media, may contribute to these inequities. While media literacy interventions have shown promise in reducing ED risk among cisgender youth, there are no such interventions specifically tailored to social media and the needs of TNBYA. A cohort of US-based TNBYA (n=8; ages 21-25 years) were recruited to a paid Young Adult Advisory Board (YAAB) to engage in an iterative human-centered design process. Over the course of five Zoom-based workshops, the group participated in the development of a brief, web-based psychoeducational intervention (“digital toolkit”) that aims to build social media literacy skills among TNBYA. The YAAB helped adapt evidence-based intervention activities addressing cognitive dissonance, critical media analysis, self-compassion, and body-functionality. The YAAB was also involved in

ideation for novel content areas and shaped design decisions in partnership with a graphic designer. The final digital toolkit has a five-part self-paced interactive format. YAAB members completed post-workshop surveys for process evaluation; we analyzed closed-ended questions to assess mean satisfaction and comfortability scores (n=20 evaluation surveys across three workshops) and open-ended questions with rapid thematic analysis. YAAB members reported high levels of satisfaction with the workshops (satisfaction scale 1-10, 10 is highest satisfaction: M=8.95; SD=1.39) and high levels of comfort making contributions during workshops (degree of comfort scale 1-5, higher scores indicating greater comfort: M=4.9, SD=0.32). One member said, “Not only did I have a clear and structured place in the session to express my thoughts about trans body image, I also felt that I was getting some of the benefits of the proposed interventions myself...[It] was another step toward me understanding that yes, body image manipulation in the media really does target and affect me, too.” This co-design process resulted in an innovative digital toolkit to enhance social media literacy and reduce body image concerns for TNBYA. Usability and feasibility testing are currently underway and will further inform the iterative design. This process offers a model for developing web-based interventions with and for underserved communities to enhance ED prevention and reduce ED inequities.

Learning Objectives

- Identify the need among transgender and non-binary young adults for collaboratively devised social media literacy interventions that target body image concerns.
- Analyze the effectiveness of the human-centered co-design process that was employed.
- Discuss potential implications of these findings for eating disorder prevention among marginalized young adults.

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TikTok's Algorithm and Eating Disorder Content: User Exposure, Impact, and Coping Strategies

Abstract: This study examined how TikTok's algorithm affects user exposure to eating disorder content. An international mixed-methods survey of 335 TikTok users from 28 countries (99 male, 231 female, 5 non-binary; ages 16-65) explored whether TikTok promotes specific body ideals, whether users actively seek this content or encounter it passively through TikTok's recommendation algorithm, its impact on their own body

perception, and coping strategies users are employing.

Nearly all participants identified TikTok as reinforcing specific body ideals (thin, muscular, body purity, body acceptance). Users reported both beneficial and harmful impacts: body acceptance content was associated with decreased pressure to conform to societal body ideals, while exposure to thin and fit ideals significantly predicted increased conformity pressure. Over one-third reported TikTok had negatively affected their body perception.

Critically, over half of participants reported passive algorithmic exposure to body image, diet, or fitness content rather than active searching. One-third had encountered eating disorder-promoting content (e.g., pro-anorexia), yet only a small minority actively searched for it, revealing the algorithm's role in unwanted exposure. Users exposed to eating disorder-promoting content reported greater negative impact on personal body image.

Interestingly, rather than utilising platform-provided moderation or reporting tools, users predominantly relied on behavioural coping strategies including "mindful scrolling" to bypass unwanted content, engaging with alternative content to "retrain the algorithm," and modifying interaction patterns. Many expressed frustration over limited control despite these effortful adaptation strategies.

While TikTok can facilitate access to recovery information and supportive communities, eating disorder-promoting content reaches vulnerable individuals through algorithmic mechanisms beyond their control, with measurable negative impacts. The reliance on user-initiated adaptations rather than platform tools highlights gaps in content moderation systems. Mental health professionals should routinely assess social media exposure patterns and help clients develop effective coping strategies while advocating for improved platform safeguards requiring algorithm transparency, enhanced filtering tools, and proactive measures to reduce the burden on users to self-regulate their exposure.

Learning Objectives

- Identify the mechanisms through which algorithmic content curation on social media platforms exposes users to eating disorder-promoting content, distinguishing between active content-seeking behaviours and passive algorithmic exposure.
- Recognise the gap between platform-provided content moderation tools and the behavioural coping strategies users actually employ (e.g., "mindful scrolling," "retraining the algorithm"), and understand the implications for clinical assessment and intervention.
- Integrate routine assessment of social media exposure patterns into clinical practice with clients experiencing body image concerns or eating distress, including advocacy strategies for improved platform safeguards and algorithm transparency.

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Intensive Outreach for Eating Disorders: Case series on Clinical and Treatment Outcomes

Abstract: Although international interest in intensive outpatient programmes (IOPs) for eating disorders (EDs) is increasing, empirical evidence remains limited, particularly within the UK. No prior studies have examined the delivery or effectiveness of IOPs for children and young people in the UK. We aimed to address this gap by presenting quantitative data from a pilot IOP embedded within a UK community ED service for children and young people. Core study objectives included describing the IOP pathway and treatment course, characterising the demographic and clinical profile of IOP patients and evaluating IOP treatment impact. A prospective cohort study was conducted including young people aged 12–18 years referred to the IOP at the Maudsley Centre for Child and Adolescent Eating Disorders between Feb 2024 and Aug 2025. Eligible participants had a diagnosis of an ED according to ICD-11 criteria and had completed the IOP treatment. Data were collected on referral pathways, demographic and clinical characteristics, treatment course, and outcomes (including change in weight and self-reported ED/mental health symptoms). Descriptive statistics paired sample t-tests and Wilcoxon signed rank tests were used to analyse data. The total number of young people referred to the IOP comprised of 91 adolescents (mean age = 14.1, SD =2.2), of which 68 received treatment (mean age = 14.8, SD =1.9). The IOP served a heterogeneous cohort with high rates of psychiatric and neurodevelopmental comorbidity [OCD, n = 10 (15%), ADHD, n = 11 (16%), ASC, n = 30 (44%)]. Treatment delivery included outreach on paediatric wards, intensified outpatient sessions, and consultation with wider care networks. Mean duration of the IOP was 23 days (SD = 10.7). Adolescents with anorexia nervosa (AN) and avoidant restrictive food intake disorder (ARFID) demonstrated significant weight gain during IOP intervention (+3.1kg, $p < 0.001$ and +1.7kg, $p = 0.02$, respectively) and a corresponding reduction in the need for inpatient admission. ED symptom severity did not significantly change over the short IOP duration for any diagnostic group. Findings indicate that a brief IOP intervention is effective for weight restoration in underweight adolescents with EDs, functioning as both step-up care from outpatient settings and an alternative to inpatient admission. Future research should adopt controlled designs, explore long-term outcomes, and examine adaptations for neurodiverse populations.

Learning Objectives

- Describe one example of an intensive outpatient pathway and treatment course
- Understand the demographic and clinical profile of patients that required an intensive outpatient programme

- Describe clinical outcomes of children and young people after with completion of an intensive outpatient programme

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Reconceptualising Anorexia Nervosa: What if we've been wrong all along?

Abstract: Anorexia Nervosa (AN) has the highest mortality rate of the mental disorders and poor treatment efficacy, with a <50% recovery rate. Despite this, presumed constructs of illness on which current treatments are developed are seldom explored and little innovation in phenomenological theory has occurred since the 1990s. This study returns to the foundations of taxonomy by interrogating constructs of illness in AN with those who live it, those who treat it, and those who have studied it, in order to identify more effective therapeutic targets. We undertook a co-designed psychometric network study with individuals aged 14-79 from 35 countries (N=1290, 619 with AN and 671 without). Extensive semi-structured interviews with a smaller group of people with lived experience, clinicians and researchers informed a 286-item survey spanning 28 key constructs of AN. Using advanced network modelling, we mapped symptom connections to identify patterns, clusters, and possible core drivers of the illness. Interviews revealed 34 themes and 125 sub-themes under eight domains, the most dominant being 'anxiety', 'addiction', 'emotion regulation', and 'the good child'. Cognitive behavioural and thin-ideal conceptualisations were challenged by participants. Network analysis showed the most central features of AN to be absence of self, defectiveness and experiential avoidance. Weight and shape valuation did not differ meaningfully between those with and without AN. Findings challenge the dominant body-centric lens through which AN has been theorised since the 90s, pointing instead to fragmented self-concept, emotion regulation difficulties and behavioural addiction, often tied to trauma or disruptions in attachment. For some, the illness is adaptive, for others accidental. Results support calls for an overhaul of current treatments of AN and encourage a more personalised, systems-based approach informed by neurobiology, metabolomics, exposure, developmental factors and lived phenomenology.

Learning Objectives

- Understand ancient and modern theories of AN
- Understand the lived phenomenology of AN, as described in this study
- Identify central drivers of AN as found in this study and apply them to treatment frameworks

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Effects of a Single-Session Body Compassion Exercise on Induced Body Shame in Young Women

Abstract: This study examined the efficacy of a brief writing-based Body Compassion Micro-Intervention (BCMI) in buffering and regulating state body shame and enhancing positive affect, body satisfaction, and body trust following a body shame induction. Fifty-eight women aged 18–28 years (M = 21.66, SD = 2.46) with moderate body concerns completed measures of state body shame, body trust, body satisfaction, and positive affect across four time points. Participants were randomly assigned to receive the BCMI either before and after the body shame induction (BCMI condition) or only after it (control + BCMI). The control task involved recalling a positive event from the previous day. Although marginally significant, the results showed that the BCMI condition (vs. control + BCMI) tended to buffer the effects of induced body shame and its negative consequences on body trust. Interestingly, participants who received the BCMI after the induction reported greater post-intervention improvements in body trust and body shame, particularly those with high trait body shame or low body compassion. These findings suggest that the BCMI may act not only as a protective buffer but also as a useful emotional regulation tool when body shame is already activated. Clinically, these results highlight the potential of brief compassion-based exercises to foster emotional regulation in response to body image threats. Participants' qualitative feedback indicated increased self-awareness and motivation for change (e.g., "I didn't realise how harsh I was toward my body, and I want this to change"), suggesting an experiential shift consistent with compassion-focused therapeutic models. Although preliminary, this study provides novel evidence for the feasibility and clinical relevance of short, low-cost body compassion interventions to mitigate body shame, a core risk factor for eating disorders, and promote body trust and emotional resilience. Replication in larger and more diverse samples is needed to confirm these findings and examine long-term effects on body image and treatment-seeking behaviour.

Learning Objectives

- Explain how body compassion can protect against body shame, a key risk factor for eating disorders.

- Summarise findings from a brief body compassion intervention targeting body image risk factor.
- Discuss implications for prevention and early intervention in eating disorders.

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Inpatient Adolescent Family Table Rounds: Streamlining Communication with Families of Patients with

Abstract: This quality improvement (QI) initiative aimed to streamline and standardize communication in the inpatient medical setting by inviting families to attend daily morning rounds with the treatment team. Families were included as the team reviewed their child's medical updates from the previous 24 hours and developed a care plan for the day, with the goal of creating an environment where all members of the care team conveyed one comprehensive and cohesive message. Our specific aim was to improve the "Staff Worked Together to Care for your Child" top-box score in the Press Ganey survey by 20% within one year using the iterative Plan-Do-Study-Act (PDSA) QI methodology to refine our processes based on feedback from care team members and patients/families. We formed a multi-disciplinary taskforce and leveraged the Family Advisory Council and Patient/Family Experience team to understand the impact of interventions. The first PDSA cycle leveraged feedback obtained from members of the care team and patient families to refine the process. Across three additional PDSA cycles over 4 months, we created a formal process map, scripts to promote standardization and educational family facing materials. Data was collected via time studies to evaluate efficiency. There was a significant improvement in top-box score for the "Staff Worked Together to Care for your Child" metric of the Press Ganey survey, from 67.4% for the 12 months preceding the QI interventions to 84.2% following the intervention. While not a specific aim, the top-box scores for "Likelihood to Recommend" metric (LTR) also significantly improved from 79.1% to 84.2%. The LTR and Teamwork scores continue to be ranked above the enterprise targets. Using PDSA QI methodology the KOPH Adolescent multi-disciplinary team successfully integrated families into their morning rounding process, created a mechanism for delivery of consistent and cohesive care plans and communications, and improved the patient family experience. The development of scripts and family facing educational materials helped set expectations for families about the length and purpose of these rounds, allowing the multi-disciplinary team to move efficiently through a full patient census.

Learning Objectives

- Identify methods of improving communication with families in the inpatient medical setting
- Discuss quality improvement principles
- Identify methods of improving efficiency in communication with families when working with a large multidisciplinary team

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Nominal Group Technique as a Tool for Co-Production: Positives, Pitfalls and Principles for Action

Abstract: Nominal group technique (NGT) has gained promise in the field of eating disorders as a methodology for achieving consensus among, at times, otherwise discordant stakeholders, including those with lived experience, clinicians and researchers. The approach is often used to identify priorities, solve problems or agree recommendations, and has been appraised as a novel method which balances the technocratic and democratic operationalisations of co-production in academia, as it both platforms lived experience voices and employs a degree of scientific rigour. The staged method, which involves silent idea generation, clarification and consolidation discussions, and anonymous voting, offers structure while being flexible and responsive to original insights from stakeholders. However, epistemological hierarchies, group dynamics and power structures can bring into question the authenticity of NGT as a mechanism for achieving authentically co-produced outcomes. In this presentation, we will draw on several examples of applying NGT in practice. These include agreement on the measures and variables to include in a national dataset as part of the Eating Disorders Clinical Research Network (EDCRN) and a consensus building exercise agreeing cultural adaptations needed to a school-based prevention programme (The Body Project) for a South Asian population, and for the co-creation of resources designed to improve help-seeking among men with eating, exercise, and body image concerns. We will explore the benefits and limitations of applying NGT across various settings – and with underrepresented, marginalised groups - reflecting on our own positionality within these exercises (e.g. among those of us occupying dual experience - lived experience and researcher/clinician - perspectives). We will contrast the NGT methodologies with alternative, bottom-up approaches - drawing on insights from lived experience representatives and again elucidating both the opportunities and challenges of employing this approach. We will conclude by presenting principles for co-production, examining how NGT and other approaches converge and diverge around these. We will

apply these principles to recommend adaptations for future applications of NGT and other co-produced and consensus methodologies.

Learning Objectives

- Explain different possible applications of NGT within the eating disorders field.
- Articulate the benefits and pitfalls of applying NGT within eating disorders research.
- Understand how NGT and other consensus approaches can be adapted to comply with best practice principles for co-production.

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Machine Learning Predictions of Binge Eating Episodes

Abstract: Recent research demonstrates that machine learning applied to intensive ecological momentary assessment (EMA) data can accurately predict health behaviors such as binge eating. While EMA captures momentary mental and emotional states, it is contingent upon participant responsiveness to prompts. Passive sensing data, meanwhile, can be continuously recorded via mobile devices and wearables, allowing for the assessment of variables such as physical activity, heart rate, heart rate variability, and sleep—factors theoretically important in binge eating. Despite technological advancements, limited studies have examined the predictive value of these passive sensing variables for binge eating. Therefore, the present study applied machine learning to analyze both EMA and passive sensing data from ten women (age=27.55 [8.46], body mass index = 22.13 [2.2]) who had clinically significant eating disorder symptoms measured by the Eating Disorders Examination Questionnaire. Participants wore smartwatches for 30 days. During this period, they received six fixed-time EMA surveys about mood states, mental and physical fatigue, perceived stress, self-critical thoughts, hunger, craving, body dissatisfaction, any eating episode since the last prompt, any binge eating episode since the last prompt. Participants could also complete event triggered EMA surveys when they experience any binge eating episodes. The passive sensing data collected from the wearable included physical activity, heart rate and heart rate variability, and sleep and wake durations. In 30 days, 1508 out of 1692 EMA surveys were completed, recording 56 instances of binge eating episodes out of 608 eating instances. Machine learning generated a group prediction that achieved decent accuracy (sensitivity=0.72, specificity=0.74). Individualized predictor models achieved better accuracies with sensitivity and specificity estimates reaching 0.80. These models revealed that passive sensing data—increased wake duration and later bedtime in the previous night, lower heart rate variability and higher physical activity in the past 3 hours, and EMA—hunger, craving, negative mood, and impulsivity—are major predictors of binge eating. These findings provide momentary evidence for the causal

roles of these risk factors in binge eating and show promise in the integration of machine learning in just-in-time adaptive interventions.

Learning Objectives

- understand how machine learning can be used to integrate both ecological momentary assessment and passive sensing data to predict binge eating episodes
- identify the real-time risk factors of binge eating episode
- recognize the utility of machine learning in enhancing and providing real-time interventions

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A Pilot fMRI Study of Decision-Making Under Uncertainty in Anorexia Nervosa

Abstract: Anorexia nervosa (AN) is characterized by decision-making that demonstrates an intolerance of uncertainty (IU) focused on food of unknown caloric content. Neuroeconomic decision-making models have been proposed to distinguish uncertainty into "risk" (known probabilities) and "ambiguity" (unknown probabilities), which are processed by distinct neural networks, but these models have not been applied to understand IU in AN. This pilot fMRI study aimed to use such models to determine if IU in AN involves differential neural processing of these two uncertainty types. Nine female adults with anorexia nervosa (mean age = 27.1 ± 6.7 years) and nine female adult controls (mean age = 27.5 ± 5.8 years) performed a validated lottery test of uncertainty during functional magnetic resonance imaging. The task required choices between a standard option and either risky or ambiguous lotteries, followed by feedback linking their performance to subsequent food choices. Bayesian hierarchical models that predicted choice on each risk and ambiguity lottery based on the subjective value of the uncertain option versus the standard option were entered as parametric modulators of the neural response to the two types of lotteries. Results showed adult females with AN exhibited significantly greater activation of an extended network of cingulo-opercular-frontoparietal regions than controls despite similar choices of the ambiguous lottery tickets (T-value ≥ 2.57, $p < 0.01$, kappa > 50 voxels). In contrast, participants with AN were more risk averse behaviorally and showed significantly reduced activation of prefrontal and temporoparietal regions than controls (T-value ≥ 2.57, $p < 0.01$, kappa > 50 voxels). These preliminary findings reveal functional abnormalities in two distinct neural networks for decision-making under uncertainty in AN. The pronounced over-activation of the cognitive control network during ambiguous decisions suggests individuals with AN expend greater cognitive effort to process ambiguity. This neural inefficiency, coupled with reduced activation and greater aversion during risky decisions, could help explain the anxiety, rigid food-related rules, and avoidance behaviors observed when individuals with AN are confronted with uncertain food content. Given the

small sample size of this pilot study, future research should confirm these findings in larger, adequately powered samples.

Learning Objectives

- Define the two key types of uncertainty—risk and ambiguity—used in neuroeconomic models to study decision-making.
- Describe how individuals with anorexia nervosa show distinct behavioral and neural patterns for each uncertainty type.
- Explain how these findings provide a potential neural basis for clinical symptoms in anorexia nervosa.

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Dynamic associations between sleep and emotional eating: A seven-day daily EMA Study

Abstract: Existing literature has found a prospective association between poor sleep and disordered eating, but few studies have examined their potential bidirectional relationship. The present study investigated the bidirectional associations between nightly sleep and disordered eating using a seven-day ecological momentary assessment (EMA) design. Eighty-five adults (81.7% female; M_age= 33.78, SD = 9.83; M_BMI = 25.55, SD = 6.26) with elevated emotional eating tendencies (Dutch Eating Behavior Questionnaire score >= 3.25) completed four EMA surveys daily (9:00, 14:00, 18:00, 23:00) assessing sleep and overeating (OE) episodes (triggered by negative emotions, external cues, and/or a loss-of-control feeling). Multilevel linear models examined how nightly sleep predicted next-day eating while controlling for gender, age, and BMI. The aggregated model across all four assessments found that poorer between-subject sleep quality (SQ) predicted external-cue-driven ($p = .009$) and loss-of-control OE ($p = .006$), while poorer within-subject SQ predicted more negative-emotion driven OE ($p = .031$). Sleep duration (SD) was not a significant predictor. We also examined each time period separately and found that participants with better between-subject SQ showed significantly lower frequency of external-cue-driven OE episodes in all time periods. Poorer within-subject SQ (both $p < .01$) and shorter SD ($p = .03$) respectively predicted more negative-emotion and loss-of-control driven OE, but not external-cue-driven OE, only during 23:00-9:00. In the reverse direction, after controlling for prior-night SD and SQ, gender, age and BMI, daytime OE did not predict subsequent-night sleep outcomes. Overall, our findings suggest that SQ may have a more salient association with OE than SD. Specifically, poorer habitual SQ was more related to OE driven by external cues and loss of control, whereas poorer nightly SQ was more closely associated with emotional OE. Meanwhile, the null reverse effect indicates that poor sleep functions primarily as an antecedent rather than a consequence of OE. These

findings indicate the importance of improving SQ in interventions for disordered eating and highlight the need for future studies exploring the potentially different mechanisms underlying the relationship of sleep quality with emotional eating and with external eating.

Learning Objectives

- Distinguish how habitual vs. nightly poor sleep quality relates to different types of overeating.
- Compare the relative importance of sleep quality versus sleep duration as predictors of overeating behaviors.
- Understand what EMA findings suggest about the relationship between sleep and disrodered eating.

Authors: Aurelia Xi Chen, Icahn School of Medicine at Mount Sinai; Wai Sze Chan, The University of Hong Kong

Improving Body Image in Female Chinese Social Media Users with Eating Disorder Symptoms

Abstract: Social media use is a risk factor for eating and body image disturbances. The overlap between social media and eating and body image disturbances is particularly concerning given an estimated billion social media users in China, especially females. This highlights the need for scalable, culturally adapted prevention and intervention strategies. This study developed and evaluated two online, self-guided, single-session interventions (SSIs), including a Media Literacy Intervention (MLI) and a Body Functionality-focused expressive writing Intervention (BFI), alongside waitlist controls, in improving body image among adult female Chinese social media users with eating disorder (ED) symptoms. A total of 204 female social media users with ED symptoms (Mage = 22.4) were recruited via Xiaohongshu (Little Red Book) and randomized to the MLI (n = 68), BFI (n = 68), or waitlist control group (n = 68). Primary outcomes included measures of negative and positive body image. Secondary outcomes included measures of ED psychopathology and psychological distress. Assessments were conducted at baseline, 1-week post-intervention, and 4 weeks of follow-up after baseline. Both MLI and BFI interventions significantly outperformed the waitlist control on primary and secondary outcomes. The two interventions demonstrated comparable efficacy across most domains, except for eating flexibility, where BFI yielded greater improvements. Intervention uptake was high (93%), and most participants (95%) reported they would recommend the intervention to others. SSIs show promise as accessible, acceptable, and effective tools for improving body image and reducing ED symptoms among Chinese female social media users with ED symptoms. Future research should conduct larger-scale studies to examine their effectiveness and long-term impact.

Learning Objectives

- Describe the efficacy and cultural adaptation of two online, self-guided, single-session interventions – a Media Literacy Intervention (MLI) and a Body Functionality-focused Intervention (BFI) – in improving body image and reducing eating disorder symptoms among Chinese female social media users.
- Compare the primary mechanisms and outcomes of the MLI (targeting external sociocultural pressures) and the BFI (targeting internal body functionality appreciation), including their differential impacts on outcomes such as eating flexibility.
- Discuss the implications of using scalable, digital single-session interventions for expanding accessible mental health support for body image and eating concerns in high-risk populations, particularly within the Chinese socio-cultural context.

Authors: Yunyi Cheng, The Chinese University of Hong Kong, Shenzhen

Partial Sleep Deprivation Increases Craving to Food Cues in People With Emotional Eating

Abstract: Previous research has shown that experimental sleep deprivation induced increased desire and craving specifically for highly palatable food in generally healthy individuals. However, these experimental paradigms often involved a single-night total sleep deprivation, which does not represent typical sleep loss patterns in real life. Additionally, this effect has not been examined in people with elevated emotional eating, who may be more vulnerable to the effect of sleep on food craving. This study investigated the effects of 3-night partial sleep deprivation (PSD) on food craving in people who had elevated emotional eating, indicated by a score of 3.25 or higher on the Dutch Eating Behavior Questionnaire (N=78, mean age=31.09, 75.03% female) completed a randomized cross-over design comparing three nights of PSD (<5h/night) versus normal sleep condition (NSC; >7h/night). Following each condition, participants were told to refrain from eating for at least three hours before coming to the laboratory session. They completed a computerized food cue reactivity task measuring craving via Food Craving Questionnaire-State (FCQ-S). They viewed two randomized blocks of food pictures, each block containing either six high-palatability food cues (e.g., hamburger) or six low-palatability food cues (e.g., corn on the cob). They reported their craving on the FCQ-S after viewing each block. The FCQ-S measures food craving state in five dimensions: desire to eat, anticipation of positive reinforcement, anticipation of relief from negative states, loss of control, and physiological hunger. Robust linear mixed modeling was used to evaluate the effects of sleep and its interaction with food palatability on the FCQ-S. No interaction effect between sleep condition and food cue type was found. The main effect of sleep was significant—participants in the PSD condition had higher food craving than those in NSC (b=1.00, p=.01). Similarly, the main effect of food palatability was significant—high-palatability food cues elicited stronger craving than low-palatability foods (b=3.00, p<.001). In contrast to previous study showing sleep loss increases craving ratings for highly palatable food, this study found

no specificity in people with emotional eating, suggesting that people with elevated emotional eating might respond differently to sleep loss than healthy populations. Future work should also investigate how increased general food craving elicited by sleep loss influences sub

Learning Objectives

- Evaluate the ecological validity of three-night partial sleep deprivation paradigm for studying naturalistic sleep loss patterns and their effects on food craving
- Understand how partial sleep deprivation affects general food craving across food types in adults with elevated emotional eating
- Recognize that adults with elevated emotional eating may show different craving responses to sleep loss, contrasting with palatability-specific effects in previous research

Authors: Wing Yee Cheng, The University of Hong Kong; Wai Sze Chan, The University of Hong Kong

Testing the Tripartite Influence Model among Chinese Transgender and Gender-Diverse Adults

Abstract: Transgender and gender diverse (TGD) people face elevated risks for eating and body image disturbances. The tripartite influence model has been validated as an explanation for eating and body image disturbances in general populations. However, few studies examined the tripartite influence model in TGD adults, mainly by conflating individuals with different gender identities, and prior studies were conducted in Western contexts. Thus, the suitability of the tripartite influence model in non-Western contexts (e.g., China) remains unknown. To fill these gaps, this study examined the tripartite influence model in Chinese TGD adults by gender identity. Participants included 410 TGD adults in China recruited online (142 transgender women, 92 transgender men, and 176 non-binary people). All participants completed measures assessing core variables in the tripartite influence model. We conducted ANCOVAs (controlling for age and body mass index) to examine group differences in the variables of the tripartite model and multi-group path analyses. Results showed that transgender women reported higher thin-ideal internalization, body fat dissatisfaction, and thinness-oriented disordered eating than transgender men and non-binary participants; transgender men reported higher muscular-ideal internalization and muscularity dissatisfaction than the other groups; non-binary participants showed intermediate levels in most variables. Appearance pressures were directly and/or indirectly related to eating disturbances through internalized body ideals and body dissatisfaction. Findings underscore heterogeneity across TGD subgroups in China and partially support tripartite processes, while indicating model refinements are needed for TGD adults. Tailored prevention and intervention efforts should consider distinct risk pathways related to eating disturbances by gender identity.

Learning Objectives

- Identify the key differences in appearance pressures, body ideal internalization, body dissatisfaction, and disordered eating behaviors among transgender women, transgender men, and non-binary individuals in China.
- Describe how the Tripartite Influence Model applies differently across gender identity subgroups in Chinese transgender and gender-diverse adults, including the distinct pathways from sociocultural pressures to disordered eating.
- Discuss the clinical and cultural implications of the findings for developing tailored interventions and support strategies for eating disorder psychopathology in Chinese transgender and gender-diverse communities.

Authors: Yunyi Cheng, The Chinese University of Hong Kong, Shenzhen

Avoidant/restrictive food intake disorder (ARFID) in children with and without food allergy

Abstract: Emerging research suggests food allergy may be associated with a higher risk of eating and feeding disorders, however data on the prevalence of Avoidant Restrictive Food Intake Disorder (ARFID) remains limited in both the general and food allergy populations. ARFID is characterized by limited food intake due to lack of interest in eating, sensory aversion, and/or fear of adverse consequences without body image concerns, leading to nutritional deficiency, growth issues, and/or psychosocial impairment. In this study we describe the prevalence of possible ARFID overall and among children with allergic disease as well as specifically examine whether ARFID was more common in children with and without food allergy. The HealthNuts study recruited 5,276 1-year-olds across Melbourne, Australia who were followed to age 10 with repeat food allergy tests and questionnaires including the Food Allergy Quality of Life tool. Children assessed after 10th April 2019 completed the Eating Disorders in Youth Questionnaire (EDYQ), the only validated ARFID tool available for this population at the time. Our definition of possible ARFID included participants across the weight spectrum. A total of 951 children completed the EDYQ. The overall prevalence of possible ARFID was 21% (95% CI 19 – 24%). Prevalence of possible ARFID was higher in children with current allergic comorbidities compared to without (25% vs 18%, p=0.014). This was primarily driven by hay fever (26% vs 18%, p=0.004). The prevalence of possible ARFID was similar in children with current food allergy compared to without, 23% (95% CI 16–32) vs 21% (95% CI 18–24). Additionally, 10% (n=11/105) of children with food allergy reported anxiety and/or psychosocial impacts related to their allergy that were not captured by the EDYQ. In conclusion, possible ARFID was high in children with and without food allergy. The EDYQ may lack sensitivity to detect ARFID in food allergy populations, as it does not capture fear of aversive consequences related to allergic reactions. As a subtype of fear of aversive consequences, fear of allergic reactions may be an important presenting feature of ARFID in those with co-occurring allergy. Newer ARFID tools incorporating fear of allergic reactions have since become available. Future

research should focus on validating new ARFID diagnostic measures in food allergy cohorts, which will guide the use of screening tools in allergy clinics and provide more precise prevalence estimates.

Learning Objectives

- describe the relationship and clinical characteristics associated between food allergy and ARFID in children.
- identify key challenges in assessing and diagnosing ARFID in children with food allergy, including limitations of current screening tools.
- describe the main ARFID phenotypes/presentations in food allergy populations

Authors: Daniela Ciciulla, 1. Murdoch Children's Research Institute; 2. Centre for Food and Allergy Research, 3. Melbourne Uni; Vicki McWilliam; Michele Yeo; Mimi Tang; Jennifer Koplin; Rachel Peters; Kirsten Perrett

Exploring the Role of Anticipatory Pleasure in Affective Urgency and Binge Eating

Abstract: Negative and positive urgency, or impulsivity in response to negative and positive emotion, respectively, are risk factors for binge eating. Binge eating may be a functional response to positive and negative emotions. Research shows that anticipatory pleasure is heightened in individuals who engage in binge eating. The current study tests the moderating role of anticipatory pleasure in the relationship between negative and positive urgency and binge eating, respectively. Participants, recruited through community outreach or undergraduate psychology courses at a Northeast University, are from a larger two-time point study on body-image, eating behavior, and well-being in Asian and White individuals. Two separate moderation analyses were conducted to examine the effects of anticipatory pleasure (Time 1) on the relationship between the two types of affective urgency (Time 1) and binge eating (Time 2). Results revealed no significant interaction effect between anticipatory pleasure and either type of affective urgency on binge eating (all ps < .05). In the model testing negative urgency, there were significant main effects of negative urgency (B = -3.581, SE = .527, t = -6.79, p < .001, 95% CI [-4.619, -2.542] and anticipatory pleasure B = .843, SE = .424, t = 1.987, p = .048, 95% CI [.008, 1.678] on binge eating. Greater negative urgency and greater anticipatory pleasure were both predictive of greater binge eating symptoms. For the second model testing positive urgency, there was a significant main effect of positive urgency,(B = -3.236, SE = .508, t = -6.369, p > .001, 95% CI [-4.246, -2.235]), but no main effect of anticipatory pleasure, B = .737, SE = .429, t = 1.716, p = .087, 95% CI [-.109, 1.582] on binge eating symptoms. Greater positive urgency was predictive of binge eating symptoms. While anticipatory pleasure contributed to binge eating symptoms when considered along with negative urgency, its role diminished when positive urgency was considered in the same model as anticipatory pleasure. It is possible that there are conceptual overlap between anticipatory pleasure and positive urgency in the context of binge eating. Future research is needed to determine if anticipatory pleasure is

subsumed by the positive affect experienced when binge eating is precipitated by positive urgency. Implications from the current findings suggest that negative urgency, positive urgency, and anticipatory pleasure may be targeted in treatment for binge eating symptoms.

Learning Objectives

- Identify affective urgency as a risk factor for binge eating.
- Understand the different contributing effects of affective urgency and anticipatory pleasure.
- Recognize the conceptual overlap of positive urgency and anticipatory pleasure.

Authors: Kyra Citron, Hofstra University; Sarah Dolan, Hofstra University; Tanvi Pawar, Hofstra University; Angelique Simeone, Hofstra University; Tilly Chamberlain, Cohen Children's Medical Center; Tanya Verma, Hofstra University; Ayla Gioia, NYU Langone Hospital; Mun Yee Kwan, Hofstra University

Momentary Posttraumatic Avoidance Symptoms and Eating Pathology in Daily Life

Abstract: Approximately 18% to 25% of patients with an eating disorder (ED) also meet diagnostic criteria posttraumatic stress disorder (PTSD). While theoretically, symptoms of PTSD and an ED are functionally related, limited research has examined the relationship between PTSD and ED symptoms longitudinally. Avoidance of trauma reminders is required for a diagnosis of PTSD and greater avoidance symptoms are associated with greater functional impairment. The current study therefore sought to explore the association of avoidance symptoms with concurrent and subsequent body dissatisfaction, fear of weight gain, restriction, loss of control eating, and purging. Participants (N = 50) with elevated PTSD and ED symptoms completed an ecological momentary assessment (EMA) protocol across 14 days, completing prompts 6 times a day. Multilevel modeling was used to test within-person associations between avoidance and eating pathology with average avoidance included as a cross-level moderator. Higher-than-usual avoidance was associated with greater concurrent restriction ($b = 0.14$, $p < .001$), body dissatisfaction ($b = 0.44$, $p < .001$), loss of control eating ($b = 0.20$, $p < .001$), and fear of weight gain ($b = 0.40$, $p < .001$). Associations with purging were non-significant ($p = .25$). Both body dissatisfaction ($b = -0.21$, $p < .001$) and fear of weight gain ($b = -0.18$, $p < .001$) were moderated by average avoidance, such that the association between avoidance and the outcomes was strongest among individuals lower in average avoidance symptoms. Lagged models showed that higher avoidance at the prior prompt predicted higher body dissatisfaction ($b = 0.12$, $p = .027$). There was a significant moderation effect, such that prior avoidance was associated with greater fear of weight gain ($b = 0.16$, $p < .001$), with a weaker relationship among those higher in average avoidance ($b = -0.08$, $p = .011$). Associations with restriction, loss of control eating, and purging were nonsignificant (ps > .10). These findings indicate that

momentary posttraumatic avoidance symptoms are associated with food restriction, body dissatisfaction, loss of control eating, and weight-related fear. Prior avoidance symptoms are associated with greater body dissatisfaction and fear of weight gain. Future research should determine whether targeting avoidance symptoms in treatment leads to greater improvements in body dissatisfaction and fear of weight gain.

Learning Objectives

- Describe the theoretical functional relationships between posttraumatic stress and eating pathology
- Describe how momentary posttraumatic avoidance symptoms relate to concurrent and next-prompt changes in eating pathology in the current study.
- Describe how the current findings apply to research and treatment of the PTSD-ED comorbidity.

Authors: Alexandra Convertino, California State University, Dominguez Hills

Algorithmic Digestion: the Techno-logics Mediating Mouths

Abstract: When machines mediate between humans and their bodies, humans treat their bodies like machines. This paper investigates the mechanical processes of popular health oriented personal media—apps, devices, wearables, smart scales, virtual exercise programs, digital weight-management platforms, etc.—and develops the theory of algorithmic digestion to describe the practice of nourishing the body according to technologically generated inputs that are then reordered, ranked and calculated to form actionable outputs. Techno-logics of quantification and precision structure eating as a feedback loop; they interpret food and bodies, transform them into to digital data, use that data to direct care for the body, measure the outcomes of that care technologically, live on as aggregate data points against which future inputs and outputs are evaluated. I draw on Philip Agre's capture model of technological surveillance and Anne Balsamo's model of the techno-body to describe the emergingly dominant mode of optimizing the nourishment of the body based on an uninterrupted stream of mediated inputs. Furthermore, I demonstrate how new technological affordances generate new individual and cultural capacities for materially and symbolically disciplining bodies according to their weight by assigning new truths to measurements that are achieved and delivered technologically. As more eaters mediate their mouths there is added pressure. It is culturally accepted that individuals have all the right tools to control their weight, therefore, how astute everyone is to interpret, adhere to, and operationalize their data—what I call algorithmic digestion—is the determining feature of their weight. This paper demonstrates a need for eating disorder professionals to understand the intricacies of mediated meaning making that shape individual eating behaviour as well as the cultural disciplinary pressures of assigning tools, numeric values, and measurable outcomes to nourishment.

Learning Objectives

- Consider the role of mediation in eating practice and behaviour and locate how mechanical logics structure human patterns of thought and behaviour.
- Have a general understanding of the top devices, technologies, platforms that people use to interpret their bodies and eating behaviours.
- Think critically about the logics technologies impose on nutrition when all information about food and bodies is translated into digitally legible, indexable and storable data. Consider how these impact individual bodies as well as cultural norms about weight management.

Authors: Julia Costanzo, University of Toronto

In the Mirror Functional Appreciated Bodies. A Randomized Control Trial of a Body Image Intervention

Abstract: Body functionality refers to what the body can do: physical abilities, health, sensations, creativity, communication, etc. Body functionality interventions and mirror exposures (MEs) improve body image, including two pilot studies combining body functionality with ME. In the Mirror: Functional Appreciated Bodies (IM FAB) is a digitally-delivered micro-intervention that incorporates body functionality with ME. The current study adds to previous work by rigorously examining key body image outcomes with a randomized control study design with three groups. The present study compared 3-week (1) functionality-based ME and functionality-based text prompts ("Functionality"), to (2) non-functionality-based ME and non-body related gratitude text prompts ("Active Comparator"), and (3) self-report measures (no intervention) "Assessment Only." Measures of body image, eating disorder symptoms, body checking, body image avoidance, body appreciation, and functional appreciation were administered at baseline (T1), post-intervention (T2), one- (T3) and four-month (T4) follow-ups. Analyses included 287 female-identifying undergraduates at two institutions with M(SD)AGE = 19.8(1.4) years. Using multilevel modeling, the Functionality condition demonstrated significant improvements relative to the Active Comparator condition in Functionality Appreciation at T2 (β = -0.38) and T4 (β = -0.24), Body Appreciation at T2 (β = -0.28), and eating disorder symptoms at T2 (β = 3.80). Further, the Functionality condition exhibited significant improvements compared to the Assessment Only condition in functional appreciation at T2 (β = -0.28), appearance evaluation at T3 (β = -0.21) and T4 (β = -0.21), and body checking at T3 (β = 5.54). No other comparisons were consistently significantly different. IM FAB may be effective in increasing important aspects of body image disturbance, including functional appreciation and eating disorder symptoms above and beyond traditional, non-functionality-focused ME. Further, IM FAB has the potential to be widely disseminated as a digital micro-intervention.

Learning Objectives

- Gain an understanding of the IM FAB intervention as an effective micro-intervention for improving body functionality appreciation and eating disorder symptoms above and beyond traditional mirror exposures.
- Gain a comprehensive overview of the methodology to employ and administer IM FAB digitally and remotely.
- Understand implications of IM FAB for scalable, evidence-based digital interventions targeting body image disturbance and evaluate strengths and limitations of employing a randomized-control trial for assessing relevant outcomes.

Authors: Kayla Costello, SUNY Albany; Kristin N. Javaras, McLean Hospital, Harvard Medical School; Julia M. Brooks, Union College, University of Illinois Chicago; Drew Anderson, University at Albany, State University of New York; D. Catherine Walker, Union College

"I'd Feel Like Less of a Man": Social Media, Body Image, and Muscularity Attitudes Among Young Men

Abstract: Body image research historically centers young women, yet young men also report body image concerns with distinct appearance ideals. Engaging with appearance-focused content on social media has well-documented detrimental effects in young women, however, little is known about young men's social media use and its relationships with muscularity concerns and exercise behaviors. To bridge this gap, this qualitative study explored (ages 18–25) social media engagement, viewed content, and body image impacts among young men (18-25 years). Interviews among 25 young men were analyzed with thematic analysis. Many participants reported frequent exposure to idealized muscular physiques engaged in exercise, as well as content that reinforced traditional masculinity norms and contributed to appearance-related motivations for exercise. Several described frequent appearance comparisons on social media that lowered mood, and worsened body dissatisfaction. Desire for entertainment and connection and fear of missing out were strong drivers of social media use. Posting content often stemmed from peer pressure to maintain status and social capital. Several reported losing track of time while scrolling on platforms such as TikTok and Instagram, while others noted avoiding TikTok specifically due to concerns of losing control. While some reported increased appearance pressures, others reported resilience through media literacy and a sense of identity beyond appearance. Notably, many described changes in their relationship with social media during life transitions, leading to more mindful and selective engagement. Findings highlight how social media can amplify muscularity-driven body image pressures among young men while also revealing potential protective factors. These results suggest that many young men experience difficulties regulating social media use, and that their feeds include content which contributes to appearance comparison and gendered appearance ideal internalization. Social media literacy and lower appearance-contingent self-worth may serve as protective factors. Future research could consider expanding existing models of social

media use and body image that were developed with female samples to consider muscularity and masculinity in the context of young men, as well as testing media literacy and appearance-contingent self-worth as potential moderators.

Learning Objectives

- Identify self-reported motivations for social media use among young men.
- Describe how social media content contributes to muscularity concerns and exercise behaviors among young men.
- Generate ideas for future research testing the associations among social media and muscularity attitudes and behaviors among young men.

Authors: Mackenzie Cox, Northeastern University; Cameron Dorlean; Gabriella Zelenchuk; Ariayna Meyer; Genevieve P Nowicki, Northeastern University; Rachel Rodgers, Northeastern University

A DBT Skills-based App For Binge Eating: Findings From a Randomized Controlled Trial

Abstract: The growing use of digital mental health interventions has positioned smartphone applications (apps) as a promising complement or alternative to traditional psychotherapy. Despite this potential, research on unguided self-help interventions for binge eating remains scarce, and most existing programs are grounded in cognitive-behavioral therapy (CBT). We developed eMOTE, a self-help smartphone app designed for women in Portugal who experience binge-eating episodes. eMOTE is based on dialectical behavior therapy skills along with key CBT principles. This study aimed to evaluate the efficacy of eMOTE in reducing binge eating and related psychopathology. A total of 103 adult women (mean age = 39.67 years; 86.4% with higher education) who self-reported at least one objective or subjective binge-eating episode in the past four weeks were randomized to an intervention group (IG) with access to eMOTE for eight weeks or to a waitlist control (WLC). Intention-to-treat analyses using mixed models were performed to assess the efficacy of the app. Participants in the IG showed significantly greater improvements in binge eating symptomatology, global eating disorder psychopathology, shape concern, eating concern, dietary restraint, mindfulness, depression, stress, and body mass index (d = -0.11 to -0.98). No significant time x group effects were found for objective and subjective binge eating frequency, emotion regulation difficulties, intuitive eating, or anxiety. Overall attrition was 30%, with a higher dropout rate in the IG (47%). These preliminary findings support the potential benefits of eMOTE in managing eating disorder symptoms and improving mindfulness and mood. Nonetheless, the high attrition rate highlights the challenges of maintaining engagement in unguided digital treatments. Future research should include more diverse samples, identify for whom eMOTE is most effective, and add adaptive features that adjust to users' needs.

Learning Objectives

- Describe the eMOTE app intervention and the design of the randomized controlled trial.
- Identify the effects of eMOTE on binge eating and related outcomes.
- Discuss the implications and challenges of using unguided apps for binge eating.

Authors: Telma Cruz, Center for Psychology at the University of Porto - Faculty of Psychology and Education Sciences; Tiago Ferreira, Center for Psychology at the University of Porto - University of Maia; Cristiana Duarte, York St John University; Debra Safer, Department of Psychiatry & Behavioral Sciences, Stanford University, School of Medicine, Stanford; Emilia Costa, Faculty of Fine Arts of the University of Porto; António Coelho, INESC TEC - Faculty of Engineering of the University of Porto; Mariana Martins, Center for Psychology at the University of Porto - Faculty of Psychology and Education Sciences

Risk factors for Family-Based Treatment failure and treatment adaptations: A Systematic Review.

Abstract: The aim of this systematic review was to identify the risk factors for non-completion or non-response to Family Based Treatment (FBT) in children and adolescents with anorexia nervosa (AN) or atypical anorexia nervosa (AAN), and existing adaptations to FBT that aim to address these risk factors. A systematic review was conducted according to PRISMA criteria. APA Psycinfo, Embase and Web of Knowledge (including Ovid MEDLINE and Social Science Citation Index), from 2005 to 4th August 2025. The review was registered prospectively (PROSPERO 2025 CRD420251114023). Interventional studies of FBT or FBT adaptations, and/or studies that explored FBT adaptations in treatments for children and adolescents, aged 18 years and under, diagnosed with AN or AAN, were included. Secondary analyses of interventional studies of FBT that explored moderators or mediators of FBT response or completion in this population group were also included. Studies were screened by two reviewers independently, and a meeting held with a third reviewer to resolve disagreements. Searches identified 1794 articles. After removal of duplicates, 988 studies were screened for title and abstract and 132 papers underwent full-text review. Ninety-one papers met inclusion criteria: 17 qualitative studies for which analysis will be presented separately, and 74 quantitative studies. Fifty-three papers reported on FBT treatment outcomes of which 23 (43%) were related to 4 randomised controlled trials (RCTs). Twenty-one papers reported on FBT adaptations. Adaptations could be broadly categorised into those that add another treatment onto FBT (13 papers), and those that modify or demonstrate flexibility within the FBT manual (8 papers). Additional case-by-case enhancements and modifications were captured in qualitative studies. There are a number of described risk factors for treatment non-completion or non-response in FBT, however FBT adaptations were not always informed by these. The evidence-base for FBT adaptations remains limited, with few RCTs or controlled interventional studies of

FBT adaptations. Over 40% of the papers examining treatment outcomes were analyses of a small number of RCTs.

Learning Objectives

- List risk factors for treatment non-completion ("drop-out") in Family Based Treatment for childhood anorexia nervosa.
- List risk factors for treatment non-response ("failure") in Family Based Treatment for childhood anorexia nervosa.
- Outline key adaptations to Family-Based Treatment that have been developed to date, and to what extent these are informed by known risk factors for treatment non-completion or non-response.

Authors: Alexandra Cussen, Murdoch Children's Research Institute; Phillipa Hay, Western Sydney University; Michele Yeo, Murdoch Children's Research Institute; Yafit Kushner, Murdoch Children's Research Institute; Brooke Donnelly, University of Woolongong; Andrew Wallis, Sydney Children's Hospitals Network, and The University of Technology Sydney; Janet Conti, Western Sydney University

Standardizing Eating Disorder Referral Protocols for Primary Care Providers in Oklahoma

Abstract: Eating disorders and disordered eating behaviors are serious yet frequently underrecognized conditions in primary care settings, leading to delayed diagnoses and poorer outcomes. Primary care providers (PCPs), often the first point of contact, are well positioned for early identification but commonly lack structured referral tools and sufficient training for screening and detection. This quality improvement project aimed to strengthen PCP capacity for early detection and referral of patients with eating disorders and disordered eating in Oklahoma, where access to specialized care is limited. Guided by the Donabedian Model, the project focused on improving structure (development of standardized referral and education resources), process (integration into the Oklahoma Eating Disorder Association [OEDA] website and outreach activities), and outcomes (provider engagement and referral preparedness). Evidence-based referral protocols and educational materials for Oklahoma-based PCPs were curated from professional organizations, including the American Academy of Pediatrics, Society for Adolescent Health and Medicine, American Academy of Family Physicians, and American Association of Nurse Practitioners. These resources were reviewed and approved by OEDA leadership and disseminated online and through professional education events. Evaluation used Wix Analytics to assess provider engagement and informal tracking of inquiries to OEDA. Preliminary findings demonstrated increased engagement with provider-targeted materials and a higher volume of referral-related inquiries following implementation, indicating improved access to practical tools for PCPs. Providers expressed appreciation for concise, locally relevant guidance and expressed interest in further continuing education opportunities. This initiative addressed a critical systems

gap by standardizing referral processes and promoting timely connection to specialized care. The project demonstrates that targeted, evidence-based education and accessible referral tools can enhance provider preparedness, reduce variability in care, and improve early intervention for patients with eating disorders or disordered eating. The model is scalable for replication by advocacy organizations in other regions, supporting national and international efforts to strengthen collaboration between primary care and eating disorder specialists.

Learning Objectives

- Describe effective strategies for engaging primary care providers in eating disorder education and referral initiatives within community or organizational settings.
- Explain how standardized, evidence-based referral resources can be disseminated through professional organizations to strengthen early identification and referral pathways.
- Develop a framework for implementing and evaluating outreach efforts that enhance collaboration between advocacy organizations and primary care providers to improve access to specialized eating disorder care.

Authors: Alyson D'Andrea, University of Oklahoma

Tailoring Treatment in Adolescent Anorexia Nervosa: Insights from a multicenter Home treatment study

Abstract: In Germany, for children and adolescents with anorexia nervosa (AN) for whom outpatient treatment is not sufficiently effective, the standard practice is admission to inpatient care, often lasting several months. Whether this represents the most optimal treatment approach remains a subject of ongoing research. As an alternative to long inpatient treatment, a home-based, multi-professional treatment program Home Treatment (HoT) was developed at the Department of Child and Adolescent Psychiatry (CAP), University Hospital Aachen, and tested in a pilot study using a stepped-care approach (Herpertz-Dahlmann et al., 2021). The aim of the present project was to examine in greater detail which patients benefit most from HoT and which are less likely to do so. The study reports results from a multicenter randomized controlled intervention trial comparing HoT with inpatient or day-patient treatment (treatment as usual, TAU) (Dahmen et al., 2024).
A total of N = 255 adolescent patients with AN requiring inpatient treatment were recruited from five German CAP clinics. Following a brief inpatient stabilization phase, N = 162 participants were randomized to one of the two treatment conditions (N = 81 in HoT, N = 81 in TAU). Data were collected at five time points, from admission up to 12 months post-admission. The BMI at 12 months post-admission (corrected for premorbid body mass index (BMI) and BMI at admission) as the primary endpoint and secondary endpoints were analyzed for indication of treatment success. Secondary endpoints included eating disorder–specific and general psychopathology as well as treatment-

related and caregiver variables. Statistical analyses were conducted for both primary and secondary endpoints, examining factors such as age, typical versus atypical AN, and presence of comorbidities. In addition, the rate of successful treatment completion was compared across subgroups.
The findings are discussed in the context of their implications for individualized treatment planning in adolescents with AN and for the conceptualization of novel therapeutic approaches.

Learning Objectives

- Following the training, participants will be able to characterize new innovative treatment approaches of adolescent Anorexia nervosa such as home treatment.
- Following the training, participants will be able to identify factors that should be taken into account for individual treatment planning in adolescents with Anorexia nervosa.
- Following the training, participants will be able to evaluate individual criteria for therapeutic success in adolescent Anorexia nervosa.

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Impact of Emotion Regulation on Daily Lives of Adults with Avoidant/Restrictive Food Intake Disorder

Abstract: Little is known about how emotion dysregulation contributes to symptom severity and maintenance in Avoidant/Restrictive Food Intake Disorder (ARFID). We hypothesized that ARFID participants would report greater difficulties with emotion regulation compared to healthy controls (HC), and that emotion dysregulation would be positively associated with ARFID severity. Further, we hypothesized that average positive and negative daily moods and ARFID behaviors would be associated with emotion dysregulation and ARFID severity.

Adults with ARFID (n=50; Mage=28, SDage=5.6) and HC (n=29; Mage=27, SDage=5.5) completed the Pica, ARFID, and Rumination Disorder Interview (PARDI) and Difficulties in Emotion Regulation Scale (DERS). Participants with ARFID additionally responded to 8 surveys per day for 7 consecutive days, assessing real-time daily affect (Positive/Negative Affective Schedule; PANAS) and frequency of ARFID-related eating behaviors.

As hypothesized, ARFID participants scored higher than HC on all DERS subscales —

Nonacceptance of Emotional Responses, Engaging in Goal-Directed Behavior, Impulse Control Difficulties, Lack of Emotional Awareness, and Limited Access to Emotional Regulation Strategies (ts=2.1-4.6, ps<.0001-.04) — except Lack of Awareness. Also, in line with hypotheses, PARDI Sensory Sensitivity severity was positively correlated with DERS Difficulties Engaging in Goal-Directed Behavior (r=.4, p=.002), and PARDI Lack of Interest severity was positively correlated with DERS Lack of Emotional Clarity (r=.4, p=.007). Positive affect at baseline was negatively correlated with Limited Access to Emotional Regulation Strategies (rho=.3, p=.02) and positively correlated with DERS Lack of Emotional Awareness (r=.3, p=.04). Real-time negative affect was positively correlated with PARDI Sensory Sensitivity (r=.3, p=.04). In contrast with our hypotheses, real-time ARFID behaviors were not associated with DERS subscales.

Findings indicate a role for emotion regulation in the symptomology and progression of ARFID. Trait-level difficulties in emotion regulation may underlie ARFID severity and influence daily affect. Future analyses are needed to explore the relationship between momentary affect and real-time ARFID behaviors, to identify potential opportunities for just-in-time interventions.

Learning Objectives

- Understand the relationship between emotion regulation and ARFID severity
- Think about how positive and negative affect contribute to the severity and symptomology of ARFID
- Discuss how emotion dysregulation might be targeted to personalize ARFID treatment

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Trauma Subgroups Among Individuals with Eating Disorders: A Latent Profile Analysis

Abstract: Trauma-related symptoms are known to be highly prevalent in eating disorder (ED) populations but there has been limited research on complex post-traumatic stress disorder (CPTSD). The current study used latent profile analysis to examine trauma-related subgroups among clients with EDs and associations with ED severity and other outcomes. Participants (N = 378) attending residential, day program, and outpatient ED services completed measures of ED symptoms, body mass index (BMI), ED-related impairment, depression, anxiety, and trauma-related symptoms (based on ICD-11 PTSD and CPTSD criteria, and dissociation) at admission. Latent profile analysis identified four trauma classes: 1) high disturbances in self-organisation (DSO), 2) CPTSD (high on both PTSD and DSO symptoms, and severe dissociation), 3) general distress (moderate outcomes across all domains), and 4) no/mild trauma-related symptoms. After adjusting for level of care, classes significantly differed on all outcomes except BMI, ED diagnosis, and some ED behaviours (purging, compulsive exercise, objective binges). Classes 1 and 2 reported more severe ED and comorbid symptoms than classes 3 and 4, with class 2 also being more severe than class 1 on total ED psychopathology, eating concerns, and anxiety. Findings support previous research on the high prevalence of trauma-related symptoms in EDs, with DSO symptoms (unique to CPTSD) appearing to drive much of the association with ED symptom severity. ED services may benefit from targeted use of trauma-focused therapies for individuals presenting with high DSO symptoms, both in the presence and absence of severe PTSD symptomatology.

Learning Objectives

- Understand variation in types of trauma-related symptoms
- Understand key ways in which trauma-related symptoms co-occur with eating disorders
- Consider implications of types of comorbid trauma-related symptoms for eating disorder case formulation and treatment planning

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Concern Over Mistakes in Disordered Eating: Evidence From Two International Network Analyses

Abstract: Eating disorders (ED) involve persistent disturbances in eating behaviour and distressing cognitions related to weight, shape and eating. Beyond eating and weight-

related symptoms, emotion dysregulation, mood symptoms, low self-esteem, social difficulties, cognitive rigidity and perfectionism all play a role in the constellation of ED symptoms, conceptualized in the leading theoretical models of EDs. Our previous work has shown that concern over mistakes (CM), a dimension of perfectionism, is central to ED pathology. We aimed to replicate our study in French inpatients with anorexia nervosa within an Australian community sample, and then extend upon this model to include additional variables from the cognitive behavioural and cognitive interpersonal models of EDs. Two partial correlation networks were estimated with n=492 participants from an Australian community sample reporting ED symptoms, of which n=280 were above the EDEQ clinical cutoff and n=110 self-reported an ED diagnosis. We assessed topological overlap, estimated centrality and bridge nodes using expected influence (EI), conducted bootstrapped stability tests, and assessed predictability. Both networks had excellent stability (0.75). In network 1, the most central nodes were CM (EI=1.40), Overvaluation of Weight and Shape (EI=1.10), and Parental Criticism (EI=0.95). CM was the most central bridge node (BEI=0.90). Predictability for network 1 was low (R2=0.26). In network 2, central symptoms were CM (EI=1.48), Impulse/Goals (EI=1.41) and Overvaluation of Weight and Shape (EI=1.35). Bridge nodes included Depression (BEI=0.57), CM (BEI=0.55) and Self-Esteem (0.50). Network predictability increased (R2=0.55). Our results show that cross-culturally, transdiagnostically and across the spectrum of ED severity, CM emerged as a central ED symptom. This finding remained robust when adding several variables to the model. The high bridge centrality of CM, as well as depression and low self-esteem, indicate that these may serve as illness pathways, connecting symptom clusters. Further, perfectionistic personal standards had a strong positive association with CM, as well as a negative relationship with low self-esteem, which aligns with our previous results. The addition of ED-related rigidity nodes revealed that general rigidity connected to lack of emotion regulation strategies, while rigid beliefs about weight/shape strongly connected to overvaluation of weight and shape, a core ED diagnostic criteria.

Learning Objectives

- Understand the basic concepts of network analysis interpretation (e.g., centrality and bridge metrics)
- Discern the different dimensions of perfectionism and their relevance to eating disorder pathology
- Explain how variables from the cognitive-behavioural and cognitive-interpersonal models—such as perfectionism, self-esteem, and cognitive rigidity—interact within network models of eating disorder symptoms

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Reconsidering Control: Qualitative Insights into Loss of Control Eating Among Men

Abstract: Loss of control (LOC) eating is a hallmark feature of binge eating disorder. Recent findings suggest that men are less likely to endorse feeling LOC during eating episodes due to the term threatening constructs of masculinity, leaving men more likely to be underdiagnosed and undertreated. While previous research has begun to qualitatively assess LOC in men, studies are limited to college students who were considered overweight or endorsed LOC eating as currently assessed. As such, prior research has not studied men across the lifespan and may be overlooking men who are hesitant to endorse LOC eating. Therefore, the purpose of the present study was to qualitatively examine men's descriptions of binge eating experiences and attitudes towards LOC terminology. N=54 (M=41.9, SD=10.2, Range=20-71) men who endorsed symptoms associated with binge eating completed an online survey that included three open-ended questions: 1) Do you relate to feeling a LOC over food/eating?, 2) How else would you describe the phrase LOC over food/eating?, 3) Why might some men be reluctant to endorse feeling a LOC as it relates to eating? Data were analyzed utilizing codebook thematic analysis. Two authors with clinical and/or lived experience collaboratively coded responses to ensure reliability and accuracy in representing participant responses. Question #1 results demonstrated that although many men explicitly denied relating to the phrase LOC eating (27.8%), a large portion of men did relate (57.4%). Question #2 results yielded seven different themes describing LOC in their own terms: disinhibited/urge-driven (48.1%), physical discomfort (13%), emotionally-driven (9.3%), desire to binge (9.3%), shame-based (5.5%), lack of awareness (5.5%), and miscellaneous (9.3%). Four themes emerged from question #3 regarding why men may be reluctant to endorse LOC: LOC as weakness (50%), control as strength/masculinity (18.5%), fear of stigma (16.7%), and miscellaneous (14.8%). Findings corroborate and extend previous research emphasizing the role of masculine expectations in men's concerns with the phrase LOC eating, such that over a quarter of men deny resonating with the term. Results suggest that assessing LOC outright for men may be unsuccessful, but using pre-existing follow-up probes that focus on feeling driven or compelled to eat may best capture men's experience. Future research should further refine language used in current quantitative assessments of LOC eating.

Learning Objectives

- Identify what proportion of men with binge eating symptoms relate to the term "loss of control" over eating.
- Examine how men linguistically and conceptually define "loss of control" over eating.
- Recognize key barriers that influence men's willingness to endorse "loss of control" eating experiences.

Authors: Kristin Denmark, Auburn University; Tiffany Brown, Auburn University; Andrew Walen

A Meta-Analysis on Disordered Eating and Body Image in Sexual and Gender Diverse Youths

Abstract: Eating disorders, disordered eating, and body image concerns are disproportionately elevated among sexual and gender diverse (SGD) youths. Evidence consistently shows that SGD youths experience higher levels of pathology than their heterosexual and/or cisgender peers—including cisgender females, who have traditionally been the focus of eating disorder research and clinical practice. However, findings remain inconsistent when specific sexual and gender identities are examined, rather than treating SGD youths as a homogeneous group. Methodological biases and temporal trends may further contribute to discrepancies in the reported risk of eating- and body image–related problems across identities. This meta-analysis synthesized existing research to estimate the prevalence of disordered eating and body image concerns by specific identity, comparing SGD subgroups to cisgender, heterosexual, and other SGD peers, and to identify moderators that may explain observed disparities. Following PRISMA guidelines, we included studies published up to 2024. A total of 107 studies (N = 5,671,237; M_age = 21 years) met inclusion criteria after inter-rater agreement. Odds ratios and mean differences were extracted with 95% confidence intervals across two main outcome categories: eating-related and body image–related problems. For eating-related problems, bisexual girls and women showed the highest risk among both sexually diverse and heterosexual people, while gay boys and men were the most at-risk among men, with risk levels comparable to heterosexual girls and women. For body image–related problems, lesbian girls and women exhibited lower risk, similar to bisexual and heterosexual boys and men. Gender diverse people displayed elevated risk for eating-related problems compared to cisgender males, but no significant differences in body image outcomes. Several moderators – including country, publication year, and outcome type – partly explained variability across studies. Overall, this meta-analysis reveals consistently elevated risk among SGD youths but also highlights substantial heterogeneity across identities. These findings underscore the importance of moving beyond treating SGD populations as a uniform group and support the need for identity-centered, affirmative research and clinical practices that account for the distinct and intersecting influences shaping eating disorder risk among SGD youths.

Learning Objectives

- Identify and compare patterns of risk for disordered eating and body image concerns across distinct sexual and gender identities.
- Apply an intersectional lens to the understanding of eating disorder diagnoses and symptoms
- Highlight the clinical and research relevance of considering specific sexual and gender identities to deepen the understanding of patients and participants

Authors: Gabriel Desjardins, University of Montreal; Robert-Paul Juster, University of Montreal; Frederick Aardema, University of Montreal; Ève-Line Bussières, University of Quebec at Trois-Rivières

Symptom severity and impairment in children with ARFID and neurodevelopmental conditions

Abstract: Avoidant/restrictive food intake disorder (ARFID) frequently co-occurs with neurodevelopmental conditions (NDCs), particularly autism and attention-deficit/hyperactivity disorder (ADHD). However, little is known about how ARFID symptomatology and related impairment differ between children with and without NDCs. This study used data from the ARFID InitiativE Sweden (ARIES), comprising 1,072 children aged 6-14 years with ARFID, from parent-reported online surveys. Children were identified with ARFID if they screened positive on the Nine Item ARFID Screen (NIAS) or the Pica, ARFID, and Rumination Disorder Interview–ARFID Questionnaire (PARDI-AR-Q), and screened negative on the Eating Disorder Examination Questionnaire (EDE-Q) to exclude other eating disorders. NDC status was determined using validated instruments for autism and ADHD. Participants were categorized into two groups: ARFID+NDC (n=582) and ARFID-only (n=490), which were compared on measures of symptom severity (NIAS, PARDI-AR-Q), depression and anxiety (Revised Child Anxiety and Depression Scale; RCADS), psychosocial impairment (custom items), gastrointestinal (GI) symptoms (custom items), and body mass index (BMI). Group differences were analyzed using ANOVA with false discovery rate correction and effect sizes (Cohen's d). Compared to children with ARFID-only, those with ARFID+NDC had significantly higher scores for picky eating/sensory-based avoidance (NIAS: d=0.20, PARDI-AR-Q: d=0.35) and low appetite/interest in eating (NIAS: d=0.35, PARDI-AR-Q: d=0.45), but not fear-based avoidance (NIAS: d=0.08, PARDI-AR-Q: d=0.12). They also showed greater psychosocial impairment (d=0.59), more depressive symptoms (d=0.99), higher anxiety (d=0.66), and more frequent GI symptoms (d=0.38), whereas BMI did not differ between groups (d=-0.02). Regression analyses indicated that autism contributed more strongly than ADHD to sensory- and fear-based avoidance and to anxiety, whereas ADHD showed stronger associations with low appetite/interest in eating. Co-occurring NDCs in children with ARFID are associated with a more severe clinical presentation, characterized by elevated ARFID symptoms (particularly sensory-based avoidance and low interest in eating), and greater mental and gastrointestinal health difficulties. These findings underscore the need for early recognition and tailored interventions that address the specific sensory, cognitive, and behavioral profiles of children with ARFID and NDCs.

Learning Objectives

- Following this talk, participants will be able to describe how ARFID differs between children with and without NDCs such as autism and ADHD.
- Participants will be able to recognize the emotional, social, and physical challenges linked to co-occurring ARFID and NDCs.
- Participants will be able to discuss the importance of early identification and tailored treatment for children with ARFID and co-occurring NDCs.

Authors: Lisa Dinkler, Karolinska Institutet; Laila Li Myrberg, Karolinska Institutet; Liv Hog, Karolinska Institutet; Cynthia Bulik, Karolinska Institutet

Validating parent-and self-reported ARFID questionnaires for large-scale online screening

Abstract: Validation of parent- and self-reported screening questionnaires for avoidant/restrictive food intake disorder (ARFID) is still in its early stages. In large-scale data studies, gold-standard assessment using clinical interviews or examinations is often not feasible. This study evaluated the diagnostic accuracy of the online screening procedure in the ARFID InitiativE Sweden (ARIES), a cohort of ~2,000 children aged 6-14 years with and without ARFID. Screening in ARIES included three parent-reported instruments: Nine Item ARFID Screen (NIAS) and Pica, ARFID and Rumination Disorder Interview–ARFID Questionnaire (PARDI-AR-Q) to assess ARFID symptoms, and Eating Disorder Examination Questionnaire (EDE-Q) to exclude other eating disorders. Children were classified as screen cases if they screened positive on NIAS or PARDI-AR-Q and negative on EDE-Q; screen controls screened negative on all three. For this validation study, parents of randomly selected participants were recontacted, and the diagnostic interview PARDI was conducted online by trained interviewers with parents of 42 screen cases and 18 screen controls. Standard diagnostic accuracy measures were calculated to assess criterion validity of the screening procedure against PARDI. Convergent validity was estimated using correlations between PARDI-AR-Q and PARDI profile and severity scores. All 18 screen controls were confirmed not to have ARFID according to the PARDI (negative predictive value=1.00). For 38 of 42 screen cases, ARFID was confirmed, yielding a positive predictive value (PPV) of 0.90, sensitivity of 1.00, specificity of 0.82, and overall accuracy (correctly classified proportion) of 0.93. Agreement between individual PARDI-AR-Q and PARDI diagnostic criteria among screen cases was high for criterion A4 (psychosocial impact; PPV=0.95) but low for criteria A1–A3 (weight-/nutrition-related impact; PPVs=0.20-0.23). Correlations between PARDI-AR-Q and PARDI scores among screen cases were r=.60 for sensory sensitivity, r=.72 for low interest, r=.55 for fear of aversive consequences, and r=.47 for severity. The combination of parent-reported NIAS, PARDI-AR-Q, and EDE-Q identifies ARFID in 6-14-year-olds with high accuracy. However, it cannot be excluded that parents of children with more severe eating problems self-selected into the validation study, potentially inflating accuracy. Additional results on interrater reliability between parent- and child-reported PARDI (n=20 pairs) will be presented.

Learning Objectives

- Following this presentation, participants will be able to understand the concepts of diagnostic accuracy and criterion validity in the validation of screening tools for ARFID.

- Participants will learn how parent-reported questionnaires (NIAS, PARDI-AR-Q, EDE-Q) can be combined to identify ARFID in children with high accuracy in large-scale studies.
- Participants will recognize the methodological challenges and practical considerations when validating screening instruments for ARFID in large, population-based samples.

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Eating Disorders and Comorbidities in Individuals Seeking Bariatric Surgery: Are They Faking Good?

Abstract: Eating disorders and other psychopathology are common among individuals with obesity applying for metabolic bariatric surgery (MBS). The current project assessed a wide range of mental disorder symptoms and transdiagnostic psychopathological variables in candidates applying for MBS at the Dutch Obesity Clinic. Their "supernormality" was also tested, which is the tendency to appear much healthier than they are. After all, by presenting themselves in an overly positive manner, they could increase their chances of approval for surgery. In the first study, we collected data before MBS screening (N = 222) to investigate the complex interrelationships and comorbidities of symptoms, using cluster and network analyses. In a second study, data was collected both before and after screening (N = 227) to investigate whether candidates present themselves better than they are, i.e., whether they report fewer symptoms of mental disorders prior to screening than they actually have, also referred to as pretending to be "supernormal".
The entire sample showed elevated levels of eating disorder psychopathology prior to screening, and in one-third of the candidates these eating disorder symptoms were severe. This subgroup was also characterized by significantly more general psychopathology, and we found complex connections between symptoms. In the symptom network, eating concerns were found to serve as a crucial bridge between eating disorder symptoms and symptoms of emotional disorders (e.g., depression). Thus, the data show a substantial cluster with clinically relevant mental disorder symptoms, which may go unnoticed when the focus is on group averages.
In addition, it was found that candidates with high supernormality scores showed less self-reported psychopathology than those with low supernormality scores, both before and after screening. This might indicate an attempt to fake good. The results will be discussed, with reference to future research and clinical implications.

Learning Objectives

- Understand that candidates for MBS experience elevated levels of eating disorder psychopathology.

- See the connections between eating disorder psychopathology and general psychopathology in the symptom network.
- Comprehend the risk of faking good on psychological questionnaires in candidates with high supernormality scores.

Authors: Mila Dix, Maastricht University; Evert-Jan Boerma; Carolien Martijn, Maastricht University; Julian Burger; Lotte Lemmens, Maastricht University; Anita Jansen, Maastricht University

Shared and Unique Momentary Predictors of Eating Disorder Behaviors and Self-Harm

Abstract: Background: Nonsuicidal self-injury (NSSI) is significantly more prevalent among individuals with eating disorders (EDs) relative to the general population. Existing theory and research have identified that NSSI and ED behaviors share numerous overlapping risk factors and appear to have a high degree of functional equivalence. Given that the same risk factors may contribute to both sets of behaviors, it is critical to identify which factors could differentiate those with EDs who do, versus do not, engage in NSSI. Additionally, for people with EDs who do engage in NSSI, it remains unclear which factors determine their use of NSSI versus an ED behavior at any given time. The present study examines negative affect (NA) and self-critical cognitions as momentary processes that may contribute differentially to ED versus NSSI behaviors when reported in the natural environment.

Method: Twenty-six adults with binge/purge spectrum EDs—approximately half (n = 15) of whom had no lifetime history of NSSI, and approximately half (n = 11) had current NSSI—completed an ecological momentary assessment (EMA) protocol wherein they reported on NA, self-critical cognitions, and engagement in ED and/or NSSI behaviors six times a day for 14 days.

Results: NA increased in the hours prior to any self-damaging behavior (i.e., ED or NSSI behavior) and decreased in the hours following. Individuals with EDs and NSSI showed greater lability of NA throughout the EMA period compared to those with EDs only (no NSSI). Self-critical cognitions significantly predicted subsequent same-day engagement in any self-damaging behavior, and the severity of these cognitions was highest on days when both ED and NSSI behaviors occurred, and lowest on days when no self-damaging behavior occurred. One fourth of reported NSSI episodes co-occurred with an ED behavior (i.e., reported within the same EMA signal).

Conclusion: NA and self-critical cognitions appear to play important roles in the occurrence of NSSI among individuals with binge/purge EDs. Future research is needed to identify momentary factors that determine a person's use of NSSI versus an ED behavior at any given time, among people with co-occurring ED and NSSI, using an

EMA design that can address the high momentary co-occurrence of these behaviors within the same EMA signal period. This knowledge is necessary in order to continue developing and improving interventions for people with co-occurring EDs and NSSI.

Learning Objectives

- understand the high rates of co-occurring nonsuicidal self-injury (NSSI) among those with eating disorders (EDs),
- identify shared risk and maintaining factors that contribute to the co-occurrence of NSSI and EDs
- report on how negative affect lability differs between people with EDs who do versus do not self-harm

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Comparing Virtual FBT-TAY and CBT-E for Emerging Adults With Anorexia Nervosa in a Large Sample

Abstract: This study aimed to compare treatment outcomes for 18–24-year-olds with anorexia nervosa receiving Family-Based Treatment (FBT) or Family-Based Treatment for Transition Age Youth (FBT-TAY) versus Enhanced Cognitive Behavioral Therapy (CBT-E) in a large, naturalistic sample. A total of 793 participants (105 treated with FBT/FBT-TAY and 688 treated with CBT-E) received manualized evidence-based care through a virtual based multidisciplinary program. Participants with anorexia nervosa completed standardized assessments at intake, monthly intervals, and end of treatment. Primary outcomes included weight restoration (%EBW), reduction in eating disorder psychopathology as measured by the Eating Disorder Examination-Questionnaire (EDE-Q), and quality of life (measured by the Clinical Impairment Assessment Questionnaire). Secondary outcomes included treatment retention, patient-reported satisfaction, anxiety symptoms (GAD-7), and depressive symptoms (PHQ-8). Analyses examined within-group changes from baseline to end of treatment and between-group differences in outcomes, controlling for age. Weight restoration was 87% for the FBT/FBT-TAY group compared to 88% for the CBT-E group at 52 weeks ($p = .51$). Change in EDE-Q global score was 1.97 for FBT/FBT-TAY versus 1.65 for CBT-E ($p = .18$). We found no difference between groups in retention, rate of change of EDE-Q, or weight gain. Patients who chose FBT improved more quickly on quality of life ($b = -1.91$ (0.60), $p < .01$), anxiety symptoms ($b = -0.60$ (0.22), $p < .01$), and depressive symptoms ($b = -0.54$ (0.24), $p = .02$). Patient satisfaction ratings were comparably high across groups. Findings suggest that both treatment modalities are effective for emerging adults with anorexia nervosa, with FBT/FBT-TAY demonstrating particular advantages in quality of life, depression, and anxiety, consistent with family-supported recovery models. These results contribute to the limited but growing evidence base guiding treatment selection

for emerging adults with anorexia nervosa and highlight the importance of developmentally sensitive, evidence-based approaches delivered in accessible care settings.

Learning Objectives

- Describe differences and similarities between Family-Based Treatment for Transition-Age Youth (FBT-TAY) and Enhanced Cognitive Behavioral Therapy (CBT-E) for emerging adults with anorexia nervosa.
- Evaluate the impact of treatment modality on key outcomes, including weight restoration, eating disorder psychopathology, quality of life, anxiety, and depressive symptoms in a large, virtual clinical cohort.
- Discuss implications of study findings for optimizing developmentally sensitive, evidence-based treatment selection and delivery models for emerging adults with anorexia nervosa in accessible care settings.

Authors: Angela Doyle, Equip Health; Megan Whelen, Equip Health; Dave Freestone, Equip Health; Kristen Anderson, Chicago Center for Evidence Based Treatment; Gina Dimitropoulos, University of Calgary; Daniel Le Grange, University of California, San Francisco

Cortical Alterations in Youth with Anorexia Nervosa: Baseline Findings from the ANIMATE Study

Abstract: Adolescence and young adulthood are critical periods for both brain maturation and the onset of eating disorders. Anorexia nervosa (AN) often emerges during this developmental window and may have long-standing neurobiological consequences. While previous Magnetic Resonance Imaging (MRI) studies have shown potential alterations in brain structure and connectivity in individuals with AN, most studies are cross-sectional and limited by small sample sizes. The Anorexia Nervosa IMaging study in Adults and TEens (ANIMATE) study is a longitudinal, multimodal neuroimaging study that investigates brain mechanisms in youth with AN (12–24 years) across multiple Canadian sites. Participants undergo brain-imaging (structural MRI, resting-state functional MRI, Magnetic Resonance Spectroscopy) at baseline and one year later. Symptoms are assessed at baseline, and at 3, 6 and 12-month follow up. Structural brain-imaging data are pre-processed with the CIVET pipeline. Data are subsequently analyzed with general linear models. The current presentation will give an overview of this Canadian initiative, including study design, presentation of the multi-site MRI harmonization procedure, and first results. Preliminary analyses of the baseline data included 42 individuals (24 patients with AN and 18 controls, all female) from the Montreal site. As expected, the AN group had lower BMI (16.44 +/- 1.8 vs. 22.8 +/- 3.4) and higher EDE-Q scores (4.36 +/- 2.1 vs 0.35 +/- 0.6) (all $p<.01$). Compared to controls, preliminary results showed significantly lower cortical thickness ($p < .01$) across anatomical regions of interest implicated in self-perception, emotion regulation, sensory

integration, and executive control in youth with AN. These included the precentral and frontal gyri, right insula, occipital areas, fusiform gyrus, cingulate cortex, and precuneus. Additional participants will be included in the analyses presented at the conference. Our preliminary findings suggest altered cortical maturation in youth with AN in regions involved in self-processing and sensorimotor integration. While data collection is underway across sites, the results of this national study may enhance our understanding of the neurodevelopmental mechanisms underlying AN.

Learning Objectives

- Following the training, participants will have a greater understanding of cortical differences between youth with anorexia nervosa and controls
- Following the training, participants will have more knowledge on how structural neuroimaging can help us understand anorexia nervosa in adolescents and young adults
- Following the training, participants will be able to describe clinical characteristics associated with structural neuroanatomy in anorexia nervosa

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Patients' and Therapists' Experiences of a New Outpatient Therapy (CBT-AN-20) for Anorexia Nervosa

Abstract: Psychotherapies for eating disorders are most helpful when patients and therapists are both willing and active participants in treatment. This paper will explore participants' experiences of CBT-AN-20, a novel 20-session cognitive-behavior therapy for anorexia nervosa (Waller et al., in press). By bringing together insights from patients and therapists, we hope to advance our understanding of both the feasibility and acceptability of CBT-AN-20 and identify areas for further research and development to support its clinical usefulness. Sixteen adults with anorexia nervosa and ten therapists from two UK National Health Service outpatient eating disorder services completed cross-sectional online surveys about their experiences of CBT-AN-20 from their perspective. We analyzed qualitative responses thematically (Braun & Clarke, 2006) and used descriptive statistics to analyze quantitative Likert-scale responses. We identified three main themes from the patient survey (Duggan et al., 2025): "importance of therapeutic relationship," "characteristics of therapy" (i.e., its structure and content), and "experiences of therapy over time." We identified six preliminary overlapping themes from the therapist survey (pre-registration: https://doi.org/10.17605/OSF.IO/R2U8P): "importance of therapeutic relationships," "intensive therapy requires clear structure," "changing feelings about therapy over time," "good for some patients, not for others,"

“patients need to drive change,” and “comparisons with other therapies.” Both patients and therapists valued the therapeutic relationship and reflected on their changing experiences of therapy over time. Patients had mixed views about the elements of CBT-AN-20; for example, the extent to which the individualization of therapy mattered. On the other hand, therapists perceived the therapy as intensive but appreciated its structure. Additionally, therapists commented on who they felt CBT-AN-20 worked well for (and not); patients’ motivation; and how it compared with other therapies. Patients rated CBT-AN-20 as suitable (M = 7.00/10, range = 1–10) and helpful across multiple outcomes (M = 5.38-6.88/10, range = 0-10). Therapists rated CBT-AN-20 as effective (M = 7.10/10, range = 5-9). This paper will highlight factors that support or limit participants’ engagement with this new therapy and provide recommendations for its future development, grounded in the experiences of those both delivering and receiving it.

Learning Objectives

- Understand how participants’ experiences of CBT-AN-20 inform our understanding of its feasibility and acceptability as a new therapy for anorexia nervosa.
- Describe, compare, and contrast patients’ and therapists’ experiences of CBT-AN-20.
- Identify potential areas for future research and development of CBT-AN-20.

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Care-by-Claire: App-Based Digital CBT for Patients with Eating Disorders. A Real World Study.

Abstract: The aim of this study was to test whether an app-based program-guided intervention, accessible via public channels (App Store and Google Play) would reduce eating disorders- and mental health symptoms in patients with moderate eating disorders, and to assess adherence to the program. Eating disorders (ED) are common and serious, yet most people don’t get effective care. Scalable solutions are needed to reduce access gaps, especially across wide geographic areas. Technology can expand treatment reach and support more equitable care.
Swedish patients (n=59, age 14-57, 92% females and 8% males) were enrolled to the intervention, Claire, comprised of 12 steps over 10-12 weeks delivered through the Claire app. So far, 41 have completed the program (n=11 are currently in the program and 4 have dropped out). Patients completed assessments of ED and mental health symptoms pre-, mid-, and post-treatment using Eating Disorders Examination

Questionnaire (EDE-Q) and Depression, Anxiety and Stress Scale. Separate linear mixed-effects models were estimated and standardized for each outcome, accounting for repeated measures within individuals, for patients who had completed the program at this time (n=41). Based on 41 completers, so far, the adherence to the program was 90.3%. From pre- to post-treatment, the mixed effect models showed significant reductions for all measures: EDE-Q Global: ß = -1.4, and its subscales, Depression: ß = -0.7, Anxiety: ß = -0.7, and Stress: ß = -1.0. Further, all scales were also significantly reduced from pre to mid treatment (EDE-Q Global: ß = -0.8, as well as all its subscales, Depression: ß = -0.3, Anxiety: ß = -0.4, and Stress: ß = -0.6). These early results suggest that app-based and publicly accessible treatment may reduce eating disorder and mental health symptoms, supporting previous research on scalable, technology-driven solutions to expand access to care. The feasibility appears promising. More research with control groups and follow-up data is needed for the next step.

Learning Objectives

- Recognize that scalable app-based program-guided digital CBT, available to the public, via App Store and Google Play, can make eating disorder treatment more accessible.
- Appreciate technology and digital solutions to reduce access gaps across wide geographic areas for effective eating disorders care.
- Bring attention to early results suggesting that app-based (available to the public via App Store and Google Play) treatment may help reduce eating disorder and mental health symptoms, transdiagnostically, in females and males age 14-57. This suggests promising support for scalable and technology-driven solutions to expand access to care.

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Reduced updating of perceived body size after self-generated feedback in anorexia nervosa

Abstract: Distortions in how people with anorexia nervosa (AN) judge their body size are well known, but it remains unclear whether these reflect negative affect toward the body, inaccurate perception, or difficulty learning from sensory feedback. Understanding these mechanisms is crucial, as they may explain why body image disturbance often persists after weight restoration (Engel & Keizer, 2017). This study examined how individuals currently with AN, individuals recovered from AN (REC), and healthy controls (HC) estimated and updated their perceived body size after receiving self-generated tactile feedback in virtual reality (VR), and whether trait factors influenced this updating process. Specifically, we tested whether higher levels of body image disturbance, bodily

intolerance of uncertainty, and attitudes toward touch predicted differences in feedback-based learning. Eighty-three women (24 AN/OSFED, 27 REC, 32 HC) completed a VR task in which they estimated the perceived boundaries of their abdomen before and after visuo-tactile feedback. Healthy controls showed clear improvement after feedback, reducing their estimation error. In contrast, both AN and REC groups showed little change, suggesting a reduced ability to integrate corrective sensory information. Across groups, higher body image disturbance and bodily uncertainty were associated with larger estimation errors, whereas a more positive attitude toward touch predicted stronger improvement. These results suggest that AN is characterised not only by static body size overestimation but also by rigidity in updating internal body models, a process that appears only partially restored after recovery.
Treatments that use sensory feedback to retrain how bodily information is integrated, such as VR-based or body-focused interventions, may help restore flexibility in body representation and reduce persistent body image disturbance.

Learning Objectives

- Following the session, participants will be able to describe how feedback-based updating of body size differs between individuals with anorexia nervosa, those recovered, and healthy controls.
- Following the session, participants will be able to explain how trait factors such as bodily intolerance of uncertainty, body image disturbance, and attitudes toward touch influence body perception and feedback-based learning.
- Following the session, participants will be able to discuss how virtual reality and multisensory feedback can be used to both study and potentially improve flexibility in body representation in eating disorders.

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Impulsivity and Dysfunctional Eating Styles in Binge Eating Among Young Adults

Abstract: Binge eating poses a significant public health concern among young adults. One contributing factor may be impulsivity, which appears to influence the development of dysfunctional eating styles, such as emotional, external, and restrictive eating. The present study set out to investigate the links between impulsivity, dysfunctional eating styles, and binge eating within a nonclinical sample of young adults. It also aimed to explore whether these eating styles serve as mediators in the relationship between impulsivity and binge eating. The study involved 390 young adults (average age = 22.48, with 59% identifying as women), who completed self-assessment measures of impulsivity (UPPS-P), dysfunctional eating styles (Dutch Eating Behavior Questionnaire), and binge eating tendencies (Binge Eating Scale). Additionally, they provided self-reported data on their weight and height. Findings indicated that negative urgency was strongly related to emotional eating ($\beta = .353$, $p < .001$), external eating ($\beta = .379$, $p <$

.001), and restrictive eating (β = .266, p < .001). Furthermore, a significant association was found between lack of perseverance and external eating (β = .105, p = .050). All three dysfunctional eating styles were positively associated with binge eating: emotional eating (β = .306, p < .001), external eating (β = .183, p < .001), and restrictive eating (β = .461, p < .001). Mediation analyses revealed that negative urgency predicted binge eating indirectly through each of the dysfunctional eating patterns: emotional (β = 0.108, p < 0.001), external (β = 0.069, p = 0.003), and restrictive eating (β = 0.122, p = 0.001). Overall, the results emphasize the pivotal role of negative urgency in the emergence of dysfunctional eating styles and binge eating episodes. These insights suggest that targeting negative urgency, along with dysfunctional eating styles, may be crucial in the development of prevention and intervention strategies. Specifically, efforts aimed at helping individuals manage impulsive reactions to negative emotional states could be particularly beneficial for reducing the risk of binge eating.

Learning Objectives

- Describe how impulsivity traits, particularly negative urgency, relate to dysfunctional eating styles.
- Explain the mediating role of emotional, external, and restrictive eating in binge eating behaviour.
- Discuss implications for prevention of binge eating in nonclinical young adult populations.

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Comparing Open and Blind Weighing in Adolescents and Young Adults with Eating Disorders

Abstract: Debate persists regarding whether adolescents and young adults (AYAs) with eating disorders should receive “Open Weighing” (OW), where patients see and discuss their weight, or “Blind Weighing” (BW), where weight information is concealed. This ongoing study (target N=70) compares the impact of weekly OW versus BW in AYAs receiving treatment in a partial hospitalization program, and examines how weighing preferences affect outcomes. Initial results include 46 AYAs (91.3% female, ages 13-24, M=17.2 years) with anorexia nervosa (65.2%), bulimia nervosa (8.7%), or other specified feeding or eating disorder (26.1%). Participants completed baseline measures, including

an assessment of their weighing preference, and were then randomized to weekly OW (n=24) or BW (n=22). Each week, participants rated (on a 0-100 scale) their: (1) anxiety levels about weight gain, (2) anxious beliefs about weight gain, and (3) confidence tolerating weight gain. ANCOVA controlling for baseline Eating Disorder Examination-Questionnaire (EDE-Q) scores found no difference in discharge EDE-Q scores between weighing conditions ($F=0.04$, $p=.844$), indicating similar overall outcomes. However, a significant Condition × Preference interaction emerged ($F=6.97$, $p=.009$). Post-hoc analyses revealed that among OW participants, those who preferred OW at baseline had better outcomes than those who preferred BW at baseline. In contrast, baseline preference did not affect outcomes in the BW condition. Linear mixed models examining anxiety trajectories (controlling for baseline EDE-Q scores) revealed a significant Week × Condition interaction for anxious beliefs about weight gain ($F=6.54$, $p=.011$), as OW participants showed steeper declines in anxious beliefs than BW participants. No significant interactions emerged for anxiety ratings ($F=0.50$, $p=.482$) or confidence tolerating weight gain ($F=0.70$, $p=.407$). All three-way Week × Condition × Preference interactions were non-significant. These preliminary findings suggest that, while OW and BW may yield similar overall outcomes when provided in a partial hospitalization program, matching AYAs to their weighing preference may enhance treatment response. OW may also accelerate reductions in anxious beliefs about weight gain. Continued data collection will clarify whether weighing approach and preference alignment affect treatment response, potentially informing personalized treatment strategies for AYAs in intensive eating disorder programs.

Learning Objectives

- Describe preliminary clinical outcomes of open weighing versus blind weighing approaches for adolescents and young adults in intensive eating disorder treatment settings
- Identify how patient preferences for weighing approaches may influence treatment response
- Evaluate the clinical implications of weighing preference assessment in partial hospitalization programs for eating disorders

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Supporting Recovery: Experiences of Those Helping Athletes Return to Sport After Eating Disorders

Abstract: Athletes are at high risk of developing eating disorders (EDs), with up to 45% of women and 33% of men athletes experiencing ED symptoms. While healthy sport and

physical activity participation can support ED recovery, and returning to sport is often a key recovery motivator for athletes, little guidance exists on how those in athletes' networks can support athletes throughout this process. Therefore, the purpose of this study was to explore who is well-placed to support athletes during ED recovery and the return to sport, and how. We recruited 12 individuals (e.g., family, teammates, coaches, psychologists, dieticians) who supported at least one athlete during ED recovery and the return to sport. Data were collected during a semi-structured interview with each supporter to discuss their role, the behaviours they enact(ed) to support athletes, and barriers and facilitators of supporting athletes. Using reflexive thematic analysis we identified five themes. In the first theme (ED recovery and the return to sport is a multilayered process), supporters described recovery as nonlinear and involving physical, behavioural, psychological, and social components. The second theme (The double-edged sword of athletic identity) captured supporters' hesitancy about athletes returning to sport, yet acknowledgement that neglecting athletes' athletic identity can hinder full(er) recovery. In the third theme (Everyone has a role), supporters emphasized the value of a multidisciplinary team involving professionals (e.g., psychologists, dieticians) knowledgeable of EDs and sport contexts, coaches, athletic trainers or physiotherapists, teammates/friends, and family. In particular, coaches were identified as key in ED prevention and early intervention. Effective support required continuous care, individualized approaches, and continuous learning. In the fourth theme (Underprepared and overwhelmed), supporters described barriers toward supporting athletes, including stigma surrounding EDs in sport and lack of resources, leading to emotional burdens. Finally, in the fifth theme (Accountability must start systemically), supporters called for greater accountability from sport organizations to provide educational resources and ED policies. This study provides actionable insights into the key people and actions needed to support athletes during ED recovery and a healthy return to sport. Findings hold important implications for the development of ED policy and protocols.

Learning Objectives

- Identify who are the important people within athletes' networks during eating disorder recovery and the return to sport, and how they can support athletes.
- Identify key components of physical, behavioural, psychological, and social aspects of eating disorder recovery among athletes.
- Identify opportunities for action within intrapersonal, interpersonal, institutional, and systemic levels of intervention to address eating disorders in sport.

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emBodleD: Psilocybin-assisted therapy for body image disturbance in women with anorexia nervosa

Abstract: Background:
Body image disturbance (BID), the distortion in the way we experience our body, contributes to the onset, maintenance and relapse of anorexia nervosa (AN). It is also one of the more challenging AN symptoms to treat due to its multidimensional nature, requiring more than cognitive and behavioural change. This clinical trial investigated the feasibility, acceptability and preliminary efficacy for psilocybin-assisted therapy (PAT) as a novel treatment for BID in women with a history of AN.

Methods:
Ten adult women with partially recovered anorexia nervosa and persistent body image disturbance (duration of illness, M = 15.5(5.58) years; previous treatment interventions, M = 3.8(1.45)) participated in an open-label, phase 1 clinical trial in Melbourne, Australia. The trial comprised 11 therapy sessions, three psilocybin dosing sessions, support person involvement, and 6-month follow-up. Primary measures were feasibility (successful recruitment and retention) and acceptability (number and severity of adverse events), with secondary measures assessing preliminary efficacy (changes in BID psychopathology), measured via the Eating Disorder Questionnaire (EDE-Q) and Multidimensional Assessment of Interoceptive Awareness (MAIA). Qualitative data provided a nuanced account of changes in BID, shifts in identity, and feedback on treatment strengths and areas for improvement.

Results:
Results indicate that the treatment was feasible, with a 100% completion rate. Acceptability was variable with one serious adverse event (AE), and fluctuations in pre-existing psychiatric AEs (n=5) and eating disorder AEs (n=7). Acute psilocybin AEs were mild and transient (n=8). Five participants showed clinically meaningful improvement at end-of-treatment and 6-month follow-up, as demonstrated by scores on the EDE-Q. Qualitative data reflected participant accounts of personally meaningful change that were not captured by quantitative outcome measures, such as shifts in identity beyond illness.

Conclusions:
Participants showed motivation to complete this intervention, as demonstrated by feasibility data. Safety data raised some important considerations with regards to acceptability, highlighting the need for further research regarding patient suitability and preparation for this intervention. Preliminary examination of BID psychopathology suggests that PAT has therapeutic potential in AN.

Learning Objectives

- Understand how a novel treatment, psilocybin-assisted psychotherapy, may be delivered for anorexia nervosa and body image disturbance

- Learn the potential benefits and risks associated with psilocybin-assisted therapy for anorexia nervosa
- Gather a more nuanced perspective of participant experiences of the benefits and challenges of this novel treatment via qualitative data

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Pilot RCT of a CBT-Based Coached Mobile Intervention for Post-Acute Treatment of Anorexia Nervosa

Abstract: Digital interventions grounded in CBT may expand access to quality post-acute care for AN, preventing common relapse. This study evaluated feasibility, acceptability, and preliminary effectiveness of a CBT-based coached mobile app after acute AN treatment in a pilot RCT. Women with AN discharged from acute treatment (inpatient, residential, PHP, or IOP) within the past two months (N=90) were randomly assigned to one of three conditions: 1) mobile app + treatment as usual (TAU); 2) mobile app + social networking + TAU; or 3) TAU alone. Participants were assessed at baseline, 6 weeks, 6 months, and 9 months post-randomization with primary outcome: ED psychopathology (EDE-Q Global), and secondary outcomes: weight maintenance, depression, clinical impairment, rigidity, emotional overcontrol, and maladaptive perfectionism. Multilevel models examined between-group differences over time; chi-square tests compared clinically meaningful weight loss across groups. Retention was high; 92%, 81%, and 82% completed 6-week, 6-month, and 9-month assessments. Among mobile app participants, 98% viewed ≥1 module; on average, they logged in 38.8 times (SD=34.0) and spent 4.8 hours (SD=5.5) in the program. Modules were rated highly (interest=100%, relevance=94%, helpfulness=95%, supportiveness=95%). Social networking engagement was low. No group differences emerged in change in EDE-Q Global, depression, clinical impairment, emotional overcontrol, or maladaptive perfectionism, though some groups showed significant decreases over time. Rigidity significantly decreased over time for all groups, but changes were significantly greater in the mobile app group vs TAU (β=-.32). There were no differences across groups in the

proportion of participants with a ≥1 BMI point reduction from baseline at any time point. 97% of those in TAU reported ED treatment during follow-up vs 83% and 77% in the mobile app and mobile app + social networking groups, respectively, with moderate effect (Cramer's V=.23) but differences were nonsignificant. Overall, participants showed high retention, engagement, and satisfaction with the mobile app. Although most outcomes did not differ across groups, rigidity improvements suggest possible cognitive benefits. Nevertheless, this study engaged a population with complex needs and high risk for relapse. Future work should identify subgroups most likely to benefit, examine concurrent treatment use as a mediator, and test the app in a larger, fully powered trial.

Learning Objectives

- Describe the design and key findings of a pilot randomized controlled trial evaluating a CBT-based mobile app intervention for post-acute anorexia nervosa (AN) care.
- Explain indicators of feasibility, acceptability, and engagement for a digital intervention following acute AN treatment and how these outcomes inform readiness for larger-scale testing.
- Discuss the implications of preliminary effectiveness findings—particularly improvements in rigidity—for understanding potential cognitive benefits and future directions in digital relapse prevention for AN.

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Evaluating Reward Processes in Binge Eating: Evidence from Ecological Momentary Assessment

Abstract: Binge eating (BE) is a transdiagnostic symptom of multiple eating disorders. Reward-related processes (wanting, liking, and learning) have been implicated as drivers of BE, yet the time scales (e.g., hours, days) at which these processes influence BE remain unclear. Theory suggests that the relative importance of specific reward processes may shift over the course of illness, with wanting processes becoming more prominent and liking processes becoming less prominent as illness duration increases. To test these hypotheses, 95 adults with recurrent BE completed a 14-day ecological momentary assessment protocol capturing momentary food wanting (i.e., food craving), liking (i.e., enjoyment/pleasure from BE), and learning (i.e., reward prediction error: the difference between experienced liking from BE and expected liking prior to BE) in daily life. We examined whether each reward process predicted subsequent BE within-day

(hours later), between-day (one day later), across multi-day clusters (cumulative reward across several days predicting BE risk over the next several days), and cross-sectionally (person-level). We also tested illness duration as a moderator. Results showed that greater momentary wanting predicted subsequent BE within-day ($p<.001$), and greater person-level wanting was associated with more frequent BE ($p<.001$), independently of illness duration. At the person level, illness duration moderated the associations of liking ($p=.002$) and learning ($p=.006$) with BE frequency, such that stronger liking and learning from BE predicted higher BE frequency only at shorter illness durations. These findings highlight robust momentary and person-level associations between wanting and BE, while suggesting that the roles of liking and learning may diminish as BE becomes more chronic. This pattern supports theoretical models proposing a shift from hedonic to incentive-driven mechanisms of BE over the course of illness.

Learning Objectives

- understand different reward processes that may contribute to binge-eating maintanence
- understand the time scales at which these processes may operate
- understand how the importance of these processes may depend on illness duration

Authors: Glen Forester, Sanford Research; Lauren Schaefer, Sanford Center for Biobehavioral Research; Laura Berner, Icahn School of Medicine at Mount Sinai; Joanna Steinglass, Columbia University/NYSPI; Stephen Wonderlich, Sanford Center for Bio-Behavioral Research, Sanford Health

It’s the perfect storm: why are people with eating disorders at risk of suicide? A qualitative study

Abstract: Eating disorders (EDs) are associated with elevated all-cause mortality, with suicide cited as the second leading cause of death among individuals with EDs. Evidence suggests that individuals with anorexia nervosa are 18 times, and those with bulimia nervosa seven times more likely to die by suicide, relative to gender- and age-matched comparison groups. Limited research has focused on why people with EDs experience such high rates of suicidality. The purpose of this study is to explore the perspectives from people with lived experience of an ED and clinicians working with EDs to understand suicidality among people with EDs and discuss how these results can inform practice and support people with EDs who are at risk of suicide. Using a qualitative design, we conducted semi-structured interviews with people with lived experience of an ED ($n = 30$), and clinicians who work with people with EDs ($n = 19$). Participants with lived experience presented with a range of EDs. Clinicians worked across a range of service settings as well as adolescent and adult services. We used a multi-perspective reflexive thematic analysis to code the data and generate the themes. In addition, we conducted a consultation workshop with people with lived experience of EDs, policy makers, and clinicians to discuss how these findings can transfer to policy

and practice. Four key themes were identified from our qualitative work including: ‘no way out’: the unique role of eating disorders in suicidality across illness and recovery, the outsider experience: feeling unseen, misunderstood, and burdensome, sparks of hope: protective Factors against suicidality, and ‘they only see weight’: how gaps in ED care reinforce isolation and risk. These findings underscore the complex and multifaceted reasons why people with EDs are at risk of suicide, acknowledging the unique risk factors associated with the illness itself as well as the various risk periods that affect those with EDs. Results from our consultation workshop identified key actions for policy and practice to support effective responses to suicide risk among individuals with eating disorders. The results are novel and illuminate psychological processes that are not currently incorporated within existing theoretical models of suicide, indicating that prevailing frameworks may lack the specificity or sensitivity required to account for the distinctive experiences of individuals with EDs.

Learning Objectives

- Explain the unique psychological and social factors that contribute to suicidality among people with lived experience of eating disorders.
- Discuss the implications of these findings for clinical practice, including how treatment approaches and service gaps may influence suicide risk and protective factors.
- Apply insights from the study to inform suicide prevention strategies, policy development, and the refinement of theoretical models specific to individuals with eating disorders.

Authors: Una Foye, King's College London

Brain White Matter Microstructure in Anorexia Nervosa Before and After Treatment

Abstract: Anorexia nervosa (AN) is a severe psychiatric disorder characterized by extreme food restriction, fear of weight gain, and distorted body image. White matter microstructure can be examined using diffusion tensor imaging (DTI), which measures patterns of water diffusion that may reflect microscopic tissue alterations associated with illness severity or behavioral outcomes. However, neuroimaging findings in AN have often been inconsistent and may be influenced by confounding factors.
Two independent samples of youth with AN were recruited (sample 1: n = 24, age = 16.0 ± 2.5 years; sample 2: n = 16, age = 15.6 ± 2.5 years) from a specialized eating disorder treatment program, along with two healthy control (HC) groups (sample 1: n = 20, age = 16.1 ± 2.5 years; sample 2: n = 20, age = 15.0 ± 3.1 years). All participants underwent DTI to assess white matter microstructure. AN participants were scanned before and after intensive treatment; HC participants were scanned twice over a comparable interval. DTI data were corrected for free water, and repeated-measures ANCOVA (including comorbidity and medication as covariates) was used to evaluate diffusion

metrics across scanners.
Axial diffusivity (AD)—a measure of diffusion along axonal fibers—was elevated in AN relative to HC, showing consistent population effects across both scans in the right acoustic radiation, left frontal aslant tract, and right optic radiation. Radial diffusivity (RD), reflecting diffusion perpendicular to axons, was also elevated in AN in the left arcuate fasciculus, right acoustic radiation, and bilateral superior longitudinal fasciculus. Mean diffusivity (MD), representing overall diffusion magnitude, was increased in AN across both scans in the left arcuate fasciculus, right acoustic radiation, left dorsal cingulum bundle, left frontal aslant tract, and right superior longitudinal fasciculus. Elevated diffusivity in AN across study samples—both before and after treatment—suggests preserved white matter coherence but reduced microstructural density, potentially reflecting inflammation, tissue swelling, or adaptive responses to metabolic stress. Further research is needed to determine how these changes relate to behavioral and clinical outcomes.

Learning Objectives

- Following the training, participants will be able to discuss white matter microstructure
- Following the training, participants will be able to discuss white matter changes before and after treatment of anorexia nervosa
- Following the training, participants will be able to discuss cause and effect of white matter changes in anorexia nervosa

Authors: Guido Frank, University of California San Diego

Unpacking size inclusive health promotion: implications for eating disorder research and practice

Abstract: Health promotion initiatives that centre weight as a health indicator reinforce weight stigma and contribute to eating disorders, disordered eating and body image concerns. In contrast, size-inclusive initiatives focus on health outcomes that are equitable and recognise diverse experiences of health and wellbeing. However, guidance on the design and implementation of size-inclusive health promotion is limited. A scoping review was conducted using Joanna Briggs Institute methodology. Sources were included if they described, evaluated, or recommended size-inclusive initiatives targeting public policy, supportive environments, and/or community action. A search was conducted in PubMed, Embase, PsycINFO, CINAHL and Web of Science. Citation searching and structured grey literature searches were also completed. Data were extracted in Covidence and exported to Excel for organisation and analysis. A content analysis was conducted to synthesise definitions, descriptions, evaluations and recommendations related to size-inclusive health promotion. Fifty-eight sources were included across peer-reviewed and grey literature. Size-inclusive initiatives were informed by established frameworks (e.g., Health at Every Size®), grounded in

principles of social justice, equity and trauma-informed care, and often adopted socioecological perspectives that shift from individual responsibility to addressing structural factors that exacerbate weight stigma. Key implementation enablers were highlighted such as identifying initiative champions and working with consumers and communities. Factors hindering implementation included misalignment with organisational policies, limited resources and internalised weight stigma. Actionable recommendations were summarised for healthy public policy (e.g., regulating weight loss and diet product advertising, removing weight-centric language and reporting), supportive environments (e.g., providing size-inclusive furniture, removing weight-centric practices in schools) and community action (e.g., co-designing initiatives with people with lived experience). Size inclusive health promotion fosters environments that reduce the risk of eating disorders, disordered eating and body image concerns. This research offers key implementation considerations and actionable recommendations to support the development of initiatives that promote health and wellbeing for people of all sizes.

Learning Objectives

- Explain the foundational principles of size-inclusive health promotion and its relevance to eating disorder prevention
- Analyse key barriers and facilitators influencing the design and implementation of size-inclusive health promotion practice
- Apply evidence-informed strategies to support the delivery of size-inclusive health promotion practice in diverse settings

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Exploring the potential of artificial intelligence in eating disorders: a systematic review

Abstract: Artificial intelligence (AI) and machine learning (ML) have recently emerged in clinical psychology as promising tools in the diagnosis, treatment, and prevention of several psychopathologies. However, little is known about their applicability in eating disorders (EDs). With the growing prevalence of these conditions, AI and ML may help clinicians to improve the diagnostic process, provide tailored treatments, and predict outcomes in EDs more effectively. Therefore, a systematic review of the literature was

conducted following PRISMA guidelines to identify articles regarding the use of AI and ML in EDs. Keywords (“artificial intelligence” OR “machine learning”) were combined with keywords ("eating disorders" OR "eating disorder symptoms" OR "anorexia nervosa" OR "bulimia nervosa" OR "binge eating disorder") on PubMed and PsycInfo. N=21 studies focusing on AI and ML applications for EDs were selected. In n=6 (28.6%) ML models were able to diagnose and identify dysfunctional behaviors in EDs. AI also demonstrated the ability to differentiate between ED diagnoses (n=2; 9.5%). ML and AI also predicted ED and dysfunctional eating symptoms onset (e.g. binge-eating episodes, compensatory behaviors) in n=6 (28.6%) studies. Predictive models also showed strong performance in estimating treatment outcomes (n=5; 23.8%), especially when used in digital interventions (e.g. chatbots, virtual reality) (n=4; 19.0%). Additionally, ML technologies helped monitor treatment adherence (n=2; 9.5%). In conclusion, results showed that AI and ML can provide valuable opportunities to improve the diagnosis, treatment personalization, and prevention of EDs. While limitations remain regarding the generalizability of these models and the need for larger, more diverse studies, results suggest that AI and ML can assist clinicians in diagnosing and managing EDs. However, further studies are necessary to validate and refine these instruments for broader application across different populations.

Learning Objectives

- Know and describe the current applications of artificial intelligence (AI) and machine learning (ML) in the diagnosis, treatment, and prevention of eating disorders (EDs).
- Identify how AI and ML can enhance clinical decision-making through improved diagnostic accuracy, treatment personalization, and prediction of clinical outcomes in EDs.
- Evaluate the strengths, limitations, and future directions of AI- and ML-based approaches in ED research and clinical practice.

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Expand Your Horizon: Promoting Functionality Appreciation in Adolescents With Eating Disorders

Abstract: Positive body image encompasses more than the absence of dissatisfaction; it includes appreciation of body functionality; the recognition of what the body can do rather than how it looks. The writing-based intervention Expand Your Horizon (EYH; Alleva et al., 2015) was developed to strengthen functionality appreciation and has demonstrated benefits in adult samples. This study is the first to examine a single-session EYH intervention among adolescent girls with an eating disorder, using a mixed-methods design. Addressing positive body image through functionality may offer a novel complement to traditional approaches in eating disorder care. Fifty-eight participants

were randomly assigned to either EYH or an active control condition involving a neutral writing task. Measures of positive and negative body image were completed pre- and post-intervention. Participants in the EYH condition also completed short follow-up assessments 15 and 30 minutes later to test the short-term stability of effects. Written reflections from the EYH group were analyzed thematically to explore how participants experienced body functionality. Compared to controls, EYH participants reported significantly higher positive body image immediately post-intervention, with no significant change in negative body image. Positive body image gains remained stable across the short follow-up period. Thematic analysis identified five core themes: (1) body as a means to experience and regulate emotions, (2) body as a vehicle for social connection, (3) body as a source of independence and identity, (4) body functions intertwined with the eating disorder, and (5) the aesthetic body. The themes suggest that reflecting on bodily functions may support therapeutic goals such as emotion regulation, self-acceptance, and re-engagement with valued life activities. Findings indicate that EYH can be a brief, low-intensity intervention to foster positive body image in adolescents with eating disorders. Reflecting on body functionality appears to help redirect focus from appearance to appreciation of bodily capacities, offering a meaningful complement to existing treatments. Given its brevity, scalability, and minimal resource demands, EYH might be integrated as an adjunctive exercise in inpatient or outpatient programs to strengthen recovery-oriented body image work. Future research should test the multi-session EYH protocol and assess long-term clinical outcomes to evaluate its durability and broader utility

Learning Objectives

- Explain the concept of body functionality and its relevance adolescents with eating disorders.
- Describe the Expand Your Horizon (EYH) writing intervention.
- Discuss how adolescents with eating disorders reflect on their body's functionality.

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Rethinking the "Asian" Identity in Eating Disorders Research: A Call to Action

Abstract: Despite descending from the largest continent in the world, people with Asian heritage are under-researched and underrepresented within the eating disorders (EDs) literature. Moreover, when Asian groups are included in ED research, they are usually subsumed into an amorphous "Asian" category. This conflation across subgroups masks important nuances that impact assessment, prevention, and treatment. To remedy this, we present a call to action to disaggregate Asian subgroups in ED research. Namely, we outline four action steps for how to collect, report, and discuss research involving Asian subgroups: (1) report specific ethnic data; (2) consider the cultural validity of extant ED assessments; (3) avoid using race and/or ethnicity as proxies for other cultural variables;

and (4) collaborate with non-research stakeholders to improve Asian representation in ED research. In the first step, we suggest standardized guidelines for collecting and reporting ethnicity data (e.g., using regional classifications, providing ethnic classifications when possible, using open-ended response formats to elicit self-identification). The second step encourages researchers to validate, culturally adapt, and/or develop new measures to capture culturally relevant psychopathology for Asian subgroups. The third guideline recommends that researchers study cultural variables that could be driving underlying differences between ethnic groups (e.g., level of acculturation, colorism) rather than superficially attributing observed differences between groups to “inherent” characteristics about a racial/ethnic group. Finally, the fourth step emphasizes incorporating community-engaged approaches into the research process – from the point of study design to dissemination – to amplify representation. These action steps aim to shift the field toward a more nuanced and inclusive understanding of EDs, one that accounts for the vast variations within Asian communities. Doing so has the potential to reduce significant ED-related detection, assessment, and treatment disparities for Asian populations.

Learning Objectives

- 1.Following this presentation, participants will be able to identify critical reasons for disaggregating Asian populations in EDs research.
- 2.Following this presentation, participants will be able to describe four steps for improving accurate representation of Asian subgroups in EDs research.
- 3.Following this presentation, participants will be able to apply these guidelines to other groups that have been aggregated, such as African and Latine/x populations.

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FBT and DBT Integration in a Latin American Partial Hospital for Eating Disorders

Abstract: Family-Based Treatment (FBT) is the standard of care for adolescent eating disorders, yet adaptations are needed for higher-acuity and culturally diverse populations. In Latin America, evidence-based Partial Hospitalization Programs (PHP) integrating family and skills-based interventions remain scarce. This study describes the implementation of a family-centered PHP in Monterrey, Mexico, for adolescents aged

10–16 years, integrating FBT principles with Dialectical Behavior Therapy (DBT) skills training to enhance caregiver efficacy, emotional regulation, and treatment adherence. Families (patients, parents and/or caregivers) attend the PHP five days per week for ~12 weeks, with daily active participation fostering parental leadership, consistent support, and structured practice of skills. Core components include therapeutic meals in a multifamily format with real-time caregiver coaching; post-meal feedback groups for caregivers and postprandial processing groups for adolescents; multifamily DBT skills training three times per week to strengthen mindfulness, distress tolerance, emotion regulation, and communication; a six-week caregiver group focused on environmental structuring skills to enhance consistency and containment at home; initial intensive FBT sessions during the first week to establish theoretical understanding and parental leadership; therapeutic group for adolescents replacing individual therapy; and individual psychological sessions only for comorbid cases. Progress is tracked through medical, nutritional, and behavioral indicators. To date, 15 families have completed the ~12 week cycle. Among underweight participants, preliminary outcomes show a mean BMI increase of 16.97 to 20.67. All patients across diagnostic subtypes show medical-nutritional stabilization, and clinical observation reflected improved emotion regulation and mealtime adherence. Families reported stronger communication and cohesion, reduced food-related anxiety, and improvement in skills such as emotional validation, effective communication, and collaborative problem-solving. Integrating FBT and DBT within a culturally adapted, highly structured Partial Hospitalization Program promotes medical stability, emotional growth, and systemic family change, strengthening recovery trajectories for adolescents with EDs in Latin American contexts. This integrated model may guide the culturally sensitive adaptation of evidence-based programs in other low- and middle-income regions.

Learning Objectives

- Identify key outcomes and clinical benefits of culturally adapted FBT and DBT interventions within a Partial Hospitalization Program setting for adolescents with eating disorders, including their impact on recovery and family functioning.
- Explain how multifamily therapeutic meals and DBT-skills groups can be integrated into caregiver-led refeeding interventions in a Latin American context.
- Understand how culturally adapted caregiver-led and DBT-informed interventions can strengthen family functioning and support recovery in adolescents with eating disorders.

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FBT & DBT Adaptations in a Multifamily group for Adolescents with ED and Neurodivergence in Mexico

Abstract: Up to 35% of adolescents with eating disorders present co-occurring neurodivergent traits, particularly autism and ADHD, often resulting in poorer treatment response and greater emotional dysregulation. This study examined the feasibility and preliminary outcomes of a multimodal family-based intervention integrating modified Family-Based Treatment (FBT) and Dialectical Behavior Therapy (DBT) principles to address the unique sensory, cognitive, and interoceptive challenges present in this population. Four families of adolescents aged 12–17 with diagnosed EDs and co-occurring ASD or ADHD participated in twelve weekly multifamily partial hospitalization sessions, in Monterrey, Mexico. Standard FBT and DBT protocols were adapted to accommodate neurodivergent processing styles by increasing concreteness, visual structure, and validation of sensory sensitivities. FBT adaptations reframed “parental empowerment” to include validation of texture aversion and ritualistic rigidity, and maintained externalization to help families distinguish between the ED and neurodivergent traits. DBT modules were adjusted to use sensory-based mindfulness practices emphasizing movement and grounding to address aphantasia, linked emotion regulation to interoceptive cues to reduce alexithymia, and simplified distress tolerance for attentional limitations. Psychoeducation supported caregivers in differentiating ED symptoms from neurodivergent characteristics. Progress was monitored through weekly clinical indicators, including medical-nutritional stabilization and reductions in ED-15 scores. Families reported decreased self-harm and ED behaviors, improved differentiation between neurodivergent traits and disordered eating, and greater confidence managing mealtime distress associated with sensory sensitivities. Parents highlighted multifamily peer support as key to reducing self-blame and punitive responses while enhancing validation. These preliminary findings highlight the importance of tailoring ED treatment to neurodiverse processing profiles and underscore the feasibility of culturally adapted, neurodiversity-informed FBT-DBT models, which may guide future clinical trials and international dissemination.

Learning Objectives

- Identify sensory, cognitive, and emotional challenges that impact treatment of eating disorders in neurodivergent adolescents.
- Describe clinical adaptations of Family-Based Treatment (FBT) and Dialectical Behavior Therapy (DBT) for adolescents with co-occurring EDs and autism or ADHD.
- Recognize how neurodiversity-informed FBT-DBT integration can enhance family regulation, reduce mealtime distress, and improve treatment engagement in culturally diverse settings.

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Embrace Kids Classroom Program: Outcomes and acceptability in a pragmatic controlled school trial

Abstract: Body image concerns are an established risk factor for disordered eating and poor mental health, highlighting the need for scalable prevention strategies. This study evaluated the Embrace Kids Classroom Program (EKCP), a universal, video-based, teacher-led intervention designed to be embedded in health education classes to promote body image and wellbeing in young people. Twenty-nine Australian schools (N = 3089 students; 9–14 years old) participated in a pragmatic controlled design, with allocation to program or control groups based on curriculum availability. Students completed baseline, one-week, and one-month follow-up surveys assessing body image and mental health outcomes.

Analyses used both complete cases and multiple imputed data to address high attrition (17.6–62.4% across cohorts). In the Primary School cohort (ages 9–11), complete case analyses indicated a short-term improvement in happiness with appearance at one-week ($d = 0.25$, $p = .03$), but effects were not sustained, and none persisted after imputation. In contrast, Secondary School students (ages 12–14) showed multiple benefits in complete case analyses: at one-week, there were significant improvements in happiness with appearance ($d = 0.22$, $p = .01$), functionality appreciation ($d = 0.27$, $p < .001$), and openness to diversity ($d = 0.17$, $p = .03$); and at one-month, higher self-compassion ($d = 0.21$, $p = .01$) and stronger intentions to challenge stereotypes ($d = 0.17$, $p = .03$). Following multiple imputation, most effects attenuated; however, the one-week improvement in happiness with appearance persisted ($d = 0.11$, $p < .001$). Acceptability findings highlight important cohort differences. Primary School students rated the EKCP more positively than Secondary students, reporting greater enjoyment ($d = 0.56$), helpfulness ($d = 0.46$), and perceived importance ($d = 0.53$). In addition, Primary School teachers expressed stronger confidence and satisfaction. Although Secondary School students appeared less receptive to the EKCP, they experienced greater improvements in outcomes. Overall, results suggest that teacher-led body image programs can be implemented in health classes at scale and produce small, short-term benefits in early adolescence, comparable to other universal interventions. Findings highlight the potential role of universal, classroom-based interventions in eating disorder prevention, while underscoring the need to boost acceptability among older students and sustain outcomes over time.

Learning Objectives

- Following the training, participants will be able to: determine the effectiveness and suitability of the Embrace Kids Classroom Program for young people they may work with
- Following the training, participants will be able to: identify differences in outcomes from and acceptability of the EKCP between different age groups.
- Following the training, participants will be able to: see the benefits of curriculum-embedded, teacher-led interventions

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Algorithmic Boundary Collapse: How TikTok Blurs Recovery and Pro–Eating Disorder Content

Abstract: Social media platforms host vast quantities of eating disorder recovery content and exposure to such material is often assumed to be beneficial for individuals with eating disorders. This mixed-methods study examined the nature and algorithmic delivery of recovery content on TikTok. We qualitatively analysed 250 pieces of recovery content from the 10 most popular recovery hashtags and quantitatively analysed the TikTok algorithm data of 42 users with clinically diagnosed eating disorders to evaluate relationships between recovery content and symptoms. Thematic analysis revealed pervasive cross-contamination between recovery and pro–eating disorder material, with approximately 50% of recovery videos featuring pro–eating disorder elements. Quantitative analyses revealed unexpected, extremely high correlations between the delivery of recovery and pro–eating disorder content within users' algorithmic feeds (ρ = .90), suggesting TikTok's content recommendation algorithm collapses the boundaries between recovery and pro–eating disorder communities. Data visualisations using alluvial Sankey plots illustrated algorithmic "off-ramps" whereby engagement with recovery content subsequently led users into pro–eating disorder material. Although our quantitative analyses were underpowered, we found no evidence that recovery content was associated with lower eating disorder symptom severity. Taken together, our findings contrast sharply with earlier research in which recovery and pro–eating disorder communities existed in structurally separate online spaces, such as distinct websites, forums, or pages that users had to intentionally access. We speculate that in the era of algorithmically driven platforms like TikTok, these structural boundaries have collapsed. The resulting convergence exposes recovery-minded users to potentially harmful pro–eating disorder material and may contribute to the continued entanglement of recovery narratives with content that reinforces disordered behaviours. We conclude that clinicians should not recommend eating disorder recovery content on TikTok unless they are confident that their clients can tolerate the extremely high likelihood of exposure to co-occurring pro–eating disorder material.

Learning Objectives

- Understand social media content recommendation algorithms
- Understand cross-contamination between recovery content and pro-eating disorder content on social media
- Understand the concept of algorithmic boundary collapse in the context of social media communities

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Combining Voices and Reflections: A Dual Perspective on the Serious Game 'Maze Out' in ED

Abstract: This study examines how Maze Out, a co-produced serious game evaluated in a randomized controlled trial (RCT, N≈133), supports emotional insight and therapeutic engagement. We present a synthesis of two qualitative studies embedded within the trial, both grounded in reflexive thematic analysis (RTA) and emphasizing patient involvement, not only in the development of the game but also in its evaluation.
Maze Out was co-designed with individuals with lived experience of ED, clinicians, and game designers to create a flexible, user-centred tool for reflection, emotional processing, and communication. In the first study, semi-structured interviews were conducted with ED patients in the intervention arm (N=7), as well as caregivers and clinicians (N=7), focusing on lived experiences of using Maze Out during treatment. RTA identified key themes: playfulness as an entry point, autonomy free from shame, and the development of self-insight. Patients described the game as a safe space that fostered reflection and relational understanding.
The second study analysed 584 in-game written responses from participants in the intervention arm of the RCT. These short texts were thematically analysed with RTA in collaboration with five co-researchers with lived ED experience, who actively contributed to theme development and interpretation. The analysis revealed three overarching themes: a mirror for change, ways through (coping and hope), and meeting others. Reflections showed how the game enabled users to explore difficult emotions, personal needs, and boundaries.
Triangulating the two datasets revealed strong convergence: both interviews and reflection tasks highlighted Maze Out's capacity to reduce shame, foster emotional insight, and enhance patient agency. The game also served as a transitional object, facilitating dialogue between patients and caregivers.
This dual-perspective analysis underscores the value of meaningful patient participation in intervention design and research. Maze Out exemplifies how co-produced digital tools can enhance therapeutic processes in ED care, bridging inner reflection with interpersonal connection.

Learning Objectives

- Reflect on the value of involving individuals with lived experience in both the development of interventions and the analysis of qualitative data, and consider how such collaboration can enrich understanding and practice.
- Consider how digital tools like serious games might complement clinical practice by offering alternative spaces for insight, autonomy, and engagement in eating disorder care.
- Explore new perspectives on digital innovation in mental health by examining how co-produced, user-centered design can shape therapeutic experiences and outcomes.

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When appearance shapes popularity: The impact of classroom norms on children's restrictive eating

Abstract: This study examines whether appearance-focused classroom norms drive increases in dieting and restrictive eating among children and preadolescents. Participants included 754 youth (ages 8–13) attending public primary and middle schools in the United States (124 boys, 112 girls) and Lithuania (268 boys, 250 girls). Participants completed self-reports of dietary restraint using the Eating Pattern Inventory twice during the same academic year, approximately 9.5 weeks apart, allowing for the examination of changes in dieting and restrictive eating behaviors over time. Students also completed a peer nomination inventory to identify classmates who best fit the descriptors "popular" and "good looking." Appearance-focused norms were operationalized as the classroom-level correlation between peer-nominated popularity (i.e., "who is popular") and peer-nominated attractiveness (i.e., "who is good looking). This operationalization allowed us to capture the extent to which being considered physically attractive conferred social rewards within each classroom context. Results indicated that higher appearance-focused classroom norms predicted increases in dietary restraint over time. These effects were consistent across gender, age, and location (United States and Lithuania). In other words, in classrooms where students perceived as attractive were also considered popular, children and preadolescents were more likely to engage in dieting and restrictive eating behaviors during the school year. These findings align with previous research highlighting the role of interpersonal attraction and social reinforcement in motivating eating and weight-related behaviors among youth. They also suggest that, even at relatively young ages, children are sensitive to the implicit social rules regarding appearance, and that these rules can have measurable impacts on their eating behaviors. Overall, the study highlights that primary and middle school students already seem to experience harmful effects of societal ideals of beauty. These results underscore the importance of promoting a neutral and inclusive approach to appearance and weight in schools, ideally beginning at the primary school level. By addressing appearance-focus norms at the classroom level, educators and

policymakers may be able to mitigate early risk factors for restrictive eating and foster healthier social environments that do not reward children based on appearance.

Learning Objectives

- Following the training, participants will be able to understand how appearance-focused norms are measured in classroom settings.
- Following the training, participants will be able to explain how appearance-focused norms can shape children's eating behavior over time.
- Following the training, participants will be able to identify strategies to reduce appearance-based social rewards and foster inclusive, healthy classroom interactions.

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Dissociation in Anorexia Nervosa: Its Role and Possible Origins

Abstract: Patient with anorexia nervosa (AN) frequently display elevated dissociative symptoms, reflecting difficulties in the integration of self-experience.
This study aimed to investigate whether dissociation and childhood trauma differ significantly across eating disorder subtypes.
Patients with AN aged 18–45 years (n = 44: Restrictive AN (R-AN)=28 and Binge-Purge AN (BP-AN)=16) and matched healthy control (HC, n=29) completed a comprehensive set of online self-report questionnaires: Dissociation Questionnaire (DIS-Q), Childhood Trauma Questionnaire (CTQ), Young Parenting Inventory (YPI), along with additional measures administered prior to clinical interviews.
The Kruskal–Wallis test revealed significant group differences with large effect sizes in DIS-Q identity confusion scores among R-AN, BP-AN, and HC participants ($H(2) = 22.800$, $p < .001$, $\eta^2 = .297$). Post hoc Mann–Whitney U tests with Bonferroni correction indicated significant differences with a medium effect size between R-AN and HC ($Z = 3.607$, $p = .001$, $r = .478$), and with a large effect size between BP-AN and HC ($Z = 4.350$, $p < .001$, $r = .648$).
Significant group differences with large effect sizes were also observed in CTQ sexual abuse scores ($H(2) = 14.244$, $p < .001$, $\eta^2 = .189$). Post hoc analyses revealed significant differences with a medium effect size between BP-AN and R-AN ($Z = -2.971$, $p = .009$, $r = .453$), and with a large effect size between BP-AN and HC ($Z = 3.858$, $p < .001$, $r = .582$). The difference between R-AN and HC was not significant. None of the remaining CTQ subscales showed significant differences between R-AN and HC.
The Kruskal–Wallis test also indicated significant group differences with large effect sizes in YPI "Vulnerability of Mother" scores ($H(2) = 12.360$, $p = .002$, $\eta^2 = .207$). Post hoc analysis revealed a significant difference with a large effect size between R-AN and HC ($Z = 3.424$, $p = .002$, $r = .541$).

Our findings suggest that dissociation represents a key transdiagnostic psychopathological mechanism underlying anorexia nervosa, particularly in BP-AN. Significant differences in CTQ subscales between BP-AN and HC indicate that trauma may be a contributing factor to dissociation in this subgroup. Among patients with R-AN, childhood trauma occurs more frequently than in HC, suggesting that other mechanisms beyond trauma may contribute to dissociative phenomena in this subtype.

Learning Objectives

- Understand the source of ambivalence often seen in clients with Anorexia Nervosa.
- Understand the importance of early childhood experiences
- Recognise the difference between subtypes of anorexia nervosa in the context of childhood maltreatment

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ScreenED: Co-design and validation of a screening tool for childhood eating disorders

Abstract: The purpose of ScreenED was to co-design a brief, high-quality, validated screening tool for EDs among children aged 5-12. The SCOFF is one of the most widely used ED screening tools globally, mostly due to its ease of administration. Yet the SCOFF is not recommended nor designed for use with children (e.g. it does not screen for ARFID). With the rise in childhood eating pathology since COVID-19, a tool designed and validated for child EDs is desperately needed. ScreenED was a 4-phase project funded by the Australian Government and overseen by a diverse Expert Advisory Group (n=20) of clinicians, carer/lived experience advocates, researchers and educators. Phase 1 included 3x comprehensive literature reviews to uncover existing screening items or tools for use with children, and the early signs reported by parents. The initial item pool comprised a set of 50 items for child-report and 60 items for parent-report. To develop these, items mapping onto diagnostic criteria were drafted under the domains: sensory sensitivity/avoidant eating, restrictive eating/dieting, binge/emotional/overeating, body dissatisfaction, and emotional traits. For parents, a purging/compensatory domain was also drafted, but for safety reasons, these were not given to children. Phase 2 included a comprehensive co-design process with 25 carers/consumer advocates who selected and refined 25 items for parents, 21 items for children, response scales, and respondent instructions. Phase 3 involved pilot testing of the draft ScreenED tool and qualitative feedback from parent-child dyads either with known ED (n=17) or no eating concerns (n=39). Items with the largest standard mean difference between the two

groups were refined via participant feedback and used in Phase 4. This final study will conclude in April 2026 with a sample of 307 parent-child dyads completing the parent and child draft ScreenED tool, convergent self-report measures (CBEDs, ChEAT, NIAS, CHU9, PSC17, EDE-15-P, PEDE-Q) and child clinical interviews (ChEDE, PARDI), allowing analyses of AUC, PPV and NPV. The final outcome is a comprehensively co-designed, brief and fit-for-purpose screening tool with high acceptability and low-risk for use with children and their parents. It is hoped the ScreenED tool will be tested and validated in diverse settings outside Australia and implemented broadly to assist in earlier recognition and intervention for childhood eating disorders.

Learning Objectives

- Describe the co-design process undertaken to develop the ScreenED tool, with accessible, safe, and effective versions for parents and children aged 5-12 years
- Discuss the importance of safe screening and early intervention in childhood eating disorders
- Locate a copy of the freely available ScreenED tool

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Interventions and Weight Restoration in Atypical Anorexia Nervosa: A Systematic Review

Abstract: This review examines interventions and weight restoration in atypical anorexia nervosa (AAN) and elucidates gaps in the literature regarding their efficacy. A search was conducted using PubMed, APA PsycINFO, Web of Science, Google Scholar, and by consulting with experts in the field. The review was registered at Prospero with the (CRD42024595716). Articles were included if they examined interventions and/or weight restoration in AAN. Articles that did not separate out anorexia nervosa (AN) and AAN in their intervention groups were not included nor were reviews or commentaries. A Pearson correlation was used with data from six studies that had eating disorder examination questionnaire (EDE-Q) scores and median BMI. Thirty studies were included in this review. Results were divided into empirical studies, case studies, and qualitative studies. Overall, interventions for AAN did not differ from those for AN with the exception of weight restoration recommendations. EDE-Q scores and weight gain were strongly negatively correlated (-.924, $p = .008$). While qualitative studies and most

case studies revealed the promising results for weight restoration in individuals with AAN, the studies that examined weight restoration specifically found mixed results. Interpretation of the findings were complicated by the inconsistent definitions of both AAN and weight restoration. Notably, the weight restoration being tested in these studies did not fully reverse weight suppression. Even the limited studies included the correlation between weight and lower ED symptoms in individuals with AAN suggests that fully reversing weight suppression may improve outcomes.

Learning Objectives

- Understand the similarities and differences between current interventions for AN and AAN.
- Explain how the inconsistent definitions for both AAN and weight restoration complicate findings.
- Appreciate how weight stigma influences how weight restoration is approached in AAN.

Authors: Rachel Hechinger, SUNY Buffalo; Molly Robbins, Graduate student, psychology; Catherine Cook-Cottone, University at Buffalo

Refining TIM? Examining LGBTQ+ Appearance Pressures with Exploratory Factor and Mediation Analyses

Abstract: The tripartite influence model (TIM) describes how appearance pressures contribute to appearance internalization and comparisons and subsequently, eating/body image disturbances. These pressures may manifest uniquely in the LGBTQ+ population, including sexual minority men (SMM). We examined whether LGBTQ+ appearance pressures are distinct alongside pressures traditionally considered in the TIM. Cisgender SMM (N = 225; M age = 25.79, range 18-30) were recruited via Prolific and completed self-report measures at baseline (T0), 3-month (T1), and 6-month (T2) follow-ups. At T0, we explored the factor structure of the Sociocultural Attitudes Toward Appearance Questionnaire 4-Revised for men with four additional items capturing LGBTQ+ appearance pressures (e.g., “I feel pressure from the LGBTQ+ community to look thinner”, “I feel pressure from the LGBTQ+ community to be more muscular”). Prospective mediation models further examined T1 appearance internalization and comparisons as mechanisms that underlie T0 LGBTQ+ appearance pressures and T2 disordered eating. Parallel analysis revealed a 6-factor (F) structure with 70.4% total unique variance accounted for across factors (F1 peer/significant others appearance pressures; F2 media appearance pressures; F3 muscular internalization; F4 family appearance pressures; F5 LGBTQ+ appearance pressures; F6 thin internalization). Controlling for T0 age, BMI, and outcome variables: (a) higher T0 LGBTQ+ appearance

pressures were related to higher T1 thin-ideal internalization, which, in turn, were related to higher T2 thinness-oriented eating and body image disturbances; and (b) higher T0 LGBTQ+ appearance pressures were related to higher T1 appearance comparisons which, in turn, were related to higher T2 thinness-oriented eating and body image disturbances. T1 muscular internalization and appearance comparisons did not significantly mediate associations between T0 LGBTQ+ appearance pressures and T2 muscularity-oriented eating and body image disturbances. Results provide preliminary support for conceptualizing LGBTQ+ appearance pressures as distinct among SMM. Further, LGBTQ+ appearance pressures demonstrated theoretically consistent associations with thin-ideal internalization and appearance comparisons. Future research implementing a sequential exploratory-to-confirmatory factor analytic approach would substantiate LGBTQ+ appearance pressures as a distinct source of appearance pressures relevant to the TIM in SMM.

Learning Objectives

- Following this training, participants will be able to articulate a rationale for the inclusion of intracommunity sources of appearance pressures within the Tripartite Influence Model as it is applied to diverse populations.
- Following this training, participants will understand how LGBTQ+ community appearance pressures interact with thin ideal internalization, appearance comparisons, and subsequent disordered eating and body image disturbances in sexual minority men.
- Following this training, participants will be able to articulate important directions for future research—particularly the need to substantiate the LGBTQ+ appearance pressure factor using an EFA-to-CFA approach in an independent sample.

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Home treatment in adolescent anorexia nervosa – results of a large multicenter RCT in Germany

Abstract: Introduction: Although inpatient treatment has long been seen as the “gold standard” for treating moderately to severely ill patients with anorexia nervosa, there is some doubt whether it is more effective than other treatments. Several patients and their families complain that the transition from hospital to home is too difficult and that they need more support by professionals. Thus we were looking for a treatment method that would facilitate the transition from hospital care to home environment by intensively supporting the family (stepped care treatment).
Method: After a feasibility trial which was very effective we conducted a large multicenter

randomized controlled trial (RCT). Five hospitals of maximum care for child and adolescent psychiatry and special experience in the treatment of eating disorders were included. All of these departments established a multiprofessional team with a clinician, a psychologist, a nutritional therapist and nurses with high experience in EDs. All patients and their families who gave informed consent were randomized to a controlled trial with patients in one arm receiving home treatment and treatment as usual in the second arm. After hospital treatment of 6 to 8 weeks for every patient home treatment was started: patients and their families were visited in a descending number/week by various members of the team: 3-4 times/per week during the first month, 3 times/week during the second month, twice/week in the third and once/week in the last month. The patient and the parent were intensively supported in improving eating behaviour, managing excessive exercise and returning to everyday life such as school visits. Assessments were made at admission, discharge from hospital treatment, 6 months after admission and one year follow-up.
Results: 80 patients could be randomized into continued inpatient treatment, 80 into home treatment. All 5 hospitals managed to implement home treatment at their department. Most patients and their parents were satisfied with home treatment, some felt overwhelmed and had to be readmitted to inpatient treatment. There were very few serious adverse events which could all be managed.
Conclusion: The presentation will give more insight to implement home treatment in community treatment for eating disorders and for which patients home treatment might be helpful and which profit more than from traditional inpatient care.

Learning Objectives

- to see the advantages of home-based treatment
- to understand which patients and their families will profit from home treatment
- to understand how to shorten inpatient treatment

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Initial Efficacy of an Appearance-Based Teasing and Body Confidence Program for Early Adolescents

Abstract: Improving body satisfaction can lead to improvements in self-worth and mental health symptoms. Although numerous body confidence programs have been created, most have primarily focused on older adolescents or adults. One key predictor of body dissatisfaction in early adolescence is experiencing appearance-based bullying. Therefore, to address both appearance-based bullying and early body dissatisfaction,

the Amazing Me program was created. The current study sought to explore the preliminary efficacy of the Amazing Me program. We predicted that, compared to the control group, students in the intervention group will report higher body esteem, body satisfaction, and self-esteem, and lower body talk, social comparisons, sociocultural pressure, and appearance-based teasing in their follow-up surveys, compared to their baseline survey. Participants were randomized to the intervention or control group, consisting of 5,295 students in the 4th and 5th grades (Mage=10.12; 49.1% female). Students completed surveys before participating in the program (T1), after the program (T2), and at a 6-month follow-up (T3). Students completed the Body Esteem Scale for Adolescents, Appearance Conversations Scale, Social Comparisons Scale, Rosenberg Self-Esteem Scale, Sociocultural Attitudes Towards Appearance Questionnaire, Physical Appearance Related Teasing Scale, and a Knowledge Check developed to assess understanding and retention of curriculum materials. Linear growth models were employed to assess experiences across time. The intervention group's scores for body esteem, self-esteem, and knowledge check significantly increased over time and the rate of change was higher than the control group's. Likewise, the intervention group's scores on general appearance teasing, weight/size teasing, and sociocultural pressures decreased over time and the rate of change was greater than the control group's scores over time. These findings provide preliminary support for a 6-session appearance-based bullying prevention and body confidence program for 4th- and 5th-grade students. Furthermore, teachers and students provided high ratings for the workshop in terms of likeability and perceived impact. This program is available for free for all to use.

Learning Objectives

- Know risks associated with appearance-based teasing
- Understand how an intervention could be used to prevent appearance-based teasing
- Know what the Amazing Me program taught, how successful it was, and how it was received by participants

Authors: Sarah Hidalgo, Arizona State University; Taryn Henning, Virginia Commonwealth University; Jenna Stadheim, University of Nebraska-Lincoln; Kimberly Yu, University of California, San Francisco,; Jaimee Virgo, Arizona State University; Francesca Gomez, Arizona State University; Marisol Perez, Old Dominion University

Psychological and Behavioral Correlates of GLP-1 Receptor Agonist Use

Abstract: Background
GLP-1 receptor agonists (GLP-1 RAs) are increasingly prescribed for weight loss and management of type II diabetes. Anecdotal reports suggest these medications "quiet food noise" and alter reward sensitivity to food and other substances, yet empirical data on these psychological and behavioral effects remain limited.
Methods
Adults (N = 356; 50.9% women; 125 GLP-1 RA users, 231 non-users) completed the

Food Craving Questionnaire–Trait-reduced (FCQ-T-r), Eating Pathology Symptoms Inventory (EPSI), Power of Food Scale (PFS), Alcohol Use Disorder Identification Test (AUDIT), Craving Experiences Questionnaire (CEQ), and Depression Anxiety Stress Scales (DASS-21). Group and gender differences were examined using uni- and multivariate analyses of variance. Current users also provided open-ended responses describing perceived changes in their relationship with food.
Results
Groups did not differ in BMI (M = 35.18 kg/m²). GLP-1 RA users reported greater weight suppression (M = 45.41 vs. 27.56 lbs, $p < .001$), higher FCQ-T-r scores ($p = .03$), and elevated PFS subscale scores (multivariate $p < .001$), indicating stronger trait cravings and greater reactivity to the food environment. Users also showed higher EPSI scores ($\eta p^2 = .09$), endorsing more cognitive restraint, restricting, purging, excessive exercise, muscle building, and negative attitudes toward obesity (all $p < .01$), as well as higher anxiety ($p < .05$) and greater alcohol use and craving (AUDIT $p < .001$; CEQ $p = .03$). Qualitative responses revealed that nearly all users experienced changes in their relationship with food, most describing decreased appetite, cravings, and “food noise,” though some noted nausea, aversion, or fear of eating.
Conclusions
Quantitative data indicated greater eating pathology, craving, and alcohol use among GLP-1 RA users compared to non-users, contrasting with qualitative reports of marked reductions in appetite and preoccupation with food. Longitudinal studies are needed to determine whether these elevations reflect residual vulnerability, treatment-related change, or regression from more severe pre-treatment symptoms. Findings underscore the importance of screening for disordered eating and other psychopathology before prescribing GLP-1 RAs to ensure appropriate monitoring and psychosocial support during treatment.

Learning Objectives

- 1.Describe psychological and behavioral correlates of GLP-1 receptor agonist (RA) use, including effects on food craving, eating pathology, and general psychopathology.
- 2.Interpret discrepancies between quantitative and qualitative findings regarding eating-related experiences among GLP-1 RA users.
- 3.Appreciate the importance of clinical screening and monitoring to identify disordered eating and related psychopathology prior to and during GLP-1 RA treatment.

Authors: Julia Hormes, University at Albany

Postpartum eating disorder symptoms and treatment status: Results from a national screening tool

Abstract: The postpartum period may carry an elevated risk for eating disorder (ED) symptoms due to changes in body weight/shape that conflict with existing body ideals, yet few studies have examined ED presentation and treatment utilization in postpartum individuals. The aim of this study was to examine whether ED symptoms and treatment utilization differ among postpartum versus non-postpartum individuals in a population-based U.S. sample. Respondents to the National Eating Disorders Association screening tool between January 1, 2025, and August 31, 2025, provided information on ED symptoms, ED treatment utilization, and whether they had recently given birth. Eligible respondents were adult U.S. residents assigned female at birth. Chi-square and Mann-Whitney U tests were used to compare differences in ED diagnoses, ED behaviors, weight/shape concerns, and treatment status between postpartum and non-postpartum individuals. Of the 40,725 eligible respondents, 2.2% were postpartum (n=902). Postpartum respondents had a significantly higher proportion of binge eating disorder, but a significantly lower proportion of anorexia nervosa and subclinical bulimia nervosa than non-postpartum respondents ($p<.05$, $V=.04$), with small effect. Of those that screened as having or being at risk for an ED (n=38,903), postpartum respondents reported a significantly higher frequency of binge eating episodes ($r=.02$) over the past three months than non-postpartum respondents with small effect, and significantly lower frequencies of vomiting ($r=.02$), laxative/diuretic use ($r=.02$), excessive exercise ($r=.03$), and weight/shape concerns ($r=.02$; $ps<.05$), with small effects. Regarding treatment utilization, postpartum respondents had a significantly lower proportion of current ED treatment utilization than non-postpartum respondents ($p<.05$, $V=.01$), with small effect. Findings suggest that postpartum individuals may differ from non-postpartum individuals in ED symptomatology. Specifically, postpartum individuals may be more likely to binge eat and less likely to engage in compensatory behaviors than non-postpartum individuals. Notably, lower ED treatment receipt in postpartum individuals may suggest decreased treatment utilization for this group. Future research would benefit from examining pre- and postpartum ED symptoms to better understand how these symptoms function during the perinatal period, as well as increased efforts around detection and intervention in this population.

Learning Objectives

- Following the training, participants will be able to understand unique eating disorder risks associated with the postpartum period.
- Following the training, participants will be able to provide an overview of how eating disorder symptoms and treatment utilization compare across postpartum and non-postpartum individuals.
- Following the training, participants will be able to highlight and discuss the implications of the results, including implications for screening, identification, and treatment of postpartum individuals.

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Washington University in St. Louis; Katherine Balantekin, University at Buffalo; Andrea Graham, Northwestern Feinberg School of Medicine; Denise Wilfley, Washington University in St. Louis; Ellen Fitzsimmons-Craft, Washington University in St. Louis; Doreen Marshall, National Eating Disorders Association; Shivani Dutt, National Eating Disorders Association

Weight Stigma as a Barrier to Eating Disorder Care

Abstract: People seeking treatment for eating disorders (EDs) face numerous barriers to care. One of these barriers is weight stigma, or the devaluation of and discrimination against people in higher weight bodies. Weight stigma is often perpetuated in ED treatment because of myths that people must be in a low weight body to have an ED. However, EDs are prevalent and can be severe in all body types. In this study, we investigated weight stigma as a barrier to accessing ED specific treatment, as a negative treatment experience, and in damaging comments from non-ED providers. Participants were people seeking treatment for an ED (N = 1,995) who completed an online assessment on barriers to ED care. Participants reported if they had experienced barriers to accessing ED treatment, if they had negative treatment experiences, and if they had received damaging comments from non-ED providers. For those who endorsed these experiences, they were asked to provide a written response describing the barriers, negative experience, and/or damaging comment. Three trained raters coded responses for weight stigma. The coding scheme included two categories: yes or no weight stigma for a) barrier, b) negative experience and/or c) damaging comment. Kippendorff's Alpha was calculated to determine the inter-rater reliability. Responses were then categorized into forms of weight stigma (e.g., assumptions of health based on weight) and intensity, on a 3-point scale encompassing low, medium, or high intensity. 532 participants reported a barrier to accessing ED treatment. Of those who had experienced a barrier, 41% (n = 218) of responses were determined to include weight stigma. The categories of weight stigma that barrier responses most frequently included were "not sick enough / not low enough weight" and "treatment decision based on weight". 883 participants reported a negative treatment experience. 25% (n = 217) of responses included weight stigma. The categories of weight stigma that negative experience responses most frequently included were "diet promotion, weight loss recommendation, or weight loss encouragement" and "not sick enough / not low enough weight". Coding for c) damaging comments is ongoing and will be presented. These results provide further evidence of the prevalence of weight stigma in ED treatment and specific information on how weight stigma can be a barrier to accessing treatment.

Learning Objectives

- Following the training, participants will be able to recall prevalence rates for experiences of weight stigma in eating disorder treatment.

- Following the training, participants will be able to identify various ways that weight stigma can look in eating disorder treatment (e.g. assumption of health based on weight, treatment decision based on weight, reassurance, etc).
- Following the training, participants will be able to think more critically about how weight stigma shows up in eating disorder treatment.

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I am in the passenger seat of my own body: Patient perspectives on the relationship between binge e

Abstract: Seventy percent of adult individuals with eating disorders (EDs) have at least one other comorbid psychiatric condition. Between 30 and 50% exhibit hazardous alcohol use or an alcohol use disorder, with the highest rates found in EDs characterized by binge-eating. Patients with EDs and alcohol problems report more severe ED symptoms, higher levels of depression, poorer social functioning, and lower treatment adherence compared with those with EDs alone. Understanding the factors that drive these negative outcomes in these particularly vulnerable patients is therefore warranted. The current study aimed to investigate how adults with binge eating and problematic alcohol use view their dual problem and the relationship between the two conditions. Recruitment was conducted through advertisements at a specialized eating disorder clinic in Stockholm, Sweden, in 2024-2025. Twelve adult patients (11 female) with binge eating and alcohol problems participated in individual semi-structured qualitative interviews. Data were analyzed using reflexive thematic analysis.
The results demonstrated that participants described strong connections between binge eating and alcohol use. Both were perceived as strategies to suppress or avoid negative emotions, e.g., anxiety, stress, and low mood. Alcohol use was closely intertwined with the ED, e.g., drinking was used as a relief from thoughts of restriction, and self-critical thoughts related to the ED, as well as handling secondary consequences such as loneliness. Further, alcohol use increased vulnerability to binge eating. For those who received treatment, their ED-treatment professionals' lack of responsiveness to alcohol problems was a barrier to seeking appropriate care.
Preliminary conclusions show that alcohol use contributes to the maintenance of the ED in individuals with binge eating and alcohol problems, both as an antecedent to binge eating and coping with its long-term consequences. Emotion regulation difficulties are suggested to be driving and sustaining both problems in this patient group. The results support the need for integrated treatments for EDs and alcohol problems, to target shared maintaining factors, with a specific focus on emotion regulation skills to improve outcomes and patient satisfaction.

Learning Objectives

- understand more about common characteristics of patients with ED and comorbid alcohol problems
- Know more about what factors that may maintain an ED when combined with alcohol problems
- understand the rationale of integrated treatment for ED characterized with binge eating and alcohol problems.

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Eating Disorders and Body Image in Prison: Understanding the Experiences of Prisoners and Staff

Abstract: Background and Aims
Eating disorders (EDs) and body image (BI) concerns are increasingly recognised within the general population, yet remain under-researched in prisons despite evidence suggesting elevated vulnerability. This two-part study explored: (i) the prevalence and correlates of ED symptomology and BI dissatisfaction among male prisoners, and (ii) prison staff awareness, confidence and perceived support needs in recognising and responding to these issues.
Methods
Mixed-methods data were collected from a Category C men's prison in the East Midlands. Thirty-seven prisoners completed validated questionnaires assessing ED symptoms, body appreciation, drive for muscularity and shape concern, alongside qualitative questions. Forty-seven staff completed an online survey incorporating rating scales and open-ended questions exploring knowledge, confidence and perceived barriers. Quantitative data were analysed using descriptive and inferential statistics; qualitative data underwent reflexive thematic analysis and inductive content analysis.
Findings
Forty-six percent of prisoners displayed clinically significant ED symptomology. Mental health and substance-use histories were associated with lower body appreciation. Qualitative responses revealed concerns about limited dietary choice, poor nutrition, and stigma preventing disclosure. Staff reported low confidence and training in recognising EDs and BI difficulties but viewed these as important issues. Thematic analysis highlighted five key themes: control, environmental pressures, mental health and neurodiversity, eating behaviours, and lack of support.
Discussion
Findings indicate that EDs and BI difficulties are prevalent yet overlooked in prisons. Targeted staff training, improved nutritional provision, and greater psychological support are urgently needed to promote wellbeing and rehabilitation.

Learning Objectives

- Explain the psychological, environmental, and institutional factors contributing to EDs and BI difficulties in prison settings.
- Recognise the challenges prison staff face in identifying and managing EDs and BI issues, including gaps in training and confidence.
- Describe the prevalence and key correlates of eating disorder (ED) symptomology and body image (BI) dissatisfaction among male prisoners.

Authors: Kamila Irvine, University of Lincoln; Lauren Smith, University of Lincoln; Amy Luck, University of Lincoln; Kelly Rosemin, University of Lincoln

Athletes' Relationship to Training: Validation of an Assessment Tool Across Female and Male Athletes

Abstract: Reasons for exercise training are often adaptive (e.g., athletic achievement), but for some athletes, their relationship with training can include a maladaptive desire for weight loss or shape/muscularity enhancement, which can increase risk for eating disorder pathology. Ensuring the availability and use of appropriate tools for the screening of exercise and eating behaviors among athletes is a high-priority research area within the field of eating disorders. To this end, prior validation of the Athletes' Relationship to Training scale (ART) supported its psychometric validity among female athletes. The current study replicated and extended this work to compare psychometric properties of the ART among both female and male athletes. We conducted confirmatory factor analyses (CFA) in the full sample and measurement invariance tests separated by self-reported sex in young adult athletes from three United States universities (N = 425, 44.2% male, M[SD]age = 18.9[1.3] years). Pearson correlations tested associations among ART subscales and other psychological symptoms to evaluate construct validity, and t-tests evaluated mean group differences in ART scores between male and female athletes. The ART's four-factor structure replicated in the full sample ($\chi 2 = 275.38(84)$, CFI = 0.994, RMSEA = 0.074, SRMR = 0.061), and also demonstrated good fit in males and females, separately. Results from multi-group CFA analyses supported measurement invariance between males and females. There was support for construct validity, such that overall correlations of the ART total score with measures of maladaptive exercise and eating-disorder pathology (r's = 0.399 - 0.696) were higher relative to correlations with anxiety and depression (r's = 0.252 - 0.358). Compared to females, males scored significantly higher on the ART total score and all subscales, with the exception of males reporting significantly lower body dissatisfaction. Overall, results provide evidence that the ART can be used to assess maladaptive training behaviors among both male and female young adult athletes. Future research efforts should consider translating the ART to different languages and testing the ART outside the

United States. Differences in ART scores across males and females suggest sex-specific patterns of origins of maladaptive training. These findings will inform future interventions to target maladaptive training and reduce risk of eating disorder pathology in male and female athletes.

Learning Objectives

- Understand how the Athletes' Relationship with Training (ART) scale can be used with male and female athletes
- Understand the psychometric evidence for using the ART with male and female athletes in research and clinical settings
- Describe differences between male and female athletes in their relationship with maladaptive training behaviors

Authors: Danielle Iverson Chapa, University of Pittsburgh; Kelsey Hagan, Virginia Commonwealth University; Tiffany Brown, Auburn University; Jennifer Harriger, Pepperdine University; Christina Sanzari, University of Albany, State University of New York; Katie Hanss, University of California, San Franscisco; Rachael Flatt, Boston Children's Hospital; Kelsie Forbush, University of Kansas; Carolyn Becker, Trinity University; Jennifer Farrell, University of North Carolina Greensboro; Tiffany Stewart, Pennington Biomedical Research Center/Lousiana State University; Sasha Gorrell, University of California San Francisco

Simulating Influencer-Targeted Interventions in Online Pro-Eating Disorder Communities

Abstract: Online pro-eating disorder (pro-ED) communities pose significant challenges for prevention and intervention efforts, including the influence of central figures who encourage harmful ED-related attitudes and behaviors and discourage help-seeking. Traditional experimental research in these online settings is constrained by ethical and practical barriers, limiting our ability to test and optimize intervention strategies. To investigate pro-ED influencer-targeted interventions in online pro-ED communities, we utilised advances in simulation methods, which, combined with large language models (LLMs), a novel and safe approach to investigating how interventions might disrupt harmful dynamics in these communities. Specifically, we developed a novel agent-based simulation modeling the influencer-centric social network of a community identified from real-world data (2.6 million posts from over 1 million Twitter users). Each agent's behavior was governed by an LLM (OpenAI GPT-4.1), enabling dynamic, human-like decisions to ethically conduct controlled experiments. We simulated an intervention in which “intervener” accounts commented on proED influencer’s posts and created their own posts to counteract messages (e.g., highlighting harms, encouraging help-seeking, promoting recovery). Intervention effectiveness was evaluated by measuring simulated engagement behaviors, including the posting and usage proED influencers and community members. Interventions targeting the influencer significantly reduced

community-wide engagement with harmful content (e.g., the number of likes on proED posts), even though the number of subsequent influencer's own posting remained unchanged. We established that earlier interventions and those deploying a greater number of interveners yielded stronger results, but also identified a critical risk associated with premature action: misidentifying the true influencer before their role stabilizes. Findings highlight both the promise and complexity of influencer-targeted interventions in pro-ED communities. Targeting central figures may produce widespread benefits, but timing and accuracy in identifying influencers are crucial for effectiveness. This study demonstrates the potential of LLM-driven simulation to ethically explore interventions that cannot be trialed as easily in real-life, providing new insights to guide prevention strategies and platform policies aimed at reducing online eating disorder harms.

Learning Objectives

- Describe how influencer dynamics shape engagement within online pro-eating disorder communities.
- Explain how simulation methods and large language models can be used to ethically test intervention strategies.
- Identify key considerations for designing effective influencer-targeted interventions to reduce harmful online content.

Authors: Hannah Jarman, Deakin University; Kha Pham; Truyen Tran; Matthew Fuller-Tyszkiewicz, Deakin University; Siân McLean, La Trobe University; Rachel Rodgers, Northeastern University

How Does Parental Communication Affect Intuitive Eating over Time?

Abstract: The current study aims to examine the role of positive parental communication strategies during adolescence in adult children’s intuitive eating behaviors over time. Research has identified forms of communication that may promote harmful behaviors like disordered eating; less is known, however, about positive forms of communication and the way in which exposure to such communication in adolescence may influence positive behaviors, like intuitive eating, into adulthood. This work uses data from Project EAT (Eating and Activity over Time), a population-based study of eating behaviors and physical activity in adolescents followed into young adulthood. Adolescents were recruited in 2010 from Minneapolis/St. Paul public schools and surveyed, completing follow-up surveys in 2018 and 2023. The final sample for this study included 913 participants who completed surveys at all three time points. Positive forms of communication (parental encouragement of healthy eating, parental modeling of healthy eating, parental encouragement of physical activity, parental modeling of physical activity) were measured at the 2010 timepoint and intuitive eating was measured at the 2018 and 2023 timepoints. Parental encouragement to eat healthy foods was assessed through adolescent report of receiving such encouragement;

modeling of healthy eating was assessed through adolescent report of parental eating habits. Parental encouragement of physical activity (PA) was assessed through parental support for PA; modeling of PA was assessed through adolescent report of parental PA. Correlation matrices revealed no statistically significant associations between intuitive eating items and any positive parental communication form in adolescence, tentatively suggesting no direct link between parental encouragement for or modeling of healthy eating or PA during adolescence on children's intuitive eating in adulthood. These findings demonstrate a growing need to better understand the way in which communication from parents may positively impact children's health-related behaviors later in life, and further speak to the subjective meaning of "healthy" eating. Additional analyses (e.g., regression analysis) will be presented at the conference.

Learning Objectives

- Audience will learn about the impact of parental modeling on intuitive eating over time.
- Audience will learn about the impact of parental encouragement toward exercise on intuitive eating over time.
- Audience will learn about the impact of parental encouragement toward healthy eating on intuitive eating over time.

Authors: Ellen Jordan, University of Minnesota; Blair Burnette, Michigan State University; Melanie Wall, Columbia University; Lynn Chen, Columbia University; Dianne Neumark-Sztainer, University of Minnesota

Supporting Parents of Youth with Anorexia: A Single-Session Intervention Adjunct to Hospitalization

Abstract: The purpose of this pilot study is to evaluate the feasibility, acceptability, and preliminary utility of Project EMPOWER–ED, a brief, online single-session intervention (SSI) designed to support parents/caregivers during the transition from hospitalization to outpatient care for youth with anorexia nervosa (AN). The time following medical stabilization for AN is a particularly vulnerable period, as families must sustain recovery gains while awaiting outpatient treatment. Project EMPOWER–ED was adapted from an evidence-based SSI targeting parental accommodation in anxiety disorders and integrates core mechanisms of Family-Based Treatment (FBT) to strengthen parental self-efficacy and reduce parental accommodation behaviors. Caregivers (N = 25) of adolescents hospitalized for AN-related medical stabilization at a U.S. pediatric hospital completed the SSI, pre- and post-intervention questionnaires, and provided qualitative feedback prior to discharge. Two coders conducted thematic analysis of qualitative responses. Participants were primarily mothers (80%) and English-speaking (80%), with 44% identifying as Hispanic/Latinx and nearly half reporting annual household incomes below $80,000. Of 28 eligible caregivers, 89% completed the SSI (mean duration = 33 minutes). Acceptability ratings were high (mean = 4.0/5), and caregivers reported

moderate pre–post improvements in preparedness to help their child through treatment (mean change = +0.48) and ability to tolerate their child's distress (mean change = +0.56), with 44% showing a ≥1-point improvement on either domain. Qualitative themes identified practical, validating, and confidence-building content, along with ease of digital delivery, as key facilitators, and length, tone, and timing of implementation as barriers. Preliminary findings support Project EMPOWER–ED as a feasible, acceptable, and promising adjunctive tool for caregivers of youth with AN, with future work focused on evaluating its effectiveness and integration within multidisciplinary care settings.

Learning Objectives

- Understand the theoretical and clinical rationale for single-session interventions (SSIs) as adjunctive approaches across care and acuity settings for anorexia nervosa (AN).
- Explore how SSIs may be an efficient tool target and strengthen key mechanisms of change, such as promoting caregiver self-efficacy and distress tolerance, and reducing accommodation, to support treatment engagement and progress
- Examine challenges and solutions in adapting and implementing brief, digital caregiver interventions within multidisciplinary eating disorder settings, using stakeholder (parent) feedback to inform scalable practice.

Authors: Ariela Kaiser, Ann and Robert H. Lurie Children's Hospital of Chicago; Arielle Smith, Northwestern University ; Jenna Sung, Boston University; Jocelyn Lebow, Mayo Clinic; Lauren Swift, Ann and Robert H. Lurie Children's Hospital of Chicago

Naturalistic Outcomes of ARFID Treatment in Higher Level of Care at Discharge & Long-term Follow-up

Abstract: ARFID is a relatively new eating disorder diagnosis; accordingly, research on treatment outcomes is lacking and needed. The leading empirically supported treatment for ARFID, cognitive behavioral therapy for ARFID (CBT-AR), was developed for outpatient treatment, thus, most studies published to date demonstrate outcomes from this level of care. However, ARFID is a highly heterogenous disorder with a range of symptom severity, and can lead to serious physical and medical consequences, including but not limited to severe malnutrition. Accordingly, some patients require higher level of care (e.g., a partial hospitalization program). Thus, outcome studies on ARFID in higher level of care settings are especially needed. Additionally, there is a dearth of follow-up data to show long-term outcomes following ARFID treatment. To address these gaps in the literature, the current study examined naturalistic treatment outcomes (primary aim: weight; secondary aims: depression and anxiety) for adolescents (n=67) and adults (n=56) with ARFID at discharge and 6-month (6MFU) and 1-year (1YFU) follow-ups from a partial hospitalization program. Weight was measured using BMI, depression was measured using the Patient Health Questionnaire 9 (PHQ-9), and anxiety was assessed by the State-Trait Anxiety Inventory (STAI). Linear mixed effects

modeling revealed that, for both adolescents and adults, weight increased from admission to discharge (p's < .0001) with no significant changes between discharge, 6MFU, and 1YFU. A similar pattern of findings emerged for depression and anxiety; linear mixed effects modeling showed significant reductions in depressive and anxiety symptoms from admission to discharge (p's < .05), with no significant changes from discharge through 1YFU, for both adolescents and adults. These naturalistic findings suggest that patients are able to maintain treatment gains through long term follow-up. The current study is the first large study to show that higher level of care treatment for ARFID in both adolescents and adults can lead to significant and lasting improvements in weight, depression, and anxiety.

Learning Objectives

- Describe current research on ARFID treatment outcomes and gaps in the literature.
- Describe treatment outcomes from a naturalistic study of adolescents and adults with ARFID at end of higher level of care treatment and through one-year follow-up.
- 3)Understand strengths of the current study and future areas of study for ARFID treatment outcomes.

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Understanding Insomnia and Tailoring CBT-I in Eating Disorders: A Mixed Methods Study

Abstract: Insomnia is a common problem among individuals with eating disorders (EDs). It can exacerbate ED symptoms, interfere with recovery, and increase the risk of relapse resulting in the call to clarify the mechanisms linking these disorders and to guide tailored interventions. Cognitive behavioural therapy for insomnia (CBT-I) is the gold standard treatment for insomnia and, when adapted for psychiatric populations, can improve both sleep and co-occurring symptoms. The present study used an explanatory sequential mixed methods design to examine the mechanisms underlying the relationship between EDs and insomnia and to inform the adaptation of CBT-I for this population. In Phase 1, an online questionnaire assessed ED symptoms, insomnia,

sleep-related safety behaviours, dysfunctional beliefs about sleep, depression, anxiety, and treatment acceptability among 403 females (aged 18–49 years; M = 26.19, SD = 6.85) with clinically significant symptoms of EDs and insomnia. Mediation analyses revealed that sleep-related safety behaviours and dysfunctional beliefs about sleep significantly mediated the association between ED and insomnia symptoms. In Phase 2, ten participants were purposefully sampled for focus groups to expand on these findings. Thematic analysis revealed three overarching themes and nine subthemes. Theme 1 was lived experiences of insomnia in EDs (1a. “everything just meshes together,” 1b. “the safer option,” and 1c. “medical professionals only see the eating disorder”). Theme 2 was perceived barriers to CBT-I (2a. co-occurring disorders, 2b. the eating disorder voice, and 2c. feeling defenceless). Theme 3 was enhancing CBT-I acceptability (3a. assess readiness and leverage co-occurring disorders, 3b. increase accountability and support, and 3c. incorporate self-compassion). Integration of quantitative and qualitative results produced meta-inferences that advance theoretical understanding of how insomnia and EDs interact and highlight ways to tailor CBT-I to improve treatment acceptability, feasibility, and overall outcomes for individuals with EDs and co-occuring insomnia.

Learning Objectives

- Understand how certain sleep-related thoughts and behaviours connect insomnia and EDs.
- Recognize factors of standard CBT-I treatment that may be challenging for people with EDs.
- Begin to consider how CBT-I may be adapted to better support individuals recovering from EDs and co-occuring insomnia.

Authors: Ellen Klaver, University of Alberta; William Whelton, University of Alberta

GLP-1A Treatment in Eating Disorders: A Delphi Study of Clinical & Research Recommendations

Abstract: Glucagon-like peptide-1 receptor agonists (GLP-1As), initially developed for type 2 diabetes management, have demonstrated preliminary evidence for reducing binge eating. However, their rapid adoption has raised concerns about potential misuse and exacerbation of eating disorders (ED), due to their appetite-suppressing and weight-loss effects. Limited empirical evidence and inconsistent findings underscore the need for structured guidance. The purpose of this study was to develop consensus-based clinical and research recommendations for GLP-1A use in ED populations using a modified three-round Delphi method. A multidisciplinary panel of experts in diabetes, obesity, EDs, and lived experience reached consensus (≥70% agreement) on key recommendations. Clinical recommendations include screening for current or historical EDs before initiating GLP-1As, routine monitoring for ED symptoms during and after treatment, the development of standardized educational materials for patients and

providers, and concurrent evidence-based psychotherapy for patients with diagnosed EDs. Research recommendations prioritize epidemiological studies on ED incidence and risk factors, regulatory studies to enhance patient safety, and clinical trial designs to effectively evaluate the clinical utility of GLP-1As in binge ED. These findings provide a framework for evidence-informed practice and highlight critical areas for future research to balance the therapeutic potential and risks of GLP-1As in ED populations.

Learning Objectives

- Recognize the potential risks and benefits of GLP-1A treatment in eating disorder contexts
- Identify expert-informed clinical recommendations for GLP-1A use in eating disorder populations
- Evaluate research priorities to advance GLP-1A treatment in eating disorder populations, including specific epidemiological, regulatory, and interventional trials

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Changes in Caregiver Burden and Distress Tolerance During Family-Based Treatment

Abstract: Caregivers play a crucial role in adolescent eating disorder treatment, particularly in Family-Based Treatment (FBT). Caregiver outcomes remain understudied despite our knowledge that eating disorders are associated with significant caregiver burden. Caregiver distress may be particularly pronounced for caregivers high in expressed emotion (EE, characterized by critical, hostile, or over-involved attitudes), which is also a known predictor of poor FBT outcomes. Addressing caregiver burden and EE may be critical for improving outcomes for this population. Consequently, this study examined 1) how caregiver burden and distress tolerance change across the course of FBT among caregivers identified to be high in EE (using the Five Minute Speech Sample), and 2) whether participation in an adjunctive emotion coaching group was associated with more pronounced decreases in these variables over time. Caregivers of adolescents in FBT (Mage = 14.88, SD = 1.63; 58.5% with anorexia nervosa and 41.5% with atypical anorexia nervosa) were randomized to an emotion coaching intervention group designed to address high EE (n = 22) or a support control group (n = 19). Caregivers completed the Eating Disorder Symptom Impact Scale (EDSIS), a measure of caregiver burden, and the Distress Tolerance Scale (DTS), assessing distress tolerance, at baseline, end of treatment, and 3-month follow-up. Structural Equation Modeling revealed significant improvements in caregiver burden (EDSIS) from baseline to end of treatment ($p = .008$) and at follow-up ($p < .001$), controlling for child percent expected body weight. The emotion coaching group showed greater reductions in EDSIS ($\beta = -0.46$) than the support group ($\beta = -0.14$, $p = .042$). Similarly, improvements in distress tolerance (DTS) were greater in the emotion

coaching group (β = 0.25) compared to support group (β = -0.06, p = .042). Findings suggest that FBT was associated with improvements in caregiver burden among caregivers identified to be high in EE regardless of the adjunctive group they were in. Yet, caregiver burden improved more for caregivers in the emotion coaching group who also reported greater improvements in distress tolerance. Emotion coaching may help caregivers better understand and respond to their child's emotions, potentially reducing caregiver burden and improving their ability to cope during high-stress situations during FBT. Ultimately, this may support more effective engagement and better treatment outcomes in FBT.

Learning Objectives

- 1.Understand how caregiver burden could improve over the course of Family-Based Treatment (FBT).
- 2.Learn how groups that teach caregivers skills for managing emotions may reduce caregiver burden.
- 3.Explore how caregivers may develop more effective skills for coping with their own distress through emotion coaching.

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Men Get Eating Disorders Too: A Meta-Analysis of Symptom Severity Across Genders and Controls

Abstract: Males are increasingly affected by eating disorders (EDs) but remain underrepresented in research; this meta-analysis focused on ED symptom severity and psychopathology in males with EDs, examining differences from females and control groups, and evaluating clinical and demographic moderators. The meta-analysis followed PRISMA guidelines, and included systematic searches of PsycINFO, Medline, and Embase (2000- January 2025) using ED and male-specific terms. Across 39 studies (N = 18,105; n = 3,025 males with EDs), males with EDs showed significantly lower ED severity and general psychopathology than females with EDs, but elevated symptoms compared to controls. Meta-regression analyses showed that gender differences in ED severity were most pronounced in outpatient settings and when using DSM (IV/5) classifications. Females showed higher general psychopathology in OSFED, BED, and AN, while limited data indicated greater severity in males with BN. These differences were amplified in studies using DSM-5, and in samples with older age, higher BMI, and later ED onset. Our findings underscore that males experience significant ED and psychopathological symptoms, with differences from females reflecting variations in symptom pattern and expression rather than overall severity. The persistence of

diagnostic and treatment disparities highlights the need for gender-sensitive assessment tools, increased clinician awareness of male ED presentations, and targeted interventions that account for differing illness trajectories and sociocultural factors influencing help-seeking. Future research should address the underrepresentation of males in clinical trials and explore mechanisms underpinning disorder-specific gender variations, particularly in BN and OSFED.

Learning Objectives

- Understand gender differences in eating disorder presentation and psychopathology.
- Identify key clinical and demographic moderators influencing gender differences.
- Recognize implications for assessment, treatment, and future research.

Authors: Isabel Krug, The University of Melbourne; Felicity Hu, The University of Melbourne; Matthew Fuller-Tyszkiewicz, Deakin University; Shanshan Liu, Australian National University

Touching Grass: Real-Time Effects of Nature Exposure on Cognition, Mood, and Body Image

Abstract: Attention Restoration Theory (ART; Kaplan & Kaplan, 1989; Kaplan, 1995) proposes that spending time in natural environments promotes psychological wellbeing by supporting the recovery of depleted cognitive resources (e.g., directed attention). Although research supports associations between nature exposure and improved psychological outcomes, most studies have been short-term, cross-sectional, and lacking in ecological validity and theory-based hypothesis testing. To address these gaps, the present study investigated the micro-longitudinal effects of nature exposure and cognitive restoration on mood and body image in real-life settings. Participants (N = 151, 76.2% women, Mage = 21.1 [SD = 5.8]) completed a baseline survey followed by a smartphone-based Ecological Momentary Assessment (EMA) protocol—responding to up to six daily surveys for one week (max = 42). Each survey assessed recent nature exposure and perceived restoration, and current happiness, and body appreciation, functionality appreciation, and body dissatisfaction. Most participants (n = 146; 96.7%) reported exposure to natural environments during the EMA phase. Multi-level regression analyses indicated that momentary exposure to natural environments predicted subsequent improvements in perceived restoration, happiness, and body image. Perceived restoration also predicted subsequent happiness and improved body image. Lastly, the relationship between nature exposure and perceived restoration was moderated by trait-level propensity to feel connected to (or at one with) with nature. Extending previous research, these findings indicate that the relationship between nature exposure and positive psychological outcomes can generalise to everyday contexts. Overall, this study provides ecologically valid support for ART and highlights nature exposure as a promising intervention for improving psychological wellbeing.

Learning Objectives

- Understand the core principles of Attention Restoration Theory (ART)
- Evaluate evidence linking momentary nature exposure to mood and body image
- Apply insights from ART to intervention and research design

Authors: Isabel Krug, The University of Melbourne; Mariam Huda Mian, The University of Melbourne; Ying Qing Won, The University of Melbourne

Standardised Minimum Dataset (MDS) Evaluation for Paediatric Eating Disorder Services

Abstract: Eating disorders (EDs) are severe mental health conditions associated with high morbidity and mortality, affecting up to 3% of the population. Restrictive eating disorders, particularly anorexia nervosa, have the highest mortality of any psychiatric illness. The rising prevalence in children and adolescents, alongside complex comorbidities and long-term impacts, highlights the need for consistent outcome measurement and longitudinal data collection to inform care. To address this, the Royal Children's Hospital (RCH) Eating Disorders Service (EDS) developed an evidence-based evaluation program fully integrated within the electronic medical record (EMR). Informed by research, clinical expertise, and lived experience, the program systematically captures demographic, clinical, and outcome data for young people receiving care. It employs comprehensive measures encompassing eating disorder features, mental health comorbidities, neurodiversity, quality of life, family functioning, attachment-related anxiety and avoidance, and adverse childhood experiences (ACEs). Early implementation has demonstrated feasibility, clinical utility, and efficiency, streamlining data capture and supporting patient-centred, data-driven care. To our knowledge, this represents the first implementation of national and international Minimum Dataset (MDS) recommendations for eating disorders in a tertiary hospital setting, and the first paediatric application globally. This program provides a scalable framework to enhance outcome monitoring, inform clinical decision-making, and strengthen collaborative research.

Learning Objectives

- Following the training, participants will understand the structure and purpose of an EMR-integrated evaluation program for paediatric eating disorders.
- Following the training, participants will identify key outcome measures supporting patient-centred care.
- Following the training, participants will identify ways data can support collaborative research and care.

Authors: Yafit Kushner, The Royal Children's Hospital Melbourne

Fostering Engagement to Build an Early Intervention Model for Eating Disorders

Abstract: The importance of involving people with lived/living expertise in the design and conduct of eating disorder research and program development is increasingly recognized. In this presentation, we describe how we co-adapted FREEDcan, an early intervention model for youth aged 8-25 with early-stage eating disorders. We ground our engagement efforts in the three-legged stool of evidence-based practice, highlighting the importance of lived/living experience, clinical, and research perspectives. Our co-adaptation was also grounded in community-based participatory research and guided by a framework for youth engagement. We describe how we navigated core challenges inherent to blending multiple perspectives to co-adapt a complex model aiming to integrate early intervention for eating disorders into the existing continuum of care. These include maximizing limited resources while materially honouring diverse perspectives and achieving consensus on key model decisions. We use several examples to illustrate how we co-adapted the model in line with community based research values: a virtual self-management platform, a public-facing website, and psychoeducation tools.

Learning Objectives

- Describe the three-legged stool of evidence-based practice
- Identify key considerations for involving multiple perspectives in building a model for early intervention for EDs
- Understand how lived experience involvement enriched the practical value of project development

Authors: Andrea LaMarre, Children's Hospital of Eastern Ontario Research Institute; Patricia Silva-Roy, Children's Hospital of Eastern Ontario Research Institute; Janessa Porter, Children's Hospital of Eastern Ontario Research Institute; Ave Poggione, Children's Hospital of Eastern Ontario Research Institute; Stéphanie Drouin, Children's Hospital of Eastern Ontario Research Institute; Nicole Obeid, Children's Hospital of Eastern Ontario Research Institute

Providing eating disorder care during wartime and uncertainty

Abstract: Purpose of the study:
This presentation aims to describe the clinical and organizational adaptations in providing eating disorder (ED) treatment during wartime in Ukraine and to evaluate the outcomes of implementing a multidisciplinary outpatient model under crisis conditions.

Sample and methods:

This observational analysis includes 564 patients (aged 12–45 years; 90% female) treated for anorexia nervosa, bulimia nervosa, or binge eating disorder in a private

multidisciplinary clinic in Kyiv between February 2022 and July 2025.
Clinical care was provided by geographically dispersed teams consisting of dietitians, physicians, and psychotherapists. Treatment protocols included individualized nutrition planning, medical monitoring, psychotherapy, and family-based interventions.
Data were collected through electronic food diaries, therapist reports, and follow-up medical reviews. To enhance patient safety and continuity of care, we implemented the MEED algorithm for objective risk assessment and established a Day Treatment Room to prevent hospitalization and manage high-risk patients in outpatient settings.

Summary of data and results:

With wartime displacement, our team is geographically dispersed across cities and countries, so we were forced to adapt: we developed mini-teams for each shared case, implemented food diary systems via messengers accessible to all specialists, and established cooperation with volunteers to help with providing enteral nutrition and medications.
However, we still face daily challenges. Many doctors give consultations after sleepless nights spent in shelters, during ongoing air raids, or while grieving for their loved ones who died at the frontline. This leads to exhaustion, burnout, and a sense of helplessness. Nevertheless, our medical team is functioning, we regularly have supervision and InterVision meetings and continue supporting each other.
Within the Ukrainian healthcare system, we hope that with the support of the international medical community, the development of clinical guidelines adapted to low-resource conditions, exchange of strategies for ED care in conflict zones, establishment of specialized training and mentorship programs, etc., it will be possible to reach more patients and provide necessary therapeutic interventions.

Learning Objectives

- Describe the clinical and organizational challenges of providing eating disorder care during wartime and humanitarian crises.
- Identify effective multidisciplinary strategies for maintaining continuity of treatment in low-resource and high-stress conditions.
- Apply adaptive principles (e.g., risk assessment, team-based coordination, family engagement) in their own professional settings.

Authors: Tetiana Lakusta, Clinical lead of outpatient ED clinic «Dr. Lakusta Clinic Kyiv Ukraine

Behavioral Reactivity to Consumer-Grade Wearables in Binge-spectrum Eating Disorders

Abstract: While research on the role of exercise in eating disorders (EDs) has increased exponentially in recent years, most studies still rely on self-report-based assessment of exercise. Advances in wearable technology offer new opportunities to measure exercise more comprehensively and objectively; however, concerns persist that consumer-grade wearables may trigger or increase ED symptoms. To date, only a few studies have leveraged sensor-based assessment of exercise in samples with anorexia nervosa using blinded, research-grade devices. None of these studies have explicitly reported on patterns of reactivity to sensor-based assessment, included binge-spectrum ED samples, or used consumer grade wearable devices. Participants with binge-spectrum EDs (N=30; 43.3% male) completed the Eating Disorder Examination Interview (EDE), assessing ED and exercise symptoms over the past 28 days. They then completed 28 days of 6-daily ecological momentary assessment (EMA) surveys alongside continuous activity monitoring via Fitbit Sense 2. We compared EMA-reported symptoms to EDE report and examined short-term variability (within-week) and long-term change (over 28 days) in physical activity (PA; steps, moderate-vigorous PA [MVPA], total PA) and ED symptoms (binge eating, dietary restraint, body dissatisfaction, maladaptive exercise). All models covaried for sex, BMI, and EMA compliance. Across the 28-day EMA period, participants reported significantly fewer maladaptive exercise episodes (Mdiff=-26.43, p<.001), non-maladaptive exercise (Mdiff=-16.83, p=.001), and other compensatory behaviors (Mdiff=-15.90, p<.001) compared to EDE-report. Daily odds of binge eating (OR=0.96, p=.014) and dietary restraint (OR=0.92, p<.001) decreased over the EMA period. Variability in dietary restraint was significantly greater in week 1 vs. week 4 (p=.047). No changes were observed in body dissatisfaction, compensatory behaviors, or exercise over the EMA period (ps>.05). Accelerometer-measured PA reduced by ~6 sec/day (est=-1.894, p=.007); MVPA, step count, and daily odds of reaching 10,000 steps remained stable. Findings suggest very limited behavioral reactivity to consumer-grade wearable monitoring in binge-spectrum EDs. Decreased EMA-reported symptoms compared to retrospective EDE-report may reflect increased awareness, behavior change, or over-reporting at baseline. Minimal changes in ED symptoms and PA support feasibility of wearables in ED research, with low risk of harm.

Learning Objectives

- Following the training, participants will be able to: discuss potential benefits and harms of consumer wearable fitness tracker use among individuals with EDs
- Following the training, participants will be able to: Identify patterns of behavioral reactivity to sensor and EMA assessment in EDs
- Following the training, participants will be able to: discuss implications for the integration of consumer grade wearable devices into ED research and treatment

Authors: Elizabeth Lampe, Dartmouth College; Ahhyun Lee, Center for Technology & Behavioral Health, Dartmouth College; Emily Presseller, Departments of Psychiatry and Biomedical Data Science, Geisel School of Medicine; Ceyhun Olcan, Center for

Technology & Behavioral Health, Dartmouth College; Stephanie Manasse, Nemours Children's Health; Sasha Gorrell, University of California San Francisco

Realtime Prediction of Maladaptive Exercise With Ecological Momentary Assessment and Passive Sensors

Abstract: Up to 60% of individuals with binge-spectrum eating disorders (BSEDs) engage in maladaptive exercise, defined as compensatory and/or compulsive physical activity intended to influence weight or shape. Despite its association with poor treatment outcomes, first-line interventions produce minimal-to-no reductions in maladaptive exercise because they do not address dynamic psychological and physiological drivers of maladaptive exercise (e.g., affect, endorphins) in real time. Just-in-time adaptive interventions (JITAIs), which detect risk and deliver real-time support via push notifications, may offer a more effective solution. However, unlike other ED behaviors, non-maladaptive exercise (i.e., neither compulsive nor compensatory) can support ED recovery and long-term health. Therefore, to inform a JITAI for maladaptive exercise, we must be able to predict not whether exercise will occur, but whether it is likely to be maladaptive or non-maladaptive. This preregistered study used 28 days of ecological momentary assessment (EMA) and wrist-worn passive sensor data to predict maladaptive exercise engagement among 30 individuals with BSEDs (N = 481 exercise episodes; 65.7% maladaptive). EMA data assessed pre-exercise ED symptoms (binge eating, other compensatory behaviors), fear of weight gain, and positive/negative affect. Sensor data captured pre-exercise sympathetic/parasympathetic activation, physical activity, and sleep. Our primary aim tested whether a supervised ensemble machine learning model (eMLM) with 10-fold cross-validation using both EMA+sensor data could detect maladaptive exercise episodes with ≥70% sensitivity and specificity. A secondary aim tested eMLMs using EMA-only and sensor-only data against the same benchmarks. The EMA+sensor model predicted maladaptive exercise with 71.0% sensitivity and 64.1% specificity (AUC = 0.752). The EMA-only model achieved 71.0% sensitivity and 67.9% specificity (AUC = 0.701), and the sensor-only model achieved 75.0% sensitivity and 70.3% specificity (AUC = 0.770). While all models performed well, only the sensor-only model met a priori benchmarks for both sensitivity and specificity. These findings support the feasibility of using EMA and sensor data to predict maladaptive exercise in daily life and inform real-time interventions. This work lays the foundation for developing JITAIs that reduce maladaptive exercise without disrupting non-maladaptive exercise, enabling more precise, personalized treatment for EDs.

Learning Objectives

- Following the training, participants will be able to: identify maladaptive and adaptive characteristics of exercise in ED samples
- Following the training, participants will be able to: discuss how accurately we can predict when exercise is likely to be maladaptive based on data from passive sensors and EMA

- Following the training, participants will be able to: discuss treatment implications related to how these prediction models can inform in-the-moment intervention approaches

Authors: Elizabeth Lampe, Dartmouth College; Ahhyun Lee, Center for Technology & Behavioral Health, Dartmouth College; Anna Langener, Center for Technology & Behavioral Health, Dartmouth College; Emily Presseller, Departments of Psychiatry and Biomedical Data Science, Geisel School of Medicine; Anya Ramrakhiani, Center for Technology & Behavioral Health, Dartmouth College; Stephanie Manasse, Nemours Children's Health; Nicholas Jacobson, Center for Technology & Behavioral Health, Dartmouth College

“There’s hope in my humanity” Therapist actions’ impact on engagement & change: Grounded theory

Abstract: Individual outcomes for evidence-based ED therapies are highly variable, and rates of poor outcomes and early treatment termination are high. While many factors influence therapy outcome, therapist factors and behaviours represent a potentially modifiable factor to explain and improve therapy outcomes.
This study aims to hear the perspectives of those with lived experience, to learn more about therapist actions and behaviours which were helpful or unhelpful in change and recovery, and to construct a theory of the processes by which these therapist actions might impact on recovery.
Semi-structured interviews with 20 people who had experienced a range of psychological therapies for EDs. Interviews covered helpful or unhelpful things their therapist had done (things supporting or getting in the way of change and recovery), the impact on their internal worlds, and how this impacted on change and recovery. Analysis took a constructivist grounded theory approach. Initial and focussed coding of accounts, comparative methods, theoretical sampling and memo-writing were used to construct core categories, which were sorted and integrated into a theoretical model of process.
A core category of ‘meeting the person as a person’ unifies a number of behaviours and processes. Helpful therapist acts included demonstrating recognition of the person as an individual by noticing their personal values and personality; respecting and supporting choice and autonomy; engaging with emotion and relational rather than just ED-related content; friendly therapist self-disclosure; taking a flexible and individual approach; directness; and holding and expressing clear hope. These actions were not present in all therapy experiences. These actions had significant impacts on the internal worlds of the person in treatment, with potential to support and strengthen non-ED identities; build safety and trust in the therapist and their recommendations; allow ‘going there’ to challenge unhelpful emotional responses and behaviours; build self-worth and self-compassion; and create a hopeful image of a recovered future. These internal changes facilitated positive change and recovery. Where these were absent, experiences of mistrust, disconnection, hopelessness, loss of motivation, and ‘giving up’ were

described.
Data and theory will be used along with survey data and other literature in the co-production of clinician guidance for use in training and delivery of ED therapies.

Learning Objectives

- Indentify therapist behaviours that are helpful and unhelpful in eating disorder therapies
- Understand the impact of these therapist behaviours on the internal world of those in therapies, and on their recovery
- Implement recommendations in their own clinical practice delivering psychological therapies for EDs

Authors: Jasmin Langdon-Daly, University of Bath

The impact of school-based healthy eating education on adolescent girls' diet and body image

Abstract: Healthy eating education has been compulsory in English schools since 2020 to address rising childhood obesity rates. However, its effectiveness in preventing obesity is unclear, and concerns have emerged that this education may increase eating disorder risk among adolescent girls. This study explored adolescent girls' experiences and perceptions of healthy eating education and how it shapes attitudes toward food and body image.

Forty girls aged 16–18 completed a qualitative survey. Data were analysed using reflexive thematic analysis, underpinned by critical realist ontology and contextualist epistemology, which captures participants' lived realities while recognising how experience and perceptions are shaped by context.

Four themes were constructed. 'Good Food, Bad Food' reflected perceptions of rigid, dichotomous food messaging. 'Moral Narratives in Health and Diet' highlighted the perceived framing of eating as a matter of morality and personal responsibility. 'The Healthy Eating Disconnect' captured tensions between school guidance and structural barriers to implementing this advice, like food cost and availability. Finally, 'Modernising the Curriculum' reflected participants' calls for healthy eating education to address contemporary pressures surrounding body image and eating disorders.

These findings suggest healthy eating education holds possible eating disorder risks, with potential benefits undermined by structural limitations and a lack of attention to pupils' needs. These findings highlight a need to consolidate anti-obesity initiatives with eating disorder prevention and provide structural support to facilitate application of healthy eating guidance, while underscoring the importance of further research into

curriculum content and impact.

Learning Objectives

- understand the perspectives of adolescent girls on the healthy eating curriculum
- consider potential harmful impacts of narratives in healthy eating education on body image and eating
- suggest ways the healthy eating curriculum could be improved.

Authors: Jasmin Langdon-Daly, University of Bath; Hannah Brighty, University of Bath

Correlates of Body Dissatisfaction and Eating Disorder Symptoms in TGD People

Abstract: Transgender and gender diverse (TGD) people face disproportionately high risk for body image concerns and disordered eating/eating disorders. However, strong explanatory models that integrate risk and protective factors specific to this population remain limited. This study addressed this gap through a systematic review of literature on body image concerns and disordered eating among TGD people. A systematic search identified 79 studies, with sample sizes ranging from single case studies to 3,388 participants. Factors examined were grouped into themes of sociocultural influences, stigma and discrimination, gender dysphoria, and demographic and psychological characteristics. Narrative synthesis revealed that stigma and discrimination were consistently associated with greater body image concerns and disordered eating symptoms, and gender dysphoria was similarly linked to worse outcomes. Associations with sociocultural factors emerged more clearly for disordered eating than for body image concerns, and findings for demographic and psychological factors were mixed. Together, these findings underscore the importance of incorporating multiple levels of influence into explanatory models for body image concerns and disordered eating/eating disorders in TGD populations and highlight the need for future research that includes protective factors, validated measures for TGD individuals, and more diverse samples across geographic, demographic, and economic contexts.

Learning Objectives

- identify key risk and protective factors associated with body image concerns and disordered eating among transgender and gender diverse (TGD) individuals, as identified through a systematic review of the literature.
- examine how sociocultural influences, stigma and discrimination, gender dysphoria, and demographic and psychological characteristics contribute to body image concerns and disordered eating within TGD populations.
- evaluate implications of existing research for developing comprehensive explanatory models and designing future studies that incorporate protective factors, validated measures, and diverse TGD samples.

Authors: Katherine Laveway, Northeastern University; Rachel Rodgers, Northeastern University; Jo Doley, Victoria University; James Spagnolo, Victoria University; Rosie Uyar, Victoria University; Joshua Marmara, Victoria University

Coproduced recommendations for adapting The Body Project intervention for neurodivergent students

Abstract: In 2017, the UK government recommended the roll-out of The Body Project eating disorder prevention programme in newly established, school-based early intervention services. Several efficacy trials demonstrate that The Body Project is can reduce eating disorder risk factors for up to 4-years later. However, the intervention has exclusively been evaluated through a neurotypical lens. In collaboration with the Eating Disorders and Autism Collaborative (EDAC), this project aimed to support a more inclusive roll-out of this government policy by exploring the needs of neurodivergent students and any reasonable adjustments required when delivering The Body Project intervention in school settings. We employed participatory methods and facilitated a series of co-creation workshops to establish recommendations for delivering The Body Project to autistic participants with/without ADHD. A panel of experts-by-experience (n=5) were recruited to this study, where the EDAC Best Practice Guidelines were operationalised to ensure ethical co-production. The experts-by-experience had lived experiences spanning the spectrum of eating disorders and neurodivergent identities (Autistic, ADHD or AuDHD), as well as sexuality and gender identities. The final, co-produced recommendations are categorised into three levels: i) recommendations for future directions of research and policy (i.e. further research acknowledging the overlap with neurodivergence and gender diversity and implications for implementing this programme which is based on the experiences of women and girls); ii) recommendations for overarching principles when delivering The Body Project to groups including neurodivergent participants (i.e. neuroaffirming practices which accommodate diverse communication experiences and expand the conceptualisation of body image to self image); and iii) recommendations to adapt The Body Project intervention activities (i.e. avoiding or adapting activities which may mirror harmful practices from Applied Behavioural Analysis approaches). The final recommendations were then shared with a wider community of stakeholders from EDAC and The Body Project community, where next steps regarding national implementation were agreed.

Learning Objectives

- Following the training, participants will be able to further understand the experiences of eating disorder risk factors - such as internalisation of the appearance ideal and body dissatisfaction - among neurodivergent populations
- Following the training, participants will be able to apply practical strategies when adapting evidence-based programmes - such as The Body Project - to meet the needs of neurodivergent individuals

- Following the training, participants will be able to employ ethical coproduction practices when involving autistic individuals with lived experience of eating disorders in their research

Authors: Hannah Lewis, Queen Mary, University of London; Phaedra Longhurst, Anglia Ruskin University; Fiona Hollings, PEACE Pathway; Rachel Hughes, University of Edinburgh

Use of glucagon-like peptide-1 receptor agonists in patients with a history of eating disorder

Abstract: Glucagon-like peptide-1 receptor agonists (GLP-1RAs) have increasingly been used as approved or as off-label treatment for weight loss, yet their effects among individuals with eating disorders (EDs) remain uncertain. Given concerns about potential exacerbation of ED symptoms, some clinicians regard EDs as a contraindication to GLP-1RA therapy. Using a retrospective cohort method, we studied patients insured by Clalit Health Service (CHS) in Israel. Between 2010 and 2023, 218,457 patients were prescribed a GLP-1RAs. Of these 1,753 had an ED diagnosis: 6% had anorexia nervosa, 15% bulimia nervosa, and 79% a non-specific ED diagnosis. Notably, binge-eating disorder lacks a distinct code in Clalit's electronic health record, precluding its specific identification. Baseline body mass index (BMI) prior to GLP-1RA initiation was higher in the ED group than in the non-ED group (mean [SD], 36.5 [7.2] vs 34.0 [5.7]; $p<0.001$). Within ED subtypes, patients with anorexia nervosa had a lower baseline BMI (34.0 [6.0]) than those with bulimia nervosa or a non-specific ED diagnosis (both 37.0 [7.0]; $p<0.001$). Change in BMI after treatment did not differ significantly between ED and non-ED groups (−1.42 [3.2] vs −1.33 [2.7]). Patients with ED were less likely to have a diagnosis of diabetes mellitus (DM) than those without ED (37% vs 63%; $p<0.001$). These real-world data suggest that weight-loss effectiveness of GLP-1RAs is comparable regardless of ED history. The higher baseline BMI and lower rates of DM among GLP-1RAs recipients with ED may indicate greater treatment-seeking for obesity in this population. Further prospective research using ED-specific symptom measures is warranted in order to establish the role of GLP-1RAs in treatment of EDs and their effect on ED symptoms.

Learning Objectives

- understand the development of GLP1-RAs and their surge
- consider potential benefits and hazards of GLP1-RA in treatment of patients with ED background
- assess current data regrading the use of GLP1-RAs in ED population including new data presented from a large dataset of real-world medical records

Authors: Yael Lewis, Hadarim eating disorder center, Shalvata mental health center, Tel Aviv University, Israel; Amir Krivoy, Geha mental health center, Tel Aviv university, Israel

Impact of Colorism on Eating Pathology, Skin Fairness Product Use and Cosmetic Surgery Consideration

Abstract: 'Colorism' is a form of prejudice and discrimination that penalizes individuals with darker skin tones, including South Asian communities. Historically rooted in colonialism and the caste system, colorism is still common among South Asians today. Whilst the literature indicates harmful psychological impacts of experiencing colorism, there is less research exploring how this might influence eating pathology and engagement/attitudes towards other potentially harmful appearance-altering behaviours, and the associated underlying mechanisms. Further, there has been little study on the impact of colorism among South Asians living in the Global North. Therefore, this study examined the influence of experiencing colourism on disordered eating, skin fairness product use, and cosmetic surgery consideration among South Asian adults in the UK. It also assessed the potential mediating roles of skin shade dissatisfaction and body dissatisfaction in these relationships. The sample included 116 South Asian adults (57.8% women; 68.1% Indian heritage) aged 18 years+ (Mage = 33.9 years). Mediation analyses revealed that experiences of colorism directly predicted eating pathology. However, neither skin shade dissatisfaction nor body dissatisfaction mediated this relationship. Experiences of colorism were also found to predict both the use of fairness products and consideration of undergoing cosmetic procedures. This pathway was partially mediated by skin shade dissatisfaction for both outcomes, whist body dissatisfaction was not a significant mediator. These findings hint at the elevated risk for disordered eating among South Asian adults who live in the Global North and experience higher levels of colorism, with implications for eating disorder prevention among this group. These findings also highlight the need for societal level initiatives that challenge colorism and promote skin tone diversity, which could aid in reducing this group's engagement in potentially harmful appearance-altering behaviours.

Learning Objectives

- Understand the harmful impacts of 'colorism', a form of prejudice and discrimination that penalizes individuals with darker skin tones.
- Learn that experiences of colorism are associated with eating pathology, skin fairness product use, and cosmetic surgery consideration, among South Asian adults in the UK.
- Understand the importance of addressing colorism in eating disorder prevention programmes for South Asian adults in the Global North, and the need for societal level initiatives that challenge colorism and promote skin tone diversity.

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Development of a Fidelity Measure for Cognitive Remediation Therapy for Anorexia Nervosa

Abstract: Executive functioning inefficiencies, i.e., difficulties in set-shifting and "bigger picture thinking," are commonly seen in individuals with eating disorders (ED) and are predictive of a poorer prognosis. Cognitive Remediation Therapy (CRT) is an evidence-based adjunctive behavioral treatment designed to target executive functioning to improve skills in daily living that has been adapted for youth and adults with ED. While CRT has been successfully used with several conditions, there is no widely applied measure of CRT treatment fidelity. With permission, we adapted a 12-item measure of CRT for ED fidelity initially developed by Tchanturia and colleagues. Each of the 12-items is scored from 1 to 7, with 7 indicating higher CRT fidelity. Items include session structure, pacing, collaboration, technique, skill, alliance, therapist effectiveness, generalization of skills, manual adherence, homework, and therapist competence. Items that specifically target CRT's metacognitive component were not explicitly included. Our adaptations focused on two areas: adding items specific to metacognitive reflection and adding more comprehensive operational definitions and examples to the anchors to facilitate scoring and increase interrater reliability. Item generation was informed by a multi-context approach and focused on guided questions, horizontal transfer, and building self-efficacy. Initial new items and operational definitions for anchors were piloted by masters-level clinicians with expertise in ED and experience scoring treatment fidelity. Raters scored CRT fidelity independently via video-recorded sessions from 15 youth with anorexia nervosa who each received 15 sessions of CRT adjunctive to Family-Based Treatment. Videos were selected randomly over session number and therapist. We compared interrater reliability for new items and anchors to further refine the measure. The final measure was applied to a sample of 48 youth with anorexia nervosa (3 sessions per youth), demonstrating good interrater reliability. Establishing a broadly accepted fidelity protocol allows for improved internal validity, supports replication/generalization, and facilitates implementation. Given the number of studies examining CRT as an adjunctive treatment for individuals with an ED, this measure is a critical step forward to improve the integrity of treatment delivery and research findings, allowing for distinction between intervention versus implementation effects.

Learning Objectives

- Describe the rationale for developing a fidelity protocol specifically for CRT for ED and its role in broader implementation efforts.
- Explain the adaptations made to the original protocol (i.e., inclusion of metacognitive specific items) and why these changes were important in the context of fidelity rating.
- Summarize the key steps involved in developing the current CRT for ED protocol, including core components, operationalizing criteria, and rating procedures.

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Bridging Cultures: Machine Learning Meets Clinical Expertise in Eating Disorder Diagnosis

Abstract: Accurate classification of eating disorders remains challenging due to substantial symptom overlap and heterogeneity. We aimed to test whether supervised machine learning (ML) can (a) classify DSM-5 eating disorder diagnoses from routine intake data and (b) reveal within-diagnosis heterogeneity. We retrospectively analyzed anonymized intake data from 309 patients treated at a specialized eating disorder center between 2013 and 2024. Nine ML algorithms were trained and tested on different combinations of clinical variables, including demographic information, body mass index (BMI), comorbid psychiatric conditions, and self-report symptom measures. Models were evaluated on their accuracy and their ability to correctly distinguish between anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and other specified eating disorders (OED). The best-performing models accurately identified AN and BED, while BN and OED were more difficult to distinguish, likely due to overlapping symptoms and smaller sample sizes. Prototype-based analyses identified three AN subgroups and two BED subgroups, while BN and OED formed single clusters; subgroup differences were modest but clinically interpretable (e.g., AN subgroups varied by BMI, comorbidity, and symptom burden). Together, these findings illustrate how bridging the cultures of psychiatry and ML can deepen our understanding of diagnostic complexity: ML methods capture the empirical structure of clinical data, while clinical expertise grounds these patterns in meaningful human experience. This integration offers a path toward more precise, individualized, and connected care for people with eating disorders.

Learning Objectives

- Understand how machine learning methods can be applied to classify eating disorder diagnoses using routine clinical data.
- Identify how integrating computational and clinical perspectives can uncover meaningful heterogeneity within eating disorders.
- Apply insights from machine learning to enhance diagnostic precision and support personalized treatment approaches.

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Bridging Perspectives: Patient and Clinician Views of Autism and ADHD in Binge-Type Eating Disorders

Abstract: Autism and ADHD are overrepresented in adults with binge-type eating disorders (EDs) and are associated with poorer treatment outcomes. Clinicians often report low confidence and limited support when treating these patients. Despite this, most research has focused on Autistic individuals with restrictive EDs, neglecting ADHD and binge-type presentations. We interviewed 26 adults with bulimia nervosa, binge ED, or binge-purge-type eating pathology who either self-reported a diagnosis of Autism and/or ADHD or scored highly on screeners (AQ-10>5; ASRS-Screener>3). We also interviewed 20 ED clinicians from varied disciplines and experience levels. Data were analysed using separate reflexive thematic analyses for patients and clinicians, which were synthesised to identify convergent and divergent perspectives. Patients wanted routine Autism and ADHD screening in ED services and for clinicians to remain attentive for Neurodivergent traits. They wanted Autism and ADHD distinguished from ED symptoms and addressed only when directly exacerbating the ED, using gradual, Neuro-affirmative approaches. Clinicians similarly recognised a broad range of Autism and ADHD traits and described flexible, person-centred “needs before labels” approaches. However, screening practices and confidence levels varied widely across services. Patients wanted treatment to reflect individual Neurodivergent differences, with adaptations to dietary guidance, sensory environments, communication style, and session structure. Clinicians described similar adjustments, including clearer communication, environmental modifications, shorter or flexible sessions, and use of creative or visual tools, while leveraging Neurodivergent strengths such as structure, creativity, and rule-based thinking. Both groups emphasised therapeutic trust, consistency, and collaborative exploration of Neurodivergence within treatment. Clinicians also described challenges around ADHD medication including appetite suppression and inter-service prescribing. They also highlighted the need for greater cross-service collaboration, family support, and training. Overall, both patients and clinicians agreed on the importance of early identification, individualised adaptations, and Neuro-affirmative practice. However, patients wanted greater consistency, clearer communication, and more systematic implementation of adjustments than clinicians felt currently possible within existing service constraints.

Learning Objectives

- Understand the experiences and treatment needs of Autistic and ADHD patients, particularly with binge-type eating disorders.
- Understand clinician-reported effective approaches and challenges when supporting Autistic and ADHD individuals in eating disorder treatment.
- Understand points of agreement and disagreement between patient and clinician perspectives, and the resulting tensions in providing appropriate care.

Authors: Lauren Makin, king's college london; Adia Meyer, South London and Maudsley NHS foundation Trust; Kate Tchanturia, King's College London

Neurodiversity in Eating Disorder Services: A Two-Year Secondary Analysis of Real-World Data

Abstract: Autism and ADHD frequently co-occur and are overrepresented in eating disorder (ED) services, where they are linked to longer treatment, poorer experiences, and worse outcomes. Separately, Autistic and ADHD patients with EDs have been shown to present with greater ED psychopathology, anxiety, and depression. Autistic patients with EDs also present with poorer quality of life, increased prior suicide attempts, and more functional difficulties. However, no study has directly compared patients who are both Autistic and ADHD (AuDHD) with Autistic-only, ADHD-only, or neurotypical patients. This exploratory study compared ED psychopathology (EDE-Q), psychological distress (CORE10), work and social functioning (WSAS), and other clinical measures across adult ED patients reporting probable Autism, ADHD, both, or neither. No formal hypotheses were specified. We conducted a secondary cross-sectional analysis of two years of routinely collected intake data from a specialist ED service. Patients were classified as Autistic or ADHD if they reported a diagnosis/suspicion on intake forms, or, for ADHD, if they reported use of ADHD medication. Of 1,252 patients, 32 (2.6%) were classified as AuDHD, 45 (3.5%) as Autistic-only, and 81 (6.5%) as ADHD-only. Group differences were small but consistent. EDE-Q global scores were highest in the ADHD-only group (M=4.24) and lowest in the Neither group (M=3.85, f=0.07). CORE10 scores were highest in AuDHD (M=24.16) and lowest in Neither (M=20.1, f=0.12). WSAS scores were also highest in AuDHD (M=26.56) and lowest in Neither (M=20.06, f=0.16), crossing into the severe threshold. Small differences were also observed for work absences and suicide attempts, both elevated in AuDHD, Autism-only, and ADHD-only groups relative to Neither. Autistic and/or ADHD patients with EDs show greater psychological distress, and poorer functioning, particularly when both are present. They also show greater ED psychopathology, particularly for ADHD patients. Early identification and person-centred care may help improve outcomes.

Learning Objectives

- Understand how Autism affects clinical intake measures in patients with eating disorders.
- Understand how ADHD affects clinical intake measures in patients with eating disorders, particularly eating disorder psychopathology
- Understand how co-occurring Autism and ADHD further affect clinical intake measures in patients with eating disorders, particularly psychological distress, and work/social functioning

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Mapping premorbid factors for eating disorders across genetic, temperament, and behavioral measures

Abstract: Eating disorders (EDs) often onset in adolescence and early adulthood, with evidence for genetically-linked behavioral traits preceding a full diagnosis. However, most studies of premorbid risk factors for EDs have relied on retrospective reports. Here we include 109,914 youth from the Norwegian Mother, Father, and Child Cohort (MoBa) Study to prospectively map premorbid ED factors across genetic, temperament, and behavioral markers in infancy and childhood. Genetic markers included polygenic scores for anorexia nervosa (PGS-AN), obsessive-compulsive disorder (PGS-OCD), anxiety disorders (PGS-ANX), neuroticism (PGS-Neur), and body mass index (PGS-BMI). Behavioral variables at five timepoints across infancy and childhood (0.5 to 8 years of age) assessed temperament, personality, mental health concerns, and eating-related behaviors. Leveraging Norwegian health registries, 1,769 individuals were identified with an ED diagnosis in adolescence and early adulthood (ages 10-24), and compared with 108,145 non-ED controls. Across all EDs, higher emotionality and externalizing symptoms at 5 years and higher neuroticism, depressive symptoms and food approach at 8 years increased odds ratios (OR) of a later ED (ORs: 1.13-1.23, pFDR<0.05). Diagnostic-specific premorbid profiles emerged; e.g., for AN (n=719), the largest ED group, higher fussy temperament at 6 months, higher emotionality across 6 months to 5 years, and higher neuroticism and anxiety at 8 years increased odds for AN (ORs: 0.94-1.26, pFDR<0.05). All PGS significantly influenced odds of a later ED, with some diagnostic specificity; e.g., PGS-AN increased odds of a restrictive ED (ORs~1.3, p<2e-7) but not of non-restrictive EDs, whereas PGS-BMI decreased odds of a restrictive ED (ORs~0.8, p<3e-3). Finally, all included PGS were significantly associated with childhood temperament and/or mental health concerns. For instance, PGS-AN was associated with fussy temperament and low positive emotionality at 6 months, and higher levels of neuroticism and anxiety at 8 years (βs:-0.03-0.02, p<3e-3). Our findings with a large prospective cohort study suggest that genetic risk for EDs and related traits shape temperament and behavior early in development, which in turn may confer risk for an ED later in life. Identifying biologically-informed premorbid factors in specific developmental periods prior to ED emergence could inform prevention efforts, and clarify who may be most vulnerable for the development of an ED.

Learning Objectives

- Describe the strengths of the MoBa Study for identifying prospective risk markers for eating disorders.
- Identify key temperament and behavioral markers in specific developmental windows that may index onset of an eating disorder in adolescence and early adulthood.
- Understand how genetic risk markers contribute to both early life behavior and eating disorder diagnostic outcomes.

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Eating Disorder Diagnostic Crossover: A Meta-Analysis

Abstract: Diagnostic crossover among eating disorders (EDs) is clinically important, yet rates are inconsistently quantified. This meta-analysis synthesized prospective studies to estimate pooled crossover rates between EDs as defined by the DSM and to examine study-level moderators. Twenty-six prospective studies (23 independent samples) contributed 266 effect sizes. We used random-effects models to estimate pooled crossover rates and mixed-effects models to examine study-level moderators. Univariable moderators investigated were diagnostic criteria, follow-up duration, treatment setting, diagnostic method, and demographics. Direct crossover between full-syndrome disorders was rare, whereas subtype shifts and transitions into residual categories were more frequent. The pooled crossover rate from anorexia nervosa – restricting type (AN-R) to anorexia nervosa – binge-purge type (AN-BP) was 21%. Transition from AN to bulimia nervosa (BN) was 8%, compared with 1% from BN to AN. The crossover from BN to binge-eating disorder (BED) was 2% and from BED to BN was 11%; AN to BED and BED to AN were near zero. Movement into the Other Specific Feeding/Eating Disorder (OSFED) or Eating Disorder Not Otherwise Specified (EDNOS) categories was common: 25% from AN, 24% from BN, and 17% from BED. Heterogeneity was often high, especially for OSFED/EDNOS transitions. Significant moderators included diagnostic criteria and diagnostic method. Diagnostic instability is characterized more by AN subtype shifts and OSFED/EDNOS transitions than by full-syndrome crossovers. Results highlight the need for regular specialist assessments using interview methods and for research clarifying how crossover patterns influence treatment response and recovery.

Learning Objectives

- Explain how people with eating disorders may shift between different diagnoses, including more common changes (like shifts within anorexia subtypes or into OSFED/EDNOS) versus rarer full-syndrome transitions
- Recognize the study features (such as diagnostic criteria or method used) that influence how often diagnostic crossover appears in the research literature
- Discuss why understanding patterns of diagnostic crossover matters for both treatment planning and supporting long-term recovery

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Positive sexuality and eating disorder symptoms: Comparing profiles of dispositions among women

Abstract: Despite its known influence on general and mental health, positive sexuality has received little empirical attention in relation to eating disorders (ED). While problematic eating does not always fit clear-cut diagnoses, studies that have examined sexuality have mainly focussed on anorexia nervosa and bulimia nervosa. To address this gap, the objective of the study is to explore the sexual self-concept, functioning, fantasies, motivations, and practices of women presenting ED symptoms, in comparison with women with no such symptoms. Participants were 467 adult women reporting frequent and sustained restrictive, binge eating, and/or compensatory symptoms in the previous five years, and 423 women with no ED symptoms. They completed a self-report questionnaire online. Descriptive analyses, t-tests and MANOVA were conducted to examine the relationship between ED symptoms and sexual dispositions, and a hierarchical cluster analysis (Ward's method) was performed to verify the presence of distinct profiles of sexual dispositions among women with ED symptoms. Compared to controls, women with ED symptoms were distinguished by lower self-consciousness and self-esteem, a greater tendency to engage in sexual activities to alleviate negative feelings, feel valued, and for instrumental purposes, a more restricted sexual repertoire, and the experience of less sexual pleasure. The presence of restrictive symptoms was tied to fewer sexual fantasies and a greater tendency to engage in sexual activities to feel valued and to alleviate negative feelings. Shape concerns were linked to less sexual exploration and more instrumental sexual motivations. Finally, eating and weight concerns were associated with more sexual orgasms. Four profiles of sexual dispositions were identified among women with ED symptoms, characterized by: a) higher sexual functioning, sexual exploration, and a desire to experience intimacy, feel valued, and satisfy instrumental needs; b) average sexual functioning tied to instrumental motivations; c) positive sexual self-esteem associated with greater sexual pleasure; and d) stronger sexual self-concept, more sexual fantasies, and sexual motivations related to the experience of positive feelings, the release of negative feelings, intimacy with the partner, and sexual exploration. Results are discussed with relation to ED symptomatology and recommendations are provided to facilitate the integration of positive sexuality in assessment and treatment.

Learning Objectives

- Describe the gap in knowledge relative to the sexual dispositions of women with ED symptoms
- Compare the sexual dispositions of women with and without ED symptoms
- Explain how sexual dispositions vary according to the presence of ED symptoms

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Randomized Clinical Trial Comparing Family vs Individual Treatment for Children with ARFID

Abstract: Avoidant/restrictive food intake disorder (ARFID) is an eating disorder with significant medical and psychosocial complications. At present, there are no established evidence-based treatments for ARFID in pediatric populations. This study presents the results of a randomized clinical trial comparing the efficacy of family-based treatment for avoidant/restrictive food intake disorder (FBT-ARFID) to individual psychoeducational motivational therapy (PMT) for underweight children with ARFID between the ages of 6 and 12 years of age. Children with low-weight ARFID (n=98; 59% male; 20% Hispanic; M(SD): 9.7 (2.0) years; 84.6(4.6)% estimated body weight (EBW)) were randomized to 14 sessions of FBT-ARFID or PMT delivered via telehealth over 4 months. Assessments of weight/height, eating-related cognitions, and behaviors associated with ARFID were collected at baseline and end-of-treatment. Parents completed the pica, ARFID, rumination disorder interview (PARDI) on behalf of their child. Results indicate that FBT-ARFID was superior to PMT at the end-of-treatment in promoting increased %EBW (d=.77, CI: 0.45, 1.09, p<.001). While there were significant improvements in ARFID severity as measured by the PARDI, there were no differences between groups on this outcome. However, baseline severity of ARFID symptoms moderated the effect, with children who were most symptomatic improving significantly more in FBT-ARFID than in PMT. Notably, study attrition was very low (2%), with no differences based on treatment allocation. Participants completed 93% of planned sessions in FBT-ARFID and 95% in PMT. This is the first powered randomized clinical trial examining outpatient treatments for children with ARFID. The results of the study have a range of implications for the future treatment of youth with ARFID, including testing these treatments in adolescents and across the weight spectrum.

Learning Objectives

- 1.Participants will be able to explain differences in treatment between FBT-ARFID and PMT for low-weight children with ARFID.
- 2.Participants will understand the results of the randomized clinical trial indicating FBT-ARFID was superior to PMT at promoting weight gain for low-weight children 6-12 years old with ARFID.
- 3.Participants will leave with key clinical takeaways to apply to their own practice in treating children with ARFID.

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Assessing Caregiver Factors Influencing Family-Based Treatment for Child/Adolescent Eating Disorders

Abstract: The purpose of this three-stage study was to develop new clinical tools for assessment and case formulation of caregiver factors influencing family-based treatment (FBT) for child and adolescent eating disorders. Caregivers shoulder a considerable burden during eating disorder treatment and may face barriers which may influence outcomes. If influential factors can be identified and measured, adjustments or augmentations to treatment may be indicated. Our objectives were: 1) identification of caregiver factors that may influence the outcome of FBT and its derivations; 2) the development of a conceptual model and assessment measure, and 3) preliminary validation of the measure with a clinical sample of caregivers. A systematic review produced 39 articles synthesized into the Caregiver Factors Influencing Treatment (Care-FIT) conceptual model. Item generation for a measure based on the model began with formative expert feedback, followed by a mixed-methods Delphi study to establish preliminary content validation and consensus on the Care-FIT model and measure. Psychometric evaluation of the measure was conducted with a global sample of 141 caregivers, including tests of dimensionality, reliability and validity. Eight domains influential to FBT outcome were identified: caregiver capacity, confidence, readiness, internalizing factors, externalizing factors, food-related factors, support network and family function. Delphi consensus was achieved on the model domains and preliminary measure. The measure was divided into two subscales: caregiver strengths and challenges, with a strong model fit to a three-factor structure including the eight domains on each subscale and good to high psychometric properties. Item removal during analysis resulted in a 20-item measure. A secondary sensitivity analysis indicated support for stability of the items to resampling. Two clinical tools were generated: 1) the Care-FIT conceptual model, and 2) the Care-FIT inventory. Evaluation via the Delphi process and psychometric validation revealed preliminary support for both tools. The Care-FIT tools can be utilized in research settings, and in routine clinical practice to inform case formulation and clinical decision-making. It is hoped these tools may enrich understanding of specific strengths and challenges experienced by a family, allowing clinicians to offer relevant enhanced support to caregivers which may in turn support treatment completion.

Learning Objectives

- Identify caregiver factors known from the literature to be influential to family-based treatment outcome
- Utilize the Care-FIT conceptual model for clinical case formulation.

- Administer the Care-FIT inventory to caregivers, and interpret the results to identify areas of high strengths or challenges which can be managed to support FBT engagement and treatment completion.

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Novel investigation of effects on disordered eating of exposure to thin-ideal social media images

Abstract: Extensive research has investigated the relationship between exposure to appearance-related social media and risk for eating disorders, focusing mostly on body image outcomes. Conclusions about the causal effects of social media on disordered eating have been limited by cross-sectional designs, with very little experimental research having examined effects on disordered eating outcomes. This study aimed to address this gap. A sample of 210 women (Mage = 23.7, SD = 3.0), recruited from Prolific, were randomly allocated to view social media images in one of two experimental conditions: thin-ideal image (n = 107) or travel image (n = 103) condition. Prior to and immediately following exposure, participants completed measures of state body dissatisfaction, disordered eating intentions, and positive mood. Repeated measures mixed between-within ANOVAs revealed significant interaction effects for intentions to engage in disordered eating behaviour and mood. Specifically, exposure to thin-ideal images resulted in increased intention to skip meals and to vomit to try and control weight and shape, and reductions in feelings of happiness, relative to exposure to neutral travel images. Effect sizes were small. No interaction effects were observed for intention to restrict eating, exercise, or binge eat, or for weight or shape dissatisfaction. Interestingly, although outcomes were mixed for disordered eating intentions, where increases in intent to engage in disordered eating were observed following viewing of thin-ideal images, these were for behaviours that might be perceived as more extreme or problematic (e.g., skipping meals and purging). Further replication of these results and exploration of the type of disordered eating intention affected by exposure to social media appearance-related content is required. The findings add to the limited empirical evidence that engagement with appearance-related social media content affects eating outcomes.

Learning Objectives

- Describe the effects on intent to engage in disordered eating from viewing thin-ideal social media images and understand the possible implications of these effects.
- Consider appropriate assessment items for measuring disordered eating responses to viewing appearance-ideal social media content in experimental research.
- Generate design ideas to expand research on casual effects of social media use on disordered eating.

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Five Years On: ARFID Treatment Outcomes for Children and Young People

Abstract: There has been a huge increase in referrals for children and adolescents with ARFID in the past five to ten years. While there is a growing need, guidance on best practice is still missing. This study reports on five years of data from the specialist child and adolescent ARFID service at the Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED). The aim of this study was to evaluate the pathway and clinical outcomes for young people receiving support at MCCAED between 2020 and 2025. Pre and post-treatment self-report measures assessing mental health and wellbeing were collected, as well as weight data and treatment characteristics. Data were analysed using t-tests and ANCOVAs to account for the impact of age, ethnicity, number of intervention sessions, and gender on outcome. Outcome data for 48 young people and 129 parents/carers are presented. Mean duration of treatment was 13.26 sessions (sd = 8.45 , range = 2- 46). For parents/carers a significant reduction in PARDI-AR-Q (Pica, ARFID, Rumination Diagnostic Interview - ARFID - Questionnaire) (fear of aversive consequences and sensory based avoidance drivers), and RCADS (Total Depression and Anxiety) ($p \leq .05$) scores were observed. For young people, a significant reduction was also observed in the PARDI-AR-Q scores (fear or aversive consequences and lack of interest drivers) ($p \leq .05$). Significant positive changes were seen in CGAS scores and weight and height centiles ($p \leq .05$). The parent/carer PARDI-AR-Q scores also highlighted a significant effect for age on scores for sensory based avoidance; adolescents (14-18yrs) had better outcomes for this driver compared to children (aged 2-7 years; $p = .04$). In a field which lacks a robust evidence-base, these findings indicate that a multi-disciplinary approach to assessment and treatment of ARFID is effective that encompasses various modalities, including dietetic input, behavioural interventions, cognitive behavioural interventions, and family support.

Learning Objectives

- Identify key ARFID specific and general mental health outcome measures for use in clinical settings with CYP with queried ARFID
- Have increased confidence in the MDT formulation based approach to the assessment and treatment of ARFID
- Understand the impact of age on treatment outcomes for CYP with ARFID

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Aging Anxiety and Disordered Eating in Midlife: The Moderating Roles of BMI and Body Comparison

Abstract: Negative attitudes toward age-related appearance changes are widespread yet remain an understudied risk factor for disordered eating. Concerns about aging appearance may be especially salient for middle-aged women, given the physical changes common during this life stage that conflict with dominant thin- and youth-oriented feminine ideals (e.g., weight gain, fat redistribution, skin aging). This study examined associations between appearance-related aging anxiety and eating pathology (restrictive eating and bulimic symptoms), as well as body mass index (BMI) and body comparison as potential moderators of these associations, among middle-aged women in the United States (U.S.). Participants were 347 women aged 40–63 years (Mage = 50.13, SD = 4.55), recruited as part of a larger study on body image and disordered eating among young adult women, their mothers (the present sample), and maternal grandmothers. Participants completed self-report measures of disordered eating and related constructs. As predicted, aging anxiety was positively correlated with both restrictive eating (EAT-26; $r = .30$, $p < .001$) and bulimic symptoms (EDI-Bulimia; $r = .24$, $p < .001$). Tests of moderation indicated that BMI significantly moderated the relationship between aging anxiety and bulimic symptoms ($B = .06$, $SE = .02$, $t = 2.68$, $p = .008$, $\Delta R2 = .02$): the association was nonsignificant among those with lower (1 SD below mean) BMIs ($p = .191$) and significant among those with higher (1 SD above mean) BMIs ($p < .001$). Similarly, body comparison significantly moderated the relationship between aging anxiety and restrictive eating ($B = .05$, $SE = .02$, $t = 2.53$, $p = .012$, $\Delta R2 = .02$): the association was nonsignificant among those with low levels of body comparison ($p = .154$) and significant among those with high levels ($p < .001$). The other interaction effects were nonsignificant. Consistent with expectations, aging anxiety was significantly associated with disordered eating among middle-aged women in the U.S. Moreover, moderation findings suggest that among women with elevated aging anxiety, those with higher BMIs may be especially vulnerable to bulimic symptoms, and those with high body comparison tendencies to restrictive eating. Future research should clarify the role of appearance-related aging concerns in the development of disordered eating in midlife, including among men and individuals of other genders, and explore protective factors that may buffer these relationships.

Learning Objectives

- Recognize appearance-related aging concerns as an underexplored risk factor for disordered eating.
- Describe how appearance-related aging anxiety relates to restrictive eating and bulimic symptoms among middle-aged women in the U.S., and factors that moderate these relationships.

- Consider future research directions to expand understanding of aging concerns in the development of disordered eating in midlife, including among men and individuals of other genders, and potential protective factors.

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An Exploration of Mental Health Providers' Experiences Treating Eating Disorders in Rural Patients

Abstract: Given the dearth of mental health care in rural areas, providers are in the position of needing to be able to recognize and treat eating disorders (EDs), often despite having little training in EDs. This study explored the training mental health providers (N = 16) have received and how they approach treatment with patients who have EDs through qualitative interviews. Qualitative interviews were transcribed, and Braun & Clarke's (2006) 6-step framework was used to analyze the data using thematic analysis. Description-focused coding was used, and data were analyzed for themes. Four primary themes were identified: lack of training (n = 16), lack of knowledge (n = 14), working with ED patients (n = 16), and lack of evidence-based treatment approaches (n = 5). For the lack of training theme, participants discussed receiving little to no ED training in graduate programs. For the lack of knowledge of EDs theme, participants discussed having little to no knowledge of EDs other than the basics of anorexia nervosa and bulimia nervosa. Although some participants acknowledged that EDs are underrecognized, other participants had misconceptions about the prevalence and treatment of EDs. Within the working with ED patients theme, all participants reported having worked with at least one patient with an ED, often without initially recognizing the ED concern. While some participants discussed treating the ED, most participants described typically focusing on other presenting concerns (without referral to ED services) or referring out a patient who presented with an ED as their primary concern. Regarding the lack of evidence-based treatment approaches theme, participants described using interventions for other mental health conditions (e.g., Eye Movement Desensitization and Reprocessing) and applying them to the treatment of EDs. Some participants also reported using weight-loss interventions with ED patients. Findings reinforce that EDs are often viewed as a specialty, to the detriment of patients with EDs accessing evidence-based care. There is a need for high-quality eating disorder training in graduate programs and accessible continuing education. The findings also stress the importance of connecting rural healthcare providers with providers experienced in treating EDs for consultation. Expanding such resources may improve detection, intervention, and outcomes for individuals with EDs in rural communities and beyond.

Learning Objectives

- 1.Identify gaps in eating disorder training and knowledge among rural mental health providers.

- 2.Describe how limited training and misconceptions influence providers' approaches to recognizing and treating eating disorders.
- 3.Discuss strategies to improve access to evidence-based eating disorder education, consultation, and resources for rural clinicians to enhance early detection and treatment outcomes.

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Body Uneasiness Outweighs Identity in Eating Pathology Among Transgender People

Abstract: Background:
Transgender and gender-diverse (TGD) individuals often report body-related distress that extends beyond gender dysphoria and may intersect with eating-related psychopathology. However, it remains unclear which dimension of the body—biological, perceptual, or identity-based—best predicts disordered eating. This study examined how BMI, body uneasiness, and gender identity experiences jointly contribute to eating pathology in a TGD sample.
Methods:
A community sample of 151 TGD adults (mean age = 30.2 ± 9.8 years) completed the Eating Disorder Examination-Questionnaire (EDE-Q; proxy score derived from 22 items), Body Uneasiness Test subscales (Weight Phobia = WP; Body Image Concerns = BIC), and the Gender Preoccupation and Stability Questionnaire (GPSQ: Instability, Cognitive-Affective Salience, Preoccupation, Distress/Reflection). Hierarchical regression analyses tested the incremental variance in EDE-Q explained by each level of body experience: Step 1 = BMI, age; Step 2 = WP and BIC; Step 3 = GPSQ subscales.
Results:
The overall model explained 63% of the variance in EDE-Q scores. BMI and age (Step 1) accounted for 17%. Adding WP and BIC (Step 2) increased R^2 by .47 to .63 ($p < .001$), with WP emerging as the strongest predictor ($\beta = 0.83$, $p < .001$). Adding GPSQ dimensions (Step 3) did not improve the model ($\Delta R^2 = –.004$, ns). None of the gender identity factors were significant once body uneasiness and BMI were controlled.
Conclusions:
Among TGD individuals, body uneasiness—particularly fear and avoidance of weight—dominates the prediction of eating-related psychopathology, surpassing both biological (BMI) and identity-related variables. These findings suggest that eating pathology in gender-diverse populations is more strongly rooted in how the body is perceived and controlled than in gender identity per se. Clinically, interventions should prioritize body acceptance, interoceptive awareness, and emotion regulation rather than focusing solely on gender dysphoria. Integrating ED and gender-affirming care may enhance prevention

and early intervention for body-related distress across the gender spectrum.

Learning Objectives

- describe how different dimensions of body experience—biological, perceptual, and identity-related—contribute to eating pathology in transgender and gender-diverse (TGD) individuals.
- identify the predominant role of body uneasiness, particularly weight phobia, in predicting eating disorder symptoms beyond gender identity factors.
- apply integrated clinical strategies that target body perception, acceptance, and emotion regulation within gender-affirming care frameworks for TGD populations.

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Not One Size Fits All: Socioeconomic Context Shapes Eating Disorder Symptom Profiles

Abstract: Research on eating disorders (EDs) and their symptoms (e.g., binge eating, dietary restriction) has historically centered socioeconomically advantaged populations. Recent studies examining EDs in more disadvantaged groups have largely assumed that symptoms manifest similarly across socioeconomic contexts. However, if this assumption is incorrect, models and assessment tools developed with advantaged samples may miss substantial symptom burden in marginalized populations. We used mixture modeling to identify distinct ED symptom profiles in a predominantly racially minoritized, low-income sample of men and women in Detroit (N = 561; 87.5% Black; modal annual income <$10,000), then applied BCH estimation to examine how individual (e.g., income, food insecurity) and contextual (e.g., neighborhood crime) socioeconomic indicators differed across profiles. The best-fitting model included seven profiles: globally low symptoms (GLS), weight/shape preoccupation (WS), weight/shape preoccupation with restraint (WSR), binge eating (BE), moderate global ED symptoms (MED), moderately high global ED symptoms (MHED), and high restraint and distress (RD). Relative to participants in the GLS, WS, and WSR classes, those in the MHED and RD classes reported more food insecurity, experienced greater social stigma, and lived in Census tracts with significantly more property crime based on police reports. Participants in the BE profile showed a distinct pattern of social vulnerability factors, with high individual level disadvantage but more moderate elevations in contextual stressors such as neighborhood crime. Findings suggest that disordered eating may manifest differently depending on both individual and contextual socioeconomic factors, highlighting the need for assessment tools and research methods that are sensitive to environmental setting.

Learning Objectives

- Understand how socioeconomic factors shape the presentation of disordered eating
- Learn mechanisms through which individual and neighborhood economic context may contribute to different patterns of disordered eating symptoms
- Understand mixture modeling as a technique for identifying how symptom profiles may differ across contexts

Authors: Megan Mikhail, UCSF Eating Disorders Program; Kelly Klump, Michigan State University; Blair Burnette, Michigan State University; Amber Pearson, Michigan State University; University of Otago, Wellington

Clinicians' Experiences of Stopping or Withholding Nasogastric Tube Feeding in Eating Disorder Units

Abstract: Most research on the nasogastric tube (NGT) feeding of patients with eating disorders focus on the initiation and implementation of NGT feeding and the trauma impact on patients and staff. Current guidelines suggest discontinuing NGT feeding when patients are medically stable, but stopping NGT feeding is complex involving ethical, moral, legal, psychological, and medical considerations. Comorbidities also complicate decision making by impacting treatment-compliance and weight restoration. With the recent guidelines to apply least restrictive options in the UK, literature has explored the experiences of patients, staff and carers of NGT feeding, often under physical restraint, in specialist eating disorder units (SEDUs), as well as offering some guidance on best practices and decision-making. However, little is known on what happens when NGT feeding is stopped in response to least restrictive practice and how these decisions are experienced by professionals. This study aimed to explore clinicians' experiences of stopping or withholding NGT feeding in 4 private SEDUs in England. 7 clinicians participated (i.e. 3 psychiatrists, 2 dieticians, 2 nurses). Semi-structured interviews were conducted, transcribed and thematically analysed. Qualitative analysis resulted in five themes and subthemes: (1) Using clinical criteria for NGT initiation & discontinuation helped, including health and weight criteria, psychological readiness for change and individualised care plans (2) Importance of multidisciplinary and parental involvement in decision making (3) National guidelines partially helped decision making to discontinue NGT feeding, but external pressures to reduce restrictive practices and a limited evidence-base meant clinicians faced criticism for clinical judgements and autonomy (4) Clinical outcomes depended on motivational factors. Premature ending of NGT feeds risked physical health deterioration, worsening the anorexia nervosa, and prolonged admissions (5) Service-specific challenges were due to more complex patients compared to other SEDUs and increased resistance and non-compliance when NGT feeds resumed. Further research and clearer guidance is needed to inform the evidence-base and give clinicians confidence when deciding to stop or withhold NGT feeding. Considerations should be given to the role of biopsychosocial formulations,

patients' developmental and recovery stages, the role of co-morbidities and differences in patient groups between SEDUs.

Learning Objectives

- To understand the complexities and contextual factors impacting clinicians' decision-making to discontinue NGT feeding.
- To recognise how multidisciplinary collaboration, organisational pressures, and national guidelines influence clinicians' autonomy and confidence when deciding to stop NGT feeding.
- To identify gaps in the existing evidence-base and the need for clearer guidance to support safe, least-restrictive, and person-centred approaches to stopping NGT feeding.

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Childhood Maltreatment and Disordered Eating Trajectories: Sociodemographic Moderators

Abstract: This study explores how childhood maltreatment shapes the course of disordered eating behaviors (DEBs) as individuals move from adolescence into early adulthood, with particular attention to the ways social and structural contexts deepen vulnerability or resilience. Using data from 2,740 participants in the National Longitudinal Study of Adolescent to Adult Health (Add Health, Waves I-III; ages 11-26), repeated-measures mixed-effects models were applied to capture within-person changes in DEBs across time, while adjusting for sex, race, income, parental education, insurance status, and depression. Retrospective reports of verbal, physical, and sexual abuse, drawn from Wave IV, provided insight into early adversity that preceded these developmental trajectories. Although specific maltreatment types did not independently predict worsening behaviors once covariates were considered, deeper patterns emerged when social position and identity were examined together. Low-income participants who had experienced sexual abuse outside the family showed the sharpest escalation in disordered eating ($\beta = 26.5$, $p = 0.0048$), while Asian or Pacific Islander individuals exposed to verbal abuse demonstrated similarly steep worsening over time ($\beta = 26.5$, $p = 0.0004$). Males, too, exhibited a more pronounced rise in symptom severity relative to females, as reflected by the negative coefficient signifying steeper progression compared with the female reference group ($\beta = -10.8$, $p < 0.001$). These results suggest that the lingering effects of childhood trauma are neither linear nor uniform, but rather filtered through the inequities and cultural expectations that shape lived experience. Understanding these intersections shifts the conversation from pathology to context, and from isolated risk factors to the broader systems that sustain them. By translating these longitudinal findings into actionable frameworks for clinicians and policymakers, this work advances a trauma-, equity-, and resilience-informed approach that reimagines

care for individuals living with enduring eating disorders—one grounded in compassion, precision, and the recognition that healing must begin with understanding the stories that shaped the very illness itself.

Learning Objectives

- Following the training, participants will be able to explain how childhood maltreatment interacts with sociodemographic and structural inequities to influence the persistence and severity of disordered eating behaviors across developmental stages.
- Following the training, participants will be able to evaluate empirical evidence on how identity, income, and culture moderate the long-term trajectories of eating disorder symptoms, using insights from longitudinal population-based data.
- Following the training, participants will be able to apply trauma-, equity-, and resilience-informed frameworks to inform clinical practice, prevention efforts, and policy strategies aimed at improving recovery and reducing disparities in chronic or relapsing eating disorders.

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Psychometric Properties of the Dutch Pica, ARFID, and Rumination Disorder Interview (PARDI)

Abstract: Avoidant/Restrictive Food Intake Disorder (ARFID) is characterized by selective and/or restrictive eating, in the absence of weight/shape related concerns. Food avoidance/restriction is driven by (1) lack of interest in food/eating, (2) sensory characteristics of food, and/or (3) concern about aversive consequences. Due to its recent DSM-5 inclusion, research on diagnostic instruments for ARFID is still rising. The Pica, ARFID and Rumination Disorder Interview (PARDI) is available in 4 versions: 2 for 'Parents' of children aged 2-3y and 4+, respectively; and 2 'Self', for children aged 8-13y and people aged 14+. It facilitates a diagnosis, assigns a severity score (0-6), and three ARFID profile scores (0-6). Preliminary evidence suggests reliability and validity of the PARDI in patients aged 9-23, using both 'Self' versions.
We did 2 studies on psychometric properties of the Dutch PARDI in children, using both Parent PARDIs. Study I includes 42 patients (2-19y) and 30 matched HC. Findings support overall strong internal consistency for ARFID Severity (α=.94) and its core subscales: Sensory (α = .86), Lack of Interest (α = .93), Concern (α=.89). Confirmatory factor analysis confirmed a three-factor model with acceptable to good fit. Convergent validity was partially supported, with significant correlations between ARFID symptoms and anxiety, trauma, and sensory processing. Discriminant validity was robust, patients

scoring significantly higher across all subscales compared to HC (p<.001). Parent–child agreement on symptom severity was exceptionally high (r=.92).
Study II evaluated inter-rater agreement. To this end, 25 PARDIs (17 patients; 8 HC) were conducted and recorded by trained clinicians from a Dutch specialised treatment center for ARFID in children (<18y). Each recording was independently scored by a 2nd and 3rd rater. Patient PARDIs consisted of n=2 Parent (2-3y), n=11 Parent (4+), n=3 Self (8-13y), and n=1 Self (14+). Inter-rater reliability of the severity and profile scores was assessed using the Intraclass Correlation Coefficient (ICC). All ICCs were statistically significant (p <.001). ICC for the severity score was .991, indicating excellent agreement between raters. The sensory and lack of interest profiles showed excellent reliability, with ICCs of .989 and .981, respectively. The fear profile yielded an ICC of .847, reflecting a good inter-rater agreement. Results support the Dutch PARDI as a valid, reliable tool in clinical settings.

Learning Objectives

- Distinguish between several diagnostic instruments for ARFID
- Choose the PARDI as a diagnostic instrument for ARFID and its profiles
- Use the different versions of the PARDI as reliable and valid instruments both outside and inside The Netherlands

Authors: Sandra Mulkens, Maastricht University; Renate Neimeijer, Groningen University and Accare

Reducing weight stigma in health professionals and students: a systematic review and meta-analysis

Abstract: Weight stigma (WS) refers to social discrimination and devaluation based on body weight or shape. WS can be explicit, involving conscious and deliberate negative attitudes or actions toward people with higher weight, or implicit, reflecting automatic, unconscious biases that can influence judgment and decision-making even among individuals with egalitarian beliefs. Both forms are prevalent among healthcare professionals (HCP) and students and can negatively affect patient care and well-being. Although several studies have tested WS reduction strategies in these populations, robust designs such as randomized controlled trials (RCTs) remain scarce. This systematic review and meta-analysis aimed to estimate the efficacy of RCTs in reducing WS among HCP and students. The study was registered in PROSPERO (CRD420251039884) and followed PRISMA guidelines. Peer-reviewed RCTs targeting WS reduction were retrieved from Scopus, Web of Science, Lilacs, and PsycInfo. Two independent reviewers screened studies and assessed bias using the ROB-2 tool. Separate meta-analyses were conducted for explicit and implicit WS. Means and standard deviations were extracted to compute pre- and post-test effect sizes for intervention and control groups. Subgroup analyses and meta-regressions were conducted for explicit WS only. Ten studies (N = 1,395; 82.9% female) were included,

eight with students and two with HCP. Over half presented a high risk of bias, mainly due to randomization and reporting issues. The explicit WS meta-analysis (19 effect sizes) yielded a pooled effect of g = –0.72 [95% CI –1.11; –0.33, p < .001, I^2 = 95.23%], indicating a moderate, significant reduction. No subgroup difference emerged between students and HCP (p = .229). In the meta-regression, studies using the Fat-Phobia Scale showed a greater trend in reducing weight stigma (estimate –1.677, se = 0.556, p = .03). The implicit WS meta-analysis (6 effect sizes) showed a pooled effect of g = –0.17 [95% CI –0.55; 0.21, p = .368, I^2 = 81.59%], indicating no significant change. Overall, RCT-based interventions significantly reduce explicit but not implicit WS among HCP and students, underscoring the need for more rigorous designs, validated WS measures, and long-term follow-ups.

Learning Objectives

- Identify and differentiate between explicit and implicit forms of weight stigma among healthcare professionals and students, recognizing their impact on patient care and health outcomes.
- Evaluate the effectiveness of intervention strategies in reducing explicit weight stigma.
- Interpret evidence from randomized controlled trials assessing weight stigma reduction, recognizing methodological limitations and priorities for future research in healthcare education.

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Fear conditioning in anorexia nervosa: general and disorder-specific aversive learning

Abstract: The study investigated whether altered aversive learning mechanisms contribute to anorexia nervosa (AN) and whether such alterations are specific to eating-related cues. Seventy female participants were divided into three groups: patients with AN (n=17, Mage=29.18, ± 11.83), individuals at risk with subthreshold eating disorder symptoms (n=27, Mage=22.41, ± 2.19), and healthy controls (n=26, Mage=23.81, ±1.96). Participants completed two differential three-phase fear conditioning tasks: one with a generic aversive unconditioned stimulus (US) and one with a disorder-specific US representing feared eating-related consequences. Two neutral geometric shapes served as conditioned stimuli: the CS+ (threat signal) was partially reinforced (75%) by the US, the CS- (safety signal) was not. After each trial, participants rated their US expectancy on a 1–9 scale. Participants demonstrated significant differential acquisition across US types. In the disorder-specific task, patients with AN showed greater threat expectancy for the safety cue (CS−) during acquisition (vs. controls: t(104)=5.08, p<.001; vs. at-risk: t(104)=4.83, p<.001) and extinction (vs. controls: t(78)=2.72, p=.02; vs. at-risk:

t(78)=3.49, p=.002), while at-risk participants reported greater expectancy for the threat cue (CS+) during acquisition (vs. controls: t(101)=2.59, p=.03) and extinction (vs. controls: t(78)=2.79, p=.02). In the generic aversive task, patients with AN showed higher expectancy for the CS- during acquisition (vs. at-risk: t(101)=3.06, p=.01) and extinction (vs. at-risk: t(75)=2.53, p=.04), whereas at-risk participants displayed higher expectancy for the CS+ only during acquisition (vs. controls: t(102)=2.44, p=.04). Across US types, patients with AN exhibited overgeneralized threat expectancy extending beyond disorder-specific stimuli, whereas at-risk individuals showed heightened and prolonged threat expectancy primarily for disorder-specific cues. These findings support anxiety-based models of AN, suggesting that impaired safety learning and threat overgeneralization may maintain the disorder, while enhanced threat acquisition for eating-related cues could represent an early vulnerability marker.

Learning Objectives

- •Describe how aversive learning mechanisms contribute to the onset and maintenance of anorexia nervosa.
- •Identify differences in threat and safety learning between patients with anorexia nervosa, at-risk individuals, and healthy controls.
- •Discuss how anxiety-based models can inform the design of exposure-based interventions and prevention strategies for eating disorders.

Authors: Ludovica Natali, Department of General Psychology, University of Padova; Valentina Cardi, Department of General Psychology, University of Padova

Beyond the West: A Meta-Analysis of Eating Disorders and Body Image Dissatisfaction Across Africa.

Abstract: Eating disorders (EDs) and body image dissatisfaction (BID) have traditionally been viewed as problems of Western countries. However, emerging evidence highlights their presence across diverse populations, including Africa. This systematic review and meta-analysis aimed to synthesise studies on EDs, ED risk, and BID in Africa; estimate pooled prevalence for each; examine potential moderators (e.g., region, age, sex, and assessment tools); and assess the quality of the studies. The search was executed using five databases (MEDLINE, Scopus, Web of Science, ProQuest, and PsycINFO) up to June 2025. A total of 67 studies were included in both the systematic review and meta-analysis, providing 94 data points: 27 on EDs, 50 on ED risk, and 17 on BID. Random-effects meta-analyses were used to estimate the pooled prevalence, along with subgroup and meta-regression analyses. ED's prevalence was 1.29% (95%CI: 0.69, 2.41). Binge eating disorder was the most prevalent subtype (2.18%), followed by bulimia nervosa (1.46%) and anorexia nervosa (0.40%). ED risk was 14.92% (95%CI: 11.35, 19.48) and BID was 59.30% (95%CI: 52.54, 66.09). The proportion of participants who desired to gain weight (55.78%) was higher than that of participants who desired to lose weight (44.22%). High heterogeneity was observed across studies. Meta-regression

analyses revealed notable differences across regions and the type of assessment tool used. Studies from Northern Africa reported significantly higher ED prevalence (β=3.21; 95% CI: 1.22, 2.62; p<0.05). Similarly, in ED risk, the Northern Africa region bore the highest prevalence compared to Eastern Africa (β=-0.83; 95%CI: -1.84, -0.20; p<0.05) and Western Africa (β=-1.18; 95%CI: -1.92, -0.44; p<0.05) regions. Additionally, studies that employed the Eating Attitude Test (EAT)-40 and Bulimic Investigatory Test of Edinburgh (BITE) tools reported (β=-0.99; 95%CI: -1.58, -0.40; p<0.01) and (β=-2.57; 95%CI: -3.21, -1.92; p<0.01) lower ED risk prevalence than the EAT-26 tool. The BID prevalence, on the other hand, was affected by none of those factors. Three-quarters of the included studies were rated as high quality. Our review highlighted an overlooked yet alarming burden of EDs, ED risk, and BID in Africa—comparable to Western societies—although body image preference differed from thin idealisation. This underscores the urgent imperative for a context-specific response before the burden strains the already vulnerable health systems in Africa.

Learning Objectives

- Update themselves with recent eaing disorders and body image dissatisfacton burden data in Africa.
- Identify factors moderating the observed burden of eaing disorders and body image dissatisfacton in Africa.
- Researchers, clinicians, and policy makers will be sensitized to redirect their intervention efforts to the marginalised and underrepresented population.

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Data-Driven Classification of Avoidant/Restrictive Food Intake Disorder

Abstract: Avoidant/restrictive food intake disorder (ARFID) is a heterogeneous illness characterized by restrictive eating secondary to sensory sensitivity, lack of interest in eating or food, and/or fear of aversive consequences. Data-driven research examining the nosology of ARFID is scant and needed to inform treatment development and etiological understanding. The present study, thus, used empirical methods to inform ARFID classification, specifically examining whether a hybrid categorical-dimensional model of ARFID could explain within-ARFID heterogeneity. Our sample included children, adolescents, and adults (N=188) who completed a semi-structured interview assessing the diagnostic criteria for ARFID, i.e. the Pica, ARFID, and Rumination Disorder Interview (PARDI). PARDI data were used to fit a Gaussian Finite Mixture Model (GFMM). We found that the best fitting GFMM identified four latent classes, which we labeled: Sensory Dominant class (n = 115, 61.2%), Mild class (n = 30, 16.0%), Interest-Sensory Mixed class (n = 27, 14.4%), and Fear-Interest Mixed class (n = 16, 8.51%). We found that each latent class had variable shape and orientation, indicating

that each GFMM identified latent class had a different correlation pattern between the model indicator variables (i.e, sensory sensitivity, lack of interest, and fear of aversive consequences). Specifically, we found that sensory sensitivity and lack of interest symptoms were more dimensional in nature (i.e. they tended to co-vary), and that the fear of aversive consequences symptoms were more categorical (i.e., they were either present or absent). Validation analyses supported significant differences among the GFMM-identified classes. The Sensory Dominant and Mild classes demonstrated lower ARFID severity and lower prevalence of comorbid psychopathology compared to the Interest-Sensory Mixed and Fear-Interest Mixed classes (ps < 0.05). Our results provide a new exploratory framework that could guide neurobiological and etiological investigations, support the development of precise ARFID subtyping tools, and inform the advancement of mechanistically informed treatment approaches.

Learning Objectives

- Understand why data driven approaches are important to contextualize within ARFID heterogeneity.
- Recognize four advanced statistical modeling identified ARFID classes and describe how the classes differ in severity and co-occurring mental health issues.
- Understand that sensory sensitivity and lack of interest symptoms are dimensional (i.e., they vary in degree), while fear of aversive consequences symptoms are categorical (i.e., either present or absent).

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Piloting MED-DBT Skills Training for Caregivers of People with Eating Disorders

Abstract: BACKGROUND: Multidiagnostic Eating Disorder-Dialectical Behaviour Therapy (MED-DBT) targets complex, co-occurring ED presentations, as well as emotion regulation, distress tolerance, and interpersonal effectiveness, which are symptoms that often co-occur with EDs. MED-DBT requires substantial involvement by family members, and caregivers often experience psychological difficulties and burnout. Family Connections (FC) is an existing DBT approach to support caregivers caring for individuals presenting with emotion regulation difficulties, but not specifically for ED

symptoms. Research is needed on DBT adaptations to support caregivers of individuals with complex and co-occurring ED symptoms. OBJECTIVES: The current study analyzed the utility, acceptability, and feasibility of a skills training group combining aspects of FC and the MED-DBT model specifically for caregivers of individuals with an ED. Caregivers attended five training groups and then participated in a focus group to provide feedback on the training. RESULTS: Qualitative analyses identified four main themes discussed in the focus groups: (1) Motivation for participation, (2) perceived benefits and outcomes, (3) systemic critique of ED models, and (4) suggestions for improvement. The main critiques participants had of pre-existing ED treatments were that they were inflexible, had a tendency to pathologize loved ones and blame caregivers, and lacked caregiver support. Participants found the training to be helpful due to its focus on teaching novel skills for emotional regulation, empathy, validation, empowerment, flexibility, an individualized approach, and on connecting with other caregivers and with their loved ones. Participants' feedback included making the training longer and more in-depth, including more opportunities for discussion and interaction, increased access to and availability of materials, and facilitating a wider dissemination of the training. CONCLUSIONS: FC and DBT training for caregivers of an individual with an ED is a promising tool to help caregivers feel supported and effective. More resources and research are needed.

Learning Objectives

- Learn novel skills to support themselves in caring for their loved one
- Understand the application of such skills
- Utilize such skills effectively

Authors: Jessica Newman, York University; Anita Federici, The Centre for Psychology and Emotion Regulation; James Downs, Independent Peer Researcher; Jennifer Mills, York University

Case Identification and Clinical Correlates of ARFID: Comparing Self-Report Measures

Abstract: There is currently no leading self-report measure for assessing avoidant/restrictive food intake disorder (ARFID). This study aims to compare the Nine Item ARFID screen (NIAS) and the Pica, ARFID and Rumination Disorder Interview - ARFID Questionnaire (PARDI-AR-Q) to determine which demonstrates better psychometric and clinical utility. This study is a pre-registered (OSF: https://doi.org/10.17605/OSF.IO/N8WBF) self-report design, utilising both correlational and categorical analytical methods. Participants (N = 156) were recruited via Prolific using a two-stage process. During pre-screening, participants were required to be aged 18 years or older and not clinically underweight (BMI > 18.5). To ensure data quality, participants completed a short-written description of their picky eating behaviours. Submissions were reviewed, and those demonstrating genuine picky eating patterns

were invited to complete a second online survey. In the main survey, participants completed the NIAS and PARDI-AR-Q, along with the GAD-7, PHQ-9, CIA, and EDE-Q7. Exploratory factor analyses (EFAs) were conducted separately for the NIAS and PARDI-AR-Q, and then on combined items. Pearson's correlations were used to examine associations within and across both ARFID measures. Clinical utility was assessed by examining categorical agreement between measures and correlations with other clinical measures. Finally multiple regression analyses were run to determine the extent to which ARFID sub-scales predicted anxiety, depression, functional impairment, BMI, and broader eating disorder pathology. All sub-scales within and across the NIAS and PARDI-AR-Q were significantly and positively correlated. The weakest association was observed between the NIAS Picky Eating sub-scale and the PARDI-AR-Q Sensory Sensitivity sub-scale, a pattern supported by the combined EFA, which yielded a four-factor model. The two measures demonstrated moderate but significant case agreement. Regression analyses indicated that NIAS sub-scales were not significant predictors of anxiety, depression, functional impairment, or broader eating disorder pathology. In contrast, the PARDI-AR-Q dimensions were strong and consistent predictors of broader clinical impairment. The weak association between Picky Eating and Sensory Sensitivity suggests that these measures capture distinct behavioural and motivational components of ARFID. Overall, the PARDI-AR-Q demonstrated greater clinical validity than the NIAS.

Learning Objectives

- Evaluate the psychometric properties of the NIAS and the PARDI-AR-Q.
- Compare levels of ARFID caseness identified by different self-report measures and assess agreement between tools.
- Discuss the clinical utility of the NIAS and the PARDI-AR-Q for identifying and understanding ARFID in adults.

Authors: Rebecca Nicholls-Clow, University of Sheffield; Glenn Waller, The University of Sheffield; Arianna Prudenzi, Department of Psychology, University of Sheffield

Who Is Transition a Problem For? Comparing Eating Disorder Services Across Ontario, Canada

Abstract: Transitions from pediatric to adult services are an often-disruptive phase of care for adolescents with eating disorders (EDs). Poorly coordinated transitions can lead to treatment gaps, reduced engagement, and adverse outcomes. Despite recognition of these risks, system-level perspectives on how ED services manage transitions remain limited. This study examines how pediatric (<18), youth/emerging adult (up to 25), adult (18+), and lifespan (no age restriction) ED programs across Ontario conceptualize transition, organize care, and respond to youth needs. Using a qualitative multiple case study design, four cases—pediatric, youth/emerging adult, adult, and lifespan ED

programs—were analyzed to compare practices, policies, attitudes, and perceived challenges. Recruitment targeted publicly funded ED services across Ontario. Site leads completed structured program forms, and clinicians participated in 90-minute focus groups via Zoom for Healthcare. Discussions explored current transition practices, gaps, and program needs. Data were analyzed using content analysis within and across cases to identify key similarities, differences, and contextual influences. Fourteen programs participated: six pediatric (33 participants, 4–8 per site), four adult (24 participants, 3–10 per site), one youth and emerging adult (8 participants), and three lifespan programs (12 participants, 3–5 per site). Pediatric programs expressed anxiety about patient departures, prioritizing stabilization and recovery amid complex family dynamics. Adult programs often lacked awareness of youth who did not successfully transition, seeing only a subset of patients, highlighting gaps in continuity of care. The youth/emerging adult program experienced minimal transition challenges due to its extended age range. Lifespan programs, often rural, focused on ensuring access and preparing clinicians to meet diverse patient needs. Across cases, systemic misalignments, unclear responsibilities, and unevenly distributed transition challenges emerged, highlighting gaps in policies and resources about where youth who do not transition successfully receive care. Findings underscore the need for targeted supports, improved coordination, and proactive planning to enhance continuity. By comparing multiple program types, this study provides novel insights into factors shaping transitions and informs development of more equitable, accessible, and coordinated care pathways for emerging adults with EDs.

Learning Objectives

- Compare how pediatric, youth and emerging adult, adult, and lifespan ED programs across Ontario define and manage transitions from pediatric to adult care.
- Recognize the systemic barriers, resource gaps, and contextual factors that affect continuity and quality of age-based transitions for adolescents and emerging adults with EDs.
- Integrate lessons from multi-program insights to enhance planning, coordination, and equity in transition supports within ED services.

Authors: Maria Nicula, McMaster University; Jennifer Couturier, McMaster University

Psychometric properties of the Dutch version of the Compulsive Exercise Test in community and eating

Abstract: Margarita C.T. Slof-Op ’t Landt, Ph.D.1,2, Aurélie Nieuwenhuijse, Ma3,4,5, Mia Scheffers, Ph.D.4, Jooske T. van Busschbach, Ph.D.4,6, Annemarie A. van Elburg, MD, Ph.D. 3, Alexandra E. Dingemans, Ph.D.1,2
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The Compulsive Exercise Test (CET) is currently one of the most widely used self-report measures for assessing excessive and/or compulsive exercise in individuals with eating disorders. The English version of the CET has been applied in numerous countries, and several translated versions, such as the Swedish, Norwegian, and German, have been psychometrically validated. This study examines the psychometric properties of a Dutch version of the CET.
The CET has been administered to two independent samples: an ED sample from the Netherlands Eating Disorder Registry (NER) and a community sample. NER participants (N = 785) were invited to complete the CET between September and November 2025, with a two-week retest for temporal reliability assessment. Recruitment for the community sample started in September and will be finished in December 2025. Exploratory Factor Analyses (EFA) is conducted per sample. Internal consistency is evaluated using Cronbach's alpha, and test–retest reliability was assessed with intra-class correlations (ICC).
Data collection is still ongoing. Preliminary analyses were conducted on 316 participants from the NER, including 86 who completed a retest. Mean age was 35 (range 16-74) years, 96% were women, 170 individuals reported a current ED, 146 reported an ED in the past. EFA on the 24 items yielded three factors, explaining 66.6 % of the variance. Cronbach's alpha was 0.94 for factor 1, 0.88 for factor 2, 0.89 for factor 3. Based on the test-retest analyses the ICC was excellent for the three factors, ranging from 0.91 to 0.94.
Contrary to the five-factor structure of the original CET, our preliminary findings revealed a three-factor solution, where the items of the original factors 4 'Lack of exercise enjoyment' and 5 'Exercise rigidity' loaded on the factors 'Avoidance and rule-driven behavior', 'Weight control

Learning Objectives

- Gain insight into the importance of accurately measuring compulsive exercise in eating disorders for clinical assessment, treatment planning, and research comparability across countries.
- Understand the rationale and methodology behind the translation and psychometric evaluation of the Dutch version of the Compulsive Exercise Test (CET) in both clinical and community samples.
- Evaluate the preliminary reliability and validity indicators (e.g., internal consistency, test–retest reliability) of the Dutch CET and their implications for assessing compulsive exercise in individuals with eating disorders.

Authors: Aurelie Nieuwenhuijse, Emergis Network EEN

Development and validation of a brief three-item version of the EDE-Q7 for eating disorder screening

Abstract: The Eating Disorder Examination Questionnaire (EDE-Q) is widely used to assess eating disorder (ED) psychopathology. However, its original four-factor structure has received limited empirical support and shown inconsistent validity across populations. To address these limitations, the EDE-Q7, a brief seven-item version based on a three-factor model, has been proposed. Previous studies reported robust psychometric properties, including satisfactory reliability and factorial validity, and its brevity supported its potential as a screening tool. Nonetheless, the optimal factor structure may differ across populations, and even shorter instruments may be advantageous for large-scale screening. Therefore, the aim of this study was to develop a shorter version from the EDE-Q7 and to find an optimal cut-off score for screening EDs. Using item response theory, one highly discriminative item was selected from each factor to develop a three-item screening set. Participants were 378 adult female patients with EDs (restricting-type anorexia nervosa: 180, binge–purge-type AN: 126, bulimia nervosa: 67, and binge-eating disorder: 5) and 1,054 female HCs with no lifetime history of EDs. Measurement invariance between groups was tested using multi-group confirmatory factor analysis (CFA). Model fit was also evaluated using single-group CFA, and internal consistency was estimated with McDonald's ω and Cronbach's α. Screening performance was assessed using receiver operating characteristic (ROC) analysis and Youden's index. The EDE-Q7 demonstrated full measurement invariance across all levels, indicating structural equivalence between groups. The model showed excellent fit in both groups (ED: CFI = 1.000, TLI = 1.000, RMSEA < 0.001, SRMR = 0.021; HC: CFI = 1.000, TLI = 1.000, RMSEA = 0.007, SRMR = 0.019) as well as in the combined HC–ED sample (CFI = 1.000, TLI = 1.000, RMSEA < 0.001, SRMR = 0.021), and demonstrated high internal consistency (ω ≥ 0.86, α ≥ 0.86). The global score showed acceptable discriminative performance (AUC = 0.752, sensitivity = 0.62, specificity = 0.77). The newly developed three-item version achieved comparable accuracy (AUC = 0.751, sensitivity = 0.61, specificity = 0.77) and good internal consistency (ω = 0.75, α = 0.74). These findings indicated that the EDE-Q7 is a reliable and valid measure of ED psychopathology in Japanese adults, and that the brief three-item version served as an efficient screening tool comparable to the full seven-item form.

Learning Objectives

- describe the psychometric limitations of the original four-factor EDE-Q and the theoretical rationale for the development of the three-factor, seven-item EDE-Q7.
- evaluate the factorial validity, measurement invariance, and internal consistency of the EDE-Q7 among Japanese adults with eating disorders and healthy controls.
- interpret the screening accuracy and clinical applicability of both the EDE-Q7 and a newly developed brief three-item version for identifying eating disorders.

Authors: Nobuhiro Nohara, The University of Tokyo Hospital; Kazuhiro Yoshiuchi, The University of Tokyo Hospital, Department of Psychosomatic Medicine

The Neuropsychology of Anorexia Nervosa: A Narrative Review and Updated Clinical Practice Guideline

Abstract: Anorexia nervosa (AN) is a life-threatening disorder in which neurocognitive factors shape onset, maintenance, and treatment response. Severe and enduring AN (SE-AN) is a chronic and particularly treatment-resistant form of this disease warranting innovative treatment approaches. Empirical research on the neuropsychology of AN has expanded since the first standardized neuropsychological assessment battery, the Ravello Profile, was developed in 2012, yet updated recommendations are lacking. Further, clinicians need guidance on how neuropsychological assessment and findings can be integrated into diagnosis and treatment planning for AN and SE-AN. We aim to provide a narrative review of research on the neuropsychology of AN and propose an updated test battery and recommendations for integration into existing care to improve AN and SE-AN outcomes. Relative to healthy controls, AN patients present with small-to-moderate impairments in cognitive flexibility and central coherence, and medium-to-large decision-making difficulties. Inhibitory control is often elevated, while working-memory findings are mixed. AN patients tend to have higher verbal than visuospatial abilities and reduced processing speed, contributing to lower performance on timed executive functioning tasks. These patterns may contribute to the maintenance of symptoms and suggest treatment targets. We recommend retaining certain Ravello elements while updating test measures and adding measures of: (a) processing speed, (b) working memory, (c) set-shifting with feedback-learning sensitivity, (d) decision-making, (e) premorbid functioning, and (f) brief patient-reported quality of life. This updated battery can support the development of individualized recommendations, including tailored psychotherapy that considers cognitive strengths and limitations, relapse-prevention planning, and academic or workplace accommodations. Taken together, this work could help improve AN outcomes, particularly for SE-AN patients.

Learning Objectives

- Summarize the neuropsychological profile of anorexia nervosa patients
- Identify additional neuropsychological tests to administer alongside Ravello Profile tasks
- Integrate this updated neuropsychological assessment battery into research and clinical practice

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Early detection training for community providers: The FREEDcan training curriculum

Abstract: An important tenet of early intervention models of care is early detection, which relies on primary care and community mental health providers in a range of settings being able to recognize and respond to eating disorders (EDs). Knowledge, skills, resources, and needs vary substantially, necessitating a flexible and adaptable approach to training. We describe the FREEDcan training curriculum, a scaffolded approach to building capacity for early intervention for EDs in communities across Canada. The curriculum was designed based on a needs assessment (n=198), an environmental scan of existing training materials (n=19), a content analysis and pilot evaluation. The early intervention specific curriculum offers three levels delivered to increasingly specialized groups with coaching support between offerings. Becoming ED-informed, ED-capable, and ED-enhanced frames the increasingly more specialized training offerings of the curriculum. In total, 66 individuals from 16 organizations participated in Level 1: ED-informed training, with 97% responding that they would recommend the training to their networks. Additionally, 38 individuals attended Level 2: ED-capable training, with large shifts noted in upskilling as it relates to feeling more confident in early detection of EDs (M=2.60 to M=4.28). FREEDcan's Level 1 and 2 of the training curriculum successfully increases knowledge, skill and confidence of EDs in primary care and community providers, enabling timely access to capacity-building opportunities for a wide range of providers.

Learning Objectives

- Learn about the derivation of a training curriculum for early detection of eating disorders for community providers
- Describe the essential ingredients for each level of training: ED-informed, ED-capable and ED-enhanced
- Describe the impact of the training in increasing knowledge, skills and confidence

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Clinicians' Experiences of Providing Compulsory Care for Youth with Anorexia Nervosa

Abstract: While compulsory treatment is shown to be potentially traumatic for patients, its impact on clinicians has been insufficiently studied. Only one small study has previously illustrated the impact of assisting compulsory nasogastric tube feeding on

nursing assistants, and it is clear to cause physical, emotional and professional distress. This study aimed to broadly examine clinicians' experiences with providing compulsory nasogastric tube feeding for youth with severe anorexia nervosa, with particular attention to identifying factors contributing to its negative impacts and potential areas for improvement in clinical practice. Twenty-three clinicians in various roles from four academic child and adolescent psychiatry clinics in the Netherlands shared their experiences and opinions regarding compulsory nasogastric tube feeding for youth with anorexia nervosa in semi-structured interviews. Thematic analysis was conducted after systematic deductive and inductive coding based on a framework of theory and practice. Three themes were identified. First, clinicians illustrated the immense impact of providing compulsory feeding and how this varied between different roles within a team. Second, the clinicians described myriad situations of highly distressing and potentially traumatic physical - and especially - verbal resistance by patients and sometimes their parents. Third, the clinicians underlined the value of an emotionally safe working environment, the need for clear practical guidelines and the necessity of ethical debate. Providing compulsory nasogastric tube feeding for youth with anorexia nervosa may potentially cross clinicians' moral boundaries, leading to moral injury and potential traumatization, endangering the quality and sustainability of care. The necessity for education, innovation, team building, shared decision-making, practical guidelines and ethical/moral debate is discussed. This study may contribute to ongoing debate and further research on the implications of compulsory feeding for youth with anorexia nervosa.

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Learning Objectives

- uderstand the perspective of clinicians providing compulsory feeding for youth with anorexia nervosa.
- better consider the perspective of clinicians in situations where compulsory feeding may be required
- take home clinically relevant information to bolster the moral boundaries of clinicians and thereby the sustainability of care

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Optimizing a Digital Mindfulness-Based Intervention to Reduce Risk Factors for Disordered Eating

Abstract: Mindfulness-based interventions (MBIs) show promise in reducing risk factors for disordered eating. Digital delivery offers scalable reach, but effects vary and

engagement is generally suboptimal – potentially due to the length, complexity, and variation in content. Identifying the most effective and engaging components is necessary to streamline interventions. Guided by the multiphase optimization strategy (MOST), this study assessed the feasibility of a factorial trial to evaluate whether including emotion regulation (ER) and self-compassion (SC) enhances the effects of decentred awareness and acceptance (DA + A, observing thoughts and feelings as separate from the self) in a digital MBI. A 2 × 2 factorial design tested four intervention conditions. Each included DA + A content, with or without added ER and/or SC. Participants (N = 92, M = 21.1 years, range = 18–32) were randomized and given 3-weeks' access. Feasibility outcomes included recruitment, retention, data analysis, engagement, and acceptability. Intervention outcomes – weight and shape concerns, negative affect, mindfulness, ER, and SC – were assessed at baseline, postintervention, and 1-month follow-up. Recruitment exceeded targets. Retention was acceptable (58% completed postintervention and 59% follow-up assessments). All planned analyses for the main trial were feasible. Engagement met preregistered criteria (77%–85% completed Module 1 across ER and SC conditions; mean of four modules). Acceptability was high (M = 4.28/5). Participants valued reminders and provided design suggestions. Findings support progression to a fully powered optimization randomized controlled trial. This study demonstrates that MOST can be embedded within a pilot study, providing a foundation to develop more effective, engaging, and scalable interventions.

Learning Objectives

- Explain how the multiphase optimization strategy (MOST) can be embedded within a pilot study to inform the development of more effective, engaging, and scalable interventions.
- Describe an example of applying MOST within a digital mindfulness-based intervention targeting risk factors for disordered eating.
- Identify key feasibility outcomes used to guide progression to a fully powered optimization randomized controlled trial.

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When Narratives Don’t Translate: Eating Disorders and Policy Absence in South Korea

Abstract: Eating disorders (EDs) are widely recognized as serious health conditions in many Western countries, yet in South Korea they remain largely absent from national policy frameworks. This absence is often interpreted as ignorance or neglect. However, the reasons may be more complex: ED narratives, developed within Western psychiatric, feminist, and public health traditions, have proven difficult to integrate into the historical and institutional logics of Korean health policy. As Ethan Watters’ Crazy Like Us

illustrates in the case of anorexia's late emergence in Hong Kong, EDs do not automatically appear in all contexts, but depend on the circulation of cultural narratives that make them legible. This study explores how cultural translation, institutional priorities, and health system legacies have contributed to the marginalization of EDs in South Korea. Drawing from qualitative reflection, advocacy experience, and policy document analysis, I trace the historical trajectory of Korean health system development, the policy languages that have shaped inclusion or exclusion of conditions, and the cultural challenges of adopting Western ED frameworks in a Korean context. Findings suggest that EDs were excluded not merely by neglect but because Korean health policy prioritized communicable diseases and then chronic illnesses, without creating mechanisms to incorporate new diagnostic categories such as EDs; Western ED narratives rely on cultural concepts (body image, perfectionism, identity) that have limited institutional resonance in Korea; and policy languages around mental health and addiction in Korea have been shaped by paternalistic, biomedical, and collectivist logics that leave little room for EDs as distinct conditions. The Korean case, like Hong Kong's earlier history, shows that policy silence reveals not ignorance but the difficulty of translating Western ED narratives. Developing infrastructures of care requires both adaptation of global models and creation of local languages that resonate with Korean institutions and lived realities.

Learning Objectives

- Identify the structural and cultural reasons why eating disorders remain absent from Korean health policy.
- Recognize how the narratives and languages of EDs, developed in Western contexts, may not seamlessly translate into other societies.
- Consider strategies for developing culturally resonant ED policies and infrastructures of care.

Authors: Jeannie Park, Rabbits in Submarines Collective

Comorbid Polycystic Ovary Syndrome And Eating Disorders In The US Military Health System

Abstract: Polycystic ovary syndrome (PCOS) is a chronic medical condition characterized by irregular menstruation and hyperandrogenism and impacts 10% of individuals who menstruate. PCOS increases the risk of having an eating disorder (ED) by 3-6 fold, but rates of PCOS among those with EDs are unknown. Military-affiliated populations experience increased risk for developing EDs, thus, we aimed to identify the frequency of PCOS among US Military-affiliated individuals with EDs. We also tested if PCOS is associated with greater odds of comorbid psychiatric disorders, and being prescribed psychotropic medications among individuals with EDs. This retrospective cohort study utilized electronic medical records and insurance claims from the US Military Health System from 2016-2023. Females with EDs were identified using ICD-10-

CM codes. Demographics (race, ethnicity, age, insurance sponsor's rank), PCOS diagnosis (ICD-10-CM code E28.2x), psychiatric diagnoses, and psychotropic medications were retrieved. Adjusted odds ratios (aORs) were computed from logistic regressions adjusted for demographics, population (i.e., servicemember, spouse, adolescent dependent) and ED diagnosis. Among military-affiliated individuals with EDs (N=27,791; 28% servicemembers, 32% spouses, 40% adolescents), 8% (n=2,170; 5% with AN, 7% with BN, 12% with BED, and 8% with OSFED) had PCOS. Compared to those without PCOS, those with PCOS had greater odds of having anxiety (80% aOR=1.36), mood (73% aOR=1.31), adjustment (62% aOR=1.27), post-traumatic stress (34% aOR=1.39), bipolar (19% aOR=1.17), and psychotic (7% aOR=1.21) disorders (all $p<.05$), but not obsessive-compulsive disorder (6% aOR=1.12, $p=.26$). When adjusting for psychiatric conditions, those with PCOS were more likely than those without PCOS to be prescribed buspirone (47% aOR=4.76), serotonin-norepinephrine reuptake inhibitors (28% aOR=1.22), hydroxyzine (40% aOR=1.12), tricyclic antidepressants (15% aOR=1.25), and bupropion (33% aOR=1.13) (all $p<.05$); but not selective serotonin reuptake inhibitors (68% aOR=0.97, $p=.61$) or antipsychotic (25% aOR=0.92, $p=.16$) medications. Within a large health system, 8% of individuals with EDs had PCOS. This subset of an at-risk population had higher rates of comorbid psychiatric disorders, as well as prescriptions for related medications. Treatment for PCOS symptoms involves changing diet and exercise; integrated psychological and medical support for individuals with comorbid ED and PCOS is needed.

Learning Objectives

- Identify the core symptoms of polycystic ovary syndrome
- Understand why polycystic ovary syndrome is a relevant condition for mental health providers to be aware of
- Provide some treatment considerations for co-occuring eating disorders and polycystic ovary syndrome

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Moments that matter: Idiographic symptom networks of avoidant/restrictive food intake disorder

Abstract: The cognitive-behavioral therapy (CBT) model of avoidant/restrictive food intake disorder (ARFID) posits that symptoms are sustained via interactions between negative moods and food restriction (variety and/or volume). Yet, little is known about which symptoms are the strongest drivers of psychopathology across ARFID profiles (e.g., lack of interest [LOI], sensory sensitivity [SS], and/or fear of aversive consequences [FC]). The present study applied idiographic (i.e., person-specific) network analysis to ecological momentary assessment (EMA) data to examine real-time

mood-behavior dynamics in individuals with ARFID, stratified by primary clinical profile as determined by the Pica, ARFID, and Rumination Disorder Interview (PARDI). Participants (N=15; Mage=25.9) responded to 8 signal-contingent surveys per day via phone for 12 days about ARFID symptoms (problematic eating behaviors derived from the PARDI) and moods (Positive/Negative Affective Schedule). Networks were estimated using the symptoms with the highest average endorsement over the EMA period. We calculated out-strength centralities for each symptom in the networks to identify those with the strongest temporal impact on other symptoms. We explored one exemplar from each of the three ARFID profiles. In the network of the ARFID-LOI participant (Overall PARDI Severity Score: 3.2), feeling ashamed had the highest out-strength value (0.95), which most strongly predicted missing a meal at the next timepoint. For the ARFID-SS participant (Severity Score: 2.6), missing a meal had the highest out-strength (0.67), which most strongly predicted eating the same foods at the next timepoint. Finally, for the ARFID-FC participant (Severity Score: 3.0), refusing to eat with others had the highest out-strength (1.05), which most strongly predicted feeling nervous at the next timepoint. Our networks suggest that key symptoms vary across ARFID profiles and may exert unique downstream impacts on other symptoms. Findings provide support for modular treatment approaches like CBT for ARFID and may inform the development of more personalized interventions (i.e., shame reduction for lack of interest/low appetite presentations; increasing social eating for phobic/fear of aversive consequences presentations; and reinforcing regular mealtimes for sensory-based presentations). Replication with larger samples is needed to clarify mood-behavior patterns and examine how psychopathological severity impacts symptom connectivity.

Learning Objectives

- Learn about the three primary ARFID clinical profiles and identify how symptom patterns may differ across these presentations.
- Understand the utility of idiographic (person-specific) network analysis in modeling real-time, within-person dynamics.
- Consider how findings from person-specific network models can inform personalized treatment planning in ARFID, including tailored CBT targets.

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Polygenic and Psychosocial Contributions to Eating Disorder Risk Across the Perinatal Period

Abstract: The perinatal period involves profound physical, psychological, and social transitions and may increase risk for psychiatric illnesses, including eating disorders (EDs). Perinatal EDs are linked to obstetric complications, abnormal fetal growth, and offspring feeding problems. Yet, research examining the biopsychosocial contributions to perinatal EDs is limited, which hinders treatment efforts for mothers and offspring. Therefore, this study examined genetic and psychosocial contributions to risk of EDs in mothers from pre-pregnancy through 3-years postpartum. Participants (N=61,935; Mage=30) were pregnant women from the Norwegian Mother, Father, and Child Cohort Study (MoBa), one of the largest pregnancy cohorts worldwide, with genotype and psychosocial survey data. EDs were assessed at 6 months pre-pregnancy, during pregnancy, and 1.5- and 3-years postpartum. Polygenic scores for anorexia nervosa and binge eating, which quantify an individual's inherited genetic liability, were calculated. Psychosocial exposures spanned multiple domains, including mental health and adverse life events, health behaviors, weight-related factors, and prior ED history. Regression analyses were conducted to estimate the main and interaction effects of PGS and psychosocial exposures on ED prevalence. We found independent and interactive associations between polygenic scores and psychosocial factors on ED risk. Polygenic scores significantly predicted EDs (anorexia nervosa, bulimia nervosa, and binge-eating disorder) across all timepoints (RRs ranged from 1.06-1.62). The association between genetic liability and ED risk was amplified in the context of psychosocial adversity (e.g., trauma history) and buffered by protective factors (e.g., higher self-esteem), suggesting that perinatal EDs arise from the interplay between inherited and environmental influences. To our knowledge, this is the first study to test gene-environment interactions on ED prevalence during the perinatal period, a critical yet understudied window. These findings carry implications for prevention and intervention efforts, highlighting the need for approaches that consider both genetic and phenotypic factors, and suggesting that interventions may not be uniform across ED diagnoses. Screening strategies that integrate these factors and consider protective mechanisms may enhance the early detection and mitigation of perinatal EDs, which are associated with serious, potentially life-threatening consequences.

Learning Objectives

- Understand the prevalence and clinical impacts of eating disorders (EDs) during the perinatal period, including their impact on maternal and offspring health outcomes.
- Identify genetic and psychosocial factors that contribute to risk for perinatal EDs across pre-pregnancy, pregnancy, and postpartum timepoints.
- Discuss implications of gene–environment interplay for early screening, prevention, and personalized intervention strategies targeting perinatal EDs.

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Adolescents' and Parents' Experiences of Family-Based Treatment for Anorexia Nervosa in a Scandinavi

Abstract: Family-Based Treatment (FBT) is the first-line intervention for adolescent anorexia nervosa (AN), mobilising parents to restore weight and normalise eating. While effective, FBT can be emotionally demanding and challenge family dynamics, particularly in cultures emphasising youth autonomy, such as in Scandinavia.
This study explored adolescents' and parents' experiences of FBT in Denmark, with a focus on family life and relational change. Semi-structured interviews were conducted with 15 adolescents and 20 parents and analysed using thematic and narrative approaches.
Three themes emerged from adolescents' accounts. Losing Control – Gaining Freedom described initial distress at parental oversight, later experienced as liberating. Difficult Trust highlighted barriers to openness with parents and clinicians. From Conflict to Closeness illustrated evolving relationships, where early conflict gave way to strengthened bonds and improved communication. Parents' experiences followed three trajectories: the Straight Road (strong alignment with FBT, relationships strengthened), the Bumpy Road (negotiated collaboration, relational gains), and the Detoured Road (misalignment, unmet support, residual strain).
Findings emphasise that alignment with FBT principles shapes parental experience, while adolescents benefit from active parental involvement and safe clinical spaces. Despite initial distress, both groups reported long-term gains in autonomy, communication, and family closeness. Results underscore the importance of culturally sensitive adaptations and targeted support for older adolescents to optimise outcomes, highlighting how treatment experience interacts with parenting norms and family

dynamics.

Learning Objectives

- Describe how adolescents and parents experience Family-Based Treatment (FBT) for anorexia nervosa, including the emotional challenges and relational dynamics involved.
- Identify factors influencing parental alignment with FBT principles and how alignment impacts family relationships and caregiving experiences.
- Apply insights from Scandinavian cultural contexts to adapt FBT strategies for adolescents and families in settings that prioritise youth autonomy and egalitarian family dynamics.

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Escalating eating disorder risk indicators in young people on a diet

Abstract: Dieting has been hypothesised to be a potent risk factor for the development and maintenance of an eating disorder (ED), especially among young people, who engage in high rates of it. However, little research has examined how dieting may contribute to eating disorders risk and development, and there has been no prior prospective studies of self-directed dieting as it occurs in the community. This study aimed to be the first to comprehensively chart the natural progression of dieting in a community sample of young people aged 16-25 years and closely monitor their eating disorder risk over multiple time-points while the young person was dieting. For ethical reasons, we initially screened consenting participants (N = 975) for existing ED risk, assessed using multiple indicators (ED-related psychopathology, behaviours and physical health). After excluding ineligible participants (n = 449), including 37% ineligible due to ED risk, we collected detailed baseline sociodemographic, psychological, diet and health-related information. Then, we followed the dieting journey of a large cohort of nearly 500 young people over 6-months, assessing changes in their ED-related and general psychopathology, ED-related behaviours, weight and dieting status, using repeated, monthly validated measures. Despite showing no discernible signs of ED risk at screening, nearly a third of participants developed ED risk within the first month. Notably, none of the baseline sociodemographic, psychological, diet- or health-related factors predicted who developed ED risk over time. Cluster analyses indicated that those who developed ED risk over time typically fell into one of two distinct groups - those initially characterised by a higher weight, higher psychopathology and those within the

normal weight range, with normal psychopathology levels. These subgroups tended to develop different types of ED risk over time, with the first group mostly presenting with cognitive/affective ED-related risk and the second group mostly developing weight-related risk (e.g., low weight). Findings highlight the vulnerability of young people on a diet to developing escalating ED risk, even when eating disorder risk at the commencement dieting is not present, particularly for those at a higher weight. This suggests a critical window of risk management in the first month of dieting may be justified. Further research is needed to confirm if predictors of escalating ED risk from dieting can be determined.

Learning Objectives

- To review what is known about dieting as a risk factor for EDs and report on evidence supporting a prospective link
- To consider indicators of escalating ED risk among dieters and the period of peak risk for close monitoring and early intervention
- To understand the vulnerability of dieters and particular sub-groups to developing ED risk while dieting

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Self-harm in Eating Disorders: Findings from an Ecological Momentary Assessment Study

Abstract: Self-harm and eating disorders commonly co-occur. The Self-Harm In Eating Disorders (SHINE) study was a two-phase mixed methods study, aimed at exploring the experiences of self-harm in people (aged 16+) being treated for an eating disorder in specialist outpatient services in England. Phase one involved a descriptive 14-day (6x self-report surveys per day) ecological momentary assessment (EMA) study, to explore the frequency, intensity, duration, and functions of self-harm thoughts and behaviours, as well social and contextual factors. We aimed to recruit between 70-100 young people with a diagnosed eating disorder to participate, and 20-30 qualitative interview participants to explore the experience of participating in an EMA study. Core to the study

was the involvement of a youth advisory group (YAG) of young people with lived experiences, who designed and continuously shaped the research. Overall, 51 people consented and 43 people sign up to the app. Of these, over three-quarters of the sample reported ≥1 self-harm thought during these 14 days and 42% reported ≥1 instance of self-harm. When self-harm thoughts occurred, participants were often alone, they were "worried" or feeling "pressure", and their urge to self-harm was commonly reported as "moderate" on our scale. When a person had also reported self-harming, participants said that had often thought about self-harm for a very short period of time beforehand, and that the most common reason for self-harm was to "rid negative thoughts and feelings". Regarding feasibility, there was a median 39.3% overall compliance rate (IQR= 21.4%-71.8%), and nine participants withdrew from the study during the app's 14 days; of these, five (56%) stopped within the first week. We will present the descriptive and feasibility findings from the EMA study and qualitative feedback from participants, as well as reflections on conducting this EMA work ethically and with people with lived experience at the core of the design. We will co-present this research with an expert by experience who shaped the research through being on the SHINE study steering group. We anticipate that the findings will further research on using EMA methods in eating disorders research on emotionally demanding topics. Overall, our findings show that eating disorders remain an important part of wider suicide prevention, and support efforts to offer appropriate and tailored safety planning for people in outpatient services.

Learning Objectives

- Understand the experiences of self-harm amongst people with an eating disorder
- Reflect on the feasibility and acceptability of ecological momentary assessment tools in eating disorders and self-harm research
- Identify implications for future suicide prevention initiatives, such as the importance of safety planning

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The Invisible Burden: PTSD and Role Disruption in Long-Term Eating Disorder Carers

Abstract: Carers play a crucial role in supporting loved ones with eating disorders, and the wide-ranging impacts of this role are well documented. Evidence suggests carers commonly experience psychological distress, anxiety and depression, social isolation, disrupted work/finances and reduced wellbeing, frequently compounded by unmet support needs. The purpose of this study is to investigate the long-term impacts of

caring for someone with an eating disorder on occupational engagement. This mixed methods study combined a constructivist grounded theory research design with data collected through semi-structured interviews with a cross-sectional survey design where participants completed the Post Traumatic Stress Disorder Checklist (PCL-5) from the Diagnostic and Statistical Manual (5th Edition). Qualitative data were analysed thematically, and descriptive statistics (means and standard deviations) were used to analyse scores from the PCL-5. Interviews and surveys were completed by 18 Australian carers, mostly mothers of people with anorexia nervosa, who had been in this role for five years and over. Themes included “Occupational Engagement at Risk”, “Disrupted Roles”, “This is all too much”, “Left in the Shadows of Treatments” and revealed substantial disruptions in participants’ social participation, roles, daily routines, mental health and wellbeing. Difficulty engaging with eating disorder services and lack of support were also identified. Results from the PCL-5 confirmed that carers experienced symptoms consistent with PTSD with 55.5% scoring over the cut-off score suggesting the presence of PTSD. This study highlighted the enduring impacts of caring for someone with an eating disorder on carers’ daily lives, roles, and wellbeing. Findings reveal high rates of PTSD symptoms and significant occupational disruption, underscoring an urgent need for systemic change in how services engage with and support carers. Recognition of carers as partners in recovery, alongside targeted education and psychosocial support, is essential to promote sustainable wellbeing for both carers and their loved ones.

Learning Objectives

- Describe the impact of long-term caring for someone with an eating disorder on carers routines, roles, and occupational engagement
- Describe the symptoms consistent with PTSD experienced by long-term carers of people with an eating disorder
- Identify simple, time-efficient strategies participants can integrate into their clinical practice to support carers’ mental health and wellbeing.

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Transforming Eating Disorder Care: Evaluating an Australian Paediatric Hospital in the Home Program

Abstract: The COVID-19 pandemic led to a surge in eating disorder presentations among young people, increasing demand for inpatient-level care. At Barwon Health, Australia, there has been an increase in young people (12-18 years) referred to the eating disorder service presenting with more complex and severe illness, and a higher proportion requiring inpatient admission for medical treatment (136% increase in bed days from 2018/19-2020/21). In response, Barwon Health implemented a Hospital in the

Home program, delivering intensive, family-based treatment-aligned care to young people with an eating disorder in their home environment. This mixed-methods study evaluated the clinical effectiveness, cost-efficiency, and lived experience of the Hospital in the Home program.
Quantitative data from 62 young people, mostly females (96.7%) participating in the Hospital in the Home program from 2022–2024 showed consistent weight gain across admissions, with 60–67% of participants meeting or exceeding inpatient weight gain expectations. The program reduced inpatient bed use, saving 15% per bed day and increasing hospital capacity. Qualitative data from parent surveys (n=15) revealed four key themes: A life-changing experience; Supported, skilled, and accountable care; Mishaps and improvement; and What I'd tell other families. Parents described the program as transformative, empowering, and lifesaving, highlighting reduced distress, improved mealtime dynamics, and strengthened caregiver confidence. Challenges included inconsistent communication, abrupt discharge transitions, and limited psychiatric input. Recommendations include structured follow-up, clearer messaging, and expanded workforce training. The program has since broadened eligibility criteria and referral pathways, demonstrating adaptability and scalability. Findings support Hospital in the Home as a clinically safe, potentially cost-effective, and family-centred alternative to inpatient care. The model fosters therapeutic alliance, reduces stigma, and promotes long-term recovery. This study offers timely evidence to update outdated Australian Hospital in the Home guidelines. Findings support greater investment in family-centred, community-based care and highlight the potential of home-based treatment to deliver safe, effective, and compassionate mental health care beyond hospital walls.

Learning Objectives

- Describe a Hospital in the Home program for paediatric eating disorder treatment.
- Describe the impact of a Hospital in the Home program on weight and BMI and on parents' experiences
- Identify opportunities for scaling and improving a Hospital in the Home program and possible challenges to its implementation

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Development and Validation of the Mealtime Behaviors Self-Report Questionnaire

Abstract: Aberrant mealtime behaviors, such as micro-biting, excessive chewing, or pushing food around the plate, are commonly observed across eating disorder (ED) diagnoses and may interfere with treatment progress. Despite their clinical salience, empirical research on these behaviors remains limited, and no validated measure

currently assesses them across the diagnostic spectrum. This study aimed to develop and validate the Mealtime Behaviors Scale (MBS), a novel self-report questionnaire designed to assess aberrant mealtime behaviors among individuals with EDs. Methods: Adults with a probable ED diagnosis (N = 498) were recruited through CloudResearch Connect and a university research pool. Probable diagnosis was determined by scores >16.5 on the Eating Disorder Diagnostic Scale (EDDS). Participants were ≥18 years old and living in the United States. Exploratory and confirmatory factor analyses examined the factor structure and psychometric properties of the MBS. Convergent validity was evaluated using measures of safety behaviors and intolerance of uncertainty, and divergent validity was examined using depressive symptoms. Associations between mealtime behaviors and ED psychopathology were tested using the ED-15. Analyses supported an 18-item, three-factor solution reflecting Delaying/Slowing Eating, Eating Rituals, and Discomfort. The confirmatory factor analysis indicated good model fit (CFI = .91, TLI = .89, RMSEA = .068, SRMR = .061). Internal consistency was strong for the total scale (α = .90) and adequate to strong for subscales (α = .70–.88). MBS scores positively correlated with safety behaviors (r = .25–.56), intolerance of uncertainty (r = .12–.30), and ED psychopathology (r = .10–.42). Aberrant mealtime behaviors were endorsed across all ED diagnoses. The MBS demonstrates strong psychometric validity and clinical utility as the first measure to assess aberrant mealtime behaviors across ED diagnoses. These findings highlight that such behaviors are common, clinically meaningful, and may represent important targets for intervention and treatment monitoring.

Learning Objectives

- Describe the development and validation process of the Mealtime Behaviors Scale (MBS), a novel measure assessing aberrant mealtime behaviors across eating disorder diagnoses.
- Identify the three core dimensions of aberrant mealtime behaviors—Delaying/Slowing Eating, Eating Rituals, and Discomfort and their associations with eating disorder psychopathology.
- Discuss how the MBS can be applied in clinical and research settings to monitor treatment progress and identify intervention targets.

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Gendered Pathways of Body Appreciation and Eating Pathology in Chilean University Students

Abstract: Background: Positive body image, particularly body appreciation, is increasingly recognized as a protective factor against disordered eating. Yet, evidence

from Latin American populations remains scarce, and few studies have examined whether these associations differ across genders and between traditional eating pathology and muscularity-oriented eating, especially among physically active young adults. Methods: A total of 785 physically active university students from Chile (495 men, 290 women; M age = 20.2 ± 3.0 years) participated in this cross-sectional study. Participants completed measures of body appreciation (BAS), eating disorder symptoms (ED-15), muscularity-oriented eating (MOET), self-esteem (RSE), depressive symptoms (PHQ-9), and BMI discrepancy. Separate hierarchical regressions were conducted by gender, testing the incremental validity of BAS beyond self-esteem, depressive symptoms, age, and BMI gap. Results: For women, BAS significantly predicted lower ED-15 ($\beta = –.41$, $p < .001$, $\Delta R^2 = .081$) and lower MOET ($\beta = –.37$, $p < .001$, $\Delta R^2 = .066$). For men, the effect of BAS was small and non-significant for ED-15 ($\beta = –.08$, $p = .09$, $\Delta R^2 = .004$) but positively associated with MOET ($\beta = +.12$, $p = .021$, $\Delta R^2 = .010$). Overall, models explained more variance for ED-15 ($R^2 = .51$ women; .30 men) than for MOET ($R^2 = .25$ women; .12 men). Conclusions: Among physically active Latin American students, body appreciation functioned as a stronger protective factor against disordered eating for women than for men. In men, higher body appreciation may coexist with muscularity-oriented behaviors, underscoring the need for culturally and gender-sensitive conceptualizations of positive body image.

Keywords: body appreciation; eating pathology; muscularity-oriented eating; self-esteem; depressive symptoms; gender differences; physically active students; Latin America; university population

Learning Objectives

- Understand how body appreciation relates differently to traditional eating pathology and muscularity-oriented eating among physically active men and women.
- Understand how body appreciation relates differently to traditional eating pathology and muscularity-oriented eating among physically active men and women.
- Discuss how physical activity and gender intersect to shape the protective or ambivalent role of positive body image. Identify implications for culturally and gender-sensitive prevention and intervention strategies targeting physically active university populations.

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From Lesion to Restriction: Lesional Insights into Neurobiological Mechanisms of Anorexia Nervosa

Abstract: Anorexia nervosa (AN) is a restrictive eating syndrome defined by biological symptoms such as reduced feeding (F), eating (E), and/or weight (W), together with psychopathological symptoms linked to maladaptive restrictive behaviors (B), within the Restricted FEWB Spectrum. Despite major advances, the neurobiological mechanisms of AN remain unclear, partly because nutritional and structural adaptations mask primary causes. Lesion-based models offer causal insight: when a focal brain injury produces a restrictive eating phenotype resembling AN (FEWB-AN), the affected neural substrate may illuminate the disorder's pathophysiology. This study described the neuroanatomical distribution of focal lesions associated with the Restricted FEWB Spectrum, performed a secondary topographic analysis, and examined hemispheric and regional distributions across subtypes. Following PRISMA guidelines, a systematic review identified cases of restrictive FEWB syndromes secondary to structural brain lesions. Eligible studies retrieved from four databases were classified as FEWB-AN (meeting DSM-5-TR AN criteria) or Other FEWB (not fulfilling AN criteria). Lesions were categorized by predefined regions of interest for topographic and subgroup analyses. Among 33,791 records screened, 227 met inclusion criteria. The Restricted FEWB subset (136 papers) contributed 213 cases, comprising 207 focal lesions. FEWB-AN cases showed a younger mean age and female predominance, resembling classical AN, whereas Other FEWB affected older, mainly male patients with tumor- or infection-related etiologies. Both groups shared the restrictive biological triad: physiological anorexia, hypophagia, and weight loss. Across 207 focal lesions described, principal sites were pituitary (28%), frontal cortex (26%), and hypothalamus (20%). FEWB-AN displayed frontal predominance (52% vs 15% in Other FEWB), while pituitary lesions were more common in Other FEWB (34% vs 9%). Findings support a dichotomous lesional model comprising a frontal neurocognitive axis, linking restrictive psychopathology with biological restriction typical of AN, and a pituitary neurometabolic axis producing biological restriction without psychopathology. This framework suggests frontal dysfunction as a core mechanism of AN, while pituitary changes likely reflect secondary neuroendocrine adaptations. Lesion-connectivity studies may further clarify circuit-level mechanisms guiding targeted interventions for restrictive eating disorders.

Learning Objectives

- Following the training, participants will be able to describe how lesion-based models enhance understanding of the neurobiological mechanisms underlying restrictive eating syndromes and anorexia nervosa.

- Following the training, participants will be able to identify the key neuroanatomical regions implicated in lesion-induced restrictive phenotypes, particularly within frontal and pituitary circuits.
- Following the training, participants will be able to interpret the implications of a dichotomous lesional model (frontal neurocognitive versus pituitary neurometabolic) in guiding future research and therapeutic approaches to restrictive eating disorders.

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Altered Multisensory Integration in Men with Body Dysmorphic Disorder Symptoms: An Enfacement Study

Abstract: Multisensory integration is pivotal to experiencing one's own body and face as coherent and distinct from others. Disturbances in self-face perception are central to body dysmorphic disorder (BDD) and have been linked to visual processing abnormalities; however, the role of multisensory integration in BDD remains unclear. Moreover, little is known about these processes in muscle dysmorphia (MD). This study investigated for the first time whether interpersonal multisensory stimulation (IMS) alters self-face recognition as a function of BDD and MD symptom levels, and whether such manipulation improves face and body image disturbance. Sixty-two men completed an enfacement illusion task involving synchronous versus asynchronous interpersonal visuo-motor stimulation (facial mimicry). Enfacement strength was assessed objectively (via self-face recognition thresholds) and subjectively (via self-report), alongside pre- and post-task face and body image measures. Results demonstrated an objective enfacement effect across the sample, with elevated BDD symptoms predicting heightened susceptibility. Subjective enfacement emerged exclusively among participants with elevated BDD symptoms, whereas MD symptoms were unrelated to enfacement. Synchronous IMS reduced head, body, and muscularity dissatisfaction across the sample, whereas asynchronous IMS produced inconsistent changes. BDD and MD symptom levels failed to modulate most changes in body image. These findings suggest that heightened enfacement susceptibility in BDD may reflect abnormalities in visual processing and multisensory integration, alongside weaker self-other boundaries, with potential implications for understanding social-cognitive difficulties in this population. While enfacement-based interventions may modestly improve body image, refinements are needed to enhance therapeutic potential for individuals with elevated symptoms.

Learning Objectives

- Identify the relationship between multisensory integration abnormalities and self-face perception disturbances in individuals with body dysmorphic disorder (BDD) and

muscle dysmorphia (MD), including how visual processing differences may contribute to these conditions.
- Distinguish between the differential effects of synchronous versus asynchronous interpersonal multisensory stimulation (IMS) on self-face recognition and body image, particularly regarding how heightened enfacement susceptibility in BDD relates to visual processing abnormalities and weaker self-other boundaries.
- Evaluate the clinical implications of enfacement-based interventions for treating body image disturbances in eating disorder populations with elevated BDD symptoms

Authors: Jade Portingale, Melbourne School of Psychological Sciences; Isabel Krug, The University of Melbourne; David Butler

Rethinking the Self: Evidence from the Enfacement Illusion in Women at Risk for Eating Disorders

Abstract: Bodily illusion research has demonstrated that altered bodily-self-perception in eating disorders (EDs) may be linked to abnormalities in the integration of sensory bodily signals. Experiencing bodily illusions can also temporarily improve body image. Whether similar patterns emerge using face-related illusions remains unclear. This study investigated whether susceptibility to the enfacement illusion differs based on ED risk status and whether experiencing the illusion improves face/body image. The sample included 226 women classified as high (n = 102) or low (n = 124) ED risk, who underwent an enfacement illusion induction procedure involving synchronous versus asynchronous interpersonal visuomotor stimulation (via facial mimicry) between the participant's face and another person's face. Illusion strength was assessed subjectively (via self-report) and objectively (via a self-face recognition task), alongside pre- and post-illusion face and body image outcomes. Synchronous interpersonal visuo-motor stimulation led to modest assimilation of the other's face; however, this assimilation was not modulated by ED risk status (high versus low). Cognitive-affective responses to the illusion also diverged in unexpected ways. Low ED-risk participants reported reduced body dissatisfaction and dysmorphic concern following synchronous interpersonal visuo-motor stimulation, whilst high-risk participants reported increased head and body dissatisfaction following both synchronous and asynchronous stimulation. These findings suggest that dynamic, multisensory processes underlying self-face identification and self-other distinction may operate independently of ED symptomatology levels. This observation may challenge the notion of a globally disrupted sense of bodily self in EDs, at least with respect to self-face processing. Instead, current findings highlight the potential primacy of higher-order cognitive-affective disturbances. We hypothesise a novel pathway through which cognitive-affective body image disturbance may emerge in EDs - not through disruptions in the integration of multisensory experiences but through maladaptive social cognition.

Learning Objectives

- Describe how enfacement illusion susceptibility relates to eating disorder (ED) risk status and the divergent cognitive-affective responses observed between high-risk and low-risk individuals.
- Explain the differential effects of synchronous versus asynchronous interpersonal visuo-motor stimulation on self-face processing and body image outcomes in individuals with varying levels of ED symptomatology.
- Recognize that multisensory self-face processing disturbances in EDs may operate independently of overall ED symptom severity, with implications for understanding the role of cognitive-affective factors versus global bodily self-perception deficits in eating disorder pathology.

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Differentiating between positive and negative affect using wearable sensor data and machine learning

Abstract: The affect regulation model of eating disorders (EDs) posits that binge eating, compensatory behaviors, and restriction serve to momentarily regulate negative affect. Identifying negative affect states and promoting use of adaptive emotion regulation skills instead of ED behaviors therefore constitute critical goals for ED treatment. Wearable sensor technologies, like those included in commercial smartwatches, measure markers of physiological arousal (e.g., heart rate, electrodermal activity) associated with negative affect states with low user burden. However, high arousal positive affect states (e.g., excitement) may also yield changes in these markers. If positive and negative affect states are differentiable with sensor data, just-in-time adaptive interventions could be delivered when sensor data indicate negative affect to promote adaptive emotion regulation skills. This study developed a machine learning model using wearable sensor data to differentiate between positive and negative affect states among 30 adults with binge-spectrum EDs. Participants wore Fitbit Sense 2 smartwatches and reported affect using a modified version of the Short-Form Positive and Negative Affect Scale on ecological momentary assessment surveys for four weeks. A support vector machine learning model was developed with sensor features extracted from the 15 minutes prior to and 15 minutes following instances of high negative affect and high positive affect (defined as ratings > 1 standard deviation above the individual's mean). The model was trained with the first three weeks of data and tested on the last week of data. Accuracy of 0.60 was established a priori as a threshold designating adequate model performance. The model exhibited accuracy of 0.69, sensitivity of 0.35, and specificity of 0.82; although the accuracy threshold was exceeded, the model exhibited significantly poorer sensitivity (correct classification of negative affect states) relative to specificity (correct classification of positive affect states). Findings indicate that wearable sensor data can adequately distinguish instances of negative and positive affect among individuals with binge-spectrum EDs in their daily lives, although additional refinement of the sensor data

features and machine learning model might improve sensitivity and accuracy. These findings set the stage for the development of a just-in-time adaptive intervention system targeting affect as a risk factor for disordered eating behaviors.

Learning Objectives

- Describe the affect regulation model of binge eating
- Understand how wearable sensors may be able to measure markers of affect
- Understand the capacity of wearable sensor data and machine learning to differentiate between positive and negative affect states

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Feasibility and Acceptability of Wearables for Adults with Binge Eating: A Multi-Informant Study

Abstract: Wearable sensors offer significant potential to augment self-report data collection methods for measurement of eating disorder (ED) pathology (e.g., physical activity) and risk factors for ED pathology (e.g., emotion regulation) in daily life, with several research and clinical applications. However, the feasibility and acceptability of extended wear of these devices has not yet been established among individuals with EDs and clinicians. This study enrolled 30 adults with binge-spectrum EDs and 6 community ED clinicians. ED participants wore Fitbit Sense2 smartwatches for four weeks. All participants completed a modified version of the Technology Acceptance Model Scale (TAMS) and qualitative interviews. A priori thresholds of > 85% enrollment, < 15% attrition, > 85% of expected sensor data ((defined as the maximum amount of data that could be collected during the study period) collected indicated feasibility. Mean ratings > 4 on the TAMS indicated acceptability. Qualitative data were analyzed with content analysis. Eligible ED participant enrollment was very high (100%) and attrition was low (n = 1, 3.3%). Sixty-seven percent of expected sensor data was collected on average (range = 25%-100%), which was lower than expected. Factors facilitating feasibility included the study structure setting clear expectations for use, monetary incentives, and familiarity with technology. Barriers to feasibility included limited technology access, cost, and technology issues (e.g., needing to charge watch). ED participants rated the watch as easy to use (M = 4.45/5), clear and understandable (M = 4.38/5), and reported willingness to use sensors in the future (M = 4.03/5), while clinician ratings of perceived ease of learning (M = 3.83/5), ease of use (M = 3.50/5), and enjoyment (M = 3.67/5) did not meet a priori thresholds. Facilitators of acceptability included wearables providing useful information. Constancy of wear time, access to potentially harmful information, resistance to tracking, and potential inconsistency between sensor data and internal experiences were barriers. Findings generally

supported the feasibility and acceptability of wearables among individuals with EDs and clinicians, although clinicians rated perceived acceptability lower than ED participants. This discrepancy should be further investigated to address clinician hesitancy. Future research should also identify factors limiting the quantity of sensor data collected to improve data completeness.

Learning Objectives

- Describe potential applications of wearables to eating disorders research and clinical treatment
- Understand perspectives from individuals with eating disorders and eating disorder clinicians on the feasibility of wearables for use with adults with binge eating
- Understand perspectives from individuals with eating disorders and eating disorder clinicians on the acceptability of wearables for use with adults with binge eating

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Motivation for using GLP-1As and eating disorder psychopathology

Abstract: Glucagon-like peptide-1 receptor agonists (GLP-1As) have recently been approved for the treatment of obesity. To date, little is known about the psychological impacts related to their use. This study investigated whether people’s primary reason for using GLP-1As (i.e., for weight loss or diabetes management), was related to levels of eating disorder psychopathology and negative affect. One hundred and thirty-nine participants currently using a GLP-1A for either the primary reason of weight loss (n = 75) or diabetes management (n = 64), were recruited online via Prolific from the United States, the United Kingdom and Australia. All participants completed an online questionnaire examining demographic information, eating disorder psychopathology, depression, anxiety and stress levels. Close to 40% of all participants reported a past or current diagnosis of an eating disorder. There was no difference in eating disorder history across groups, however, participants taking a GLP-1A for weight loss were significantly younger, had a lower BMI, and had been taking a GLP-1A for a shorter period than participants taking a GLP-1A for diabetes management. They also had significantly higher eating disorder psychopathology, depression scores and stress scores. There were still significant differences between groups on eating disorder psychopathology after controlling for age, BMI, and length of use. Findings highlight the importance of screening for eating disorders among people wanting to use GLP-1As. They also highlight the need for continual monitoring of eating disorder psychopathology among people currently taking GLP-1As, particularly those taking them for weight loss reasons.

Learning Objectives

- Differentiate between the primary motivations for GLP-1A use (weight loss vs. diabetes management).
- Identify the psychological correlates (e.g., eating disorder psychopathology, depression, stress) associated with GLP-1A use.
- Discuss the importance of screening for eating disorders prior to initiating GLP-1A treatment.

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Physiological Indices Predict Key Eating Disorder Symptoms Using Personalized Deep Learning Models

Abstract: Approximately 80% of adults with an eating disorder (ED) do not receive treatment, and among those who do, current evidence-based interventions remain ineffective for approximately 50% of adults with any type of ED. This lack of treatment access and efficacy highlights the need for more personalized, real-time support integrated into individuals' daily lives. Emerging research has shown that passive physiological data from wearable devices can be used to detect precursors to clinical symptoms, such as autistic outbursts, offering promise for similar applications in EDs. Core dynamic cognitive-affective symptoms, such as anxiety, tired/fatigue, and fear of weight gain, are theorized to precede maladaptive ED behaviors (e.g., restriction, purging), suggesting a window for preventative intervention.

The present study investigated the feasibility of using deep learning models to predict core cognitive-affective ED symptoms using multimodal physiological data collected via wrist-worn wearables. Fourteen women diagnosed with an ED (Mage = 29.2; SD = 7.1; anorexia nervosa (AN) = 6, bulimia nervosa (BN) = 2, Atypical AN (AAN) = 5, ABN = 1) participated in a 30-day ecological momentary assessment (EMA) protocol. Participants reported symptom severity of symptoms from 0-100, four times daily while wearing a physiological sensor that captured heart rate, electrodermal activity, blood volume pulse, skin temperature, and acceleration. After preprocessing and cleaning ~160 hours of physiological data, signals were time-aligned with EMA to train deep learning models.

Across participants, models achieved a mean absolute error (MAE) of 15.73 in predicting symptom severity. Given the heterogeneity of symptom expression both within and across ED diagnostic categories, we further evaluated model generalizability by testing performance on unseen participants and developed diagnosis-specific and participant-specific fine-tuned models. Personalization substantially improved performance, with several participant-specific models reducing MAE to below 10.

These findings demonstrate that individualized deep learning models can effectively

predict momentary ED symptoms from wearable sensor data with a high degree of accuracy. This approach holds potential for just-in-time adaptive interventions, enabling more responsive and scalable support for individuals with diverse ED presentations in their everyday environments.

Learning Objectives

- Explain how wearable devices can monitor body signals linked to ED symptoms.
- Describe how deep learning models use physiological data to predict emotional and physical states.
- Identify how personalized technology can support early intervention for EDs.

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Family Functioning Among Adolescent Males with Transdiagnostic Eating Disorders

Abstract: The eating disorder (ED) field's understanding of EDs is largely driven by research with females, resulting in an overly gendered perception of these disorders. One area that has been studied almost exclusively in females is family functioning. Males can experience shame around having what is generally considered to be a "female illness"; this perception could be shared by their caregivers, which could impact family functioning. It is possible that caregivers of females with an ED would communicate less blame, shame, or frustration toward a daughter than toward their son with the same disorder. However, research on family functioning among males with EDs is lacking. The purpose of the current study was to address this gap in the literature by: 1) descriptively examining the family functioning of male adolescents with transdiagnostic EDs, 2) comparing family functioning among male adolescents with anorexia nervosa-restricting subtype (AN-R), AN-binge purge subtype (AN-BP), and avoidant/restrictive food intake disorder (ARFID), and 3) comparing family functioning between male and female adolescents with AN-R, AN-BP, and ARFID. Participants were 175 male adolescents seeking treatment between June 2021 and November 2024, and 175 female adolescents matched on age, length of stay, percent expected body weight (%EBW), and diagnosis. Family functioning was assessed with the Family Assessment Device (FAD), which was completed at admission. On average, male adolescents in every ED group scored above the clinical cutoffs on almost every FAD subscale and the total score (only eight scores out of 48 were below the cutoff). No differences in family functioning were found among male adolescents with AN-R, AN-BP, or ARFID. Males with AN-R reported worse family functioning than females with AN-R on the FAD total score and four subscales (affective involvement, affective responsiveness, communication, and general functioning; all ps < .03), with no

significant differences on the remaining FAD subscales. No significant differences were found between males and females on any FAD scores for those with AN-BP or ARFID. The current study adds to the limited research on males with EDs and suggests that male adolescents with transdiagnostic EDs experience poor family functioning, similar to, and in some cases worse than, their female counterparts, which may be an important treatment target.

Learning Objectives

- Understand reasons why family functioning could be different among families of adolescent males with EDs compared to females
- Describe family functioning among male adolescents with EDs
- Compare family functioning between male and female adolescents with AN-R, AN-BP, and ARFID

Authors: Renee Rienecke, Galen Hope; Alan Duffy, Eating Recovery Center and Pathlight Mood & Anxiety Center; Dan Blalock

Feasibility and Acceptability of a Pilot Study Examining Open and Concealed Weighing

Abstract: Leading outpatient treatments for eating disorders incorporate open weighing as a core component of the therapy. In open weighing, patients are weighed in session, informed of their weight, and then process that information. However, many clinicians use concealed weighing, in which weight information is withheld. Open weighing is grounded in behavioral principles such as learning through exposure to feared situations (e.g., knowing one's weight). Conversely, the rationale for concealed weighing focuses on minimizing patient distress, maintaining therapeutic rapport, and avoiding potential treatment resistance from patients overwhelmed by weight information. No information is currently available to support one method over the other in terms of patient outcomes. This study assessed the feasibility and acceptability of a larger study examining patient outcomes associated with both weighing methods. Thirty-four patients with anorexia nervosa receiving treatment at the residential level of care were recruited and assigned to an open weighing arm (n = 18) or a concealed weighing arm (n = 16). Feasibility and acceptability were gauged via recruitment and retention rates, changes in patients' fear of knowing their weight, and initial patient experiences with each weighing method. At admission and discharge, patients rated their fear of knowing their weight (FKW) on a 0 (least fear) to 10 (most fear) scale, and at discharge, a questionnaire assessing patients' experiences of the weighing method (PEW) was completed. Eighteen of 24 eligible participants (75%) consented to participate in the open weighing arm, and 35 of 60 eligible participants (58%) consented to participate in the concealed weighing arm. Attrition in the open weighing arm was 0%, whereas 54% of patients in the concealed weighing arm dropped out. At admission, FKW was not significantly different between the two weighing arms. At discharge, decreases in FKW were significantly greater for

patients in the open weighing arm (M=-2.65, SD=2.23) than the concealed weighing arm (M=-0.69, SD=2.50; b=-2.57, p<.01). The largest difference between groups on the PEW was that participants in the open weighing arm felt that their weighing method helped them tolerate weight changes more than participants in the concealed weighing arm (M = 3.88 vs. 2.85, p=.01). Contrary to some prevailing opinions, open weighing may be both acceptable and tolerable for patients in a higher level of care treatment program.

Learning Objectives

- Describe the rationale behind open and concealed weighing practices
- Explain common concerns about open weighing practices in higher levels of care
- Summarize the feasibility and acceptability of a pilot study examining open and concealed weighing methods

Authors: Renee Rienecke, Galen Hope; Kim Anderson, Eating Recovery Center; Dan Blalock; Casey Boldt, Eating Recovery Center; Alan Duffy, Eating Recovery Center and Pathlight Mood & Anxiety Center; Philip Mehler, ACUTE Center for Eating Disorders at Denver Health

Introducing the Weight Normative Clinical Practice Intentions Scale to the eating disorders field

Abstract: Qualitative work demonstrates that clinicians perpetuate anti-fat bias by adhering to the weight normative health paradigm and encouraging intentional weight loss through dieting, despite low evidence of success and potential exacerbation of eating disorder symptoms. However, the eating disorders field does not have a measure capturing weight-normative practices in therapy, leaving a gap for quantitative demonstration of potential harm. We developed and performed initial psychometric testing of a self-report measure, titled the Weight Normative Clinical Practices Intentions Scale (WNCPIS), among clinical psychology trainees with varying levels of clinical experience and areas of training specialization. Participants were sourced from a longitudinal study on weight stigma over the course of training and included 1,047 doctoral clinical psychology students enrolled in APA-accredited programs across the United States (842 PhD, 205 PsyD). Participants were predominantly female (n = 890, 85%) and non-Hispanic White (n = 697, 67%). These participants completed 10 candidate WNCPIS items, as well as measures related to anti-fat bias, critical health knowledge, and general confidence in clinical abilities. We conducted exploratory factor analysis to determine the factor structure of the WNCPIS. Additionally, we calculated internal consistency for the resulting scale and assessed the scale's convergent and discriminant validity. A 4-item, one factor solution produced excellent model fit (CFI =.99; SRMR =.01; RMSEA = .03, 90% CI [0.00, 0.08]). Resulting items included intentions to incorporate weight loss as a therapeutic goal, to provide dietary advice as a form of psychoeducation, to explain the health risks of obesity to motivate a client to lose weight, and to encourage weight loss to relieve symptoms of depression. Participants with

higher scores on the WNCPIS reported more negative attitudes toward higher-weight clients and lower critical health knowledge. Scores were not correlated with general clinical self-efficacy or feelings of preparedness to work with higher-weight clients. Most concerningly, participants with higher scores on the WNCPIS endorsed lower likelihood of assessing for dietary restriction or diagnosing anorexia nervosa in higher-weight clients, though research continually shows that symptoms of anorexia have equivalent psychological and medical damage in higher-weight and thin clients.

Learning Objectives

- Acknowledge the presence and potential harm of clinical practices based in weight-normative health paradigm
- Articulate the importance of measuring weight normative clinical practice intentions
- Consider how encouraging weight loss in some clients could impact clinical care for eating disorders in clients across the size spectrum

Authors: Katerina Rinaldi, Nova Southeastern University; Katherine West, Nova Southeastern University; Molly Robbins, Graduate student, psychology; Paula Brochu, Nova Southeastern University

Daily gratitude journaling: A mobile intervention to increase functionality appreciation

Abstract: Interventions for body appreciation have demonstrated the usefulness of recording thoughts and feelings in the form of writing. To date, however, little is known regarding the potential of daily journaling about appreciation of body functionality for promoting positive body image. Furthermore, little work has examined how mobile applications may be useful tools for implementing such interventions, given their ease of use and wide reach. The aim of this study was therefore to evaluate the capacity of a daily gratitude journaling app focused on functionality appreciation to promote positive body image. A sample of 40 female undergraduates, mean(SD) age = 20.11 (1.40) participated in an open-trial intervention study utilizing a body functionality journaling app over a period of eight weeks. Every day, participants were asked to journal about appreciation of body functionality. Participants completed measures of body appreciation, functionality appreciation, physical appearance comparisons, and drive for muscularity at baseline and after the 8-week period. Repeated measures analyses revealed that body appreciation and functionality appreciation increased over the course of the study, while physical appearance comparisons decreased. No changes were found for drive for muscularity. These findings suggest that journaling on a mobile app focused on functionality appreciation may be an effective way of supporting positive body image among young women. Moreover, findings provide further support for gratitude and appreciation as dimensions that may help to decrease processes related to appearance pressures. Further research extending these findings, including in larger

randomized controlled trials, is warranted. Should findings be replicated, low-cost mobile interventions with a high reach should be further leveraged for body image prevention and intervention efforts.

Learning Objectives

- to describe functionality appreciation
- to estimate the effects of a daily diary intervention on functionality appreciation
- to discussion the role of functionality appreciation in positive body image

Authors: Rachel Rodgers, Northeastern University; Debra Franko, Department of Applied Psychology, Northeastern University; Julia Zalvino; Anouk Bauknecht

Is BoPo Better? Daily time on Instagram and appearance satisfaction and change behaviors in a longit

Abstract: Exposure to photo-based social media has been associated with poorer body image and lower mood. Yet, photo-based social media content is heterogeneous in its messaging as related to appearance and the relative effects of different types of content are poorly understood. The aim of the present study was to assess how different types of social media content relate to mood, body image, and appearance satisfaction and change behaviors in a 6-week longitudinal experimental study. A sample of 111 young adults (76% female, Mean(SD) age = 19.74 (1.49) participated in a longitudinal experimental study in which they were randomly allocated to view 10 instagram accounts in one of three categories: (a) body positive (BoPo), (b) conventional appearance influencer, or (c) travel accounts on Instagram. Participants completed daily ratings of positive and negative affect, appearance satisfaction, appearance change efforts, and time spent on Instagram on a 10-point scale on each day of the six-week study. Across all data points, the mean scores for appearance satisfaction were at the midpoint, M (SD) = 5.7(1.9). Positive affect scores were above midpoint, M = 6.3 (1.9), negative affect and appearance change behaviors were below, M= 3.6 (1.9) and M = 3.6 (2.1) respectively. While no baseline differences existed in weight and shape concerns, daily time spent on Instagram during the 6-week period was associated with feeling more unhappy about appearance, lower positive affect, and greater negative affect in mixed models, and these effects were moderated by condition such that for both appearance satisfaction and negative affect, the BoPo group reported better outcomes as compared to the influencer group. Daily time spent on social media was associated with more efforts to change appearance, however, this effect did not differ by condition. Findings suggest that BoPo content may produce more appearance satisfaction and better mood outcomes compared to influencer accounts. However, regardless of content, spending more time viewing photo-based media may be associated with appearance change behaviors. In sum, reducing time on photo-based platforms may be supportive for positive body image, and BoPo media may be somewhat less detrimental

than the typical influencer content. Deliberate efforts to diversify the content viewed on social media may be helpful for mood and body image.

Learning Objectives

- to characterize different types of social media content
- to understand how social media exposure may affect body image
- to discuss how diversifying content may be protective of body image

Authors: Rachel Rodgers, Northeastern University; Genevieve P Nowicki, Northeastern University; Eleanor H Wertheim; Susan J Paxton, La Trobe University

Lived experience and mental health professional definitions of recovery from Anorexia Nervosa

Abstract: Understanding the reasons for recovery or relapse in individuals with Anorexia Nervosa (AN) is vital to improving post-treatment care. However, progress has been limited by a lack of consensus on defining recovery, with calls for including patient and clinician perspectives. This qualitative study explored how individuals with lived experience of AN and mental health professionals conceptualise recovery from AN, and the factors they perceived as contributing to or preventing recovery or relapse. We conducted three focus groups with people with lived experience of AN (n=15 in total) and three focus groups and one individual interview with mental health professionals (n=7). Data were analysed using reflexive thematic analysis. We identified three themes. Theme 1 "Recovered, Yet Still Recovering" highlighted the ambiguity around what constitutes full recovery or whether it is possible and how people with lived experience and professionals' views differed. Theme 2 "Disentangling Recovery and Weight Gain" highlighted different views between the groups on whether weight markers should be included in recovery definitions. Theme 3 "The Role of Others in Recovery: A Motivator or a Hinderance?" showed that people in one's life can be the primary source of motivation to recover, but this is not sufficient for sustaining recovery and intrinsic motivators are needed. Our study highlights that discrepancies between professional and lived experience definitions of recovery may be hindering therapeutic alliances, and that social support is crucial to promoting long term recovery. Additionally, we emphasise the importance of differentiating between cognitive, behavioural, and physical recovery in definitions.

Learning Objectives

- Understand similarities and differences between recovery definitions from people with lived experience and mental health professionals
- Reflect on key factors that influence recovery and post-treatment outcomes.
- Discuss implications of aligning recovery definitions between people with lived experience and professionals to improve support and outcomes.

Authors: Ana Julia Rodrigues Ferreira, University of Bath; Leda Blackwood, University of Bath; Manuela Martinez-Barona Soyer, University of Bath; Graeme Fairchild, University of Bath; Melissa Atkinson, University of Bath

The role of social connectedness in disordered eating: A systematic review and meta-analysis

Abstract: In this study, we aimed to examine the relationship between disordered eating and social connectedness, focusing on the differences between real-life and online forms of connection. We systematically searched five databases (PsycINFO, PubMed, Scopus, Web of Science, and Embase) from inception to 2025 in accordance with PRISMA 2020 guidelines. We included quantitative, qualitative, and mixed-methods studies investigating social connectedness, as well as related constructs such as belonging, social support, and isolation, in relation to disordered eating or eating psychopathology across the general population and clinical groups. We extracted data pertaining to study design, measures, and main findings, and we assessed risk of bias for 100% of the included studies. Due to heterogeneity in measures and outcomes, we carried out a narrative synthesis of all extracted data. Where possible, we further conducted a meta-analysis using scale measures of social connectedness and disordered eating. Results showed that, across methodologies, higher levels of social connectedness are associated with lower rates of body dissatisfaction, dietary restraint, binge eating, and global eating pathology. In contrast, social disconnection and perceived isolation were associated with greater symptom frequency and severity. Evidence from longitudinal and intervention studies suggested that enhancing social connectedness may reduce disordered eating symptoms and improve body image outcomes. Furthermore, there appear to be differences between online and offline experiences of social connectedness which may influence disordered eating frequency and symptomatology. There is a need for further research to understand the social mechanisms that may underlie these observed disparities, as well as the role that novel and developing forms of online interaction, such as artificial intelligence, may play in this relationship. Overall, findings suggest that social connectedness may be central in the development and maintenance of disordered eating, yet this association remains understudied. By addressing this gap in the literature and understanding how social connectedness relates to disordered eating in the digital world, this research highlights the potential of leveraging online environments and platforms to promote recovery and healthy behaviours.

Learning Objectives

- Understand the relationship between social connectedness and disordered eating
- Recognise differences between online and offline forms of connectedness and their respective influence on disordered eating.
- Discuss how online and offline environments can be leveraged to promote social connectedness and reduce disordered eating

Authors: Rosie Rogers, York St John University; Cristiana Duarte, York St John University; Ruth Knight, York St. John University

Multiple Facets of Embodiment from an Intersectional Lens as Motivational Predictors of IEX

Abstract: Intuitive exercise (IEX) is characterized by one listening to their bodily cues as they decide to participate or not participate in physical activity and encourages a flexible, varied approach to what exercise can look like. This form of mindfulness-based physical activity behavior may be considered more accessible and inclusive for certain groups who experience obstacles or setbacks due to their intersecting, marginalized identities. The present study examined motivational predictors of intuitive exercise in a sample of 165 Black (n = 113) and Biracial (n = 52; with one parent who is Black or of African heritage) emerging adult college women (M = 19.98, SD = 1.8) from intersectional and embodiment-informed theoretical frameworks. Participants completed a set of online survey questionnaires assessing demographics, IEX, appearance- and enjoyment-related physical activity motivations, perceptions of neighborhood safety, positive embodiment experiences, hair-specific worry, alongside experiences of sociocultural "double consciousness" appearance pressures. Pearson's correlations demonstrated particularly strong positive relationships between certain dimensions of IEX and positive embodiment along with enjoyment and appearance-related physical activity motivations. Positive embodiment was also inversely related to intersectional appearance pressures. Hierarchical linear regression models similarly revealed that appearance- and enjoyment-related physical activity motivations and positive embodiment were robust predictors of multiple dimensions of intuitive exercise. Specifically, these predictors accounted for 43% of the variance in emotional exercise, 48% in exercise flexibility, and 18% in body trust (all $p < .001$). Preliminary findings are discussed in the context of stimulating further research in this area in a larger sample and of supporting the groundwork for informing future targeted, theoretically-driven physical activity promotion efforts for Black and Biracial emerging adult college women.

Learning Objectives

- Understand motivational predictors of intuitive exercise in a sample of Black and Biracial college women through an intersectional lens.
- Understand the importance of an embodiment-focused lens when considering intuitive exercise behaviors of Black and Biracial college women.
- Consider the potential implications of this research for refining the measurement of intuitive exercise and for informing culturally-responsive college health promotion initiatives.

Authors: Mariah Roseboro, Virginia Commonwealth University; Jennifer Webb, University of North Carolina at Charlotte; Sophie Pringle, University of North Carolina at Charlotte

Examining associations between nutrition knowledge, nutrition literacy, and disordered eating

Abstract: Disordered eating (DE) is associated with several negative long-term health consequences. Two important, yet understudied, contributors to DE are nutrition knowledge (NK) and nutrition literacy (NL). Few studies have explored associations between NL, NK, and DE among a non-clinical sample. This study aimed to examine cross-sectional associations between objective NL, subjective NK, and DE. Data were drawn from the International Food Policy Study, collected in 11,441 adults aged 18+ in 2023 across Canada and the United States. The outcome, DE, was defined as engaging in at least one behaviour (binge eating, vomiting) and endorsing a preoccupation with thinness in the past 3 months. Predictors included objective NL, measured through the Newest Vital Sign assessment, and subjective NK. A variable assessing the difference between objective NL and subjective NK was created to categorize participants as having overestimated, underestimated, or accurately described their NK. Logistic regression models were performed to examine associations between each predictor and DE, adjusting for known covariates. Results found that compared to individuals with adequate objective NL, individuals with a possibility of limited literacy (OR = 1.48 [95% CI = 1.22, 1.79]) and high likelihood of limited literacy (OR = 3.87 [95% CI = 3.31, 4.54]) had significantly higher odds of DE. Individuals who rated themselves “not at all knowledgeable" (OR = 1.55 [95% CI = 1.15, 2.04]), “very knowledgeable” (OR = 1.27 [95% CI = 1.06, 1.51]), and “extremely knowledgeable” (OR = 3.03 [95% CI = 2.24, 3.78]) had significantly higher odds of DE compared to individuals who rated themselves as “somewhat knowledgeable”. Individuals who overestimated their NK had significantly higher odds of DE (OR = 1.83 [95% CI = 1.58, 2.13]), while individuals who underestimated their NK had significantly lower odds of DE (OR = 0.52 [95% CI = 0.44, 0.61]) compared to those with accurate estimations. This is the first study examining discrepancies between objective NL and subjective NK and DE, highlighting the importance of NL for DE prevention among a non-clinical sample of adults. Prevention efforts should consider targeted interventions for those at risk of DE by ensuring adequate NL, transmitting accurate nutrition information, and regularly assessing discrepancies between objective NL and subjective NK.

Learning Objectives

- Discuss why nutrition knowledge and nutrition literacy are important contributors to disordered eating.
- Describe associations between nutrition knowledge, nutrition literacy, and disordered eating in a global sample.
- Analyse how the overestimation or underestimation of nutrition knowledge may contribute to disordered eating.

Authors: Marianne Rouleau-Tang, University of Toronto; Mary L’Abbé, University of Toronto; Kyle Ganson, University of Toronto; Amanda Raffoul, University of Toronto

Gastrointestinal symptoms and disorders of gut-brain interaction in adults with ARFID

Abstract: Avoidant/restrictive food intake disorder (ARFID) is motivated by low interest/appetite in food, sensory sensitivity, and/or fear of aversive consequences related to eating—known as the ARFID dimensions. Researchers theorize the dimensions have distinct risk and correlational factors. One possible factor is gastrointestinal (GI) symptoms. This study investigated GI symptoms in adults with ARFID (N=1073; assessed with the Nine-Item ARFID Screen (NIAS), Pica, ARFID, and Rumination Disorder Interview ARFID Questionnaire, and Eating Disorder Examination–Questionnaire). We used the NIAS to assess ARFID dimensions and a custom GI Symptom Questionnaire for GI symptoms and disorders of gut brain interaction (DGBIs). We applied 25 generalized linear models (GLZMs) with GI predictors (18 GI symptoms, 1 GI total score, 6 DGBIs) and appropriate covariates (anxiety, depression and/or BMI), for each ARFID dimension (n=3). We used the False Discovery Rate (FDR) to correct for multiple comparisons. We conducted a latent class analysis to identify groups based on GI symptoms and three ANCOVAs (one per dimension) with post-hoc Tukey tests, as appropriate, to evaluate if class membership was related to ARFID dimension scores. GLZM results indicated the presence of upper GI symptoms (e.g., early satiety) was associated with more severe low interest/appetite scores (psFDR= 0.037 to <.0001). Five GI symptoms–acid reflux, early satiety, nausea not tied to eating, bloating, and food getting stuck in throat–were independently associated with less severe sensory sensitivity scores (psFDR= <.05). All 18 GI symptoms were associated with greater fear scores (psFDR= <.0001). We identified four latent classes: 1) no GI symptoms, 2) all GI symptoms, 3) lower GI symptoms, and 4) lower GI & some upper GI symptoms. Class membership was not associated with low interest/appetite (pFDR=.364) but was associated with sensory sensitivity (pFDR=.028) and fear (pFDR<.001) scores. Post hoc tests revealed members of the no GI symptom class had lower fear scores than the other three classes (ps<.05). Results suggest GI symptoms are consistently linked to higher fear scores. Targeting GI symptoms in treatment may improve outcomes for individuals with high fear dimension scores. Notably, upper GI symptoms are associated with delayed gastric emptying: disrupted gastric motility may contribute to the persistence of restrictive eating in individuals who score high on the low interest/appetite dimension.

Learning Objectives

- Identify the three recognized dimensions of ARFID
- Identify how the role that gastrointestinal symptoms might play in ARFID behaviors differs between the three ARFID dimensions.
- Explain why treating GI symptoms during ARFID treatment might help improve treatment outcomes

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Momentary relations between ultra processed food intake and loss of control eating in adolescents

Abstract: Ultra processed food (UPF; e.g., sugary cereals, ice cream) consumption disrupts reward processes and heightens negative affect, two well-established maintaining mechanisms of loss of control eating (LOC). Clarifying the timescale on which UPF intake elevates LOC risk is critical for informing interventions designed to reduce LOC—as they might need to balance reducing UPF intake while avoiding hedonic restriction. To clarify the timescale on which UPFs impact LOC, we conducted the first ecological momentary assessment (EMA) study assessing UPF intake and LOC in adolescent girls with binge spectrum eating disorders (BSEDs; N=58; M age = 18.03 (SD = 1.14 years)). Participants answered surveys five times a day for three weeks (N = 6,055 surveys). At each survey, participants reported on LOC and UPF intake since the last survey. We calculated the proportion of eating episodes with reported UPF consumption across the EMA period and by weekdays vs. weekends. Generalized linear models tested if total counts of general and specific UPF-type episodes were associated with total LOC episodes across the EMA period. Generalized linear mixed models with a binomial distribution and logit link assessed whether UPF consumption at time 1 increased the likelihood of LOC at time 2; we controlled for LOC at time 1. Adolescents reported UPF consumption in 69% of eating surveys (30% of all surveys), specifically 69.4% of weekday and 68.3% of weekend surveys, ranging from 29% of surveys for baked goods/candy to 8% for frozen foods. Greater total overall UPF (β=0.54, p<.001), baked goods (β=0.55, p<.001), salty snacks (β=1.08, p<.001), white bread products (β=0.80, p<.001), sugar-sweetened drinks (β=0.51, p=.023), and frozen foods (β=1.07, p=.011) consumption were significantly associated with more LOC episodes across the EMA period, but packaged foods (β=0.50, p=.17) and fast food (β=0.41, p=.37) were not significantly associated with total LOC episodes. Within person analysis revealed time 1 UPF consumption increased the likelihood of a time 2 LOC by 89% (OR = 1.89, 95% CI [1.31, 2.74], p <.001). Results suggest adolescents with BSEDs regularly consume UPFs. The findings also suggest UPF intake may proximally elevate risk for LOC, underscoring the importance of mechanisms and individual vulnerability of this relationship. Such research can inform interventions that strategically target UPF-related risk, without promoting hedonic restriction, which itself can exacerbate LOC.

Learning Objectives

- define the concept of ultra processed foods in the context of loss of control eating
- explain the potential momentary relationship between ultra processed food consumption and loss of control eating
- articulate the clinical importance of further understanding the momentary relationship between UPFs and lOC

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Combining Cognitive Behavioral Therapy and Mindfulness Training for Binge Eating Disorder

Abstract: Cognitive behavioral therapy (CBT) is the gold-standard treatment for binge eating disorder (BED), yet many individuals remain unremitted from BED after undergoing CBT. Mindfulness training could enhance CBT for BED by targeting emotion dysregulation, a core mechanism in BED that is not sufficiently targeted in CBT. Furthermore, digital delivery of such treatment can overcome barriers to treatment, reaching the many individuals with EDs who are currently unable to access treatment. We sought to evaluate the initial feasibility and acceptability (operationalized as recruitment, intervention completion, assessment completion; and as usability, engagement, visual appeal, understandability, helpfulness, perceived skill acquisition, perceived confidence in implementing skills, overall helpfulness, helpfulness of the phone coach and phone coaching skills) of a digital intervention that integrates CBT and mindfulness for EDs, named CBT-based Mindful Courage. We also preliminarily evaluate changes in outcomes (binge eating frequency, binge eating symptoms, quality of life impairment, depression) and mechanisms (dietary restraint, emotion dysregulation, and trait mindfulness). We recruited 17 individuals with BED via online advertisements. We evaluated a full version of CBT-based Mindful Courage, including 16 digital lessons (each 40-50 minutes) over an 18-week period. Participants also received brief weekly phone coaching as part of the intervention. Assessments were administered at baseline and end-of-treatment. Feasibility was demonstrated by the ability to meet recruitment goals, intervention completion (100% completion of the first module, 13.41/15 completion for the remaining modules), and assessment completion (15/17 participants completing the end of study assessment). Acceptability was demonstrated by high usability (84.67/100) as well as high engagement, visual appeal, understandability, skills acquisition, confidence in implementing skills, overall helpfulness, and helpfulness of the phone coach and phone coaching skills (all higher than 4/5). Clinical promise was demonstrated by significant reductions in binge eating episodes (d = 1.30), binge eating symptoms (d = 1.06), and depression (d = .65). However, changes in quality of life impairment were not significant. In addition, there

were no significant improvements in target mechanisms. This study represents a crucial initial step toward developing a scalable and effective treatment for BED.

Learning Objectives

- Understand the need for digital interventions in EDs
- State why digital interventions may play a particularly important role in disseminating evidenced-based treatments for EDs
- List specific elements within mindfulness-based treatments for EDs that may be most beneficial for the treatment of EDs

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Clarifying Shared and Unique Genetic Risk in Anthropometric, Internalizing, and Eating Disorder trai

Abstract: Background: Eating disorders (EDs) and other internalizing (INT) conditions, including anxiety disorders and depression, frequently co-occur, yet not all individuals with INT symptoms develop EDs. This divergence raises key questions about what drives differential developmental pathways of EDs vs. other INT. One possibility is that genetic liability related to both childhood/adolescent physical development and adult body mass may distinguish ED risk from broader INT vulnerability. Method: We used Genomic Structural Equation Modeling (Genomic SEM) to characterize the multivariate genomic structure of physical development, anthropometric, ED, and INT traits at both a disorder and symptom level and bivariate genetic correlations. GWAS summary statistics were drawn from publicly available datasets covering childhood and adult BMI, pubertal timing, EDs, and other INT disorders and symptoms. Results: Multivariate modeling of anthropometric traits and psychological disorder phenotypes supported a three-factor genomic structure when using both disorder-based (CFI = 0.99) and symptom-based (CFI = 0.98) indicators of psychopathology. Latent dimensions corresponded to: (1) Adult Anthropometry (2) Internalizing symptoms and (3) Childhood

Physical Development. Binge eating loaded onto the Internalizing and Childhood Physical Development factors, highlighting a potential specific role of physical development in binge eating risk. Conversely, AN loaded onto Internalizing and Adult Anthropometry. Findings underscore the importance of a symptom-level, developmentally informed genomic framework for understanding ED etiology. Bivariate genetic correlations revealed developmentally distinct and symptom-specific associations. Childhood BMI was genetically correlated with binge eating but not with anorexia nervosa (AN). The symptom of weight gain in the context of depression was positively genetically correlated with both binge eating and BMI and negatively correlated with AN, though overall liability to major depressive disorder showed no genetic correlation with BMI. Discussion: Genetic risk related to both adult anthropometric indicators and childhood physical development may help differentiate ED from broader INT risk. Some associations extended to phenotypes beyond EDs, reinforcing the need to examine symptom-level variation in genomic risk pathways. Ongoing analyses will extend this work to inform developmentally-sensitive prediction models of ED and INT risk.

Learning Objectives

- Describe how genomic factors related to childhood physical development and adult anthropometric traits contribute to differential risk for eating disorders versus broader internalizing psychopathology.
- Explain the value of symptom-level genomic modeling (e.g., binge eating vs. anorexia nervosa) in identifying developmentally distinct pathways to eating disorder onset.
- Discuss how a developmental genomic understanding may inform hypotheses for future risk stratification and early detection research.

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Adolescent Eating Disorders: Distinct from Internalizing and Externalizing Symptoms

Abstract: Previous studies have shown that eating disorders, internalizing, and externalizing symptoms have complex relationships in their co-occurrence across development. Understanding these relationships in adolescence is important for identifying the relation between the three during a developmental window of heightened psychopathological risk. Thus, this study aimed to evaluate the factor structure of eating

disorders, internalizing, and externalizing symptom domains at two time points in adolescence: 13 and 15 years. Using data on adolescents (N at 13 = 2693; N at 15 = 2515) from the Avon Longitudinal Study of Parents and Children (ALSPAC), we examined the dimensional structure of psychopathology measured with the Development and Well-Being Assessment (DAWBA; i.e., a set of measures used to generate psychiatric diagnoses based on diagnostic criteria, assessing internalizing disorders such as generalized anxiety, phobias, OCD, externalizing disorders such as attention and hyperactivity problems, as well as eating disorders) at ages 13 and 15 years. Exploratory factor analyses with oblimin rotation identified factor structures at each age. At age 13, a four-factor solution provided the best fit (RMSEA = .05; TLI = .61; SRMR = .05), capturing attention/hyperactivity, externalizing symptoms, internalizing symptoms, and eating disorders. At age 15, a three-factor solution emerged (RMSEA = .08; TLI = .30; SRMR = .05), reflecting internalizing, externalizing, and eating disorder dimensions. Across both ages, eating disorder symptoms consistently emerged as a factor, distinct from internalizing and externalizing symptoms. This stability across time points shows that, although often comorbid with other internalizing symptoms, eating disorders maintain unique characteristics that distinguish them. The clear differentiation of eating disorder symptoms at ages 13 and 15 reflects both the developmental stability of these symptoms and their uniqueness.

Learning Objectives

- Describe how eating disorder symptoms differentiate from internalizing and externalizing symptoms in adolescence.
- Identify the factor structure of psychopathology at ages 13 and 15 using exploratory factor analysis.
- Explain the developmental stability and uniqueness of eating disorder symptom dimensions.

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Eating behaviors of autistic women with an eating disorder

Abstract: Background: Autistic women with eating disorders (EDs) often present with more complex EDs and may not fully benefit from current treatments, yet the reasons for this remain unclear. This study aims to examine the eating behaviors of autistic women with
EDs and how these differ from those of (1) non-autistic women with EDs, (2) autistic

women without EDs, and (3) non-autistic female controls. It investigates autism-related eating behaviors, traditionally disordered eating behaviors, and avoidant–restrictive food intake
disorder (ARFID)-related behaviors to better understand their complex ED presentations.
Methods: A cross-sectional study was conducted with 30 autistic women with EDs, 30 non-autistic women with EDs, 29 autistic women without EDs, and 60 non-autistic female controls. Participants completed questionnaires assessing eating behaviors, quality of life,
and comorbid psychological symptoms.
Results: Autistic women with EDs exhibited higher levels of both autism-related and disordered eating behaviors than all other groups,
including food selectivity, mealtime rigidity, and sensory-related eating difficulties. They also reported notable weight and shape concerns. Additionally, they showed higher levels of comorbidity and reported lower mental health-related quality of life compared to all
other groups.
Conclusions: These findings suggest that the overlap of autism-related and disordered eating behaviors contributes to the complexity and severity of EDs in autistic women, potentially limiting the effectiveness of current treatment approaches. Developing autism-informed interventions that address sensory sensitivities, rigidity, and cognitive differences may improve treatment outcomes. Future research should explore how these factors interact in maintaining ED pathology and identify strategies to distinguish adaptive from maladaptive eating behaviors.

Learning Objectives

- Identify key differences in eating behavior profiles between autistic and non-autistic women with and without eating disorders, including autism-related, ARFID-like, and traditionally disordered eating behaviors.
- Explain how the overlap of autism-related traits (e.g., sensory sensitivities, cognitive rigidity) and disordered eating behaviors contributes to the complexity and severity of eating disorders in autistic women.
- Discuss implications for clinical practice, including how autism-informed assessment and treatment adaptations could improve outcomes for autistic women with eating disorders.

Authors: Sabrina Schröder, Altrecht Eating Disorders Rintveld; Unna Danner; Annemarie van Elburg, University of Utrecht; Annelies Spek, Autism Expert Center

Sibling involvement and documentation in paediatric eating disorder care

Abstract: Background: When a young person has an eating disorder (ED), the entire family, including siblings, is affected. Despite recommendations in clinical guidelines and

treatment manuals to involve and support siblings, little is known about how this is enacted and documented in practice. The aims of this study were: (1) to audit documentation of sibling information and involvement in child and adolescent eating disorder services and its alignment with clinical guidelines, and (2) to explore healthcare professionals' perspectives on sibling involvement.

Method: A mixed-methods design was used. Clinical records of 102 young people receiving ED treatment were reviewed, and data were extracted using a data collection tool. Data were analysed descriptively. A focus group discussion was conducted with 14 healthcare professionals. Data were analysed qualitatively, applying thematic analysis.

Results: Most patients (84%) had siblings (n=160). Attendance in sessions was documented for only 20 siblings (13%) across 19 patients (19%). Across all records, only one met clinical recommendations for documenting sibling perspective and support. Qualitative analysis of the focus group identified six themes. Sibling involvement was seen as overwhelming, constrained by workload, privacy concerns and lack of appropriate resources, and conceptualisation of involvement was limited to session attendance. Perceived benefits included enhanced systemic insight and improved family communication.

Discussion: Documentation of sibling involvement in child and adolescent eating disorder care is limited, despite guideline recommendations. Clearer documentation practices, broader conceptualisations of sibling involvement, and further research are needed to ensure siblings receive appropriate support.

Learning Objectives

- Understand current practices for sibling involvement in child and adolescent eating disorder services.
- Recognise barriers and facilitators to sibling involvement identified by healthcare professionals.
- Reflect on ways to better support and document sibling involvement in clinical practice.

Authors: Amalie Schumann, amalie.schumann@psych.ox.ac.uk; Amalie Schumann is a DPhil candidate in Child and Adolescent Psychiatry at the University of Oxford. Her research focuses on the siblings of children with mental illness, with a focus on eating disorders, and on interventions designed to support siblings. Louise, louise.dalton@psych.ox.ac.uk; Prof Elizabeth, elizabeth.rapa@psych.ox.ac.uk

Flexibility in Emotion Regulation and Eating Behavior: Evidence from a regulation choice paradigm

Abstract: Emotion dysregulation is considered a central factor in the development and maintenance of eating disorders. Recent studies suggest that successful emotion regulation does not depend on mere use of adaptive vs maladaptive regulation strategies per se, but rather their context-dependent and flexible application. However, the relationship between emotion regulation flexibility and eating-disorder–specific features has been insufficiently investigated to date. In this online study, 203 women (18–45 years), collected via prolific, completed a well-established emotion-regulation choice paradigm in which they had to choose between cognitive reappraisal and distraction to regulate negatively valenced videos of low or high emotional intensity. In addition, questionnaires assessed multiple dimensions of eating behavior (cognitive restraint of eating, uncontrolled eating, emotional eating).
Extracted slopes from linear mixed-effects models indicate that higher cognitive restraint of eating was associated with less use of reappraisal as well as a reduced contextual adaption of the respective strategy to the intensity of the stimulus, indicating reduced emotion regulation flexibility. If replicated in clinically affected patients, context-sensitive variation in emotion regulation strategies could be specifically integrated into the treatment of eating disorders characterized by pronounced cognitive restraint of eating, such as Anorexia Nervosa.

Learning Objectives

- Understand emotion regulation flexibility in the context of eating behavior
- Interpret evidence from a strategy-choice paradigm and mixed-effects modeling
- Translate findings into clinical assessment and intervention

Authors: Maria Seidel, Division of Psychological and Social Medicine and Developmental Neuroscience, TU Dresden, Germany; Michaela Ohme; Stefan Ehrlich

Eating Disorder Education Chatbot, JEM (R): A Real-World Evaluation Study in Australia and Canada

Abstract: The aim of the study was to conduct a real-world evaluation of JEM (R) chatbot in Australia and Canada as the two countries who have hosted a deployment of the chatbot to date. Specifically, we aimed to explore user satisfaction with the chatbot and changes in user mood and body image satisfaction when completing the chatbot's microinterventions. The chatbot provided extensive psychoeducation on body image and eating disorder-related topics as well as very brief evidence-based microinterventions based on cognitive behavioural therapy (CBT), acceptance commitment therapy (ACT) and mindfulness approaches. JEM (R) chatbot was rule-based meaning it could only provide responses pre-scripted by the researchers and the chatbot could be used at any time, for any length of time, by anyone aged 13 and over. Study participants were chatbot users aged 13-64 years who elected to complete an optional online overall evaluation survey while conversing with the chatbot, N=230 (n=122 in Australia and

n=108 Canada), over a 6-month period. This evaluation survey included satisfaction measures and the System Usability Scale. Participants were also users over the same 6-month period who chose to complete brief optional online surveys immediately before and after completing one of the chatbot's microinterventions, N=75 to 276 (n=34 to 146 in Australia and n=39 to 130 in Canada). These surveys included visual analogue scales measuring mood (anxiety, depression, happy, confident) and body image satisfaction (body size satisfaction, body shape satisfaction, physically attractive). User satisfaction was moderately high in both countries and usability of the chatbot was rated as "excellent" in both with no significant differences. In general, each microintervention yielded significant reductions in anxiety and depression immediately after completion in both countries. Furthermore, increases in body size satisfaction were generally found after microintervention completion. There were some differences in significance trends for microinterventions between countries. In sum, JEM (R) chatbot yielded high user satisfaction and usability ratings as well as improvements in user mood and body image satisfaction after microinterventions in real-world settings in two different continents. These findings were based on a portion of the total users who self-selected to provide feedback and further evaluation in the future is warranted.

Learning Objectives

- Describe the real-world evaluation design and findings of the JEM (R) chatbot study conducted in Australia and Canada.
- Explain how rule-based chatbots delivering CBT, ACT, and mindfulness-based microinterventions can improve user mood and body image satisfaction.
- Discuss user satisfaction, usability and cross-continent similarities and differences in chatbot engagement and outcomes, and identify implications for scalable digital mental health interventions.

Authors: Gemma Sharp, Monash University; Suzanne Phillips, National Eating Disorder Information Centre (Canada); Sara Marini, National Eating Disorder Information Centre (Canada); Emily Tam, National Eating Disorder Information Centre (Canada); Isabella McGrath, University of Queensland; Hao Hu, Monash University

ED ESSI (R) Chatbot Effectiveness for Eating Disorder Treatment Waitlists: A 12-Month Trial

Abstract: This study aimed to investigate the effectiveness of a single session intervention (SSI) delivered by ED ESSI (R) chatbot. We examined the chatbot's impact on eating disorder pathology, psychosocial impairment, depression, anxiety and stress in individuals aged ≥16 years on waitlists for treatment for all types of eating disorders. This multicentre 2-armed randomised controlled trial included 60 people in total: 30 in the chatbot intervention group and 30 in the control group. The chatbot guided participants through a 30-minute enhanced cognitive behavioural therapy (CBT-E)-based SSI of assessment and psychoeducation. The chatbot was rule-based meaning it

could only provide responses pre-scripted by the researchers. The control group received web-based information on the same core topics covered in the SSI which took ~30 minutes to read. There were 5 time points: before intervention or baseline, after intervention within 72 hours of baseline, 1 month, 3 months and 12 months after baseline. Eating disorder pathology (primary outcome) and psychosocial impairment, depression, anxiety and stress (secondary outcomes) were measured via online survey at baseline, 1, 3 and 12 months. Furthermore, the System Usability Scale was implemented immediately after use for the chatbot intervention group only. The chatbot induced significantly greater reductions compared to the control group in the primary outcome of eating disorder pathology and secondary outcomes of psychosocial impairment, depression and anxiety over the 1-, 3- and 12-month time points. The chatbot was rated as “excellent” in terms of usability. A significantly higher proportion of participants in the chatbot group entered treatment by 3 months, upon it being offered to them, compared to the control group. Furthermore, the chatbot participants completed significantly more sessions with their treating team by 12 months and were more likely to report that they had reached a point of self-defined “recovery” than the control group. Overall, the chatbot promptly induced improvements in eating disorder pathology, psychosocial impairment, depression and anxiety, which were detectable at 1 month and increased to 12 months. The chatbot appeared to promote early treatment gains which helped to more strongly foster a pathway towards recovery. Such chatbot technology potentially represents an effective, accessible, and scalable form of early intervention. However, further larger-scale evaluation is warranted.

Learning Objectives

- Describe the design and key findings of a 12-month randomised controlled trial evaluating the ED ESSI (R) chatbot for people waiting for eating disorder treatment.
- Explain how a single-session, CBT-E-based chatbot intervention can reduce eating disorder pathology, psychosocial impairment, depression and anxiety.
- Discuss the chatbot’s usability, its impact on treatment engagement and recovery pathways, and implications for scalable early intervention in eating disorders.

Authors: Gemma Sharp, Monash University; Bronwyn Dwyer, Monash University; Alisha Randhawa, Monash University; Isabella McGrath, University of Queensland; Hao Hu, Monash University

Intraminority Body Stigma, Appearance Pressures, and Disordered Eating in Sexual Minoritized Men

Abstract: Research examining eating disorder disparities affecting sexual minoritized men primarily focuses on the influence of heterosexist stigma-related minority stress without considering intraminority stressors, such as the negative comments and criticisms sexual minoritized men may face from other sexual minoritized men based on a number of stigmatized characteristics (e.g., a non-mesomorphic body shape). Drawing

from intraminority stress theory and an adapted dimension of appearance pressures from the tripartite influence model, we examined whether intraminority body stigma was associated with elevated thinness-oriented and muscularity-oriented disordered eating over time as a function of perceived appearance-based pressures from the LGBTQ+ community (i.e., LGBTQ-specific appearance pressure) in a sample of 225 cisgender sexual minoritized men between the ages of 18 and 30 (Mage=25.79; MBMI=27.65; 27% gay, 64% bisexual, 10% queer; 59% White). Participants were recruited in the U.S. via Prolific, completing surveys at baseline, 3-month follow-up, and 6-month follow-up. A single path model with maximum likelihood estimation in Mplus examined longitudinal relations among study variables. Covariates included BMI and baseline levels of the outcomes. The model, which fit these data well (CFI=.99; TLI=.96; RMSEA=.07; SRMR=.04), accounted for a large amount of variance in 6-month eating disorder symptoms, R2s=.53-.51, p=<.001. Intraminority body stigma was associated with 3-month LGBTQ-specific appearance pressure, β=.42, p=<.001, and 3-month LGBTQ-specific appearance pressure was associated with 6-month thinness-oriented disordered eating, β=.14, p=.037, but not 6-month muscularity-oriented disordered eating, p=.619. Furthermore, baseline intraminority body stigma was indirectly, but not directly (p=.494), associated with higher 6-month thinness-oriented disordered eating through higher 3-month LGBTQ-specific appearance pressure, β=.06, p=.044. Findings indicate that sexual minoritized men who experience body-related criticisms from other sexual minoritized men may be at increased risk for developing eating disorder symptoms due partly to feeling more pressure to conform to perceived mainstream appearance standards of the LGBTQ+ community, which appear to be more thinness-focused. Such knowledge highlights the importance of weight and size inclusivity in LGBTQ-specific spaces, informing eating disorder prevention and interventions efforts for sexual minoritized men.

Learning Objectives

- Following the training, participants will be able to understand the difference between minority stress theory, intraminority stress theory, and the tripartite influence model and their relations with eating disorder symptoms among sexual minoritized men.
- Following the training, participants will be able to identify intraminority body stigma and LGBTQ-specific appearance pressures as unique, population-specific, and interrelated risk factors for eating disorder symptoms in sexual minoritized men.
- Following the training, participants will be able to differentiate between thinness-oriented and muscularity-oriented disordered eating and gain a more comprehensive understanding of their relevance to sexual minoritized men.

Authors: Benjamin Shepherd, Yale School of Public Health; Wesley Barnhart, Suffolk University

Predicting Symptom Trajectories from Brain Circuit Activation in Anorexia and Atypical-Anorexia

Abstract: Restrictive eating disorders (ED), including anorexia nervosa (AN) and atypical AN (AtAN), are marked by persistent psychological distress, with approximately half of patients sustaining recovery after treatment. Altered brain activation in reinforcement learning (caudate, putamen, nucleus accumbens), cognitive control (anterior cingulate cortex, dorsolateral prefrontal cortex), and affective processing (amygdala, hippocampus) circuits has been implicated in the development and maintenance of restrictive eating. Yet, few studies have examined how variability in these neural systems predicts longitudinal trajectories or symptom change. Leveraging functional MRI (fMRI) and longitudinal modeling, we tested whether activation in these circuits in response to high-calorie food images vs objects predicts clinical trajectories. We hypothesized greater cognitive control and affective circuit activation would predict slower symptom improvement over 18 months. We processed baseline fMRI scans from 63 females (40 AN, 23 AtAN; ages 10-22 years, μ=18, σ=3) using SPM12. Beta estimates were then extracted from AAL3-defined regions of interest using the REX toolbox and summed to create total circuit activation metrics. Weekly assessments of ED severity (LIFE Psychiatric Status Rating; PSR) range 1-6 over 80 weeks. We modeled PSR trajectories in R using linear mixed-effects models with week, circuit activation z-scores, and their interaction as fixed effects, and participant-level random intercepts. Across models, PSR scores decreased over time (βs ≈ –0.009, ps < .001), reflecting symptom improvement. Reinforcement learning and affective circuits were unrelated to baseline PSR scores or symptom change. Higher cognitive control activation predicted slower weekly decline (β-interaction = 0.0026, p < 0.001), improving 0.0026 points/week slower than average and resulting in scores 0.21 points higher at Week 80 for those 1 SD above versus 1 SD below the mean. Higher cognitive control circuit activation, in response to high-calorie food images, predicted slower symptom improvement, suggesting heightened engagement of this network may contribute to illness maintenance. The absence of baseline associations between circuit activation and ED symptoms, despite predictive value, underscores the importance of research investigating longitudinal, brain-based predictors of recovery.

Learning Objectives

- Identify key neural circuits implicated in the development and maintenance of restrictive eating disorders.
- Explain how baseline fMRI activation could predict long term symptom trajectories in anorexia nervosa and atypical anorexia nervosa.
- Evaluate the cross sectional versus longitudinal analysis approaches for brain-behavioral relationships.

Authors: Arjun Shreekumar, Brigham and Women's Hospital; Luke Dysart; Siddarth Seenivasa; Chunni Ji; Avery Van De Water; Franziska Plessow; Meghan Slattery; Jennifer J. Thomas, Eating Disorders Clinical and Research Program, Department of Psychiatry, Mass General Hospital; Madhusmita Misra; Elizabeth A. Lawson, Mass General Brigham Multidisciplinary Eating Disorders Research Collaborative; Marek Kubicki; Kamryn Eddy, Eating Disorders Clinical and Research Program, Department of

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When Treatment Harms: Hopelessness, Futility, and the Culture of Care in "Terminal-Anorexia Nervosa"

Abstract: Anorexia Nervosa (AN) is a complex neuro-metabolic and psychiatric illness, with treatment resistance affecting 20–30% of individuals. Gaudiani et al. (2022) recently proposed the term Terminal Anorexia Nervosa (T-AN) to facilitate access to Medical Assistance in Dying (MAiD) for individuals with longstanding and treatment-resistant AN. One of the four proposed criteria is that individuals must possess decision-making capacity to determine that further treatment is futile and death will be the natural outcome. The present study focused specifically on this decision-making capacity criterion, exploring how the potentially affected community perceives its meaning, feasibility, and ethical implications. Reflexive thematic analysis revealed widespread concern that perceptions of futility often arise not from the illness itself but from systemic and cultural failures within treatment. Participants described experiences of "treatment that harms," including invalidating care, a lack of trauma-informed and neurodiversity-affirming approaches, and inadequate attention to co-occurring psychiatric conditions. Many reported that such experiences reinforced hopelessness, disengagement, and the belief that recovery was unattainable. Others reflected that the T-AN framework may disproportionately affect marginalized individuals who have been denied, or have limited access to, high-quality and culturally competent care. Participants emphasized that before T-AN or MAiD can be ethically considered, the field must address inequities in access to effective care and critically examine how clinician beliefs and language, such as labeling someone "terminal," may compound despair. Findings highlight that what is often framed as treatment futility within Criterion 4 may, in fact, reflect structural neglect, which can indirectly shape or constrain a person's perceived capacity to determine that treatment is futile. Ethical discourse around MAiD in eating disorders must therefore be situated within the broader culture of care, emphasizing empathy, equity, and recovery-oriented systems rather than premature acceptance of death.

Learning Objectives

- Critically evaluate Criterion 4 of the proposed T-AN framework: decision-making capacity.
- Identify clinical, ethical, and systemic factors that may compromise or influence capacity assessments in AN.
- Consider approaches for developing disorder-specific, equitable, and recovery-oriented capacity assessment tools.

Authors: Ashley Siegel, York University; Anita Federici, The Centre for Psychology and Emotion Regulation; Sara Robb, The Centre for Psychology and Emotion Regulation; Jennifer Mills, York University

The Longitudinal Associations Between Irritability and Eating Disorder Symptoms Among Adolescents

Abstract: Irritability, a proneness to anger and frustration, is a core negative valence construct and a transdiagnostic vulnerability factor implicated in internalizing and externalizing psychopathology. Although irritability often co-occurs with mood and anxiety symptoms, its prospective role in the development of eating disorder (ED) pathology remains unclear. This study examined whether parent- and child-reported irritability across childhood and adolescence predicted later ED symptoms and whether internalizing symptoms mediated these associations. Youth (N=609; 45.5% female; 89.0% White, non-Hispanic) were followed longitudinally from ages 3 to 18. Irritability was assessed by parent-reported at ages 3, 6, 12, and 15, and child-report at ages 12, 15, and 18, using developmentally appropriate versions of the Preschool Age Psychiatric Assessment and Affective Reactivity Index. ED symptoms (anorexia nervosa and bulimia nervosa) were assessed dimensionally at ages 15 and 18 with the Kiddie Schedule for Affective Disorders and Schizophrenia–Present and Lifetime Version (K-SADS-PL). Depressive and anxious symptoms were measured at ages 15 and 18 using the Children's Depression Inventory and Screen for Childhood Anxiety Related Disorders. Linear regression and mediation models (PROCESS, Model 4) tested whether irritability predicted later eating pathology and whether depressive or anxious symptoms mediated these effects. ED symptoms were reported by 35 youth at age 15 and 38 at age 18. Parent-reported irritability was unrelated to ED symptoms (ps > .05). Higher child-reported irritability at age 12 predicted greater ED symptoms at age 15 (B = 0.16, SE = 0.03, p < .001), even when adjusting for depression and anxiety (B = 0.11, SE = 0.04, p = .008). Irritability at age 12 and 15 did not predict ED symptoms at age 18 when adjusting for depression and anxiety (ps = .06). Depressive and anxious symptoms at age 15 mediated the association between irritability at age 12 and ED symptoms at age 18; indirect effects via depression (B = 0.09, 95% CI [0.03, 0.18]) and anxiety (B = 0.05, 95% CI [0.01, 0.10]) were significant. Irritability in early adolescence prospectively predicts ED symptoms through its association with mid-adolescent depression and anxiety. These findings implicate irritability as an early transdiagnostic affective vulnerability that contributes to eating pathology via shared emotional dysregulation mechanisms rather than a direct, disorder-specific pathway.

Learning Objectives

- Define irritability and its relation to internalizing psychopathology
- Understand one pathway by which irritability contributes to the onset and maintenance of eating disorder symptoms in adolescence
- Identify approaches to reduce irritability in childhood and adolescence

Authors: Jamilah Silver, The University of North Carolina; Megan Parker, Alpert Medical School of Brown University

Why reflexivity matters in the literature of suffering, death, and dying in eating disorders

Abstract: Current debates on medical aid in dying and treatment futility in longstanding eating disorders emphasize diagnostic frameworks, ethical principles, and legal statutes. What remains underexamined is how an author's own experiences with suffering, death, and dying shape their perspective and conclusions. I argue that every manuscript on end-of-life care, decision-making capacity, or futility in eating disorders should include a reflexivity statement detailing the author's relationship to mortality. By mandating reflexivity disclosures alongside ethics and funding statements, journals can enhance transparency and allow readers to contextualize empirical claims and ethical positions. I propose a template for a reflexivity paragraph in which authors succinctly state their clinical or research focus, experiences with suffering, and forces that shape their views on suffering, futility, and dying. Embedding these statements will strengthen the epistemic and ethical integrity of scholarship, increase compassion even in disagreement, guard against hidden biases, and foster more patient-centered, culturally sensitive discourse on longstanding eating disorders and end-of-life decision making.

Learning Objectives

- Identify why reflexivity is important in literature on suffering, death, and dying in eating disorders.
- Interrogate cultural contexts that influence perspectives on suffering, death, and dying.
- Demonstrate a patient-centered approach to conversations on suffering, death, and dying where provider reflexivity is directly named.

Authors: Scout Silverstein, Temple University

12-Month Follow-Up of Temperament Based Therapy with Support (TBT-S)

Abstract: The purpose of this study was to investigate clinical outcomes reported by adult patients with an eating disorder (ED) 12 months after receiving Temperament Based Therapy with Support (TBT-S). TBT-S is a 5-day intensive adjunctive treatment for eating disorders, informed by neurobiological, temperamental and genetic research findings. It is delivered in a multifamily format, where 3-6 patients attend together with 1-4 supports (e.g., parents, significant others or siblings). Although a growing body of evidence supports the acceptability, feasibility and preliminary efficacy of TBT-S, follow-up data during the first 12 months after treatment remain limited. In this study, 46 patients (mean age = 25.1 years, SD = 6.3) and 65 supports who had received TBT-S at

a tertiary ED clinic in Norway participated. Most patients were diagnosed with anorexia nervosa (n = 16) or atypical anorexia nervosa (n = 22), with fewer cases of bulimia nervosa (n = 4) and eating disorder, unspecified (n = 4). To assess clinical outcomes, linear mixed models (LMMs) of self-reported ED psychopathology, clinical impairment, state and trait anxiety, general family functioning and body mass index (BMI) were conducted at pre- and post-treatment, and at 3-, 6- and 12-month follow-ups. Outcomes revealed significant reductions in ED symptoms and clinical impairment from pre-treatment to all follow-up timepoints, including decreases in Eating Disorder Examination Questionnaire (EDE-Q) global score (ranging from 0.60 to 0.67 across timepoints) and increases in body mass index (BMI) after 3, 6 and 12 months (ranging from 1.07 to 1.44). No significant changes in general family functioning were observed over time. In summary, the findings demonstrate improvements in clinical outcomes during the first year after treatment, indicating that TBT-S may promote lasting symptom reductions. Clinically, the findings highlight the relevance of temperament-based interventions in supporting long-term outcomes, but randomized controlled trials are needed to further establish the efficacy of TBT-S.

Learning Objectives

- Give an overview of the structure and research on Temperament Based Therapy with Support (TBT-S)
- Describe the clinical outcomes reported by adult patients 12 months after receiving TBT-S
- Discuss the potential limitations and future research needs to assess the effectiveness of TBT-S for patients with eating disorders

Authors: Joakim Skoog, Regional Department for Eating Disorders, Oslo University Hospital; Kristin Stedal, Regional Department for Eating Disorders, Oslo University Hospital; Ingrid Funderud, Regional Department for Eating Disorders, Oslo University Hospital

Why Perfectionism Predicts Bulimic Symptoms at Long-Term Follow-up: Mediation via Drive for Thinness

Abstract: Perfectionism is a prospective risk factor for bulimia nervosa. The present study aimed to clarify the mechanisms underlying this link with longitudinal data including baseline, 10-, and 20-year follow-up assessments. In line with Cognitive-Behavioral Theory, we hypothesized that perfectionism may prospectively predict bulimic symptom frequency through its effects on drive for thinness. Participants (N=2060; 71.3% female; 70.2% non-Hispanic White; mean (SD) age of 29.39 (8.57) years) responded to surveys in 2002 (Time 1), 2012 (Time 2), and 2022 (Time 3; mean (SD) age of 50.40 (8.37) years). Perfectionism and drive for thinness were measured with the Eating Disorder Inventory, and bulimic symptom frequency was calculated as the total frequency of self-reported binge eating and inappropriate compensatory behaviors (i.e.

purging, diet pill use, compensatory exercise, and fasting). We employed structural equation modeling to analyze mediational effects of drive for thinness at Time 2 on the relationship between perfectionism at Time 1 and bulimic symptom frequency at Time 3. We used robust maximum likelihood as our method of estimation to account for nonnormal data distributions. Participant BMI and sex were included as covariates. The model demonstrated excellent fit to data (CFI = 1.00, TLI = .96, RMSEA < .05, SRMR = .01, χ^2= 3.36, df=1, p = .07). Perfectionism prospectively predicted drive for thinness (p < .01), and drive for thinness prospectively predicted bulimic symptom frequency (p < .01). The significant indirect effect (p = .03) and non-significant direct effect (p = .31) indicated that perfectionism's impact on bulimic symptom frequency is driven solely through its effects on drive for thinness. These findings may explain counterintuitive associations between high levels of perfectionism and dysregulated eating behavior. Moreover, findings expand theoretical understanding of eating disorder symptom development and maintenance in both men and women across adult development.

Learning Objectives

- Discuss how perfectionism may be influencing bulimic symptoms
- Understand the use of structural equation modeling to examine mediational effects
- Discuss how findings expand theoretical understandings of disordered eating development across adult life

Authors: Holly Spinner, Florida State University; Harmony Vides-Varini, Florida State University; Christopher Schatschneider, Florida State University; Pamela Keel, Florida State University

The Motivational Underpinnings of Compulsive Exercise: An Expanded, Integrated Theoretical Model

Abstract: Compulsive exercise (CE) is increasingly recognized as a maladaptive behavior involving rigid and excessive exercise patterns that persist despite negative consequences. Prevalence estimates range from 5-29% among men and 8-36% among women, with co-occurring eating disorders (EDs) and CE reported in 30-75% of cases. Inconsistent definitions of CE limit conceptual clarity, highlighting the need for theoretical models that integrate motivational and sociocultural factors. Existing models - including the Cognitive-Behavioral Maintenance Model, the Four Phase Model, and the Interactional Model of Exercise Addiction - offer valuable insight into cognitive, emotional, biological, and sociocultural mechanisms but overlook motivational factors driving CE. Self-Determination Theory (SDT) and Achievement Goal Theory (AGT) address these gaps. SDT emphasizes motivation quality (controlled/extrinsic to autonomous/intrinsic) and posits that satisfying psychological needs for autonomy, competence, and relatedness promotes adaptive exercise engagement. AGT highlights how goal orientation and motivation climate (mastery/task vs. performance/ego focus) shape perceptions of success and self-worth. Integrating these theories provides a more

nuanced understanding of individual and environmental factors influencing CE. In addition to motivational factors, sociocultural pressures - such as family, peer, and media influence, weight stigma, and internalization of fit/thin ideals - shape exercise motivation and behavior. This session introduces the Sociocultural-Motivational Pathway Model of Compulsive Exercise (SMP-CE Model), an integrative framework grounded in SDT and AGT. The SMP-CE Model illustrates how motivational climate and goal orientation interact with sociocultural pressures. Controlled/extrinsic motivation increases vulnerability to CE and disordered eating, whereas autonomous/intrinsic motivation supports balanced, flexible exercise. Reinforcing traits like perfectionism, rigidity, and emotion dysregulation perpetuate maladaptive patterns. The SMP-CE Model also incorporates often-overlooked constructs, such as weight bias and fit-ideal internalization. By integrating motivational, sociocultural, and psychological factors, the model advances understanding of CE's etiology and maintenance, guiding future research, prevention, and intervention efforts.

Learning Objectives

- Define and differentiate key theoretical frameworks related to compulsive exercise to clarify their unique and overlapping contributions in understanding maladaptive exercise behavior.
- Explain how motivational and sociocultural factors interact within the Sociocultural-Motivational Pathway Model of Compulsive Exercise to influence vulnerability to disordered eating and exercise.
- List examples of how the Sociocultural-Motivational Pathway Model of Compulsive Exercise could inform prevention and intervention strategies targeting at-risk populations.

Authors: Nikole Squires, Northern Arizona University; Lani Link, Northern Arizona University; Dawn Clifford, Northern Arizona University

Targeting Intolerance of Uncertainty in Adolescents with Anorexia Nervosa: a Pilot Study

Abstract: Intolerance of uncertainty (IU) refers to the excessive negative response to uncertainty. Those with high IU regard uncertainty as unfair and experience high levels of distress and anxiety in the face of uncertainty. Behaviors associated to uncertainty-related anxiety include avoidance, freezing, excessively seeking reassurance with others or overpreparing. Originally studied in the context of anxiety disorders, a growing field of research highlights the relevance of IU in eating disorders (ED). Levels of IU are clinically elevated across ED groups, and higher IU is associated to both more severe ED pathology (particularly restrictive type symptoms) and to poorer cognitive and social-emotional functioning. There is some evidence of IU-related neural substrates. Seeing that ED treatment is inherently uncertain (i.e. what will I have to do in treatment, what will

my body look like, what will my life without ED be), not tolerating uncertainty will likely hinder treatment engagement and outcomes. Targeting IU in those with ED may improve ED treatments. The purpose of the study: to assess the feasibility, acceptability and effectiveness of a training targeting IU in adolescents with anorexia nervosa. Sample: the sample includes 10 adolescents with anorexia nervosa. Patients are recruited from a specialized ED center in the Netherlands. Method: An ED-adapted version of a CBT-based training targeting IU developed for emotional disorders, consisting of 12 sessions delivered over 8 weeks, includes psychoeducation, behavioral experiments challenging beliefs about uncertainty and a relapse-prevention plan. IU scores were assessed before and after the IU training and at session 8. Therapists shared their experiences through short interviews. Summary data and results: patients were aged 14-18, had an average BMI of 17.6 and all presented with comorbidities such as anxiety disorders, self-mutilation and problems in the family dynamic. IU scores went down significantly after related to before the training, with most patients scoring no longer in the clinical range. Therapists experienced practical difficulties (e.g. planning sessions) and highlighted the difficulty of disentangling the uncertainty cognitions from other common ED-related cognitions such as low self-esteem, interpersonal difficulties and obsessive compulsive symptoms.

Learning Objectives

- Weigh the importance of IU in eating disorder development and maintenance
- Describe an intervention targeting IU in individuals with eating disorders
- Differentiate uncertainty cognitions from other eating disorder-related cognitions

Authors: Lot Sternheim, Utrecht University; Jojanneke Bijsterbosch, Utrecht University; Caya van Eikenhorst, Altrecht Eating Disorders Rintveld; Unna Danner

Feasibility and Impact of a Single Fecal Microbiome Transplantation to Adults with Anorexia Nervosa

Abstract: Current treatments for anorexia nervosa (AN) have poor efficacy, with less than half of the patients achieving full recovery in long-term follow-up studies. Recent findings have identified altered gut microbiota (GM) as a potential contributor to AN pathology through the gut-brain axis. This study aims to evaluate the feasibility of utilizing fecal microbiota transplantation (FMT) to modify the GM and GM-associated signaling in adult females with AN and to examine biological effects following a single FMT procedure.
The study was an open-label, non-randomized, feasibility trial (Clinicaltrials.gov Identifier: NCT05834010). FMT was administered either orally via capsules or rectally as an enema, according to patients' preferences. Stool and blood samples were collected pre- and one-week post-FMT to assess GM composition, hormonal changes, and biomarkers. Psychometric assessment was performed before and four weeks after FMT. 18/22 participants (81%) completed FMT with no serious adverse effects. GM analysis

showed significant shifts toward donor composition one-week post-FMT. No significant changes were observed in psychopathology measures or appetite-related biomarkers. FMT is a feasible intervention for adult women with AN, leading to changes in GM profile. Future studies should focus on placebo-controlled trials to assess the efficacy of repeated oral treatments and explore long-term effects on GM, appetite, body weight, disorder-specific symptoms, and overall well-being.

Learning Objectives

- Describe the rationale for using fecal microbiota transplantation (FMT) to target gut microbiota alterations in anorexia nervosa.
- Summarize the design, feasibility, and safety outcomes of an open-label feasibility study investigating FMT in adult females with anorexia nervosa.
- Discuss the implications of gut microbiota modulation for future clinical trials and potential treatment strategies in anorexia nervosa.

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Adjunctive Cognitive Remediation Therapy in Family Based Treatment for Adolescents with AN

Abstract: Anorexia nervosa (AN) typically onsets during adolescence, a time of critical neurocognitive development. Malnutrition arrests development and is linked to poorer executive functioning skills, including difficulties with set-shifting and central coherence. Cognitive remediation therapy (CRT) is an adjunctive treatment used to increase cognitive flexibility in neurological conditions such as traumatic brain injury and schizophrenia that holds promise for those with AN. This study aimed to examine whether adding CRT to Family-Based Treatment (FBT) could facilitate more rapid improvements in cognitive flexibility of adolescents with AN than FBT alone. We also

sought to examine whether outcome differed between groups. Participants were 96 adolescents with AN and their carers (14.83 +/- 1.64 yrs) randomized to either FBT alone or FBT+CRT. The average BMI z-score at intake was -.8194 (SD = 0.71). Youth received 15 sessions of FBT over six months, with nine sessions of CRT for the second group (n=48 per group). Of treatment completers, 76.1% (n= 54) achieved weight restoration (using ideographic body weight) at end-of-treatment, 9.9% (n = 7) were partially weight restored (between 90.0% and 94.99% of iEBW), and 14.1% (n = 10) were not weight restored. Combining weight restoration with EDE-Q scores, 4.5% (n=3) were not recovered, 44.8% (n = 30) were partially remitted, and 50.7% (n = 34) were remitted. Results of a repeated measures ANOVA indicated a significant main effect of time on BMI z-score ($p < .001$) and EDE-Q Global scores ($p < .001$), with no significant main effect for condition or the interaction between time and condition. Latent growth curve models demonstrated no significant differences in the rate or total improvement in cognitive flexibility across groups, although both groups demonstrated significant increases in set-shifting ability over time. Results of a repeated measures ANOVA showed a significant time by condition effect, indicating that youth in the CRT condition reported greater improvements in eating disorder recovery self-efficacy over time ($p < .001$). Although data did not replicate our prior findings of the impact of CRT on adolescent set-shifting performance, the impact of CRT on eating disorder recovery self-efficacy is consistent with prior research seeing links between CRT and functional improvements. Next steps include examining mediation models and follow-up data.

Learning Objectives

- Describe the rationale for the addition of CRT to FBT
- Discuss alternative key outcomes for CRT
- Analyze the impact of adding CRT to FBT on weight and eating disorder symptoms

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Integrated psychotherapy for comorbid eating disorder and posttraumatic stress disorder

Abstract: Eating disorders (ED) and posttraumatic stress disorder (PTSD) are frequently comorbid. In conventional practice, the two disorders are often treated independently and sequentially. However, comorbid PTSD has been associated with poorer eating ED treatment outcomes, including higher rates of dropout and relapse compared to individuals without PTSD. To address these challenges, there is growing interest in developing integrated treatments that target both EDs and PTSD within a single protocol. This case series aims to assess the acceptability of a newly developed ten-session treatment protocol that combines two focused psychotherapies, cognitive

behaviour therapy-ten (CBT-T) for non-underweight EDs and written exposure therapy (WET) for PTSD, referred to as integrated CBT-T. Twelve participants with comorbid ED and PTSD were recruited from a Canadian ED program to receive the integrated CBT-T and participate in the research study. Participants completed validated measures assessing ED, PTSD, anxiety, and depression symptoms prior to the first treatment session and at end-of-treatment. Clinicians documented treatment completion, number of sessions attended, and reasons for discontinuation. Seven participants completed treatment, two participants dropped out of treatment following session four, and two participants dropped out of treatment following session seven. Reasons for discontinuation included participant decision related to reported anxiety and personal circumstances. Total ED symptom scores decreased from a clinically significant mean of 4.56 (SD = 0.73) pre-treatment to below a clinically significant cut-off at 2.71 (SD = 1.17) end-of-treatment. Total PTSD symptom scores demonstrated a clinically significant decrease from a mean of 51.91 (SD = 14.50) pre-treatment to 38.27 (SD = 16.00) at end-of-treatment. Total depression scores decreased from a severe range (M = 19.33, SD = 4.19) pre-treatment to a moderate range (M = 12.45, SD = 4.52) at end-of-treatment. Total anxiety symptom scores decreased from a severe range (M = 15.33, SD = 3.60) pre-treatment to a moderate range (M = 11.91, SD = 5.09) at end-of-treatment. Clinically meaningful improvements and treatment retention comparable to other ED interventions suggest that integrated CBT-T is acceptable. The therapeutic effects of integrated CBT-T warrants further investigation in adequately powered studies, such as randomized controlled trials.

Learning Objectives

- Recognize posttraumatic stress disorder as a common co-morbidity in eating disorders and understand the importance of targeted treatment approaches.
- Evaluate the therapeutic potential of integrating Written Exposure Therapy into Cognitive Behaviour Therapy-Ten for co-occurring eating disorder and posttraumatic stress disorder.
- Identify what steps are needed to determine whether integrated Written Exposure Therapy into Cognitive Behaviour Therapy-Ten is effective for individuals with co-occurring eating disorder and posttraumatic stress disorder.

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From Evidence to Policy Action: Lessons from US Strategic Science to Prevent Eating Disorders

Abstract: The global market for dietary supplements deceptively claiming to lead to weight loss or muscle building continues to grow. These underregulated products are heavily marketed to youth worldwide through social media, are linked with eating

disorders, and often contain harmful ingredients posing risks of multiple adverse health effects. Minors under 18 years are particularly vulnerable to these harms, as access to and use of these products during this critical stage of development can impact both short- and long-term health including exacerbating eating disorders. In the US, more than a dozen states, including California, have proposed age-restriction legislation to limit minors' access to these over-the-counter (OTC) supplements. In fact, New York passed this policy into law in 2023. Over the past four years, our research team composed of subject matter experts and health economists has engaged in strategic science to inform the legislative process on bills to prohibit the sale of OTC weight-loss and muscle-building supplements to minors. Specifically, we generated economic evidence on the implementation costs and cost-effectiveness of the proposed policy to support community advocacy efforts and inform state lawmakers. We share lessons from our strategic science work in California and other US states and discuss implications for global policy action. The strategic science approach included: (1) estimating one-time implementation costs of the proposed policy from the state's perspective; (2) conducting a cost-effectiveness analysis (CEA) to assess total costs and potential health systems and societal impacts; and (3) engaging in strategic communication to translate these research findings for lawmakers and their staff. Our analysis of the implementation costs for California's proposed age-restriction policy estimated a one-time investment of approximately 63 staff hours (95% uncertainty interval [UI]: 34-97), representing an opportunity cost of $5,640 (95% UI: $4,380–$7,000), including salaries and benefits. Our initial CEA estimated the policy would generate approximately USD $4 billion in savings at the societal level over 30 years. Finally, we developed a policy brief to share these findings with policymakers. Our experience using strategic science to inform the legislative process can be adapted for other national and regional contexts globally to advance collective efforts in preventing eating disorders through population- and policy-level approaches.

Learning Objectives

- Describe at least two negative outcomes associated with consumption of over-the-counter diet pills and muscle-building supplements.
- List three steps illustrative of strategic science.
- Describe how economic evidence can serve as an effective tool to engage policymakers in advocating for policies aimed at preventing eating disorders.

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A meta-analysis of disordered eating symptoms and its association with social comparison

Abstract: Social comparison has been widely implicated in the aetiology and maintenance of body dissatisfaction and eating disorders, however, the strength of this association remains unclear due to considerable variation in study methodologies, measures, and sample characteristics.
To address this gap, we conducted a systematic literature review and meta-analysis (PROSPERO ID: CRD42024626732) to estimate the overall effect size of the association between social comparison and disordered eating and examine key moderators that may influence this relationship. Searches of databases, including gray literature, identified 261 studies comprising 328 distinct samples, with a total of 118,672 participants included. The methodological quality of the included studies was assessed.

A multi-level meta-analysis found a significant overall medium effect size, $r = 0.40$, $p < .001$, 95% CI [0.4 – 0.44], but studies were heterogeneous. Moderator analyses revealed that samples with a higher proportion of female participants showed stronger associations between social comparison and disordered eating symptoms. Age of participants did not significantly influence effect sizes. Upward social comparisons(e.g., comparing oneself to those perceived as “better off”) were associated with stronger relationships than downward comparisons. The type of social comparison assessed, as well as the measures used for both social comparison and disordered eating symptoms, also significantly moderated the strength of the association.

Overall, these findings highlight the robust role of social comparison, in disordered eating symptoms and body image concerns. They underscore the importance of considering participant characteristics, comparison direction, and measurement approaches in research and provide guidance for refining theoretical models and developing targeted prevention strategies.

Learning Objectives

- gain a better understanding of the literature on eating disorder symptoms, social comparison, and their relationship
- identify and differentiate key moderating factors that influence the strength of the relationship between social comparison and disordered eating symptoms.
- learn how findings can be used to inform evidence-based clinical and theoretical interventions for eating disorders

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“We can manage to a point”: Primary care providers’ perspectives on managing EDs in youth

Abstract: There has been a recent shift toward primary care providers (PCPs) as key players in the identification, diagnosis, and treatment of eating disorders (EDs) in youth given the lack of sufficient specialty care and known benefits of early intervention. However, despite PCPs being key deliverers of these interventions, few intervention efforts center the perspectives of PCPs in their design and implementation. This qualitative study explored how pediatric PCPs perceive their role in, and readiness to deliver, ED care to youth. We conducted focus groups with pediatric PCPs and nurses to explore their experiences managing youth with diagnosed or suspected EDs, focusing on their willingness to assume increased responsibility for care, perceptions of their role, and the supports needed to deliver high-quality care in primary settings. Participants were purposively recruited from primary care practices within a large health system which spans urban, suburban, and rural settings. Focus groups were recorded and transcribed, and analysis followed an inductive thematic approach. The final sample included 14 participants (n = 11 physicians, n = 2 nurse practitioners and n = 1 nurse) from 6 different practices. Three themes emerged: 1) Time and infrastructure constraints: PCPs consistently reported that despite their best intentions, they faced numerous systemic barriers to providing more ED care for youth, such as time limits, staffing, competing demands, and limited visit availability; 2) ‘We’re not the experts’: PCPs expressed limited training and confidence in providing ED care, which leads them to feel uncertain, uncomfortable, unsure of their role in the care landscape; 3) Working with no safety net: The absence of clear pathways, screening tools, communication mechanisms, and follow-up systems makes high-quality care difficult and weakens PCPs’ ability to intervene. When asked about potential interventions they would support, participants preferred adaptive, flexible, and integrated interventions. The findings of this study highlight that shifting care toward primary care levels must be done thoughtfully, collaboratively, and considerately to make a meaningful difference for youth with EDs while avoiding additional strain on PCPs.

Learning Objectives

- Participants will identify the need to intervene earlier in the course of ED pathology to improve outcomes.
- Participants will understand the complexities of shifting ED care toward the primary care setting.
- Participants will understand the need to make new interventions collaborative.

Authors: Samantha Turner, University of Massachusetts Boston; C. Alix Timko, Children's Hospital of Philadelphia; Katherine Kellom, Children's Hospital of Philadelphia; Michele Calderoni, Children's Hospital of Philadelphia; Jennifer Mautone, Children's Hospital of Philadelphia

Problematic Social Media Use and Weight Perception Misalignment in Adolescents

Abstract: This study tested whether problematic social media use (PSMU) is associated with weight overestimation among non-overweight adolescents, whether symptom severity shows dose–response patterns, and whether associations vary by sex or distance from the WHO overweight threshold. Data were drawn from the 2017/18 Health Behaviour in School-aged Children survey of 11-, 13-, and 15-year-olds across 39 countries (analytic N=6,114). PSMU was defined as endorsement of ≥6 of 9 Social Media Disorder (SMD) symptoms, with sensitivity cutoffs at ≥5 and ≥7. Outcomes were weight overestimation (primary), WHO overweight status (secondary), and a multinomial misperception typology. Models incorporated survey weights, country fixed effects, and cluster-robust standard errors, adjusting for age, sex, family affluence, BMI, sleep difficulties, and somatic complaints. Logistic, multinomial, and interaction models yielded adjusted odds ratios (ORs), average marginal effects (AMEs), and sensitivity analyses. PSMU showed no association with weight overestimation (OR=0.99, 95% CI [0.73, 1.34]; AME ≈ 0 percentage points). A dose–response pattern was observed across symptom bands, with adolescents endorsing 3 to 5 symptoms exhibiting elevated odds of overestimation (OR=1.39, 95% CI [1.11, 1.74]), while the ≥6-symptom group did not differ from peers without symptoms. Girls had higher odds of overestimation (OR≈2.5), but the PSMU×sex interaction was inconclusive (interaction OR=1.65, p>.05). Boundary tests indicated no stronger gradients at lower BMI values. Findings were consistent across alternative cutoffs, weighted versus unweighted models, and fixed versus random effects. Overall, results do not support a unique link between full-threshold PSMU and weight overestimation after adjustment. Instead, moderate symptom burden (3 to 5 SMD symptoms) was associated with distorted weight perception, suggesting that early or subclinical problematic use may be more relevant to appearance-related misperceptions than clinically defined PSMU. These results indicate value in monitoring emerging compulsive social media behaviors.

Learning Objectives

- Describe the relationship between problematic social media use (PSMU) and weight misperceptions among adolescents.
- Identify sex differences in weight overestimation and interpret their implications for body image research.
- Explain how dose–response patterns in symptom severity inform understanding of subclinical versus full-threshold PSMU.

Authors: Katrine Tølbøll, Aarhus University

Pregnant Body Project: A Pilot RCT of an Eating Disorder Prevention Program for the Perinatal Period

Abstract: The convergence of biological and social changes during pregnancy and postpartum creates a unique vulnerability for the onset or recurrence of disordered eating behaviors. These symptoms can adversely affect both maternal and infant health

outcomes. Despite increased awareness of disordered eating and body image concerns during the perinatal period, there remains a lack of evidence-based interventions specifically to address such issues in this population. The Pregnant Body Project (PBP) was developed to fill this gap; a peer-delivered, six-week virtual adaptation of the Body Project program to prevent disordered eating behaviors among pregnant individuals at elevated risk.

In this pilot randomized controlled trial, 65 pregnant individuals with a history of an eating disorder (ED) were randomized to either the PBP (n = 32) or a time- and dose-matched educational control condition (n = 33). Feasibility and acceptability were assessed using validated implementation measures, and facilitators were evaluated for fidelity and competency. Participants completed pre- and post-intervention, as well as 3-month postpartum follow-up self-report assessments of disordered eating and ED risk factors (e.g., body dissatisfaction and thin ideal internalization).

Recruitment, data collection, and participant engagement and satisfaction exceeded predefined thresholds. Peer facilitators demonstrated high fidelity and competency in intervention delivery. Although underpowered for statistical significance, the PBP produced greater pre-to-post intervention reductions in eating disorder symptoms (EDE-Q) with a moderate effect size (d = 0.51, p = .07) and body dissatisfaction with a small effect size (d= 0.37, p=0.18); there was no intervention effect for thin-ideal internalization (d = 0.06, p= 0.82). Ongoing data analysis will evaluate outcomes at 3-months follow-up. Initial findings support the feasibility, acceptability, and potential clinical utility of the PBP as a scalable, group-based virtual intervention for pregnant individuals. Interestingly, there was no effect on thin-ideal internalization, which typically mediates the effect of the Body Project on reduction in ED symptoms and warrants further study in the perinatal population. The PBP represents an important step towards addressing a critical gap in evidence-based prevention programs specific to the perinatal period and lays a strong foundation for a fully powered hybrid effectiveness–implementation.

Learning Objectives

- Understand common body dissatisfaction and eating disorder concerns in pregnancy and the postpartum.
- Describe the findings from a pilot study that evaluated both the effectiveness and implementation of an adapted eating disorder prevention program during pregnancy.
- Discuss future directions for work to address disordered eating and body dissatisfaction in the perinatal period.

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Dimensions of Food Restriction in Eating Disorders: Exploratory Graph Analysis

Abstract: Food restriction is a primary characteristic and a diagnostic criterion of eating disorders (EDs) defined as problematic behavior engaged in to achieve a negative energy balance for weight loss. Restriction leads to dangerous weight loss and malnutrition associated with medical complications, increased binge eating and purging, and hospitalization. Restriction is the most treatment-resistant symptom of EDs. A better understanding of the dimensions of unique components of restriction is required to effectively address it in treatment.

The current study assessed dimensions of food restriction using Exploratory Graph Analysis (EGA). EGA has been shown to be more accurate in identifying construct dimensions than confirmatory factor analysis (CFA) and, unlike CFA, provides information on the stability of dimension estimates. EGA identifies item clusters that represent construct dimensions using symptom network, which consists of nodes representing items and edges representing relationships between symptoms. Individuals with EDs (total N = 417; M age = 31.82, SD = 10.72, 85% female) completed a 72-item Food Restriction Measure. We used EGA to identify Food Restriction Measure item clusters. We used bootstrap analysis to assess the stability of dimension estimates, and items with stability less than .75 were removed.

Thirty-three items from the original 72 items were retained, and EGA identified four unique dimensions: Skipping meals/snacks ("I skip breakfast"), Calorie counting ("I limit my caloric intake"), Food rules (I do not eat after a certain time"), and Cognitive restraint ("I plan out what I will eat"). Four-dimension solution appeared in 98.3% of 1,000 bootstraps; structural consistency ranged from 78.7% to 99.9%; item stability ranged from 86.2% to 100%.

Restriction is a multidimensional construct. Although meal skipping and cognitive restraint (i.e., mental effort to restrict food intake) have been previously studied, less attention has been paid to calorie counting and meal rituals. Meal rituals are behaviors performed to reduce food anxiety and avoid eating and are similar to compulsions in obsessive-compulsive disorder. Calorie counting often persists even after food restriction is remitted as it becomes an involuntary mental activity. These two dimensions of food restrictions are not commonly addressed in treatment but may need to be targeted for food restriction to fully remit.

Learning Objectives

- Identify dimensions of problematic food restriction
- Describe how Exploratory Graph Analysis can be used to derive symptom dimentions
- Explain the role of food rules in maintaining food restriction

Authors: Irina Vanzhula, University of Louisville, Department of Psychological and Brain Sciences; Sofie Glatt, James J. Peters VA Medical Center; Savannah Hooper, University of Louisville; Cheri Levinson, University of Louisville

The role of loneliness in eating disorders: A systematic review

Abstract: This review aims to understand and evaluate the role of loneliness in eating disorders (EDs), focusing on its manifestations, impact on well-being and recovery outcomes, and psychosocial factors that prevent or contribute to loneliness in people with EDs. While loneliness has been recognised as detrimental to the lives of people with EDs, little is known about how it manifests and interacts with ED-related and mental health symptoms. Understanding the loneliness-ED connection would illustrate pathways to link social and psychological processes to ED onset and maintenance, enabling the development of appropriately designed psychosocial interventions. A systematic review following PRISMA guidelines was conducted. The protocol was pre-registered at PROSPERO (ID: CRD420251008392). Studies were screened against inclusion criteria and underwent quality assessment and thematic synthesis. 27 quantitative and qualitative studies were included in the review. The thematic synthesis identified four key themes, illustrating (1) psychosocial barriers to connection, (2) EDs as a protective response to loneliness, (3) impact of loneliness on wellbeing and recovery, and (4) risk and protective factors of loneliness in EDs. Loneliness was found to be a core experience preceding the onset and reinforcing the maintenance of symptoms. The interplay between loneliness and EDs was affected by a history of childhood trauma, negative core beliefs, and emotion dysregulation. Subsequently, supportive relationships were recognised as a key protective factor in coping with loneliness and ED recovery. These findings highlight the need for socially-informed treatment strategies and further research on what type of support is needed to mitigate loneliness, potentially contributing to reducing high relapse rates.

Learning Objectives

- Describe the role of loneliness as a risk and maintenance factor in eating disorders.
- Identify risk and protective factors that contribute to lonelines in eating disorders.
- Identify barriers that people with eating disorders face when connecting with others.

Authors: Tereza Vitkova, Nottingham Trent University; Niamh McNamara, Nottingham Trent University; Beth Jones, Nottingham Trent University; Genevieve Dingle, University of Queensland

Highly Specialized Consultation for Eating Disorders: an Explorative Economic Impact Analysis

Abstract: Highly specialized consultation is a promising intervention to improve the quality of treatment for mental disorders. This study aims to model the impact of consultation for eating disorders (EDs). An explorative economic impact analysis was conducted in 2024-2025, utilizing existing data on patients who had been in treatment for more than two years within specialized secondary care for EDs as their primary diagnosis (AN, BN, BED). These data were used to model the effects of consultation for

EDs. Sensitivity analyses were performed to evaluate the robustness of the findings across different estimated parameter values. Across all five care pathways, consultation for EDs was effective in: 1) reducing the burden of disease for patients, work absenteeism and direct mental healthcare costs and 2) enhancing the patient flow in mental healthcare. Consultation for EDs is a promising intervention leading to health gains for patients and societal benefits. Therefore, the Top Referral Eating Disorders Network and healthcare professionals in the ED field aim to intensify and optimize the implementation of consultation, thereby contributing to reduce the negative consequences of EDs for patients and their relatives.

Learning Objectives

- •Critically analyse the theoretical and empirical foundations of highly specialized consultation as an intervention to enhance treatment quality for eating disorders.
- •Evaluate the methodological approach and findings of the explorative economic impact analysis, including the interpretation of sensitivity analyses and modelled outcomes.
- •Synthesize evidence on highly specialized consultation effectiveness to formulate research-informed recommendations for optimizing implementation within specialized mental healthcare systems.

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The lived experience of recovering from longstanding anorexia nervosa

Abstract: Given the limited attention the lived experience perspective has received within research on longstanding anorexia nervosa, the purpose of the current study was to elucidate how people who recovered from AN define recovery, whether their view on what recovery entails has changed during the course of their illness and how they perceive the relation between quality of life and recovery. Inclusion criteria were a former diagnosis of (atypical) AN, a minimum age of 18 years, illness duration of 5 years or more and having received at least one treatment specifically for AN and being recovered for at least one year. A qualitative interview study using semi structured interviews guided by a topic list was carried out. An inductive thematic analysis using a constant comparative method was conducted. The sample consisted of 11 female participants. Illness duration varied from 5 to 18 years with a mean illness duration of 10.8 years (SD = 5.3). Years since recovery varied from 1 to 25 years, with a mean of 6.3 years (SD = 6.2). The mean score on the Eating Disorder Examination Questionnaire (EDE-Q) was 0.62 (SD = 0.39). The results show that among participants, two perspectives on what recovery entails could be distinguished: 1) recovery as being completely symptom-free and 2) recovery with residual symptoms, such as the presence of anorectic cognitions but without acting on these cognitions. The perspective on what recovery entails can

develop over time during the course of illness and the process of recovery. While some participants did not rule out the possibility of experiencing reasonable quality of life without recovery, most participants state that recovery from AN is essential to experiencing quality of life. Based on the results from this study, we can conclude that in recovery from AN, some residual symptoms may occur. However, recovery from AN is deemed necessary to experience good quality of life.

Learning Objectives

- Following the training, participants will be able to discuss how recovery is defined by people that have recovered from longstanding AN.
- Following the training, participants will be able to explain how the view on what recovery entails can develop over the course of illness.
- Following the training, participants will be able to recognize how recovery from AN promotes quality of life

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Feasibility & usability of IM FAB, a disseminable micro-intervention to reduce eating disorder risk

Abstract: Although our society is becoming increasingly reliant on technology, clinical practice has not yet harnessed digital technology to address the widest audience possible to prevent and treat a range of mental health concerns. The present study aimed to contribute to the literature by exploring the usability, feasibility, and engagement in In the Mirror: Functional Appreciated Bodies (IM FAB), an easily disseminable micro-intervention aimed at reducing body image dissatisfaction and eating disorder risk, piloted in a sample of undergraduate women. We evaluated the usability of the intervention's procedures and prompts, the feasibility of using the IM FAB program as a smartphone app, and participant engagement to best understand how the participants' experiences can inform future digital mental health intervention development using the same treatment techniques. Two hundred undergraduate women completed three weeks of mirror exposure sessions and received randomly scheduled text-based journaling prompts in the intervening two weeks. They completed a post-experiment questionnaire, which included the Usability Metric for User Experience (UMUX) scale, app-based feasibility questions, and engagement questions. Usability, feasibility, and engagement scores were high. Participants were generally positive, but with some mixed feedback about transitioning IM FAB to a digital mental health format, noting concerns about accountability and engagement if it was self-directed. Participants generally reported that the text journaling supported what they learned during mirror exposures. These insights can guide the future piloting of the IM FAB program as a mobile app with individualized features.

Learning Objectives

- Understand the difference between feasibility, usability, and user engagement.
- Understand why it is crucial to determine the usability and feasibility of digital interventions prior to large scale RCTs
- Learn about IM FAB's usability, feasibility, and engagement prior to it's development as a digital tool.

Authors: D. Catherine Walker, Union College; Mai P. N. Tran, Union College; Lauren Leavitt, Union College; Dena Contreras, Union College

Body image surveys to address 'mind reading': Acceptability, feasibility and effectiveness

Abstract: The study investigated the feasibility, acceptability and preliminary efficacy of a body image survey intervention for women at risk of eating psychopathology.

A randomised wait-list control design was used. The preregistered study (https://doi.org/10.17605/OSF.IO/ZQPEU) had ethical clearance and met recruitment targets. Female participants (aged 18-48 years) with high levels of social appearance anxiety (i.e., deemed at risk of eating pathology) were recruited via advertisement. Thirty-one participants completed the intervention, with 15 participants randomly allocated to the immediate treatment condition and 16 to the wait-list condition. The intervention consisted of two thirty-minute sessions over a week. Self-report measures were administered every week for three weeks and then at the follow-up four weeks later. Acceptability was defined as over 75% of participants completing the study and an average score above 5 on a 7-point Likert scale assessing acceptability. Feasibility was defined as over 60 participants expressing interest in the study, over 75% of participants consenting to intervention, and over 30 participants recruited for the intervention.

The wait-list control design met all criteria for feasibility and acceptability. Preliminary outcomes (completer and intention-to-treat analyses) suggest body image surveys are effective at reducing social appearance anxiety (d = 1.79). Whilst eating psychopathology and body image distress reduced over time, no significant interactions with group were found.

While a full trial is needed to add to this evidence, body image surveys appear to be an acceptable and beneficial treatment for people with high levels of social appearance anxiety.

Learning Objectives

- Understand the mechanism behind surveys in treating body image

- Identify the acceptability and feasibility of this intervention
- Explain the effectiveness of this intervention

Authors: Glenn Waller, The University of Sheffield; Emma Giles

Key symptoms accounting for the early response effect during psychotherapies for eating disorders

Abstract: The early response effect (reliable symptomatic improvement during the initial phase of treatment) is the most robust predictor of recovery following eating disorder treatment. This study aimed to investigate which symptom domains mostly influence the early response effect. Data from N=232 patients treated in an outpatient eating disorder psychotherapy service were randomly partitioned into training (N=161) and test (N=71) samples. A Bayesian network model was developed in the training sample, modelling early changes (sessions 1-4) and interactions among symptoms measured by the Eating Disorder Examination Questionnaire (EDE-Q). A variable selection approach was applied to only include the most important variables in the model (i.e., reliable predictors of recovery). The trained model was externally validated by applying it to predict post-treatment recovery status in the test sample. Prediction accuracy was evaluated using the AUC statistic. The model identified a network of six interrelated eating disorder symptoms which were the most important predictors of recovery. The model was reliable in predicting recovery status and showed good generalisability to a test sample (AUC = 0.81 vs. 0.77 respectively). Early changes in six specific areas (ranked by importance) reliably predict recovery after therapy: [1] avoidance of body exposure; [2] feelings of ‘fatness’; [3] preoccupation with food, eating or calories; [4] fear of losing control over eating; [5] dissatisfaction with body shape; [6] dietary rules.

Learning Objectives

- Identify the importance of early change in eating pathology.
- Detail the specific cognitive changes that drive the overall early change effect.
- Understand the reliability and generalisability of the impact of these specific changes.

Authors: Glenn Waller, The University of Sheffield; Ammara Imtiaz; Caroline Bell; Jaime Delgadillo

Establishing a home-based treatment for patients with severe anorexia: The Mobile Nutrition Unit

Abstract: Purpose: To evaluate a novel somatic outreach service providing home-based nutritional and medical support for adults with severe eating disorders, aiming to reduce hospitalization and strengthen coordination between somatic and psychiatric care and

the primary health care sector. Subjects and Methods: The Mobile Nutrition Unit, anchored at the highly specialized Department of Endocrinology at Odense University Hospital, Denmark, is a nurse-driven team staffed by two specialist nurses and one physician with clinical responsibility. The team provided individualized home visits to 30 adults with severe anorexia nervosa between May 2022 and October 2024, when data collection was completed. Interventions included somatic monitoring, hydration and electrolyte management, meal support, emotional support and collaboration with psychiatric teams, municipalities and residential facilities. Quantitative data on hospitalizations and disease-specific quality of life (EDQLS) were extracted from electronic health records and patient surveys; qualitative data were collected from patients, relatives, and collaborating professionals. Summary Data and Results: Mean hospitalization days per month decreased by 24% (7.0→5.3), acute somatic admissions by 93% (2.7→0.2), and compulsory admissions by 98%. Mean EDQLS increased by 8 points (p=0.08). Patients described greater safety, engagement, and trust; relatives reported improved continuity of care; professionals noted strengthened cross-sectoral collaboration and enhanced competence. The model proved feasible across large geographical areas and was well accepted by all stakeholders. Conclusion: A nurse-led somatic outreach model integrated within a universal healthcare system can markedly reduce hospital dependency and coercion while improving patient experience and cross-sectoral coordination. The Mobile Nutrition Unit represents a scalable, person-centered approach bridging somatic and psychiatric care for individuals with severe eating disorders.

Learning Objectives

- After this presentation, participants will be able to describe the structure and function of a nurse-led somatic outreach model for adults with severe anorexia nervosa.
- After this presentation, participants will be able to summarize key outcomes of the Mobile Nutrition Unit, including reductions in hospitalization and improvements in patient-reported quality of life.
- After this presentation, participants will be able to discuss how cross-sectoral coordination between somatic, psychiatric, and community services can enhance continuity of care in eating disorder treatment.

Authors: Signe Wallin Høj, Department of Endocrinology, Odense University Hospital, Denmark; Maria Pilgaard, Department of Endocrinology, Odense University Hospital, Denmark; Anne Vibeke Meyer, Department of Endocrinology, Odense University Hospital, Denmark; Jeanie Meincke Egedal, Department of Endocrinology, Odense University Hospital, Denmark

Acculturative Stress and Skin Tone Satisfaction and Surveillance in South Asian Women

Abstract: Acculturative stress, or psychological distress stemming from adapting to a new culture, has been associated with lower skin tone satisfaction among populations of color, including South Asian individuals living in the U.S. where beauty standards favor fair-skinned people. Less is known about how skin tone surveillance, the close monitoring of one's skin tone, is related to acculturative stress. Moreover, protective factors that buffer the relationships between acculturative stress and skin-related experiences have yet to be identified. This study examined the relationship between acculturative stress and skin tone satisfaction and surveillance in South Asian women and explored self-compassion and self-esteem as potential protective factors. Participants were 187 South Asian cisgender women living in the U.S. (Mage = 29.36, SD = 10.98) who completed measures on acculturative stress (Riverside Acculturation Stress Inventory), skin tone satisfaction (single item, 1=extremely dissatisfied to 9=extremely satisfied), skin tone surveillance (Skin Tone Surveillance Scale), self-compassion (Self-Compassion Scale-Short Form), and self-esteem (Rosenberg Self-Esteem Scale). Participants were recruited via outreach to South Asian communities, university organizations, social media, and snowball sampling. Acculturative stress was significantly negatively associated with skin tone satisfaction ($r = -.18$, $p < .05$), self-compassion ($r = -.34$, $p < .001$), and self-esteem ($r = -.34$, $p < .001$), and significantly positively associated with skin tone surveillance ($r = .40$, $p < .001$). Four moderation models tested self-compassion and self-esteem as moderators in the acculturative stress/skin tone satisfaction and surveillance relationships. Analyses revealed a significant interaction between acculturative stress and self-compassion when examining skin tone surveillance ($t(181) = -2.32$, $p < .05$; $\Delta R2 = .02$); the relationship between acculturative stress and skin tone surveillance was strongest among those with low self-compassion. None of the interaction models involving self-esteem were significant, nor was the acculturative stress x self-compassion interaction for skin tone satisfaction (all $ps > .325$). These findings suggest bolstering self-compassion may be helpful in buffering effects of acculturative stress and inspire the examination of other protective factors in the acculturative stress – skin color satisfaction and surveillance relationships among South Asian women.

Learning Objectives

- Following this training, participants will be able to understand the associations between acculturative stress and self-compassion, self-esteem, and skin tone-related variables among South Asian women.
- Following this training, participants will be able to describe the protective nature of self-compassion in the relationship between acculturative stress and skin tone surveillance.
- Following this training, participants will be able to reflect on the clinical implications of the acculturative stress - skin tone surveillance relationship.

Authors: Lauren Wash, University of North Carolina at Chapel Hill; Adrienne Kvaka, University of North Carolina at Chapel Hill; Kruti Bhargav, University of North Carolina at Chapel Hill; Mireya K. De Los Reyes, University of North Carolina at Chapel Hill; Athena

Dontas, University of North Carolina at Chapel Hill; Katherine E. Lightburne, University of North Carolina at Chapel Hill; Julia A. McGowan, University of North Carolina at Chapel Hill; Maria Paz Zambrano, University of North Carolina at Chapel Hill; Anna Bardone-Cone, The University of North Carolina at Chapel Hill

Anxiety Mediates the Self-Efficacy/Disordered Eating Relationship in Black and White Women

Abstract: Self-efficacy, a person's belief in their ability to accomplish a given task, is associated with anxiety and disordered eating, however, less is known about pathways underlying the relationship among these constructs. Further, disparities in representation in eating disorder research leaves gaps in our understanding of how pathways may differ between groups. The current study examined the mediating effect of anxiety in the relationship between self-efficacy and disordered eating symptoms in Black and White college women, considering whether mediation effects differed by race. Participants were 226 college women (Mage=18.71 years, SD=1.22; 70 Black, 156 White) at a Midwestern university who completed a survey at 2 time points ~5 months apart measuring self-efficacy (Self-Efficacy Scale—general self-efficacy subscale), anxiety (Spielberger Trait Anxiety Inventory), and disordered eating, both restrictive eating (EDE-Q—dietary restraint subscale) and bulimic symptoms (Bulimia Test-Revised). Moderated mediation analyses were conducted with self-efficacy at baseline (independent variable) and both anxiety (mediator) and disordered eating (dependent variable) at follow-up; race was examined as a moderator of the anxiety/disordered eating path. For both models, there was no support for moderated mediation with an index of moderated mediation in the restrictive eating model of .02 (95% CI [-.01, .04]) and in the bulimic symptoms model of .16 (95% CI [-.11, 44]). Thus, the mediation models did not differ across Black and White women. Simple mediation results revealed that the indirect effect of self-efficacy on restrictive eating through anxiety was significant (B =-.02, 95% CI [-.03, -.01]), with lower levels of self-efficacy predicting greater anxiety which in turn was associated with greater restrictive eating, but the direct effect was nonsignificant (B=.01, 95% CI [-.02, .03]). Similarly, the indirect effect of self-efficacy on bulimic symptoms through anxiety was significant (B=-.49, 95% CI [-.72, -.29]), with lower levels of self-efficacy predicting greater anxiety which in turn was associated with greater bulimic symptoms, but the direct effect was nonsignificant (B=-.14, 95% CI [-.38, .11]). The support for full mediation via anxiety of the relationship between self-efficacy and disordered eating highlights the role of anxiety as a potential mechanism and intervention point that may be clinically useful in both Black and White young adult women.

Learning Objectives

- : Following this training, participants will be able to describe the associations between self-efficacy, anxiety, and disordered eating variables among Black and White college women.

- Following this training, participants will be able to understand how anxiety fully mediates the relationships between self-efficacy and disordered eating (both restrictive eating and bulimic symptoms) similarly among Black and White college women.
- Following this training, participants will be able to reflect on the clinical implications of anxiety as a mediator of the relationship between self-efficacy and disordered eating.

Authors: Lauren Wash, University of North Carolina at Chapel Hill; Anna Bardone-Cone, The University of North Carolina at Chapel Hill

Learning from a positive deviant: investigating a reduction in NGT feeding under restraint

Abstract: Nasogastric tube (NGT) feeding under restraint is a lifesaving intervention in eating disorders care. Though sometimes essential, it can be traumatic and harmful for patients and staff.

This research developed from an on-site quality improvement (QI) project designed to reduce nasogastric tube (NGT) feeding under restraint at a 16-bed inpatient eating disorder unit for children and young people in the UK. Staff raised concerns about iatrogenic harms occurring as a result of routine delivery of NGT feeding under restraint. In response, a QI process led to feeding practices in the unit being revised to better align with dietetic best practice guidance. Implemented from 2021, the practice change drastically reduced the incidence of NGT feeding under restraint from a pre-intervention high of 56 incidences in one month, to 2 incidences in 6 months. While initial quantitative data demonstrated a significant rate of change, the impacts were not fully understood. For example, to understand if these changes led to improvement there was a need to investigate impacts on other inpatient outcomes, e.g., weight gain, length of stay, and incidence of self-harm, and to explore the experiences of staff, inpatients, and their parents/carers.

A small-scale evaluation was conducted using quantitative (service and patient records) and qualitative (ethnographic observation and interviews) data. This was underpinned by a theory of change that was co-designed by unit staff using the action effect diagram method - a facilitated approach to programme theory that supports multi-disciplinary stakeholders to share their perspectives, develop a shared aim for the intervention, and identify factors contributing to that aim.

Findings indicate: (1) interpretation of ‘lifesaving’ is influenced by individual staff interpretation of, and tolerance for physical health risk (2) ‘people dependent’ processes are vulnerable to staff turnover (3) poor processes for recording and communicating patient progress can prolong restrictive feeding practices, (4) limited staff capacity can

inhibit proactive engagement with voluntary refeeding, and (5) inexperience in nutrition rehabilitation increases the likelihood of restrictive practice.

Learning Objectives

- Recognise nasogastric tube feeding under restraint as a complex intervention, as defined by the UK Medical Research Council.
- Understand how differing knowledges and priorities of various staff, patients, and families diversifies practice with regards NGT feeding under restraint, and the implications this has for the quality and safety of this intervention.
- Appreciate how a participatory approach to the development of a theory of change can improve understanding, communication, and decision-making in healthcare improvement efforts.

Authors: Helen West, King's College London and Elysium Healthcare; Oli Williams, King's College London; Julie Reed, Halmstad University; Glenn Robert, King's College London

Thinking Thin: Weight Bias Predicts Disordered Eating in Clinical Psychology Trainees

Abstract: There is an elevated risk of disordered eating among medical and health science students (Hoteit et al., 2022; Jahrami et al., 2018). Notably, the lifetime prevalence rate of eating disorders is 27.7% among mental health professionals (Strand & Aiff, 2025). Although doctoral clinical psychology students have been identified as a high-risk group for the development of eating disorders, little is known about what contributes to eating disorder risk in this group. Weight bias, including anti-fat attitudes and internalized weight bias, is associated with dieting and disordered eating (Hunger et al., 2020; Rosenbaum et al., 2025). Students and clinicians in mental health fields openly endorse explicit weight bias (Brochu, 2023; Christensen, 2021; Lawrence et al., 2021) which has been linked to negative therapeutic outcomes (Akoury et al., 2019; Puhl et al., 2014). The purpose of this study was to examine the role of weight bias in eating disorder symptoms among doctoral clinical psychology trainees. Specifically, the utility of implicit, explicit, and internalized weight bias, along with BMI, in predicting disordered eating among clinical psychology doctoral trainees was examined. Participants (N = 1,047) were enrolled in APA-accredited programs across the United States and completed the weight Implicit Association Test (IAT; Greenwald et al., 1998), one item measuring explicit preference for thin people over fat people (Vartanian, 2010), Weight Bias Internalization Scale-Modified (Pearl & Puhl, 2014), and the Eating Disorder Examination-Questionnaire (EDE-Q-13; Lev-Ari et al., 2021). A multiple linear regression analysis predicting eating disorder symptoms with the weight IAT, explicit preference, internalized weight bias, and BMI entered as predictors was significant, $F(4, 1037) = 348.93$, $p < .001$, adj $R2 = .57$. Specifically, explicit preference and internalized weight bias were significantly, positively associated with eating disorder symptoms in the model.

The weight IAT and BMI were not significant predictors. These findings suggest that weight bias uniquely contributes to disordered eating risk among clinical psychology doctoral trainees. Future research should examine how weight bias reduction interventions could be integrated into clinical training to mitigate the risk of disordered eating development.

Learning Objectives

- Understand how antifat attitudes and weight bias internalization contribute to disordered eating in clinical psychology trainees.
- Identify possible risk factors for the development of disordered eating.
- Define and differentiate between implicit and explicit forms of weight bias.

Authors: Katherine West, Nova Southeastern University; Katerina Rinaldi, Nova Southeastern University; Molly Robbins, Graduate student, psychology; Paula Brochu, Nova Southeastern University

Empirically-derived personality subtypes relate to treatment outcome

Abstract: Distinct personality subtypes in individuals with eating disorders (EDs) have been identified, characterized by overcontrol (i.e., inhibition and avoidance), undercontrol (i.e., approach motivation and reward responsivity), and low psychopathology that may better reflect core dimensions of ED. To extend this research, this study derived personality subtypes across a large transdiagnostic sample of individuals receiving ED treatment at a partial hospitalization program and examined associations with diagnostic classification and symptoms over time. Individuals with an ED (N = 1419) completed self-report measures at admission, after 1-month, discharge, 6-month and 12-month follow-up, including the Eating Disorder Examination Questionnaire (EDEQ), Temperament and Character Inventory – Harm Avoidance (TCI-HA), State-Trait Anxiety Inventory (STAI), and the Behavioral Activation and Behavioral Inhibition Scales (BIS/BAS). A principal components analysis of self-report subscale scores revealed a 2-factor solution, explaining 38.1% and 17.0% of the variance, respectively. Variable loadings for Factor 1 were strongest for TCI-HA subscales, BIS subscale, and STAI (i.e., avoidance); variable loadings for Factor 2 were strongest for BAS subscales (i.e., approach). Factors were then submitted to a k-means clustering procedure, resulting in a 3-cluster solution. Centroids for Cluster 1 were characterized by negative values for Factor 1 and 2 (m1 = -2.3, m2 = -0.5; Resilient). Centroids for Cluster 2 were characterized by positive values for Factor 1 and 2 (m1 = 0.3, m2 = 1.0; Undercontrolled). Centroids for Cluster 3 were characterized by positive and negative values for Factor 1 and 2, respectively (m1 = 1.6, m2 = -0.78; Overcontrolled). A chi-square test showed significant differences in percentages of clusters for each ED diagnosis ($p<.05$); the majority of patients with restricting diagnoses belonged to the Overcontrolled cluster and the majority of patients with binge/purge diagnoses belonged to the Undercontrolled cluster. Mixed effects linear regression of EDEQ scores over the

five timepoints revealed significantly (padj<.05) higher EDEQ scores at baseline for the Overcontrolled and Undercontrolled clusters compared to Resilient, but also sharper declines in EDEQ scores at each time point. This study shows initial evidence for large-scale replication of temperament profiles in EDs that may have implications for assessment and treatment of this population.

Learning Objectives

- Describe novel approaches to eating disorder classification
- Identify personality subtypes in eating disorders
- Describe how personality subtypes relate to eating disorder treatment outcome

Authors: Christina Wierenga, University of California, San Diego; Carina Brown; Amanda Bischoff-Grethe

Momentary fluctuations in social media use: impact on eating disorder thoughts and behaviors

Abstract: Social media (SoMe) use is widely implicated in disordered eating (ED) risk, but little is known about the momentary dynamics of this relationship in daily life. This study used ecological momentary assessment (EMA) to examine how fluctuations in active versus passive SoMe use predicts real-time ED behaviors and weight/shape-related thoughts, controlling for affective and contextual covariates. A total of 101 participants completed 2,479 EMA surveys over one week, reporting SoMe engagement, ED behaviors, and weight/shape-related cognitions. Multilevel models examined whether within-person deviations in SoMe time predicted outcomes, and whether these associations varied by use type (active = posting/commenting; passive = scrolling). Models included covariates (negative affect, sleep, stress), temporal spacing between prompts, and tested random slopes. Reverse-lagged models examined temporal directionality. Momentary increases in active (but not passive) SoMe use predicted more ED behaviors (b = 0.0050, p = .014) and marginally more weight-related thoughts (b = 0.0049, p = .048). Effects were independent of negative affect, sleep, and stress. Random slope models revealed significant variability in these within-person effects across individuals. Reverse-lagged models showed no consistent evidence that ED symptoms predicted subsequent SoMe use. These findings highlight the acute risk associated with active SoMe use in real-world settings, supporting theories that participatory engagement with SoMe may exacerbate ED vulnerability. The observed heterogeneity in effects underscores the importance of idiographic models in digital health research and points to potential targets for real-time intervention and ED prevention efforts.

Learning Objectives

- Learn about the potential harmful impact of social media use on eating disorder risk and symptoms
- How ecological momentary assessment can be adopted to understand real-time relationships between social media use and eating disorder thoughts and behaviors
- Gain a more in-depth knowledge on the risks associated with active versus passive social media use

Authors: Line Wisting, Oslo University Hospital; Joseph Wonderlich, Sanford Research; Lauren Breithaupt, Mass General Brigham Multidisciplinary Eating Disorders Research Collaborative; Alyssa Izquierdo, George Mason University; Sarah Fischer, George Mason University

Associations between weight suppression and cognitive flexibility in a clinical and student sample

Abstract: Impairments in cognitive flexibility, or one's ability to shift behavior in response to situational demands, have been identified in individuals with eating disorders. Moreover, these cognitive flexibility impairments have been proposed as a mechanism driving food restriction in Anorexia Nervosa. However, it is unclear whether cognitive flexibility deficits are specific to low body weight, or may also be associated with related transdiagnostic constructs including chronic dietary restriction and/or efforts to maintain weight loss (weight suppression). The current study examined whether weight suppression or dietary restriction are associated with cognitive flexibility task performance in a student sample (N = 512) and clinical community sample across major ED diagnoses (recruitment ongoing, n = 77 of planned 100). Recruitment of the clinical sample was supported by an AED Student Research Grant. All participants completed an online survey including self-report assessments of weight and eating behaviors, and behavioral tasks assessing cognitive flexibility. Mean difference analyses compared task performance by presence/absence of eating disorder risk in the student sample and by eating disorder diagnosis in the clinical sample. Regression analyses were used to examine associations between extent of weight suppression, dietary restriction, and task performance. In the student sample, severity of dietary restriction was associated with task performance ($b = 2.03$, $p = .043$). However, weight suppression was not significantly associated with task performance ($p = .800$), and there was no significant difference in task performance by eating disorder risk level ($p = .075$). Preliminary analyses of the clinical sample indicated a small negative correlation between greater weight suppression and poorer cognitive flexibility ($r = -0.20$), and no significant differences in cognitive flexibility by ED diagnosis ($F = 0.73$, $p = .540$). Findings may clarify whether weight suppression is dimensionally associated with cognitive flexibility impairments related to eating disorders.

Learning Objectives

- Understand cognitive impairments associated with eating disorders, including cognitive inflexibility.
- Describe associations between weight suppression, dietary restriction, and cognitive flexibility in a student sample.
- Describe differences in cognitive flexibility and associations with weight suppression and restriction between eating disorder diagnoses.

Authors: Samantha Withnell, University of Western Ontario; Lindsay Bodell, Western University

Emotion regulation and disordered eating: A meta-analysis of longitudinal studies

Abstract: Emotion dysregulation is a well-established risk and maintaining factor for eating disorder (ED) symptoms. However, the directionality of the association between emotion regulation (ER) and disordered eating (DE) remains underexplored. This systematic review and meta-analysis aimed to (1) synthesise findings on how ER strategies or difficulties and DE are associated over time, (2) identify moderators of the effect sizes, and (3) conduct a quality appraisal of the included studies. This study has been preregistered on PROSPERO and followed the PRISMA guidelines. A literature search across PsycINFO, MEDLINE, Embase and Web of Science including grey literature identified 49 studies, comprising both clinical and community samples. For studies with extractable effect sizes, multilevel random-effects models were performed. For studies that did not have extractable effect sizes and intensive longitudinal studies, a qualitative synthesis of the findings was undertaken. A meta-analysis of 21 studies revealed a small yet significant association between overall emotion dysregulation and subsequent DE (r = 0.07). The reverse association (r = 0.07) was also significant. Examining specific ER dimensions, limited access to strategies, difficulty engaging in goal-directed behaviour and rumination demonstrated bidirectional longitudinal associations with DE. Further, unidirectional associations were found, such that DE predicted later impulse control difficulty, lack of emotional clarity and non-acceptance of emotions (r = 0.07-0.10). The time lag between consecutive assessments, age, number of Caucasian and female participants, and BMI moderated the effect sizes. A systematic review of 11 traditional and 17 intensive longitudinal studies suggested that maladaptive ER strategies may be more predictive of DE than adaptive strategies. This study provided a comprehensive overview of the existing empirical evidence on how ER and DE are associated over time, highlighting the reciprocal association between emotion dysregulation and ED, and the need for integrating specific ER dimensions in existing theories of EDs. This study also provided insights into the potential utility of ER-based therapy for individuals with EDs, suggesting that certain ER dimensions that are bidirectionally related to DE may be promising targets for alleviating ED symptoms (e.g., improve goal-directed behaviour, reduce rumination, teach more adaptive strategies).

Learning Objectives

- Gain a comprehensive overview of the existing empirical evidence on the longitudinal association between emotion regulation and disordered eating
- Identify specific emotion regulation dimensions that are bidirectionally or unidirectionally associated with disordered eating
- Understand how the findings from this study can inform targeted treatments for emotion dysregulation in eating disorders

Authors: Ying Qing Won, The University of Melbourne; Trevor Steward, The University of Melbourne; Matthew Fuller-Tyszkiewicz, Deakin University; Isabel Krug, The University of Melbourne

Profiling emotion regulation among individuals with depressive, anxiety and eating disorder symptoms

Abstract: Emotion dysregulation is a transdiagnostic risk factor for depressive, anxiety and eating disorder (ED) symptoms. Past research has examined emotion regulation (ER) strategy profiles, though less is known regarding ER difficulties heterogeneity in transdiagnostic clinical samples. This study aimed to (1) identify distinct ER profiles among individuals with depressive disorders, anxiety disorders and EDs, and (2) examine the cross-sectional and longitudinal associations between ER profiles and symptom severity of different diagnoses. Participants (N = 1892, Mage = 21.2, 73% female) completed baseline and six-month follow-up surveys. Clinical participants (n = 456) self-reported current depressive disorders (10%), anxiety disorders (34%) and EDs (16%) confirmed by health professionals, with 40% reporting comorbidity. The sample also included 168 individuals who recovered from one or more of the three disorders (30% depression, 26% anxiety, 15% EDs, 29% comorbid) and 1268 individuals who did not report any of the three disorders. Latent profile analysis (LPA) was conducted among clinical participants using the six subscales from the Difficulties with Emotion Regulation Scale (DERS). Validation analyses were conducted using depression, anxiety and ED measures assessed at two time points. LPA identified three classes based on the DERS, with percentages in brackets indicating the most prevalent disorder(s) in each class: Class 1 (n = 133, 38% EDs; high score on lack of emotional awareness and moderate scores on other DERS subscales), Class 2 (n = 221, 51% comorbid conditions; high scores specifically on difficulty engaging in goal-directed behaviour), and Class 3 (n = 102, 42% anxiety disorder; relatively low DERS scores). In the validation analyses, Class 1 and 2 reported greater psychopathology than recovered and control groups, with Class 2 consistently showing more severe depressive and ED symptoms (dieting, body dissatisfaction). Our findings suggest that treatment may be personalised based on ER profiles, with interventions focusing on improving goal-directed behaviour likely to benefit those in Class 2, while treatments targeting emotional awareness may be more effective for individuals in Class 1. This study underscores the role of ER difficulties across depressive, anxiety disorders and EDs, and the need for transdiagnostic, targeted interventions that address specific ER profiles to optimise clinical outcomes.

Learning Objectives

- Identify distinct emotion regulation profiles among individuals with anxiety, depressive and eating disorders
- Understand how emotion regulation profiles are differentially related to psychopathology
- Interpret the clinical implications of different emotion regulation profiles for transdiagnostic, targeted interventions

Authors: Ying Qing Won, The University of Melbourne; Phuong Linh Dang, The University of Melbourne; Trevor Steward, The University of Melbourne; Litza Kiropoulos, The University of Melbourne; Isabel Krug, The University of Melbourne

Transforming eating disorder care through local action: a national implementation project

Abstract: Access to eating disorder care in Australia remains a major challenge due to service and workforce capacity across prevention, early intervention and provision of evidence-based treatment. To address these gaps and improve access to localised care, the Right Care Right Place project (RCRP) was developed across four Primary Health Networks (PHNs). RCRP enables localised reform to build a more accessible, equitable and culturally responsive system of care. A $4 million investment over four years was allocated to pilot RCRP across four geographically, culturally and socially diverse PHNs. Evaluation activities are guided by the RE-AIM framework, with data collected via surveys, spreadsheets and regular program reporting to assess program reach, effectiveness, adoption, implementation and maintenance. This presentation will share key findings from the evaluation, highlighting how RCRP harnesses local expertise and cultural humility to strengthen community responses to eating disorders. Five RCRP sites are established across Adelaide, North Western Melbourne, Northern Territory and Western Queensland PHN. Each PHN has appointed a project lead and/or service navigator to drive implementation through region-specific stakeholder engagement, service mapping, workforce development and service navigation. Five individual stakeholder engagement plans are being implemented, encompassing over 1,000 stakeholder contacts, 47 strategic meetings with reference groups (66 members) and networks (843 members), and engagement with 15 First Nations community-controlled organisations. Five service maps have been developed, identifying existing services, gaps and opportunities. Workforce development has led to 1,232 eating disorder training completions and increased reported skill and confidence of health professionals. A service navigator has been embedded in three sites, supporting over 200 referrals, 421 contacts from service users and 641 contacts from health professionals. This locally embedded approach has fostered region-specific innovation through partnerships with First Nations organisations, LGBTQIA+ services, schools and other community-based services focused on prevention and early identification. Findings underscore the value of a localised initiative that builds workforce and system capacity while recognising the

significance of geographic, cultural and social diversity across Australia. The insights offer invaluable learnings for national and international reform.

Learning Objectives

- Identify systemic barriers to eating disorder care in Australia and how the Right Care Right Place (RCRP) project addresses gaps in prevention, early intervention and service capacity through localised reform.
- Explore the implementation strategies and outcomes of RCRP across diverse regions, including stakeholder engagement, service mapping, workforce development and service navigation
- Apply insights from the RCRP project to understand how local expertise and cultural humility can strengthen community responses to eating disorders and inform broader national and international reform efforts.

Authors: Amy Woods, La Trobe University, National Eating Disorders Collaboration; Evangeline Gardiner, National Eating Disorders Collaboration; Sarah Trobe, National Eating Disorders Collaboration; Emma Spiel, National Eating Disorders Collaboration; Jackie Wilson, National Eating Disorders Collaboration; Madelaine de Valle, Flinders University Institute for Mental Health and Wellbeing and Blackbird Initiative; Tracey Wade, Flinders University Institute for Mental Health and Wellbeing and Blackbird Initiative

Work-Related Distress, Binge Eating, Loss of Control Eating, and Obesity Among Police Officers

Abstract: Law enforcement is a high-stress profession, and chronic work-related distress may contribute to disordered eating and obesity. This cross-sectional study investigated the relationships between work-related distress, binge eating, loss of control eating, and obesity among 496 law enforcement officers in North Carolina. Officers completed online surveys assessing PTSD symptoms (PTSD Checklist for DSM-5), anti-police sentiment (Anti-Police Sentiment Scale), fear of victimization (Fear of Victimization Scale), binge eating (Binge Eating Scale), and loss of control eating (Loss of Control Over Eating Scale). Trained staff measured body mass index (BMI), waist circumference, hip circumference, and waist-to-hip ratio. Analyses examined 1) differences of work-related distress, binge eating, loss of control eating, and obesity by county type (rural, urban, suburban) and sex, 2) associations between work-related distress, binge eating, and loss of control eating, and 3) relationships between binge eating and loss of control eating with weight-related measures. Nearly 60% of officers were classified as obese (BMI ≥ 30 kg/m²), and over 20% reported moderate to severe binge eating. Rural officers reported higher PTSD symptoms, binge eating, and loss of control eating than urban or suburban officers. Higher PTSD symptoms, anti-police sentiment, and fear of victimization were significantly associated with greater binge eating (βs = 0.24–0.54, all $p < 0.01$) and loss of control eating (βs = 0.46–0.98, all $p <$

0.01), independent of BMI, years of service, sex, and county type. Both binge eating and loss of control eating were positively associated with BMI (βs = 0.12–0.25), waist circumference (βs = 0.36–0.80), and hip circumference (βs = 0.19–0.41), even after adjusting for PTSD symptoms, age, sex, and county type (all $p < 0.01$). These findings highlight the role of work-related distress in disordered eating and obesity among police officers. The observed relationships may reflect a psychobiological process linking psychological distress to metabolic dysregulation through maladaptive eating behaviors. These results emphasize the need for integrated prevention approaches that incorporate stress regulation and adaptive coping to support psychological and physical health. Targeted interventions addressing work-related distress and disordered eating may help prevent obesity and improve officers' well-being.

Learning Objectives

- Identify differences of work-related distress, binge eating, loss of control eating, and obesity by county type and sex among law enforcement officers.
- Describe how work-related distress, such as PTSD symptoms, anti-police sentiment, and fear of victimization, are associated with binge eating and loss of control eating among law enforcement officers.
- Describe the relationship between binge eating, loss of control eating, and weight-related measures among law enforcement officers to inform targeted prevention strategies.

Authors: Ya-Ke Wu, UNC-Chapel Hill; Hanxin Liu, National University of Singapore

The incomplete picture of ED recovery: What changes and what persists?

Abstract: Eating disorders (EDs) are associated with profound psychological and neurobiological alterations, yet the extent of recovery beyond symptom remission remains uncertain. This study examined which behavioural, psychological, and neurostructural features normalise or persist following recovery from anorexia nervosa (AN) or bulimia nervosa (BN).

A total of 65 females with AN, 65 with BN, 65 recovered from AN (recAN), 22 recovered from BN (recBN), and 76 healthy controls (HCs) aged 18–30 years completed comprehensive assessments of personality, eating behaviour, psychopathology, well-being, substance use, and brain morphology. Structural MRI was used to assess cortical thickness and sulcal depth.

Despite substantial improvement in eating symptoms and general psychopathology, recAN and recBN continued to show higher depression, anxiety, and cognitive restraint than HCs. Most notably, both recovered groups exhibited persistently elevated suicidality risk, indicating an enduring vulnerability to self-harm long after symptomatic remission. Individuals with AN or BN also displayed marked personality alterations, including

heightened neuroticism and hopelessness, which remained elevated after recovery. Anxiety sensitivity persisted in BN and recBN, whereas impulsivity, conscientiousness, and agreeableness largely normalised. Measures of well-being and perceived stress further indicated only partial psychosocial recovery.

Neuroimaging analyses revealed widespread cortical thinning in AN relative to HCs, particularly across bilateral frontal, parietal, occipital, and temporal regions. These reductions were largely attenuated in recAN, with no significant differences remaining after multiple-comparison correction, although nominal differences persisted —most notably in the left fusiform, left isthmus cingulate, right pars opercularis and temporal pole. No significant group differences were found in sulcal depth.

Overall, recovery from EDs involves considerable psychological and neurostructural restoration, yet persistent emotional instability and elevated suicidality risk represent core residual risks. These persistent differences may contribute to relapse risk and highlight the need for long-term, integrated interventions targeting not only behavioural and neurobiological recovery but also sustained prevention of self-harm and suicide.

Learning Objectives

- Following the training, participants will be able to identify key psychological and neurostructural changes that persist after recovery from anorexia and bulimia nervosa.
- Following the training, participants will be able to recognise the enduring risk of suicidality in recovered individuals with eating disorders.
- Following the training, participants will be able to understand the need for long-term, integrated care to prevent relapse and self-harm.

Authors: Xinyang Yu, King's College London; Sylvane Desrivières, King's College London

The Effectiveness of Psychological Treatment for Anorexia Nervosa in Adolescents: A Critical Review

Abstract: Although international treatment guidelines for eating disorders recommend varying psychological approaches for adolescents with anorexia nervosa (AN), most existing reviews have combined adolescent and adult samples, leaving the overall evidence base for this high-risk developmental group poorly defined. This systematic review provides the first comprehensive synthesis of randomized controlled trials (RCTs) evaluating psychological treatments for adolescents with AN across outpatient, inpatient, and day-patient settings. A systematic search of PubMed, APA PsycINFO, and related databases identified 22 eligible RCTs through June 2025, including adolescents aged 8–19 years receiving psychological treatment for AN. Evidence from nine family-based RCTs consistently showed significant positive effects on somatic parameters such as

weight restoration and on short-term eating-disorder symptoms. In four, mostly underpowered, comparative RCTs, outpatient family therapy demonstrated small-to-moderate advantages over individual therapy, largely restricted to medical recovery outcomes. For inpatient care, limited evidence suggested that shorter inpatient treatment followed by outpatient therapy may achieve outcomes comparable to extended hospitalization. Psychological modules delivered during inpatient treatment, including targeted cognitive or skills-based interventions, produced improvements confined to narrow symptom domains but did not translate into broader recovery. Overall, the evidence base remains limited, with few high-quality RCTs and samples that are geographically narrow and demographically homogeneous, predominantly girls from Western settings. Family therapy is supported as the first-line treatment for adolescent AN, yet substantial uncertainties remain. Larger trials are needed to clarify mechanisms of change, long-term recovery trajectories, and the role of individual-focused interventions across global contexts.

Learning Objectives

- Following the training, participants will be able to: summarize the current international evidence base for psychological treatments for adolescents with anorexia nervosa across outpatient, inpatient, and day-patient settings.
- Following the training, participants will be able to: identify methodological limitations and gaps in existing randomized controlled trials, including issues of sample diversity
- Following the training, participants will be able to identify priorities for future research on the psychological treatment of anorexia nervosa in adolescents

Authors: Moniek Zeegers, University of Amsterdam, Research Institute of Child Development and Education; Renee A. Broersma, Levvel, Academic Center for Child and Youth Psychiatry; University of Amsterdam; Jesse Roest, Hogeschool Leiden, University of Applied Sciences; Ramon J. L. Lindauer, Levvel, Academic Center for Child and Youth Psychiatry; University of Amsterdam; Fabienne Harteveld, Youz, Center for Child and Youth Psychiatry; Peer van der Helm, University of Amsterdam; James Lock, Stanford University School of Medicine; Mark Assink, University of Amsterdam

Sex Differences in the Impact of Sexual Orientation on Eating Disorders over 20-Year Follow-Up

Abstract: Introduction: Systematic reviews suggest sexual minority status is associated with elevated eating pathology among males across development. Among females, sexual minority status predicts higher eating pathology during adolescence, but inconsistent results have emerged for adulthood. No prospective study has examined how sexual orientation predicts eating pathology across adult development and if effects differ by sex. We hypothesized that sex would moderate the prospective association between sexual orientation and eating disorders over adult development. Methods:

Participants (N=2,188; 71% women; 94.1% sexual minority) completed surveys in 2002, with 78% and 69% retention at 10- and 20-year follow-ups, respectively. The Eating Disorder Inventory (EDI) Drive for Thinness and Bulimia subscales measured eating pathology dimensionally, and the Eating Disorder Diagnostic Scale (EDDS) provided eating disorder diagnoses. Multilevel models including sex, sexual orientation, and their interaction predicted: drive for thinness, bulimic symptoms, and odds of an eating disorder over 20-year follow-up, adjusting for age cohort and BMI. Results: Sexual minority status predicted elevated eating pathology and odds of an eating disorder over 20-year follow-up, and sex significantly moderated these effects. Sexual minority men showed elevated drive for thinness and bulimic symptoms and were 3.46 times more likely to have an eating disorder compared to heterosexual men. In contrast, heterosexual women showed higher drive for thinness and were 2.41 times more likely to have an eating disorder compared to sexual minority women. Discussion: Prior evidence of elevated eating pathology in sexual minority youth may reflect both minority stress on adolescents navigating conflicts between their sexual orientation and heteronormative expectations and additional pressures on males to attract male partners. Internalized body ideals that increase attractiveness to male partners may increase risk for eating pathology and eating disorders in both sexual minority men and heterosexual women over adulthood. In contrast, sexual minority women may benefit from reduced pressure to appeal to the male gaze as they mature. Future work should examine how body image ideals evolve in response to changing life roles to better contextualize risk factors for development and maintenance of eating disorders over adulthood.

Learning Objectives

- Explain how sexual orientation differentially predicts eating pathology, including drive for thinness and bulimic symptoms, and odds of eating disorder diagnosis, among men and women over 20-year follow-up.
- Proposing evolvement in body image in response to changing life roles as the underlying mechanism explaining the association between sexual minority status and eating pathology across adulthood.
- Improving awareness of risks for eating pathology among sexual minority males and improve rigor of prevention within sexual minority communities.

Authors: Ivan Zhao, Florida State University; Harmony Vides-Varini, Florida State University; Pamela Keel, Florida State University

Bridging eating disorder and muscle dysmorphia symptoms: The role of fear

Abstract: Eating disorders (EDs) and muscle dysmorphia (MD) are impairing conditions that are becoming increasingly prevalent, partially due to sociocultural trends emphasizing both thinness and muscularity. Despite their overlap, little is known about their symptom-level connections or how body- and eating-related fears are related to

both disorders. This pre-registered study used network analysis to explore these associations. A sample of 1,432 university students (68.72% women; 47.91% White; M age = 20.36) completed self-report measures of ED and MD symptoms and fears. Following rigorous item selection, two networks were estimated at the item level using regularized partial correlations: one with ED and MD symptoms, and another including fears. Central and bridge symptoms were identified using strength and expected influence indices. Networks were re-estimated separately for women and men and compared using the Network Comparison Test. Across both networks, body image concerns, exercise-related guilt, and weight gain-related fears were most central. Bridge symptoms linking ED and MD were body fat dissatisfaction, counting calories, overvaluation of food, and fear of social eating. Gender-stratified analyses revealed differences in network structure, but not global strength, between women and men. Findings highlight cognitive and affective symptoms, particularly shape concerns, as central to eating pathology across genders. Bridge symptoms, including fear of social eating, point to transdiagnostic factors that may facilitate the co-occurrence or transition between EDs and MD. Future longitudinal research is needed to clarify causal pathways, informing assessment, prevention, and treatment strategies targeting both thinness- and muscularity-oriented eating pathology.

Learning Objectives

- Explain what network analysis is
- Reflect on how fear may drive eating disorder and muscle dysmorphia symptoms
- Reflect on the central and bridge symptoms of eating disorders and muscle dysmorphia

Authors: Lisa Zhu, Department of Psychology, Western University, London, Ontario, Canada; Lindsay Bodell, Western University

Body Image Dissatisfaction Precedes Relapse After Weight Restoration in Anorexia Nervosa

Abstract: This study aimed to examine how body image dissatisfaction (BID) evolves over a five-year period after weight restoration in anorexia nervosa (AN) and how it relates to distinct body mass index (BMI) trajectories. Body image dissatisfaction is a core feature of AN and a known predictor of relapse; however, their long-term dynamics after treatment remain unclear. Data collected from 150 AN patients who completed inpatient treatment and participated in a longitudinal follow-up study was included in this analysis (98% female, age range (years) 13-64, mean age 25.17 ±8.41). The Eating Disorder Examination-Questionnaire (EDE-Q) was administered, and BMI information was collected, annually for the five years following discharge. BID was measured by a latent factor of the EDE-Q (structure confirmed with confirmatory factor analysis). Group-based trajectory modeling (GBTM) identified BMI and BID trajectories over the five-year follow-up period. Conditional-probability and mixed-effects models examined

associations between these trajectories. Three BMI trajectories emerged: Increasing (11%), Stable (59%), and Decreasing (29%). For body image dissatisfaction (BID), three distinct patterns were identified: High (36%), Medium (28%), and Low (35%). GBTM identified that patients in the Decreasing BMI group maintained persistently high BID scores throughout follow-up. In contrast, the Stable and Increasing BMI groups showed progressive reductions in BID, reflecting improvements in body image that were concordant with weight maintenance. Conditional probability analyses confirmed a significant association between BMI and BID trajectories ($\chi^2 = 12.94$, $p = .012$, Cramér's $V = .21$). Mixed-effects models further showed that higher BID predicted subsequent decreases in BMI ($\beta = -0.14$, $p = .027$), but not vice versa. Over five years, individuals with weight loss following inpatient treatment experienced persistently high BID, whereas individuals able to maintain their weight-restoration over time exhibited a gradual improvement in body image. Examining the temporal nature of this relationship identified that persistent BID predicted subsequent weight loss, underscoring the need to continue to address BID following weight restoration among individuals who receive treatment for AN.

Learning Objectives

- Identify distinct longitudinal trajectories of body image dissatisfaction and body mass index (BMI) following inpatient treatment for anorexia nervosa
- Understand how persistent body image dissatisfaction precedes weight loss over a five-year follow-up period.
- Recognize the importance of targeting body image disturbance in long-term treatment planning to reduce relapse risk after weight restoration

Authors: Pablo del Sol Calderon, Columbia University; Caitlin Lloyd, Columbia Center for Eating Disorders; Alexandra Muratore, Columbia University/New York State Psychiatric Institute; Samantha Han, Columbia University; Evelyn Attia, Columbia University/New York State Psychiatric Institute; Timothy Walsh; Joanna Steinglass, New York State Psychiatric Institute, Columbia University Irving Medical Center

Screening for ADHD in Eating Disorders: High Prevalence, Diagnostic Variation, No Severity Link

Abstract: Eating disorders (EDs) and attention-deficit/hyperactivity disorder (ADHD) are among the most common mental health disorders across the lifespan and frequently co-occur. Research highlights that overlapping features—such as impulsivity, inattention, and emotional dysregulation—may complicate symptom presentation and treatment engagement. This comorbidity is clinically relevant, as cognitive-behavioral therapy for eating disorders (CBT-E), the current gold-standard treatment, relies on patients' ability to create and maintain structure—an area of difficulty for individuals with ADHD. Early identification of ADHD symptoms may therefore be essential for optimizing treatment planning. The present study examined the prevalence of self-reported ADHD symptoms

in a large, unselected clinical sample of adults with EDs, using the Ultra-Brief Adult ADHD Questionnaire—a DSM-5-based screener assessing hyperactivity, impulsivity, and inattention—and the Eating Disorder Examination Questionnaire (EDE-Q) to measure ED severity. A total of 776 adult outpatients with an ED (83.6% female; M age = 35.6, SD = 13.8) participated: 80 with Avoidant/Restrictive Food Intake Disorder (ARFID), 104 with Anorexia Nervosa (AN), 109 with Bulimia Nervosa (BN), 226 with Binge-Eating Disorder (BED), and 257 with Other Specified Feeding or Eating Disorder (OSFED). Overall, 50% of patients screened positive for possible ADHD, warranting further diagnostic evaluation. These rates appear markedly high, particularly when compared to the prevalence of clinically confirmed ADHD in the general population (2.5–6.8%) or other psychiatric samples (up to 20%). A significant association emerged between ED diagnosis and ADHD screening outcome, $\chi^2(4, N = 776) = 15.86$, $p = .003$, with ADHD symptoms most frequent in ARFID and BN (both 61%), but also elevated in BED (50%) and OSFED (46%), and lowest in AN (38%). ADHD symptom presence was not associated with EDE-Q severity, $t(694) = 0.49$, $p = .63$, indicating comparable levels of eating pathology between patients with and without ADHD symptoms (for this analysis, ARFID was excluded, as EDE-Q scores are not considered valid indicators of ED severity in ARFID). These findings demonstrate that ADHD symptoms are highly prevalent across nearly all eating disorder subtypes, underscoring the importance of systematic ADHD screening in specialized ED care. Early detection may improve diagnostic accuracy and enable more tailored, neurocognitively informed interventions.

Learning Objectives

- Following the paper presentation, participants will be more familiar with the high prevalence and distribution of ADHD symptoms across eating disorder diagnoses.
- Following the paper presentation, participants will be more familiar with the high prevalence and distribution of ADHD symptoms across eating disorder diagnoses.
- Following the paper presentation, participants will gain insight into the importance of early ADHD screening to improve diagnostic accuracy and enable more tailored, neurocognitively informed interventions in (specialized) eating disorder care.

Authors: Dorinde van Andel, Co-eur, the Netherlands; Annemarie van Elburg, Co-Eur, Utrecht University; Sanne Marcic - van Doornik, Co-eur, the Netherlands; Bernou Melisse, Co-eur, the Netherlands; Esther Jansen, Co-eur, the Netherlands; Stefanie Duijvis, Co-eur, the Netherlands

Biological treatments for eating disorders and PTSD

Abstract: Many patients with eating disorders have comorbid PTSD or a history of childhood maltreatment. Despite the high prevalence, very few studies have explored concurrent treatments to concurrently support patients with eating disorder and trauma symptoms. After recently conducting a systematic review on all concurrent psychological treatments for patients with eating disorders and PTSD (van den Berg et al., 2024), a

systematic review was needed on non-psychological treatments to support these patients. A multi-step literature search was conducted across all major databases to find research examining a non-psychological treatment to support patients with eating disorders and trauma symptoms. Studies needed to report on at least one eating disorder or trauma outcome. Given that little research in this area exists, limited exclusion criteria were applied. A quality assessment was done using the ROBINS-I tool, as many of the studies included were expected to be non-randomized trials. After removing duplicates, 2623 articles were screened for their title and abstract, of which 43 were included in a full-text review. Following the full-text review, 11 articles met the inclusion criteria. These 11 studies reported on the use of repurposed medications (n = 3), ketamine (n = 2), repetitive transcranial magnetic stimulation (rTMS; n = 2), deep brain stimulation (n =1), electroconvulsive therapy (ECT; n = 1), 3,4-methylenedioxymethamphetamine (MDMA; n = 1), and neurofeedback (n = 1). The strongest effects across eating disorder and trauma symptoms were seen in patients receiving MDMA and rTMS. In the MDMA study, patients with eating disorders and PTSD had improvements in eating attitudes post-treatment after receiving two doses of MDMA alongside psychotherapeutic integration sessions. In the rTMS trial, patients experienced decreases in PTSD symptoms after receiving between 20 – 30 rTMS sessions targeted at the dorsomedial prefrontal cortex. Non-psychological treatments are rapidly emerging in psychiatry, and many interventions demonstrate promise in reducing symptoms in those with comorbid eating disorders and PTSD. Based on the increasing evidence for the effect of biological interventions for patients with eating disorders and PTSD, larger and randomized controlled trials using validated outcome measures are needed. Future work should aim to continue these lines of research to rigorously measure their effects in this underserved group.

Learning Objectives

- Following the training, participants will have an overview of biological treatments for patients with eating disorders and PTSD.
- Following the training, participants will be able to identify which biological treatments show the most promise.
- Following the training, participants will have clear guidance on what follow-up research is needed, and receive recommendations on how to conduct it.

Authors: Ella van Beers, Novarum Centre for Eating Disorders; Elske van den Berg, Novarum Centre for Eating Disorders

Concurrent treatment for anorexia nervosa and PTSD

Abstract: The purpose of this study was to determine the feasibility, safety, and acceptability of concurrent treatment for anorexia nervosa and post-traumatic stress disorder (PTSD). This study included ten patients with severe eating disorders requiring clinical eating disorder treatment, who all had a history of childhood maltreatment and

comorbid PTSD. In addition to their usual CBT-E clinical treatment, sixteen sessions of imaginal exposure therapy (IE) were provided by specialized trauma therapists. Given the aim of the study was to establish the safety and feasibility of offering concurrent treatment, the primary outcomes were attrition from trauma treatment and adverse events. Secondary outcomes included acceptability through qualitative interviews with patients and healthcare workers, and changes in trauma and eating disorder pathology. Our findings indicate that the majority of patients offered concurrent care successfully completed trauma treatment while staying adherent to their clinical eating disorder treatment, and no serious adverse events occurred. Patients and healthcare workers described the concurrent treatment as highly supportive and beneficial to long-term recovery. Adverse events occurred including panic attacks, limited weight restoration, and miscarriage. Future work and larger studies are essential to continue supporting this patient group. Recommendations are made for future research and practical suggestions are provided for clinicians.

Learning Objectives

- 1.Following the training, participants will be able to understand the prevalence and presentation of patients with anorexia and comorbid PTSD.
- 2.Following the training, participants will be able to understand the latest findings in providing trauma treatment to underweight patients with eating disorders.
- 3.Following the training, participants will be able to grasp patient and healthcare workers' experiences with treatment in this complex patient group.

Authors: Ella van Beers, Novarum Centre for Eating Disorders; Elske van den Berg, Novarum Centre for Eating Disorders; Kathleen Thomaes, Sinai Centrum; Edwin de Beurs, Leiden University

Posters

Randomized Controlled Trial of Enhanced Cognitive Behavior Therapy for Bulimia Nervosa in Japan

Abstract: This study aimed to evaluate the effectiveness of enhanced cognitive behavior therapy (CBT-E) for the treatment of bulimia nervosa (BN) in Japan. Adults aged 18 years or older who met DSM-5 criteria for BN and had a body mass index (BMI) between 17.5 and 40 kg/m² were randomly assigned to either CBT-E or treatment as usual (TAU). Assessments were conducted by blinded raters at baseline, after 6 weeks, at the end of treatment (EOT; 20 weeks), and at 40- and 80-week follow-ups (FU). The primary outcome was remission of BN, defined as the absence of all DSM-5 BN symptoms during the preceding four weeks with BMI >17.5 kg/m². Secondary outcomes included eating disorder (ED) psychopathology, functional impairment due to ED, depression, anxiety, family functioning, and treatment satisfaction. Forty-three participants provided consent, and 39 (21 CBT-E, 18 TAU; all female; mean age = 31.6 years) were enrolled and randomized. No significant differences were observed in

baseline characteristics between groups. All analyses were conducted according to the intention-to-treat (ITT) principle. At EOT, remission rates were 28.8% for CBT-E and 0% for TAU (Fisher's exact test, $p = 0.0223$). Among patients who completed the 20-week treatment, the remission rate in the CBT-E group was 50%. At 40-week FU, remission rates were 23.8% and 0%, respectively ($p = 0.0502$). The CBT-E group showed greater reductions in the Eating Disorder Examination (EDE) Global score than the TAU group at EOT ($t = -2.4$, $p < 0.05$) and at 40-week FU ($t = -2.5$, $p < 0.05$). Similarly, the self-report Eating Disorder Examination Questionnaire (EDE-Q) Global score decreased significantly more in the CBT-E group at EOT ($t = -3.3$, $p < 0.01$) and at 40-week FU ($t = -2.3$, $p < 0.05$). Measures of impairment and depression also improved significantly in the CBT-E group compared with TAU at EOT. Although direct comparison with previous studies is difficult due to differences in primary outcome definitions, these findings demonstrate that CBT-E is more effective than treatment as usual in achieving remission and improving eating disorder psychopathology among Japanese individuals with bulimia nervosa.

Learning Objectives

- Describe the structure and clinical principles of enhanced cognitive behavior therapy (CBT-E) for bulimia nervosa.
- Summarize the design and key findings of a randomized controlled trial of CBT-E conducted in Japan.
- Discuss implications for implementing CBT-E in diverse clinical and cultural contexts.

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Exploration into Social Cultural Influences of Binge Eating Disorder among University Students in Na

Abstract: Social-Cultural Influences and Binge Eating Disorder: A Kenyan Perspective One of the most prevalent Eating Disorders (ED) is Binge Eating Disorder (BED), and young adults risk developing it. The study focused on exploring social-cultural influences associated with BED development among university students in Nairobi, Kenya. Objectives included determining the influence of ethnicity, social comparison, mass media, peer pressure and family pressure including the mediating role of coping orientation in the development of BED. In using a descriptive and correlational, research design involving 395 respondents undertaking undergraduate courses at the University of Nairobi, they all responded to closed-ended online questionnaires. Data collection

tools included the Social Cultural Attitudes Towards Appearance Questionnaire-4 Revised (SATAQ-4R Female and Male), Coping Orientation to Problems Experienced Inventory (Brief COPE), Social Comparison Scale (SCS), and a Socio-Demographic Questionnaire. Results confirmed that social comparison and ethnicity have no significant relationship with the development of BED $r = -.317$, $p < .001$ and $F(10,382) = 1.150$ respectively. Mass media was also confirmed as having a significant relationship with the development of BED among both females ($\beta = .545$, $p < .001$, $R^2 = 29.7\%$) and males ($\beta = .495$, $p < .001$, $R^2 = 24.5\%$). Findings derived from family pressure and peer pressure, forms of societal pressure, were also found to have a significant relationship with the development of BED among females ($\beta = .620$, $p < .001$; $\beta = .626$, $p < .001$) and males ($\beta = .470$, $p < .001$; $\beta = .534$, $p < .001$). The mediating variable coping orientation was found to have partial mediation with regards to peer pressure (18.5% mediated), family pressure (23.8% mediated) and mass media (14.3% mediated) among females. Almost similar partial mediation findings among males with regards to family pressure (28% mediated) and mass media (19% mediated) were present. However, coping did not have any mediating influence among males with regards to peer pressure's influence (indirect effect = .047, 95% CI [-.06, .16]). Findings reveal that peer pressure, family pressure and mass media influence BED development, and coping orientation also has a partial mediation except for peer pressure among males. The study recommends that social-cultural influences be given key consideration among researchers interested in BED development thus leading towards well-being improvement

Learning Objectives

- Understand and learn the social-cultural factors associated with the development of Binge Eating Disorder in Kenya.
- Understand and learn about the reasons as to why there is an increase in the prevalence of Binge Eating Disorder among young adults in Kenya
- Identify research gaps with regards to the etiology, prevention and treatment of Binge Eating Disorder in Kenya.

Authors: EVELYNE ARASA, Universität Koblenz; Claudia Quaiser-Pohl, Universität Koblenz

Reconceptualizing Eating Disorder Prevention in Children: A Gamified Transdiagnostic Approach

Abstract: Prior to the development of a new transdiagnostic serious game (SG) to enhance mental health literacy (MHL) in 10 to 14-year-olds, a literature review and needs assessment were conducted. To identify current interventions promoting eating disorder (ED)-related MHL and to evaluate their effectiveness in preventing EDs, a narrative literature review was conducted. Preceding the developmental phase, assessments with stakeholders from the school context (N=60) and focus groups with children aged 10 to 14 years (N=37) were conducted. During development, usability

tests were conducted with children of the same age group (N=15). Existing programs promoting ED-related MHL have significant limitations, and there is evidence suggesting that the prevention of EDs needs to be approached more broadly and transdiagnostically. All existing interventions focus only on conveying knowledge, which cannot be maintained long-term. A key challenge in ED prevention is that providing knowledge about EDs can increase pathological eating behaviors among participants. Furthermore, previous research showed that, among individuals with EDs, emotional and social problems play a more central role than ED symptoms themselves and that general risk factors contribute more to the development of an eating disorder than ED-specific ones. Based on the review, we developed an SG that aims not only to foster knowledge but primarily to teach and train coping skills for dealing with difficult situations and emotions. As enjoyment and engagement predict mental health outcomes, we aligned the game design with focus group findings: maintain game flow, enable creative character and environment building, and include mission-based quests. This resulted in a game world in which the children take on the role of a wizard who encounters a village infected by a mysterious darkness that symbolizes psychological distress. Children can build networks with the villagers and undertake missions to help. The decision on which mental stressors to address was based on stakeholder assessments and focus groups. It was crucial to address problems from the children's everyday lives to increase perceived usefulness. The corresponding coping skills are taught through a series of mini-games incorporating CBT within the overarching game world. The SG will be piloted in schools at the beginning of 2026.

Learning Objectives

- Following the presentation, participants will know how eating disorder related mental health literacy was addressed in previous interventions and understand why broader transdiagnostic interventions may be more promising in the prevention of eating disorders.
- Following the presentation, participants will know the advantages of serious games in the prevention of mental disorders compared to traditional in-person workshops.
- Following the presentation, participants will know what to consider when developing a serious game and will be able to implement our intervention themselves if needed.

Authors: Lorenz Ackermann, Eating Disorder Unit, Department of Child and Adolescent Psychiatry, Medical University of Vienna; Ursula Prinz, Ferdinand Porsche FernFH; Nino Werner, Ferdinand Porsche FernFH; Andreas Karwautz, Department of Child and Adolescent Psychiatry, Medical University of Vienna; Gudrun Wagner, Department of Child and Adolescent Psychiatry, Medical University of Vienna; Michael Zeiler, Department of Child and Adolescent Psychiatry, Medical University of Vienna; Karin Waldherr, Head of Research & Development - Distance Learning University of Applied Sciences Vienna

Grief and Eating Disorders: A Decolonial Mixed Methods Study of Loss and Healing

Abstract: Mainstream eating disorder (ED) frameworks often focus narrowly on individual pathology, overlooking how systemic and identity-based losses shape disordered eating. This study examines how disenfranchised, systemic, and identity-based grief intersect with ED development and healing among marginalized populations. For BIPOC, fat, disabled, queer, and trans individuals, these unacknowledged losses are deeply entangled with food, body image, and care-seeking, yet rarely named. Utilizing a convergent mixed-methods design, one hundred fifty-three participants (Mage = 34.6, range 18–68; 56% cisgender female, 33% cisgender male, 11% non-binary, transgender, or other identities) completed validated measures including the Eating Disorder Examination Questionnaire (EDE-Q), World Health Quality of Life Scale Abbreviated (WHOQOL-BREF), Self-Concept and Identity Measure (SCIM), Witnessing of Disenfranchised Grief Scale (WDGS), Body Focused Shame and Guilt Scale (BF-SGS), and Traumatic Grief Inventory Self Report Plus Scale (TGI-SR+). Participants were racially and ethnically diverse (58% White, 24% Black/African American, 6% Asian, 7% Hispanic/Latino, 5% multiracial), with 35% identifying as LGBTQ+ and 27% identifying as having a disability. Correlational analyses showed that ED symptoms were strongly associated with body-focused shame/guilt ($r = .59$, $p < .001$), traumatic grief ($r = .43$, $p < .001$), and identity distress ($r = .32$, $p < .001$), and inversely with quality of life ($r = –.38$, $p < .001$). Regression models ($R^2 = .45$) identified body-focused shame/guilt as the strongest predictor of ED severity ($b = 1.01$, $p < .001$), with trends for traumatic grief, lower quality of life, disability status, and race. In parallel, six virtual writing groups provided narrative data on grief, identity, and body. Narrative analysis highlighted themes of unacknowledged loss, shame, and resilience, particularly in relation to systemic oppression and intergenerational trauma. Integrated findings suggest that grief is a critical, yet overlooked, mechanism in ED experiences, shaping both distress and recovery pathways. Findings highlight the need for ED treatment to expand beyond individual symptom reduction, addressing grief as a sociopolitical and embodied experience. This study advances decolonial and grief-informed frameworks in ED care, offering a liberatory approach that validates systemic loss, strengthens cultural responsiveness, and broadens possibilities for healing.

Learning Objectives

- Following the training, participants will be able to Describe how disenfranchised, systemic, and identity-based grief intersect with eating disorder development and recovery.
- Following the training, participants will be able to analyze quantitative and qualitative findings linking grief, shame, and ED severity across marginalized identities.
- Following the training, participants will be able to apply decolonial and grief-informed frameworks to broaden ED research and clinical practice beyond symptom reduction.

Authors: Shikha Advani, University of Denver; Erin Harrop, University of Denver

Feasibility of a Guided Self-Help for Eating Disorders: Results of the INTERconNEcT-ED Trial

Abstract: Many studies have investigated the effectiveness of guided self-help (GSH) interventions in treating eating disorders (EDs). Recently, online GSH interventions, delivered via smartphone apps, have been found to be helpful in recovery. This study aims to test the feasibility of an eight-week online GSH intervention focused on interpersonal maintenance factors for adults with EDs at different stages of the illness. Two randomized controlled trials (RCTs) were conducted to examine the efficacy of the INTERconNEcT-EDs program in improving psychological outcomes such as psychological distress, eating psychopathology and interpersonal problems. Online guidance was provided in groups led by both professionals and peer mentors who had lived experience. In the first RCT, 66 outpatients with EDs (M_age=26.0, SD=10.7) were randomized to receive either treatment as usual (TAU; n=31) or TAU plus INTERconNEcT-EDs program (n=32). Outcomes were reported at pre- and post-intervention and at the 3-month follow-up. In the second RCT, 41 individuals from the community (M_age=30.0, SD=8.7) who reported dysfunctional eating behaviors were randomized to either the INTERconNEcT-EDs program (n=22) or a wait-list control condition (n=19). Linear mixed-effects models applying an intent-to-treat approach were used to compare the intervention group's outcomes with those of the control group. The effect of time on psychological distress after 8 weeks showed a trend towards significance (η^2=0.04; p=.060), suggesting a small pre–post improvement; the TIME × GROUP interaction was not significant. A significant effect of time was found for the “Eating Concern” and “Weight Concern” EDE-Q subscales (η^2=0.06; p = .018 and η^2=0.05; p=.036, respectively), while the TIME × GROUP interaction was not significant. Among community participants, a significant main effect of time was found for the EDE-Q (p=.004), indicating a general reduction in eating disorder symptoms. However, the effect on the CORE-OM was not significant (p=.089). No significant time × group interactions were found. The results suggest that a novel, app-based GSH intervention could be feasible for individuals with EDs. However, these findings should be considered preliminary and will be validated further as the ongoing study progresses. Clinical Trial Registration: www.ClinicalTrials.gov, identifier NCT02336841.

Learning Objectives

- To understand the conceptual rationale and structure of an online guided self-help (GSH) intervention for eating disorders
- To critically examine the randomized controlled trial (RCT) design and analytic strategies employed
- To interpret preliminary findings on feasibility and clinical outcomes

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Body Dissatisfaction as a Mediator Between BMI and Binge-Eating Disorder Symptoms in Brazilians

Abstract: Despite not being part of the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) for binge-eating disorder (BED), body dissatisfaction may represent one of the psychological mechanisms linking weight status to the symptoms of this eating disorder (ED). In Brazil, studies focusing on individuals with an ED are still scarce. Given the strong sociocultural pressures on body image and the alarming prevalence of overweight and obesity associated with excessive food intake, understanding how body dissatisfaction relates to BED is essential for clarifying this context and guiding future research and care practices. Therefore, this study aimed to investigate whether body dissatisfaction mediates the relationship between body mass index (BMI) and ED symptoms in Brazilian adults with BED. The sample comprised 254 participants (88.6% women; average age=34.7, SD=9.4 years; average BMI=32.1, SD=7.2 kg/m²) who self-reported BED and were recruited in 2025 through nationwide calls and patient lists from ED outpatient clinics. After ethical approval, participants completed an online survey including sociodemographic questions and items from the short version of the Body Shape Questionnaire (BSQ-8) and the Eating Disorder Symptoms List (EDSL). Mediation was tested using structural equation modeling (SEM), with BMI as the independent variable, body dissatisfaction (BSQ-8) as the mediating variable, and ED symptoms (EDSL) as the dependent variable. The robust maximum likelihood estimator was used, with a significance level of 5%. Analyses were performed in R using the lavaan package. The SEM revealed a positive direct effect of BMI on body dissatisfaction (β=.029, p=.011) and a positive direct effect of body dissatisfaction on ED symptoms (β=.314, p=.030), indicating partial mediation. BMI also showed a direct effect on ED symptoms (β=−.029, p=.029). These results, obtained using validated instruments and a robust analysis, suggest that individuals with BED and higher BMI experienced greater body dissatisfaction, which in turn contributed to more ED symptoms. Although not included in BED diagnostic criteria, body dissatisfaction appears as relevant in this population. Considering the rising rates of weight gain in Brazil and the sociocultural ideals that reinforce appearance-based beauty standards,

addressing body dissatisfaction in future research and clinical care is critical for improving outcomes in individuals with BED.

Learning Objectives

- Explain the potential mediating role of body dissatisfaction between body mass index (BMI) and eating disorder (ED) symptoms in individuals with binge-eating disorder (BED).
- Discuss the clinical and research implications of incorporating body dissatisfaction into the understanding and treatment of BED.
- Describe how sociocultural pressures and body image concerns influence eating pathology in the Brazilian context.

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Psychometric Evaluation of the German Binge Eating Scale (G-BES)

Abstract: The Binge Eating Scale (BES) is a key tool for evaluating the severity of binge-eating symptoms used worldwide, however, a thorough psychometric evaluation for German-speaking individuals has been lacking. Bridging this gap is crucial for connecting cultures, as it provides German-speaking clinicians with a rapid, reliable screening tool and enables researchers to contribute internationally comparable data. Therefore, this study aimed to validate the German translation of the BES by examining its reliability, as well as its factorial and construct validity.
A total of 1,150 participants were recruited from the German general population using a mix of online and offline strategies. The sample consisted of 1,016 women (88.3%), 124 men (10.8%), and seven diverse individuals (0.6%). Three participants (0.3%) did not state their gender. Participants' ages ranged from 18 to 87 years (M = 37.0, SD = 10.4), and their mean BMI was 26.16 kg/m² (M = 26.16, SD = 5.81). Internal consistency was assessed using Cronbach's alpha (α) and McDonald's omega (ω). To examine the factor structure, the total sample was randomly split in half (n = 575 per subsample), and an

exploratory factor analysis (EFA) followed by a confirmatory factor analysis (CFA) were conducted. Construct validity was determined by correlating the BES with the German versions of the Intuitive Eating Scale-2 (IES-2) and the Eating Disorder Examination-Questionnaire (EDE-Q).
The German BES demonstrated excellent internal consistency (α = 0.91, ω = 0.92). The EFA suggested both a one- and a two-factor solution, but the two factors showed a very high intercorrelation (r =.80). The CFA on the second subsample demonstrated a good model fit for the unidimensional one-factor model (CFI = 0.982, TLI = 0.979, RMSEA = 0.064, SRMR = 0.047). A statistical model comparison indicated that the more complex two-factor model did not significantly improve model fit ($p > .05$); therefore, the more parsimonious one-factor solution is preferred. The BES scores correlated significantly and positively with the EDE-Q ($r = .79$, $p < .001$) and negatively with the IES-2 ($r = -.83$, $p < .001$), supporting its construct validity.
In summary, this study validates the German BES as a robust, unidimensional scale, providing a valuable instrument for clinical screening and for advancing cross-cultural research within German-speaking populations.

Learning Objectives

- Understand the necessity of psychometrically validating translated scales for cross-cultural research
- Gain insight into the methodology of questionnaire validation
- Discover how the newly validated German BES can now be applied in clinical practice and cross-cultural research

Authors: Helena Althammer, Department of Psychiatry and Psychotherapy, University Hospital Erlangen; Jessica Freiherr, Department of Psychiatry and Psychotherapy, University Hospital Erlangen

Virtual Dining Room: Patient Perceptions and Therapeutic Effects on Eating Behavior

Abstract: Eating disorders (EDs) are serious psychiatric conditions whose prevalence has increased in recent years. Among them, anorexia nervosa stands out due to its high morbidity and mortality. Day treatment programs have demonstrated effectiveness in clinical improvement; however, their virtual modalities, although increasingly utilized, have not yet been sufficiently investigated, making them an area of particular interest for research. The Eating Disorders Unit at the UC Christus Health Network (UTAL UC) in Santiago, Chile, offers a program of virtual workshops as part of comprehensive ED treatment. Among its activities is a virtual dining room that supports patients during lunchtime.The present work is a qualitative study that explores patients' perceptions of the virtual dining room, identifying benefits, barriers, and suggestions for improvement.Method: This qualitative study is based on grounded theory. The sample was selected according to the criterion of theoretical saturation and currently consists of

six women diagnosed with anorexia nervosa, recruited through their treatment team. Semi-structured interviews were conducted, and a descriptive and thematic analysis was performed using NVivo software.Results: The analysis yielded seven central categories: (1) group space, (2) virtual environment, (3) initial negative expectations and emotions, (4) adaptation and change process, (5) positive role of structure and supervision, (6) limitations and barriers to eating, and (7) perceived effects.The virtual dining room is perceived as a resource that facilitates adherence to dietary guidelines, reduces anxiety and guilt, and fosters interpersonal validation, a sense of belonging, and social learning. This intervention constitutes a therapeutic space that combines structure and flexibility, professional and peer support, generating a positive impact on eating behavior and emotional well-being. These findings provide evidence supporting the development and strengthening of virtual mental health programs

Learning Objectives

- Describe how patients perceive interventions in the virtual dining room and their influence on eating behavior and their relationship with food
- Describe and identify the benefits and barriers that patients perceive from the virtual dining room for the normalization of eating behavior
- Analyze the impact of interventions by therapists and peers on the normalization of eating behavior

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Adaptation and validation of the Body, Eating, and Exercise Comparison Orientation Measure (BEECOM)

Abstract: Social comparison refers to the cognitive process of evaluating oneself in relation to others, which becomes more pronounced as individuals use their peers as reference points for comparison. Among its various forms, comparisons involving appearance, eating behaviors, and exercise have been identified as key contributors to the development of negative body image and the onset of eating disorders. The Body, Eating, and Exercise Comparison Orientation Measure (BEECOM) is an instrument developed to assess social comparison behaviors across the domains of body, eating, and exercise. Originally designed for nonclinical samples of American female university students, this study aimed to perform a cross-cultural adaptation of the instrument and to examine its psychometric properties among young Brazilian adult women aged 18–35 years. The instrument was cross-culturally adapted and subjected to exploratory and confirmatory factor analyses to evaluate its structure and model fit. Measurement invariance, convergent validity, internal consistency, and temporal stability of the BEECOM were also assessed. A total of 716 young female university students participated (mean age = 22.47 ± 3.10). The instrument was considered easy to understand and culturally appropriate. Factor analyses supported a three-factor

structure—body, nutrition, and exercise—consistent with the original version, with satisfactory fit indices, retaining all 18 items. Multigroup confirmatory factor analysis indicated that the BEECOM factor structure was equivalent across white and non-white women, as well as physically active and inactive women, demonstrating good model fit. The measure also exhibited reliability, temporal stability, and convergent validity, as evidenced by significant positive correlations with body comparison and body dissatisfaction measures. These findings corroborate previous evidence indicating that individuals who internalize thin-ideal standards and are exposed to sociocultural influences are more likely to develop body dissatisfaction through social comparison processes. This study provides a reliable and culturally sensitive tool for assessing social comparison behaviors related to eating disorders and negative body image among young Brazilian women, facilitating broader research on body, eating, and exercise comparisons, and supporting the development of preventive strategies for at-risk populations.

Learning Objectives

- Following the training, participants will be able to describe the process of cross-cultural adaptation and validation of psychological instruments.
- Following the training, participants will be able to understand the BEECOM and its applicability in the field of body image.
- Following the training, participants will be able to discuss the role of social comparison in the development of body dissatisfaction and eating disorders, and recognize how validated instruments such as the BEECOM can support prevention efforts and research among Brazilian populations.

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An Updated Review of Eating Disorder Treatments vs. Controls for Adolescents and Young Adults

Abstract: Rates of eating disorders are on the rise among young people, and there is growing concern about the ability of existing treatment options to meet the evolving needs of this population. This underscores the urgent need to evaluate the (a) current state of the literature, and (b) effectiveness of interventions tailored to adolescents and young adults (AYAs), a population uniquely vulnerable to the onset and chronic progression of untreated eating disorders. This paper presents an updated systematic

and three-level meta-analytic review of psychological interventions compared to control conditions for eating disorders (EDs) in AYAs. A systematic search was conducted in PsycInfo, PubMed, and Proquest Dissertations and Theses for studies published between January 1980 and March 2024. Supplemented by various other search methods, we identified 53 interventions, contained within 41 reports, yielding an overall sample size of 3,140. Studies were evaluated using elements of the Cochrane risk of bias tool. Analyses were conducted using three-level, random effects models. Results indicated that, compared to controls, interventions targeting anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and a blend of ED diagnoses among AYAs were effective for a range of ED outcomes, with maintenance of effects at follow-up: Hedges' g across interventions targeting AN = 0.202 (0.051; 0.352), BN = 0.467 (0.241; 0.693), BED = 0.601 (0.294; 0.908), and a blend of diagnoses = 0.378 (0.111; 0.644). Programs targeting BN and multiple diagnoses were similarly effective for non-ED outcomes. Differential effects emerged for the type of control condition such that interventions were most effective when compared to no intervention or waitlist controls. There was no moderating effect for type of outcome, duration of diagnosis, age, use of technology, duration of intervention, duration of follow-up, or risk of bias. Evidence is limited by the small number of studies and sample sizes within each ED diagnosis, and points to the need for development and refinement of existing interventions. Clinical implications and recommendations for future research on eating disorder interventions for AYAs are highlighted.

Learning Objectives

- Following the training, participants will be able to understand the current treatment landscape for adolescents and young adults with eating disorders.
- Following the training, participants will be able to interpret the evidence base for treatment programs compared to controls for adolescents and young adults with eating disorders.
- Following the training, participants will be able to recognize future directions in the field of adolescent and young adult eating disorders.

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Weight Change and Symptom Remission in Multi-Family Therapy for Adolescent Anorexia Nervosa

Abstract: Anorexia nervosa (AN) has among the highest lifetime mortality rates of all psychiatric disorders. While evidence-based treatment approaches are promising, many treated individuals do not fully recover, and many never receive treatment in the first

place. Given its chronicity, high relapse rates, and significant psychosocial impairment, understanding the mechanisms underlying recovery from AN remains a crucial area of research. One prominent question in the study of treatment for AN pertains to the relationship between physical and psychological recovery. In particular, a large body of research has examined the relationship between weight-related variables and psychological symptom change in the context of eating disorder-focused family based therapy for young people with AN. A newer approach, Multi-Family Therapy for adolescent AN (MFT-AN), offers promise for expanding the scope of evidence-based treatment options for this population. While research suggests that MFT-AN is associated with improved weight and core eating disorder symptomatology, studies thus far have not examined the relationship between these two outcomes in the context of MFT-AN. The present research includes 77 adolescents (ages 11-18, M = 14.85, SD = 1.59) participating in an MFT-AN program at an outpatient clinic in the midwestern United States. The study explores the rate and magnitude of change in weight and psychological disturbances for adolescents participating in MFT-AN. Second, the current study seeks to determine the amount of early weight gain that may be necessary to predict later remission in this novel intervention. While both weight and psychological symptoms improved throughout the study period, findings revealed no significant differences in the rate or magnitude of change in these two types of outcomes (ps> .05). Receiver operating characteristic curves also indicated that net weight change at two weeks into the intervention best discriminated between those who did and did not eventually remit (Area Under the Curve: 0.821, $p < .001$). However, the amount of early weight gain that was best predictive of remission was difficult to decipher due to great variability in weight gain (and loss). This study indicates the potential for MFT-AN to improve both weight and psychological symptoms simultaneously. Continuing to study the mechanisms that contribute to recovery in treatment for AN will inform targets for clinical intervention and ultimately enhance long-term outcomes.

Learning Objectives

- Following the training, participants will be able to understand the nature of weight-based and psychological symptom changes in Multi-Family Therapy for adolescent Anorexia Nervosa (MFT-AN).
- Following the training, participants will be able to recognize the predictive value of early changes in weight for overall remission in MFT-AN.
- Following the training, participants will be able to think critically about the overall relationship between physical and psychological improvements throughout the course of treatment for anorexia nervosa.

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Integrated Pediatric Approach for ARFID and ADHD: A Structured Exposure Model Bridging Pharmacologic

Abstract: Children with Avoidant/Restrictive Food Intake Disorder (ARFID) and comorbid Attention-Deficit/Hyperactivity Disorder (ADHD) present complex challenges related to sensory processing, attention regulation, and food avoidance behaviors. This study aimed to describe the implementation and outcomes of an integrated pediatric program combining pharmacologic management and structured exposure-based therapy for children with both diagnoses. Twenty-two children aged 3–10 years (12 boys, 10 girls) with avoidant-type ARFID and ADHD were treated over six biweekly sessions led by a pediatrician specialized in nutrition and eating disorders. The intervention included graded sensory exposures (to smell, texture, and powdered forms of food), gradual tasting, parent training on mealtime structure and emotional neutrality, and a positive reinforcement system ("marble jar") to encourage new food trials. Eight participants were receiving ADHD pharmacotherapy (primarily methylphenidate or bupropion), while fourteen were unmedicated due to parental hesitancy. At baseline, all children consumed fewer than 20 foods, mainly ultra-processed items such as nuggets, fries, cookies, and white bread. Following six sessions, the overall sample doubled the number of accepted foods, while children on ADHD medication demonstrated greater improvement, often tripling their food repertoire and exhibiting higher sensory tolerance and engagement during exposures. Parents reported reduced mealtime anxiety and improved adherence to structured feeding routines. Although exploratory, these findings suggest that combining pharmacologic and behavioral care may enhance outcomes in children with dual diagnoses of ARFID and ADHD, highlighting the feasibility of implementing an integrated pediatric model in Latin American clinical settings.

Learning Objectives

- To describe an integrated pediatric model combining pharmacologic management and structured exposure therapy for children with comorbid ARFID and ADHD.
- To examine the clinical differences in treatment response between medicated and unmedicated children within a short-term sensory-based feeding intervention.
- To discuss the feasibility and clinical implications of implementing multidisciplinary ARFID programs in early childhood within Latin American healthcare settings.

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Cross-Cultural Validation of the TON-15 Across Different Eating Patterns in the Brazilian Context

Abstract: Orthorexia nervosa (OrNe) is a diagnostic proposal where there is a pathological obsession or extreme concern with healthy eating, leading to emotional consequences and psychosocial impact, as well as malnutrition and weight loss. A

similar construct is healthy orthorexia
(HeOr), which is solely related to healthy eating and the pursuit of physical health. Studies indicate higher levels of OrNe in the vegetarian population compared to omnivores; however, few instruments are validated to this specific population in different cultures. This study aims to validate the Test of Orthorexia Nervosa (TON-15) to the Brazilian context on a sample of omnivores, vegetarians, dietary vegans and flexitarians. This study was IRB approved (#74723523.4.0000.5498). A total of 618 participants (73% female), aged between 18 and 60 years (M = 36.6, SD = 12.4), with omnivorous (68.9%), vegetarian (17.5%), or flexitarian (13.6%) dietary patterns, were recruited voluntarily and virtually. To assess orthorexia, the Teruel Orthorexia Scale (TOS) and TON-15 were used. The TON-15 assesses orthorexia as a spectrum, with low values indicating HeOr and high values OrNe. It consists of 15 items answered on a Likert scale and proposes a unifactorial structure. The TOS assesses both healthy and pathological orthorexia nervosa. It consists of 17 items answered on a Likert-type scale and proposes a bifactor structure with one general factor (Orthorexia) and two subfactors (HeOr and OrNe). Internal validity was assessed with Exploratory (EFA) and Confirmatory Factorial Analyses (CFA), which were conducted using Factor and JASP statistical softwares respectively. Convergent validity was assessed using Spearman correlations between TON-15 and TOS. EFAs and CFAs suggested a reduced, unidimensional TON-15 in the Brazilian context, with adequate fit indexes (($\chi2(df) = 448.7(90)$, $p < .001$, $\chi2/df = 4.98$, CFI = .946, TLI = .938, SRMR = .076,RMSEA (90% IC) = .080 (.073 – .088)), and factor loadings (< .30). Spearman correlations between TON-15 and TOS HeOr ($\rho = .64$), OrNe ($\rho = .47$), and GF ($\rho = .65$) suggests adequate convergent validity. The results provide evidence of validity for a new instrument to measure orthorexia in the Brazilian context, showing good psychometric properties and satisfactory convergent validity. This reduced instrument may assist researchers and clinicians who wish to investigate orthorexia within their respective fields of practice.

Learning Objectives

- Understand the conceptual distinction between Orthorexia Nervosa (OrNe) and Healthy Orthorexia (HeOr).
- Describe the psychometric validation process of the TON-15 in the Brazilian context
- Interpret the implications of a reduced, unidimensional TON-15 instrument

Authors: João Azevedo, University of São Paulo / University of Ribeirão Preto; Pedro Henrique Bolognezzi Volpe, University of Ribeirão Preto; Telma Maria Braga Costa, University of São Paulo / University of Ribeirão Preto

Difference Between “Drive for Muscularity” and “Muscularity Concerns” in Muscle Dysmorphia Symptoms

Abstract: Muscle dysmorphia is a disorder characterized by the belief that the body is too small or has an insufficient amount of muscle, even if the individual already has a

normal or very muscular appearance. As a way to increase muscle mass, dysfunctional strategies may be adopted. Measures such as the Drive for Muscularity Scale (DMS) and the Female Muscularity Scale (FMS) are used to assess muscularity attitudes and behaviors. However, there seems to be a distinction between the constructs they assessed that have not yet been tested. This study aimed to differentiate the constructs of “drive for muscularity” and “muscularity concerns” in symptoms of muscle dysmorphia in Brazilian adult women. The study was approved by the Research Ethics Committee (Protocol No. 6.907.185) and included 826 Brazilian cisgender women aged between 18 and 50 years. Recruitment occurred through email and social media, and data were collected on the REDCap (R) platform. Participants accessed the Informed Consent Form and answered the sociodemographic questionnaire, DMS, FMS, and the Muscle Dysmorphic Disorder Inventory (MDDI). Pearson correlation analyses, Fisher’s r-to-z transformation test, and multiple linear regression (forward method) were conducted using SPSS version 23.0, considering $p < .05$. The findings show that DMS correlated significantly and more strongly than FMS with two of the three muscle dysmorphia symptoms assessed by the MDDI: drive for size and functional impairment. In the regression analyses, for the outcome of drive for size, FMS-Attitudes was able to influence the model together with DMS, whereas FMS-Behaviors was not. On the other hand, FMS-Attitudes did not influence the model for functional impairment, unlike FMS-Behaviors. However, even in the models in which DMS was not the only predictor, the “drive for muscularity” was the variable that most strongly impacted the muscle dysmorphia symptoms assessed. Therefore, the results demonstrate that “drive for muscularity” and “muscularity concerns” are different constructs, with the first construct being more suitable for assessing issues related to this disorder. Thus, this distinction may assist in clinical investigations and future research, as well as help avoid confusion in the literature.

Learning Objectives

- Following the training, participants will be able to differentiate between “drive for muscularity” and “muscularity concerns” in muscle dysmorphia symptoms in Brazilian women.
- Following the training, participants will be able to describe which construct is most appropriate for use in the context of muscle dysmorphia.
- Following the training, participants will be able to identify how the distinction between “drive for muscularity” and “muscularity concerns” contributes to advancing research on muscle dysmorphia, muscularity, and body image.

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DIETARY INTAKE OF UNIVERSITY STUDENTS DIAGNOSED WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Abstract: This study aimed to evaluate the dietary intake of university students diagnosed with ADHD and to compare it according to medication use. A cross-sectional observational study was conducted with a convenience sample of 54 university students (aged 18 to 28 years) diagnosed with ADHD from São Paulo, Brazil. Data collection involved questionnaires about sociodemographic, treatment, and physical activity, along with three 24-hour dietary recalls (two non-consecutive weekdays and one weekend day). Food, energy, and macronutrients quantification were performed using TBCA and TACO databases. Energy intake was compared to Estimated Energy Requirement (EER), and macronutrient distribution was compared to Acceptable Macronutrient Distribution Range (AMDR) recommendations. Statistical analyses included Mann-Whitney, Student's t, and Pearson's chi-square tests. The sample showed a high prevalence of excess weight, with 40.7% classified as overweight or obese by BMI. Regarding energy intake, 64.8% of participants consumed less than their daily energy requirements (hypocaloric pattern). The average macronutrient contribution to total energy intake was 42.9% carbohydrates, 19.9% proteins, and 36.1% lipids, indicating a hypoglycidic and hyperlipidic pattern. Poor fat quality intake was observed in 85.2% of participants, who exceeded the recommendation for saturated fat consumption. 51,9% had total fat intake above the recommended. Although the difference was not statistically significant, students using medication consumed less total fat than those who were not. However, students not using psychiatric medication consumed significantly more saturated fat than those who did ($p = 0.027$). Fiber inadequacy was severe, with only 3.7% meeting recommended intake. No significant differences in overall energy or macronutrient intake were observed between students receiving follow-up care (nutritional or psychological) and those who were not. These findings highlight a pattern of inadequate food intake (low energy, high fat, low fiber) in young adults with ADHD, which may contribute to the exacerbation of ADHD symptoms.

Learning Objectives

- Identify how ADHD can influence eating behavior and nutritional status.
- Discuss the clinical implications of psychological disorders for nutritional assessment and intervention.
- Recognize the importance of an interdisciplinary approach between Nutrition and Psychology in clinical and research settings.

Authors: Luana Bandeira Maia, Mackenzie Presbyterian University; Rosana Farah; Juliana Morimoto

Outcomes of Paediatric Medical Stabilisation Admissions for Restrictive Eating Disorders

Abstract: Eating Disorders (ED) are associated with significant mortality and morbidity. A short, structured refeeding admission on a paediatric ward is now an established intervention to address the changing culture to provide treatment closer to home and avoid prolonged inpatient psychiatric admission. The outcomes of this intervention have not previously been evaluated in a UK paediatric setting. The aim was to describe the patient population and identify key variables and outcomes to develop a standard data set.

A retrospective cohort analysis of 85 children and young people (CYP) from 2 UK hospitals. Sequential sampling was used for patients 0-18 years, admitted for a restrictive eating disorder from January 2018 - September 2022 where length of stay was greater than 1 day.

Cases were most often mid-adolescent (15.1 years, IQR = 2.7) white (n = 75, 91.5%), females (n = 73, 85.9%) and the most common diagnosis was anorexia nervosa (AN) – (n = 41, 48.8%).

Discharge to community treatment was the most common outcome (n = 51, 61.4%) with the remainder transferred to onward in-patient care. Medical instability was present in n = 22 (25.9%) and stability was achieved within a median average of 4 days (IQR = 5.5) of admission. The median length of stay was 21.0 days (IQR = 23.0). Advanced nutritional supplements were required for 1 in 3 CYP either orally (n = 30, 36.1%) or via a nasogastric tube (n = 25, 30.1%). Biochemical refeeding syndrome was seen in n = 20 (24.1%), with no cases of clinical refeeding syndrome. Compulsory treatment under the mental health act was required for n = 19 (22.9%). A diagnosis of anorexia nervosa or lower %median BMI on admission were both associated with an increased likelihood of transfer for further inpatient care ($p<0.05$).

This study provides a core outcomes dataset for paediatric medical stabilisation admissions for CYP with eating disorders. It supplies valuable information when counselling CYP and families on the range of outcomes associated with eating disorders. It also provides benchmarking for individual services as well as a baseline for interventional studies to work to improve the care and outcomes of CYP requiring medical stabilisation for restrictive eating disorders.

Learning Objectives

- Describe the patient population receiving inpatient paediatric medical stabilisation care for restrictive eating disorders in a UK country.
- Describe the key outcomes of the inpatient paediatric medical stabilisation admissions for restrictive eating disorders in a UK country.
- Outline key factors influencing the main outcomes of the inpatient paediatric medical stabilisation admissions for restrictive eating disorders in a UK country.

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Is Agreement with the Statement “Obesity Is a Disease” Helpful or Harmful? Insights from a National

Abstract: Background: Obesity has been increasingly framed as a disease by medical organizations, yet the emotional and motivational impact of this framing remains underexplored. While intended to reduce stigma and increase access to care, labeling obesity as a disease may carry unintended consequences, particularly for individuals living with the condition. Thus, the objective of this study was to evaluate how individuals with different BMI levels respond to the statement “obesity is a disease” in terms of agreement, emotional reactions, and motivation for weight loss.
Methods: A cross-sectional online survey was conducted in January 2024 among 597 Israeli adults, stratified by weight status (normal weight, overweight, and obese) and gender. Participants reported their level of agreement with the statement “obesity is a disease” their emotional reactions to this statement, and weight-related motivation. Multivariate analyses examined demographic and psychological predictors of agreement.
Results: Overall, 47.6% of participants agreed with the disease framing. Agreement was significantly associated with higher BMI, lower religiosity, and poorer self-rated mental health. However, agreement was not associated with greater motivation to lose weight or perceived control over weight. Participants with obesity endorsed more negative emotional responses, to the statement including worry, frustration, helplessness, and pressure versus those with lower weight-status. Positive emotions such as optimism or confidence were not significantly associated with weight status.
Conclusions: Framing obesity as a disease is common and more frequently endorsed by individuals with obesity (versus those with lower weight status), yet it does not appear to enhance motivation for weight loss. This framing is also associated with emotional distress, suggesting that such messaging may unintentionally reinforce internalized stigma. Public health communications should consider these nuanced responses and strive to promote messages that are empathetic, non-stigmatizing, and behaviorally supportive.

Learning Objectives

- Understand the psychological and motivational impact of labeling obesity as a disease.
- Identify demographic and psychological predictors of agreement with the disease framing.
- Critically evaluate the implications of disease-based framing for public health communication.

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Associations Between Eating Behavior Dimensions and Binge Size in Binge-Eating Spectrum Disorders

Abstract: This study aimed to examine the associations between eating behavior dimensions and binge eating size in individuals with binge-eating spectrum disorders. A cross-sectional study was conducted within 141 adults diagnosed with Binge Eating Disorder (BED; n = 73) or Bulimia Nervosa (BN; n = 68) according to the Structured Clinical Interview for DSM. Eating behavior dimensions (cognitive restraint, disinhibition, and hunger) were assessed using the Three-Factor Eating Questionnaire (TFEQ-51). Food consumption during the most representative binge eating episode that occurred in the previous three months was assessed through a food recall method. The caloric intake during binge eating was estimated using the Dietpro Clínico® software. The independent T test was used to compare means of caloric intake, BMI and TFEQ subscales between groups. In addition, Spearman's correlations were conducted to test the associations between eating behavior dimensions and binge size. as well as Participants were predominantly female (87%) with a mean age of 34 years old (SD=13). Individuals with BED (M = 38.87, SD = 7.59) presented significantly higher BMI compared to those with BN (M = 24.74, SD = 7.75, t(139) = -7.061, p = 0.00). The mean of calories consumed during binge eating episodes did not differ significantly between BED (M=1983.74, SD=1020.05) and BN (M=2321.68, SD=1317.37, t(139) = 1.710, p = 0.90). Participants with BED showed significantly lower cognitive restraint [(M=8.04, SD=4.47 vs. M=11.90, SD=5.72), t(126.823) = 4.438, p = 0.00] and higher disinhibition [(M=13.59, SD=2.07 vs. M=12.72, SD=2.33), t(134.313) = -2.332, p = 0.021] than those with BN. Conversely, there was no significant difference for hunger [BED (M=10.73, SD=2.87) vs. BN (M=9.85, SD=3.77), t(139) = -1.554, p = 0.123]. Overall, no significant correlations were found between binge eating size and eating behavior dimensions either for individuals diagnosed with BN [cognitive restraint (r = 0.081), disinhibition (r = -0.136), and hunger (r = -0.002)] nor for the ones with BED [cognitive restraint (r = 0.069), disinhibition (r = 0.092), and hunger (r = -0.052)]. These findings highlight the heterogeneity of eating behavior patterns across the binge-eating spectrum, with the BED group exhibiting higher cognitive restraint and disinhibition than the BN counterparts. However, these parameters are not directly related to the caloric content of binge eating episodes.

Learning Objectives

- Describe the associations between key eating behavior dimensions (cognitive restraint, disinhibition, and hunger) and binge-eating characteristics in individuals with Bulimia Nervosa and Binge Eating Disorder.
- Differentiate the profiles of eating behavior dimensions across the binge-eating spectrum, interpreting how these psychological constructs may vary by diagnosis and BMI.

- Evaluate the implications of eating behavior dimensions for understanding binge-eating phenomenology and for refining assessment or intervention strategies in clinical populations.

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Eating Disorders and Treatment-Seeking Among South Asian Adults in the United States

Abstract: Eating disorders affect individuals across racial, ethnic, and gender identities, yet diverse populations remain underrepresented in eating disorders research. In this study, we examined the prevalence of an eating disorder history and treatment-seeking among South Asian adults living in the United States (U.S.) using self-report data. Participants were 276 adults of South Asian descent in the U.S. (Mage = 29.5 years, SD = 10.9) who completed a survey assessing body image, disordered eating, and related constructs. Recruitment occurred via outreach to South Asian university and community organizations, social media, flyers at South Asian events, and snowball sampling. In terms of gender identity, 187 participants identified as cisgender female, 65 as cisgender male, and 24 as gender nonbinary. Forty-four participants (16%) reported having ever had an eating disorder (of these, 75% identified as female, 5% as male, 20% as nonbinary), and 68 (25%) were unsure (71% female, 22% male, 7% nonbinary). The remaining 161 participants (58%) reported no eating disorder history, and 3 (1%) declined to respond. Only 12 participants (4%) reported receiving a formal eating disorder diagnosis from a clinician (e.g., physician or psychologist), representing 27% of those who reported having had an eating disorder. In the full sample, 12% reported ever seeking treatment for an eating disorder or eating concerns, and 7% reported ever receiving treatment. Among the 44 participants who reported having had an eating disorder, 36% reported seeking treatment and 25% reported ever receiving treatment. Participants who believed they needed treatment for an eating disorder or eating concerns but did not receive it cited barriers including: not recognizing their eating patterns were a problem, being a minor, cost, family (e.g., cultural perceptions of mental health), difficulty finding a therapist (including culturally competent providers), eating or weight concerns not being taken seriously by providers, shame, and stigma related to seeking therapy or having an eating disorder. These findings highlight the presence of eating disorders among South Asian adults in the U.S., the mismatch between seeking

and receiving treatment for eating concerns, and cultural and systemic barriers to accessing care.

Learning Objectives

- Recognize the presence of eating disorders in a South Asian adult sample in the U.S.
- Compare reports of seeking treatment for eating disorders/eating concerns with reports of receiving such treatment.
- Understand the array of barriers that South Asians in the U.S. may experience in efforts to seek treatment for eating disorders or eating concerns.

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Weight Loss "Tips and Tricks" on Social Media: Who is Most at Risk for Eating Pathology?

Abstract: Social media has amplified messaging about changing one's appearance, including through weight loss. While some users disregard these messages, others give them serious consideration. In a sample of South Asian adults living in the U.S., this study investigated exposure to weight loss content on social media, thoughts of trying such "tips and tricks," and how these factors interact with perfectionism to identify levels of eating pathology. Participants were 276 adults of South Asian descent (Mage=29.5 years, SD=10.9; 187 cisgender female, 65 cisgender male, 24 gender nonbinary) recruited through South Asian university and community organizations, social media, and snowball sampling. Data were collected via online surveys assessing frequency of exposure to weight loss content on social media (e.g., messages or ads via WhatsApp, Instagram, Facebook, Telegram, WeChat; 1=never to 5=very often, e.g., multiple times per day), number of tips considered for use (1=none to 5=all), sources of weight loss messages, perfectionistic concerns, and eating pathology (EAT-26; EPSI Excessive Exercise and Purging subscales). Most participants (88%, n=243) reported receiving weight loss content on social media, with advertisements and influencers/celebrities as the most common sources. Of those, 72% (n=176) reported having considered trying some of these tips. To examine an interactive model of weight loss content exposure x consideration of trying such tips x perfectionistic concerns, we used SPSS PROCESS macro (model 3) to test 3-way interactions, run separately for each of the eating pathology dependent variables (restrictive eating (EAT-26), excessive exercise, purging). The 3-way interaction was not significant for excessive exercise (p=.404) or purging (p=.156), but was significant for restrictive eating (p=.003, $\Delta R2=.02$). Frequency of exposure to weight loss content was significantly associated with levels of restrictive eating among those who had considered trying these tips and reported high

perfectionistic concerns. Indeed, the combination of frequent exposure to weight loss content, consideration of trying these tips, and high perfectionistic concerns was associated with EAT-26 scores above the threshold for a probable eating disorder. Findings highlight the prevalence and potential influence of weight loss content on social media, and how high levels of perfectionism further contributes to identifying those with elevated restrictive eating.

Learning Objectives

- Describe patterns of the frequency of weight loss content received on social media, common sources of such messaging, and patterns of considering trying these weight loss tips in a sample of South Asian adults in the U.S.
- Interpret the interactive findings involving exposure to weight loss content, consideration of trying these tips, and perfectionistic concerns and connect these findings to eating pathology.
- Discuss clinical implications and points of intervention related to social media and perfectionism.

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Body Stigma/Dissatisfaction Mediate Links between LGBTQ+ Community Involvement and Disordered Eating

Abstract: LGBTQ+ community involvement has been identified as a protective factor against heterosexism-driven psychosocial stressors and adverse mental health outcomes among sexual minoritized men (SMM). However, such involvement can paradoxically affect eating and body image, potentially due to intraminority, or within-community, stress. Specifically, within-community body-specific social pressures (i.e., intraminority body stigma) may reinforce rigid body ideals and disordered eating among SMM. In this study, we examined intraminority body stigma and body dissatisfaction as potential mediators of the longitudinal association between LGBTQ+ community involvement and disordered eating among SMM. A total of 225 cisgender SMM aged 18 to 30 years (Mage = 25.79) were recruited via Prolific, who completed surveys at baseline, three-month follow-up, and six-month follow-up. Prospective serial mediation models examined three-month intraminority body stigma and body dissatisfaction as possible mechanisms of the links between baseline LGBTQ+ community involvement and six-month disordered eating. Greater baseline LGBTQ+ community involvement predicted higher three-month intraminority body stigma, which subsequently predicted greater six-month thinness- and muscularity-oriented body dissatisfaction and, in turn, greater six-month thinness- and muscularity-oriented disordered eating. Mediation pathways also indicated that greater baseline LGBTQ+ community involvement

predicted higher three-month intraminority body stigma, which, in turn, predicted greater six-month thinness- and muscularity-oriented disordered eating among SMM. Intraminority body stigma may be a key mechanism linking LGBTQ+ community involvement to disordered eating among SMM, suggesting that community involvement by itself is not always necessarily harmful; rather, the nature of within-community interactions and comparisons matters. Future research is encouraged to further contextualize adaptive and maladaptive community processes that could affect the well-being of LGBTQ+ individuals in the service of addressing eating disorder disparities among underrepresented populations.

Learning Objectives

- Following the training, participants will be able to identity body stigma as a unique form of intraminority stress.
- Following the training, participants will understand intraminority stress and a unique framework useful in clarifying eating disorder symptoms among sexual minority men.
- Following the training, participants will learn about future research directions in the service of identifying helpful and unhelpful LGBTQ+ community environments relevant to eating disorder symptoms among sexual minority men.

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Brawny Over Slender: Sexual Minority Stress Prospectively Explains Muscularity Eating Pathology

Abstract: Sexual minority stress models explain how stigma experiences tied to identity (e.g., sexual orientation) play a role in mental health, including eating and body image disturbances in sexual minority men (SMM). The lack of longitudinal studies represents an important gap, given that such models imply temporal precedence in predicting eating and body image disturbances. Furthermore, within-community, or intraminority, stress is a complementary but distinct framework to understand eating and body image disturbances in SMM, highlighting its importance alongside the sexual minority stress model. To this end, 225 cisgender SMM between the ages of 18 and 30 (Mage = 25.79) were recruited via Prolific. Participants completed surveys at baseline, three-month follow-up, and six-month follow-up. According to the psychological mediation framework, prospective serial mediation models examined three-month sexual orientation concealment and internalized heterosexism as mechanisms of the links between baseline heterosexist discrimination and six-month thinness- and muscularity-oriented eating and body image disturbances. Controlling for baseline age, body mass index

(BMI), and intraminority stress experiences, greater baseline heterosexist discrimination was associated with higher three-month sexual orientation concealment, which in turn was associated with greater three-month internalized heterosexism and subsequently, greater six-month muscularity-oriented eating and body image disturbances. Three-month proximal sexual minority stressors (e.g., sexual orientation concealment, internalized heterosexism) were not significant mediators of the associations between baseline heterosexist discrimination and six-month thinness-oriented eating and body image disturbances. These findings suggest that proximal sexual minority stressors may be particularly relevant for explaining links between heterosexist discrimination and muscularity-oriented disordered eating in SMM, beyond age, BMI, and within-community stress experiences. Sexual minority stressors may amplify muscularity-oriented, not thinness-oriented, concerns as a strategy for protection and mitigation of future sexual minority stress experiences while also reflecting an alignment between muscularity and conventional gender norms of masculinity expected of men.

Learning Objectives

- Following this training, participants will understand and be able to distinguish sexual minority and intraminority stress frameworks, including their potential to clarify eating and body image disturbances among sexual minority men.
- Following this training, participants will learn about body ideals among sexual minority men, which include a combination of both thinness- and muscularity-oriented concerns.
- Following this training, participants will learn about future directions in the service of supporting our understanding of minority stress as a theoretical backdrop relevant to clarifying health disparities in eating disorders among the LGBTQ+ community.

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Explaining Eating Pathology in Sexual Minority Men: Evidence for the Tripartite Influence Model

Abstract: The tripartite influence model explains how social contexts (e.g., appearance pressures from media) play a role in shaping body image ideals and subsequent disordered eating in diverse populations, including sexual minority men (SMM). However, relevant research has been overwhelmingly cross-sectional. Given implications of temporal precedence in how such models predict disordered eating, omission of longitudinal research is a critical gap to be addressed. To this end, 225 cisgender SMM between the ages of 18 and 30 (Mage = 25.79) were recruited via Prolific, an online crowdsourcing platform. Participants completed surveys at baseline, three-month follow-up, and six-month follow-up. Prospective serial mediation models

examined three-month body ideal internalization + body dissatisfaction or appearance comparisons + body dissatisfaction as potential mechanisms in the links between baseline appearance pressures and six-month disordered eating. Controlling for baseline age, BMI, and levels of the outcome variable, greater baseline appearance pressures was associated with greater three-month appearance comparisons (b = .20, p < .001), which was associated with greater three-month thinness-oriented body dissatisfaction (b = .25, p = .02) and, in turn, greater six-month thinness-oriented disordered eating (b = .15, p = .004). Support for this serial mediation pathway was also identified in relation to muscularity-oriented outcomes: greater baseline appearance pressures was associated with greater three-month appearance comparisons (b = .25, p < .001), which was associated with greater three-month muscularity-oriented body dissatisfaction (b = .60, p = .001) and, in turn, greater six-month muscularity-oriented disordered eating (b = .12, p = .02). Both serial mediation models suggested full mediation (i.e., the link between baseline appearance pressures and six-month disordered eating was null after inclusion of mediators). Three-month thinness and muscularity body ideal internalization were not significant mediators of the prospective associations between baseline appearance pressures and six-month disordered eating. Appearance comparisons and body dissatisfaction may be important mechanisms linking appearance pressures to disordered eating among SMM. Future research can consider exploring unique manifestations of body ideal internalization among SMM to identify the tripartite influence model as a cohesive framework to understand disordered eating among SMM.

Learning Objectives

- Following the training, participants will learn about the tripartite influence model and previous applications to sexual minority men.
- Following the training, participants will learn how sociocultural factors, namely appearance pressures and comparisons, work in tandem with body dissatisfaction to predict disordered eating in sexual minority men.
- Following the training, participants will learn about needed future directions—namely a greater understanding of body ideal internalization in sexual minority men—to discern if the tripartite influence model is a cohesive framework to understand disordered eating in sexual minority men.

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Everyday Discrimination and Disordered Eating in a Diverse Sample of Young Adults

Abstract: While weight-related teasing and discrimination have been identified as correlates of disordered eating, much less is known about the role of general discrimination (i.e., being treated poorly in various settings). This study examined everyday discrimination in relation to disordered eating in a cross-sectional sample of diverse young adults. Participants in the EAT 2010-2023 study (Eating and Activity over Time) were recruited from Minneapolis-St. Paul area public schools (USA) in 2009-2010. Young adults who completed the most recent survey wave (n=949, mean age=27.6 years) were included in the present study. Discrimination was measured using items adapted from the Everyday Discrimination Scale and the Intersectional Discrimination Index. Participants rated their exposure to each of five types of discrimination (e.g., being treated as less smart/capable, being followed in stores, etc.) on a four-point Likert scale ranging from “never” to “many times in the past year.” Summary scores ranging from 5-20 were calculated, with higher scores indicating more exposure to discrimination. Participants also reported whether they experienced binge eating with loss of control or any of nine unhealthy weight control behaviors (e.g., meal skipping, self-induced vomiting, etc.) in the past year. Overall, 28.5% of participants reported no discrimination experiences, while 22.6% had experienced all five types of discrimination. The mean score for total discrimination exposure was 9.0 (range: 5-20). In the past year, 15.2% of participants had experienced binge eating and 66.0% had used one or more unhealthy weight control behaviors. Logistic regression models examined associations between discrimination and disordered eating, adjusting for age, gender, sexual orientation, race/ethnicity, parental socioeconomic status, past-year food security, and body mass index. Compared to participants who reported no experiences of discrimination, those exposed to all five types of discrimination had higher odds of binge eating (Odds Ratio [OR]=3.46, 95% CI: 1.80, 6.66) and unhealthy weight control behaviors (OR=2.21, 95% CI: 1.30, 3.76). Each one-unit higher score for total discrimination exposure was also associated with greater likelihood of binge eating (OR=1.14, 95% CI: 1.09, 1.21) and unhealthy weight control behaviors (OR=1.11, 95% CI: 1.06, 1.17). Results suggest that everyday discrimination may be an important target for eating disorder prevention and intervention strategies.

Learning Objectives

- Define everyday discrimination.
- Summarize the current state of the literature regarding the association between everyday discrimination and disordered eating, including findings from the Project EAT sample.
- Discuss future directions and potential applications of research on everyday discrimination and disordered eating.

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Intuitive Eating in the Context of Healthy Lifestyle Interventions for Youth

Abstract: Intuitive eating (IE) intervention is an evidence-based approach to foster eating in response to physiological hunger and satiety cues, with integration of instinct, emotion, and thought. Adult studies suggest that IE intervention may mitigate risk for both eating disorders and cardiometabolic health conditions. Despite the preventive benefits of this approach, IE intervention research in children and adolescents remains limited. We conducted two studies assessing preliminary feasibility, acceptability, and benefits of IE intervention as an add-on component of healthy lifestyle interventions for youth. Study 1 piloted a brief, adapted IE intervention at a healthy lifestyle summer camp for 10-13 year olds (N=36) as part of a quality improvement project. Children completed measures (Body Appreciation Scale-2, Intuitive Eating Scale-2 for Early Adolescents) and a 1.5-hour single group-based IE session, followed by a satisfaction survey. Scores on the Body Appreciation and Intuitive Eating Scales were moderately, positively related ($r=0.56$, $p<0.001$). Over 80% reported a positive experience, indicated they would recommend the IE session to a friend, and supported its inclusion in future camp sessions. Study 2 utilized a retrospective chart review to characterize health changes before and after a 6-week adjunct IE telehealth group among 12–18-year-olds (N=16) receiving lifestyle treatment in a multidisciplinary weight management clinic at a pediatric hospital. Adolescents improved triglycerides (unadjusted MeanΔ -21mg/dL; $p<.05$) from before to ~3.4 months after the IE group. After adjusting for variability in age and time to follow-up, body mass index (BMI) (MeanΔ -3.15 kg/m2; $p<.001$), BMI-z (MeanΔ -0.29; $p<.001$), and systolic blood pressure (MeanΔ -5.73 mmHg; $p<.01$) decreased. These preliminary findings suggest that both brief, in-person and telehealth IE interventions are feasible and acceptable, showing promise for improving health outcomes among youth receiving healthy lifestyle interventions. Future work is needed to ensure optimal tailoring through mixed methods data, trials with randomized designs, and further intervention adaptation to meet the needs of youth from diverse backgrounds (e.g.,race/ethnicity, SES). This work serves to bridge the gap between interventions for clinical eating disorders and cardiometabolic health conditions, with potential for eating disorder prevention, integration into existing medical programs, and improved health outcomes.

Learning Objectives

- Describe components of intuitive eating interventions for youth and their potential for eating disorder prevention.
- Understand findings pertaining to feasibility, acceptability, and preliminary effects of intuitive eating interventions for youth in the context of health promotion interventions.
- Identify next steps for research focused on intuitive eating in youth, including adaptations for diverse populations.

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App-based Pavlovian disgust conditioning in eating disorders: A pilot study

Abstract: A higher proneness to experiencing the emotion of disgust has been found in individuals with eating disorders (EDs). Differences in disgust-based aversive learning may contribute to this. This pilot study adapted an App-based paradigm originally designed to measure fear learning to test disgust conditioning in individuals with EDs and healthy controls (HCs). The unconditioned stimulus (US) consisted of a vomit sound to elicit disgust. Two neutral shapes served as the conditioned stimuli (CS), with one (CS+) paired with the vomit sound and the other (CS-) unpaired. Applying data quality control procedures resulted in a small number of participants (n = 59) and differences in size between the ED (n = 42) and HC (n = 17) samples. The Friedman test was used to assess overall differences in self-reported disgust ratings across phases (baseline, acquisition, extinction, and renewal) for each stimulus (CS+ and CS-). Pairwise comparisons were conducted using the Wilcoxon signed-rank test, and between-group comparisons were performed with the Mann-Whitney U test, both applying Bonferroni-adjusted significance levels to control for multiple comparisons. Friedman tests revealed a significant effect of phase for CS+ ($\chi^2 = 36.47$, $p < .001$), but not for CS- ($\chi^2 = 0.63$, $p = .890$). Post-hoc Wilcoxon tests confirmed successful conditioning. Disgust ratings for the CS+ significantly increased from Baseline to Acquisition ($p < .001$) and decreased from Acquisition to Extinction ($p < .001$) and were consistently higher than ratings for the CS- at both Acquisition and Extinction ($p < .001$), indicating that the acquisition and extinction of disgust were specific to the CS+. Although between-group comparisons for both phases did not reveal differences, participants with EDs demonstrated generally higher post-extinction disgust ratings than HCs ($U = 160.5$, $p = .030$). Further sensitivity analyses, excluding participants who reported self-induced vomiting, indicated that group differences emerged specifically in post-extinction disgust ratings, with ED participants exhibiting significantly higher disgust ratings for CS+ than HCs ($U = 160.5$, $p = .021$), suggesting a slower extinction of disgust in individuals with EDs. This pilot study can be considered a starting point, providing a framework for future research to further refine the paradigm and test it within larger samples.

Learning Objectives

- describe the mechanisms of disgust conditioning and how it is measured in experimental paradigms
- summarize the differences in acquisition and extinction of disgust responses between individuals with eating disorders and healthy controls

- evaluate the role of disgust-related processes, particularly altered disgust extinction, in eating disorder psychopathology

Authors: Sevgi Bektas-Dag, Hacettepe University

Feminist attitudes and positive body image within the mother-daughter dyad

Abstract: Adolescence is a period marked by significant changes in body and identity. Young girls may place a high value on their physical appearance within their self-esteem, increasing their risk of developing an eating disorder. Mothers can serve as a positive role model in the development of their daughter's body image. For example, they may transmit to their daughter positive attitudes towards the body, which may or may not include feminist ideals (such as rejecting the objectification of women's bodies). To date, it is unclear how the transmission of feminist attitudes from mother to daughter interacts with body image in adolescence. The present study examined the association of feminist attitudes of mothers and daughters with positive body image during adolescence. Participants were 88 dyads of mother and their adolescent daughters from Quebec, Canada. They completed validated online questionnaires including the Body Esteem Scale and the Body Appreciation Scale-2. Feminist self-identification was measured using a self-reported question ("On a scale from 1 to 5, how do you perceive your feminist identity?"), as of daughter's perception of their mother's feminist attitudes ("On a scale from 1 to 5, how do you perceive your mother's feminist identity?"). Correlations were conducted to explore whether mothers' feminist attitudes were associated with their daughters'. The more daughters perceived their mother as feminist, the more they identify themselves as feminist ($r = 0.51$, $p < 0.001$). T-tests showed that daughters who perceived their mother as feminist were significantly more satisfied with their body appearance than those who perceived their mother as non-feminist, $t(85) = -2.01$, $p = 0.047$. However, they did not show more body appreciation, $t(85) = -0.955$, $p = 0.342$. Finally, correlations were conducted to observe if the association between mother's feminist attitudes and daughter's body image varied according to mother's body image. Among mothers who were less satisfied with their body, identifying as feminist was negatively associated with daughter's body satisfaction ($r = -0.37$, $p = 0.013$) and body appreciation ($r = -0.41$, $p < 0.001$). The same relationship was observed among mothers who appreciated their body less ($r = -0.30$, $p = 0.048$). To promote positive body image in adolescence, mothers can transmit feminist attitudes to their daughters. However, their feminist values must be reflected by their own body appreciation and body satisfaction.

Learning Objectives

- Explain how feminism may contribute to a better body image
- Understand how socialization within the family may shape adolescent girls' body image
- Identify how feminist ideals may be transmitted through maternal modeling

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A Timeline Inquiry into an Eating Disorder Misdiagnosis

Abstract: Eating Disorders (EDs) can be inaccurately diagnosed due to overlapping symptoms with other disorders, such as neurological conditions like Huntington's Disease or gastrointestinal illnesses. In some cases, a misdiagnosis can inadvertently cause a later developed, accurate diagnosis of an ED through patient beliefs and sociocultural factors. This study examines such a case, in one woman's journey with a gastrointestinal illness that was initially misdiagnosed as an ED during adolescence, subsequently leading to a genuine ED. We utilized a novel 'timeline inquiry' based on a qualitative case study design, integrating timeline methodology (interpretive description), narrative inquiry, and collaborative ethnography to facilitate a reflective, participatory analysis of her lived experience. Guided by a hand-drawn timeline of her life events, we then facilitated a series of semi-structured, in-depth interviews and a written journal to explore the events and other relevant topics that contributed to her ED journey. Her story revealed several under-recognized factors that triggered and maintained a genuine ED. These included intimate partner violence and abuse history, traumatic vehicle accidents, continuous hospitalizations, and other sociocultural factors that led to the development and continuance of a real, chronic ED. The timeline inquiry explored how her experiences interacted with one another across time, capturing diagnostic complexity and enabling patient agency through a holistic self-reflection. This exploration led to the capture of her complex patient experience and overlooked factors, including comorbid diagnoses, pharmacological interventions that affected her normal living habits. Our findings demonstrate the utility of timeline-guided narrative methods to better understand complex ED etiology, ED symptomatology, and uncover how overlapping experiences shape illness development, thus challenging traditional diagnostic frameworks in complex case work.

Learning Objectives

- Identify under-recognized factors (e.g. trauma history, medical comorbidities) that can contribute to the development of eating disorders in complex misdiagnosed cases.
- Describe the "timeline inquiry" qualitative methodology and explain how visual timelines and narrative interviews can be used to explore patient experiences in eating disorder research.
- Discuss the implications of misdiagnosing a medical condition as an eating disorder on patient outcomes, and recognize the importance of a holistic, multidisciplinary approach to accurate ED diagnosis and treatment.

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Understanding binge eating as an emotional coping strategy among adults with childhood trauma

Abstract: Childhood interpersonal trauma (CIT) has been consistently associated with the presence of binge eating (BE) in adulthood, yet little is known about the subjective processes through which adults with BE and histories of childhood trauma experience and make sense of their eating behaviors. This study aimed to better understand the trajectory from interpersonal trauma in childhood to the development of binge eating episodes in adulthood, focusing on emotional coping strategies from the perspective of affected individuals. Twenty adults reporting both recurrent BE episodes and CIT participated in semi-structured interviews of approximately 60 minutes, which were fully transcribed and analyzed using thematic analysis. Coding of preliminary data from 16 out of 20 interviews revealed that binge eating often serves as an emotional coping strategy to manage distress related to trauma. Participants' narratives highlighted five adaptive functions of binge eating: 1) avoidance, 2) safety, 3) relational, 4) control, and 5) punishment. These functions emerged in relation to early interpersonal experiences and representations of self (e.g. self-blame) and others (e.g. fear or mistrust). These findings suggest that binge eating helps individuals manage distress related to CIT and clarify the processes through which it serves as an adaptive emotional coping strategy. They highlight the importance of trauma-sensitive therapeutic approaches that recognize these dynamics and support personalized interventions.

Learning Objectives

- Describe the adaptive emotional coping functions of binge eating among adults with histories of childhood interpersonal trauma.
- Recognize the importance of trauma-sensitive therapeutic approaches that address these adaptive functions.
- Apply insights from subjective experiences to inform personalized interventions for binge eating related to childhood trauma.

Authors: Lily Bellehumeur-Béchamp, Laval University; Camille Clermont, Laval University; Alexandra Bédard, Laval University; Catherine Bégin, Laval University

Predictors of Response to Family-Based Treatment for Anorexia Nervosa in Youth: Insights from the VI

Abstract: The study evaluated predictors of treatment outcomes in a large cohort consisting of 653 YP undergoing FBT for AN. This is important because - despite the

benefits of Family-based treatment (FBT) - a substantial subgroup does not achieve full recovery by the end of treatment. Previous predictors, such as early weight gain, cognitive rigidity, and family dynamics, have been linked to poor outcomes, but further research is needed to refine treatment strategies. We examined three key outcomes: weight gain trajectories, time to successful treatment completion, and the risk of intensified treatment (inpatient or day patient care). The study was conducted as part of the VIBUS project, a prospective, naturalistic case series in the capital region of Denmark. Weight gain occurred primarily in the first three months of treatment. Older age and comorbid behavioural or emotional disorders predicted less weight gain. YPs with lower baseline BMI, higher eating disorder severity, family adversities, or comorbid conditions took longer to complete treatment, with BMI at four weeks emerging as a key predictor. Lower baseline BMI and reduced maternal renourishment capacity increased the risk of intensified treatment. These findings highlight early risk factors for suboptimal FBT response, suggesting the need for targeted interventions to improve outcomes and reduce reliance on more intensive treatments.

Learning Objectives

- identify factors influencing weight gain in family-based treatment for anorexia nervosa
- identify factors influencing time to succesful treatment completion in family-based treatment for anorexia nervosa
- identify factors influencing the need for more intensive forms of treatment during family-based treatment for anorexia nervosa

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Understanding sexual avoidance in eating disorders: The influence of body image and eating behaviors

Abstract: The presence of symptoms of eating disorders (EDs) has been shown to be related to multiple difficulties in the sphere of sexuality, including lower sexual functioning and greater sexual dissatisfaction. Moreover, ED behaviors have also been linked to intimacy avoidance, while negative body image to sexual avoidance. Despite these findings, literature remains scarce on which specific ED-related features, such as restrictive eating, binge eating, and body image concerns, predict sexual avoidance. Because sexual avoidance may prevent individuals with ED symptoms from experiencing a fulfilled sexual life and contribute to sexual dissatisfaction, identifying

these predictors seems essential. Therefore, the objective of the study is to determine which factors, eating behaviors or body image, predict sexual avoidance among individuals exhibiting ED symptoms. Participants were 386 female adults aged between 18 and 71 years old (M = 38.44; SD = 11.36), reporting ED symptoms (e.g.: restriction of daily food intake, loss of control over eating, and/or compensatory behaviors) in the past five years. They were recruited through social media posts and emails from non-profit organizations/clinics offering ED or body image treatment in the province of Quebec. They responded to a self-reported online questionnaire evaluating various aspects of sexuality, eating behaviors and body image. Descriptive analyses and multiple linear regressions were performed. Results show that the overall model was significant, $F(5, 380) = 8.65$, $p < .001$, and explained 10.2% of the variance in sexual avoidance ($R^2 = .102$). Both restrained eating ($\beta = .19$, $p = .003$) and body image regarding others' perceived evaluations of one's body and appearance ($\beta = -.14$, $p = .02$) significantly predicted sexual avoidance. However, binge-eating symptoms ($\beta = -.01$, $p = .66$) and body image related to one's weight ($\beta = .0$, $p = .99$) and one's appearance ($\beta = -.11$, $p = -.15$) did not predict sexual avoidance. Targeting sexuality, and more specifically sexual avoidance, in interventions with EDs could possibly represent a promising avenue for improving body image and sexual satisfaction.

Learning Objectives

- Have a better understanding of sexual difficulties in people suffering from Eds
- Have a better understanding of the predictors of sexual avoidance in people suffering in Eds
- Identify hypotheses as to why these specific factors could predict sexual avoidance

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Neural Signatures of Body Image Processing in Anorexia Nervosa: Insights from a 3D Body Mapping Task

Abstract: Body image dissatisfaction (BID) contributes to onset and maintenance of anorexia nervosa (AN). Neural mechanisms of BID remain poorly understood. Somatomap3D is a tool in which individuals adjust a 3D body avatar to reflect their current and ideal body size. Prior external work using whole brain analysis in a mixed clinical and healthy sample identified activation in the extrastriate body area (EBA), fusiform body area (FBA), superior parietal lobule, insula, somatosensory, and inferior frontal gyrus during Somatomap3D. The purpose was to replicate this using simultaneous fMRI, where we examined these activations in participants with AN, hypothesizing significant activation in similar regions. 16 females with AN (Age=20.7±6.5, BMI=20.4±1.8) were recruited from an inpatient treatment program as part of a broader intervention. Participants completed Somatomap3D in which they were

instructed to adjust 31 body parts to reflect their 1) current and 2) ideal body size. Participants' size adjustments and rotations of the avatar were parsed into time-stamped events during fMRI and used to generate subject-level regressors using AFNI first-level general linear models (GLM). Whole-group GLM analyses were employed with fixed effects of Condition (current, ideal) and Effect (adjustment, rotation) and their interactions, plus a random intercept for subject. Post hoc comparisons were collapsed across Effect and Condition due to sample size constraints. MNI coordinates of cluster peaks were entered into Neurosynth to identify regions. Cluster-level analysis of the group model (3dClusterize, voxelwise p=0.005, cluster size≥40 voxels) revealed significant activation in regions including the right supramarginal and postcentral gyri (Z=3.55), right inferior frontal (pars opercularis) and insular cortices (Z=2.99), right middle/inferior temporal gyri (Z=3.00), left insula (Z=4.07), and left orbitofrontal (Z=3.54) during body size adjustment. These map onto areas associated with the EBA, insula, and somatosensory cortex. These results demonstrated significant brain activation in regions implicated in body visual processing during the Somatomap3D task with fMRI. These task-related activation patterns (including similar laterality) align with prior work and extend to a sample of AN patients. Future research will investigate clinically-relevant correlates of activation patterns (e.g., BID and eating disorder symptoms) and increase sample size to parse out Condition effects.

Learning Objectives

- Describe the methodology used to examine the neural correlates of perceptual BID.
- Discuss areas of neural activation during BID task in AN.
- Explore correlates of neural activation during BID task.

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Protocol for the Evaluation of Butterfly Body Bright: A Primary School Body Image Program

Abstract: Body image dissatisfaction is emerging in children at increasingly younger ages and higher rates with many pre-adolescent girls and boys already expressing concerns about their appearance and a desire to change their body. Despite this, there are few evidence-informed, age-appropriate body image programs designed specifically for primary school-aged children. Butterfly Body Bright is a universal, curriculum-aligned body image program that is currently being delivered in Australian schools however, it has not yet undergone formal evaluation. This study aims to fill this gap by evaluating

the effectiveness, feasibility and acceptability of implementing Butterfly Body Bright in Year 3 and 4 classrooms. The study uses a mixed-methods, quasi-experimental waitlist control design, with schools assigned to either deliver the program or receive it after 18 months. Students' complete surveys at baseline, after each lesson, post-program and at 3, 6, and 9-month follow-ups, assessing body appreciation, teasing and program-related knowledge. Teachers in the intervention group also complete post-lesson reflections and a final survey assessing the program's feasibility and acceptability. The study aims to evaluate Butterfly Body Bright as an age-appropriate program for promoting wellbeing and positive body image at scale. Additionally, we will assess how practical and well-received it is within the school environment. Findings will help guide future program dissemination and implementation.

Learning Objectives

- Describe the design and methodology of a mixed-methods, quasi-experimental study evaluating a school-based body image program
- Identify the key outcome measures used to assess body image and program acceptability and feasibility
- Understand the considerations for evaluating a curriculum-aligned body image program within a school setting

Authors: Sophie Berry, University of Technology Sydney; Amy Burton, University of Technology Sydney

Scoping Review of Eating Disorder Prevention and Body Image Programs Delivered in Australian Schools

Abstract: Background: Eating disorders (EDs) are complex conditions with significant psychological, physical, and economic impacts, prompting national calls to prioritize ED prevention. Despite numerous prevention programs being implemented in Australian schools, no review to date has systematically mapped their scope, design, and outcomes. Aims: This scoping review aimed to map the current landscape of school-based ED prevention programs conducted in Australia. The review focused on their methodological features, participant and school characteristics, data collected, and key findings. Method: Four electronic databases (MEDLINE, PsycINFO, EMBASE, and Scopus) were searched for relevant papers published from 2010 to February 2025. Studies were included if they reported on a school-based ED prevention program targeting Australian students. Data were extracted and narratively synthesized. Results: A total of 23 studies were identified, representing a range of universal and selective prevention programs. Programs varied in design, delivery, and target populations, with most focusing on students in Grades 7–8. Universal media literacy programs like Media Smart showed good outcomes for boys and girls, while several selective programs demonstrated improvements in body image for girls. Interventions targeting boys or using mindfulness approaches often lacked effectiveness or caused unintended harm.

Major gaps in the literature include a lack of qualitative research, limited long-term follow-up, and minimal focus on protective factors. Conclusion: While a range of ED prevention programs have been trialed in Australian schools, few have been rigorously evaluated or demonstrated sustained effectiveness. There is a need for developmentally appropriate, gender-sensitive, and culturally inclusive prevention efforts in schools. Future research should use diverse methods, include underrepresented groups, assess long-term outcomes, integrate broader sociocultural factors shaping students' environment, and consider enhancing protective factors.

Learning Objectives

- Identify the key characteristics and delivery approaches of school-based eating disorder prevention programs implemented in Australia since 2010.
- Understand the effectiveness and limitations of school based eating disorder and body image prevention strategies
- Recognise critical gaps in the current evidence base

Authors: Sophie Berry, University of Technology Sydney; Amy Burton, University of Technology Sydney; Sharri Sarraj

The Impact of Adolescent Anorexia Nervosa on Family Carer Wellbeing: A Systematic Review

Abstract: This systematic review aimed to examine the impact of adolescent anorexia nervosa on the wellbeing of family caregivers. This systematic review was conducted in accordance with PRISMA guidelines and registered on PROSPERO (CRD420250651745). PsycINFO, MEDLINE, SCOPUS and Web of Science were searched from 2015 until 2025. Selected studies included qualitative articles investigating the experiences of family carers (parent or sibling) of adolescents (11-18) with Anorexia Nervosa throughout the duration of the illness. Screening, selection, risk of bias assessment, and data extraction were conducted by two independent reviewers. The review consisted of 16 studies which met inclusion criteria. The thematic analysis identified five major themes: family division, emotional toll, life disruption, treatment challenges and treatment benefits. The findings from the review highlight the need for clinicians to establish compassionate and transparent relationships with carers to foster trust and consistency throughout the treatment process. Flexibility in adapting treatment to specific family values and involving the entire family unit are essential to overcome barriers to wellbeing among carers. Enhancing social support for carers can also address commonly identified issues of role confusion and isolation, promoting carer wellbeing and sustaining their capacity to support adolescents with Anorexia Nervosa.

Learning Objectives

- Identify the primary psychological and emotional challenges experienced by family caregivers of adolescents with anorexia nervosa
- Describe key themes related to the caregiving experience, including family disruption, emotional burden and treatment-related challenges and benefits
- Understand the evidence-based strategies to improve clinical engagement with family caregivers

Authors: Sophie Berry, University of Technology Sydney; Amy Burton, University of Technology Sydney; Charlotte Graham; Yu Ching Wong

Psychological Treatment of Binge Eating Disorder in Children and Adolescents: A Systematic Review

Abstract: Despite the early onset, high prevalence, and significant impact of binge eating disorder (BED) among children and adolescents, to date, no systematic review has been conducted to evaluate the effectiveness of psychological treatments for BED in this population. This review aimed to review the existing evidence on psychological interventions for BED in individuals aged 17 or younger diagnosed with BED, BED subtype of other specified feeding or eating disorder (OSFED-BED), or subthreshold BED. PsycINFO, MedLine, and Embase were searched for peer-reviewed studies published in English. Screening, selection, risk of bias assessment, and data extraction were conducted by two independent reviewers. Fifteen articles were included in this review, including eight randomised controlled trials (RCTs), one quasi-experimental study, two case series, and four case studies. Findings indicated that interpersonal psychotherapy (IPT) was the most well-supported intervention, with three RCTs and two case studies demonstrating both short-term and long-term benefits. Cognitive behavioural therapy (CBT) also showed strong support across three RCTs and one case series. Preliminary support was found for dialectical behaviour therapy (DBT), family-based interventions, and behavioural weight control interventions, though most were limited to small-scale and uncontrolled studies. Future research should prioritise methodologically rigorous RCTs and direct comparisons of active treatments.

Learning Objectives

- Identify the current evidence base for psychological treatments for binge eating disorder in children and adolescents
- Differentiate between the effectiveness of various psychological interventions for youth with BED
- Evaluate the methodological limitations of existing research and recognise key priorities for future clinical and research efforts

Authors: Sophie Berry, University of Technology Sydney; Amy Burton, University of Technology Sydney; Yu Ching Wong; Charlotte Graham; Amaani Hatoum; Maree Abbott

The efficacy of pharmacological treatment of depression in anorexia nervosa and underweight patients

Abstract: We aimed to evaluate evidence on the effectiveness of pharmacological treatments for major depressive disorder (MDD) in underweight individuals, as MDD is a frequent comorbidity in anorexia nervosa (AN), which can negatively influence the course of the eating disorder. Furthermore, it has been proposed that antidepressant medication may be less effective in underweight patients. A systematic review was conducted using PubMed, Medline, PsycINFO, and Web of Science through March 2025. Nineteen studies with 477 underweight patients were included, involving pharmacological treatment of depressed underweight young adults with or without an eating disorder. Study designs ranged from randomized controlled trials (RCTs) to mostly open-label trials and case reports, for which we performed quality assessments. Although most studies focused on patients with AN, only a few included underweight individuals without eating disorders, no RCTs specifically examined antidepressant treatment for MDD in AN. Most studies prioritized weight restoration and eating disorder symptoms over depressive outcomes. Although some case reports indicated potential benefits of medications such as mirtazapine and ketamine, evidence was mixed and generally low in quality. Overall, it shows insufficient evidence for the effectiveness of pharmacological treatments in underweight individuals. Furthermore, we found insufficient data to determine whether being underweight affects antidepressant efficacy. We concluded therefore that evidence on pharmacological treatment of MDD in underweight individuals, particularly those with AN, is scarce and inconclusive. Well-designed RCTs are needed to assess the efficacy and safety of antidepressants in this population.

Learning Objectives

- Understand the current evidence on pharmacological treatment for MDD in underweight individuals
- Evaluate the limitations and gaps in the current evidence and translate this into their clinical practice
- Recognize research needs regarding treating comorbidity in (underweight) individuals with eating disorders

Authors: Maarten Besjes, GGNet; Suzanne Mares, GGNet Amarum; Annemarie van Elburg, University of Utrecht; Jan Spijker

Experiential Knowledge in ED Treatment: Perspectives of Recovered Professionals

Abstract: A substantial number of therapists in the eating disorder (ED) field have lived experience of an ED, yet research on professionals using their personal ED experience as a therapeutic tool is scarce; therefor, this paper presentation outlines the perspectives of recovered ED professionals (REDPs) who intentionally employ their experiential knowledge in ED treatment, examining its use, advantages, and challenges.
Semi-structured interviews were conducted with 20 REDPs using a topic list with open-ended questions based on our research aim and a previous literature review on REDPs treating ED patients.
Results show that REDPs play a key role in treatment, employing self-disclosure in multiple forms; experiential knowledge offers benefits such as motivation, hope, and understanding, but also poses challenges including potential client burden or misguidance. Successful implementation of experiential knowledge requires organizational adjustments (supervision, work guidance, and adequate training) and a responsibility for REDPs themselves to create the right conditions for its effective use. Applying lived experience in clinical practice by REDPs demands additional competence, as it places them in a difficult position of balancing self-disclosure with ethical risk to clients and risk to their own professional and personal identity; moreover, the beneficial use of experiential knowledge in practice hinges on strong organizational support.

Learning Objectives

- Understand how REDPs utilize their experiential knowledge in treating ED clients
- Identify the benefits and risks of using experiential knowledge by REDPs in ED treatment
- Recognize what organisational, clinical, and personal conditions are needed to apply experiential knowledge by REDPs in ED treatment

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Treating eating disorders by professionals with similar experiences: A systematic review

Abstract: Although a significant number of professionals who provide eating disorder (ED) treatment have lived experience with an ED in the past, there is no consensus on whether these professionals should use these experiences in treatment. This paper presentation aims to evaluate current literature on recovered professionals with an ED past treating ED patients, unraveling advantages and disadvantages in treatment, the

impact on professionals and their surroundings, and implications for practice.
A systematic literature search was conducted which included 10 articles. We analyzed qualitative data through a systematic synthesis. Strength of evidence was calculated for each subtheme.
Three themes and fourteen subthemes were divided into categories. The category ‘treatment (patient-professional interaction)’ was divided into: advantages, disadvantages and other implications for treatment. Additionally, the category ‘professionals themselves’ included subthemes that directly impact or relate to ED professionals: recovery as a non-linear process, the significant role of self-care and adverse feelings of professionals. Finally, the category ‘work settings’ included: company culture and training, supervision and professional development.
Recovered ED professionals are a promising addition to ED treatment due to the enhanced expertise of the professional. However, attention should be paid to the risk of distorted boundaries between patient and professional.

Learning Objectives

- Recognize the reported advantages and disadvantages from the literature regarding the treatment of ED clients by professionals with a personal history of an ED.
- Identify and critically examine key themes related to professionals' lived experiences when working with ED patients who share similar backgrounds.
- Appreciate the crucial role of organizational factors, including company culture and opportunities for professional development, in supporting these professionals.

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Interoception and Intolerance of Uncertainty in Body Image Distortion in AN

Abstract: A distorted mental body representation is a complex symptom of anorexia nervosa (AN). It entails a disturbance in the processing of multimodal information and its subsequent integration into the internal model of the body in the brain (e.g., overestimation of own body size). Two factors may potentially contribute to these distortions, namely intolerance of uncertainty (IU) and interoceptive abilities (IA). Processing this distorted multimodal information whilst inadequately sensing and interpreting bodily signals may lead to an increase of ambiguous body-related information. In those high in IU, this ambiguous information may be negatively experienced and this distress may contribute to a more severely distorted MBR. This study tested differences between a distorted mental body representation, IA, and IU (AN and controls) as well as associations between study variables.

Thirty-four AN and 34 control participants (14 - 18 years) using experimental tasks (Tactile estimation task & Heartrate discrimination task) and self-report measures (BAT, BCAQ, IUS-12 & MAIA-2). We hypothesized that AN show a greater disturbed mental body representation and IA, and higher levels of IU and relations between study variables were stronger when compared to controls. Preliminary findings indeed indicate differences in AN versus controls, showing a larger disturbance and a stronger association on studied variables. Adolescents with AN may benefit from extensive body image programs that include components of IA and IU.

Learning Objectives

- understand the mechanisms by which disturbances in multimodal integration and interoceptive processing contribute to a distorted mental body representation in adolescents with anorexia nervosa.
- learn about the influence of intolerance of uncertainty and interoceptive abilities on the formation and maintenance of body representation distortions in AN.
- compare adolescents with AN and healthy controls on measures of mental body representation, intolerance of uncertainty, and interoceptive awareness, and to examine the interrelations among these constructs.

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Intolerance of Uncertainty and the Multimodal Distortion of Body Representation in Adolescent AN

Abstract: Anorexia nervosa (AN) is a complex disorder with a variety of symptoms. One of the key symptoms of AN is the disturbed experience of the own body size and shape, often referred to as body image disturbances (BID). An extensive body of literature exists on BID in adults with AN, however, much is still unclear about the nature and extent of BID in adolescents with AN. With the present findings, we were able to map out a distorted body representation across five different domains in adolescent girls with AN and, as such, to replicate previous work in adults with AN. This indicates that adolescent girls with AN do not only think that their body is bigger than it actually is, their experience of their body being oversized also extend to how they see, feel, and intend to move with their body and is more extensive than was assumed based on earlier work on this topic. Intolerance of uncertainty (IU) has been proposed as a factor that is linked to certain aspects of BID in AN. Through various studies, we examined the potential association between IU and a more severely distorted body representation. We started investigating IU from a generic perspective in AN and we narrowed our research focus to a very specific form of IU (bodily IU).

Converging with earlier work, these studies confirmed that IU is elevated and that IU is associated with certain aspects of body representation. We found that avoiding uncertainty at all cost may be a more prominent contributor to a larger feeling of dissatisfaction with the body than gathering as much information as possible to reduce feelings of uncertainty. The present findings implicate that IU is relevant in adolescent girls with AN and is a crucial factor to consider in relation to a distorted body representation. IU driven avoidant behaviors (i.e., freezing in the face of uncertainty) may need closer attention in future studies as these specific types of behaviors tend to be less overt and consequently more difficult to detect and address in treatment. IU may provide a novel avenue to disentangle the complexity of a distorted body representation and help to gain insight into symptoms of AN such as a distorted body representation on a much more detailed level.

Learning Objectives

- Understand the multidimensional nature of distorted body representation in adolescents with anorexia nervosa.
- Explore how general and bodily intolerance of uncertainty contribute to body image disturbances.
- Identify how IU-driven avoidance behaviors may maintain distorted body representation and inform treatment approaches.

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Identity, Body, and Belonging: Meaningful Associations among Transgender and Gender-Diverse Adults

Abstract: Transgender and gender-diverse (TGD) adults commonly face appearance-based discrimination and negative social evaluation, which may lead to increased shame related to their gender identity, reduced body satisfaction, diminished functional body appreciation, and disconnection from social relationships. Although well-documented, these outcomes are often explored in isolation. These constructs may influence one another across time but have not been studied longitudinally. For example, feeling affirmed in one's identity may improve perceptions of one's body, but social exclusion may worsen body perceptions and undermine TGD adults' identity acceptance. The current study examined relations between identity acceptance, body dissatisfaction, functional body appreciation, and social exclusion across time among U.S. TGD adults. Participants (n=301 TGD adults, Mage(SD)=30(9) years) were recruited via Prolific Academic and completed several measures focused on minority stress and body image, including the Transgender Congruence Scale, Eating Pathology Symptom Inventory,

Functional Appreciation Scale, and Interpersonal Needs Questionnaire. Autoregressive cross-lagged panel modeling tested reciprocal relationships between these constructs across three timepoints (baseline, six-week follow-up, twelve-week follow-up). Significant cross-lagged paths represent prediction of changes in construct at timepoint (T) after accounting for the value of the construct at the previous timepoint (T-1). Higher identity acceptance at baseline predicted higher functional appreciation (p=.010) and lower social exclusion (p=.016) at twelve-week follow-up. Higher body dissatisfaction at baseline predicted lower functional appreciation at six-week follow-up (p=.017). Higher functional appreciation at baseline predicted lower body dissatisfaction (p=.030) and lower social exclusion (p=.008) at six-week follow-up. Higher social exclusion at six-week follow-up predicted lower functional appreciation at twelve-week follow-up (p=.002). These findings elucidate meaningful pathways among U.S. TGD adults, such that greater identity acceptance predicts better body perception, which subsequently predicts lower social exclusion across time. Results reinforce the importance of identity-affirming interventions for TGD adults and suggest that simultaneously promoting functional body appreciation may help reduce body dissatisfaction and strengthen social connection among TGD adults.

Learning Objectives

- Define the terms identity acceptance, body dissatisfaction, functional body appreciation, and social exclusion
- Examine cross-sectional associations between identity acceptance, body dissatisfaction, functional body appreciation, and social exclusion among a U.S. sample of transgender and gender-diverse adults
- Examine the reciprocal relations between identity acceptance, body dissatisfaction, functional body appreciation, and social exclusion across time among a U.S. sample of transgender and gender-diverse adults

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Bridging the Gap: Interpersonal Struggles in Eating Disorder Nursing

Abstract: The aim of this study is to describe nursing care interventions provided to individuals with eating disorders across various healthcare settings in Brazil. This is a methodological study with a qualitative approach. Ten nurses were interviewed in both specialized and non-specialized settings across the country using a snowball sampling technique between February and April 2025 via Google Meet. Inclusion criteria required participants to have provided care to at least one individual with eating disorder during their career. Data were recorded and lexically analyzed using Alceste software. This study presents findings from a class related to nurses' interpersonal barriers when providing care. Among participants, three worked in a pediatric inpatient setting, three in

a psychiatric inpatient setting, two in clinical setting units, and two in eating disorder specialized units. Four main challenges were identified: difficulties with the multiprofessional team, stigma-related challenges in relating to patients, struggles to establish a therapeutic nursing relationship, and a deficit in clinical knowledge. Nurses from non-specialized settings felt insecure that their verbal approaches might worsen patients' conditions and preferred minimal communication. When attempting therapeutic communication, nurses often felt frustrated as patients tended to resist guidance and disregard instructions. Nurses also tended to refer patients to psychologists due to difficulties establishing deeper communication. They frequently felt excluded from multiprofessional decision-making, which they believed could harm care quality. Most attributed their insecurity to insufficient focus on eating disorder knowledge during education. Stigma was noted during initial contacts but tended to decrease with prolonged care. In general, nurses working in specialized units demonstrated greater confidence in providing care and establishing therapeutic relationships, possibly due to continuous clinical exposure in their work environment. In contrast, non-specialized nurses were more focused on mechanical tasks, such as administering medications and supervising meals—possibly because these were general nursing duties, with few of them deliberately planning nursing interventions specifically for eating disorders. In summary, managing these interpersonal difficulties requires multiple strategies, including team education and enhanced clinical exposure, warranting further research.

Learning Objectives

- To comprehend the interpersonal struggles experienced by nurses in the care of individuals with eating disorders
- To comprehend the differences in nursing approaches to people with eating disorders when nurses have more or less practical knowledge.
- To reflect on the importance of providing holistic nursing care to individuals with eating disorders.

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Avoidance of Disgusting Body Memories in Eating Disorders

Abstract: A negative body image (NBI) is a key feature of eating disorders and thought to contribute to their onset, poor treatment outcomes, and relapse. One factor that may explain the persistence of NBI is the intense feeling of disgust that individuals with eating disorders often report toward their own body. Disgust is an intense, defensive emotion characterized by a strong urge to avoid the eliciting stimulus (e.g., one's body).

One pathway through which disgust may maintain NBI is by influencing autobiographical memory processes. Prior research in non-clinical samples found that NBI was related to disgust and avoidance toward body-related memories (Von Spreckelsen et al., 2022a, 2022b). Avoidance of body-related memories may hinder the correction of NBI as well as the habituation of aversive feelings toward one's body.
In this preregistered study (https://osf.io/tzrbu), we used an Autobiographical Memory Test (AMT) to elicit body-related memories in individuals with eating disorders and examined: (1) whether greater memory specificity relates to higher disgust toward these memories; (2a) whether stronger NBI predict stronger motivation to avoid body-related memories; and (2b) whether the strength of disgust could account for this effect.
Eighty participants in treatment for an eating disorder completed the AMT using body-related cue words and wrote down a specific memory for each cue.
Memory specificity showed a (weak) positive correlation with disgust. A mediation analysis tested whether disgust explained the relationship between NBI and memory avoidance. NBI was related to both avoidance (path c) and disgust (path a), but disgust did not predict avoidance when controlling for NBI (path b). Consequently, the indirect effect of NBI on escape via disgust was non-significant (path c').
Individuals with relatively strong NBI also showed relatively strong disgust responses and avoidance of body-related memories, which aligns with earlier findings showing a positive link between disgust and NBI. Disgust did not mediate the relationship between NBI and memory avoidance. Thus although the findings support the relevance of disgust in NBI, they do not provide support for the view that disgust would contribute to NBI via promoting the avoidance of body-related memories. We will discuss alternative explanations and how these insights may guide future research, including how (avoidance of) body-related disgust might inform interventions for negative body image.

Learning Objectives

- Explain how disgust and avoidance of body memories may maintain negative body image.
- Summarize evidence linking disgust, autobiographical memory processes, and negative body image.
- Discuss implications of these findings for treatment and future research.

Authors: Fleur Boonstra, University of Groningen; Paula von Spreckelsen; Peter de Jong, University of Groningen; Klaske Glashouwer, University of Groningen, Accare

Mental Health and Sport: Autonomy-Connectedness, Gender and Disordered Eating in Recreational Sports

Abstract: Athletes are often seen as a high-risk group for disordered eating (DE) and eating disorders (ED), especially in sports where performance is perceived to depend on weight or shape (lean sports). Yet most research focuses on elite rather than recreational athletes, leaving the broader athletic population understudied. Certain traits

that are adaptive in sport culture, such as responsiveness to feedback, being a team-player, and striving to meet external expectations, mirror autonomy-connectedness (AC) deficits, linked to a range of mental health issues. AC refers to the capacity for self-governance while staying emotionally connected to others. Individuals with AC deficits show high sensitivity to others' opinions, difficulty recognizing or expressing their own needs, and challenges in maintaining a sense of self when adapting to external demands. These characteristics, while valued in the athletic context, may increase vulnerability to disordered eating when self-worth becomes closely tied to performance, body shape, or others' approval. While male athletes also experience DE/ED, research has predominantly centered on female athletes, even though differing body ideals often lead to distinct symptom profiles. This study therefore included a broad range of gender-inclusive DE/ED symptoms to examine how AC, gender, and sport type interact in explaining DE/ED in recreational athletes.
A total of 694 Dutch recreational athletes (401 women, 293 men) completed online questionnaires assessing AC and a broad range of DE and ED symptoms.
Results showed that lower self-awareness and higher sensitivity to others were associated with greater DE/ED symptomatology. Women scored higher on classical eating disorder symptoms, whereas men scored higher on drive for muscularity. Athletes in lean sports displayed slightly more orthorexic tendencies. Further differences between sport types were limited. Structural equation modeling indicated that gender effects on DE/ED were partly mediated by AC dimensions, although most pathways were direct. Findings suggest that the interplay between gender, autonomy, and sport culture contributes to how DE/ED manifests in recreational athletes.
By bridging the cultures of sport psychology and mental health research, this study highlights the need for context, gender- and person-sensitive prevention strategies.

Learning Objectives

- Identify how sport culture and gender norms influence patterns of disordered eating among recreational athletes.
- Understand the concept of autonomy-connectedness and its relevance for vulnerability and resilience in athletes.
- Bridge knowledge from sport and clinical psychology to design more context-specific screening and prevention strategies.

Authors: Nicky Bosman, GGZ Oost-Brabant; Marrie Bekker, VU Amsterdam; Joyce Maas, GGZ Oost-Brabant; Marcel van Assen, Tilburg University

Incorporating Patient Lived Experience into Higher Level of Care Program Design

Abstract: There have been increasing calls for the incorporation of lived experience perspectives in eating disorder research and treatment. For example, building and designing accommodations for neurodivergent individuals increasingly utilizes a

community-based participatory research approaches to co-design treatment practice. In this brief presentation, we will share about the co-design of a neurodivergence-informed sensory closet in an inpatient eating disorder setting, built by the program director and a former patient with lived experience of anorexia nervosa and autism. We will highlight the long-term impact on patient care in this treatment setting, as well as the personal impact on the former patient with lived experience, including growing passion for advocating for individuals with lived experiences of eating disorders and neurodiversity.

Learning Objectives

- Explain community based participatory research approaches to intervention co-design
- Identify co-designed accommodations for neurodivergent individuals participating in eating disorder care
- Adopt collaborative approaches to treatment design including by incorporating patient lived experiences

Authors: Rebecca G. Boswell, Penn Medicine Princeton Center for Eating Disorders; Maya Noah

Training Providers to Care for Adults with Eating Disorders – A Qualitative Needs Assessment Study

Abstract: Purpose: Recognizing the need for increased education for healthcare providers caring for adults with an EDO, our team conducted a needs assessment to create an educational curriculum to train internal medicine physicians.

There is an ever-widening gap of healthcare providers able to care for adults with eating disorders (EDO). This study is a qualitative analysis of hospitalists and advanced practice providers (APPs) who regularly care for adult patients with EDO to create curriculum to train others to care for this patient population

This is a qualitative analysis of a focus group composed of physicians and APPs who routinely work with patients admitted with an eating disorder. The focus group analyzed using the Braun and Clark 6-step thematic analysis approach leading to five main themes.

Five themes emerged: 1. There is a significant knowledge gap in caring for adult patients with EDOs with a sub theme that providers felt they were learning on the fly. 2. The best educational process has been experiential learning. Providers felt they learned the most when rounding with experts in EDOs. 3. Significant distress is felt by providers due to system failures preventing care for patients with an EDO. 4. The current EDO program is designed for adolescents, which leads to conflicts with treatment guidelines. 5. Bias toward caring for patients with an EDO leads to disappointment with provider colleagues.

Educational programs aimed to train healthcare providers in caring for adults with EDO should focus on experiential learning, addressing distress felt when caring for this patient population, and addressing differences in caring for adults versus adolescents with an EDO.

Learning Objectives

- Following the training, participants will be able to: Understand the knowledge gap facing internal medicine physicians in caring for patients with an EDO
- Focus curriculum development on experiential learning
- Provide improved education on communication skills needed to care for patients with an EDO

Authors: Adam Bracken, University of Rochester Medical Center; Valerie Lang, University of Rochester; Kelsey Sherman, University of Rochester

Acute stress effects on binge urges, inhibitory control & negative urgency in binge eating disorder

Abstract: Stress is frequently reported as a trigger for binge episodes, yet it remains unclear how subjective and physiological stress responses interact with cognitive and affective mechanisms to increase binge eating risk. To address this gap, the present study examined the effects of acute psychosocial stress responses on binge urges, focusing on the role of state- and trait-level vulnerabilities such as mood, inhibitory control and negative urgency. Twenty-eight treatment seeking individuals with binge eating disorder (BED) were randomized to either a Stress condition (n=14) or No-Stress condition (n=14). Individuals in the Stress condition completed the Trier Social Stress Test while those in the No-Stress control condition engaged in a 20-minute mild cognitive task (crossword puzzles). Participants from both conditions completed the Stop-Signal Task to behaviourally assess inhibitory control. Self-reported mood, binge urge ratings and saliva samples for stress biomarkers (i.e., cortisol and alpha-amylase) were collected at three timepoints throughout the experimental session. Mixed ANOVAs and area under the curve values were used to assess between-condition differences and within-condition changes in subjective and physiological stress responses. Exploratory correlations were run to assess relationships between subjective and physiological stress responses, inhibitory control, negative urgency and eating pathology. Results demonstrated that individuals with BED in the Stress condition reported increases in total mood disturbance following acute stress exposure, despite absences of parallel physiological stress responses (i.e., blunted cortisol and alpha-amylase responses). BED participants in the Stress condition also reported heightened urges to binge eat (although only trending at the statistical level) and demonstrated significantly greater impairments in inhibitory control following acute stress exposure. Importantly, only

subjective stress responses following acute stress exposure were significantly associated with increased binge urges in the Stress condition, whereas physiological stress responses were not. This dissociation highlights subjective stress reactivity as a clinically meaningful mechanism of binge eating risk in BED, underscoring the potential value of interventions that target stress perception and regulation to reduce binge eating vulnerability.

Learning Objectives

- Describe how subjective and physiological stress responses differentially contribute to binge eating risk in individuals with binge eating disorder.
- Recognize how stress-induced impairments in self-regulation may increase vulnerability to binge eating episodes.
- Discuss the clinical implications of blunted physiological stress responses and heightened subjective stress reactivity for developing interventions targeting stress perception and regulation in binge eating disorder.

Authors: Sarah Brassard, Brigham and Women's Hospital; Kiran Punia, McMaster University; Hanson Liu, McMaster University; Sarah Potter, McMaster University; Kristen Lucibello, Western University; Michele Laliberte, St. Joseph's Healthcare Hamilton; Iris Balodis, McMaster University

Clinician experience of working with an intensive outreach programme for eating disorders.

Abstract: Intensive Outpatient Programmes (IOPs) aim to reduce hospital admissions by providing intensive, short-term, multidisciplinary support to young people with eating disorders and their families, enabling continued community-based treatment. The Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED) developed an IOP to stabilise physical and psychological risk among those at imminent risk of hospitalisation. This study explored experiences of IOP treatment from the perspective of referring clinicians, focusing on collaboration, communication, and the therapeutic alliance, and identifying perceived benefits, challenges, and opportunities to enhance service delivery.
Clinicians from MCCAED's outpatient eating disorders, Avoidant Restrictive Food Intake Disorder (ARFID), and day service teams who had referred a young person to the IOP were invited to participate. Eligible participants included family therapists, psychiatrists, nurse therapists, dietitians and psychologists working in the MCCAED service. Semi-structured interviews were conducted remotely between May 2024 and May 2025, lasting up to 45 minutes. Interviews explored clinicians' experiences of joint working with the IOP. Data were audio-recorded, transcribed verbatim, anonymised, and analysed using reflexive thematic analysis (Braun & Clarke, 2006). Three researchers independently coded data and refined themes through reflexive discussion. Fifteen clinicians participated. Three overarching themes were generated: (1) Bidirectional

Collaboration and Trust; (2) Creating Space for Change; and (3) Transitions as Turning Points. The IOP was viewed as a “safety net” supporting both clinicians and families, enhancing engagement and preventing deterioration that might otherwise lead to hospitalisation. IOP involvement was considered to strengthen the therapeutic alliance, provide containment and bespoke treatment planning during crisis points. Endings with the IOP prompted reflection but were often accompanied by uncertainty regarding ongoing care. The findings highlight the IOP’s pivotal role in intensifying outpatient care through an integrated, collaborative model. Joint working between IOP clinicians, referring clinicians, and families was experienced as central to therapeutic change. However, clearer processes for transition and continuity post-IOP are needed. These insights inform service development and multidisciplinary practice within child and adolescent eating disorder pathways.

Learning Objectives

- Understand the contribution of intensive outpatient programmes to child and adolescent eating disorder treatment
- Understand clinicians experiences of working alongside an IOP in community treatment for child and adolescent eating disorders
- Identify areas for future development of IOPs for children and adolescents with eating disorders

Authors: Cliona Brennan, Maudsley Centre for Child and Adolescent Eating Disorder (MCCAED); Elena Pears, MCCAED, South London and Maudsley NHS; Ellen McAdams, MCCAED, South London and Maudsley NHS; Paula Herrera Gener, MCCAED, South London and Maudsley NHS; Anna Konstantellou, MCCAED, South London and Maudsley NHS; Mima Simic, Maudsley Centre for Child and Adolescent Eating Disorders; Julian Baudinet, Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED), Kings College London

Polycystic Ovary Syndrome and Eating Disorders: A Scoping Review and Qualitative Study

Abstract: Background: Polycystic Ovary Syndrome (PCOS) is the most common endocrine condition among women of reproductive age and its overlap with eating disorders is increasingly recognised. Despite this, the nature and extent of their intersection remain poorly understood. We conducted a scoping review and qualitative study to examine this relationship. This presentation focuses on findings related to prevalence and interventions.
Scoping Review Methods & Results: A scoping review was undertaken to synthesise existing research examining eating disorders in women with PCOS. Six electronic databases and grey literature sources were systematically searched. The rates of eating disorder presentations in women with PCOS consistently higher than non-PCOS

controls. No interventions concurrently addressed both conditions. However, first-line PCOS treatments targeting weight loss, including lifestyle modification and cognitive-behavioural programs, pharmacological and surgical interventions, and mindfulness approaches, were associated with improvements in both PCOS and eating disorder outcomes.
Qualitative Study Methods and Results: Semi-structured interviews were conducted with 14 Australian adults (aged 18–69 years; 92.9% woman) who reported both PCOS and an eating disorder. Reflexive thematic analysis revealed limited access to coordinated, affordable, and integrated care, and highlighted a strong desire for increased awareness of both conditions among health professionals and the broader community.
Conclusions: Together, findings demonstrate an elevated prevalence of eating disorders among people with PCOS, a lack of interventions addressing both conditions, and a clear lived-experience call for integrated, stigma-sensitive, multidisciplinary care approaches. This is the first comprehensive synthesis to integrate prevalence data with lived-experience perspectives, identifying clear priorities for research and clinical translation.

Learning Objectives

- Understand the link between PCOS and eating disorders
- Understand the lack of integrated treatment options for PCOS and eating disorders
- Identify gaps in the literature exploring PCOS and eating disorders

Authors: Leah Brennan, La Trobe University; Jessica Cox, Australian Catholic University; Xochitl de la Piedad Garcia, Australian Catholic University; Hugh Bidstrup Bidstrup, La Trobe University; Lisa Moran, Monash University; Anita Raspovic, La Trobe University

Young person and parent experience of an intensive outreach programme for eating disorders.

Abstract: Intensive Outreach Programmes (IOP) were established to reduce the need for inpatient admissions by providing intensive support to families of young people at high risk of hospitalisation, thereby facilitating ongoing community treatment and decreasing the use of inpatient services. This study investigates patient and carer experiences of treatment in IOP with the aim of identifying perceived benefits, challenges, and changes during treatment, and generating recommendations for enhancing outreach services. Twenty-two participants took part, with nine adolescent patients and thirteen caregivers participating in individual semi-structured interviews at one-month post-discharge from the IOP. Open-ended questions guided the discussions, which were recorded and transcribed verbatim. Data were analysed using the six-stages of reflexive thematic analysis. The analysis generated three key themes: (1) From Despair to Direction (2) Rock Bottom (3) No Quick Fix. Various shared insights were

reported, such as initiating input during an acute crisis and viewing IOP as a catalyst to change. Parents reflected on feeling supported by professionals to take a more assertive role during treatment and young people reflecting on the firm but necessary boundaries that shaped and supported their engagement with the treatment. Families recognised prompt structured support, collaboration and individualised approaches as key facilitators for change. Recommendations included enhancing communication between ED services and families, ensuring flexibility in appointments, and maintaining a structured, patient-centred approach to optimise the efficacy of intensive outreach interventions for young people with ED.

Learning Objectives

- Understand the role of intensive outreach programmes in child and adolescent eating disorder treatment
- Understand the young person and parents perspective on strengths and challenges of these IOPs in treatment
- Highlight key recommendations for the advancement of IOP for child and adolescents eating disorders

Authors: Cliona Brennan, Maudsley Centre for Child and Adolescent Eating Disorder (MCCAED); Ellen McAdams, MCCAED, South London and Maudsley NHS; Amy Chimes, MCCAED, South London and Maudsley NHS; Anna Konstantellou, MCCAED, South London and Maudsley NHS; Mima Simic, Maudsley Centre for Child and Adolescent Eating Disorders; Julian Baudinet, Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED), Kings College London

Prevalence of Eating Disorder Risk Among Doctoral Clinical Psychology Students

Abstract: Medical students are considered at high risk for eating disorders due to academic stress, high workloads, and exposure to illnesses and death. A systematic review and meta-analysis of 18 studies identified the prevalence of eating disorder risk among medical students as 10.4% (95% CI: 7.8-13%; Jahrami et al., 2019). The purpose of this study was to examine the prevalence of eating disorder risk among doctoral clinical psychology students. To date, this is unknown, although it is well-established that clinical psychology students report elevated stress and mental health difficulties (Pakenham & Stafford-Brown, 2012; Victor et al., 2022). Participants included 1,047 doctoral clinical psychology students enrolled in APA-accredited programs across the United States (842 PhD, 205 PsyD). Participants were predominantly female (n = 890, 85%) and non-Hispanic White (n = 697, 67%), reflecting the demographics of this population. Participants completed the 13-item short form of the Eating Disorders Examination-Questionnaire (EDE-Q-13; Lev-Ari et al., 2021) by responding to each item in reference to the past 28 days on a scale from 0 (0 days) to 6 (every day). Using a clinical cutoff of 4 (Luce et al., 2008), 2% (n = 20) of participants scored in the clinically

significant range on the global EDE-Q-13, 18% (n = 185) on Eating Restraint, 33% (n = 345) on Shape and Weight Overvaluation, 37% (n = 392) on Body Dissatisfaction, 2% (n = 19) on Bingeing, and 0.3% (n = 3) on Purging. Using a less conservative, well-established cutoff of 2.5 (Rø et al., 2015), 25% (n = 265) of participants met criteria for eating disorder risk on the global EDE-Q-13, 31% (n = 319) on Eating Restraint, 46% (n = 479) on Shape and Weight Overvaluation, 51% (n = 530) on Body Dissatisfaction, 4% (n = 42) on Bingeing, and 0.4% (n = 4) on Purging. In terms of any occurrence of disordered eating (≥1/28 days), 58% (n = 606) of participants reported any occurrence on Eating Restraint, 76% (n = 790) on Shape and Weight Overvaluation, 78% (n = 817) on Body Dissatisfaction, 26% (n = 270) on Bingeing, and 5% (n = 53) on Purging. Results demonstrate widespread prevalence of eating disorder risk among doctoral clinical psychology students. Future research is needed to better understand the unique risk factors for eating disorders among doctoral clinical psychology students, as well as the consequences of eating disorder pathology for clinical training and professional development.

Learning Objectives

- Explain why medical students are at increased risk for eating disorders
- Identify that doctoral clinical psychology students are also at increased risk for eating disorders
- Classify the prevalence of eating disorder risk among doctoral clinical psychology students using different cutoff scores of the EDE-Q

Authors: Paula Brochu, Nova Southeastern University; Molly Robbins, Graduate student, psychology; Katerina Rinaldi, Nova Southeastern University; Katherine West, Nova Southeastern University

Physiotherapy led interventions for adult patients with anorexia nervosa are associated with a large

Abstract: Patients with Anorexia Nervosa can experience a dysfunctional relationship with exercise, where movement becomes a strong coping strategy and subsequent maintaining factor. Evidence suggests that risk of relapse and chronicity of illness is higher if dysfunctional exercise is not addressed as part of eating disorder treatment. Therefore, including interventions to address dysfunctional exercise as part of treatment is essential in order to support development of a healthy relationship with exercise and the body during movement. Current eating disorder guidelines do not consistently include exercise re-education and re-introduction as part of treatment, nor include physiotherapy to deliver these interventions. Between July 2018 and February 2025 69 patients completed baseline assessments using the Compulsive Exercise Test (CET) as part of a physiotherapy led exercise management pathway on an adult inpatient Specialist Eating Disorder Unit. Baseline measures of CET scores were recorded at the start of pathway interventions and where possible again at the point of discharge.

Physiotherapy sessions were used to support patients to explore and understand their relationship with exercise, to challenge dysfunctional beliefs and behaviours and develop and experience a healthier approach to exercise. The pathway also supported transitional work for community integration and longer-term exercise management strategies. The baseline assessment indicated a high level of compulsive exercise 16.72 (95%CI 15.88 -17.57), above the 15.0 indicator of a clinical presentation of compulsive exercise. Of the 69 patients who completed baseline assessments, 38 also had a follow up assessment taken around 122 days later (95%CI 100-143 days). On average there was a significant drop in the score to 13.0 (95%CI 11.9-14.2). This represents a large effect size (Cohens D 1.1 95%CI 0.7-1.5). In addition, results indicated a significant reduction in avoidance and rule-driven behaviour, weight control exercise, mood improvement and exercise rigidity. There was no significant drop in lack of exercise enjoyment. Therefore, physiotherapy led interventions for the management of dysfunctional exercise were associated with a large reduction in self-reported compulsive exercising beliefs and behaviours. This highlights the importance of including physiotherapy led exercise management interventions as part of eating disorder treatment. A randomised controlled trial of this intervention is warranted

Learning Objectives

- Gain a greater understanding of the links between dysfunctional exercise and eating disorders
- Gain a greater understanding of the value of addressing dysfunctional exercise as part of eating disorder treatment
- Gain insight into how physiotherapy can support in addressing dysfunctional exercise

Authors: Kate Brown, Cambridge and Peterborough NHS Foundation Trust, Cambridge, UK; Julia Deakin, Cambridge and Peterborough NHS Foundation Trust; Jaco Serfontein, Cambridge and Peterborough NHS Foundation Trust; UK East of England Provider Collaborative; Sakurako Hamagami, University of Cambridge; Michael Aitken, IoPPN Kings College London

Reward and Emotion-Driven Eating in Adults with Serious Mental Illness and Obesity

Abstract: Expanding research on disordered eating to include individuals with serious mental illness (SMI) broadens the cultural and clinical reach of eating disorder research and supports ICED's goal of connecting diverse contexts and populations. Understanding how reward-based eating and emotion-driven coping interact in this population could inform tailored intervention strategies for individuals with SMI. Participants with SMI and obesity (N = 72; M age = 45.7 ± 12.4 years; M BMI = 39.5 ± 7.3 kg/m²) completed the Reward-Based Eating Drive Scale (RED-13) and the coping subscale of the Palatable Eating Motives Scale (PEMS-C). Descriptive statistics were compared to findings from previous studies within the general population. Mean RED-13

total score (M = 22.5 ± 10.6) was more than twice those observed in the general population. Across studies, Loss of control > Preoccupation > Lack of Satiety consistently however, means were elevated within our SMI population with loss of control showing the largest difference. The mean PEMS-C score (M = 2.24 ± 1.19) also exceeded most previous studies (Means 0.8–2.0), indicating greater use of eating as a coping strategy to manage negative emotions. Individuals with SMI and obesity exhibit heightened reward-based and emotion-driven eating relative to the general population. Integrating strategies that target impulsivity, stress regulation, and mindfulness into lifestyle interventions could enhance outcomes and address persistent health disparities among those living with SMI.

Learning Objectives

- Following the training, participants will be able to describe how reward-based and emotion-driven eating contribute to disordered eating behaviors among individuals living with serious mental illness and obesity.
- Following the training, participants will be able to identify key psychosocial and contextual factors that heighten risk for maladaptive eating in underrepresented populations.
- Following the training, participants will be able to discuss how findings could inform the development of tailored lifestyle or weight-management interventions that integrate emotion regulation and mindful eating strategies.

Authors: Kristal Brown, Drexel University; Tyler Fink, Johns Hopkins University; Gabrielle Baar, Drexel University; Gail Daumit, The American Board of Obesity Medicine; Kimberly Gudzune, The American Board of Obesity Medicine

Links among Disordered Eating, Healthcare Utilization, and Health Conditions among US Children 6-17

Abstract: Eating disorders (EDs) are increasing in prevalence and costly to people and societies. However, less is known about the prevalence and consequences of subclinical ED symptoms (i.e., disordered eating), especially among children and adolescents. The purpose of this study was to evaluate the prevalence of disordered eating among a nationally-representative sample of US children ages 6-17 and examine associations between disordered eating and healthcare utilization and physical health. Data were drawn from the 2022 and 2023 National Survey of Children's Health (N=68,000). Parents completed surveys about one of their children; specific disordered eating symptoms assessed included body dissatisfaction, fasting, binge eating, and purging (i.e., self-induced vomiting, laxative and diuretic misuse). Outcomes included missing needed specialty and mental health care, hospital visits, emergency room visits, and incidence of heart conditions, type 2 diabetes, and asthma. Almost one-quarter of the sample reported body dissatisfaction and 17.5% reported at least one disordered eating behavior; fasting was the most common (10.0%), followed by binge eating (4.8%).

Purging was rare (0.8%). All disordered eating behaviors were associated with 2-3x greater likelihood of not receiving needed specialty and mental health care. Further, all disordered eating behaviors were significantly associated with increased likelihood of hospital and ER visits, and incidence of asthma. Finally, youth who engaged in fasting, binge eating, and any disordered eating were significantly more likely to have a heart condition. Any disordered eating and binge eating were associated with greater likelihood of type 2 diabetes. Results demonstrate that youth experiencing disordered eating are less likely than their peers to receive needed medical and mental health care. Further, disordered eating was linked to higher incidence of serious medical conditions, like heart problems. Future research is needed to explore the temporality of these associations. Nevertheless, findings support disordered eating as a serious health problem present in US children as young as six.

Learning Objectives

- Describe prevalence of disordered eating behaviors among US children 6-17
- Summarize patterns of associations between disordered eating and healthcare utilization and physical health
- Describe avenues to address unmet healthcare needs among youth with disordered eating

Authors: Blair Burnette, Michigan State University; Matt Thompson, Flinders University; Samantha Hahn, Central Michigan University

Rationale for Strategies Against Binge Eating: A Thematic Analysis from a General Population Sample

Abstract: Binge eating (BE) characterizes binge-eating disorder (BED) yet also has been documented in the general population. Indeed, many people BE, but do not meet BED criteria in terms of frequency or associated distress. Naturalistic studies have found many real-time vulnerabilities for BE, including affective state, food craving, and situational factors. However, BE antecedents are not isolated to those who BE habitually. Perhaps the differentiating characteristics of one experiencing high frequency or distressing BE is not only vulnerabilities, but also behaviors that may be protective against such. Protective behavioral strategies (PBS) are one form of harm reduction, which originated to alleviate risks associated with health-compromising behaviors. PBS are behaviors that one may use to engage in a potentially harmful activity, while significantly reducing the risks that would be associated with the behavior (e.g., setting a limit on one's drinks). Due to an awareness of the psychological and physical impact of BE, those with BED may attempt to engage in harm reduction. However, literature has emphasized harmful behaviors in response to BE (e.g., food avoidance). This study identified strategies that are protective and how those who believe their BE PBS are effective conceptualize them. Adults in the US (9 who met BED criteria, 9 healthy controls with no eating pathology, 6 BE who did not meet eating disorder criteria) were

interviewed to assess PBS they use to either avoid or reduce the potential frequency, intensity, duration, or impact of BE. Themes were identified with the Braun & Clarke method of thematic analysis and grouped based on participant perception of mechanisms that make PBS effective. Six themes were identified, each with two to four sub-themes. The most endorsed theme was Evasion (e.g., doing tasks as a distraction from craving). Other themes were control-seeking (e.g., eating individually packaged items), support-seeking (e.g., calling a friend), appetite management (e.g., eating at regular intervals), and consideration of BE consequences (e.g., acknowledging financial impact of BE). All but one participant stated it is easier to avoid BE than to mitigate them during eating or reduce the impact after (e.g., using self-compassion to mitigate resultant guilt). PBS and the reasons they are thought effective both have potential clinical utility, particularly in early BE treatment where PBS may decrease BE while enabling self-efficacy.

Learning Objectives

- understand protective strategies and their utility in binge eating
- recognize the importance of individual's conceptualizations of what is effective for binge eating and why
- critically think about how to implement real-time protective strategies against binge eating for their own participants/ patients

Authors: Emily Burr, University of Central Florida; Lisa Brownstone, University of Denver; Sofia Zapico; Ross M. Sonnenblick, Drexel University; Adrienne Juarascio, Oregon Research Institute; Sydney Murdock; Robert Dvorak, University of Central Florida

“They’re having a very different eating disorder experience.”: Eating disorders and marginalization

Abstract: Our understanding of what an eating disorder might look or feel like has, historically, been almost wholly based on research centering the experiences of young, slim, white women. Compounding such bias in research, these studies have also mainly focused on the experiences of cisgender, heterosexual, non-disabled, and neurotypical individuals. As a result, the dominant view of what constitutes an eating disorder is based on a very narrow group of individuals, despite these experiences – on the surface - being common across a range of communities. In a series of studies (total N = 50, we explored the lived experiences of eating disorders and disordered eating in a range of groups that lie outside the ED norm - specifically those marginalized based on gender, sexual orientation, neurotype, and disability. Several key themes generated in these studies span across the research programme. These themes highlight that although individuals may be engaging in similar eating disorder thoughts and behaviours, the reasons behind these can vary substantially based on their experiences of marginalisation and minority stress. For example, a non-binary individual with ADHD and

a cisgender man with a physical disability may both be engaging in dietary restriction, but they do so for very different reasons that directly relate to their identities. Only by developing a richer and more nuanced understanding of these motivations and what they look like in terms of disordered eating, will we be able to accurately recognize eating disorders across marginalized groups. By doing so, we can improve clinical approaches, increasing the amount of individuals who deserve access to treatment and support, but who are perhaps currently being missed.

Learning Objectives

- understand what an eating disorder may look like in the non-stereotypical population
- be mindful of these factors in any future work
- be more open in the possibility of working with these populations to further enhance our knowledge

Authors: Georgina Burton, York St. John University; Ruth Knight, York St. John University

Getting into a good headspace: Trialing a brief eating disorder prevention group in a youth service

Abstract: Prevalence of disordered eating and body image concerns in young people continues to increase, and with this, high physical, social and economic burden for individuals, families, and healthcare systems. Early intervention and prevention for eating disorders (EDs) is critical. The Body Project is a dissonance-based ED prevention program that has demonstrated effectiveness for reducing the risk of onset of EDs, ED symptomatology, and body image concerns. However, no formal evaluation has been conducted in an Australian population, nor has the program been adapted to target contemporary and varied body image ideals. This pilot trial aimed to evaluate the acceptability, feasibility, and preliminary efficacy of an adapted versions of the Body Project as a brief, ED prevention program in sample of young Australians presenting for treatment at headspace. A two-arm (Body Project vs. treatment-as-usual control [TAU]), non-randomised, controlled pragmatic trial design was used to assess the acceptability and feasibility of the study procedures and treatment protocol. All young people attending headspace Camperdown for care were eligible for participation in the trial. Descriptive statistics for primary outcomes (body image concerns, ED symptomatology) were reported at baseline (T0), post-intervention or time-matched TAU period (T1), and at one month follow-up (T2). Participants were N = 23 young Australians (aged 15-25) attending headspace Camperdown (Body Project = 12; TAU control = 11). The program implemented in this trial comprised of four 1.5-hour group sessions, which ran over four consecutive weeks. The treatment completion rate for the Body Project group was 75%. In the Body Project group, 66.7% of participants completed post-intervention questionnaires (T1), and 58.3% completed one-month follow-up questionnaires (T2). In the TAU control group, only 27.27% participants completed post-intervention

questionnaires (T1), and 18.2% completed one-month follow-up questionnaires (T2). Responses on the acceptability and feasibility survey questions indicated good acceptability of the program from both young people attending the service and clinic staff. Unfortunately, the small participant numbers did not allow for statistical comparison between groups on the outcome measures, however promising trends in the outcome measures were observed for Body Project group indicating improvements in body esteem and reductions in ED symptoms following group engagement.

Learning Objectives

- Understand the feasibility and acceptability of implementing a brief ED prevention group in a youth mental health service
- Discuss the challenges of recruitment of participants to such a group despite high acceptability
- Consider key take-home lessons from pilot implementation trial of a group program in a real-world clinical setting

Authors: Amy Burton, University of Technology Sydney; Amaani Hatoum; Sophie Berry, University of Technology Sydney

Examining the Interplay Between Food Insecurity, Social Support, and ED Symptoms in SGM Individuals

Abstract: Food insecurity (FI) is a public health issue that can make individuals more susceptible to developing an eating disorder (ED). Sexual and gender minority (SGM) individuals experience a unique suite of stressors that increase the probability of developing an ED. Despite established work examining FI's associations with ED symptoms, gaps remain concerning this relationship in SGM populations. The present study sought to examine whether social support buffers the effects of food insecurity on eating disorder symptoms in a sample of 621 SGM individuals. Participants completed a survey via Prolific and FI was measured using the U.S. Household Food Security Module-short form. ED symptoms were measured using the Eating Pathology Symptom Inventory (EPSI). Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS). Regression analyses were conducted to see if social support moderated the association between food insecurity and ED symptoms. Results revealed a statistically significant main effect of FI on body dissatisfaction ($p<0.001$), binge eating ($p<0.001$), and restricting ($p<0.001$), but not for purging ($p=0.54$). Additionally, there was a statistically significant main effect of social support on body dissatisfaction ($p<0.001$), binge eating ($p=0.02$), and restricting ($p=0.002$), but not for purging ($p=0.06$). There were no statistically significant interactions between FI and social support for body dissatisfaction ($p = 0.18$), binge eating ($p = 0.57$), purging ($p = 0.40$), or restricting ($p = 0.19$). To conclude, social support and FI are independently associated with ED symptoms, but they do not interact. These results underscore the continued need to examine FI within the context of ED risk in SGM

samples. One possible explanation for lack of significant interaction effect is that the MSPSS scale measured dimensions of social support related to emotional and psychological wellbeing rather than support related to material resources or tangible aid (e.g., food, financial assistance). Since FI could be a result of material hardship, using a measure that assesses material support might be able to detect an interaction effect between social support and FI. Future directions should assess different sources of social support to determine whether material forms of support moderate the relationship between food insecurity and eating disorders in SGM populations.

Learning Objectives

- Describe the relationship between food insecurity and eating disorder symptoms among sexual and gender minority individuals.
- Examine how social support is predicted to buffer the impact of food insecurity on eating disorder symptoms.
- Discuss how alternative forms of social support may mitigate eating disorder risk in food-insecure sexual and gender minority populations.

Authors: Kennedi Burton, Auburn University; Tiffany Brown, Auburn University

EMDR for Binge Eating: Results of a Pilot Randomised Controlled Trial

Abstract: Binge eating disorder (BED) is a serious psychological condition, associated with trauma, as well as many critical physical and psychological consequences. Despite the availability of several evidence-based treatments, full remission rates remain suboptimal. Eye movement desensitization and reprocessing (EMDR) therapy has demonstrated early promise in the treatment of eating disorders (EDs) but has yet to be examined in those with BED. The current study was one of the first pilot randomised controlled trial to examine the feasibility and preliminary efficacy of EMDR therapy in the treatment of BED. A two-arm (EMDR vs. waitlist control), single-blind, pilot RCT was utilised to examine the feasibility and preliminary efficacy of this approach. Eligible participants (N = 38) were fluent English-speaking Australian adults (18+ years) who met the diagnostic criteria for BED. An existing EMDR treatment protocol for bulimia nervosa was adapted for BED (10 sessions). Outcomes were examined before and immediately after treatment completion. A treatment completion rate of 68.8% supported the feasibility of the treatment protocol. Both ITT and treatment completer analyses demonstrated largely positive effects in favour of the intervention, including significantly larger reductions in binge eating (symptoms, days, and frequency), meta-cognitive beliefs about eating, eating concerns, anxiety, and sleep disturbance. However, there was no significant benefit of the intervention over control for dietary restraint, weight concerns, shape concerns, self-esteem, dissociative symptoms, sexual problems, or depressive symptoms. This pilot RCT supports the feasibility of applying this protocol to a larger-scale, well-powered effectiveness trial. It also addresses a critical gap in the literature by being one of the first to examine the potential efficacy of EMDR therapy for

adults with BED, and thus contributes foundational preliminary data in support of an additional model of care for those with BED.

The clinical trial protocol was prospectively registered with the Australian New Zealand Clinical Trials Registry (ANZCTR Registration Number: ACTRN12614000894695, 05/08/2014).

Learning Objectives

- Discuss evidence of EMDR for EDs
- Discuss preliminary evidence of EMDR for BED
- Consider ideas for future research of the applications of EMDR for BED

Authors: Amy Burton, University of Technology Sydney; Amaani Hatoum

Momentary Associations Among Sleep, ED Symptoms, and Suicidal Ideation in Anorexia Spectrum Disorder

Abstract: Sleep disturbances (i.e., disruptions in normal sleep patterns that impair quality, duration, or timing) are common among individuals with eating disorders (EDs). Poor sleep is associated with greater ED symptom severity, poorer treatment outcomes, and higher relapse risk, and has also been linked to suicidal ideation (SI). However, there is a limited understanding of how these relationships fluctuate over time. Examining momentary temporal dynamics is critical for identifying transdiagnostic risk factors that may be used to inform individualized interventions. The present study investigated momentary, temporal associations among sleep disturbances, SI, and ED symptoms in individuals with anorexia nervosa spectrum disorders (ANSD) using ecological momentary assessment (EMA). Participants were 106 individuals with ANSD who completed 21 days of EMA, 5 times daily (1,714 observations). EMA items were rated on a 0–100 scale. Sleep disturbances were assessed using a composite of difficulties falling asleep, staying asleep, early awakening, and subjective sleep quality. ED symptoms included restriction, binge eating, compensatory behaviors (e.g., purging, excessive exercise), and body checking. SI was measured using both passive and active items. Multilevel modeling captured within- and between-person effects across days. Within-person effects indicated that on days when participants reported greater sleep disturbances, they also reported increased restriction (b=0.20, SE=0.04, p<.001), compensatory behaviors (b = 0.09, SE = 0.03, p = .001), body checking (b=0.32, SE = 0.05, p<.001), and SI (b=0.12, SE=0.02, p<.001), but not binge eating (b=0.01, SE=0.03, p=0.819). Between-person effects indicated that participants with sleep disturbance displayed increased restriction (b=1.34, SE=0.22, p<.001), compensatory behaviors (b=0.50, SE=0.14, p<.001), body checking (b=0.81, SE=0.29, p=.006), and SI (b = 0.78, SE = 0.14, p < .001), but not binge eating (b=0.38, SE=0.20, p=0.067), across the study period. These findings highlight temporal, daily associations among sleep disturbance, ED symptoms, and SI in individuals with ANSD. Sleep disturbances impact

both ED symptoms and SI, indicating that sleep-focused interventions could target and reduce both ED symptoms and SI simultaneously. Future work is needed to identify if specific aspects of sleep disturbances drive these relationships.

Learning Objectives

- Explain how multilevel modeling can be used to examine momentary, temporal dynamics among ED symptoms, sleep, and suicidal ideation across days.
- Identify how sleep disturbances may signal increased risk for ED behaviors and suicidal ideation in individuals with anorexia nervosa spectrum disorders.
- Discuss implications of targeting sleep disturbances as a transdiagnostic treatment mechanism for EDs and suicidal ideation.

Authors: Sara Buseman, University of Louisville; Cheri Levinson, University of Louisville; Lauren M. Harris, Auburn University; Elizabeth D. Cash, University of Louisville; April R. Smith, Auburn University

Understanding All Our Parts: Internal Family Systems as a Framework for Eating Disorders

Abstract: Eating disorders are complex conditions with significant psychological and physical consequences. Different therapeutic approaches are needed to address the internal dynamics that sustain these disorders. Internal Family Systems (IFS) is a well-established therapeutic model with training programs worldwide. It posits that multiplicity of the mind is normal: each person contains distinct subpersonalities, or “parts.” Clients are guided to witness their thoughts and emotions with acceptance, actively engage with their parts, and develop lasting, constructive inner relationships.The core guiding aspect of IFS, called the Self, has been described in various therapies and spiritual traditions. The Self is characterized by qualities such as calmness, curiosity, compassion, confidence, courage, clarity, creativity, and connectedness. In IFS, the aim is Self-leadership, emphasizing that therapeutic work begins from the person’s own internal experience. This inclusive approach respects diverse cultural and spiritual perspectives while focusing on clients’ inner resources. Although scientific research on IFS for eating disorders is limited, this paper explores its potential clinical applications. Individuals with eating disorders often experience parts that drive restrictive or compulsive behaviors, perceiving them as both friend and enemy, sometimes differentiating themselves from these parts, reflecting the distinction between protective parts and the compassionate, nonjudgmental Self. From an IFS perspective, all parts aim to help the person, even when their strategies are ultimately harmful. Therapy supports these parts to fulfill their roles in a less extreme and more balanced way, rather than simply eliminating symptoms. By understanding and engaging with each part, individuals can foster self-acceptance, internal harmony, and sustainable well-being. These theoretical and clinical insights suggest that IFS is a promising framework for intervention and warrant further empirical research in the context of eating disorders.

Learning Objectives

- Understand the fundamental principles of Internal Family Systems
- Contextualize eating disorders within the IFS framework
- Recognize how IFS can be applied therapeutically to the treatment of eating disorders

Authors: Inês Caldas, Private Practice

Feasibility and acceptability of a hospital-at-home program for adolescents with eating disorders

Abstract: Objective: To explore the feasibility and acceptability of a novel hospital-at-home (HaH) program for adolescent patients with a severe eating disorder (ED).

Method: Retrospective description of the program during its first year of activity. The feasibility construct is based on accessibility, recruitment, rate of retention, avoidance of hospital stays, and management of crisis situations. Caregivers com pleted a satisfaction questionnaire on discharge, including an item on perceived safety. All patients referred to the program were included.

Results: Fifty-nine female patients with a mean age of 14.69 years (SD = 1.67) were admitted. The mean stay was 39.14 days (SD = 14.47). On admission, 32.2% of patients presented nonsuicidal self-harm behavior and 47.5% had comorbid mental disorders. All patients were screened in the first 48 h after referral, and the program retention rate was 91.52%. As for use of health services, 2016.03 hospital stays were avoided, and only 16.12% of the 31 calls received for urgent care required emer gency department visits. Families gave the program an overall satisfaction score of 4.95/5, and all described it as “very safe.”

Discussion: The HaH program described is a feasible and acceptable care model in ado lescents with severe EDs and comorbidities. Effectiveness studies should be performed. Public Significance: Eating disorders are a major concern for public health. The ado lescent HaH program presented marks an advance in intensive community treat ments for patients with severe EDs and comorbidities

Learning Objectives

- Be able to emulate the design of a Home treatment for ED in childs and adolescents

- Be able to learn about feability and acceptability in a home treatment for ED in childs and adolescents
- Be able to learn about design and supervision of therapeutic programs, and interdisciplinary coordination with psychology, and nursing in home treatments for ED in childs and adolescents

Authors: Ricardo Camarneiro Silva, Child and Adolescence Service. University Hospital Niño Jesús; Montserrat Graell, hild and Adolescence Service. University Hospital Niño Jesús; Mar Faya, hild and Adolescence Service. University Hospital Niño Jesús; Maria Goretti Moron-Nozaleda; Silvia Yáñez

Pathways to Involuntary Eating Disorder Treatment: Medical and Psychiatric Paradigms

Abstract: This presentation will explore the complexity of assessing decisional capacity and negotiating involuntary treatment in individuals with Anorexia Nervosa. Eating disorders present unique challenges that necessitate care at the intersection of medical and psychiatric urgency. Drawing on 2 qualitative studies exploring (1) decision-making around involuntary treatment in eating disorders and (2) the assessment of decisional capacity in cases of treatment refusal respectively, we synthesized data from 72 semi-structured interviews with healthcare professionals across multiple care settings in Colorado, USA. Through abductive analysis methods we examine the (1) complexities engendered by the division and interaction between medical and psychiatric paradigms in eating disorder treatment, (2) the implementation of decisional capacity, dangerousness, or grave disability pathways for involuntary treatment, and (3) the legal and structural constraints impacting decisional capacity assessments and treatment. The intersection of psychiatric and medical illness can result in ambiguity around the most appropriate paradigm to use to justify involuntary treatment. The relative usefulness of these paradigms and the acute patient needs they address are interdependent and dynamic. Medical instability often becomes a proxy for incapacity and can be more objectively identified and measured to justify medical necessity. Once medical stability is achieved, new challenges arise as providers negotiate the murkier waters of psychiatric instability, dangerousness and grave disability and the constraints around ongoing treatment. Varying legal pathways across medical incapacity and psychiatric involuntary treatment creates logistical and organizational barriers that dictate which types of treatment as well as where and when these types of treatment can occur. Healthcare teams engage in a number of decision-making strategies to assess decisional capacity and to negotiate competing legal pathways, significant structural barriers, uncertainty, and moral distress. Results demonstrate how healthcare teams strategically deploy different legal statutes, flexibly apply medical vs psychiatric paradigms, anticipate and capitalize on shifting capacity and medical stability, and leverage gray areas and uncertainty to accomplish care. We will provide a nuanced understanding of the

assessment of decisional capacity and involuntary treatment challenges facing healthcare teams.

Learning Objectives

- Identify the complexities engendered by the division and interaction between medical and psychiatric paradigms in eating disorder treatment.
- Understand the implementation of decisional capacity, dangerousness, or grave disability pathways for involuntary treatment.
- Appreciate the legal and structural constraints impacting decisional capacity assessments and treatment.

Authors: Catherine Campisi, University of Colorado Anschutz Medical Campus, University of Colorado Denver; Spenser Wright, University of Colorado Denver

Rethinking Crossover and Recovery in Eating Disorders Through a Dynamic & Value-Sensitive Framework

Abstract: In this paper, we critically examine the current psychiatric approach to eating disorders (EDs) and we argue that the dominant DSM classification system, with its focus on observable behaviors and individual symptoms, fails to capture crucial dynamics of EDs.

We first identify three key dynamics that are insufficiently captured by the dominant approach, namely diagnostic crossover, symptom shifting, and complex recovery trajectories. Then we draw on recent empirical literature on biological and environmental influences, as well as on first-person accounts of ED experiences, to propose an alternative theoretical framework based on Waddington's epigenetics and Dynamical Systems Theory. Our proposed framework incorporates concepts such as developmental plasticity, canalization, and path dependency, which are better suited to explain these temporal and processual dynamics.

Our framework conceptualizes different ED manifestations as distinct, robust trajectories in an epigenetic landscape, where some paths are more accessible than others due to both ontological characteristics and non-epistemic values impacting diagnosis. This approach helps explain: a) why certain diagnostic transitions are more common than others; and b) how individual histories make some EDs robust and difficult to treat.

This has two major implications: 1) recovery often involves generating new developmental trajectories rather than reverting to previous states; 2) depending on when an ED was developed, and for how long an individual was affected, complete recovery may not be achievable, although an individual may no longer meet standard diagnostic criteria such as low body mass index (BMI).

We conclude by discussing how this framework might inform future taxonomic revisions and treatment strategies, emphasizing the need to consider both the temporal dimension of EDs and the complex interplay between biological constraints and personal values in shaping individual trajectories.

Learning Objectives

- identify three key dynamics that are insufficiently captured by the dominant diagnostic approach
- propose an alternative theoretical framework based on Waddington's epigenetics and Dynamical Systems Theory which helps explain symptom shifting, diagnostic crossover in EDs and why certain diagnostic transitions are more common than others in EDs
- draw on first-person accounts and narratives of ED experiences to conceptualise a novel account of recovery which involves generating new developmental trajectories rather than reverting to previous healthy states

Authors: Silvia Camporesi, Department of Public Health and Primary Care; Valentina Petrolini, University of Bologna; Davide Serpico, University of Milano

From Deficit to Recovery: Vitamin D and Body Composition Changes in Eating Disorders

Abstract: Eating disorders (EDs) involve complex alterations in body composition and nutrient status. Despite their relevance, anthropometric and functional parameters are seldom reported in clinical cohorts. The objective of this study was to describe the prevalence of ED subtypes, vitamin D deficiency, and the responsiveness of anthropometric and psychological indicators in patients treated at Comenzar de Nuevo. Eighty-nine patients with diagnosed EDs were evaluated. Prevalence of ED subtype and vitamin D deficiency at admission and discharge were analyzed. Responsiveness to treatment was assessed through paired t tests and effect size indices (ES, SRM) for EDI-15, body fat %, arm muscle area (AMA), BMI, and handgrip strength. The predominant diagnosis was restrictive anorexia nervosa (50.6%), followed by ARFID (13.5%) and purging anorexia (12.4%). At admission, 66.7% showed vitamin D deficiency. Among 17 paired cases, vitamin D significantly increased ($25.8 \pm 12.6 \rightarrow 36.7 \pm 12.6$ ng/mL; $p = 0.0079$). EDI-15 scores improved significantly (SRM = −0.85). Strong responsiveness was observed in BMI (SRM = 1.62), body fat % (SRM = 1.17), and AMA (SRM = 1.21), with moderate responsiveness in handgrip strength (SRM = 0.86). The findings highlight a predominant restrictive profile and high prevalence of vitamin D deficiency in this population. Anthropometric and functional indicators showed high responsiveness to treatment, reinforcing their value as objective markers of recovery alongside psychological assessment.

Learning Objectives

- Describe the prevalence of eating disorder subtypes and vitamin D deficiency observed in a clinical treatment setting.
- Analyze the responsiveness of anthropometric, functional, and psychological indicators to treatment in patients with eating disorders.
- Discuss the relevance of integrating anthropometric and functional measures as objective markers of recovery alongside psychological assessment in eating disorder care.

Authors: Carolina Cantú, Comenzar de Nuevo A.C.; Erik Ramírez López; Eva Trujillo-ChiVacuan, Comenzar de nuevo; Lorena Pérez, Comenzar de Nuevo A.C.; Esperanza Leal, Comenzar de Nuevo A.C.; Ana Isabel Martinez, Comenzar de Nuevo A.C.; Bertha Winterman, Comenzar de Nuevo; AnaKaren Guzmán, Comenzar de Nuevo A.C.; Karissa Reyna, Comenzar de Nuevo A.C.; Victoria Castellanos, Comenzar de Nuevo A.C.; Diana Castro, Comenzar de Nuevo A.C.; Dilia Moreno, Comenzar de Nuevo A.C.; Sandra Cárdenas, Comenzar de Nuevo

Body Fat Percentage Shows Higher Sensitivity Than BMI for ED Psychological Recovery

Abstract: Although weight and BMI are commonly used to monitor recovery in eating disorders (EDs), they may not fully capture psychological improvement. The ED-15 questionnaire provides a standardized index of symptom severity and recovery status. Examining body fat percentage (%BF) and BMI against ED-15 classifications may clarify their relative discriminative value. The objective of this study was to compare the accuracy of %BF and BMI in distinguishing psychological recovery levels defined by the ED-15. Seventy-two participants (7–37 y) were categorized using ED-15 scores: 22 typical-range (non-clinical, code = 1) and 50 clinical-range (high or moderate risk, code = 0). ROC analyses were conducted for %BF and BMI. The AUC, sensitivity, specificity, and optimal cutoffs were calculated, followed by pairwise comparison of curves. Both variables significantly differentiated clinical from non-clinical groups ($p < 0.05$). %BF: AUC = 0.675 (95 % CI 0.555–0.781), cutoff > 26.98 %, sensitivity 68.2 %, specificity 58.0 %. BMI: AUC = 0.645 (95 % CI 0.523–0.754), cutoff > 25.25 kg/m², sensitivity 36.4 %, specificity 90.0 %. The difference between curves was not significant ($\Delta AUC = 0.0309$; $p = 0.5954$). Both %BF and BMI were modest yet significant predictors of ED-15 recovery status. %BF demonstrated higher sensitivity, capturing broader physiological normalization, while BMI showed greater specificity, identifying fewer false positives. The absence of a significant difference suggests partial overlap, though %BF may better reflect the integrative recovery process emphasized clinically. In conclusion, body fat percentage and BMI both relate to psychological recovery, but %BF showed slightly stronger sensitivity in detecting typical-range ED-15 scores. A threshold around 27 % body fat may complement BMI-based assessments when evaluating multidimensional recovery.

Learning Objectives

- Describe the relationship between body fat percentage (%BF), body mass index (BMI), and psychological recovery as measured by the ED-15 questionnaire in individuals with eating disorders.
- Compare the discriminative accuracy, sensitivity, and specificity of %BF and BMI in identifying clinical versus non-clinical ED-15 classifications.
- Evaluate how body fat percentage can complement BMI in monitoring both physiological and psychological aspects of recovery in eating disorders.

Authors: Carolina Cantú, Comenzar de Nuevo A.C.; Erik Ramírez López; Eva Trujillo-ChiVacuan, Comenzar de nuevo; Lorena Pérez, Comenzar de Nuevo A.C.; Esperanza Leal, Comenzar de Nuevo A.C.; Ana Isabel Martinez, Comenzar de Nuevo A.C.; Bertha Winterman, Comenzar de Nuevo; AnaKaren Guzmán, Comenzar de Nuevo A.C.; Karissa Reyna, Comenzar de Nuevo A.C.; Ana Lorena Martínez Garza, Comenzar de Nuevo; Ericka Vazquez, Comenzar de Nuevo; Karen Hutchinson, Comenzar de Nuevo; Emilia Ortiz, Comenzar de Nuevo A.C.; Daniel Heredia, Research Department, Comenzar de Nuevo, Monterrey, Mexico; Victoria Castellanos, Comenzar de Nuevo A.C.

Comparing efficacy of habituation and inhibitory learning exposure models in expanded ED sample

Abstract: At ICED 2025, we presented data from the midway point of a study comparing the habituation and inhibitory learning approaches of exposure therapy to broad eating disorder symptoms. Exposure-based cognitive behavioral therapy (CBT) is the gold-standard treatment for obsessive-compulsive disorder (OCD) and is increasingly applied to eating disorders (EDs). Traditional exposure approaches emphasize habituation—reducing fear responses within and between sessions. In contrast, Inhibitory Learning Theory (ILT) posits that exposures generate new learning that modifies, rather than replaces, fear associations by promoting flexible emotional responding. Although exposure therapy is widely used in ED treatment, the relative efficacy of habituation-based versus ILT-informed approaches has not been directly examined. The present study evaluated the integration of an ILT framework within a residential ED treatment setting historically grounded in habituation-based methods.

This presentation will expand upon findings from ICED 2025 (N = 62) with results from the completed study (estimated N = 125). Aim 1 is to provide updated findings comparing ILT and habituation approaches to exposure therapy for eating disorders using the full sample. We hypothesize that ILT participants will experience greater change—particularly early in treatment—on the Eating Disorder Examination Questionnaire and other measures of eating pathology, such as the Fear of Food Measure. Aim 2, which was not included in the ICED 2025 presentation, explores whether ILT versus habituation-based exposure therapy differentially impact comorbid

diagnoses, including obsessive-compulsive disorder as measured by the Yale-Brown Obsessive-Compulsive Scale.

Learning Objectives

- Differentiate between habituation-based and inhibitory learning–based models of exposure therapy.
- Discuss benefit of inhibitory learning versus habituation approaches to exposure-based therapy for eating disorders.
- Interpret empirical findings comparing efficacy of two approaches.

Authors: Samuel Cares, sam.cares11@gmail.com; Samuel Cares, PhD, is a clinical psychologist specializing in the care of individuals with comorbid eating disorders and obsessive-compulsive disorder. Nicole, nicole.stettler@rogersbh.org

Disordered Eating and Later-life Suicide Risk: Investigating the Role of Overexercise

Abstract: This pre-registered study (OSF preregistration: https://osf.io/pj3nk) analyzed relationships between eating disorder symptoms and suicide risk in a sample of older adults, testing for possible moderating effects of overexercise (defined as excessive exercise and muscle building). We predicted that eating disorder symptoms would associate with elevated suicide ideation; additionally, excessive exercise and muscle building were predicted to play potentiating roles in this relationship. Participants (n = 281, M age = 61.94 years, SD = 8.18, %female = 58.7, %white = 81.1, %non-Hispanic/Latine = 92.5) were adults aged 50 and above living in the United States. Respondents completed a series of self-report measures four months apart. Suicide risk was assessed using the Depressive Symptom Inventory-Suicidality Subscale (DSI-SS)1,2. Eating disorder symptoms were measured using the Eating Pathology Symptom Inventory (EPSI)3 subscales of binge eating, purging, restricting, cognitive restraint, body dissatisfaction, excessive exercise, and muscle building. All analyses were conducted in SPSS version 30.0.

Bivariate correlations indicated that binge eating was positively associated with DSI-SS total scores at time one ($r = .221$, $p < .001$) and two ($r = .132$, $p = .041$). Body dissatisfaction was positively associated with DSI-SS total scores at time two ($r = .181$, $p = .005$). Moderated linear regressions, controlling for time one DSI-SS and gender, revealed that at low (-3.433) and mean (-0.433) levels of cognitive restraint at time one, the effect of muscle building on DSI-SS scores at time two was significantly positive (low: $B = 0.113$, $p = 0.008$; mean: $B = .004$, $p = .033$). Increased binge eating and body dissatisfaction associated with elevated suicide ideation among older adults. Further, contrary to hypotheses, at lower restraint, increased muscle building predicted increased suicidal ideation. This could signal that drive for bulking without corresponding dietary control is a risky combination linked to suicidal ideation among older adults, although additional research is warranted to comprehensively understand eating disorder

symptoms and suicide risk in this population.

Learning Objectives

- Describe relationships between eating disorder symptoms and suicide risk in older adults.
- Explain the moderating roles of muscle building and cognitive restraint on eating disorder symptoms and suicide ideation among older adults.
- Identify key considerations and implications for future work addressing eating disorder symptoms and suicide risk in older adult populations.

Authors: Jillian Carter, Auburn University; April R. Smith, Auburn University

Body Image Alterations in Eating Disorders Patients: a Systematic Review of Neuroimaging Studies

Abstract: This systematic review aimed to discuss the neurobiology of Body Image Distortion (BID) in patients with Eating Disorders (ED) through neuroimaging studies. The study followed PRISMA guidelines and included 33 articles, comprising 827 participants with ED (Anorexia Nervosa – AN, Bulimia Nervosa – BN, and Binge Eating Disorder – BED) and 654 healthy controls, primarily females. Interoception and somatosensory processing emerged as central topics, with seven AN and four BN studies reporting alterations in the insula, a key region for interoceptive awareness, emotional processing, and bodily signal integration. The insula and anterior cingulate cortex (ACC), both part of the salience network, were the brain areas most frequently associated with interoceptive processes. Specifically in AN, studies indicated insular hypoactivation or hypoconnectivity and reduced activity in the rostral ACC (rACC), suggesting impairments in integrating visual and bodily perception with emotions—deficits that may appear early and persist after recovery. However, studies on body satisfaction revealed increased insular activity when patients viewed emaciated or slender (idealized) bodies, indicating heightened emotional engagement, and reduced insular suppression when viewing their own body, patterns associated to BID and impaired self-referential integration. In BN, resting-state studies identified reduced functional connectivity in somatosensory and primary sensorimotor regions, and that insular activation was inversely related to body satisfaction, with higher activation related to lower satisfaction (real-sized bodies) and reduced activation with higher satisfaction (thinner bodies). Overall, dysfunction in interoceptive and emotional regions such as the insula and ACC appears directly related to BID symptoms, possibly underlying perceptual misjudgment, impaired internal signal recognition, and excessive self-referential processing, which sustain body image distortion and maladaptive behaviors in ED. Insular alterations may contribute to sensory, affective, emotional, perceptual, cognitive (decision-making), and subjective (introspective) deficits, ultimately impairing self-awareness. Thus, altered insular functioning in individuals with ED may underpin

BID, disrupted interoceptive processing, excessive self-focus, and difficulties in emotional awareness, which are commonly associated with discomfort regarding body size, dimension, and shape.

Learning Objectives

- 1.Describe the neural mechanisms underlying Body Image Distortion (BID) in Eating Disorders, focusing on the roles of the insula and anterior cingulate cortex (ACC).
- 2.Explain how alterations in interoceptive and somatosensory processing contribute to distorted body perception and emotional dysregulation in AN and BN.
- 3.Discuss how insights from neuroimaging findings can inform clinical understanding and interventions targeting body image disturbances.

Authors: Marcela Carvalho, Eating Disorders Program, Psychiatry Institute (IPq-HC-FMUSP); Maíra Stivaleti Colombarolli, Eating Disorders Program (AMBULIM), Faculty of Medicine of the University of São Paulo; Thiago De Raphael Nogueira, Eating Disorders Program, IPq-HC-FMUSP; Neuroscience and Behavior Program (IP-USP); Táki Athanássios Cordás, Eating Disorders Program, IPq-HC-FMUSP; Neuroscience and Behavior Program (IP-USP); Paula Costa Teixeira, Eating Disorders Program, IPq-HC-FMUSP; Neuroscience and Behavior Program (IP-USP)

Longitudinal Assessment of Ecological Exposure to Awareness Campaigns on Body Esteem

Abstract: The aim of this experimental study was to examine the impact of exposure to awareness campaigns developed by the Canadian non-profit organization ÉquiLibre on body esteem. A total of 259 women who were not previously familiar with ÉquiLibre completed an online questionnaire at baseline (T0). Participants were randomly assigned to one of three groups: an experimental group exposed to content via email, an ecological experimental group exposed directly on social media, and a control group. ÉquiLibre is a French-Canadian community organization dedicated to improving body image and promoting inclusive environments. Each year, it runs five awareness campaigns on topics such as the harmful effects of comments related to weight, the promotion of body diversity and inclusion, the negative effects of dieting, etc. Measurements were collected at seven time points between November 2023 and May 2025: T0 (baseline), after each of the five campaigns (T1 to T5), and at T6 (post-test), eight months after the end of the study. A mixed linear model was used to examine the longitudinal evolution of body esteem according to the exposure modality. For appearance-related body satisfaction, participants in the ecological group showed a significant increase compared to the control group both in the short term (T1) ($b = 0.16$, $p = .040$) and the long term (T6) ($b=0.25$, $p=.0059$). For the experimental group, a significant effect was observed in the short term only T3 ($b = 0.21$, $p = .013$) and T4 ($b = 0.21$, $p = .035$), but did not persist over time T6 ($b = 0.16$, $p = .095$). For weight-related body satisfaction, no significant improvement was observed in the short term for the

ecological group at T1 (b=0.07, p=.406) but a significant improvement was observed in the long term T6 (b = 0.23, p = .019). A significant improvement was observed at T3 for the experimental group (b = 0.22, p = .021) but did not persist over time T6 (b = 0.07, p = .506). These findings indicate that direct exposure on social media appears to be more effective in generating lasting effects than receiving the same content by email. This study addresses several gaps in the literature by evaluating the positive effects of social media through a longitudinal and ecological design.

Learning Objectives

- Understand the effect of exposure to body diversity content
- Understand the difference between instrumental exposure to health promotion/awareness content versus ecological exposure
- Observe the long-term effect of following a body diversity page on social media

Authors: Ariane Cassista, Université Du Québec À Trois-Rivières; Marie-Pierre Gagnon-Girouard, Université du Québec à Trois-Rivières, Institut sur la nutrition et les aliments fonctionnels (INAF); Joël Gagnon, Université Laval; Laurence Banville, Université du Québec à Trois-Rivières; Andrée-Ann Dufour-Bouchard, Groupe ÉquiLibre

ARFID and T1DM: insulin therapy, parental fear and reinforcement of selectivity

Abstract: Data on the co-occurrence of Avoidant/Restrictive Food Intake Disorder (ARFID) and Type 1 Diabetes Mellitus (T1DM) are scarce, particularly regarding the impact on treatment. This case report aims to describe the clinical presentation and inherent treatment complexities encountered in a patient with co-occurring ARFID and T1DM. The patient L. is a 9-year-old female in fourth grade at primary school, living with a low-income family, that presented for treatment at the Eating Disorder (ED) Program at the Institute of Psychiatry of the University of São Paulo in Brazil. Her mother reported at initial triage that L. was a picky eater and had been eating only a few foods since she was 2 years old. She was diagnosed with T1DM at age five, and has been under treatment for that condition, which comprises the use of an insulin pump for glycemic control. At clinical assessment, she met DSM-5 criteria for ARFID, presenting with a combination of sensorial sensitivity and an apparent lack of appetite. The multidisciplinary treatment protocol for ARFID applied in our service includes parents' psychoeducation about food refusal and maintaining mechanisms; nutritional therapy focused on organizing meal routines; reduction of parental feeding pressure and family accommodation; and expansion of the food repertoire. Goals of treatment include reorganizing the child's eating routine and the family meal dynamic by managing accommodation and reducing pressure to eat, and creating a safe, supportive environment that stimulates the child's interest and willingness to try new foods. We observed that, in L.'s case, the need for insulin therapy became a constant pressure to eat. The family's fear of glycemic dysregulation led them to administer a bolus of insulin before meals, with an imposed dosage, regardless of L.'s appetite. For this reason,

suggested changes in the diet, including regular meal intervals, respecting the child's hunger, and removing pressure to eat, were very difficult to implement. Also, the parental fear and coercion acted as a maintaining factor for the ARFID and presented a significant challenge to the multidisciplinary team.

Learning Objectives

- Describe the clinical features and diagnostic criteria of Avoidant/Restrictive Food Intake Disorder (ARFID) and how these manifest in pediatric patients with comorbid Type 1 Diabetes Mellitus (T1DM).
- Explain the treatment challenges and family dynamics that arise when managing ARFID in the context of T1DM, particularly regarding parental fear of hypoglycemia and feeding pressure.
- Discuss the necessity of developing and adapting multidisciplinary interventions that integrate medical, nutritional, and psychological care to address the unique treatment barriers in children with co-occurring ARFID and T1DM

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A Network Analysis of Emotional Eating, Binge Eating, and Food Addiction

Abstract: Emotional eating is a maladaptive eating behavior that may lead to excessive energy intake and negative health consequences. Although it is not considered a clinical diagnosis, previous research has suggested that emotional eating and binge eating may represent different manifestations of an underlying disordered eating mechanism. However, the current scientific understanding remains inconclusive, and empirical evidence is limited. Food addiction is a debated construct referring to the addiction-like

characteristics, such as tolerance, withdrawal, and continued use despite negative consequences, surrounding food. Food addiction overlaps with eating disorders especially binge eating disorder, but it has been shown to be distinct. It remains unclear how food addiction is related to other symptoms of dysregulated eating behaviors, especially in non-clinical samples when there is less confounding influence from other psychopathologies.
The present study aimed to examine the interrelationships between symptoms of different types of dysregulated eating behaviors using network analysis. Data were drawn from a study on emotional eating in a community sample (N=1,945, age=32.34 [7.76], 77% women, BMI=22.50 [4.39]). Participants completed the Dutch Eating Behavior Questionnaire (DEBQ), Eating Disorders Examination Questionnaire (EDE-Q), Power of Food Scale (POFS), and Yale Food Addiction Scale (YFAS). Composite scores were formed from the DEBQ and EDEQ for emotional eating, external eating, restrained eating, binge eating, purging, and impairments. Network analysis was performed at the composite score level. The results showed that YFAS and POF have the highest degrees of centrality, indicating the greatest connectedness with other symptoms. This may suggest that YFAS and POF represent underlying tendencies of disordered eating, which manifest into different specific eating behaviors such as binge eating, emotional eating, and external eating. Specifically, YFAS is strongly connected with binge eating and impairments. Emotional eating is moderately connected with YFAS, but not directly connected with binge eating, which suggests that they are isolated behaviors. The implications of these findings on the conceptual and empirical differentiations between different dysregulated eating behaviors will be discussed.

Learning Objectives

- understand how network analysis can be used to understand the interrelationships among symptoms of eating disorders and disordered eating
- recognize the conceptual distinctions and overlaps between emotional eating, binge eating, and food addiction
- discuss the implications of identifying central eating disorder symptoms on future research and clinical applications

Authors: Wai Sze Chan, The University of Hong Kong; Wing Yee Cheng, The University of Hong Kong

Predictive Validities of the Dutch Eating Behavior Questionnaire

Abstract: The Dutch Eating Behavior Questionnaire (DEBQ) is a widely used measure of emotional eating (EE), external eating (ExE), and restrained eating (RE). However, previous studies have shown that the EE subscale scores did not predict actual increases in food intake in response to negative emotions, questioning the predictive validity of the scale. This study investigated the psychometric properties of the DEBQ. In

particular, we evaluated if the DEBQ EE subscale scores predicted daily EE episodes and actual food intake following a negative mood induction task. A community-based sample of adults (N=6402, mean age=31.65, 76.2% female) completed the DEBQ. Among them, 141 scored 3.25 or higher on the EE subscale (mean age=29.70, 77.3% female), exceeding the cutoff for significant emotional eating, provided daily EE episodes for at least 7 days. A subset of this sample (N=81, mean age=31.29, 75.09% female) participated in an experiment, during which participants were randomly assigned to either negative or neutral mood induction procedure. Then, they participated in ad libitum dinner task during which they were presented an abundance of dinner items such as fried chicken and rice. Confirmatory factory analysis showed suboptimal fit for the original three-factor model (CFI=.87, TLI=.86, RMSEA=.08, SRMR=.06), but good internal consistency for the total score (α=.93) and subscales scores (RE=.88, EE=.96, ExE=.87). Regression analyses showed that higher DEBQ EE scores were associated with higher average numbers of daily EE episodes (b=0.26, p=.02). In the experimental study, the EE by mood interaction effect on fat intake was significant (b=15.72, p=.04), indicating that individuals with higher EE scores consumed more fat when they experienced negative mood than those with lower EE scores. Individuals with higher EE scores also consumed higher total energy intake (b=319.98, p=.004), protein intake (b=10.93, p=.03), fat intake (b=20.26, p=.01), and sugar intake (b=11.75, p=.02) regardless of the mood induction condition. On the other hand, the ExE by stress/mood interaction effect was significant on total energy intake (b=173.10, p=0.03), fat intake (b=16.38, p=0.02), and sugar intake (b=9.03, p=0.04). No main effects or interaction effects were found for RE scores. The findings suggest the DEBQ EE subscale has predictive validities, but its discriminant validity from the ExE subscale requires further investigation.

Learning Objectives

- Understand the predictive validities of the Dutch Eating Behavior Questionnaire (DEBQ)
- Recognize the limitation of the discriminant validity of the DEBQ subscales
- Know how to use the DEBQ in their research

Authors: Wing Yee Cheng, The University of Hong Kong; Wai Sze Chan, The University of Hong Kong

Can sensory friendly cutlery support eating in eating disorder care? Co-design insights

Abstract: People with eating disorders (ED) and co-occurring neurodivergent conditions such as autism and ADHD often experience heightened sensory sensitivities that can make mealtimes distressing. Previous sensory ethnographic research within ED services identified the dining environment as one of the most sensory-challenging treatment

contexts, where textures, sounds, and material cues can evoke anxiety and emotional ambivalence. Building on these findings, this study explores cutlery as an overlooked yet clinically relevant sensory interface in ED care, aiming to translate sensory experiences into practical design adaptations. A series of sensory preference-elicitation workshops were conducted across adult, adolescent, and daycare ED services within the South London and Maudsley NHS Foundation Trust. Using an object-elicitation design, participants (N=20) handled a diverse set of forks, spoons, and knives varying in material, weight, temperature, and texture. They selected their top three and least preferred items, rated them on comfort, ease, and sensory pleasantness (0–10), and discussed their sensory and emotional experiences in a facilitated group setting. Data were analysed using a mixed framework integrating light quantitative preference data with thematic analysis of sensory reasoning and contextual associations. Emerging findings indicate a preference for medium-weight, contoured utensils that feel stable and comfortable in hand. While metal cutlery was often favoured for its familiarity and balance, very cold or highly resonant surfaces producing a sharp clink were described as aversive, evoking tension or anxiety. Participants valued predictability and the sensory familiarity of utensils associated with home, linking tactile comfort to a sense of emotional safety during eating. Descriptive trends suggested greater tactile sensitivity and temperature aversion among participants with high autistic or ADHD traits. These findings suggest that small-scale, low-cost sensory adaptations, such as adjusting cutlery material or coating, can meaningfully influence mealtime comfort. This work informs the next phase of co-design to prototype sensory-friendly cutlery and contributes to the broader integration of sensory-attuned, neurodiversity-inclusive principles within ED care.

Learning Objectives

- Explain how sensory sensitivities affect mealtime experiences in individuals with eating disorders and neurodivergent traits.
- Identify sensory and material factors that influence comfort and distress when using cutlery.
- Discuss how co-design and sensory-informed approaches can enhance eating disorder care environments.

Authors: Dimitri Chubinidze, King's College London; Adia Meyer, King's College London; Lauren Makin, king's college london; Kate Tchanturia, King's College London

Socially assistive robotics in eating disorder care: a randomised controlled trial

Abstract: Emotion regulation and sensory processing difficulties are common in eating disorders (ED), particularly when co-occurring with autism or post-traumatic stress disorder. Building on previous pilot studies that demonstrated the acceptability of Purrble - a socially assistive, sensory-enabled robot simulating a soothing heartbeat - for supporting emotion regulation in individuals with ED, this study reports findings from a

mixed-methods feasibility randomised controlled trial evaluating Purrble as a low-intensity adjunct during the outpatient treatment waiting period. Adults on ED waiting lists were randomised to four weeks of Purrble use or waitlist-as-usual. Primary and secondary outcomes included emotion regulation (DERS-8), sensory sensitivity (GSQ-14), anxiety and depression (HADS), and motivation/self-efficacy (Motivational Ruler). Quantitative data were analysed using paired t-tests and linear mixed-effects models, and qualitative feedback was collected through open-ended survey responses analysed thematically. Thirty-nine participants were enrolled, with high retention (95%). Compared to controls, the Purrble group showed significantly greater reductions in depression symptoms ($p = .049$, $d = 0.67$) and a trend toward higher motivation and self-efficacy ($p = .052$, $d = 0.66$). While other group differences were non-significant, the Purrble group demonstrated small-to-moderate improvements in emotion regulation, sensory sensitivity, and anxiety, as well as a significant within-group increase in motivation. Qualitative findings from twelve participants echoed earlier pilot studies, describing situational use during distress, sensory comfort and emotional connection, integration into self-regulatory routines, and identification of design limitations relevant for clinical use. These findings support the feasibility and acceptability of Purrble as a sensory and emotion regulation adjunct for people with ED during treatment waiting periods. Together with prior pilot work in ED-autism and ED-PTSD samples, this research highlights the potential of socially assistive robotics to enhance emotion regulation and sensory well-being across complex ED presentations and informs refinement for a fully powered RCT.

Learning Objectives

- Explain how socially assistive robotics can support emotion and sensory regulation in people with eating disorders.
- Summarize key findings from a feasibility randomised controlled trial evaluating the Purrble (R) intervention in outpatient ED care.
- Discuss implications of socially assistive robotics for enhancing engagement and well-being across complex and comorbid ED presentations.

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Staff perceptions of body image and eating concerns among high school students

Abstract: Research on evidence-based body image and eating disorder prevention programming is limited for the late adolescent age group, particularly for programs that include elements of diversity and social justice and that can be delivered universally within school settings (open to all, regardless of body image concerns). In order to solicit shareholder feedback on local school-based programming, this study surveyed high school staff members across Washington State. Staff in a variety of roles (e.g., teachers,

school counselors, administrators) reported their perceived need for prevention programming within their school environment. Data collection is ongoing and results will be updated; to date, we have responses from 66 staff members across 22 counties. Respondents are primarily school counselors and school psychologists (30%), teachers (27%), or administrators (23%), with 20% of responses from other staff (e.g., paraeducators, coaches, food service workers). Preliminary data suggest that while a majority of staff “somewhat” or “strongly” agreed that their school curriculum already covered the topic of healthy eating (69%), this was not true of the topics of body image (45%) and disordered eating (36%). While most staff reported that they were already knowledgeable about body image (94%) and disordered eating (88%), they also stated that their school needed additional educational programming for students around positive body image (72%), disordered eating prevention (73%), and positive eating habits (86%). Staff also rated the effectiveness of different learning methods for eating disorders prevention education. Learning strategies rated as most effective were anecdotes, recordings and visual aids, in-class assignments, and group work; strategies rated as least effective were homework, lectures, and asynchronous learning. Open-ended responses to a question about other program elements to consider included suggestions to include diverse student perspectives, connect the topics of eating disorders and body image to broader mental health, and include holistic nutrition education considering dietary restrictions. Future phases of this research will consult with youth shareholders to solicit similar feedback and ultimately co-develop evidence-based, universal body image programming for diverse high school students using engaged shareholder input.

Learning Objectives

- Identify the need for evidence-based, diversity-focused body image program for universal adolescent audiences
- Examine the merits of incorporating shareholder feedback into the intervention development process
- Evaluate ways to incorporate staff feedback into eating disorder risk factor reduction programs

Authors: Anna Ciao, Western Washington University; Ioana Serban, Western Washington University; Tina Ekhteraee-Sanaee, Western Washington University; Daphney Sy, Western Washington University; Alex Martens, Western Washington University

Examining the Suitability of the Temporal Experience of Pleasure Scale in Eating Disorder Research

Abstract: Anhedonia, or the inability to experience pleasure, is elevated among eating disorder (ED) patients. Symptoms of anhedonia can be classified as the loss of anticipatory and consummatory pleasure. Anticipatory pleasure refers to positive affect

in expectation of future events. Discrepancies between the expectation and experience of rewarding stimuli have been implicated in ED pathology, such as binge eating. Research on reward prediction suggests that altered anticipatory pleasure is associated with ED symptoms. The Temporal Experience of Pleasure Scale (TEPS) Anticipatory Pleasure subscale, a 10-item measure, contains four food-related items. This study explored the relationship between TEPS-Anticipatory Pleasure subscale and ED symptoms, with and without food items included. Comparative correlations in a non-clinical sample (n = 269) were conducted between Time 1 anticipatory pleasure, with and without food-related items, and Time 2 ED symptoms at a four-week follow-up assessment. There was a significant, positive correlation between anticipatory pleasure (with food items) and binge eating ($r = .123$, $p = .044$) and between anticipatory pleasure and excessive exercise ($r = .212$, $p < .001$). When food items were excluded, anticipatory pleasure was positively and significantly correlated with body dissatisfaction ($r = .131$, $p = .032$) and excessive exercise ($r = .221$, $p < .001$). The relationship between anticipatory pleasure and body dissatisfaction was significant only when food-related items were excluded. Thus, food-related anticipatory pleasure may not be related to body dissatisfaction. This relationship should be explored in future research. The findings on anticipatory pleasure and binge eating are consistent with prior research on reward expectations of binge episodes. However, anticipatory pleasure may be artificially inflated by the expectation of pleasure from a binge episode. The results support the use of the TEPS to measure anticipatory pleasure in relation to excessive exercise as there was no discrepancy in the results when comparing the correlations between anticipatory pleasure, with and without food items, and excessive exercise. Findings suggest that the food items on the TEPS may differentially relate to ED symptoms than the non-food items. Findings from the current study are exploratory and further research is required to investigate the suitability of the TEPS in measuring anticipatory anhedonia in the context of eating disorders.

Learning Objectives

- Make an informed decision about using the Temporal Experience of Pleasure measurement in eating disorder research.
- Understand the relationship between anticipatory pleasure and key eating disorder symptoms.
- Recognize the limitations and future directions in the measurement of anhedonia in eating disorder research.

Authors: Kyra Citron, Hofstra University; Sarah Dolan, Hofstra University; Tanvi Pawar, Hofstra University; Tanya Verma, Hofstra University; Angelique Simeone, Hofstra University; Mun Yee Kwan, Hofstra University

Iterating for Impact: Refining a Motivational-Interviewing Training for FBT Caregivers

Abstract: This study reviews the proof-of-concept implementation and subsequent modifications to a motivational-interviewing (MI) based training for caregivers of children and adolescents receiving family-based treatment (FBT). FBT is considered the gold standard treatment for adolescents with eating disorders (ED), associated with weight restoration and shorter illness duration. However, FBT can also increase caregiver burden and family conflict, which may negatively impact treatment outcomes. To improve outcomes, an existing intervention (The School of Hard Talks [SoHT]) was modified by a team of ED researchers and clinicians based on stakeholder feedback. SoHT contains didactic content about MI skills and opportunities to role play techniques in a group setting; it was adapted to add psychoeducation about EDs and scenarios relevant to FBT. The modified SoHT (SoHT-ED) is the first intervention to leverage MI and psychoeducation in a group-based format to address caregiver self-efficacy and family functioning.

To demonstrate proof-of-concept, FBT caregivers (N=3) were recruited from an outpatient clinic. Measures of caregiver self-efficacy and family functioning were collected pre- and post-intervention, as well as ratings of treatment acceptability, perceived efficacy, and potential for side effects. At post-treatment, participants provided qualitative feedback. Despite the small sample, this implementation showed feasibility and acceptability. Of the caregivers invited, 75% enrolled. Of those enrolled, 100% attended all sessions, and completed all home practice assignments. Quantitative ratings of acceptability and perceived efficacy were all above the midpoints, and participants rated the intervention as very unlikely to have negative side effects. While all participants showed improvement in at least one domain of functioning, declines were also observed, particularly in self-efficacy. Qualitative feedback highlighted themes of appreciation for peer connection, improved communication confidence, and satisfaction with SoHT-ED. Suggestions for improvement included more content and summary materials.

Based on this feedback and stakeholder review, SoHT-ED was further revised to increase focus on self-efficacy, expand didactic content, extend home practice discussions, and include summary sheets. The revised version now includes five sessions and refined facilitator strategies to promote self-efficacy, which will be evaluated in the next phase of implementation

Learning Objectives

- Understand the need to better support FBT caregivers
- Learn how to leverage motivational interviewing to improve communication
- Employ techniques to increase caregiver self-efficacy and improve family functioning

Authors: Olivia Clancy, Auburn University; Jennifer Finkelstein, Auburn University; Lauren Pictor, Auburn University; April R. Smith, Auburn University

Interoceptive Sensibility and ARFID Symptoms among U.S. College Students: A Network Analysis

Abstract: Interoception, or sensing internal bodily sensations, is implicated in numerous mental health conditions, including eating disorders (ED). There are established interoceptive deficits in individuals with anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and other specified feeding or eating disorder (OSFED), as well as those in remission from an ED. However, little research has examined the relation between interoceptive awareness and symptoms of Avoidant/Restrictive Food Intake Disorder (ARFID), an ED categorized by avoidance or aversion to food and eating that is not due to shape and weight concerns. This is notable given the role these deficits may play in ARFID symptoms due to experiencing heightened responses to gastric signals (i.e., hunger and satiety cues) and discomfort following eating episodes (e.g., gastric pain, acid reflux, etc.). Preliminary findings suggest there may be no difference in interoceptive deficits between patients with AN and patients with ARFID, but these findings have yet to be replicated or examined longitudinally.

To better understand the relationship between ARFID and interoception, 784 undergraduate students (81% women, 92% white; Mage = 19.09 years) completed a set of measures at two time points, including the Multidimensional Assessment of Interoceptive Awareness (MAIA-2) and the Nine-Item ARFID Screen (NIAS). Network analysis identified central and bridge symptoms between these constructs. Hierarchical linear regression was used to probe predictive utility of central interoception and ARFID nodes on ARFID and interoception scores, respectively. Within the network, central symptoms were identified from several subscales of the MAIA-2 (Not Distracting, Attention Regulation, Noticing), but only one subscale from the NIAS (Fear of Aversive Consequences). Conversely, bridge symptoms were identified from each of the NIAS subscales, but only Body Trust from the MAIA-2. Lower interoceptive sensibility (Not Distracting [B=-0.10, p=.010] and Body Trust [B=-0.09, p=.027]) predicted increased ARFID symptomatology one month later. Greater Fear of Aversive Consequences predicted lower interoceptive sensibility one month later (Bs=-0.09– -0.11; ps= 0.14–0.44). These results highlight the dynamic relationship between interoceptive sensibility and ARFID symptoms, suggesting the need for treatments that focus on increasing interoceptive awareness and confidence in internal sensations.

Learning Objectives

- Identify the potential role of interoceptive awareness on ARFID symptomology
- Understand the need to include interoception interventions into treatment for ARFID
- Learn more about specific facets of interoceptive awareness

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Exercising Agency in the Digital Age: Social Media as a Platform for Indigenous Knowledge Sharing

Abstract: This presentation explores the exercise of epistemic agency through a social media initiative that communicates a reclaimed Māori framework for understanding ngā māuiui kai (eating disorders). Developed by Te Tira Wānanga Māuiui Kai, the Māori Eating Disorders Network, in partnership with an Indigenous production company, this project bypasses institutional gatekeepers to deliver mana-enhancing knowledge directly to tangata whaiora (people seeking wellness), their whānau (support network), and clinicians, democratising a discourse long dominated by Western narratives.

The project translated a newly created te reo Māori glossary into a dynamic social media campaign, using short-form video to educate and foster community. This method represents a deliberate scholarly practice of knowledge mobilisation, where academic development meets digital public engagement. By utilising the pervasive reach of social media, the initiative exercises agency to influence the learning environment at a systemic level, making critical cultural knowledge accessible and shareable. It empowers Māori communities by reflecting their lived experiences in a modern, accessible format, while simultaneously educating health professionals, thereby bridging a critical gap between community knowledge and clinical practice.

We argue that this work redefines the academic developer's role as a change agent, moving beyond the institution to engage in public scholarship. It demonstrates how digital platforms can be harnessed to build inclusive communities of practices, advance epistemic justice, and foster both public and professional understanding. This case study highlights the potential of social media not just as a dissemination tool, but as a transformation space for co-creating a more equitable and culturally responsive health and education landscape.

Learning Objectives

- Understand how Māori knowledge and language can offer new ways of seeing and talkinga bout eating disorders
- Explore how social media can be used to share Māori ideas and stories, helping to make health information more open, fair, and easy to access
- Learn how Māori-led approaches can help whānau, communities, and health workers work together in more culturally respectful and empowering ways.

Authors: Mau Te Rangimarie Clark, Waikato/Tanui, Ngāti Pikiao, Ngāti Kahungunu ki te Wairoa; University of Otago; Michaela Pettie, Ngāti Pūkenga; University of Otago; Kacey Martin, University of New South Wales; Gloria Fraser, Victoria University of Wellington

A Qualitative Assessment of Rural Mental Health Providers' Preferences for Eating Disorder Trainings

Abstract: Few mental health providers receive training in eating disorder (ED) assessment and treatment, leaving inadequate resources for patients in need of care. To understand which ED training resources could best address these gaps, this qualitative study interviewed rural mental health providers (N = 16) about their experiences working with patients with EDs and their interests and preferences for ED training resources. The qualitative interviews were transcribed and then analyzed using thematic analysis in accordance with Braun & Clarke's (2006) 6-step framework. Codes were developed based on description-focused coding, yielding four primary themes. Primary themes included: expressed willingness to engage (n = 16), polarization of preferred training medium (n = 13), existing barriers to training (n = 12), and prevalence of EDs in provider caseloads (n = 6). For the theme expressed willingness to engage, all participants affirmed their interest in receiving ED training. Regarding the polarization of preferred training medium theme, participants had strong preferences toward either virtual or in-person training options. While some participants expressed interest in a virtual training to increase accessibility, others expressed strong opposition and instead favored in-person training. For the existing barriers to treatment theme, participants identified barriers such as limited time off or busy schedules that would ultimately make attendance to a training difficult or improbable. Within the prevalence of EDs in caseloads theme, participants described some urgency and necessity for ED training because they were already seeing patients with EDs. Participants acknowledged they were filling a role in their communities to help patients, but that they lacked training in ED detection, diagnosis, and evidence-based ED treatments. These findings indicate that patients may experience delayed, inadequate, or potentially harmful care. Of note, findings suggest an overwhelming interest among providers who are rurally located or rural-serving to attend ED trainings. To increase access and attendance at trainings, organizers should consider the sensitivity to preference of training mediums while seeking to reduce obstacles. Increasing training opportunities will ensure that patients with EDs will have better access to more competent providers equipped to deliver evidence-based ED treatment.

Learning Objectives

- 1.Recognize barriers that may hinder rural mental health providers' engagement in eating disorder trainings.
- 2.Review the importance of accessibility to eating disorder trainings for mental health providers to improve outcomes for patients.
- 3.Propose eating disorder training mediums that would be beneficial and inclusive for rural communities.

Authors: Amber Clark, University of Montana; Katelyn Melcher, University of Montana; Sarah Attaway, University of Montana; Taylor Penwell, University of Montana; Caitlin Martin-Wagar, University of Montana

Improving Weight Restoration Velocity with The Plate-by-Plate® Approach in Children and Adolescents

Abstract: The purpose of the study was to evaluate the impact of the Plate-by-Plate® approach on weight restoration velocity in children and adolescents with eating disorders at the partial hospitalization level of care. The subject sample included 88 subjects in the pre-implementation stage and 77 subjects in the post-implementation stage. The intervention was measured by calculating average weekly weight restoration velocity per patient in the pre-implementation stage as compared to average weekly weight restoration velocity per patient in the post-implementation stage of Plate-by-Plate® approach. The patients were weighed on their first full day of treatment at the partial hospitalization level of care and then again on their last day of treatment at the partial hospitalization level of care. The number of weeks of treatment was calculated in order to determine the average weekly weight restoration velocity. Patients were between the ages of 8-17 years of age between January 2023-December 2024. The results indicated an increase in weight restoration velocity from 1.8 lbs./week to 2.4 lbs./week in patients whose families implemented the plate-by-plate approach.

Learning Objectives

- Understand the foundational principles of the Plate-by-Plate® approach.
- Identify how the Plate-by-Plate approach® can be implemented in higher levels of care to support individualized care in eating disorder treatment.
- Evaluate the impact of the Plate-by-Plate approach® on weight restoration velocity.

Authors: Gabriella Clarke, Children's Health; Twyala Smith, Children's Health

Self-Reported Exteroception and Eating Disorder Symptoms

Abstract: Objective: Exteroception refers to the processing of environmental sensory cues and impacts on eating behaviours through the modulation of modalities such as taste, thereby influencing reward and salience processes. However, limited research has examined how exteroception varies across diverse eating disorder (ED) diagnoses and presentations. This study investigated associations between exteroception and a range of self-reported ED diagnoses and presentations.
Method: A non-clinical community sample of 221 Australian adults completed the Eating Disorder Questionnaire (EDE-Q), the Nine Item ARFID Screener (NIAS), the English version of the Dusseldorf Orthorexia Scale, the Binge Eating Disorder Screen, and the Glasgow Sensory Questionnaire (GSQ). Correlational and moderation analyses were conducted to examine the relationships between exteroception, ED presentations, and demographic characteristics such as racial background and gender identity. Non-parametric group comparisons based on participants' self-reported ED were undertaken to assess diagnostic-specific patterns.
Results: The GSQ was significantly correlated with the NIAS and the EDE-Q. Sex

assigned at birth, sexual orientation, and racial background influenced exteroception but minimally moderated associations between exteroception and ED measures. Furthermore, individuals with self-reported EDs had significantly altered exteroception profiles compared to individuals without an ED. Avoidant/restrictive food intake disorder and anorexia nervosa were primarily associated with hypersensitivity. Bulimia nervosa, other specified feeding or eating disorder, and binge eating disorder demonstrated a distinct profile combining hyper- and hyposensitivity across multiple domains, albeit to varying degrees.
Discussion: Exteroceptive alterations are a transdiagnostic feature of EDs, with diagnosis-specific patterns. Integrating sensory-informed practices into ED care may support more personalised interventions.

Learning Objectives

- Exteroceptive alterations are a transdiagnostic characteristic of eating disorders.
- ARFID and AN linked to heightened exteroceptive hypersensitivity patterns.
- BN, BED, OSFED show combined exteroceptive hyper- and hyposensitivity profiles.

Authors: Laurence Cobbaert, University of New South Wales; Phillipa Hay, Western Sydney University; Philip Mitchell, University of New South Wales; Iain Perkes, University of New South Wales

Appearance- and Performance-Enhancing Substance Use and Eating Pathology in Physically Active Young

Abstract: Background: APEDS are common among young adults yet under-studied in Latin America. We quantified prevalence, gender patterns, and psychological correlates in a Chilean university sample. Methods: Cross-sectional survey of physically active students (N=785; 37% women; M_age=20.2). APEDS categories: pre-workout, muscularity-enhancing, thermogenic, metabolism boosters, medications, anabolic steroids. Measures: Drive for Muscularity (attitudes/behaviors), Muscularity-Oriented Eating (MOET), Eating Disorder symptoms (ED-15), Drive for Thinness (EDI-DT), self-esteem (RSE), BMI. Analyses included prevalence, χ^2/t-tests, point-biserial correlations, and logistic regressions (OR per 1 SD). Results: Any APEDS use was 46%. By type: muscularity-enhancing 30%, metabolism boosters 13.5%, pre-workout 12.6%, thermogenic/medications 5.5%, steroids 1.1%. Men reported higher pre-workout and muscularity use (χ^2s=22.0–26.1, ps<.001), women higher metabolism boosters and medications (χ^2=5.01 and 14.25, ps≤.025). Onset clustered in late adolescence (≈17–19 years). APEDS.any correlated with DMS-Beh (r=.40), MOET (r=.29), DMS-Att (r=.23), and weakly with ED-15 (r=.11); DT and RSE were near zero. In multivariable models (adjusting for gender, age, BMI), DMS-Beh (OR=2.66, 95% CI 2.06–3.47) and MOET (OR=1.74, 1.38–2.20) uniquely predicted APEDS use, whereas ED-15 showed an inverse association (OR=0.66, 0.52–0.82), suggesting suppression once muscularity-

oriented variance is accounted for. Sensitivity analyses showed stronger effects for muscularity-enhancing use (DMS-Beh OR=2.99, 2.28–3.99; MOET OR=1.41, 1.11–1.80) and female-skew for metabolism boosters (Male OR=0.42, 0.25–0.71). Conclusions: APEDS use is common and gender-patterned. Beyond gender, muscularity-oriented attitudes, behaviors, and eating are robust correlates, whereas thinness-driven constructs and self-esteem are not. Findings highlight muscularity-oriented risk pathways and the need for early prevention in late adolescence.

Learning Objectives

- Describe the prevalence and gender patterns of appearance- and performance-enhancing drugs and supplements (APEDS) use among physically active young adults in Chile.
- Identify the psychological correlates of APEDS use, particularly muscularity-oriented attitudes, behaviors, and eating patterns.
- Differentiate muscularity-oriented risk pathways from thinness-oriented or self-esteem–related factors in understanding APEDS use.

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Anorexia and Atypical Anorexia Nervosa in Mexico: Shared Psychological Core

Abstract: Atypical Anorexia Nervosa (AAN) remains underrepresented in global research despite increasing recognition of its severity and comparable psychopathology to Anorexia Nervosa (AN). The lack of data from Latin America hinders cross-cultural understanding and diagnostic refinement. This study examined clinical and psychological distinctions between individuals with AN and AAN within a Mexican population, addressing a critical global data gap. This cross-sectional study analyzed data from 394 participants (AN and AAN) enrolled in the Eating Disorders Genetics Initiative-Mexico (EDGI-MX). Participants aged 13-60 years, predominantly cisgender women (88.2%). Clinical indicators included negative health consequences, amenorrhea, body size perception discrepancy, and prior eating disorder treatment. Psychological assessment evaluated the extent to which self-esteem depended on

weight and shape. Compared with individuals with AAN, those with AN showed higher odds of negative health consequences (OR=2.04, p=.010), amenorrhea (OR=2.40, p<.001), and prior treatment (OR=2.14, p<.001). Conversely, individuals with AAN displayed greater body size perception discrepancy (OR=4.33, p<.001). No group differences emerged in the degree to which weight and shape influenced self-esteem (p=.20). Our findings indicate distinct physical and clinical profiles between AN and AAN while underscoring shared psychological vulnerabilities across diagnoses. Despite weight differences, both groups exhibit comparable cognitive-emotional vulnerability related to body image. Disparities in prior treatment suggest inequities in recognition and access to care, underscoring the urgency of culturally adapted diagnostic and therapeutic frameworks in Latin America.

Learning Objectives

- Identify and differentiate key clinical indicators that significantly vary between Atypical Anorexia Nervosa (AAN) and Anorexia Nervosa (AN) within a Mexican population.
- Recognize shared psychological vulnerability across both AN and AAN diagnoses.
- Understand the urgent need for culturally adapted diagnostic and therapeutic frameworks in Latin America.

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Disrupting Epistemic Violence: Exploring How Storytelling and Arts-Based Methods Can Contribute to

Abstract: Epistemic violence, the delegitimization of certain persons as knowers through institutional processes and practices, runs through ED treatment quite readily. Epistemic authority is placed firmly in the hand of clinicians, typically on the assumption that individuals with EDs lack insight and are highly manipulation. Thus, they cannot provide accurate accounts of their experiences and make appropriate agentic decisions. Clinicians are given the power to step in, dictating the movements, routines, behaviours, and other elements of service users lives while in treatment. Moreover, evidence hierarchies in research further the epistemic violence of individuals with EDs. ED research, like many fields, tends to be dominated by evidence-based research and its “hierarchy of evidence,” where randomized controlled trials and other quantitative methods—which flatten, reduce, quantify, and aggregate—hold the positions of the strongest sources of evidence, alongside the devaluation of alternative approaches that can expose complexities and inconsistencies. However, numerous studies across general mental health and ED literature, indicate that service users experience loss of agency and clinician’s significant power in treatment as harmful, dehumanizing, and

detrimental to recovery. This points to a need to disrupt epistemic violence and enhance epistemic justice for service users. To do so, requires responding in ways that construct, support, and give legitimacy to those who knowledges have been denied in mental health contexts. I argue that one way to achieve epistemic justice is to alter research methodologies used in ED studies by integrating storytelling and art-based approaches. Unlike dominant ways of gathering and sharing knowledge in the ED field, by (1) generating an ecology of multiple knowledges, (2) providing inclusive and flexible options for participation, (3) making space for affective dimensions, and (4) challenging sanism and stereotypes, these modalities enable generating alternative possibilities for care justice and epistemic justice in ED care contexts and research. In turn, we can open avenues to develop and implement alternative treatment options to need the varied needs of individuals with EDs.

Learning Objectives

- To identify new/alternative methodologies and methods for ED research
- To understand epistemic violence and its impacts
- To understand epistemic justice and its importance for improving care for EDs

Authors: Sarah Costantini, University of Guelph

Exploring the Ruling Relations of Eating Disorder Treatment in Ontario

Abstract: Despite nearly 50 years of calls for change, service users in eating disorder (ED) treatment continue to often experience care as controlling, under the highly time-limited, directive models, requiring compliance/adherence to rules that uphold a specific form of recovery. This has occurred against a backdrop of an unprecedented surge in the volume of people with EDs seeking help following the onset of the COVID-19 pandemic deepening the strain on an already under-resourced treatment system, as well as low recovery rates, indicating a need to examine treatment contexts. Taking an Institutional Ethnography (IE) approach, our study explores the ruling relations coordinating clinicians' carework in Ontario inpatient, day-patient, and live-in ED treatment programs. Methods included in-depth interviews with six clinicians and textual analysis of core documents informing or directing treatment. Clinicians included one psychiatrist, two dieticians, one psychologist, one social worker, and one psychotherapist. Our analysis drew from accepted IE analytic procedures, and included indexing, mapping, and writing accounts. We identified a tension experienced by clinicians, particularly in publicly-funded treatment between their desire to practice collaborative care in an environment dominated by highly standardized, time-limited treatment directives that seek to ration care. We explicate how the discourses of care-as-cure and gold standard (evidence-based) treatment coordinate clinician's carework in moments of treatment non-adherence, as they operate through practices of informal

coercion and the broader politics of evidence-based research. As the first IE in the ED field, our work traces connections between practice, texts, and institutional discourses in a novel way, adding compelling findings to the limited Canadian ED treatment literature and the urgent need for change. Our IE findings underscore the need to de-centre biometrics and recentre relationality by developing alternative care pathways that attend to the diversity of service user needs and address gaps in care.

Learning Objectives

- Following the presentation, participants will have a better understanding of how clinicians carework can be limited in ED treatment.
- Following the presentation, participants will understand how informal coercion can emerge in ED treatment
- Following the presentation, participants will have a better understanding of how the methodology of institutional ethnography may be of benefit to ED research.

Authors: Sarah Costantini, University of Guelph

Weight Bias Internalization and Disordered Eating: Behavioural Mediators and Self-Compassion

Abstract: This is the first study to examine both body checking and body avoidance as behavioural mediators, and self-compassion as a moderator, in the relationship between weight bias internalization (WBI) and disordered eating in young adults. WBI (the internalization of negative societal attitudes about weight) has been consistently linked to greater body image dissatisfaction and disordered eating, independent of body weight. Within Fairburn's (2003) transdiagnostic model of eating disorders, overvaluation of shape and weight is the central maintaining mechanism across eating pathology. Body avoidance (avoiding situations highlighting shape or weight) and body checking (repetitive monitoring of shape or weight) have been identified as behavioural manifestations of this overvaluation, reinforcing preoccupation and body shame. Preliminary research suggests these behaviours may mediate the relationship between WBI disordered eating. Further, self-compassion, an antidote to shame, may moderate this mediation and buffer WBI's impact. Three hundred and sixty-seven university students (aged 17–29, M = 21.23) completed online self-report measures of WBI, disordered eating, body avoidance, body checking, and self-compassion. Hierarchical regression was used to test the link between WBI and disordered eating while controlling for body mass index (BMI). Parallel mediation analysis was used to test the roles of body checking and body avoidance, and moderated-mediation analyses were used to test the conditional effect of self-compassion. Controlling for BMI, WBI significantly predicted disordered eating ($R^2 = .558$, $p < .001$). Both body avoidance ($\beta = 0.127$) and body checking ($\beta = 0.408$) partially mediated this relationship ($p < .001$). Self-compassion did not moderate the indirect effects, but did moderate the direct path between WBI and disordered eating ($\beta = –0.046$, $p < .05$). WBI contributes to disordered eating in young

adults, partly through increased body checking and avoidance, independent of body weight. These results highlight the importance of targeting these maladaptive behavioural patterns in treatment and prevention programs. Further, the attenuation of the direct relationship between WBI and disordered eating by self-compassion underscores the potential value of compassion-focused interventions.

Learning Objectives

- Appreciate the relationship between weight bias internalization and disordered eating
- Understand body checking and body avoidance as potential maintaining factors in this relationship
- Recognize self-compassion as a potential protective factor against impacts of weight bias internalization

Authors: Laura Couturier, Memorial University of Newfoundland; Jacqueline Carter, Memorial University of Newfoundland

Enhancing Athlete Body Image and Well-being Through an Intuitive Eating Single-Session Intervention

Abstract: Intuitive eating (IE), a flexible and interoceptively-responsive eating style that involves identifying and responding to the body's cues, rejecting diet culture, and selecting foods based on enjoyment and self-care, is understudied among athletes. College athletes are at elevated risk for eating concerns due sport-specific factors such as revealing uniforms, sport body ideals, comments from coaches, and transitional events such as injury. Despite their openness to utilizing mental health resources, college athletes often encounter barriers such as lack of time and social stigma that hinder their ability to fully engage. Digital mental health tools such as single session interventions (SSIs) are brief psychoeducation-based interventions that have gained popularity due to their ability to overcome treatment barriers such as time and high treatment costs, and have been shown to yield short- and long-term positive results. Thus, the current study examined the efficacy of an IE-focused SSI designed to promote flexible relationships with food and body through interactive content and self-reflection exercises among 212 NCAA college athletes. Participants completed pre and post state measures that assessed positive body image and mental health. This presentation focuses on pre- to post- intervention changes in body image and cognitive-emotional outcomes among participants who interacted with the SSI. Paired-samples t tests revealed significant improvements in body appreciation, $t(98) = -5.26$, $p < .001$, $d = 0.53$, and functionality appreciation, $t(98) = -4.97$, $p < .001$, $d = 0.50$, reflecting moderate increases in positive body image. Hopelessness significantly decreased, $t(98) = 2.58$, $p = .011$, $d = 0.26$, while no significant change emerged in state hope, $t(98) = -1.30$, $p = .196$, $d = 0.13$. Findings indicate that participation in a brief IE SSI was associated with enhanced indices of positive body image and reduced hopelessness among college athletes. As resources for eating disorder prevention are lacking for this at-risk group,

results suggest that carefully tailored SSIs may effectively foster positive relationships with food and body among college athletes.

Learning Objectives

- 1. Following the session, participants will be able discuss body image and eating concerns among college athletes.
- 2. Following the training, participants will be able to evaluate the effectiveness of an intuitive eating single-session intervention among a sample of college athletes.
- 3. Following the training, participants will be able to understand the potential benefits of using single-session interventions targeted toward body image and eating concerns with groups where resources are less accessible and where mental health stigma is present, such as college athlete populations.

Authors: Mackenzie Cox, Northeastern University; Samantha Nett, Northeastern University - Applied Psychology Program for Eating and Appearance Research (APPEAR) Lab; Rachel Rodgers, Northeastern University

Lived Experiences of the Association Between Gender Minority Stress and Eating Pathology

Abstract: Transgender and nonbinary (TNB) individuals experience eating disorders, disordered eating, and body dissatisfaction at alarmingly higher rates compared to their cisgender peers. Indeed, a growing body of evidence demonstrates that gender minority stress (GMS; i.e., stressors unique to TNB individuals, such as cissexism, internalized transphobia, and gender dysphoria) may contribute to the stark disparity in rates of eating pathology. Despite considerable evidence linking GMS and disordered eating, existing studies are overwhelmingly cross-sectional and quantitative. As such, evidence on the mechanisms and internal experiences underlying this association is lacking. To address this need, we conducted a qualitative study exploring lived experience perspectives of how GMS contributes to eating pathology. Adults (N=19, M=24.3 years) identifying as transgender or gender diverse (i.e., their gender identity does not align with their sex assigned at birth) with a history of an eating disorder in the past 5 years were recruited through LGBTQ+ centers and organizations across the United States. Participants could select multiple terms for their gender identity to account for nuance in how TNB individuals experience gender. Almost a third (31.6%, n=6) identified as transgender men, 16.8% (n=3) identified as transgender women, and 79.9% (n=15) identified as nonbinary, genderfluid, genderqueer, or agender. Participants identified as 16.8% Black (n=3), 16.8% Hispanic/Latine (n=3), 68.4% White (n=13), and 5.0% Middle Eastern or North African (n=1). Participants completed a 1-hour semi-structured interview over Zoom addressing experiences of GMS, eating pathology, and their experience of the association between GMS and eating disorder symptoms. Qualitative data are being analyzed by the first and second author using reflexive thematic analysis (RTA). Preliminary findings reveal three key overarching themes: alleviating dysphoria,

desire for acceptance and recognition in a gender identity, and coping with stressors. Importantly, each of these areas intersect with weight stigma and gendered body ideals in complex and crucial ways. These findings suggest that gender (non)affirmation, efforts to avoid rejection due to multiple kinds of stigma, and emotion regulation may underly the association between GMS and eating pathology. This insight will be significant for informing future quantitative studies and culturally responsive care for eating disorders in TNB individuals.

Learning Objectives

- Understand the importance of gender minority stress in eating disorders for TNB individuals
- Understand how gender minority stress might contribute to eating pathology
- Identify variables to explore in future research on eating disorders in TNB individuals

Authors: Emma Crumby, Michigan State University; Noelle Martin, Michigan State University; Blair Burnette, Michigan State University

Exploring Clinical Psychologists' Views on a Smartphone Application for Women with Binge Eating

Abstract: This study examined clinical psychologists' perceptions of eMOTE, a standalone smartphone application that combines dialectical behavior therapy (DBT) skills and self-monitoring diaries to enhance emotion regulation and reduce binge eating in women. It explored their views on the app's potential clinical utility and limitations. Seven Portuguese clinical psychologists with experience treating eating disorders were purposively recruited. Participants reviewed a document describing eMOTE and completed online semi-structured interviews via Zoom. Interview transcripts were analyzed using Braun and Clarke's six-phase thematic analysis. Five main themes were identified: (1) Advantages, highlighting eMOTE's relevance and key strengths; (2) Self-awareness, fostered through psychoeducation and self-monitoring; (3) Emotion regulation, facilitated by mindfulness, emotion regulation, and distress tolerance modules; (4) Delivery, with most psychologists supporting its use for subclinical and mild-to-moderate binge eating and as an adjunct to face-to-face treatment; and (5) Disadvantages and recommendations, reflecting concerns about lack of professional guidance and suggesting more personalized feedback. Overall, participants viewed eMOTE as a relevant and clinically useful self-help tool for women with subclinical and mild-to-moderate binge eating and as a potential adjunct to face-to-face treatment or early intervention strategy. Their insights support the integration of DBT-based apps in binge eating treatment and underscore the importance of personalization and user safety in future app development.

Learning Objectives

- Describe clinical psychologists' views on the potential benefits and limitations of eMOTE.
- Identify key themes from the qualitative analysis regarding eMOTE's clinical utility and delivery.
- Discuss how clinicians' feedback can guide the development and safe use of digital interventions for binge eating.

Authors: Telma Cruz, Center for Psychology at the University of Porto - Faculty of Psychology and Education Sciences; Helena Gouveia; Mariana Martins, Center for Psychology at the University of Porto - Faculty of Psychology and Education Sciences

Sex and Gender Differences in Weight Bias Internalization: A Systematic Review and Meta-Analysis

Abstract: Weight bias internalization (WBI) refers to individuals adopting negative stereotypes and self-derogatory beliefs about their weight. Despite substantial research on sex and gender differences in WBI, the findings are mixed. To elucidate these differences, this systematic review and meta-analysis summarized existing findings in this area and explored potential moderators contributing to the heterogeneity in previous studies. We conducted a literature search across five databases (PubMed, PsycINFO, Web of Science, ProQuest Dissertations, and Scopus) for studies published up to June 2024. A total of 100 studies were identified. Using random-effects models, we conducted four meta-analyses to quantify differences in WBI across sex and gender identity (i.e., biological males vs. biological females, cisgender boys and men vs. cisgender girls and women, cisgender boys and men vs. gender-diverse people (e.g., transgender, non-binary), and cisgender girls and women vs. gender-diverse people). Results showed significant sex and gender differences in WBI, with biological females exhibiting higher WBI than biological males, cisgender girls and women having higher WBI than cisgender boys and men, and gender-diverse people having higher WBI than cisgender people. Moderator analyses for the biological sex and cisgender comparisons revealed that these differences (females/girls and women > males/boys and men) were more significant in studies conducted in Western countries compared to Eastern countries. The differences were also significantly larger when WBI was measured by the original Weight Bias Internalization Scale (WBIS), compared to its modified versions or the Weight Self-Stigma Questionnaire (WSSQ). Furthermore, for cisgender individuals, the gender differences in WBI are larger as the percentage of participants with overweight/obesity increased in the sample. These findings enhance and clarify our understanding of sex and gender differences in WBI, offering important theoretical and practical implications for future research and intervention.

Learning Objectives

- Following the training, participants will be able to: Describe the key findings on sex and gender differences in weight bias internalization (WBI).

- Following the training, participants will be able to: Identify significant moderators of these differences.
- Following the training, participants will be able to: Explain the importance of culturally sensitive interventions for reducing WBI, considering sex, gender identity, cultural context, and the unique needs of vulnerable populations like gender-diverse individuals.

Authors: Tianxiang Cui, Department of Psychology, University of Macau; Jiaxuan Xi; Wesley Barnhart, Suffolk University; Hongyi Sun; Shuqi Cui, The Chinese University of Hong Kong, Shenzhen; Wanzi Li; Yining Lu; Jason Nagata, University of California; Jinbo He, Xi'an Jiaotong-Liverpool University

Sex and Gender Differences in Experienced Weight Stigma: A Systematic Review and Meta-analyses

Abstract: Experienced weight stigma is widespread, often taking the form of victimization, such as teasing (e.g., verbal name-calling), bullying (e.g., cyberbullying, physical aggression), or relational victimization (e.g., being ignored, excluded, or targeted by rumors), and is linked to adverse health outcomes. Despite its pervasive impact, research on sex and gender differences in experienced weight stigma remains inconsistent. This systematic review and meta-analysis aimed to clarify these differences and identify potential moderators. We searched five databases (PubMed, PsycINFO, Web of Science, Scopus, ProQuest) from inception to December 2024, identifying 47 studies (N = 95,201) that reported sex (biological males vs. females) or gender (cisgender boys/men vs. girls/women, and cisgender vs. gender-diverse individuals) differences in experienced weight stigma. Using a three-level meta-analytic approach, we found no significant sex difference between biological males and females (pooled d = -0.13; 95% CI, -0.39, 0.13; p = .319). However, sample size and measurement type significantly moderated heterogeneity, with smaller sample sizes associated with higher sex differences. Additionally, self-developed measures were associated with greater stigma in females, while the Stigmatizing Situations Inventory (SSI) scale was associated with higher stigma in males. Cisgender girls and women reported higher weight stigma than cisgender boys and men (pooled d = -0.16; 95% CI, -0.26, 0.06; p = .002), significantly moderated by the percentage of participants with overweight/obesity, with a higher proportion of participants with overweight or obese in the sample associated with larger gender differences in experienced weight stigma. Comparisons involving gender-diverse individuals vs. cisgender groups showed no significant differences. Future research should explore the underlying factors (e.g., social, cultural, and psychological influences) that contribute to significant gender differences rather than sex differences in experienced weight stigma. For cisgender girls and women, it is essential to develop and implement a range of interventions aimed at reducing the adverse effects of experienced weight stigma on their health and well-being.

Additionally, more research on gender-diverse populations is urgently needed to inform inclusive prevention and intervention strategies.

Learning Objectives

- Differentiate between sex and gender in examining experiences of weight stigma and their implications for research and intervention.
- Identify key moderators (e.g., sample composition, measurement type) that explain variability in reported sex and gender differences in weight stigma.
- Apply findings from a three-level meta-analysis to inform the development of inclusive, evidence-based strategies to reduce weight stigma across diverse populations.

Authors: Shuqi Cui, The Chinese University of Hong Kong, Shenzhen; Chenfei Ma; Sanle Zhao, The Chinese University of Hong Kong, Shenzhen; Yidan Wu, The Chinese University of Hong Kong, Shenzhen; Ruobin Xu; Tianxiang Cui, Department of Psychology, University of Macau; Jinbo He, Xi'an Jiaotong-Liverpool University

The Chinese Intuitive Eating Scale-3: A Latent and Network Validation

Abstract: This study aimed to translate the Intuitive Eating Scale-3 (IES-3), a newly developed measure of intuitive eating currently validated in only Western regions, and comprehensively evaluate its psychometric properties in Chinese adults using both latent variable and network approaches. A sample of 800 Chinese adults (400 men and 400 women) completed the IES-3 and other related measures online. Half of each gender group (200 men and 200 women) was randomly assigned to an exploratory factor analysis. The remaining participants (200 men and 200 women) were used for subsequent analyses, including confirmatory factor analysis (CFA), bifactor-CFA, exploratory structural equation modeling, and bifactor-exploratory structural equation modeling (B-ESEM). Psychometric network analyses were also performed. All analyses were conducted separately for men and women. Gender invariance tests were also conducted. The B-ESEM, which supported a four-factor structure alongside a general factor, provided the best model fit for both men (CFI=.997, TLI=.986, RMSEA=.027) and women (CFI=1.000, TLI=1.023, RMSEA=.000). While three of the four factors showed good reliability, two aspects suggested opportunities for future cultural refinement: the latent general factor was poorly defined, with 5 of 12 items in the men's sample and 6 of 12 items in the women's sample showing low (loadings < .30) or negative loadings, and the Body-Food Choice Congruence (BFCC) factor had low reliability (ω = .39-.44, desired ωs >.50). The scale demonstrated good convergent validity, correlating positively with body appreciation and negatively with disordered eating. Network analysis offered novel insights, identifying a stable three-dimensional structure and revealing that items related to hunger and satiety cues (e.g., "rely on hunger signals") are central to the intuitive eating construct in this sample. The Chinese version of the IES-3 is a valid and reliable instrument for assessing intuitive eating in Chinese adults. By integrating

traditional and network psychometric approaches, this study not only validates a crucial measurement tool but also deepens the theoretical understanding of how intuitive eating manifests in a non-Western context. Our findings provide a robust foundation for future research and interventions aimed at promoting more adaptive eating behaviors.

Learning Objectives

- Following the training, participants will be able to: Describe the psychometric properties, including the reliability and validity, of the Chinese version of the Intuitive Eating Scale-3 (IES-3) for use with Chinese adults.
- Following the training, participants will be able to: Identify key cultural considerations that affect the measurement of intuitive eating in a non-Western context, particularly regarding the general intuitive eating factor and the Body-Food Choice Congruence subscale.
- Following the training, participants will be able to: Explain the unique insights provided by psychometric network analysis in understanding the structure of intuitive eating, such as identifying its most central components, beyond what is offered by traditional factor analytic methods.

Authors: Tianxiang Cui, Department of Psychology, University of Macau; Feng Ji, University of Toronto; Tracy Tylka, The Ohio State University; Jinbo He, Xi'an Jiaotong-Liverpool University

Effects of Neurodivergent Creator Body Image and Eating TikTok Content on Young Autistic Individuals

Abstract: Exposure to social media can influence how young adults engage in body-change behaviors and perceive their bodies. Some autistic individuals may be more vulnerable to the negative effects of social media content on body image and eating due to difficulties with interpreting social intent and motivation behind content. Prior work indicates a heightened risk of restrictive eating disorders among autistic women compared to non-autistic peers. In addition, some autistic individuals may struggle to navigate predominantly neurotypical online social spaces that feel inaccessible or unwelcoming, thereby increasing mental health risks. Neurodivergent-friendly online spaces, however, may mitigate those risks. Therefore, the study aimed to examine changes in state mood, body image, and body-change behaviors before and after viewing social media content created by autistic individuals about body image and eating within a sample of young autistic women and non-binary individuals assigned female at birth (N = 407). Participants (Mage = 21.28, SD = 2.42; 75.7% White) were randomly assigned to view one of two sets of three TikTok videos: those depicting positive eating habits and positive body image, those depicting disordered eating and negative body image, or both sets. Participants completed a Visual Analogue Scale (VAS) assessing state mood, body image, and body-change behaviors before and after exposure to the stimuli. Findings revealed that among those exposed to the eating disorder content,

state intuitive eating decreased as compared to those viewing the positive content (p = .02). In addition, among those who viewed the positive content, state restriction decreased (p = .002) and state weight and shape satisfaction (p = .007) increased as compared to those who viewed the eating disorder content. Thus, brief exposure to specific positive or negative messaging about body image and eating produced by autistic social media creators may have short-term positive or negative implications, respectively, for body image and eating among autistic individuals.

Learning Objectives

- Understand how brief exposure to different types of neurodivergent created TikTok videos about body image and eating impacts state mood, body image, and body-change behaviors
- Differentiate between the effects of positive and negative social media content by neurodivergent creators on body image and eating among young autistic women and nonbinary indivduals
- Recognize the importance of representation of autistic communities in social media content on body image and eating among young autistic women and nonbinary individuals

Authors: Isabel Cunha, Northeastern University; Rachel Rodgers, Northeastern University; Meryl Alper, Northeastern University; Veronica Rubinsztain, Northeastern University

AFRID-Related Selective Eating in Overweight and Obesity Among Children and Adolescents

Abstract: Empirical evidence has shown that selective eating (SE) may reflect avoidant/restrictive food intake disorder (ARFID) symptomatology and can contribute to malnutrition in children and adolescents with overweight and obesity. This creates a condition of both overnutrition and undernutrition due to a limited consumption of nutrient-rich foods. Therefore, the aim of this study was to examine the relationship between SE and selected psychological eating behavior–related variables among children and adolescents with overweight or obesity. These variables included restrained eating, emotional eating, uncontrolled eating, food responsiveness, emotional undereating, food fussiness, and the child's willingness to change eating behaviors. Children and adolescents (N = 131, Mage = 12.23 ± 2.76) and their parents completed: the Child Eating Behavior Questionnaire, the Three-Factor Eating Questionnaire, the additional survey. A preliminary correlation analysis identified several predictors significantly associated with SE: (a) food responsiveness ($r = 0.18$, $p < 0.05$), (b) emotional undereating ($r = 0.22$, $p < 0.05$), (c) food fussiness ($r = 0.39$, $p < 0.001$), (d) child's willing to change eating behaviors ($r = -0.21$, $p < 0.05$). Only those variables that were significantly related to SE were included in our hierarchical regression analysis, $F(4, 129) = 8.54$, $p < 0.001$, Adj. $R2 = 0.19$ ($\Delta Fp < 0.05$): (a) food responsiveness, β =

0.11, $p > 0.05$; (b) emotional undereating, $\beta = 0.06$, $p > 0.05$; (c) food fussiness, $\beta = 0,37$, $p < 0.001$; (d) child's willing to change eating behaviors, $\beta = -0.19$, $p < 0.05$. It is important to note that food fussiness may represent a temporary eating difficulty that typically changes with normal child development (i.e., a developmentally normal phase). However, these findings highlight the importance of implementing appropriate strategies to support children in building positive motivation – without overly controlling or pressuring parenting – to try new foods during the formation of eating habits in childhood and adolescence. Such strategies are essential to prevent the development of more persistent and restrictive ARFID-related selective eating, which are associated with a substantially higher risk of malnutrition. It is also crucial that healthcare providers focus on interventions that address both adequate caloric intake and sufficient consumption of essential nutrients, while identifying psychological factors that influence eating behaviors.

Learning Objectives

- To evaluate psychological eating behavior–related variables as predictors of selective eating among children and adolescents with overweight or obesity
- To discuss theoretical and empirical implications of the outcomes for healthcare providers
- To discuss of selective eating associated with ARFID as a significant risk factor for malnutrition

Authors: Kamila Czepczor-Bernat, Medical University of Silesia; Marcela Mikulska, Medical University of Silesia; Paweł Matusik, Medical University of Silesia

Knowledge and Practices among Reproductive Experts on Eating Disorders in Pregnancy

Abstract: Feeding and eating disorders (FEDs) in pregnancy have severe implications for both maternal and fetal health, emphasising the importance of early diagnosis and the need to expand the FED literacy of reproduction experts such as gynaecologists and obstetricians.
This project aims to map the literacy level of gynaecologists and obstetricians regarding FEDs in pregnancy, as well as their clinical practices for prevention, screening, and management. Moreover, it aims at exploring the possible impact of experts' own body shape perception and personal relationships with food.
Sixty-nine participants (92.2% female; mean age: 34 years ± 13.8; BMI: 22.3kg/m² ± 4.2) completed an online survey via QR code that comprises an ad hoc questionnaire about knowledge and practice on FEDs in gynaecology and obstetrics, demographic information, the SCOFF screening questionnaire for FEDs and a Silhouette Rating Scale assessing current and ideal body size and body dissatisfaction.
Sixty-five participants completed the questionnaires. Participants were residents in gynaecology (40%), obstetricians (27.7%) and gynaecologists (23.1%) from Italy. Forty-

eight per cent of participants reported having visited less than five pregnant women with suspected or diagnosed FED, while 34% visited between five and ten, with a prevalence of BED (34.4%). Sixty-five per cent of the sample reported asking specific questions about the relationship with food during gynaecological consultations. As for preconception counselling, 43.8% of participants state that they always assess patients' BMI, 32% do so in most cases, around 10% about half of the time, 10% only occasionally, and 2.1% never. Concerning referring patients with suspected eating disorders to other nutrition or mental health specialists, 40% report doing so "only occasionally".
Fifty-seven per cent of participants reportedly had equal to or more than two symptoms at SCOFF. Participants, especially those identifying as female, desired a thinner body than the perceived ideal, although they did not differ significantly from a sample from the general population in previous literature.
The present study provided preliminary data on the knowledge and clinical practices of a sample of reproduction specialists with respect to eating disorders in pregnancy. A better understanding of FEDs in pregnancy among the reproductive experts could improve early diagnosis and prevention of numerous maternal and fetal complications.

Learning Objectives

- Increase awareness on their knowledge upon eating disorders in pregnancy
- Increase awareness on their practice when confronting patients at risk of eating disorders in pregnancy
- Increase awareness on disordered eating and body dissatisfaction and the possible impact on practice

Authors: Monica D'Amico, Sapienza University of Rome; Marianna Minnetti, Sapienza University of Rome; Barbara Troncone, Sapienza University of Rome; Rossella Del Vecchio, Sapienza University of Rome; Stefania Pipitone, Sapienza University of Rome; Sara Sportelli, Sapienza University of Rome; Alba Crognale, Sapienza University of Rome; Manuisa Shahid, Sapienza University of Rome; Lorenzo M. Donini, Sapienza University of Rome; Caterina Lombardo, Sapienza University of Rome; Maria Grazia Piccioni, Sapienza University of Rome; Eleonora Poggiogalle, Sapienza University of Rome

Physical activity intensity and its association with adaptive and maladaptive eating behaviors

Abstract: The association between physical activity (PA) and eating behaviors is complex, ranging from adaptive to maladaptive with significant variability across individuals, especially for those with disordered eating (DE). The purpose of the study is to examine how PA relates to both DE and intuitive eating (IE) and explore potential moderators of these associations, including weight loss intentions, body kindness, and relaxation strategies. Participants included a sample of U.S. undergraduates (n=2067)

and a sample of U.S. adults (n=1058). Participants had a mean age of 25.14 years (SD = 10.36); 65.5% identified as female, 32.7% identified as male, and 1.7% identified as trans/nonbinary/other. The sample was 42% White, 9.8% Black, 5.5% East Asian, 3.5% South Asian, and 38.2% other/not specified. Surveys assessed disordered eating, intuitive eating, intentional weight loss, physical activity (low, medium, and high intensity), body kindness, and use of relaxation strategies over the last two weeks. Linear regression models with estimated marginal means and pairwise comparisons adjusting for age, sex, race/ethnicity, and sample were conducted. High PA corresponded to both greater DE and IE scores (ps < .01). Specifically, people engaging in high PA had greater DE scores than people engaging in both low and moderate PA (ps < .001), There were significant differences in IE scores across all levels of PA (ps < .001). The only significant moderator was the use of relaxation strategies; specifically, the association between PA and IE was stronger at moderate levels of PA only. Findings suggest that use of relaxation strategies may facilitate IE at moderate PA. It is possible that moderate PA allows for adaptive benefits without becoming too rigid, appearance-focused, or compulsive and therefore represents a “sweet spot” where relaxation strategies are most beneficial for IE. We did not find evidence that body kindness or weight loss intentions moderated associations. Overall, results indicate that PA intensity corresponds to eating behaviors. Future research should explore if high PA combined with high IE is protective of DE, even among those at risk of DE, and what additional psychological or contextual factors shape when PA promotes IE versus DE.

Learning Objectives

- Following the training, participants will be able to: Discuss the potential impact of relaxation strategies in facilitating intuitive eating within the context of moderate physical activity.
- Following the training, participants will be able to: Describe the association between physical activity and adaptive vs maladaptive eating behaviors.
- Following the training, participants will be able to: Discuss preliminary implications for promoting flexible and adaptive physical activity as a means of facilitating intuitive eating and consider when this may or may not confer risk of disordered eating.

Authors: Sydney Damon, Michigan State University, Department of Psychology; Blair Burnette, Michigan State University

Si po ndiheni?: Social media, body image and mental health among Albanian young women

Abstract: In high-income Western contexts, the use of social media and in particular highly visual and photo-based social media has been associated with poorer body image and psychological functioning. However, little is known about the characteristics of body image of young women from other geographic regions nor how it relates to social media use. The aim of this study was therefore to explore body image among a sample of

young women from Albania, a country cut off from Western media until approximately 30 years ago, using a variety of indices, and examine the relationships between body image and social media use as well as indices of investment in and preoccupation with appearance-related social media use. A sample of 361 women (Mage = 20.80; SDage = 2.30) completed an online survey assessing positive and negative body image, indices of social media use, and psychological functioning. Findings revealed that broad frequency of social media use (i.e., amount of time spent using social media) was not consistently or strongly associated with body image and psychological functioning; however, preoccupation with online self-presentation, photo activities, and online appearance comparison revealed more consistent and larger associations with body image and psychological functioning. Together, these findings provide additional evidence that investment in the appearance-related elements of social media is more relevant for body image as compared to its broader use. Furthermore, there is a need for additional work among underrepresented groups in body image research to refine theoretical models that are culturally appropriate and appropriate for their specific characteristics.

Learning Objectives

- Understand the prevalence of body image concerns among young women in Albania.
- Understand the role of social media use in body image among young women in Albania.
- Understand the role of social media use on psychological well-being among young women in Albania.

Authors: Elizabeth Daniels, Centre for Appearance Research; Rudina Rama, University of Tirana; Rachel Rodgers, Northeastern University; Mackenzie Cox, Northeastern University; Lenida Halilaj, University of Tirana

Family-Based Treatment for Avoidant/Restrictive Food Intake Disorder: Last Session Reflections

Abstract: Avoidant/Restrictive Food Intake Disorder (ARFID) is a heterogeneous eating disorder marked by restrictive eating without body image disturbance. Family-Based Treatment (FBT) is an emerging intervention for low-weight ARFID, yet little is known about how families reflect on progress, learning, and maintenance at treatment completion. Understanding these perspectives can clarify how therapeutic change is internalized and sustained. Nineteen families participating in a randomized clinical trial comparing FBT and Psychoeducational Motivational Therapy (PMT) for low-weight children with ARFID (ages 6–12) were included. Transcripts from final FBT sessions were analyzed using reflexive thematic analysis by two independent coders. Inter-rater reliability was assessed using Cohen's kappa (κ) to quantify agreement between the two coders beyond chance; κ=.71 reflecting substantial agreement following Landis and

Koch (1977) guidelines. Five overarching themes emerged from thematic analyses of the final FBT session: (1) Progress review (95% of families), which included reflections on the child's growth, increased nutritional variety, and reduced fear around eating. Parents also acknowledged "a ways to go" – i.e., ongoing work required to improve ARFID behaviors; (2) Parent learning (100% of families), which included psychoeducation, externalization, strategy use and effectiveness, and parental self-efficacy; (3) Patient learning (52% of families), which acknowledged increased awareness of ARFID, externalization of the illness, and use of coping strategies; (4) Maintenance planning (100% of families) highlighting parents' acceptance of chronicity in ARFID, developmental considerations, and methods for sustaining progress; and lastly, (5) Gratitude (52% of families), representing appreciation for treatment and perceived change. Parents emphasized continued implementation of FBT strategies and acceptance of ARFID as possibly a long-term, manageable condition. In conclusion, final-session reflections reveal that FBT for ARFID fosters parental empowerment, treatment internalization, and proactive planning for future challenges. Findings provide novel insight into how families experience and consolidate therapeutic gains at treatment termination, informing long-term adaptation of FBT for ARFID.

Learning Objectives

- Identify strategies families use to sustain progress following FBT for ARFID, including parental empowerment, maintenance planning, and acceptance of ongoing challenges.
- Explain how families' reflections during the final session of Family-Based Treatment (FBT) for Avoidant/Restrictive Food Intake Disorder (ARFID) highlight potential adaptations to treatment delivery.
- Have a better understanding of what aspects of ARFID symptom presentation may remain after FBT for ARFID and require ongoing skill building.

Authors: Nandini Datta, Stanford University School of Medicine; Hali Boyce, Stanford University School of Medicine; Caroline West, Kent University; Anni Liu, PAU-Stanford PsyD Consortium; James Lock, Stanford University School of Medicine

The Moderating Effect of Eating Pathology on Global Self-esteem and Suicidal Ideation in Adults.

Abstract: Lower overall self-esteem and higher rates of disordered eating have both been identified as risk factors for elevated presence of suicidal thoughts. However, the influence of disordered eating on the relationship between self-esteem and suicidality is under-explored, particularly as eating disorder research typically focuses on body-specific esteem (e.g., body image, body satisfaction). Because there are many underlying vulnerabilities shared between these variables, examining this relationship can provide greater elucidation into contributors to suicidality in those with varying levels of eating risk. A sample of 1,007 individuals recruited from the community (57.4%

female, Mage = 30.9 (12.40)) and administered an online survey hosted via Qualtrics. Global self-esteem was examined via the Rosenberg Self-Esteem Scale (RSE), eating pathology was assessed via the Eating Disorder Examination Questionnaire (EDEQ), and suicidality was captured via the Brief Suicide Cognitions Scale (BSCS). A moderation analysis was conducted in Mplus 8.11, with RSE scores (high scores indicate lower self-esteem) associated with BSCS, and EDEQ scores specified as a moderator. The model controlled for self-reported age and assigned sex at birth. Results indicated that both eating pathology ($b = .041$, $p = .032$) and self-esteem ($b = .773$, $p < .001$) were significantly associated with suicidality. There was also a positive interaction ($b = .119$, $p < .001$) between self-esteem and eating pathology, such that at high EDEQ (+1 SD), the relationship between low self-esteem and suicidality was potentiated ($b = .933$, $p < .001$) and at low EDEQ, the relationship was attenuated ($b = .612$, $p < .001$). Findings suggest that, while both disordered eating and global low self-esteem are associated with elevated suicidal thoughts, degree of eating pathology influences the relationship between general self-esteem and suicidality. This is noteworthy as global self-esteem is not only an eating or body-image construct, but rather indicates one's self-appraisal as a whole.

Learning Objectives

- Following the training, participants will be able to understand the significant correlation between global self-esteem and suicidal ideation.
- Following the training, participants will be able to understand the moderating effect of eating pathology; the higher the eating pathology, the stronger the relationship is between global self-esteem and suicidal thoughts.
- Following the training, participants will be able to understand that self-esteem's effects on eating pathology go beyond body-image constructs; self-esteem includes one's appraisal of one's whole self.

Authors: Elyse Dattilo, University of Central Florida; Emily Burr, University of Central Florida; Robert Dvorak, University of Central Florida

Improving Treatment Motivation and Uptake using Patient Narrative Videos: Results of a Pilot RCT

Abstract: Narratives of current or former patients can provide feelings of hope to people currently affected by the same disorder. The use of patient narratives could therefore be a promising approach to the treatment of patients with eating disorders, who commonly report high levels of ambivalence toward treatment. This study aimed to assess the feasibility and acceptability of patient narrative videos, as well as to examine their effects on treatment motivation and uptake of treatment services for patients with eating disorders. A series of evidence-based patient narrative videos were developed featuring three perspectives: a lived experience representative with an eating disorder, a psychotherapist, and the lived experience representative with a somatic condition

unrelated to an eating disorder (i.e., torn knee ligament). A 4-arm randomized controlled pilot trial was completed in which patients were randomized into three video viewing and one treatment-as-usual group. Feasibility and acceptability of the videos was measured post-intervention (T1). Treatment motivation and treatment uptake behaviors were measured at one-week (T2) and three-months (T3) follow-up. N = 97 female adult patients with an eating disorder participated in this study. Significant differences were found regarding treatment uptake after three months (T3), wherein patients who viewed any video reported attending significantly more appointments at any treatment service ($\chi 2$ (3, N = 88) = 10.58, p = .014, v = .35), as well as specifically psychotherapeutic treatment services ($\chi 2$ (3, N = 88) = 8.610, p = .035, v = .31), in comparison to patients who viewed no video. Regarding treatment motivation, a significant increase was found across all groups over time (F (2, 166) = 5.47, p = .005, $\eta 2$ = .062), with no significant differences found between the groups. All videos received high overall ratings, however, videos with the lived experience representative or psychotherapist discussing eating disorders were rated significantly more useful than the video featuring a somatic condition (F (2, 65) = 4.58, p = .014, $\eta 2$ = .123). The use of patient narratives is a relatively new methodological approach in the treatment of eating disorders. The results of this study show that engaging with (patient) narrative videos discussing the role of ambivalence in treatment can have significant effects on treatment uptake behaviors and could be a useful adjunct to current early intervention approaches.

Learning Objectives

- Following this presentation, participants will have learned about one possible method for developing patient narratives
- Following this presentation, participants will appreciate the effects patient narratives can have as part of early intervention efforts for patients with eating disorders
- Following this presentation, participants will be able to implement the use of patient narratives into their own treatment practices

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Social Media Culture and Image-Based Self-Promotion among Undergraduate Nutrition Students

Abstract: The culture of social media, anchored in visibility and metrics, intensifies social comparison and the internalization of appearance ideals and is linked to greater

body dissatisfaction and eating disorder risk. In this environment, dietitians and nutrition students, under perceived professional authority, may unintentionally reinforce weight stigma and inappropriate practices by using their own bodies as showcases of results and self-promotion. In Brazil, students commonly build audiences and post recommendations before obtaining professional registration, blurring boundaries between training and public practice. We therefore examined, among undergraduate nutrition students, whether the Need for Online Social Feedback (NfOSF) is associated with support for image-based self-promotion. An online cross-sectional survey was conducted among undergraduate nutrition students from all five Brazilian macroregions (N=58), recruited via convenience snowball sampling. Participants were classified for the outcome of interest based on support for image-based self-promotion (yes/no) and analyzed using the NfOSF 5-point Likert scale (score 5-25, validated for Brazilians) using binary logistic regression models, considering odds ratio (OR) and 95% confidence interval (95% CI). Control variables included age, semesters completed, and content creator status. Results showed that 91% (n=53) were women and 24% (n=14) were content creators. The mean age was 23.6 years (SD=6.5), and the mean number of semesters completed was 5.8 (SD=2.7). The NfOSF total score averaged 19.5 (SD=4.4). Analysis showed that a higher NfOSF was independently associated with greater support for image-based self-promotion among undergraduate nutrition students. Each 1-point increase in NfOSF was associated with 66% higher odds of support (95% CI: 1.180-2.338; $p<0.005$). Findings reinforce that the culture of visibility on social media, by heightening the drive for online validation, can shape professional behaviors that perpetuate weight stigma and risk-promoting messages, especially for vulnerable audiences. By identifying a potentially modifiable sociocultural determinant, our results support educational actions throughout undergraduate training that prioritize non-stigmatizing language and set clear limits on body exposure in self-promotion. These actions constitute an indirect, ongoing strategy for prevention of eating disorders.

Learning Objectives

- Explain links between social-media visibility/online validation and support for image-based self-promotion and ED risk.
- Evaluate nutrition social-media posts for weight-stigma/risk cues and alignment with ethical, non-stigmatizing standards.
- Broaden and ground curricular options (media literacy, digital professionalism, non-stigmatizing communication, limits on body exposure) for indirect, ongoing eating-disorder prevention.

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Resilience and Eating Disorders: A Research Update

Abstract: This systematic review summarizes recent investigations of the potential protective function of resilience in relation to eating disorders (EDs) and offers recommendations for future research. The review was conducted using ProQuest, Science Direct, PubMed, PsycINFO, and PubNet. Included articles: (1) were peer-reviewed and published between 2020 and 2025; (2) examined both resilience and EDs; and (3) were written in English. Twenty-four studies were included in the review, with some variation in quality. Eleven of the included studies evaluated the link between resilience and ED symptoms measured by self-report scales, of which nine found significant results. Seven studies compared resilience in individuals with clinical EDs to those without, with the vast majority finding lower levels in the clinical groups. Six studies explored resilience in individuals in recovery from EDs, each finding that it both plays an important role in the trajectory of this process and evolves over time. Overall, this review suggests that resilience might be an important influence on both ED prevention and recovery. However, additional research is needed to evaluate mechanisms of the relation between resilience and EDs to enhance understanding of resilience's role, including its distinction from other protective factors. Moreover, investigations should include greater proportions of traditionally minoritized groups (e.g., diverse racial and ethnic groups, LGBTQ+). Measures of both resilience and EDs used should be well-validated and more consistent across studies to facilitate comparison, and studies should investigate the effectiveness of interventions that incorporate a more explicit focus on resilience-building.

Learning Objectives

- Summarize current empirical evidence on the protective role of resilience in the onset, maintenance, and recovery processes of eating disorders, integrating findings across recent studies published between 2020 and 2025.
- Critically analyze methodological considerations in resilience and eating disorders research, including measurement validity, consistency across studies, and the need to distinguish resilience from related protective constructs.
- Discuss future directions for interdisciplinary research and clinical practice, emphasizing the inclusion of diverse and traditionally underrepresented populations and the integration of resilience-focused approaches into eating disorder prevention and treatment frameworks.

Authors: Karly Derrigo, Virginia Commonwealth University; Madison Weinstock, University of Kansas; Suzanne Mazzeo, Virginia Commonwealth University

Examining Outcomes of a Large-Scale CBT-T Training Program

Abstract: This study examined outcomes of 10-session Cognitive Behavioral Therapy for non-underweight eating disorders (CBT-T) delivered by clinicians trained in a CBT-T training program. A retrospective chart review of 267 adult patients who began CBT-T between July 2022 and March 2024 was conducted. Mixed-effects models were used to

examine changes in outcomes of interest and predictors of treatment outcome. Significant reductions were observed in eating disorder (ED) psychopathology ($p < .001$), binge episodes ($p < .001$), vomiting episodes ($p = .004$), anxiety ($p < .001$), and depression ($p < .001$). Early improvement in ED psychopathology predicted lower ED psychopathology at end of treatment ($p < .001$). Having a diagnosis of anorexia nervosa, atypical anorexia, or avoidant/restrictive food intake disorder was associated with a higher rate of premature treatment discontinuation ($p = .001$). In an additional exploratory analysis, binary logistic regression was used to examine whether weight suppression (WS; the difference between previous highest weight, excluding pregnancy, and current weight) predicted premature discontinuation. WS at the start of treatment significantly predicted premature treatment discontinuation ($B = 0.032$, $p = .010$). These findings indicate that CBT-T is an effective and scalable treatment for non-underweight eating disorders. Given that this is the first report of WS predicting premature discontinuation from CBT-T, replication in other samples is necessary. Future research should examine whether adaptations or alternative approaches may improve retention among highly weight-suppressed patients.

Learning Objectives

- Describe the changes in ED psychopathology, ED symptoms, anxiety, and depression associated with CBT-T
- Identify predictors of treatment outcome and premature discontinuation in CBT-T
- Discuss implications of weight suppression as a predictor of dropout

Authors: Laura Dixon, Nova Scotia Health; Colby Price, Dalhousie University; Sara Bartel, Nova Scotia Health Authority; Anastasia Harris, Nova Scotia Health; Marika Schenkels; Toni Spinella; Abraham Nunes; Sarrah I. Ali, Florida State University; Glenn Waller, The University of Sheffield; Jessica Wournell, Nova Scotia Health; Susan Gamberg, Nova Scotia Health; Aaron Keshen, Nova Scotia Health

Exploring the relationship between perceived control and eating disorders

Abstract: Prominent theoretical models (Fairburn et al., 1999; Slade, 1982) and qualitative accounts suggest that (lack of) agency - the sense of being in control over one's actions and their consequences - plays a central role in eating disorders, irrespective of diagnosis. However, existing literature has relied exclusively on self-report measures, while behavioural and mechanistic evidence remains limited. This pilot aimed to explore differences in the perceived controllability of actions and to examine whether associations are specific to eating disorders or reflect a transdiagnostic factor, common to other conditions linked to altered control such as obsessive-compulsive disorder. Thirty participants completed a task that varied controllability by manipulating the contingency between participants' actions and outcomes. On some trials, actions were directly linked to outcomes (i.e., sense of agency), while on others actions were unrelated to outcomes. At multiple points during the task, participants rated perceived

control (i.e., the extent to which they believed their actions influenced current outcomes) using a visual analogue scale. They also completed the Eating Disorder Examination Questionnaire (Fairburn & Beglin, 1994) and the Obsessive-Compulsive Inventory – Revised (Foa et al., 2002) to assess symptom severity. The discrepancy between actual and perceived control acted as the dependent variable. We found a positive association between control discrepancy and eating disorder severity ($\beta = 0.78$, $SE = 0.25$, $p = 0.084$), which trended towards significance. There was also a significant positive association between control discrepancy and obsessive-compulsive symptoms ($\beta = 1.35$, $SE = 0.78$, $p = 0.005$). These findings suggest that individuals with greater disordered eating and obsessive-compulsive symptoms tended to underestimate the control they had over their outcomes, and that this may reflect a transdiagnostic mechanism shared across conditions. Underestimating control over one's actions may contribute to diminished beliefs about agency and to feelings of 'loss of control' often reported in qualitative accounts. Future work will extend this pilot to a larger sample with a broader range of severity and apply computational modelling to identify which processes (e.g., learning rate, valuation, updating) drive this behavioural effect.

Learning Objectives

- Following the training, participants will be able to understand the concept of agency and its relevance to perceptions of control
- Following the training, participants will be able to explain how agency relates to eating disorders
- Following the training, participants will be able to discuss how perceived control may represent a transdiagnostic mechanism across psychiatric conditions

Authors: Kelly Donegan, University of York; William Carrington, University of York; Megan Mather, University of York; Alexandra Pike, University of York

Eating Disorder Symptomatology Across Ethnic Groups: A Systematic Review

Abstract: This systematic review aimed to examine differences in eating disorder prevalence and symptom expression across majority and minority ethnic groups globally. Studies were identified through PubMed, PsycINFO, EMBASE, ProQuest, and EThoS, using search terms related to eating disorders, disordered eating behaviours, and ethnicity in children, adolescents, and adults. Inclusion criteria require studies reporting at least two ethnic groups with quantitative measures of eating disturbance or body dissatisfaction; peer-reviewed articles in English are prioritised, with grey literature considered. To date, over 10,000 records have been screened, with approximately 2,000 moved to full-text review. Data extraction will capture study design, sample characteristics, prevalence of diagnosed and subclinical eating disorders, and scores on validated measures such as the EDE-Q and SCOFF. Planned analyses will compare prevalence and symptom patterns across ethnic groups, examining variation by diagnostic subtype, gender, and cultural context. By including all genders, clinical and

non-clinical populations, and studies from diverse countries, this review will update and extend prior work that focused predominantly on Western women. Findings will inform culturally sensitive assessment, early detection, and intervention, supporting equitable clinical practice and highlighting how disordered eating may manifest differently across ethnic groups.

Learning Objectives

- Understand global differences in eating disorder prevalence and symptomatology across majority and minority ethnic groups.
- Recognise how cultural and contextual factors influence the expression of disordered eating in children, adolescents, and adults.
- Apply knowledge of ethnic disparities to improve culturally sensitive assessment, early detection, and intervention in clinical practice.

Authors: Cecily Donnelly, King's College London; Dasha Nicholls, Imperial College London; Julian Baudinet, King's College London

Exploring Psychosocial Factors and Ethnic Disparities in Adolescent Disordered Eating Behaviours

Abstract: This study investigates psychosocial factors and ethnic disparities in adolescent disordered eating behaviours using data from 940 students aged 11–16 attending state secondary schools in North London. Building on prior work examining the link between mentalisation and disordered eating, the project further explores how self-compassion, self-esteem, emotion regulation, peer relationships, perfectionism, mindfulness, and family functioning interact to influence risk, and how these associations may vary across ethnic groups. Analyses include exploratory factor analysis to clarify overlaps between psychological constructs, latent class analysis to identify distinct subgroups with differing risk profiles, and group comparisons to explore differences by ethnicity, gender, and age. Patient and public involvement through youth, teacher, and clinician focus groups will inform interpretation and dissemination, ensuring findings are relevant to diverse adolescent populations. By identifying distinct psychological profiles and highlighting ethnic disparities in disordered eating behaviours, this research aims to inform targeted, culturally sensitive prevention and intervention strategies, support early identification of at-risk adolescents, and promote equitable clinical care in educational and healthcare settings. The integration of multifaceted psychosocial factors with a focus on diversity extends prior research and addresses critical gaps in understanding how disordered eating manifests in non-clinical adolescent populations.

Learning Objectives

- Understand how multiple psychosocial factors, including self-compassion, self-esteem, and emotion regulation, interact to influence disordered eating behaviours in adolescents.
- Recognise ethnic disparities in psychological risk factors and their contribution to adolescent disordered eating.
- Apply knowledge of distinct adolescent risk profiles to inform culturally sensitive prevention, early detection, and intervention strategies.

Authors: Cecily Donnelly, Imperial College London; Dasha Nicholls, Imperial College London; Julian Baudinet, King's College London

Duration of Untread Eating Disorder and Clinical Outcomes: An Updated Systematic Review

Abstract: This review aims to compile and update the existing literature on the impact of DUED on outcomes in individuals with eating disorders. A systematic review was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, and the protocol was registered in International Prospective Register of Systematic Reviews (PROSPERO). A comprehensive search was performed in PubMed/MEDLINE, Embase, and PsycINFO databases for studies published between January 1st 2020, until July 20, 2025. Eligible studies included original studies assessing DUED in individuals with eating disorders. Two independents' reviewers conducted the study selection, data extraction and quality assessment using the the Newcastle – Ottawa Scale. From the initial 753 studies identified,11 studies were included: 7 were interventional and 4 non-interventional. The sample size of the included studies ranged from 32 to 1.200 participants. The samples were composed predominantly by females and the great majority with individuals with anorexia nervosa (AN) and very few with bulimia nervosa (BN). The reported mean DUED varied widely, from 6.3 to 86.4 months, with an average duration of 27.5 months for AN, 59.9 months for BN and 33.6 months for in studies that evaluated more than one eating disorder. When we compared the DUED results between study methods, we find that interventional studies show an average disease duration of 14-18 month, while non-intervention studies show a range of 12-86.4 months. A significant heterogeneity was found in terms of the definition and forms of DUED measurements, and this diversity may possibly reflect the variability of the results. Of note, most studies found a positive association of a longer DUED and a higher severity of disease. Furthermore, a longer DUED was associated with lower motivation, and worse outcomes, while a shorter DUED predicted better response to treatment. Based on the current literature, the DUED was linked to greater clinical severity and poorer outcomes, specifically in anorexia nervosa, where prolonged delays were most associated with more severe symptomatology and reduce recovery rates. In addition, the reporders durations of untreated illness in eating disorders appear longer than those observed in other psychiatric conditions such as depression and schizophrenia.

Learning Objectives

- Analyze the impact of duration of untreated illness on treatment outcomes.
- To describe the mean duration of untreated illness in eating disorders
- To describe the long-term outcomes associated with a prolonged duration of untreated illness in eating disorders

Authors: Roseane Dorte Halkjaer-Lassen, Federal University of Rio de Janeiro (UFRJ); LIVIA MENESCAL, Anna Nery Nurse School, Federal University of Rio de Janeir; Carlos Eduardo Moraes, Group of Obesity and Eating Disorders (GOTA), Institute of Psychiatry, UFRJ; Jose Carlos Appolinario, Group of Obesity and Eating Disorders (GOTA), Institute of Psychiatry, UFRJ

A qualitative study on the outpatient child and adolescent seven session parent group

Abstract: This qualitative study investigates the experiences of parents participating in the Eating Disorders parent group, aimed at providing emotional and practical support for families affected by eating disorders, using first line treatment evidence based model. Through in-depth interviews and focus groups with 20 parents, we explored themes related to coping strategies, the emotional impact of their child's illness, and the perceived benefits of group involvement. Participants reported a heightened sense of community and validation, emphasizing the importance of shared experiences in reducing feelings of isolation. The findings reveal critical insights into how parents navigate the complexities of supporting a child with an eating disorder and highlight the need for tailored resources and guidance. The group was co facilitated by a parent peer support worker, who had lived experience as a parent of child that had ana eating disorder and attended the parent group while in treatment.

This research underscores the vital role of parent support groups in fostering resilience and promoting positive family dynamics, suggesting that such groups are essential for enhancing parental well-being and ultimately benefiting the recovery process for affected individuals. Future research should further examine long-term outcomes of the parent group, ability to have a positive impact on their child' s recovery.

The qualitative questionnaires to evaluate the experiences and perceptions of parents participating in the eating disorder parent group. Designed to gather in-depth feedback, the questionnaires include open-ended questions that explore participants' motivations for joining the group, the impact of the sessions on their coping strategies, and their insights into supporting their children. Key themes investigated include the effectiveness of group discussions, the relevance of session topics, and the sense of community fostered among parents.

Co-facilitation with a parent peer support worker for the group provides significant benefits for both parents and clinical teams. They bring lived experience of supporting a child through recovery, enhances engagement by fostering trust, empathy, and relatability among participating parents. Their involvement helps reduce stigma and

feelings of isolation, while modelling hope and resilience that can sustain motivation throughout treatment.

Learning Objectives

- Value of parent group
- How offering a parent group along side treatment, supports recovery and discharge
- The positive impact in having a parent peer support work co facilitating the group.

Authors: shanay Dougan, Maudsley Centre for Child and Adolescent Eating Disorders

Weight Stigma, Conversations About Weight, and Adolescent Disordered Eating in Hispanic Families

Abstract: Weight stigma (WS), or devaluation of people based on body weight, is associated with disordered eating behaviors, increased physiological stress, and body dissatisfaction. These outcomes may arise by means of internalization of such stigma, known as internalized weight bias (IWB). Parental weight talk (PWT), or parents' discussion their own, their child's, or others' weight, is a potential mechanism of transmission of WS and IWB within families. PWT is understudied particularly in Hispanic populations, where the family unit is of high cultural significance. While recruitment is ongoing, 6 Hispanic parents (N=6, 48±6 years old, body mass index (BMI)=32±9 kg/m2) and their adolescents (N=6, 15±1 years old, BMI=28±7 kg/m2) have completed well-validated questionnaires assessing WS, IWB, PWT, and adolescent disordered eating. We expect to have recruited 40 parent-adolescent dyads by May. Preliminary trends from these six parent-adolescent dyads suggest that higher parent and adolescent BMI may be associated with greater weight stigma. Additionally, higher levels of parental IWB may be associated with higher adolescent-reported parental negative weight comments, and greater adolescent-reported parental weight comments (positive or negative) may be associated with higher adolescent IWB. As we recruit additional dyads, we plan to further investigate these associations using ANOVA. We hypothesize that these preliminary patterns will persist with a larger sample and that adolescent IWB will be associated with disordered eating behaviors.

Learning Objectives

- Define and provide examples of weight stigma.
- Explain how weight stigma and internalized weight bias may relate to disordered eating.
- Explain how cultural factors may influence how Hispanic families relate to body weight.

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Clinician perspectives on barriers and enablers to autism-affirming eating disorder care.

Abstract: Autistic individuals, and those with high levels of Autistic traits, report poorer ED treatment outcomes and experiences than their non-Autistic counterparts. To our knowledge, there is only one clinical pathway for Autistic individuals with eating disorders with published guidelines and evidence of impact; The Pathway for Eating Disorders and Autism developed from Clinical Experience (PEACE, www.peacepathway.org). Emerging evidence indicates the pathway to be cost effective, reduce admission duration, and to improve clinician confidence and autism awareness. However, there is little guidance available about how autism-informed adaptations are implemented, and there remains a need to understand the specific barriers and enablers to implementing autism-affirming care in ED services. The current study therefore aims to understand what the perceived barriers and enablers are to implementing autism affirming care. Participants met the inclusion criteria if they were clinicians currently working in an ED service in the UK that was looking to implement autism-affirming treatment adaptations. The final sample (n=12) consisted of a range of clinicians working in ED services across both Adult (n=6) and Child and Adolescent Mental Health Services (n=5), with one clinician working in services that served all ages (n=1). Participants were interviewed and data analysed using reflexive thematic analysis using a realist approach. The data is still be analysed but provisional dispositional themes include 1) The impact of siloed ED and neuro-developmental services 2) A strong focus on evidence-based care leaves clinicians feeling nervous to make adaptations decisions alone but safe to enact intentional change when supported by teams 3) A belief in personalized care, regardless of an autism diagnosis, underpins autism-affirming care 4) Meaningful co-production is effortful and skillful, thus small but genuine initiatives are more transformative than perfunctory or procedural exercises. 5) A team culture of openness to change and earlier intervention supports autism affirming care. This research provides novel insights into the process of implementing autism-affirming care, as opposed to focusing only on the impact of this care once it has already been implemented.

Learning Objectives

- Consider potential barriers to implementing autism affirming care in ED services
- Consider potential enablers to implementing autism affirming care in ED services
- reflect on underpinning process of implementing autism affirming care in ED services.

Authors: Fiona Duffy, University of Edinburgh, CAMHS NHS Lothian; emy nimbley; amelia austin; Kate Tchanturia, King's College London; kai thomas; catherine jones; Karri Gilllespie-Smith, University of Edinburgh

Exploring career concerns and opportunities for UK-based early career researchers working in the fie

Abstract: While there may be common challenges and opportunities for early career researchers (ECRs), those working in the field of eating disorders (ED) may face unique barriers and required tailored support. The current study sought to explore consensus on career concerns and opportunities in ED ECRs. A three-stage Delphi model was conducted. Round 1 involved participants rating career concern and opportunity statements, with free-text responses. Researchers then generated a list of Delphi statements which were shared in Round 2, and participants who were asked to indicate their level of agreement. A final round was shared, with median ratings from Round 2 and the option to change or further expand on responses. Final consensus was calculated as percentage agreement. Career concerns reaching consensus included timeline pressures, personal sacrifices for roles, unclear career trajectories, job insecurity, funding concerns, fears of being pushed out of the field, and pressures to publish. For ED ECRs, funding and job insecurity were central concerns in this group. There was no consensus on a range of other concerns (work/life balance, isolation, mental health and wellbeing and power imbalances), suggestive of context-dependent experiences. Participants agreed that almost all the presented career opportunities were of importance to ED ECRs. Findings suggest that ED ECRs face significant barriers towards remaining in the field, Whilst many concerns reflect broader ECR experience, (limited research funding, associated job insecurity) some appear to be particularly exacerbated for ECRs working in the ED field. Further research is needed to inform directions for tailored support strategies, such as peer support, mentoring schemes and increased funding from governing bodies.

Learning Objectives

- Understand career concerns in UK based eating disorders early career researchers
- Understand perceived career opportunities in UK based eating disorder early career researchers
- consider potential solutions to overcome significant barriers for early career researchers to remain in the filed of eating disorders.

Authors: Fiona Duffy, University of Edinburgh, CAMHS NHS Lothian; emy nimbley; marie-christine opitz; michelle Sader; emily newman; Helen Sharpe, University of Edinburgh; Karri Gilllespie-Smith, University of Edinburgh

Sustaining Eating-Disorder Care in Primary Healthcare Settings: A Mixed-Methods Study

Abstract: Despite the prevalence of eating disorders and their long-term impacts, access to evidence-informed care remains limited. Many community health professionals feel unprepared to treat eating disorders and thus rely on scarce specialized services. The Eating Disorders Continuum (EDC), a specialized supra-regional program at the Douglas Institute in Montreal (Canada), runs a Knowledge Exchange Program designed to build expertise of primary healthcare clinicians across the province through training and supervision. Our previous studies had shown that implementation of eating-disorder services in primary care is feasible, and patients can be successfully treated at trained clinics. The current study conducted a qualitative analysis of the sustainability of eating-disorder services in a primary-care setting in which our KT efforts were particularly successful. Participants (N = 10) consisted of managers and healthcare professionals (e.g., psychologists, social workers) working at the site of interest who had received training and regular supervision from the Douglas team. Participants completed questionnaires (Implementation Leadership Scale, Implementation Climate Scale) and a semi-structured interview focused on long-term barriers and facilitators of maintaining services. The interview data were analyzed using a Qualitative Content Analysis approach. Themes were generated by two independent raters (RD, SF). Employees rated leadership and climate positively, particularly on proactive and knowledgeable leadership and openness to new practices. Qualitative findings highlighted key facilitators to participation, especially logistic support from managers (e.g., blocked time, resources) and encouragement from upper-level management. Barriers included staff turnover and limited awareness of the program among referring physicians. Participants described both rewards (e.g., depth of therapeutic work, patient progress) and challenges (e.g., ambivalence, comorbidities) in working with eating disorders. Training and supervision enhanced understanding and optimism, while future program development emphasized multidisciplinary collaboration. This mixed-methods study showed that integrating eating-disorder services into primary care is feasible and that management support is crucial for the long-term sustainability of these services. Findings will inform strategies to help primary care settings implement and maintain effective eating-disorder programs.

Learning Objectives

- Following the training, participants will better understand factors that facilitate implementation of eating-disorder services in primary care.
- Following the training, participants will better understand factors that facilitate long-term sustainability of eating-disorder services in primary care.
- Following the training, participants will be able to describe how leadership support and logistical resources impact the long-term implementation of eating-disorder programs.

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Drive for Muscularity and Muscularity Concerns in Women: Implications for Eating Behavior

Abstract: The contemporary female body ideal combines thinness with muscular definition, potentially influencing eating behaviors in different ways. Two widely used measures in this field are the Drive for Muscularity Scale (DMS) and the Female Muscularity Scale (FMS), yet it remains unclear whether they assess distinct constructs: “drive for muscularity” and “muscularity concern.” This study aimed to analyze and compare these instruments in adult women and examine their associations with disordered eating outcomes. A cross-sectional, observational study was conducted with 819 cisgender women aged 18–50 years, recruited online in Brazil between July and September 2024. Participants completed a sociodemographic questionnaire, the DMS, the FMS, the Eating Disorder Examination-Questionnaire – 8-item version (EDE-Q8), and the Muscularity-Oriented Eating Test (MOET), through the REDCap platform. Data analyses included Pearson correlations, Fisher r-to-z comparisons, and multiple linear regressions (forward method). Results showed that both the DMS and FMS subscales correlated moderately with muscularity-oriented eating (MOET). The DMS was weakly correlated with dietary restraint and eating concern in the EDE-Q8, but not with weight or shape concern. In contrast, the FMS, particularly its Attitudes subscale, correlated positively with all EDE-Q8 subscales, suggesting stronger links to traditional eating disorder symptoms. Fisher comparisons confirmed that FMS (Attitudes and Behaviors) presented significantly stronger correlations with EDE-Q8 than the DMS, while no significant differences were found for MOET. Regression models indicated that both the DMS and FMS-Behaviors independently predicted MOET scores, with DMS showing slightly higher coefficients. For EDE-Q8, the FMS-Attitudes emerged as the strongest predictor, while DMS showed only small or nonsignificant effects Overall, findings support that the “drive for muscularity” and the “concern with muscularity” represent distinct yet correlated constructs in women: the DMS is more directly linked to muscularity-oriented eating practices, whereas the FMS is more sensitive to weigh and shape dissatisfaction and eating disorder symptomatology, underscoring their complementary roles in assessment and the importance of distinguishing between them for both research and clinical interventions.

Learning Objectives

- Following the training, participants will be able to differentiate between the constructs of “drive for muscularity” and “muscularity concern” in women.
- Following the training, participants will be able to describe how these constructs are associated with muscularity-oriented and disordered eating behaviors.
- Following the training, participants will be able to identify clinical and research implications of distinguishing between drive and concern for muscularity in the assessment of eating behavior in women.

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What constitutes “culture” in eating disorders? A scoping review of the anthropological literature

Abstract: Medical anthropology elucidates complex biocultural relationships in health and illness. As such, medical anthropological research is equipped to address a core concern in eating disorders scholarship: how interactions between individual factors and environmental exposures – particularly culture – give rise to eating disorders. Since the 1990s, anthropologists working in community, clinical, and online settings have sought to understand how culture informs eating disorders causation, experience, and treatment, both within and beyond the Global North. This paper reports on the first scoping review of the anthropological literature on eating disorders. We conducted a systematic search of terms related to anthropology, eating disorders, and disordered eating on five databases (PubMed, PsychInfo, Web of Science, ProQuest Applied Social Sciences Index and Archive, and ProQuest Dissertations and Theses Global), supplemented by hand searching. Of 2,196 records identified, 77 met inclusion criteria, reporting on anthropological research conducted in 15 countries: Australia, Belize, Canada, Fiji, Georgia, Hong Kong, India, Israel, Italy, Japan, Malta, Mexico, South Korea, the UK, and the USA. Culture is a multifaceted concept, whose key components in relation to eating disorders include selfhood, identity, agency, relationality, narrative, materiality, gender, and value systems. Rather than acting on the body to produce eating disorders, these components of culture are embodied in lived experiences of food, objects, space, self, and others, and in the meanings people with eating disorders assign to these experiences. Moreover, locally-specific components of culture give rise to diverse eating disordered experiences. Culture also extends to treatment regimes, where value systems and understandings of agency inform approaches to the management of eating disorders. Importantly, cultural influences on eating disorders are embedded within wider systems, structures, and policies, with processes such as socioeconomic transition and social mobility – and experiences of structural inequality and chronic stress – emerging as powerful drivers of disordered eating. Through sharing the findings of this scoping review, this presentation will outline the clinical and policy relevance of paying attention

to culture in eating disorders. In so doing, it will, more broadly, highlight the key role that an anthropological approach can make to the eating disorders research field.

Learning Objectives

- Define the components of culture in eating disorders.
- Understand how different cultural logics give rise to diverse experiences of eating disorders, treatment, and recovery.
- Place cultural influences on eating disorders within wider systems, structures, and policies.

Authors: Karin Eli, University of Warwick; Anna Lavis, University of Birmingham; Rosina Pendrous, University of Birmingham; Jwana Aziz, University of Birmingham; Amanda Rodney, University of Birmingham; Lizzie Mitchell, University of Birmingham; Shanta Raj, University of Birmingham; Kat Edwards, University of Birmingham; Sheryllin McNeil, Birmingham Women's & Children's NHS Foundation Trust; Anthony Winston, Coventry & Warwickshire NHS, Partner Trust

Catatonia in Psychosis and Eating Disorders: Mechanisms, Malnutrition, and Treatment Considerations

Abstract: Eating disorders (EDs) and psychosis have overlapping symptoms and may co-occur in a variety of presentations. Due to its debilitating and life-threatening risk, it's important for clinicians to be aware of how catatonia may present within these co-occurrences. In addition, catatonia may have different etiological factors to consider according to key intersections that are highly relevant to individuals vulnerable to EDs and psychosis (i.e., malnutrition, autism, trauma, bipolar disorder, OCD). This article reviews and summaries critical considerations for catatonia within ED-psychosis co-occurrence, and includes the author's lived experience insight into experiencing catatonia within co-occurring ED-psychosis.

Learning Objectives

- Following this presentation, delegates will have increased understanding about the life-threatening nature of catatonia, its differing forms, and its prevalence in EDs, psychosis, and conditions that commonly co-occur with EDs
- Following this presentation, delegates will have increased understanding about shared factors that may lead to catatonia in ED, such as co-occurring psychosis, autism, bipolar disorder, trauma, OCD
- Following this presentation, delegates will have increased awareness of the need for research and clinical guidance on identification of different catatonic presentations and how to treat them in EDs with complex co-occurring conditions such as psychosis, autism, trauma, bipolar disorder, OCD and severe malnutrition

Authors: Rosiel Elwyn, National PTSD Research Centre, Thompson Institute, University of the Sunshine Coast, Australia

Co-occurring Disordered Eating and Psychosis: Varied Presentations and Considerations for Treatment

Abstract: Disordered eating or eating disorders (ED) and psychosis have a high degree of overlap, co-occurrence, and multiple potential shared mechanisms. This review paper will outline a number of different forms of eating disorder and psychosis (ED-PS) or psychosis-disordered eating (PS-DE) that may present in practice. These include: (1) Natural co-occurrence of eating disorder and psychotic-spectrum disorder, (2) Psychotic symptoms related to eating disorder (ED voice; overvalued/delusional beliefs related to eating disorder, psychotic symptoms secondary to metabolic disturbance such as malnutrition/electrolyte imbalance/starvation syndrome effects), (3) Disordered eating secondary to psychosis (food refusal; restriction/loss of appetite secondary to negative psychotic symptoms; disordered eating induced by medication for psychosis; voice-hearing content related to body image or weight), (4) Disordered eating/ED secondary to shared co-occurrence with psychosis (psychosis due to stress or trauma; trauma-related voice-hearing). These differing presentations are likely to require different treatment approaches, with input from both ED and psychosis specialists. Despite the overlap and co-occurrence of these conditions, there is a lack of guidance on transdiagnostic or integrated treatment approaches. Here we argue for the development of guidelines specific to the treatment of those with co-occurring psychosis and ED symptomatology and make a number of suggestions about what should be considered in the development of such guidelines. These include considering factors like sex, gender, physical health, and the impact of antipsychotics on those with dual ED and psychosis.

Learning Objectives

- Following this presentation, delegates will have an increased understanding of the prevalence of ED/DE and psychosis co-occurrence and symptom overlap
- Following this presentation, delegates will have an increased understanding of varied presentations of co-occurring psychosis and ED/DE
- Following this presentation, delegates will have an awareness of the need for clinical guidance, and will be provided with suggestions for consideration for such guidelines (including important factors that can influence treatment: sex, gender, medication considerations, physical health, other co-occurrences))

Authors: Rosiel Elwyn, National PTSD Research Centre, Thompson Institute, University of the Sunshine Coast, Australia; Erica Neill, Orygen/ Centre For Youth Mental Health, The University of Melbourne; Hannah Kim, Orygen/ Centre For Youth Mental Health, The University of Melbourne; Andrea Phillipou, Orygen

Co-occurring eating disorder, psychosis, and PTSD: Lived experience and integrating treatment

Abstract: Disordered eating or eating disorders (ED) and psychosis commonly co-occur and have a degree of overlap, however there are no current clinical guidelines or comprehensive clinical guidance for integrated treatment. This lived experience case offers insight into symptom cross-over, perception and beliefs that may occur in coexisting ED and psychosis (i.e., eating disorder voice, psychotic voice-hearing, delusional beliefs about food, eating disorder-driven overvalued beliefs about eating/the body, body image disturbance, depersonalization, derealization). The detailed examples within this case highlight helpful treatment approaches to support trust and safety in care and prevent patient deterioration in co-occurring diagnosis of longstanding anorexia nervosa, schizoaffective disorder and trauma/PTSD. Lived experience involvement in research and clinical guidance development is needed in order to further understanding of co-occurring conditions such as ED, psychosis and trauma, to improve shared decision-making, and treatment personalization.

Learning Objectives

- Following this presentation, delegates will have an improved understanding of current research on the co-occurrence of eating disorders and psychosis
- Following this presentation, delegates will have an improved understanding of current research on the complexity of symptom overlap and multiple presentations of co-occurring disordered eating/eating disorders and psychosis
- Following this presentation, delegates will have an improved understanding of how psychosis, trauma, and eating disorder symptoms may interrelate (e.g. voice-hearing experiences) and some suggestions for trauma-responsive, personalised care approaches

Authors: Rosiel Elwyn, National PTSD Research Centre, Thompson Institute, University of the Sunshine Coast, Australia

Fear and Starving in the Gut-Brain-Vagus: A Systematic Review of the Gut Microbiome and Metabolites

Abstract: Emerging evidence suggesting several shared neurobiological mechanisms between trauma and AN. Alterations in the gut microbiome and bacterial metabolites may be key neurobiological changes that confer AN risk. While gut microbiome dysregulation has been separately studied in AN, PTSD, and adversity, their distinct and overlapping profiles remain unclear. This systematic review consolidated research on gut microbiome and metabolite profiles in individuals with AN, PTSD, or exposure to adversity. Unique and shared microbial and metabolite alterations were identified across groups. In both AN and adversity, there was an increase in Proteobacteria and decrease

in Firmicutes at the phylum level. In both AN and PTSD, no change was reported in Firmicutes (Bacillota), Bacteroidetes, and the Firmicutes (Bacillota)/Bacteroidetes ratio, but a decrease in Actinobacteria and Verrucomicrobia was observed. At the order level, Clostridales increased in AN and adversity, but was unchanged or decreased in PTSD. Ruminococcaceae was decreased across all groups; Lachnospiraceae decreased in AN and PTSD, and Bifidobacteriaceae in PTSD and adversity. Several genera and species showed overlapping changes. Notably, Phascolarctobacterium decreased in all groups; Faecalibacterium decreased in AN and adversity, but not PTSD. Methanobrevibacter increased in AN and adversity. PTSD and adversity showed increases in Alistipes onderdonkii, Bifidobacterium adolescentis, and Parabacteroides distasonis. Butyric acid, a key bacterial metabolite, was decreased in individuals with AN and adversity exposure. These findings suggest shared gut microbiome alterations may contribute to vulnerability to AN following trauma.

Learning Objectives

- Following this presentation, delegates will have an increased understanding of current knowledge on characteristics of the gut microbiome and metabolites in AN
- Following this presentation, delegates will have an increased understanding of current knowledge on characteristics of the gut microbiome and metabolites in PTSD and adversity exposure
- Following this presentation, delegates will have an increased understanding of current knowledge on unique and shared characteristics of the gut microbiome and metabolites in AN, PTSD, and adversity exposure, which may indicate mechanisms to target for individuals with co-occurring AN and trauma, particularly those who may have not responded to treatment

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“COR”: A Brief Process-Based Intervention for Binge Eating in Adults With Overweight/Obesity

Abstract: Binge eating is common among adults with overweight/obesity and is associated with emotional distress, difficulties in emotion regulation, and experiences of weight stigma and body-image conflict. This study aimed to develop “COR,” a brief process-based psychological intervention for binge eating, informed by scientific

evidence and lived experiences of users. A theory-guided and user-informed intervention-development approach was used. COR targets three core mechanisms implicated in binge eating: emotion regulation, interoceptive attunement to hunger and satiety cues, and body-focused self-compassion. Qualitative interviews with adults reporting binge eating (n = 15) identified recurrent themes, including early experiences of invalidation, the use of binge eating as an affect-regulation strategy, and distress linked to weight stigma and body shame, supporting the relevance of these mechanisms as treatment targets. Based on these findings, COR integrates Dialectical Behavior Therapy skills for emotion regulation and distress tolerance; cognitive-behavioral strategies to interrupt the restriction–binge cycle and modify maladaptive beliefs; Intuitive Eating principles to support attunement to internal cues and reduce dietary restraint; and self-compassion practices to improve body-image experiences. The intervention consists of eight weekly individual sessions plus a follow-up session, including psychoeducation, emotional awareness and regulation skills, interoceptive and mindful-eating exercises, body-focused self-compassion practices, and relapse-prevention planning, supported by experiential exercises and between-session practice. COR is currently in a preliminary feasibility and acceptability phase in a clinical setting. This development process and qualitative evidence support the cultural relevance and clinical potential of a brief, process-based intervention for binge eating in adults with overweight/obesity in Latin America, contributing to increased access to evidence-informed care in under-represented settings.

Learning Objectives

- Describe core emotional, interoceptive, and body-related mechanisms implicated in binge eating among adults with overweight/obesity.
- Identify key components of a brief process-based intervention informed by evidence and user experiences.
- Explain the development steps and cultural relevance of the COR protocol and consider applications for diverse clinical settings.

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Exploring BMI, Eating Styles, and Binge Eating Through Network Analysis

Abstract: Obesity is a global health concern linked to chronic diseases such as diabetes, cardiovascular conditions, and certain cancers. Dysfunctional eating behaviors, binge eating, and food addiction play a critical role in obesity development. This study aimed to disentangle the association between BMI, food addiction, binge eating and dysfunctional eating patterns, from a network perspective in young adults. A sample of 390 university students (59% female) completed the Binge Eating Scale

(BES), the Modified Yale Food Addiction Scale 2.0 (MyFAS 2.0), and the Dutch Eating Behavior Questionnaire (DEBQ). BMI was calculated from self-reported height and weight. The network model was estimated using graphical LASSO with EBIC selection (hyperparameter = 0.5). Analysis was conducted in JASP. The final network included six nodes and 11 edges (sparsity = 0.267). BMI was positively associated with binge eating, restrictive eating, and emotional eating, but not with external eating or food addiction. Binge eating was the most central node, strongly linked to food addiction and restrictive eating. Dysfunctional eating styles were interrelated, with external eating notably connected to restrictive eating. Binge eating may play a relevant role in the development of obesity, along with restrictive and emotional eating. Targeting binge eating and dysfunctional eating styles in interventions may produce cascading benefits, mitigating food addiction and external eating in young adults.

Learning Objectives

- Describe the network relationships among BMI, food addiction, binge eating, and dysfunctional eating styles.
- Identify binge eating as the most central node connecting BMI and other eating-related behaviours.
- Discuss how network analysis can inform prevention strategies addressing obesity risk in young populations.

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Emotional Eating and weight outcome in Children with ADHD : Behavioural and Clinical Implications

Abstract: Background: There is growing evidence that aberrant eating behaviors, including emotional eating, and obesity co-occur with attention-deficit/ hyperactivity disorder (ADHD) in children. The present study aims to investigate the association between ADHD symptoms, eating behaviors and obesity in ADHD children. Patients and Methods: We included 50 ADHD children diagnosed by Conners scale. They completed the Emotional Eating scale adapted for children (ESS-C) to assess eating in response to emotions. Parents completed the Children’s Eating Behavior Questionnaire (CEBQ) to

assess children's eating behavior. Multivariable linear regression analysis was used to detect the most independent risk factor for higher Body mass Index (BMI) z-scores. Results: Higher percentage of overweight/obesity was detected among ADHD children than normal population studies. Also, higher Conners global index was associated with higher BMI z-scores. Both Inattentive and combined types were associated with higher BMI, while hyperactive type with lower BMI. Regarding eating behaviors, a positive association between food approach and BMI z-scores, while a negative association between food avoidant and BMI z-scores found. Similarly, there was a significant positive association between emotional overeating and BMI z-scores. 68% of ADHD children were high emotional eaters, mainly inattentive and combined. Others were low emotional eaters, mainly hyperactive. Only ESS-C total score was independent risk factor for higher BMI z-scores. Conclusion: Our findings provide evidence that emotional overeating and food approach eating behaviors such are more common among ADHD children with higher BMI z-scores among them. Future studies better understand this overlap will enhance potential interventions.

Learning Objectives

- clarifying the relationship between ADHD and Eating Behavior
- understanding the association between ADHD and body weight and subtypes of ADHD
- identifying the relationship between emotional eating and food approach in ADHD Children

Authors: Heba Essawy, Institute of Psychiatry Medical School Ain Shams University; Dina Mossaad, Essawy PsycHealth; Alaa Zakaria, Mattaria Hospital

GLP-1 Receptor Agonists in Binge Eating Disorder and Bulimia Nervosa: Evidence and Gaps

Abstract: Binge eating disorder (BED) is among the most prevalent eating disorders worldwide, yet achieving durable remission remains challenging. Individuals with BED and bulimia nervosa (BN) demonstrate reduced endogenous GLP-1, suggesting a biological rationale for testing GLP-1 receptor agonists (GLP-1 RAs). Early studies in obesity and diabetes populations indicated reductions in cravings and loss-of-control eating with GLP-1 RAs, raising interest in their potential role in eating disorders. The aim of this review was to examine published evidence on GLP-1 RAs in BED and BN. A search of PubMed and trial registries identified ten reports in BED, including pilot randomized controlled trials, open-label cohorts, retrospective series, and case studies, as well as a single BN case report. Agents such as liraglutide, semaglutide, and dulaglutide were associated with short-term reductions in binge frequency, food cravings, and eating-disorder psychopathology. Trial durations averaged 12–17 weeks, with no outcomes reported after discontinuation. In contrast, psychotherapy trials for BED commonly include ≥6–12 month follow-up, highlighting a gap in evidence for long-

term efficacy and durability. For BN, no controlled clinical trials have been conducted; evidence is limited to one case report describing remission during liraglutide plus metformin, with replication lacking. No published studies of tirzepatide in BED or BN exist, although a registered trial is underway. Importantly, no studies integrated GLP-1 RAs with established multidisciplinary treatments such as CBT, IPT, or structured dietetic support. Adverse-event monitoring was largely restricted to physical outcomes, with pharmacovigilance reports raising concerns about psychiatric symptoms and potential relapse risk. In summary, GLP-1 RAs show preliminary benefit in BED and possible application in BN, but evidence is heterogeneous, short-term, and lacks post-discontinuation outcomes. Randomized controlled trials integrated within multidisciplinary treatment frameworks, combining psychotherapies such as CBT or IPT with dietetic care, and including ≥12-month follow-up with monitoring of psychiatric as well as physical outcomes, are urgently needed to establish durability, safety, and clinical utility in eating-disorder care.

Learning Objectives

- Summarize the current evidence on GLP-1 receptor agonists (GLP-1 RAs) in binge eating disorder (BED) and bulimia nervosa (BN).
- Identify key limitations in existing studies, including short duration, lack of follow-up after discontinuation, and limited integration with established therapies.
- Discuss priorities for future research, including long-term multidisciplinary trials and monitoring of psychiatric as well as physical outcomes.

Authors: Catarina Estrela, NHS Wales

Refining the Culturally-Informed Theory for Disordered Eating among Black Women

Abstract: Previously, a theory of disordered eating among Black women was proposed by Exum et al. (2022). The purpose of the current study was to further develop the culturally informed theory for disordered eating among Black women (CITDE), by 1) refining self-report measures, 2) evaluating the contribution of maladaptive weight control behaviors to the model; 3) evaluating whether the model explains variability in BMI among Black women. Amazon Mechanical Turk (MTurk) and Cloud Research were used to recruit N=222 Black women living in the United States (US). Multiple regression and hierarchical regression were conducted to address study aims. Model results indicated that microaggressions (beta=0.30, p=0.003), income (beta=-0.05, p=0.027), and Black cultural appearance tension (beta=0.20, p=0.023) were associated with stress among Black women. In turn, race-related stress (beta=0.19, p=0.23) emerged as a significant predictor of binge eating among Black women. However, maladaptive weight control behaviors were not significantly associated with stress or most other key variables in the model, suggesting maladaptive weight control variables may not be as relevant to the model. Regarding BMI, the variables in the theory did explain a significant

percentage of the variance (r2=0.21-0.25, p<.0001) in BMI among Black women in the sample, suggesting the relevance of BMI to the model and theory. The study findings yield important and nuanced information regarding the role of social inequalities specific to the experiences of racism and race-related stress in binge eating and BMI among Black women. Continued research on the predictors of both eating and weight disorders among Black women are much needed and can be used to help inform treatment approaches.

Learning Objectives

- Identify culturally relevant variables as key factors associated with stress within the Culturally-Informed Theory for Disordered Eating among Black Women (CITDE-BW)
- Recognize race-related stress as a significant predictor of binge eating among Black women
- Recognize the relevance of the CITDE-BW model to BMI

Authors: Alexis Exum, Clarity Rose Mental Health and Wellness Center, PLLC; Tera Fazzino, University of Kansas

Testing an Instagram Algorithm Reset to Improve Young Women's Body Image and Disordered Eating

Abstract: Visual social media platforms such as Instagram, whose content is shaped by recommender algorithms, have been linked to impaired body image and eating disorder symptoms among young women. Concerns about algorithm-driven "content bubbles" have prompted calls for more user control over algorithmic recommendations. This study provides the first experimental test of an Instagram recommender algorithm reset and its effect on young women's body image and eating disorder symptoms. Young women (N = 160; aged 18–30 years, M = 18.43, SD = 1.46) were randomly assigned to either reset their Instagram recommender algorithm (intervention) or delete and reinstall the Instagram app (active control). Participants completed surveys immediately before and one week after the manipulation, assessing body satisfaction, disordered eating, self-objectification, thin-ideal internalisation, Instagram appearance comparison, life satisfaction, psychological distress, and perceptions of the reset feature. Mixed factorial ANOVAs revealed a significant time × condition interaction for Instagram appearance comparison: participants in the algorithm-reset condition showed greater reductions in appearance comparison from pre- to post-intervention. Similar patterns emerged for thin-ideal internalisation and life satisfaction. Participants in the algorithm-reset condition reported greater perceived change in their Instagram algorithm, experience, and satisfaction with recommended content than those in the control condition. Both groups rated the feature positively, with 69–80% viewing it as at least moderately useful for improving mental health and important for users to access. Findings provide preliminary evidence that an Instagram algorithm reset may serve as a promising, well-received

micro-intervention to reduce appearance comparisons, which are a key mechanism underlying body image disturbance and disordered eating.

Learning Objectives

- Explain how recommender algorithms on visual social media platforms like Instagram can influence users' body image and disordered eating.
- Describe the design and key findings of an experimental study testing an Instagram algorithm reset as a micro-intervention to reduce body image concerns.
- Identify practical and policy implications of algorithm transparency and user-controlled recommender systems for promoting healthier social media environments.

Authors: Jasmine Fardouly, The University of Sydney; Luka Carr, University of Sydney

Eating Disorders in Immigrant Generations: A Clinical Study in an Italian Patient Sample

Abstract: Cultural and environmental factors play a significant role in the development of eating disorders (EDs). However, research on EDs across immigrant generations in Italy remains limited. This study aimed to examine the frequency of first-generation immigrants (FGI) (i.e., foreign-born), second-generation individuals (SGI) (i.e., native-born with both foreign-born parents), mixed-immigrant background individuals (MIB) (i.e., native-born with one foreign-born parent), and native Italians with both Italian native-born parents (NI) in a sample of treatment-seeking individuals at the Regional Centre for Eating Disorders at the University Hospital of Verona (Italy), and to compare these groups in terms of general and ED psychopathology. In this cross-sectional study, data from outpatients aged 14 and older who completed an initial psychodiagnostic assessment between January 2024 and September 2025 were extracted from the Centre's registry. The data also included self-reported measures such as the Eating Disorder Inventory-3, and Symptoms Checklist-90-Revised. Descriptive and inferential analyses were conducted. A total of 236 patients satisfied the criteria for registry data extraction. 7.6% were FGI, 4.2% were SGI, and 6.8% were MIB. According to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), diagnosis of ED was identified for 92% of NI, 81% of MIB, 80% of SGI, 83% of FGI. MIB and SGI were younger and had shorter duration of illness, whereas FGI showed significantly higher Body Mass Index (BMI) and more frequent medical comorbidities. General and ED psychopathology did not significantly differ among groups. However, non-significant trends were observed: a tendency towards greater eating symptoms, interoceptive deficit, and emotional dysregulation in FGI, and more interpersonal difficulties in SGI. The findings indicate comparable levels of ED and general psychopathology among immigrant generations and NI. However, FGIs presented with a more complex clinical picture, marked by physical health issues and trends toward greater emotional and interoceptive difficulties. These results highlight the importance of culturally sensitive outreach to warrant effective ED care for immigrant populations.

Learning Objectives

- Ability to identify clinical differences and trends in eating disorder presentation across immigrant generations and native Italians.
- Knowledge about the frequency of immigrant generations among a sample of eating disorder outpatients in the Italian context.
- Awareness of the relevance of generational migration background for age of onset, illness duration, and medical comorbidities in eating disorder patients.

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Assisted Therapeutic Meal (ATM) for patients with Eating Disorders: a Quali-Quantitative Study

Abstract: Feeding and Eating Disorders (FEDs) are complex conditions requiring integrated and intensity-graded treatment according to symptom severity. Assisted Therapeutic Meal (ATM) is a core intervention in intensive outpatient programs, designed for long-term patients with psychiatric or medical comorbidities who struggle with meals at home and need stabilization, weight restoration, or interruption of binge–purge cycles. Unlike group meals typically used in inpatient or residential care, in our program the ATM is conducted individually with both the psychotherapist and the medical-nutritional therapist present, allowing an integrated, relational, and highly personalized intervention. This study examined which therapeutic strategies are most frequently used during individualized ATMs for patients with Anorexia Nervosa (AN) and Bulimia Nervosa (BN). A mixed-methods design combined qualitative analysis of therapist–patient dialogue with quantitative coding of intervention frequency. Thirty reports of two-hour sessions (total = 60 h) from six female outpatients (3 AN, 3 BN; age

25–26 y; illness ≈ 10 y) were analyzed. Across 1 006 coded interventions (459 AN; 547 BN), validation and relational attunement (21 %) and self-monitoring (20 %) predominated in AN, while self-monitoring (28 %) and validation (17 %) were most frequent in BN. Relational attunement emerged as a constant therapeutic component, independent of diagnosis. The ATM appears to act on multiple cognitive, emotional, and metacognitive levels, integrating psycho-nutritional and psychotherapeutic work in real time. Findings support the view that individualized ATMs strengthen therapeutic alliance, emotion regulation, and recovery processes in severe FEDs, illustrating their role as a complex, high-intensity, and multidisciplinary intervention.

Learning Objectives

- Understanding the complexity of therapeutic meal interventions in patients with severe eating disorders.
- Understanding the centrality of an integrated and multidisciplinary approach, including within therapeutic meal interventions.
- Understand the integration of different therapeutic interventions in the the therapeutic meal in a qualitative and quantitative study

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Therapeutic Interventions in Assisted Therapeutic Meals for Eating Disorders: A Mixed-Methods Study

Abstract: Feeding and Eating Disorders (FED) are complex psychopathologies requiring integrated, multidisciplinary, and intensity-graded treatment (outpatient, day hospital, inpatient). A key intervention in intensive settings is the Assisted Therapeutic Meal (ATM), designed for long-term FED patients and/or those with multiple psychiatric comorbidities who face major difficulties eating independently. Unlike group meals, our intensive interdisciplinary outpatient program conducts the ATM individually, with a psychotherapist and a medical-nutritional therapist present, ensuring an integrated, relational, and highly personalized intervention. The study's objective was to map the therapeutic interventions used during individualized ATMs for patients with Anorexia Nervosa (AN) and Bulimia Nervosa (BN). A mixed-methods design was employed, combining qualitative analysis of therapist–patient interactions with quantitative frequency mapping of intervention types. Thirty textual reports from two-hour ATM sessions (totaling 60 hours) were analyzed, involving six female patients (3 AN: mean age 25.3 years, duration 9.6 years, BMI 14.3; 3 BN: mean age 26 years, duration 11.3 years, BMI 19.7), all presenting with psychiatric and medical comorbidities. Interventions were thematically coded into 15 categories, including: validation and relational attunement, self-monitoring, emotional regulation, psychoeducation, cognitive

restructuring, mentalization, imaginative and trauma-focused techniques, and exposure with response prevention. A total of 1,006 interventions were coded (459 in the AN group, 547 in the BN group). In the AN group, the most frequent interventions were validation and relational attunement (21.35%) and self-monitoring (20%). In the BN group, the predominant interventions were self-monitoring (28.31%) and validation/relational attunement (16.63%). Findings highlight relational attunement as a constant and essential component of ATMs across diagnoses. The ATM emerges as a multilevel, metacognitive, and highly complex intervention, requiring sophisticated clinical integration across cognitive, emotional, and relational domains from the interdisciplinary team. The individualized and interdisciplinary structure of the ATM may enhance therapeutic alliance, emotional regulation, and recovery processes in severe FEDs, positioning it as a powerful therapeutic intervention rather than merely a monitoring tool.

Learning Objectives

- Describe the structure of an individualized, interdisciplinary Assisted Therapeutic Meal (ATM) and differentiate its key components from standard group meal approaches in ED treatment.
- Identify the most frequent therapeutic interventions used during individualized ATMs for both AN and BN patients, focusing on the prevalence of validation/relational attunement and self-monitoring
- Evaluate the clinical utility of the ATM as a complex, multilevel intervention that enhances therapeutic alliance and emotional regulation in severe FEDs

Authors: Valentina Fasoli, Gruber Founndation; Donatella Ballardini, Gruber Foundation; Romana Schumann, Gruber Foundation

EARLY DIAGNOSIS OF ANOREXIA NERVOSA USING ANIMA EYE-TRACKING TECHNOLOGY

Abstract: Introduction. Attention bias (AB) toward negative body image and food is typical of eating disorders. Beyond attentional selectivity, such biases reveal how patients construct and maintain a distorted sense of self, where control over eating and body becomes central to identity. Self-consistent maladaptive beliefs make symptoms feel meaningful or protective, causing ambivalence and resistance to treatment. In contrast, self-incongruent experiences, when intrusive thoughts are perceived as alien, may evoke avoidance or suppression. Such AB relate to body dissatisfaction, fixation or avoidance of specific foods, and lower therapy effectiveness. Eye-tracking in ANIMA captures implicit attention shifts reflecting self-identification with disorder-related stimuli. Integrating AB monitoring into therapy helps identify risk and assess readiness for change.
Methods. Our interdisciplinary Ukrainian team developed ANIMA — an online platform

combining self-report tools with webcam-based eye-tracking to enhance diagnostic precision and enable early intervention. Initially validated for depression, anxiety, and PTSD, the system was later extended to ED to detect attentional and emotional control patterns inaccessible to introspection. Using a standard laptop camera, ANIMA applies the AB paradigm to measure gaze shifts toward disorder-relevant stimuli. A validation study with a laboratory eye-tracker involved patients with anorexia nervosa (acute and remission) viewing paired images in free-viewing mode, with and without explicit tasks. Stimuli included food (low-/high-calorie, neutral), body types, emotional expressions, and social scenes of judgment or acceptance, plus control-related actions (e.g., weighing) to probe vigilance–avoidance dynamics. Comparing gaze data with self-reports revealed implicit markers of hyper-control, avoidance, and self-objectification. Conclusion. The vigilance–avoidance model explains AB and self-identification patterns in eating disorders. ANIMA may support screening, early intervention, and treatment monitoring through gaze-based biomarkers of self-perception and emotional regulation. This aligns with efforts to integrate objective digital markers into psychiatry, reducing diagnostic error linked to clinician and patient biases and limits of verbal introspection (Bradford et al., BMJ Qual Saf, 2024). By embedding objective attention-based measures, ANIMA promotes more accurate, timely, and person-centered mental health care.

Learning Objectives

- Understand how attention bias toward body image and food contributes to the maintenance of anorexia nervosa and reflects patients' distorted self-identification processes.
- Learn how webcam-based eye-tracking technology (as implemented in ANIMA) can objectively capture implicit attentional and emotional patterns that are inaccessible through self-report.
- Explore how integrating attention bias monitoring and digital biomarkers into clinical practice can improve early detection, personalize interventions, and track treatment readiness and progress.

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Implementing Screening for Eating Disorders in College-Age Male Athletes at a University Student Hea

Abstract: This project aimed to increase healthcare providers' awareness of eating disorders (ED) in male athletes by implementing validated screening tools in a university student health center. College-age male athletes are at elevated risk for EDs but are not routinely screened in primary care settings. A cross-sectional study included an

educational intervention for healthcare providers (HCPs) and screening of male student-athletes using the SCOFF and BED-7 instruments. Thirteen HCPs participated in pre- and post-intervention surveys. Twelve male athletes were screened.
Post-intervention surveys demonstrated increased provider knowledge of ED risk factors and screening tools. One athlete screened positive for binge eating disorder, yielding a 8.3% prevalence rate. Educational interventions improved provider awareness and intent to screen for EDs in male athletes. Screening integration into the electronic medical record is recommended. Eating disorders are often perceived as conditions predominantly affecting adolescent females, leading to under recognition in male populations—particularly athletes. College-age male athletes face unique pressures related to performance, physique, and weight regulation, placing them at heightened risk for disordered eating behaviors. Despite this, screening practices in student health centers remain inconsistent, and healthcare providers' awareness of EDs in male athletes is limited.The absence of routine ED screening in male athletes is concerning given their frequent interactions with primary care providers for sports physicals and acute visits. Missed screening opportunities may delay diagnosis and intervention, potentially exacerbating physical and psychological harm. Further complicating the issue is the lack of consensus on which screening tools are most appropriate for this population. This quality improvement project aimed to enhance provider awareness and screening of EDs in college-age male athletes through an educational intervention and the implementation of validated screening instruments in a university health center, during random visits to the health center for other health concerns.The project was conducted at a university student health center and counseling center. Participants included: Healthcare Providers (n = 13) and male athletes (n=12)

Learning Objectives

- Increase provider awareness of eating disorders in male athletes
- Describe risk factors specific to the male athlete
- Educate providers about existing screening tools

Authors: Melody Faux, University of Southern Maine

Anhedonia as a Predictor of Eating Disorder Treatment Outcomes

Abstract: Anhedonia, or diminished capacity to experience pleasure, is elevated in individuals with eating disorders (EDs) and associated with greater symptom severity and poorer treatment outcomes. Most studies, however, rely on depression scales to measure anhedonia, use cross-sectional or only pre- to post-treatment designs, and do not account for concurrent depression. The current study addressed these gaps in a transdiagnostic partial hospitalization ED sample. Aims included whether 1) anhedonia changes during treatment, 2) baseline and early change in anhedonia (pre- to mid-treatment) predict outcomes while controlling for depression, and 3) early change in anhedonia mediates outcomes, with early change in depression as a parallel mediator.

Participants were 185 adolescents and adults with anorexia nervosa restricting or binge-purge subtype, bulimia nervosa, avoidant/restrictive food intake disorder, and other specified feeding/eating disorder. Measures included the Snaith-Hamilton Pleasure Scale, Eating Disorder Examination Questionnaire (EDE-Q), Clinical Impairment Assessment (CIA), and BMI. Analyses included a repeated measures ANOVA, linear regressions, and mediations using Hayes' PROCESS macro. Aim 1 showed that anhedonia decreased significantly from pre- to mid-treatment (Mpre = 3.14, Mmid = 2.35, t = 4.26, p < .001) but not mid- to post-treatment (Mpost = 2.01, t = .99, p = .32). For Aim 2, higher baseline anhedonia predicted poorer CIA outcomes (B = -.76, t = -3.06, p = .003) but not BMI (B = -.05, t = -1.27, p = .21) or EDE-Q (B = -.05, t = -1.80, p = .07). Greater early anhedonia reductions predicted better BMI outcomes (B = -.12, t = -2.15, p = .03) but not EDE-Q (B = .05, t = 1.33, p = .19) or CIA (B = .38, t = 1.07, p = .29). Aim 3 showed that anhedonia did not mediate BMI (a × b = -0.01, 95% CI [-0.03, 0.00]), EDE-Q (a × b = .01, 95% CI [–.02, .02]), or CIA (a × b = .01, 95% CI [–0.02, 0.03]) outcomes. These findings suggest that anhedonia is a state-like construct that can change during treatment, particularly in early phases. Higher baseline anhedonia predicted worse ED impairment and trended similarly for symptom severity at discharge. Early anhedonia improvement predicted greater weight increases, perhaps because patients were better able to access positive experiences in their daily lives as well as motivation for treatment. Although anhedonia did not emerge as a mechanism of change, targeting it early in treatment may enhance ED outcomes.

Learning Objectives

- Identify how anhedonia changes over the course of eating disorder treatment
- Understand the impact of baseline anhedonia on eating disorder treatment outcomes, independent of depression
- Explain the impact of early change in anhedonia on eating disorder treatment outcomes, independent of change in depression

Authors: Christina Felonis, UC San Diego Health Eating Disorders Center for Treatment & Research; Susan Murray, Princeton Center for Eating Disorders, Penn Medicine Princeton Hospital; Christina Wierenga, UC San Diego Health Eating Disorders Center for Treatment and Research

Feeling Off? Exploring Hormonal Birth Control, Interoception, Body Image, and Eating Behaviors

Abstract: Hormonal birth control (HBC) has been linked to changes in mood, behavior, and disordered eating, although findings remain mixed, and no studies to date have examined potential underlying psychological mechanisms such as interoceptive awareness and body image. This pilot study examined differences in interoception, body image, and disordered eating among young adult women at high risk for an eating disorder, comparing those currently using any form of HBC (n=28) to those not using

HBC (n= 45). Associations with HBC use history were also explored. Participants (n=73, Mage=20, SD=1.61) completed measures of interoception, body dissatisfaction, body image variability, cognitive restraint, emotional eating, and binge eating. Participants also provided detailed information regarding their HBC use, including duration of current and lifetime use and age of initiation. Effect sizes suggested signals of potential differences between groups. HBC users reported lower body trust (d=0.23) and greater body image variability (d=0.21) compared to non-HBC users. Duration of current HBC use (M=19 months, SD=17.9) was positively correlated with restraint (r=.39), body dissatisfaction (r=.21), emotional eating (r=.24) and body image variability (r=.27), and negatively correlated with body trust (r=−.32). Lifetime HBC use (M=27.6 months, SD=26.8) correlated positively with body dissatisfaction (r=.33) and restraint (r=.47) and negatively correlated with body trust (r=−.38). Age at HBC initiation (M=17.1 years, SD=2) was negatively correlated with restraint (r=−.36), emotional eating (r=−.25) and body image variability (r=−.26), and positively correlated with body trust (r=.43). Together, these findings suggest HBC may influence disordered eating, body image, and interoception, though effects are preliminary. Continued research with larger, diverse samples as well as experimental and longitudinal designs is needed to clarify these group differences as well as uncover risk pathways. Understanding how HBC may interact with interoception, body image, and disordered eating behaviors could have robust implications for both reproductive and mental health interventions.

Learning Objectives

- Identify potential links between hormonal birth control (HBC) use and disordered eating symptomatology
- Evaluate how interoceptive awareness and body image may function as psychological mechanisms underlying the relationship between HBC use and disordered eating
- Describe how understanding HBC-related effects could inform psychoeducation and collaborative care between medical and mental health providers

Authors: Emily Ferrer, University of South Florida; Juliana French, University of South Florida; Kelly Klump, Michigan State University; Diana Rancourt, University of South Florida

Towards development of the pathophysiological treatment of anorexia nervosa

Abstract: A pathophysiological model of anorexia nervosa (AN) was proposed based on the chronic overactivation of the melanocortin type 4 receptor (MC4R) pathways known for its key role in signaling satiety and in modulating stress-response and emotions. At the origin of this overactivation lies bacterial caseinolytic protease B (ClpB), a 96 kDa disaggregation chaperon protein, protecting bacteria from stressors. Indeed, ClpB possesses a moonlight property as a mimetic protein of the anorexigenic alpha-melanocyte-stimulating hormone (alpha-MSH). As such, beside its capacity to directly

activate MC4R, ClpB plays a role of an antigen-mimetic of alpha-MSH, stimulating production of alpha-MSH-cross reactive IgG antibodies. Such an IgG plays a role of an alpha-MSH carrier in the circulation and enhances alpha-MSH activation of MC4R. Of relevance, plasma levels of alpha-MSH IgG correlate positively with most of the psychopathological traits in patients with AN as revealed by the Eating Disorder Inventory-2 scale. ClpB is produced by the Enterobacteriaceae family of bacteria normally present in the gut of healthy individuals, whose blood levels of ClpB correlate negatively with BMI. However, stressful conditions known as risk factors to develop AN, such as caloric restriction, or intestinal inflammation increase the abundance of ClpB-producing bacteria that may lead to appetite suppression. Moreover, a deficient immune control of ClpB by low production of anti-ClpB IgG, e.g. found in adolescents with AN, may facilitate the food restrictive behavior. These data identify the enterobacterial ClpB as a molecular target for the etiological treatment of AN. Indeed, recent experimental data obtained using activity-based anorexia, an animal model of AN, revealed that immunization of mice against ClpB efficiently protects them from the development of the anorectic phenotype by increasing food intake and reducing physical activity. Taken together, these results suggest that immunoneutralization of enterobacterial ClpB may represent a new therapeutic strategy for treatment of anorexia nervosa.

Learning Objectives

- Learn the role of gut bacteria in regulation of appetite
- Learn new data elucidating the pathophysiology of eating disorders
- Learn the new directions for the development of biotherapy of anorexia nervosa

Authors: Serguei Fetissov, University of Rouen Normandie; Benjamin Thomas; Tomas Hökfelt

Friends or Foes?: Peer Experiences and Eating Pathology Among Gender Expansive Youth

Abstract: Due to minority stress and higher rates of discrimination, transgender and gender expansive (TGE) youth experience disproportionate rates of eating disorders (ED). Prior research suggests a dual role of peers in shaping mental health outcomes for TGE individuals, with peer relationships emerging as protective resources or sources of harm. However, little is known about the role of peer victimization and peer support on eating pathology, especially within nonclinical TGE youth. Consistent with the Gender Minority Stress Framework, the current study examined the impact of social victimization, peer social support, and their interaction on ED symptomatology in TGE youth. Archival data on TGE youth (n = 269; mean age = 12.1 years; 85.5% assigned female at birth, 14.5% assigned male at birth) were used from the Adolescent Brain Cognitive Development (ABCD) National Dataset. Researchers used child self-report measures, including the ABCD Peer Experiences Questionnaire, to gather data on experiences of social victimization. The ABCD Other Resilience Scale, a self-report

measure of peer network strength, assessed the quantity and closeness of participants' social connections. The Schedule for Affective Disorders and Schizophrenia for School-Aged Children (K-SADS) was a child self-report measure used to assess eating pathology. Data were analyzed in SPSS using a multivariable regression model that included main effects of social victimization and resilience, as well as their interaction term. The overall model was significant ($R^2 = .098$, $p < .001$). Social victimization emerged as a significant variable ($\beta = .298$, $p < .001$). There was no significant relationship between peer social support ($p = .237$) or the interaction between peer victimization and support ($p = .386$) on ED symptoms. Results reinforce the relevance of gender minority stressors, specifically peer victimization, on disordered eating among TGE youth. Given the non-significant interaction term, social victimization may still outweigh the potentially protective impacts of peer support. Alternatively, the quality of peer support may be insufficient to mitigate the harm caused by peer-based discrimination. This aligns with a minority stress saturation perspective, wherein chronic exposure to interpersonal stressors contributes to a high allostatic load, overwhelming coping resources and leading to further pathology. Future work could include longitudinal designs to clarify temporal ordering.

Learning Objectives

- Understand the role of peer victimization on eating pathology in a non-clinical TGE youth population.
- Operationalize and describe the role of peer social support in a non-clinical TGE youth population.
- Identify whether peer victimization and peer social support interact in their association with eating disorder behaviors in a non-clinical TGE youth population.

Authors: Jennifer Finkelstein, Auburn University; Rebecca Kamody, Yale University; Tiffany Brown, Auburn University

Mindfulness and Eating Disorders in LGBTQ+ Populations

Abstract: This scoping review synthesizes current literature on mindfulness-based interventions (MBIs) for eating disorders (EDs) and disordered eating behaviors (DEBs) among LGBTQ+ individuals to identify knowledge gaps and inform future research directions. LGBTQ+ individuals face disproportionately high rates of EDs and DEBs compared to their cisgender, heterosexual peers, yet research on effective, affirming interventions remains limited. A comprehensive search was conducted across nine databases for peer-reviewed articles published between January 2002 and December 2024. Inclusion criteria required studies to implement a mindfulness-based intervention, focus on an LGBTQ+ population, and examine outcomes related to EDs or DEBs. Three primary themes emerged from the reviewed literature: tailoring MBIs to the lived experiences of LGBTQ+ individuals, mindfulness in addressing emotional and bodily dysregulation through core mechanisms of disconnection, and mindfulness as a

protective factor. Findings suggest that MBIs may be beneficial in reducing ED symptoms among LGBTQ+ individuals, offering a potentially valuable approach to treatment. However, evidence remains limited and largely exploratory, demonstrating the need for replication studies and more rigorous research designs. The reviewed literature emphasizes the importance of tailoring MBIs to address the unique minority stressors and experiences faced by LGBTQ+ populations. Continued research in this area can help advance inclusive, affirming, and effective approaches to ED treatment for this marginalized community.

Learning Objectives

- Following the paper presentations, participants will be able to identify key findings from current research on mindfulness-based interventions targeting eating disorders within LGBTQ+ populations
- Following the paper presentation, participants will be able to analyze the development and adaptation of MBIs for gender and sexual diverse individuals with eating disorders.
- Following the paper presentation, participants will be able to evaluate gaps in existing literature to inform future research and clinical practice for inclusive, evidence-based eating disorder interventions.

Authors: Savannah Fissenden, Oklahoma State University; Shengli Dong, Florida State University; Kelly Cheung, Florida State University; Nico Young, Florida State University; Anna Rogers, Florida State University; Lindsay Schweizer, Florida State University

Resilience Factors in LGBTQIA+ Populations for Eating Disorder Recovery

Abstract: This study addresses critical gaps in eating disorder research, particularly within LGBTQIA+ populations, by exploring resilience factors that support recovery. While the prevalence and psychopathology of eating disorders in these communities have been increasingly recognized, there remains a shortage of research on the personal and social mechanisms that facilitate healing. The participant sample (N = 10) reflected diversity across racial, gender, sexual identities, and geographical location in North America. Semi- structured interviews were analyzed using narrative analysis to capture participants lived experiences, offering insight into their unique challenges, strengths, and coping strategies. Findings revealed that resilience was fostered through affirming social connections, identity acceptance, and community belonging, which counteracted experiences of stigma and marginalization. The study also highlights how intersecting cultural, social, and familial dynamics shape recovery trajectories. By centering resilience and personal recovery journeys, this research offers a strengths-based perspective that moves beyond traditional pathology-focused models. These findings will help contribute to a more holistic understanding of healing and recovery and may assist the development of culturally sensitive, inclusive interventions tailored to the specific needs of LGBTQIA+ individuals.

Learning Objectives

- Following the poster, participants will be able to describe resilience factors that support recovery from eating disorders within LGBTQIA+ populations.
- Following the poster, participants will be able to identify how intersecting social, cultural, and familial dynamics influence recovery trajectories for individuals with diverse gender and sexual identities.
- Following the poster, participants will be able to understand the implications of narrative analysis findings for developing culturally sensitive and inclusive interventions for LGBTQIA+ individuals.

Authors: Savannah Fissenden, Oklahoma State University; Wilson Lazo-Salmeron, Oklahoma State University

ARFID, Epilepsy, and Anxiety Disorder: A Complex Clinical Intersection and Management Challenge

Abstract: Avoidant/Restrictive Food Intake Disorder (ARFID) has increasingly been associated with medical comorbidities that complicate diagnosis and treatment. This overlap highlights the necessity of a multidisciplinary framework particularly in complex cases where somatic symptoms mimic or amplify eating disorder presentations. We report the case of an early adolescent with anxiety traits who developed restrictive eating following an episode of abdominal pain associated with menses and underlying irritable bowel syndrome. The clinical course included one month of total food avoidance, refusal of liquids, and a 10-kg (22-lbs) weight loss, accompanied by intense fear of pain, intrusive illness-related thoughts, and emotional dysregulation. An endoscopy revealed chronic gastritis without H. pylori. A diagnosis of PANDAS was initially considered and ruled out. Due to complete oral refusal, nasoenteral feeding was initiated at 492 kcal/day and advanced progressively to 1,654 kcal by discharge. The weight at admission was 37.5-kg (82-lbs), premorbid of 49-kg (108 lbs), and the height 150 cm. Psychiatric and psychological assessments identified mild depressive and post-traumatic symptoms, along with episodes of severe anxiety with self-harming. Fluoxetine (60 mg) and aripiprazole (30 mg) was initiated, with no side effects. PARDI scores confirmed an ARFID profile dominated by fear of adverse consequences (4.6/5). After hospitalization, the patient presented a tonic-clonic seizure. Blood glucose was 100 mg/dL, and venous gas showed metabolic alkalosis. EEG revealed epileptogenic activity with centroparietal interictal discharges and secondary generalization, consistent with juvenile myoclonic epilepsy. Levetiracetam was started, with good tolerance and behavioral stabilization. Following one month of coordinated multidisciplinary intervention, anxiety and intrusive thoughts markedly decreased, oral intake normalized, and gastrointestinal symptoms resolved. The body weight increased to 40 kg (88 lb). After two months, the patient achieved emotional stability, and school reintegration. This case illustrates the clinical complexity of ARFID with neurological and anxiety comorbidities. The identification of an organic etiology: juvenile myoclonic was essential for optimizing treatment and avoiding

misinterpretation as purely psychogenic. A multidisciplinary approach promoted safe, sustained recovery and highlighted vigilance for neurological overlap in eating disorders

Learning Objectives

- Identify overlapping medical comorbid diagnoses with Avoidant/Restrictive Food Intake Disorder (ARFID)
- To emphasize the importance of a multidisciplinary approach and the need of medical vigilance in patients with ARFID
- Increase the comprehension of avoidant food intake disorders of high complexity

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Challenge-Based Learning in Eating Disorders Education: An Innovative Medical Training Program

Abstract: Eating disorders are a growing global health concern, yet medical education has not kept pace with this reality. Most medical schools offer little training on this topic, contributing to delayed diagnosis, stigma, and suboptimal patient outcomes. This study describes the implementation of a four week program on eating disorders delivered within the Innovation in Primary Care module at the School of Medicine and Health Sciences of Tecnológico de Monterrey. The program used a Challenge-Based Learning (CBL) approach to bridge theory and clinical application. Forty eight medical students participated in a curriculum combining theoretical instruction and real-world problem solving in parallel. The theoretical module covered screening tools (EAT-26, SCOFF, BES, BQREB, NIAS), DSM-5 classification, neurobiology, levels of care, psychiatric comorbidities, weight stigma, trauma-informed care, gender-affirming language, and biopsychosocial assessment using HEADSS. Simultaneously, students worked in teams to address a clinical need identified by the Eating Disorders Unit (UTCA) of Zambrano Hellion Medical Center: early detection, education, and referral pathways. Faculty provided weekly mentoring focused on guiding students through project development, innovation, and feasibility, while also helping them incorporate clinical relevance and real world applicability into their proposed solutions. Projects were evaluated by external reviewers based on academic rigor, feasibility, and clinical relevance. The top three projects were selected for presentation to UTCA. Nine projects were submitted; three were selected. These included: (1) an educational guide and chatbot for caregivers of children with suspected ARFID using the Short ARFID Parent/Caregiver Screen; (2) a clinical algorithm for managing suspected eating disorders in emergency and primary care settings, based on American Psychological Association, Academy for Eating

Disorders, and Royal College guidelines; and (3) a podcast to raise awareness of eating disorders in menopausal women. UTCA expressed interest in piloting these tools. Challenge-Based Learning appears to be a promising model to address the gap in eating disorder education within medical training. The student projects demonstrated meaningful application of theoretical knowledge to real clinical needs. This approach may strengthen student engagement and facilitate translation of learning into practice.

Learning Objectives

- Demonstrate the ability to integrate theoretical knowledge with real-world clinical needs through interdisciplinary teamwork and project-based learning.
- Apply a Challenge-Based Learning approach to develop innovative, feasible, and clinically relevant solutions for early detection and intervention in eating disorders.
- Develop and promote innovative and dynamic strategies for the screening, diagnosis, and recognition of psychiatric and medical comorbidities in patients with eating disorders.

Authors: Sugely Fonseca, UTCA; Jorge A. Valdez-Balli, Tecnologico de Monterrey; Maria Luisa Balli-Marroquin, Tecnologico de Monterrey; Cipatli Ayuzo-Del Valle, Tecnologico de Monterrey, Clínica de Adolescentes; Andrea Pechir-Cerrillo, Tecnologico de Monterrey; Yamile Y Quevedo-Escobar, Tecnologico de Monterrey

Barriers to engagement in a psychological therapy group in a weigh management program

Abstract: Participant feedback is critical in assessing how interventions influenced both their learning process, cognitive, and psychological outcomes. This qualitative study explored views and barriers to engagement in a psychological therapy group program as part of a multidisciplinary Weight Management Program (WMP) from the perspectives of individuals with higher body weight (HBW). This cohort comprised of individuals with obesity Class 3 (BMI ≥ 40 kg/m²), who were enrolled in a longitudinal WMP and had achieved a ≥10% body weight reduction. In order to maintain physical and mental health improvements, a maintenance group focusing on consolidation of gains and relapse prevention was offered Healthy APproach to weIght management and Food in Eating Disorders-Maintenance (HAPIFED-M). Following a thematic analysis using the Framework method, positive and negative feedback was provided by participants in this study, examining six key themes: (1) Positive content of therapy, (2) Positive socialization and support, (3) Positive therapist features, (4) Negative time of therapy/personal circumstances, (5) Negative process of therapy, and (6) Negative content. Barriers to engagement included a preference for alternative activities and practical impediments. The findings highlight the importance of the therapeutic engagement, practical features such as timing of groups, and tailoring psychotherapy content to participant's needs in order to achieve therapeutic engagement.

Learning Objectives

- 1.Identify key facilitators and barriers to engagement in a psychological therapy group program for individuals with higher body weight.
- 2.Describe the six key themes that emerged from participants' feedback, reflecting their experiences and perceptions of the HAPIFED-M maintenance group.
- 3.Apply insights from participant feedback to tailor group therapy interventions more effectively—considering timing, content, and group process—to enhance engagement and support long-term psychological and physical health outcomes.

Authors: Nasim Foroughi, Western Sydney University; Mohamad Mohsin, School of Psychiatry, Faculty of Medicine, University of New South Wales; Jay Raman, University of Newcastle; Milan Piya, South Western Sydney Metabolic Rehabilitation and Bariatric Program, Camden Hospital; Phillipa Hay, Western Sydney University

Links Between Eating Disorder Risk, Dietary Habits, and Depression in Adult Psychiatric Outpatients

Abstract: We aimed to examine whether the frequency of consumption of common food groups is associated with the severity of major depressive disorder (MDD) symptoms in adult outpatients at a specialty mental health hospital in Nuevo León, Mexico. In a cross-sectional, analytical study, 93 consecutive adults with clinician-confirmed MDD completed the Patient Health Questionnaire-9 (PHQ-9), the Eating Disorder-15 (ED-15) and the Rapid Eating Assessment for Patients (REAP) alongside sociodemographic and clinical questionnaires; group comparisons used t tests/Mann–Whitney U or χ^2/Fisher's exact tests, and correlations used Pearson/Spearman with $\alpha=0.05$. Participants were 38.1±15.1 years old, 88.2% female, with mean BMI 28.2±6.46 kg/m²; 74.2% reported ≥1 medical comorbidity. Clinically significant depressive symptoms were present in 64.5%, and 47.3% screened at clinical risk for eating-disorder psychopathology on ED-15. Diet pattern differences paralleled symptom burden: those with clinically significant depression reported lower frequency of fruit and vegetable intake ($p=0.001$); participants at eating-disorder risk reported lower dairy intake ($p=0.004$) and higher consumption of fast/processed foods ($p=0.037$). Symptom measures were interrelated: PHQ-9 correlated positively with ED-15 ($r=0.545$, $p<0.001$), while age correlated negatively with overall diet quality ($r=-0.267$, $p=0.010$) on REAP. These findings indicate that lower consumption of minimally processed plant foods and higher intake of convenience/processed items co-occur with greater depressive severity and disordered-eating risk in adults with MDD in routine care. Brief nutritional screening, explicitly including systematic assessment of eating-disorder risk, and targeted dietary counseling should be incorporated into integrated MDD care in psychiatric outpatient settings; prospective studies should test whether risk-tailored diet interventions improve clinical trajectories.

Learning Objectives

- Explain and quantify associations between dietary patterns and MDD symptom severity in adult outpatients using standardized measures—PHQ-9 (Patient Health Questionnaire-9), ED-15 (Eating Disorder-15), and REAP (Rapid Eating Assessment for Patients)
- Select and administer brief nutritional and psychopathology screens in clinic, and accurately interpret thresholds and clinically meaningful changes to identify at-risk profiles (e.g., low fruit/vegetable intake, high ultra-processed foods, ED-15 risk)
- Design a pragmatic, patient-centered care plan that integrates nutritional counseling/referral with psychiatric treatment, specifies measurable diet and symptom targets, and outlines follow-up and monitoring strategies

Authors: Carlo Frausto, Tec de Monterrey (ITESM)

Depression and Eating Disorder Risk Among LGBTQ+ Students: The Protective Role of Campus Belonging

Abstract: LGBTQ+ university students experience disproportionately high rates of both depressive symptoms and eating disorder (ED) risk, with depression often contributing to increased vulnerability for disordered eating behaviors. However, few studies have examined factors that buffer this relationship within this population. The present study explored whether a sense of campus community belonging moderates the association between depression and ED risk among LGBTQ+ university students in the United States. Data was drawn from 2,794 sexual and gender minority students who completed standardized self-report measures of depressive symptoms, campus community belonging, and eating disorder risk in the 2024-2025 Healthy Minds Survey (58% women, 13% men, 6% nonbinary, 4% genderqueer, 2% transgender, 16% multiple genders, and 1% unlabeled). A large number of participants identified as bisexual (35%), with an additional 14% gay or lesbian, 10% queer, 9% pansexual, 5% asexual, 4% questioning, 1% heterosexual, 22% multiple sexualities and 1% unlabeled. Results from Hayes PROCESS macro (Model 1) revealed that depression predicted ED risk in this population ($B = .066$, $SE = .004$, $t = 15.26$, $p < .001$), consistent with existing literature. Unique to this study, this relationship was significantly moderated by belonging, with the relationship between depression and ED risk weakening as students reported stronger feelings of campus community ($B = –.0029$, $SE = .001$, $t = -2.65$, $p < .01$). Johnson–Neyman analysis indicated that the effect of depression on ED risk remained significant through moderate levels of belongingness. While it is understood that depression can increase risk for disordered eating through mechanisms such as emotion dysregulation and internalized stigma, these findings suggest that connection to an affirming and inclusive campus community may buffer against ED vulnerability. The findings discussed here are especially relevant given the impact of continued discrimination against marginalized individuals both in the United States and globally, underscoring the need for universities to create environments that promote inclusivity and belonging for LGBTQ+ students. By centering community connection as a protective factor, this work

contributes to more culturally responsive and equity-focused prevention efforts within the field of eating disorders.

Learning Objectives

- Understand unique pathways for eating disorder risk in LGBTQ+ populations
- Contextualize eating disorder risk through consideration of cultural and community variables.
- Identify actionable, strengths-based approaches for reducing eating disorder risk in LGBTQ+ populations.

Authors: Cheyenne Fryar, Texas A&M University; Katrina Velasquez, Texas A&M University; Nayeon Kim, University of Kentucky; Jayoon Choi, Texas A&M University; Kristina Hall, Texas A&M University

Thinfluencers: How Weight Attributions Shape Body Image Online

Abstract: Exposure to media content glorifying thin, toned, and attractive women has been shown to result in an internalization of the thin-ideal, which can lead to feelings of body dissatisfaction and disordered eating. However, it remains unclear why exposure to thin-ideal content leads some individuals to engage in eating disordered behaviours and not others. One potential factor is the attributions that individuals make regarding how the subjects of thin-ideal content achieved their weight and shape. Research has shown that individuals are more likely to attribute weight responsibility to individuals who are overweight or underweight rather than those of average weight. A gap in the literature is an understanding of the beliefs people hold around whether thin models achieve their weight and shape through effortful behaviours such as food restriction, or external factors like genetics or photo editing. This study sought to examine young women's weight attributions towards thin-ideal content on social media and its relation to their own weight dissatisfaction. Participants were 89 female undergraduate students aged 18-30 years at a large Canadian university. Participants were exposed to Instagram images of women depicting the thin-ideal and completed questionnaires. Participants were assessed on the extent to which they attribute the models' weight and shape to restrictive eating, genetics, or photo editing, and on their current level of body dissatisfaction using visual analogue scales. Results revealed that young women's attributions that thin models restricted their food intake predicted higher weight dissatisfaction (ß = .312, t = 2.71, p = .008). The results for photo editing (p = .068) and genetics (p = .795) attributions were not significant. These results suggest that attributing social media models' thinness to food restriction (but not genetics or photo editing) is associated with greater weight dissatisfaction. Such findings have important implications for eating disorder prevention, including promoting social media literacy to reduce unhelpful attributions toward thin-ideal content.

Learning Objectives

- Understand the role of weight attributions (e.g., effortful behaviours vs. external factors) in shaping young women's body dissatisfaction when exposed to thin-ideal images on social media.
- Identify which types of attributions (food restriction, genetics, photo editing) are most strongly associated with negative body image outcomes.
- Discuss how these findings inform prevention and intervention strategies, such as promoting social media literacy to reduce maladaptive attributions toward thin-ideal content.

Authors: Lindsay Fulham, York University; Jennifer Mills, York University

Pilot Pragmatic CBT-T Case Series in Greek-Speaking Individuals with Eating Disorders

Abstract: Pilot Pragmatic CBT-T Case Series in Greek-Speaking Individuals with Eating Disorders
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Background: Cognitive Behavioral Therapy–Ten (CBT-T) is a manualized, outpatient intervention designed for non-underweight individuals with eating disorders (ED) and a Body Mass Index (BMI) above 17.5 kg/m2. The protocol integrates key components of CBT-ED, including in-session weighing, psychoeducation, dietary interventions, exposure exercises, behavioral experiments, cognitive restructuring, body image work, and relapse prevention. This study aimed to describe the implementation and outcomes of CBT-T in a clinical sample of Greek-speaking non-underweight female outpatients diagnosed with ED.
Methods: Opportunistic recruitment took place at the outpatient department from 6-12/2024. CBT-T was delivered by the same therapist under identical conditions on a weekly basis for 6-12 sessions. The EDE-Q, PHQ-9, GAD-7, and WAI-SR questionnaires were completed after sessions 1 (PBQ also), 4, 9, and at the 1-month follow-up; ED-15 was completed weekly.
Results: Six females, median (min-max) age=42(24-47) years and median (min-max) baseline BMI=43.15(19.1-45.3) kg/m2, five with BED and one with BN and comorbid rumination disorder (DSM-5-TR), started. Further comorbidities included mild intellectual disability (n=1), somatic symptom disorder (n=1) and bipolar disorder (n=1). Baseline psychotropics were topiramate (n=1) and aripiprazole with pregabalin (n=1). Median (min-max) BMI at treatment completion was 41.1 (21.1-46.5) kg/m2. At CBT-T completion, five patients showed BMI, ED-15 global score and binge/purge behaviour reduction. Four patients also showed decreases in weight and shape concerns. Global EDE-Q scores improved across all patients, with subscale improvements in weight concern in five, and in restraint, eating concern, and shape concern in four. One patient discontinued after the sixth session due to lack of treatment response.

Conclusions: In this pilot pragmatic trial in Greece, CBT-T appeared promising in effectively reducing ED symptomatology among non-underweight female patients. Both ED-15 and EDE-Q scores improved in most cases, supporting the clinical utility of CBT-T. Further research is warranted to examine its adaptation and efficacy in more complex cases.

Learning Objectives

- Describe the structure, key therapeutic components, and clinical rationale of Cognitive Behavioral Therapy–Ten (CBT-T) as applied to non-underweight individuals with eating disorders.
- Summarize the implementation process and preliminary clinical outcomes of a pilot pragmatic CBT-T case series in Greek-speaking female outpatients.
- Discuss the potential clinical implications and future research directions for adapting and evaluating CBT-T within diverse cultural and diagnostic contexts.

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Beyond the Scale: The Urgent Need to Address Fatphobia in Nutrition Training

Abstract: Fatphobia is a structural form of discrimination rooted in the false belief that people with obesity are inherently ill, undisciplined, and socially or professionally inferior. This stigma, often masked as scientific concern, reinforces moral judgments about body size and sustains the notion that weight loss is both a moral and medical duty. In the field of nutrition, fatphobia is particularly harmful, as the profession historically aligns with the biomedical model—prioritizing objectivity and weight-centered approaches over biopsychosocial and cultural perspectives of health.The predominance of women in nutrition adds a gendered layer to this issue. Nutritionists face aesthetic pressure to conform to thin, Eurocentric ideals, reflecting wider systems of gender oppression. The misconception that nutritionists are “weight-loss professionals” links credibility to appearance rather than competence. Common professional sayings like “we are our business card” reveal how fatphobic values are internalized and perpetuated through education and practice.Empirical research exposes this reality: Falcão et al. (2023) found that nutrition students experience weight-based prejudice even in academic settings; Moura (2022) identified weight bias among students and practitioners; and Silva and Cantisani (2018) highlighted feminist perspectives as key to dismantling fatphobic ideologies in training.Amid this landscape, the Frente de Nutricionistas contra a Gordofobia (Front of Nutritionists Against Fatphobia) was created in 2024 after one of its founders was publicly attacked online for being a fat professional. The collective advocates for the inclusion of fatphobia in nutrition curricula, promotes educational

initiatives, and pushes for policy and legislative recognition of fatphobia as a public health and human rights issue.
Incorporating discussions of fatphobia, gender, race, class, and poverty into nutrition education is essential. Advancing a critical, socially conscious nutrition science demands dialogue with sociology, anthropology, and feminist theory to challenge reductionist, moralizing conceptions of the body and to promote ethical, inclusive, and evidence-based practice.

Learning Objectives

- Identify the structural, cultural, and gendered dimensions of fatphobia and their influence on the professional identity and practice of nutritionists.
- Recognize the importance of feminist, sociological, and anthropological perspectives in reframing nutrition as a biopsychosocial discipline grounded in equity and inclusivity.
- Propose strategies for incorporating fatphobia education into nutrition curricula to promote critical, ethical, and evidence-based professional formation.

Authors: Leticia GARCIA, NATA Espaço de Saude; Camilla Chermont Prochnik Estima, Eating Disorders Program (AMBULIM), Faculty of Medicine of the University of São Paulo; Mariana Catta-Preta

Anorexia Nervosa and Refeeding Syndrome: Old Fears, New Evidence.

Abstract: Anorexia nervosa (AN) is a severe eating disorder characterized by persistent food restriction, intense fear of weight gain, and body image distortion. Although its prevalence is low, AN has the highest mortality rate among psychiatric disorders, due to both medical complications and suicide risk. Treatment requires a multidisciplinary approach integrating psychiatric, medical, and nutritional care. The primary nutritional goal is to restore weight and organ function, correct deficiencies, and reestablish normal hunger and satiety patterns. A major challenge in the nutritional rehabilitation of malnourished patients is Refeeding Syndrome (RS), a potentially fatal condition triggered by the rapid reintroduction of nutrients after prolonged deprivation. Severe metabolic disturbances—mainly hypophosphatemia, hypomagnesemia, and hypokalemia—can result in cardiac, respiratory, and neurological complications. Risk factors include low body mass index (BMI), significant weight loss, prolonged fasting, and a history of alcohol use.
Early identification of risk based on ASPEN criteria is essential. Prevention involves correcting electrolyte imbalances prior to refeeding, closely monitoring serum levels during the first 72 hours, ensuring cardiorespiratory surveillance in high-risk cases, and progressively increasing caloric intake (approximately 300–400 kcal every 3–4 days).Recent evidence suggests that higher-calorie refeeding protocols can be safe when accompanied by intensive monitoring, although caution remains warranted for patients with extremely low BMI. Recommended initial intake for severe cases ranges

from 30–40 kcal/kg/day, progressing to 70–100 kcal/kg/day, with protein provision of 2–4 g/kg/day, according to the degree of malnutrition. A macronutrient distribution of about 50% carbohydrates, 25% protein, and 25% fat is advised, with an expected weekly weight gain of 1.5–1.8 kg in inpatient settings.Although advances have improved the safety of more aggressive refeeding, significant gaps persist regarding optimal prevention and management of RS in adults with AN. Individualized nutrition plans, comprehensive clinical and biochemical monitoring, and close multidisciplinary collaboration remain fundamental to reduce risks and optimize prognosis.

Learning Objectives

- Identify the clinical characteristics, pathophysiology, and primary risk factors associated with refeeding syndrome in patients with anorexia nervosa.
- Apply current evidence-based guidelines to safely initiate and monitor nutritional rehabilitation, balancing refeeding risks with the need for metabolic recovery.
- Evaluate multidisciplinary strategies—including medical, psychiatric, and nutritional interventions—to prevent complications and improve outcomes in the treatment of anorexia nervosa.

Authors: Leticia GARCIA, NATA Espaço de Saude; Maira Ananda Harris Feijó; Thais V L P Borges

Beyond Insight: Therapeutic Alliance in Nutrition Therapy for Anorexia Nervosa with Anosognosia

Abstract: This paper explores the therapeutic alliance between dietitian and client in the context of anorexia nervosa with anosognosia. While anosognosia, defined as a lack of illness awareness, is well recognized as a barrier in psychotherapy, its implications in nutritional therapy remain under-examined. Understanding how a therapeutic relationship can develop when motivation and insight are limited is critical to improving engagement and treatment outcomes in eating disorder care.

Drawing from clinical practice, this presentation examines the distinctive role of the dietitian in establishing alliance, trust, and motivation in clients with restricted awareness or resistance to nutritional intervention. The analysis integrates qualitative reflections and process notes from adolescent and adult clients with anorexia nervosa who demonstrated varying degrees of insight during the course of nutrition therapy.

Findings highlight several relational mechanisms that enable connection to precede compliance: attunement to nonverbal cues, pacing the restoration process, aligning interventions with the client's perceived autonomy, and using shared responsibility during meal support to promote agency rather than control. These strategies illustrate how the dietitian can act as a stabilizing therapeutic presence, balancing empathy with

structure, and translating physiological goals into language that supports psychological safety.

Establishing alliance despite anosognosia requires reframing nutritional care from compliance-driven to relationally anchored, where nourishment becomes a medium for trust and collaboration. Clinical reflections show that this approach can lower resistance, enhance adherence, and gradually facilitate the emergence of insight. The presentation concludes with practical recommendations for integrating relational nutrition therapy within multidisciplinary teams or in contexts with limited psychological support, emphasizing the dietitian's unique capacity to bridge physiology and psychology in recovery-oriented care.

Learning Objectives

- Participants will be able to describe how anosognosia impacts engagement, motivation, and alliance formation in nutritional therapy for anorexia nervosa.
- Participants will be able to identify key relational strategies that support trust, autonomy, and co-regulation between dietitian and client when insight is limited.
- Participants will be able to apply practical approaches for integrating relational nutrition therapy within multidisciplinary care, enhancing adherence and recovery outcomes.

Authors: Marketa Gajdosova, MG COACHING®, Prague, Czech Republic

Powders, Pills, and Pitfalls: The Paradox of Supplement Use in Eating Disorders

Abstract: Supplements marketed for beauty and health benefits have exploded in popularity across the globe. However, the purported benefits of supplements often lack scientific evidence. Excessive supplement use may be hazardous for individuals with disordered eating and obfuscate evaluation of nutritional states. We present the case of a 23-year-old female with a 3-year history of mutism who was referred to the emergency department by her primary care physician for evaluation of severe malnutrition, with a body mass index (BMI) of 11.8 kg/m². She met diagnostic criteria for severe anorexia nervosa, restrictive subtype, for which she had never received medical or psychiatric care. The patient reportedly consumed 30–40 nutritional supplements daily in an attempt to maintain energy and health given minimal food intake. This case highlights the paradoxical role of dietary supplements in eating disorder care. While supplements can support nutritional rehabilitation when used appropriately, excessive or unsupervised use may obscure the true severity of malnutrition and lead to unintentional consequences such as appetite suppression. In this patient, extensive supplement intake likely masked biochemical abnormalities, resulting in a misleading impression of medical stability despite profound nutritional compromise. Given the increasing popularity, availability, and use of nutritional supplements in a landscape of strong public

perception of their safety, clinicians must be vigilant in assessing supplement use and recognize the potential impact on clinical presentation and laboratory findings.

Learning Objectives

- Appreciate the increasing popularity and availability of nutritional supplements.
- Understand the potential benefits and risks associated with supplement use in eating disorder care.
- Incorporate routine assessment and screening for supplement use during eating disorder treatment.

Authors: Rachel Ganong, Henry Ford Jackson Hospital Psychiatry Department; Bailey Powell, Henry Ford Jackson Hospital Psychiatry Department

Transforming Culture: Evidence-Based Care for Severe Eating Disorders to Improve Outcomes

Abstract: There is a need to create more effective and accessible treatment for long-standing eating disorder patients. The Step Care service was developed in England, as a virtual multidisciplinary intervention delivering intensive enhanced cognitive behavioural therapy (CBT-E) in patients' homes in the least restrictive environment. The model addresses a structural weakness in the current system: fragmentation between specialist eating disorder units and community eating disorder services. It comprises three pathways: Starting Well, Staying Well, and Working Towards Recovery, to support transition before and after discharge, reduce hospitalisations, and prevent relapse.
This prospective mixed-methods evaluation examined the feasibility, acceptability, and short-term outcomes of Step Care. The service delivers CBT-E virtually through structured individual, group, and carer sessions provided by a multidisciplinary team(MDT). All patients referred between June 2023 and June 2025 were included. Quantitative outcomes included body mass index (BMI), Eating Disorder Examination Questionnaire (EDE-Q), Clinical Impairment Assessment (CIA), Patient Health Questionnaire-9 (PHQ-9), and Generalised Anxiety Disorder-7 (GAD-7), measured at admission and discharge. Qualitative feedback from patients, carers, and staff was analysed thematically.
Of the 124 referrals, 66 patients commenced treatment (Starting Well, n = 34; Staying Well, n = 22; Working Towards Recovery, n = 10). The mean age was 32.1 years (SD = 12.0), and the mean illness duration was 12.9 years (SD = 11.0); 90% were female and 94% were White British. Completion rates were high: 94% for Starting Well, 91% for Staying Well, and 80% for Working Towards Recovery. Starting Well showed significant improvements in BMI (16.1 to 17.2 kg/m², $p < 0.001$), EDE-Q ($p < 0.001$), CIA ($p < 0.001$), and PHQ-9 scores ($p < 0.01$). In Staying Well, BMI remained stable with improved CIA ($p = 0.048$). Working Towards Recovery showed limited change in BMI but improved CIA ($p = 0.024$). Overall, 77% were discharged to community care, 14% required planned admission to hospital, and one required an unplanned admission.

Engagement and completion were excellent, including among patients with severe and long-standing illness. Early results show benefits in weight, functioning, and relapse prevention. These results are consistent with evidence that recovery-focused approaches can benefit individuals with severe and enduring anorexia nervosa.

Learning Objectives

- Describe the Step Care model and its three pathways (Starting Well, Staying Well, Working Towards Recovery), and explain how it supports patients with severe and long-standing eating disorders in the least restrictive environment
- Evaluate the feasibility and acceptability of delivering intensive, virtual CBT-E through a multidisciplinary team, and discuss its impact on patient engagement, completion rates, and short-term clinical outcomes.
- Apply insights from the mixed-methods evaluation to improve continuity of care, reduce hospital admissions, and enhance recovery-focused approaches for individuals with enduring eating disorders.

Authors: Lucy Gardner, Oxford Health NHS Foundation Trust; Sharon Ryan, Oxford Health NHS Foundation Trust; Agnes Ayton, Oxford Health NHS Foundation Trust

Prevention of eating disorders through optimisation of protective factors

Abstract: Large-scale prevention of eating disorders (ED) is urgently needed to reduce the emergence and related morbidity and mortality of ED at the population level. While most ED prevention programs focus on reducing known risk factors, emerging research shows promising effects of enhancing protective factors as a means of mitigating the risk of ED psychopathology. We are investigating the efficacy of a scalable, brief, and partly interactive prevention program that reinforces protective factors against ED within a randomized controlled trial with two arms (prevention intervention vs. expressive writing). The study was announced as an initiative to improve body image, and recruitment was conducted using various social media channels (mainly Instagram). The main protective factors targeted in the intervention include body image flexibility, body functionality, body appreciation, intuitive eating, and acceptance, delivered within four digitally administered sessions (one session per week across four consecutive weeks). The content is primarily presented through brief clips or infographics that cover topics related to the protective factors. Participants in the intervention group are encouraged to reflect on each clip or infographic (via written reflection, voice recording, or video message), with the option to share their reflections with a group of other participants (n=5) or keep them private to reflect upon them at booster sessions. While participants do not interact directly with one another, they can share their reflections through the study platform. A total of 644 participants (aged 15-20 years) who reported a subjective sense of body dissatisfaction, a known risk factor for ED, were recruited within a year, and randomized (1:1). The intervention phase of the study is now finished. Participants will be invited to booster sessions at 6, 12, 24, and 36-months follow-up. At these time points, the

incidence of ED will also be investigated using clinical interviews to explore potential differences between the conditions over the follow-up period. We expect the intervention group to report improvements in protective factors, reductions in risk factors, and decreased ED psychopathology at follow-up compared to the control group. The setup, feasibility, participant experience, and short-term outcomes of the trial (up to 1-year follow-up), with a focus on potential changes in risk and buffering factors, will be presented.

Learning Objectives

- The feasibility of recruiting a large sample of young people (15-20 years) at risk of eating disorders for a prevention program
- The experience of participation in an ED prevention program that focuses on enhancing protective factors
- The preliminary effects of the program on protective and risk factors for ED

Authors: Ata Ghaderi, Karolinska Institutet; Gerhard Andersson, Linköping University; Elisabeth Welch, Karolinska institutet; Thomas Parling, Karolinska institutet; Klara Edlund, Karolinska institutet; Richard Bränström, Karolinska institutet; Inna Feldman, Uppsala University; Johan Åhlen, Karolinska institutet

Food Insecurity, Eating Disorder Risk, and Mental Health Help-Seeking in U.S. University Students

Abstract: Food insecurity (FI) is a growing concern within the eating disorder (ED) field, especially among university students, who experience increased ED and FI risks. University students and those with ED concerns also have low rates of help-seeking and professional mental health service utilization, with distinct effects of gender. However, the associations between FI, ED risk, and mental health help-seeking are unexplored. In a large, diverse U.S. sample of university students, the present study examined the associations between 1) FI and ED risk, and 2) FI and help-seeking behaviors among men and women at increased ED risk. Data were analyzed from 400,930 students (Mage=21.3, 55.6% cisgender women) participating in the Healthy Minds Study from 2019-2025, who reported on FI, ED risk (SCOFF screen), and mental health service utilization (informal and formal support in past 12 months). Results showed 39.6% of students reported FI, 30.7% had a positive SCOFF (i.e., ED risk), 63.1% reported informal help-seeking (e.g., asking a friend, family, religious figure, etc. for mental health support in past 12 months) and 33.9% reported formal help-seeking (i.e., seeking therapy in past 12 months). A chi-square test revealed a significant association between FI and ED risk ($p<.001$), such that among those with FI, 32.9% had ED risk, whereas among those with no FI, 29.2% had ED risk; a similar pattern was seen across gender. Among both women and men with ED risk, there was limited evidence for differences in informal help-seeking between those with FI and no FI. However, among those with ED risk, the association between FI and formal help-seeking was significant ($p<.001$), with

58.9% of the students seeking formal support reporting FI compared to 41.1% of those without FI. Overall, findings showed FI was associated with greater ED risk among a large sample of university students, such that those with FI were more likely to have ED risk than those without FI. Further, among those at ED risk, although rates of informal help-seeking were similar, students with FI sought formal mental health support (i.e., therapy) at lower rates than those with no FI. Such patterns may reflect other factors (e.g., perceived need, barriers, cultural/family stigma) impacting formal help-seeking among populations with FI. These findings highlight a need for improving access to and utilization of mental health services to reduce health disparities in students with FI who are at increased ED risk.

Learning Objectives

- Describe the association between food insecurity and eating disorder risk among university students in the U.S.
- Identify patterns of informal and formal help-seeking behaviors among students at increased risk of an eating disorder, with and without food insecurity.
- Discuss the broader implications of identifying factors that influence help-seeking behaviors.

Authors: Alyssa Giannone, Virginia Consortium Program in Clinical Psychology; Dept of Psychology, Old Dominion University; Kaitlyn Ryan, Virginia Consortium Program in Clinical Psychology; Dept of Psychology, Old Dominion University; Kristin Heron, Virginia Consortium Program in Clinical Psychology; Dept of Psychology, Old Dominion University

The association between eating disorders and adolescent idiopathic scoliosis--A systematic review

Abstract: A plausible association between adolescent idiopathic scoliosis (AIS) and eating disorders (EDs) is suggested by the current research, although this potential relationship is poorly defined. This systematic review seeks to better understand the association between AIS and EDs. Medline, Embase, and Web of Science were searched for articles that assessed the combination of AIS and disordered eating. Twelve articles were included in the final review. Seven of the articles were notable for an increased risk of bias. Overall, three findings are suggested from this review: 1) there is an association between reduced body weight and AIS, 2) there is little evidence to suggest that individuals with AIS are at an increased risk for development of EDs, and 3) individuals with EDs may be at increased risk for the development of AIS. Future research is needed to better understand how low BMI contributes to development of AIS.

Learning Objectives

- Explain the potential relationship between eating disorders and adolescent idiopathic scoliosis
- Discuss some medical complications of malnutrition that could contribute to the development of adolescent idiopathic scoliosis
- Understand the impact of malnutrition on bone density

Authors: Dennis Gibson, ACUTE Center for Eating Disorder; Millie Plotkin, MedStar Washington Hospital Center / ACUTE Denver Health / National Alliance for Eating Disorders

Does intensive day hospital treatment for adolescent anorexia nervosa impact parental wellbeing?

Abstract: Background: Caregivers of young people with restrictive eating disorders often experience significant psychological distress, including elevated levels of anxiety and depression, as well as impaired daily functioning and low self-efficacy. This study examined changes in self-reported levels of anxiety, depression, functional impairment, and self-efficacy in parents of young people attending an intensive day treatment programme (ITP) for adolescents with Anorexia Nervosa and Avoidant or Restrictive Food Intake Disorder, based in the UK.
Method: Participants were 71 caregivers of young people enrolled in ITP. Parents completed standardised outcome measures at assessment and discharge, including the Hospital Anxiety and Depression Scale (HADS), the Work and Social Adjustment Scale (WSAS), and the General Self-Efficacy Scale (GSE).
Results: Parents reported significant reductions in anxiety, depression, and functional impairment from assessment to discharge. No significant change was found in self-efficacy scores.
Conclusion: Findings suggest that ITP may contribute to modest but significant improvements in parents' mental health and daily functioning. These quantitative outcomes align with prior qualitative findings and highlight the potential value of structured, parent-inclusive day treatment in supporting families affected by these disorders.

Learning Objectives

- Think about the impact of treatment for restrictive eating disorders on caregivers
- Think about how and why there may be improvements to parental wellbeing/MH following treatment
- Think about aspects of a young person's presentation that may impact improvements to parental mental health

Authors: Lucinda Gledhill, South London and Maudsley NHS Foundation Trust.

Utilizing PMT as an Adjunct to FBT for Eating Disorders in Higher Levels of Care: A Case Series

Abstract: Parent Management Training (PMT) is an evidence-based intervention that was originally developed to treat oppositional defiant disorder (ODD) and conduct disorder (CD) in youth. PMT utilizes reinforcement learning to promote behavioral modification and employs contingency management in the form of behavior contracts, rewards, and consequences, for instance, to gradually increase the frequency of wanted behaviors while simultaneously decreasing the frequency of unwanted behaviors. Eating disorders (EDs) share many characteristics with ODD and CD, most notably emotional and behavioral dysregulation. Although Family-Based Treatment (FBT) is the leading empirically supported treatment for restrictive EDs in adolescents, adjunct interventions are often required for complex presentations. In our pediatric and adolescent partial hospitalization and intensive outpatient programs, we often admit patients who are acutely ill, stepping down from hospitalization, and presenting with multi-diagnostic presentations that complicate ED treatment (e.g., obsessive-compulsive disorder, self-harm, attention deficit/hyperactivity disorder, anxiety disorders). While following recommendations outlined by Lock and Le Grange (2013) for adapting FBT for higher levels of care (e.g., maximizing parental involvement, measuring parental efficacy), we have found that FBT as a standalone treatment may not be sufficient for remitting clinically severe restrictive ED symptomatology. As such, we have augmented the power of FBT by including PMT as an adjunct intervention to improve parents' efficacy and confidence in managing their child's ED. In this presentation, we will present three case studies that illustrate how FBT clinicians can integrate and leverage PMT strategies to improve treatment outcomes for young patients with severe restrictive EDs. Specifically, we will discuss how in our collective clinical experience, FBT's emphasis on caregiver empowerment combined with PMT's stance on approaching children with warmth and firmness can ultimately result in powerful interventions that effectively target severe ED symptoms. By combining the successful ingredients of FBT with the behavioral strategies offered by PMT, we believe that clinicians may be better equipped to treat difficult, medically complex, comorbid ED presentations in youth.

Learning Objectives

- Compare and contrast FBT and PMT interventions.
- Identify strategies to incorporate PMT into the FBT treatment model.
- Review three pediatric and adolescent case studies to illustrate the integration of PMT to maximize the efficacy of FBT.

Authors: Neha Goel, UC San Diego Health; Anna Karam Jones, University of California San Diego Health Eating Disorders Center for Treatment and Research; Gaby Bagnara, UC San Diego Health; Christina Wierenga, UC San Diego Health Eating Disorders Center for Treatment and Research; Ana Ramirez, UC San Diego Health

Examining Technology-Linked Loss of Control Eating in Black Adolescents

Abstract: Background/Objectives: Adolescence is a peak period for the emergence of eating disorders (EDs). Previous literature has found that engaging with screen-based technology, such as television, video games, and smartphones, is correlated with overeating. However, research specifically related to loss of control (LOC) over eating, the inability to control what or how much is being eaten, and the use of screen technology is limited, especially amongst Black youth.

Methods: Participants included 21 females (6 virtual focus groups) and 7 males (individual interviews) with overweight or obesity, ages 14–17, all identifying as Black and reporting LOC symptoms within the past three months. Focus groups and interviews were conducted via Zoom to explore contextual and emotional factors influencing LOC. Data were analyzed using applied thematic analysis. Transcripts were double coded using a collaboratively developed codebook, and data collection continued until thematic saturation was reached.

Results: While some female focus group participants described LOC eating while engaged with screens, nearly all male participants reported LOC episodes occurring during technology use. Adolescents frequently described these episodes as dissociative experiences in which they became unaware of the amount of food consumed, often while watching television or scrolling on their phones. Several participants, particularly males, reported realizing their behavior only after the episode had ended. Some described simultaneous eating and screen use as a source of satisfaction or entertainment. These findings are consistent with previous quantitative studies which have correlated increased screen time with higher rates of binge eating episodes.

Discussion: Findings suggest that technology may act as both a distraction and an escape during LOC eating episodes among Black adolescents. Gender differences indicate that screens may provide different emotional functions across groups, emphasizing the need for tailored prevention efforts. Understanding technology's role in LOC eating can inform more inclusive, context-sensitive approaches to early identification and intervention for disordered eating behaviors. Furthermore, developing culturally sensitive interventions that acknowledge the unique environmental and sociocultural experiences of Black youth is critical.

Learning Objectives

- Describe how adolescents experience loss-of-control (LOC) eating in the context of screen-based technology use.
- Identify gender patterns in adolescents' reported LOC eating behaviors and their associations with technology engagement.

- Explain how dissociative or “unaware” states during screen use may facilitate LOC eating episodes among adolescents.

Authors: Jake Goldberg, University of Connecticut; Samantha Schram, University of Connecticut; Arianna Mullings, University of Connecticut; Brighid Fitzpatrick, University of Connecticut; Amy Egbert, University of Connecticut

Pro-Eating Disorder Social Media: Exploring the Impact

Abstract: In an increasingly online society, there is ample data to support the impact that social media can have on adolescents. As the usage of social media grows, pro-eating disorder pages and content have become more popular. These pages feature posts/videos that range from people documenting their eating disorder journey to promoting eating disorders and how to “be better” at them. While many studies have delved into the relationship between social media and disordered eating, we aim to investigate the specific impact that pro-eating disorder content has on the development and severity of eating disorders in adolescents. An electronic survey was administered to newly diagnosed eating disorder patients at our eating disorder clinic. The survey assessed their age, gender identity, sexuality, social media use, and perceived impact of social media use and pro eating-disorder content on the development of their eating disorder via a 5 point Likert scale. We then compared these results to their initial disposition recommendation of outpatient follow-up, inpatient hospitalization, or higher level of care (HLOC) to help determine/quantify the severity of the eating disorder at time of diagnosis. Of the 15 respondents to our survey, 100% used social media. All respondents felt that social media had some impact (3 or greater on the Likert scale) on the development of their eating disorder. 53% of respondents were aware of pro-eating disorder pages. All of those who were aware of these pages felt that they had at least some impact (3 or greater on the Likert scale) on the development of their eating disorder. 62.5% of those aware of pro-eating disorder pages had initial presentations severe enough to require hospitalization for medical stabilization, with 25% of those patients being recommended for HLOC upon discharge. While the impact of social media on eating disorders has been established, no studies to our knowledge have looked at the influence of pro-eating disorder content on their development and severity. Over half of our respondents were aware of these pages, highlighting their increasing popularity. Over half of patients aware of these pages required hospitalization upon presentation, demonstrating the potential for these pages to increase the severity of eating disorders. Understanding these influences can help develop interventions to mitigate the negative impact of social media, particularly pro-eating disorder content, on adolescents with eating disorders.

Learning Objectives

- be aware of the existence of pro-eating disorder social media content

- understand the impact that pro-eating disorder social media content may have on the development of eating disorders
- understand the impact that pro-eating disorder social media content may have on the severity of eating disorders

Authors: Hayley Goldner, Nemours Children's Hospital; Christine DiPaolo, Nemours Children's Hospital

Waiting list intervention for adolescents with Anorexia Nervosa

Abstract: Anorexia nervosa (AN) requires early intervention to optimize recovery, yet long waiting periods for specialized care often delay treatment and increase the risk of clinical deterioration. This study examined the outcomes of a structured waiting-list intervention designed to support adolescents with AN awaiting specialized treatment. Data were collected retrospectively from 56 adolescents (ages 10–18) who participated in the program at a tertiary children's hospital. The intervention included weekly nutritional monitoring by a dietitian and virtual psycho-educational support groups for parents based on Family-Based Treatment (FBT) principles. Weight, BMI, and treatment referral changes were analyzed using paired-sample t-tests and multilevel modeling (MLM). Results showed statistically significant increases in weight and BMI from the first to the last nutritional session ($p < .05$). Higher parental attendance in psycho-educational groups predicted greater improvements in both weight and BMI, indicating that parental engagement played a key moderating role. Notably, 32% of participants experienced a change in treatment recommendation, and 23% were redirected to less intensive programs, suggesting clinical stabilization and reduced need for higher-level care. Those with no referral change or referral to a lower-intensity program demonstrated significant weight gain, whereas patients referred to more intensive care showed minimal or negative change. Approximately 20% of participants discontinued before formal admission, but without evidence of deterioration. The findings indicate that a brief, structured waiting-list intervention—combining regular medical monitoring and parental psycho-education, can mitigate deterioration during prolonged wait times. This low-intensity, resource-efficient model may serve as an effective bridge to care, reduce treatment escalation, and improve accessibility in resource-limited or crisis periods such as the COVID-19 pandemic. The results underscore the importance of integrating virtual parental support and nutritional monitoring into early intervention strategies for adolescents with AN awaiting specialized treatment.

Learning Objectives

- describe the structure and core components of a waiting-list intervention for adolescents with anorexia nervosa, including nutritional monitoring and virtual parent support groups.

- explain how parental engagement, based on Family-Based Treatment (FBT) principles, contributes to improved weight and BMI outcomes during treatment delays.
- dentify how structured, low-intensity interventions can prevent clinical deterioration and reduce the need for higher-level care during periods of limited healthcare access or crises.

Authors: Amit Goldstein, Eating Disorders Department, Schneider Children's Medical Center, Israel.; Orly Lavan, Schneider Children's Medical Center, Israel.

Home-Based Psychiatric Hospitalization for Children and Adolescents During War Times

Abstract: During the June 2025 Iran–Israel war, inpatient psychiatric services at a major pediatric hospital were abruptly disrupted, prompting an emergency transition to home-based hospitalization for children and adolescents with severe psychiatric disorders, primarily eating disorders. This study retrospectively evaluated the feasibility and short-term outcomes of this home-based model, emphasizing the role of parental competence and satisfaction. Twenty-two adolescents (mean age = 15.1 years; 91% female) receiving either inpatient (n = 13) or day program (n = 9) care were transitioned to home treatment combining daily medical and psychiatric monitoring, twice-weekly psychotherapy, dietetic supervision, and online parental guidance sessions. Parents also completed standardized measures assessing perceived competence, satisfaction, and treatment effectiveness. Clinical data, including weight, BMI, and Clinical Global Impression (CGI) scores, were extracted from medical records at two time points: transition to home treatment (T1) and return to hospital/day care (T2). Results indicated statistically significant improvements in BMI (mean + 0.34 kg/m², $p < .05$) and reductions in illness severity (CGI-S mean 4.18 → 3.54, $p < .05$), with a medium effect size ($d \approx 0.5$). No clinical deteriorations or safety incidents were reported. Parents reported high levels of perceived competence (M = 4.41 ± 0.8) and satisfaction with staff accessibility and individualized support, though some expressed hesitation about continuing the model long-term. Strong correlations were found between higher parental self-efficacy and better child outcomes ($r = -.47$ to $-.54$, $p < .05$), suggesting that caregiver confidence may act as a protective factor during crisis-driven care transitions. Adolescents with less severe baseline symptoms showed the greatest improvement. These findings demonstrate that short-term, intensive home-based psychiatric treatment can be safely implemented under wartime conditions without clinical worsening and may foster functional recovery when supported by structured parental involvement. The model offers a viable emergency alternative to hospitalization, highlighting parental self-efficacy as a key therapeutic mechanism for maintaining stability and promoting recovery during national crises and other disruptions to standard mental health services.

Learning Objectives

- describe the structure and implementation of an emergency home-based psychiatric hospitalization model for children and adolescents during wartime conditions.
- explain how parental self-efficacy and satisfaction contribute to improved clinical outcomes and treatment stability in home-based psychiatric care.
- identify key factors that enable safe and effective delivery of intensive mental health treatment at home during national crises or disruptions to standard care.

Authors: Amit Goldstein, Eating Disorders Department, Schneider Children's Medical Center, Israel.; Orly Lavan, Schneider Children's Medical Center, Israel.; Noa Benaroya-Milshtein, Schneider Children's Medical Center, Israel.; Keren Fridwald, Schneider Children's Medical Center, Israel.; Mira Horwitz, Schneider Children's Medical Center, Israel.; Nofar Valik, Schneider Children's Medical Center, Israel.

Cerebellar Volume and Externally Oriented Thinking in Anorexia Nervosa

Abstract: The objective of our research is to examine the relationship between brain morphological changes in Anorexia nervosa (AN) and the components of alexithymia, while controlling for the effects of weight loss. AN is associated with alexithymia, and previous studies have documented an inverse correlation between right cerebellar volume and alexithymia scores in treatment-resistant patients. However, specific components of alexithymia and the effects of emaciation have not been adequately investigated. This study examined which alexithymia factors relate to brain regions showing significant volume differences between the AN group and healthy controls, and whether these associations persist after controlling for emaciation. Participants included 30 female inpatients with AN (mean age 28.9 years) and 16 healthy female controls (mean age 26.9 years). All underwent the Toronto Alexithymia Scale-20 (TAS-20), Self-Rating Depression Scale, and brain MRI. Gray matter volumes were compared using Voxel-Based Morphometry, and regions with significant differences were designated as regions of interest (ROI). Multiple regression analyses were performed in the AN group with TAS-20 subscales—Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DDF), and Externally Oriented Thinking (EOT)—as dependent variables. BMI and total brain volume were included as covariates, with ROI indices as independent variables. The study was conducted with ethics committee approval and informed consent. Mean BMI in the AN group was 13.1 kg/m², and mean illness duration was 96.9 months. The AN group showed significantly reduced volume in the right cerebellum and increased volume in the right fusiform gyrus compared to controls. A significant association was found between EOT and right cerebellar volume (β=-69.3, p=0.002), and between total TAS-20 score and right fusiform gyrus volume (β=187.8, p=0.038). No significant associations were found for DIF or DDF. Associations between EOT and cerebellar volume, and between total alexithymia score and fusiform gyrus volume, remained significant after controlling for emaciation. Cerebellar atrophy is linked to cognitive-emotional functions. The association between EOT and cerebellar volume may reflect diminished introspection in AN. The fusiform gyrus is involved in facial recognition

and emotional processing. In AN, increased fusiform gyrus volume may indicate inefficient emotional coping stemming from alexithymia

Learning Objectives

- Alexithymia Components and Brain Morphology in Anorexia Nervosa
- Significance in the cerebellum
- Significance in the fusiform gyrus

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Tailoring FBT for Pediatric Anorexia with Comorbid Autism and Trauma

Abstract: Comorbid autism spectrum disorder (ASD) and trauma significantly complicate eating disorder (ED) presentations, often requiring adaptation of standard models such as Family-Based Treatment (FBT). This case report describes the treatment of a 9-year-old girl (who turned 10 during treatment) with anorexia nervosa, ASD, and a history of trauma, who completed 15 weeks of intensive care across residential and partial hospitalization levels, followed by ongoing outpatient treatment via telehealth with in-person follow-ups every 15–30 days. Upon admission, her BMI was 13, increasing to 17.81 by discharge, accompanied by a 2.5 cm height gain and body fat restoration from 11.89% to 19.64%, parameters that have been maintained in the outpatient setting. The intervention integrated FBT with trauma-informed and neurodiversity-sensitive adaptations, including predictable routines, structured visual supports, reduced verbal demands, and gradual exposure to meals and nutritional challenges. Individual sessions targeted emotional regulation, interoceptive awareness, trauma-related distress, and coping strategies for anxiety associated with food and social interactions. Caregivers were involved throughout all levels of care, receiving guidance on behavioral interventions, supportive communication, and consistency in routines to strengthen parental leadership and promote skill generalization at home. Given her pediatric age, standardized psychometric tools were not applicable; therefore, clinical observations and family reports reflected meaningful progress, including increased flexibility and participation in daily activities, improved emotional regulation, greater self-awareness of hunger and satiety cues, and active engagement in family sessions. These gains were sustained during outpatient follow-up, demonstrating stable medical, nutritional, and psychosocial outcomes. This case highlights the feasibility and value of integrating FBT with trauma-informed and neurodiversity-affirming strategies for complex pediatric ED presentations, underscoring that flexibility, caregiver empowerment, individualized adjustments, and multidisciplinary collaboration can promote both recovery and resilience in autistic youth with restrictive eating disorders.

Learning Objectives

- Examine the complexities and clinical implications of treating restrictive eating disorders in children with comorbid autism spectrum disorder and trauma histories.
- Describe how Family-Based Treatment (FBT) can be adapted through trauma-informed and neurodiversity-affirming modifications to meet the needs of complex pediatric cases.
- Discuss the role of caregiver empowerment, structured support, and multidisciplinary collaboration in promoting sustainable medical, nutritional, and psychosocial recovery in autistic youth with anorexia nervosa.

Authors: Paulina Gonzalez, Comenzar de Nuevo A.C.; Eva Trujillo-ChiVacuan, Comenzar de nuevo; Karen Hutchinson, Comenzar de Nuevo; Rodolfo Pérez, Comenzar de Nuevo A.C.; Esperanza Leal, Comenzar de Nuevo A.C.; Ana Isabel Martinez, Comenzar de Nuevo A.C.; Dilia Moreno, Comenzar de Nuevo A.C.; Diana González, Comenzar de Nuevo A.C.; Lorena Pérez, Comenzar de Nuevo A.C.

DBT-Based Behavioral Treatment and TMS in Severe Disordered Eating: a Latin American Case

Abstract: Adolescents with severe disordered eating and emotional dysregulation often require highly structured, multimodal interventions that integrate behavioral, nutritional, and neurobiological strategies. This case describes a 15-year-old girl admitted to an intensive treatment program in Mexico with Low-Frequency Bulimia Nervosa (OSFED) characterized by recurrent binge eating, overconsumption episodes, self-induced vomiting, and intermittent restriction, alongside severe mood instability, aggression, self-harm, and a severe Disruptive Mood Dysregulation Disorder (DMDD). The patient had a history of two failed pharmacological regimens, exhibited suicidal risk, psychotic symptoms, and paranoid ideation, making her a suitable candidate for adjunctive transcranial magnetic stimulation (TMS). Treatment integrated core Dialectical Behavior Therapy (DBT) skills—mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness—with structured behavioral meal support and TMS to enhance affective regulation and cognitive flexibility. Intensive coaching during and after meals, behavioral contracts, and environmental structuring promoted consistency and accountability. Psychometric assessments were administered at baseline, week six, and upon step-down to outpatient care, showing progressive improvement across domains. On the WEB-SG, body shame decreased by 30% and guilt by 100%. On the ED-15, total severity dropped by 63%, with shape and weight concern reduced by 71%. Body appreciation (BAS-2) increased by 164%. Depressive symptoms (PHQ-9) decreased by 65%, and anxiety (GAD-7) by 42%. Global functioning (EAG) improved from baseline to 24 points, reflecting a 100% increase in engagement and autonomy. Clinically, binge–purge episodes, self-harm, emotional outbursts, psychotic symptoms, and initial oral intake resistance remitted, while treatment adherence, emotional regulation, and social participation improved markedly. Family members reported enhanced communication, reduced reactivity, and better boundary setting. This case illustrates how integrating

DBT-based behavioral strategies, family-supported nutritional structure, and TMS can foster significant recovery in adolescents with bulimia nervosa and complex mood dysregulation, including severe DMDD, psychotic features, and suicidal risk, within a Latin American context.

Learning Objectives

- Understand the implementation of a DBT-based behavioral intervention combined with transcranial magnetic stimulation (TMS) and structured nutritional support for adolescents with severe disordered eating.
- Identify key strategies for integrating behavioral, neuromodulatory, and nutritional approaches in complex eating disorder cases to enhance treatment adherence and family engagement in Latin American contexts.
- Summarize clinical and psychometric outcomes associated with the combined DBT, TMS, and nutritional intervention, highlighting improvements in binge/purge behaviors, emotional regulation, and overall functioning.

Authors: Paulina Gonzalez, Comenzar de Nuevo A.C.; Eva Trujillo-ChiVacuan, Comenzar de nuevo; Karen Hutchinson, Comenzar de Nuevo; Lorena Pérez, Comenzar de Nuevo A.C.; Rodolfo Pérez, Comenzar de Nuevo A.C.; Karissa Reyna, Comenzar de Nuevo A.C.; Diana Castro, Comenzar de Nuevo A.C.; Roberto Palacios, Comenzar de Nuevo A.C.; Emilia Ortiz, Comenzar de Nuevo A.C.

Online harassment and eating disorder symptoms among US transgender and non-binary young adults

Abstract: Transgender and non-binary young adults (TNB YA) in the United States (US) have higher risk of eating disorder (ED) symptoms and other adverse mental health outcomes (depression, anxiety) compared with cisgender YA, driven in part by exposure to social stressors such as online harassment. However, little is known about the role of harassment or stigma within online environments in exacerbating mental health risks among TNB YA. We conducted an online daily diary survey among US TNB YA ages 18-25 years (n=152). Participants were 50% nonbinary, 30% transgender men, 20% transgender women, 12% Asian, 16% Black, 11% Latina/e/o, 26% multiracial, and 36% white. The baseline survey assessed experiences of online harassment in six domains (e.g., physical threat); participants then reported whether the harassment was based on one or more dimensions of social oppression (e.g., gender, weight, race/ethnicity). We used multivariable logistic models, adjusted for potential confounders, to examine associations between online harassment and three mental health indicators: ED symptoms (any vs. no ED symptoms in past 7 days using the EDE-QS), anxiety symptoms (GAD-2), and depressive symptoms (PHQ-2). Within the subset of those reporting any online harassment, we examined associations between harassment based on gender, race/ethnicity, or weight and each mental health indicator. Over three in four participants (78%) had experienced any form of online harassment. In adjusted models,

those who experienced online harassment had higher risk of all three mental health indicators relative to those who had not experienced online harassment (e.g., ED symptoms: adjusted prevalence ratio [aPR]=1.92, 95% confidence interval [CI]=1.09, 3.37). Among the subset who had experienced online harassment, 89% reported gender-based, 36% reported race-based, and 33% reported weight-based harassment. Weight-based harassment was significantly associated with higher prevalence of ED (aPR=1.90; 95% CI=1.27, 2.84) and depressive symptoms (aPR=1.41; 95% CI=1.00, 1.97) and race/ethnicity-based harassment was associated with ED symptoms only (aPR=1.53; 95% CI=1.00, 2.38). In sum, exposure to online harassment was common and associated with ED and depressive symptoms in a sample of TNB YA. Research and advocacy are needed to develop clinical and policy interventions to help protect TNB and other marginalized YA from harassment online.

Learning Objectives

- Describe the prevalence of online harassment of different types affecting transgender and non-binary young adults
- Identify two potential pathways by which exposure to online harassment and stigma could increase risk of eating disorder symptoms for transgender and non-binary young adults
- Discuss one potential implication of these findings for eating disorders prevention and screening among marginalized young adults

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Eating Disorder Treatment Experiences in Asian Americans: A Cross-Sectional Study

Abstract: Asian Americans experience eating disorders (EDs) at rates comparable to or higher than non-Hispanic White individuals but are less likely to seek treatment and remain underrepresented in EDs research. These barriers may be especially pronounced for Asian American men, given the broader under recognition of EDs in men. To date, no studies have systematically examined EDs treatment patterns in Asian Americans. The current study addresses this gap by characterizing treatment experiences in this population. This cross-sectional study included 196 Mandarin-speaking Asian Americans (160 females, 36 males) with current or past EDs in the United States. Participants completed self-report measures assessing EDs diagnosis, treatment history, impact of EDs on social and parental relationships, and perceived recovery factors. We report descriptive statistics and sex differences in responses used

Mann-Whitney U tests. Anorexia nervosa was the most common ED among both females (50.63%) and males (38.89%). Psychiatrists were the most common initial diagnosing providers for all participants (53.85%). Most participants (76.5%) reported never receiving any form of treatment, with no significant sex differences. Among those who did receive treatment, outpatient care was the most common among both females (71.43%) and males (75%). Using a 5-point Likert scale (0 = not applicable, 5 = very significant impact), females reported their EDs had a significantly greater impact on social life ($M_{Female}=2.38$, $M_{Male}=1.78$, $p = .02$) and parental relationships ($M_{Female}=1.93$, $M_{Male}=1.41$, $p = .04$) than did males. Females also rated educational or occupational changes as significantly more central to their recovery than did males ($M_{Female}=1.18$, $M_{Male}=0.66$, $p =.02$, 3-point Likert scale: 0 = not a factor, 3 =definitely an important factor). This study underscores the low rates of treatment receipt among Asian Americans with EDs and highlights the need for more accessible, culturally responsive care – particularly within primary care settings, where EDs often go undetected. Increasing provider awareness of how EDs present in Asian American populations and among men may facilitate earlier identification and intervention. Results also suggest possible sex differences in the impact of EDs, as well as in factors that contribute to recovery, pointing to the importance of tailoring treatment approaches to the individual.

Learning Objectives

- Describe the rate of eating disorder treatment receipt among mandarin-speaking Asian Americans, including the proportion of individuals who have never received care.
- Describe common treatment pathways for mandarin-speaking Asian Americans, including common points of diagnosis and types of treatment accessed.
- Identify factors that contribute to eating disorder recovery in Asian Americans and how these factors differ between males and females.

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How Accurate Are Self-Reports of Social Media Use? Comparing Subjective and Objective Data

Abstract: Subjective measures of social media use (e.g., “How often do you use social media?” → Never, Rarely, Sometimes, Often, Constantly) are convenient in research and clinical settings, yet their validity relative to objective measures has been largely assumed rather than tested, both in general and within the field of eating disorders. Of more than 1,000 published studies linking social media use to mental health, about 90% have relied solely on subjective measures, whilst the remainder have typically used ScreenTime or similar app-tracking data, which capture duration of use only. We

compared subjective reports of TikTok use with four objective indicators derived from TikTok digital trace data: (i) total videos delivered, (ii) total videos liked, (iii) number of sessions, and (iv) number of “doomscroll” sessions (i.e., sessions lasting > 1 hour). Participants (N = 111) included 42 individuals with diagnosed eating disorders and 49 healthy controls. We analysed subjective–objective associations using Spearman correlations and negative binomial regressions. Subjective use showed moderate correspondence with objective use: videos delivered (ρ = .55), videos liked (ρ = .59), sessions (ρ = .65), and doomscroll sessions (ρ = .47). However, these correlations concealed extreme dispersion in the objective data (e.g., videos delivered: mean = 6,069; variance = 25,673,168; variance/mean = 4,230) relative to the subjective data (mean = 4.13; variance = 0.72; variance/mean = 0.17). Because subjective reports varied minimally while objective use was highly overdispersed, the correlations can give a misleading impression of agreement. Spearman coefficients capture relative rank, not absolute magnitude, meaning participants can appear correctly ordered even when their actual use differs by orders of magnitude. This interpretive issue has practical consequences for clinicians, who often rely on clients’ categorical self-estimates (e.g., “sometimes,” “often”) to gauge social media use. Our results suggest that such descriptors, while intuitively meaningful, may obscure vast differences in actual use, complicating efforts to judge whether a client’s social media use is excessive or problematic. For instance, two participants both reported “sometimes” using TikTok over the past month but were actually delivered 65 and 19,450 videos, respectively. We found no evidence that diagnosis or symptom severity moderated the accuracy of subjective versus objective measures. Taken togethe

Learning Objectives

- Understand what objective social media use looks like in the context of TikTok
- Understand the limitations of self-report social media data
- Understand ways to offset the limitations of self-report social media data

Authors: Scott Griffiths, University of Melbourne; Emma Halliwell, University of Melbourne; Harish Kannan, University of Melbourne; Ben Stone, University of Melbourne; Emily Harris, University of Melbourne

Eating Disorder Psychopathology and Comorbidities in Sexual Minority Women with Anorexia Nervosa

Abstract: While eating disorders (EDs) are prevalent in sexual minority (SM) populations, research is limited on EDs in SM women with anorexia nervosa (AN). Research shows mixed results on whether ED prevalence and presentation are different in heterosexual and SM women; thus, this study aimed to compare ED psychopathology, behaviors, and comorbidities between heterosexual and SM cisgender women from a sample with AN. Cisgender women with AN (N=89; n=44 SM, n=45 heterosexual) recently discharged from from inpatient, residential, partial hospitalization, or intensive

outpatient treatment completed a baseline survey for a pilot study testing the effectiveness of a mobile intervention in preventing relapse. Kruskal-Wallis tests examined differences in ED psychopathology, comorbidities (anxiety, depression), BMI, and clinical impairment across sexual orientation groups. Fisher's Exact tests examined differences in proportions of individuals reporting ED behaviors (binge eating, self-induced vomiting, diuretic/laxative use, and compensatory exercise) between these groups. Across the sample, 12% identified as lesbian/gay, 25% as bisexual/pansexual, 12% as asexual, queer or questioning, and 51% as heterosexual. There were no significant differences in ED psychopathology, comorbidities, or clinical impairment across these groups. The BMI of lesbian/gay women was significantly higher than all other groups ($p=0.004$), though the effect size was small ($\eta 2=0.11$). There was a significant association between any binge eating and sexual orientation ($p=0.042$) with a moderate effect size (Cramer's $V=0.30$). Pairwise comparisons indicated that a significantly larger proportion of lesbian women reported binge eating (45%) compared to bisexual/pansexual women (5%; $p = 0.01$). No significant differences in compensatory behaviors between sexual orientations were observed. Despite overrepresentation of SM women in this sample of post-acute cisgender women with AN (49%), there were few differences in ED and comorbid symptomology across sexual orientations. The finding of significantly higher BMI in lesbian/gay women than in other groups is corroborated by previous research and may indicate higher rates of atypical AN in lesbian communities, which should be explored in future work. Overall, the substantial representation of SM women in this study underscores the need for future work to clarify AN risk factors and better understand clinical profiles within these groups.

Learning Objectives

- Acknowledge the increased risk for EDs in sexual minority populations.
- Reflect on the findings indicating potentially increased atypical AN symptomatology in lesbian/gay women.
- Highlight and discuss targeting prevention and intervention programs to sexual minority communities at high risk for EDs.

Authors: Nathalie Gullo, Washington University in St. Louis; Carli Howe, Washington University in St. Louis; Daphne Lew, Washington University in St. Louis; Lauren Fowler, University of South Carolina; Marianna Horton, Washington University in St. Louis; Gaurish Agrawal, Washington University in St. Louis; Mia Kouveliotes, Washington University in St. Louis; Marie-Laure Firebaugh, Washington University in St. Louis; Anna Bardone-Cone, The University of North Carolina at Chapel Hill; Kathleen Pike, Columbia University; Denise Wilfley, Washington University in St. Louis; Ellen Fitzsimmons-Craft, Washington University in St. Louis

Virtual Reality Exposure to Enhance Treatment of Avoidant/Restrictive Food Intake Disorder

Abstract: This study aims to enhance treatment outcomes for Avoidant/Restrictive Food Intake Disorder (ARFID) by integrating virtual reality (VR) and eye-tracking (ET) technologies into standard care. ARFID, defined by restricted food intake due to sensory sensitivity, fear of aversive consequences, or lack of interest in eating, currently lacks evidence-based interventions. The project developed immersive VR environments simulating realistic eating contexts and avoided foods, together with an ET-based procedure designed to detect and reduce visual avoidance of food stimuli prior to exposure sessions. Two pilot studies assessed functionality, usability, and preliminary efficacy. The first pilot (N=40, non-clinical participants) demonstrated that the software was stable and reduced attentional bias toward avoided foods ($p<.05$). The second pilot (N=10, children and adolescents diagnosed with ARFID) confirmed feasibility, with participants showing increased fixation on food stimuli and reduced subjective anxiety during VR exposure. These preliminary results supported the implementation of a randomized controlled trial (N=52; 26 per group, ages 6–17) conducted at the Eating Disorders Unit of Hospital Sant Joan de Déu (Barcelona) comparing treatment as usual (TAU) with TAU plus VR-based food exposure and attentional bias modification. Primary outcomes include BMI-for-age percentile, Eating Disturbances in Youth Questionnaire (EDY-Q) scores, and attentional indices from ET recordings. Interim data suggest greater adherence, decreased food-related avoidance, and improved engagement in the experimental group. Findings support the feasibility and potential efficacy of VR-based exposure as an adjunct to standard ARFID therapy, providing the first controlled evidence of technological intervention for this disorder. All VR environments, protocols, and manuals will be made freely available through an open-access website to promote widespread clinical use.

Learning Objectives

- Following the training, participants will be able to describe how virtual reality (VR) and eye-tracking (ET) technologies can be integrated into evidence-based treatments for Avoidant/Restrictive Food Intake Disorder (ARFID).
- Following the training, participants will be able to identify the methodological framework and key outcome measures used in the VR-ARFID randomized controlled trial.
- Following the training, participants will be able to evaluate the potential clinical benefits of VR-based exposure therapy and attentional bias modification for improving treatment adherence and reducing food avoidance in ARFID patients.

Authors: Jose Gutierrez-Maldonado, Universitat de Barcelona

Are There Differences in Hyperpalatable Foods Consumption Across Binge Eating Spectrum Disorders?

Abstract: This study aimed to investigate the consumption of hyperpalatable foods (HPFs) during binge eating episodes among individuals with binge eating spectrum

disorders from a eating disorder specialized outpatient unit. Participants comprised 138 adults (aged 18 to 60 years) diagnosed with bulimia nervosa [BN (n=65)] and binge eating disorder [BED (n=73)]. Eating disorder diagnoses were established by trained psychiatrists using the Structured Clinical Interview adapted for DSM-5-TR. The food consumption during binge eating episodes was assessed using a food recall method. The average of calories consumed in these occasions was estimated using the Dietpro Clinico software. The food items reported were classified as HPF when they fulfilled one of the following criteria: (1) >25% of calories from fat and ≥0.30% of sodium/weight), (2) >20% of calories from fat and >20% of calories from sugars, and (3) >40% of calories from carbohydrates and ≥0.20% sodium/weight. We also assessed anthropometric and demographic characteristics. The differences between diagnoses were compared using the chi-square test and t-test. Overall, most of participants were females (84.8%), had an average of 34.43 years (SD = 11.66), and a mean BMI of 34.89 kg/m² (SD = 9.72). When comparing the differences across diagnoses, we found that the proportion of females was significantly higher in BN than in BED (92% versus 78%, p=0.03). Conversely, the frequency of obesity was significantly greater among those with BED compared to their BN counterparts (88.88% versus 39.06%, p<0.01). The analysis of the food recalls revealed that the average caloric intake during binge eating episodes was 2,574 kcal for BN and 2,268 kcal for BED, with no significant difference between groups (t(136) = 1.272, p = 0.205). In addition, 84.80% and 84.56% of the calories consumed were derived from HPFs, respectively, without statistically significant differences between groups (t(136) = 1.063, p = 0.290). In conclusion, individuals with binge eating spectrum disorders exhibited a high consumption of HPFs during binge eating episodes, regardless of the diagnoses. These findings highlight the need for nutritional educational and public health strategies to help them to deal with HPFs as they are widely available and associated with negative impacts on physical and mental health.

Learning Objectives

- Describe the predominance of hyperpalatable foods (HPFs) in binge episodes, accounting for over 84% of total calories.
- Compare the intake of hyperpalatable foods during binge episodes between patients with bulimia nervosa (BN) and binge eating disorder (BED).
- Recognize the clinical implications of high-calorie binge episodes, often exceeding 2,000 kcal, in patients with BN and BED.

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“Pick Yourself Up by the Bootstraps”: Eating Disorder Treatment Barriers Among Rural Adolescents

Abstract: Rural adolescents have disproportionately high rates of disordered eating but there has been scant research into how rurality impacts treatment access. The purpose of this study was to determine what eating disorder treatment barriers exist for rural US adolescents and identify potential solutions. To do this, we used a qualitative study of 10 individuals who developed disordered eating as an adolescent (10-19 years old) while living in a rural community in the US and were adolescents or emerging adults (13-25 years) at the time of interview. Online semi-structured interviews using the Cultural Formulation Interview were recorded, transcribed verbatim, and analyzed using inductive thematic analysis. Three themes were identified: mental health stigma, delayed treatment, and resources. Participants reported that their rural communities had immense amounts of mental health stigma, particularly for eating disorders. The mental health stigma led participants to believe that they were to blame for their eating disorder and had a “pick yourself up by the bootstraps” mentality, believing that they could get better without treatment. Because of the mental health stigma, participants reported that they and their loved ones would go to great lengths to avoid discussing their disordered eating. Participants reported that they had delays in treatment because no one realized they were ill and/or because others invalidated their struggle because disordered eating was normalized in their rural community. Lastly, participants identified resources that they believed did help them or could be utilized to improve eating disorder treatment in rural communities. Specifically, they recognized that more education for the community members and health providers would be beneficial to denormalize disordered eating and that providers trained in eating disorders were most helpful. Further, they identified that the sense of community in rural populations was a unique strength. They also acknowledged that school counselors are often the only mental health providers in rural areas but are in every school and could be used as a critical intervention point for early identification and treatment. Study findings indicate that rural populations face unique barriers to accessing eating disorder treatment, particularly stigma, normalization of disordered eating, and lack of knowledge. Interventions are needed that utilize the strength of community in rural areas to address these barriers.

Learning Objectives

- Describe the unique cultural contexts that may influence eating disorder treatment among rural adolescents
- Identify barriers rural adolescents face in getting eating disorder treatment
- Discuss potential population-identified solutions to eating disorder treatment barriers among rural adolescents

Authors: Samantha Hahn, Central Michigan University; Gloria Barajas Rojas, Central Michigan University; Uriel Rubinovich, Central Michigan University College of Medicine; Heather Davis, Virginia Tech; Caitlin Martin-Wagar, University of Montana

Self-Compassion, Resilience, and Eating Disorder Risk in Collegiate Athletes

Abstract: Self-compassion and emotional resilience (i.e., ability to adapt to stress and recover from adversity) serve as protective factors against eating disorder (ED) risk, as they allow individuals to navigate emotional challenges without resorting to restrictive or compensatory ED behaviors. However, the mechanisms underlying this relationship remain unclear, particularly among collegiate athletes, a population vulnerable to body image concerns and performance pressures. To explore these dynamics further, we drew data from the 2024-2025 Healthy Minds Study, restricting our analyses to collegiate-level athletes in the United States who completed measures of self-compassion, emotional resilience, and ED risk. Using PROCESS in SPSS, we tested whether emotional resilience moderated the relationship between self-compassion and ED risk, then conducted a secondary mediation analysis to examine whether emotional resilience explained this association. The moderation analysis was nonsignificant (b= 0.026, SE=0.018, t(2109)=1.428, p=.153), indicating that emotional resilience did not alter the strength of the relationship between self-compassion and ED risk. However, self-compassion was directly and negatively associated with ED risk (b=-0.197, SE=0.0208, t(2099)=-9.477, p<0.001), and the mediation analysis suggested that emotional resilience partially explained this relationship (Effect(SE)=−0.0485 (SE=.0090),95% CI[−0.066,−0.032]). Although the cross-sectional design limits causal interpretation, our findings shed light on how emotional resilience may partially explain the protective effect of self-compassion against ED risk in a high-stress population. These findings highlight the need for further research and development of additional protective factors and practical interventions targeting whether self-compassion interventions enhance emotional resilience and reduce ED vulnerability over time.

Learning Objectives

- Describe how self-compassion and emotional resilience may function as protective factors against eating disorder risk among collegiate athletes
- Explain the role of emotional resilience in mediating the relationship between self-compassion and eating disorder risk
- Identify practical applications of self-compassion and resilience-based interventions to promote adaptive coping and reduce eating disorder vulnerability in collegiate athletic populations

Authors: Kristina Hall, Texas A&M University; Emma Oliveras, Florida State University; Wajiha Masroor, Texas A&M University; Charlie Brunt, Texas A&M University; Nayeon Kim, University of Kentucky

Scrolling in the Digital Age: Psychological Flexibility Buffers Against Eating Disorder Risk

Abstract: In an increasingly digital world, excessive internet use is associated with higher body dissatisfaction, problematic eating behaviors, and elevated eating disorder risk. Psychological flexibility has emerged as a protective factor against negative psychological outcomes and is defined as the ability to remain present and adapt behavior in alignment with personal values despite experiencing distressing thoughts or emotions. Grounded in the psychosocial model, this cross-sectional study examined whether psychological flexibility moderated the relationship between internet use and eating disorder risk among college students. Data were drawn from the 2024–2025 Healthy Minds Study, a large-scale survey of U.S. college students. The sample included 14,634 participants (average age = 23.5 years; 65.3% women, 26.5% men; 54.1% White, 14.2% Hispanic, 10.4% multiracial, 10.2% Asian, 6.7% Black, 2.1% other, 1.1% Middle Eastern, 1% Native Hawaiian or Pacific Islander, and <1% American Indian or Alaskan Native). Using SPSS and PROCESS Macro (Model 1), analyses controlled for gender, age, and race. Results indicated that higher internet use predicted greater eating disorder risk (B = .0385, SE = .0068, t = 5.63, p < .001). Psychological flexibility moderated this relationship (B = .0013, SE = .0006, t = 2.12, p = .03), such that greater flexibility was associated with lower overall eating disorder risk (B = –.0447, p < .001), though the positive association between internet use and eating disorder risk remained significant across all levels of flexibility. Findings suggest that psychological flexibility may offer some protection but does not fully buffer against the adverse impact of high internet engagement on eating-related concerns. Future research should examine mechanisms linking flexibility and digital behaviors and evaluate interventions designed to strengthen psychological flexibility. Understanding these pathways may inform prevention efforts aimed at promoting healthier technology use and reducing eating disorder vulnerability in young adults.

Learning Objectives

- Describe the relationship between internet use and eating disorder risk among college students, including how excessive digital engagement may contribute to body dissatisfaction and disordered eating behaviors.
- Explain the concept of psychological flexibility and its potential moderating role in mitigating the impact of high internet use on eating-related concerns.
- Identify practical strategies and research-informed interventions aimed at enhancing psychological flexibility to promote healthier technology use and reduce eating disorder vulnerability in young adults.

Authors: Kristina Hall, Texas A&M University

Advancing Culturally Informed, Person-Centered ED Education at an R1 Research Institution

Abstract: Eating disorders (EDs) are among the most lethal psychiatric illnesses, yet healthcare professionals across disciplines report inadequate preparation to identify and

manage them. This educational gap perpetuates stigma, delays treatment, and contributes to preventable harm- disproportionately affecting individuals from marginalized communities, where social determinants of health, food insecurity, and cultural stigma further impede access to care. This project developed and implemented a multidisciplinary educational workshop for graduate students in the health professions to introduce foundational concepts of ED etiology and management, with attention to cultural and social justice considerations. The workshop was delivered to 22 graduate students enrolled in a behavioral health fellowship at a university in Western New York. Participants represented diverse disciplines, including mental health counseling, social work, psychiatric–mental health nursing, and rehabilitation counseling. Over four hours, participants engaged in didactic content, case studies, and reflective exercises. Topics included assessment and diagnosis, biopsychosocial risk factors, comorbidities (e.g., PTSD, substance use disorders), weight stigma, and emerging treatment considerations. Content explicitly addressed cultural factors such as food disparities, structural inequities, and barriers faced by marginalized populations. Learning objectives emphasized identifying ED signs and symptoms, understanding intersecting risk factors, and applying evidence-based, person-centered, and culturally responsive communication strategies. A qualitative, descriptive design explored participants' reflections and reasoning. Student reflections highlighted the critical absence of ED-related content within their formal curricula and emphasized the value of integrating culturally informed, person-centered approaches. Case-based evaluations demonstrated students' ability to apply workshop concepts in clinical reasoning. Feedback underscored the importance of explicitly addressing stigma, weight bias, and social justice in ED education to prepare them for real-world clinical encounters across diverse communities. This initiative represented the first multidisciplinary ED-focused workshop at this R1 university to prepare graduate health professions students to identify and manage EDs. Embedding ED content within multidisciplinary and culturally responsive educational frameworks offers a scalable model to

Learning Objectives

- Identify gaps in clinical education and training that limit healthcare professionals' ability to recognize and manage eating disorders.
- Apply evidence-based, multidisciplinary frameworks to prepare learners for culturally responsive and socially just care of individuals with eating disorders.
- Employ culturally informed, person-centered educational strategies to teach multidisciplinary approaches in eating disorder care.

Authors: Alyssa Hamel, University at Buffalo State University of New York; Allison Murphy

Standardized Refeeding Protocol for Anorexia Nervosa: Multicenter Study in Japan

Abstract: Background: In Japan, more than 70% of patients with eating disorders are treated in psychiatric settings. However, Japanese patients with anorexia nervosa (AN) often present with a lower body mass index (BMI) at admission than those in Western countries, and providing appropriate physical management for severely malnourished patients poses substantial challenges for psychiatrists. To address these challenges, a standardized refeeding protocol developed and implemented at Hamamatsu University Hospital was subsequently adopted by several psychiatric units across Japan, and the present study aimed to evaluate its safety and clinical applicability in psychiatric units.
Methods: This retrospective study included 516 inpatients with AN who were admitted to two university hospitals between April 2015 and December 2023. Using clinical data from the first 14 days after the initiation of refeeding, multivariate logistic regression analyses were performed to identify risk factors associated with refeeding hypophosphatemia (RH), defined as a ≥30% decrease in serum phosphate from baseline or an absolute level of ≤0.6 mmol/L. Independent variables included age, duration of illness, baseline BMI, initial and cumulative caloric intake, and AN subtype. Subgroup analyses were further conducted for adolescents (<17 years) and adults (≥17 years).
Results: The participants had a mean age of 25.6 ± 12.3 years, 98.3% were female, their mean BMI was 12.9 ± 1.9 kg/m². RH occurred in 39 of 516 patients (7.6%). No serious adverse events occurred. Lower baseline BMI (OR 0.76, 95% CI 0.60–0.90, p= 0.007) and the binge–purge subtype (OR 3.19, 95% CI 1.50–6.60, p= 0.002) were identified as independent predictors of RH. There was no significant difference in the incidence of RH between adolescents (5.9%) and adults (8.2%)（$\chi 2(1)= 0.827$, p= 0.363）. Compared with prior Japanese studies reporting RH rates exceeding 20% in psychiatric units lacking standardized protocols, implementation of this standardized protocol markedly reducted RH incidence.
Conclusions: The standardized refeeding protocol demonstrated a favorable safety profile even among severely underweight Japanese patients with AN, including adolescents. Its implementation may enable psychiatric units to provide a level of medical stabilization comparable to that typically achieved in internal medicine wards, thereby promoting broader and more equitable access to evidence-based care for patients with AN in Japan.

Learning Objectives

- Describe the design and implementation of a standardized refeeding protocol for patients with anorexia nervosa in psychiatric settings.
- Identify key clinical factors associated with refeeding hypophosphatemia and strategies to minimize its risk.
- Recognize the implications of this multicenter study for improving the safety and standardization of nutritional rehabilitation in Japan.

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Psychiatric Clinic; Takumi Matsuzuka, Osaka Metropolitan University Graduate School of Medicine; Yukia Nishiue, Osaka Metropolitan University Graduate School of Medicine; Hidenori Yamasue, Hamamatsu University School of Medicine; Koki Inoue, Osaka Metropolitan University Graduate School of Medicine

Acceptability of a Peer Mentor Program for Youth Transitioning to Adult Eating Disorder Care

Abstract: Transition-age youth (TAY) with eating disorders often face challenges moving from pediatric to adult care. This study examined the acceptability of a structured peer mentor program designed to support TAY through this transition. Thirty TAY participants aged 16–24 years were recruited through community clinics, hospital programs, and private practices in Nova Scotia to participate in the program. Over 3–6 months, participants met regularly with a trained mentor for individualized support to enhance self-efficacy, autonomy, and readiness for adult-oriented treatment. Semi-structured virtual interviews were conducted at baseline, post-intervention, and 1-year follow-up to explore participants' experiences with eating disorder treatment, expectations and experiences of the peer mentor program, engagement with adult-oriented care, and the impact of intersecting aspects of identity on treatment and transition. Interviews were audio-recorded, transcribed, and analyzed using thematic analysis with coding verified by multiple team members. Themes indicate that participants found the peer mentor program supportive and acceptable, with mentors facilitating engagement with adult-oriented care, enhancing confidence and readiness, and helping youth navigate service transitions. Identity-related factors influenced participants' experiences, and the flexible, individualized support provided by peer mentors was highlighted as a key facilitator. These findings suggest that peer mentorship is an acceptable approach to bridging pediatric and adult eating disorder treatment, promoting continuity of care and addressing barriers faced by TAY.

Learning Objectives

- Describe the role of peer mentorship in supporting transition-age youth (TAY) with eating disorders to adult care.
- Identify key factors that influence TAY engagement, readiness, and self-efficacy during the transition to adult-oriented treatment.
- Recognize the impact of intersecting aspects of identity on transition experiences and how individualized peer support can address barriers to care.

Authors: Anastasia Harris, Nova Scotia Health; Aaron Keshen, Nova Scotia Health

Process Evaluation of a Novel Co-Designed CBT treatment for Type 1 Diabetes and Disordered Eating

Abstract: People with Type 1 diabetes (T1D) and disordered eating (T1DE) experience severe physical and psychological burden, yet effective, integrated treatments remain limited. The Safe management of people with Type 1 diabetes and Eating Disorders (STEADY) intervention is a 12-session, co-designed cognitive behavioural therapy (CBT) treatment that integrates diabetes education and emotional regulation strategies. This study aimed to quantitatively evaluate the process of delivering STEADY during a feasibility randomised controlled trial (RCT) to inform optimisation for a future multi-site trial. Data from 20 adults with T1DE who received STEADY were analysed. Three questions were examined: (1) which therapy tools were used and when; (2) the extent to which treatment was delivered as intended; and (3) how long delivery took. Use of 25 distinct tools recorded in the REDCap trial database was audited, treatment fidelity was assessed using the Cognitive Therapy Rating Scale-Revised (CTS-R), and delivery time was extracted from session logs. The five most frequently used tools were formulation (72 uses), behavioural experiments (47), thought records (43), goal setting (40), and understanding emotions or "riding the wave" (40). Mean CTS-R score was 3.81 ± 0.74, indicating competent adherence to CBT; none of the sessions were rated as incompetent or novice. Treatment completion required a mean of 153 days (SD = 73), with 35% of participants needing over six months due to illness, life events, or clinical decisions to extend intervals between sessions. These findings suggest that STEADY can be delivered competently and flexibly within an integrated diabetes-mental health framework. The toolkit structure allows therapists to personalise CBT content to each individual's diabetes and disordered eating formulation while maintaining treatment fidelity. Scaling up to a multi-site RCT will require continued supervision structures and training to ensure therapist competence and appropriate session pacing. This process evaluation highlights the feasibility and integrity of delivering a co-designed CBT-diabetes intervention and provides an evidence-based foundation for its future testing and implementation across diverse clinical settings.

Learning Objectives

- Following the training, participants will be able to describe the structure and core components of the STEADY intervention, which integrates cognitive behavioural therapy (CBT) with diabetes education for people with Type 1 diabetes and disordered eating.
- ollowing the training, participants will be able to identify methods for assessing treatment fidelity and therapist competence in complex psychological interventions, using the Cognitive Therapy Rating Scale–Revised (CTS-R) as an example.
- Following the training, participants will be able to discuss how process evaluation findings can inform optimisation, therapist training, and scaling up of integrated mental and physical health interventions in eating disorder care.

Authors: Amy Harrison, University College London

Clothing Sizes, Body Image, and Eating Disorder Behaviours among Argentine Adolescents

Abstract: In Argentina, evidence suggests that many people struggle to find clothing in their size, which may play a role in promoting body dissatisfaction and eating disorders. Therefore, this study aims to explore the relationship between the experience of finding one's clothing size with body image and eating disorder behaviours among Argentine adolescents from two cities. A convergent-parallel mixed-method design was employed (N=202). An online questionnaire using validated measures of body esteem, internalisation of appearance ideals, and eating disorder behaviours, and purpose-built items exploring the difficulty finding one's size was administered to 187 high school students aged 13-19 years (56% girls, 40% boys, 4% preferred not to say; Mage=15.4, SD=1.49). Three hierarchical linear regressions, controlling for Body Mass Index, explored if difficulty finding one's size was associated with body esteem, internalisation, and eating disorder behaviours. Online semi-structured interviews with the same age group (n=15; 67% girls, 33% boys; Mage=15.6, SD=1.80) were analysed using reflexive thematic analysis. Difficulty finding one's size was negatively associated with body esteem (β=–449; p<.001), accounting for 18% variance (R2=.181; p<.001); positively associated with internalisation (β=.324; p<.001), accounting for 9.5% variance (R2=.095; p<.001); and positively associated with eating disorder behaviours (β=393; p<.001), accounting for almost 14% variance (R2=.139; p<.001). Exploratory gender analyses revealed difficulty finding one size was associated with higher internalisation among girls only, and lower body esteem and greater eating disorder behaviours in girls and boys, with most variance noted among girls. Three themes were generated from interview data: Fashion is a double-edged sword; Body dissatisfaction and clothing are inextricably linked; and Not finding one's size: The path of least resistance vs resistance. The combined quantitative and qualitative findings suggest that difficulty finding one's size may have negative implications for body dissatisfaction and eating disorder development among adolescent Argentines, particularly girls. This study supports the need for legislative advances and public health policies in Argentina regarding the regulation of clothing size availability. Longitudinal and experimental research is an important next step to investigate the causal relationships at play.

Learning Objectives

- Describe the relationship between difficulty finding one's clothing size and body esteem, internalisation of appearance ideals, and eating disorder behaviours among Argentine adolescents.
- Describe the gender differences in how difficulty finding one's clothing size relates to body esteem, internalisation of appearance ideals, and eating disorder behaviours, and the implications.
- Identify potential policy and public health implications of clothing size accessibility, including how such evidence can inform advocacy and legislative efforts in Argentina.

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Who are eating disorder measures made for? A weight stigma-informed content analysis

Abstract: Since ED measures were not created with individuals in larger bodies in mind, weight stigma may influence ED measurement and diagnosis. In particular, the validity of these measures has not been examined in larger-bodied individuals and individuals who are not underweight, specifically when measuring restriction. This avenue of inquiry is particularly important as recent statistics show that fewer than 6% of individuals with EDs are underweight (Flament et. al., 2015). As a result, common ED screening tools and measures may misjudge symptom severity in much of the population and harm individuals in larger bodies who complete the questionnaires. To address this issue, we conducted a stigma-informed thematic content analysis of items from seven clinician-rated interviews and eight self-report measures (e.g., EDE-Q, EPSI, EAT). Scales were pulled from Levinson et al.'s (2023) ED assessment paper due to its comprehensive assessment of scales in the field. Three main themes emerged along with various subthemes. The first theme was the assumption that clients were underweight. This theme had subthemes of 1) requirement of meeting underweight criteria to be asked questions about restriction, 2) "feeling fat," 3) fear of weight gain leading to becoming fat, 4) assumption that beliefs about the body being "too big" are cognitive distortions, and 5) others expressing concern about weight or food intake. The second theme was the assumption that the client was not prescribed weight loss. This theme had a subtheme of restriction and exercise asked in the context of individual pathology rather than systemic medical bias. The third theme was experienced, expected, and internalized weight stigma. This theme had subthemes of 1) anti-fat bias and 2) devaluation due to weight assumed to be irrational rather than based on lived experience. A consistent issue identified in the analysis of the measures is the potential for clients to endorse items for different reasons depending on body size. Qualitative work has shown that, for example, "feeling fat" is a meaningfully different experience in fat and thin clients (Rinaldi & Robbins, 2025). Overall, we found notable stigmatizing assumptions built into the measures that may limit their validity for individuals in larger bodies and non-emaciated individuals and misestimate symptom presence or severity.

Learning Objectives

- Think critically about how current ED symptom measures assume and perpetuate weight stigma.

- Understand why current ED symptom measures may not adequately reflect the experiences of individuals in larger bodies.
- Examine the idea of “feeling fat” in the context of measuring ED symptoms.

Authors: Rachel Hechinger, SUNY Buffalo; Molly Robbins, Graduate student, psychology; Katerina Rinaldi, Nova Southeastern University; Amanda Krzysiak, Widener University; Paula Brochu, Nova Southeastern University

Within-Community Body Stigma Uniquely Predicts More Thin Body Dissatisfaction Three Months Later

Abstract: Within-community, or intraminority stress, (i.e., negative social experiences within one’s own marginalized community) has been identified by prior research as key correlate of eating and body image disturbances in sexual minoritized men (SMM). Within-community stress specific to body stigma (i.e., appearance-based evaluation/criticisms by other SMM) may reinforce narrow appearance ideals, predicting eating and body image disturbances beyond the effects of general intraminority stress (e.g., pressures to compete) and sexual minority stressors (e.g., discrimination based on sexual orientation). To this end, 225 cisgender SMM between the ages of 18 and 30 (Mage = 25.79) were recruited via Prolific and completed surveys at baseline (T1), three-month follow-up (T2), and six-month follow-up (T3), but only T1 and T2 data were used in the present study. Four multivariable regression models tested T1 within-community body stigma as a unique predictor of T2 thinness- and muscularity-oriented eating and body image disturbances. Across all models, T1 BMI was entered as a covariate. Furthermore, T1 general within-community stress was entered as a covariate to further clarify the predictive effects of within-community body stigma. Finally, T1 heterosexist discrimination, a measure commonly used in previous research to distinguish within-community stress from sexual minority stress, was entered as a covariate, as well as T1 levels of the outcome variable. Regarding the model predicting T2 thinness-oriented body dissatisfaction, the overall model (including T1 covariates and within-community body stigma) was significant, $F(5, 152) = 89.80$, $p < .001$, accounting for 74.7% of the total variance in the outcome. Adjusting for the aforementioned T1 covariates, greater T1 within-community body stigma was a significant, positive predictor of greater T2 thinness-oriented body dissatisfaction (B =.10, p =.04, accounting for 1% of the unique variance in thinness-oriented body dissatisfaction). Beyond T1 covariates, T1 within-community body stigma did not predict thinness-oriented eating disturbances or muscularity-oriented eating and body image disturbances (ps > .05). This may suggest that within-community body stigma may more strongly relate to thinness-oriented body disturbances. As such, the results also indicate that within-community body stigma may represent an important intervention target relevant to reducing thinness-oriented body image disturbances in this population.

Learning Objectives

- Following this training, participants will understand how within-community body stigma functions as a distinct form of intraminority stress among sexual minority men.
- Following this training, participants will understand how within-community body stigma contributes to subsequent thinness-oriented body dissatisfaction three months later.
- Following this training, participants will be able to apply findings to inform future research on culturally responsive intervention strategies for reducing within-community body stigma among SMM.

Authors: Rachel Henderson, University of South Alabama; Wesley Barnhart, Suffolk University

Feasibility of a Virtual Eating Disorder Prevention Program for Young Men with Type 1 Diabetes

Abstract: The aim of this research was to assess the acceptability, feasibility and preliminary efficacy of the Diabetes Body Project for young men with Type 1 Diabetes (T1D). The Diabetes Body Project is a cognitive dissonance-based eating disorder prevention program initially developed for young women with T1D. This study investigated the Diabetes Body Project intervention in a male population with minimal adaptations across 4 study sites: Oslo University Hospital (Norway), Amsterdam UMC (Netherlands), Joslin Diabetes Center (US), and Stanford University (US). Inclusion criteria were: young men, aged 14-35, with body image concerns. In total, 24 participants took part in the intervention. The intervention consisted of 6 weekly 1-hour virtual group meetings, which were facilitated by clinicians and/or peer educators with T1D. Quantitative data on drop-out, attendance, eating disorder symptoms, diabetes-specific disordered eating behaviors, dietary restraint, body dissatisfaction, diabetes distress, negative affect, and diabetes-specific quality of life were collected at pre-test and post-test (~1-2 weeks after the intervention). Qualitative data were collected through an open-ended feedback questionnaire at post-test and focus groups that were held at both European sites after the intervention. Moderate drop-out rates (26.3%), and high attendance (73.9% attended all 6 group meetings) indicate feasibility of the Diabetes Body Project for young men, though attention is needed to develop more effective recruitment strategies. Meaningful improvements were found for diabetes-specific quality of life, body dissatisfaction, diabetes distress, diabetes-specific disordered eating behaviors and eating disorder symptoms, controlling for age (partial eta squared ranging from .013 to .151, indicating small to medium effects). Qualitative findings indicate that participants enjoyed and valued taking part in the study, citing a desire to alleviate feelings of isolation related to living with T1D and body image concerns. A prominent theme centered around meaningfulness of participation, with participants acknowledging the vulnerability required to participate and the potential for it to be confrontational or time-intensive. Importantly, these young men demonstrated willingness to engage

despite the challenges, underscoring their interest in contributing to and benefiting from this type of intervention.

Learning Objectives

- Following the training, participants will be able to enhance their awareness of the critical importance of including men in eating disorder research.
- Following the training, participants will be able to develop a comprehensive understanding of the most effective evidence-based eating disorder prevention program currently available, tested both among the general population and people with type 1 diabetes.
- Following the training, participants will be able to gain insights into the impact of the Diabetes Body Project intervention on young men with type 1 diabetes, including their experiences with the intervention and its preliminary efficacy.

Authors: Mareille Hennekes, Amsterdam UMC; Maartje de Wit, Amsterdam UMC; Severina Haugvik, Oslo University Hospital; Line Wisting, Oslo University Hospital; Elena Toschi, Joslin Diabetes Center; Eric Stice, Stanford University

Resilience in the Trans* Community: Exploring Stigma, Resilience, and Eating Pathology

Abstract: Transgender and gender diverse (TGD) individuals report significantly higher rates of eating pathology compared to their cisgender peers, with disparities often linked to minority stress. One known stressor, internalized stigma, or internalization of negative societal attitudes about one's gender identity, has been associated with increased eating pathology among TGD adults. While examining stressors is critical, it is important to recognize the strengths and resilience within this community. Resilience factors, including pride in gender identity and community connectedness, have been linked to reduced eating pathology. Yet, they have not been examined as buffers between internalized stigma and eating pathology. Additionally, gender euphoria, or the positive emotional experiences related to gender affirmation, has been proposed as a protective factor that may mitigate eating pathology. Currently, little is known about the relation between gender euphoria and eating pathology, or how resilience factors moderate the relation between internalized stigma and eating pathology. 260 TGD young adults across the U.S. completed survey measures on internalized stigma, pride in gender identity, community connectedness, gender euphoria, and eating pathology. Analyses examined the relation between internalized stigma, pride, community connectedness, gender euphoria and eating pathology, as well as how resilience factors moderated the relation between internalized stigma and eating pathology. Only internalized stigma was significantly associated with eating pathology (β=0.38; p<.001). Pride in gender identity (β=.002, p<.05) and community connectedness (β=.005; p<.05) significantly moderated the relation between internalized stigma and eating pathology, but not gender euphoria (β=.003; p=.728). A possible explanation for the positive moderations may be individuals

with greater pride and community engagement also experience increased TGD visibility, which can heighten exposure to stigma and reinforce appearance vigilance. By examining resilience factors and eating pathology, this study shifts the focus from a deficit-based approach to acknowledging the strengths within the TDG community. Findings highlight that internalized stigma is a harmful contributor to eating pathology and suggest that resilience factors, particularly pride and community connectedness, may not buffer its negative effects. Future research should continue to explore protective factors.

Learning Objectives

- Describe the associations between internalized stigma and eating pathology among TGD individuals.
- Identify how resilience factors such as pride in gender identity, community connectedness, and gender euphoria relate to eating pathology within the TGD community.
- Discuss the implications of significant but non-buffering moderation effects, including how visibility and identity salience may influence the impact of minority stress on eating behaviors

Authors: Taryn Henning, Virginia Commonwealth University; Suzanne Mazzeo, Virginia Commonwealth University

Changes in Binge Eating Behavior and Food Insecurity During Pregnancy

Abstract: Food insecurity is associated with higher levels of eating disorder psychopathology. However, neither food insecurity nor eating disorder psychopathology are static. This study examines if there is an improvement in binge eating behavior with improved food security status among lower-income pregnant women, a population that is at high risk for both food insecurity and disordered eating. A randomized controlled trial examining a Food is Medicine intervention enrolled 240 pregnant patients with a household income < 185% of the federal poverty level receiving prenatal care at an integrated healthcare system in the United States. Participants completed measures of food security (USDA 6-item) and binge eating (binge eating items from the EDE-Q) upon enrollment in the study and again 6 months later. Participants were included in the current analyses if they completed these measures at each time point. Participants were stratified by their food security status (i.e., food secure or low/very low food security [insecure]) and binge eating behavior (i.e., absence or presence) at baseline and 6-month follow-up and McNemar's tests were used to assess overall agreement from baseline to follow-up. Test for equal kappas was used to compare agreement between groups. Among 181 participants, the mean (SD) age was 29.8 (6.2 years), and 66% identified as White, 14% Black, and 10% Hispanic or Latino. Participants enrolled at 17.8 (11.1) weeks gestation and most lived in communities with a high/very high area deprivation index. The percentage of participants with food security increased from

baseline to follow-up (51% to 65%, p = 0.0003), but the change in food security was not associated with baseline binge eating status (p = 0.902). The percentage of participants with binge eating did not change significantly from baseline to follow-up (32% versus 31%, p = 0.773), and the change in binge eating status was not associated with baseline food security status (p = 0.756). In conclusion, there was an improvement in food security from baseline to six-month follow-up, but it was similar among those with or without binge eating. Additionally, there was little overall change in binge eating behavior from baseline to 6-month follow-up, and it was similar among food secure and insecure participants. Interventions are needed to dually target food security and relationships with food. Studies with larger sample sizes and adequate statistical power are needed to confirm findings

Learning Objectives

- Describe the prevalence of food insecurity and binge eating among a socioeconomically disadvantaged pregnant population.
- Describe the relationship between changes in food security and binge eating during pregnancy.
- Discuss the need for evidence-based interventions to concurrently strengthen food security and improve relationships with food and eating among socioeconomically disadvantaged pregnant populations.

Authors: Kirstie Herb Neff, Geisinger College of Health Sciences; Alex Chang; Craig Wood; Kelsey Brandt; Kyle Marshall; Dhanya Mackeen; Lyndell Wright; Shawnee Lutcher; Christopher Seiler; Lisa Bailey-Davis

Neuropsychological Rehabilitation in Eating Disorders: Enhancing Cognitive Flexibility in a Resident

Abstract: Cognitive inflexibility is a core feature in eating disorders (EDs), contributing to rigid thought patterns, maladaptive behaviors, and reduced treatment response (Tchanturia et al., 2007). Neuropsychological rehabilitation can directly address these deficits, promoting adaptive coping strategies and potentially reducing relapse risk. This study describes the integration of a structured neuropsychological rehabilitation program within a comprehensive residential ED treatment setting.

A comprehensive neuropsychological rehabilitation program integrated within a residential ED treatment setting. This program utilizes a multi-modal approach, incorporating:
1.Psychoeducation on neurobiological underpinnings of EDs and cognitive functioning (Brockmeyer et al., 2022)
2.Cognitive Remediation Therapy (CRT) to target set shifting, working memory, and planning (Shott et al., 2012).
3.Metacognitive Training (MCT) to identify and modify cognitive biases and

rigidity (Moritz et al., 2013).
4.Experiential learning using in vivo challenges related to food, body image, and interpersonal interactions (Varman et al., 2021)

Progress is monitored via pre and post-intervention neuropsychological assessments (e.g., Wisconsin Card Sorting Test, Trail Making Test) and validated ED and quality of life measures.

Clinical impressions suggest that patients engaging in the program show greater adaptability to treatment demands, reduced behavioral rigidity, and improved capacity for flexible problem solving in food and body-related situations. Data analysis is ongoing.

Addressing cognitive inflexibility through neuropsychological rehabilitation provides a valuable adjunct to standard ED treatments. By fostering flexible thinking and adaptive coping, this approach may improve functional outcomes, reduce relapse risk, and support long-term recovery in residential settings.

Learning Objectives

- Identify cognitive rigidity that interferes in everyday functioning.
- Integrate CBT techniques into neuropsychoigcal rehabilitation
- Improve therapist interventions in neuropsychological rehabilitation.

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Identity Negotiations in a Narrative Therapy Intervention for Longstanding Anorexia Nervosa

Abstract: As part of a larger feasibility study, this study focuses on identity negotiations from in-session transcripts of participants engaged in a narrative therapy intervention for AN. There is increasing evidence for the need for treatments that address complex identity negotiations that constitute the experience of anorexia nervosa (AN). Narrative therapy proposes that externalisation and deconstruction of the meaning of problematic identities generates identities built on a valued sense of self that have previously been concealed by the problem. However, the current evidence base for narrative therapy in AN treatment remains inconclusive and under researched. Six participants, all who reported experiencing longstanding AN, engaged in a 40-week narrative therapy intervention. Fifty-four therapy session transcriptions from three time points (early, mid and end of treatment) were analysed for key in session identity negotiations with deductive qualitative analysis structured with sensitised concepts as informed by the

intervention, with a focus on identity negotiations. Participant identity negotiations were found to be recursive throughout therapy. The sensitised concepts of (1) problem-saturated identity conclusions, (2) openings to alternative identities, and (3) reclaiming identities and lives formed the three main themes with 2-3 embedded subthemes. Problem-saturated identity conclusions (subthemes: shamed identities, lost identities, and hidden identities) were most frequently elicited during early therapy. Over the course of the intervention, openings to alternative identities emerged (subthemes: resistance openings, implicit openings, and action openings) and participants took steps to reclaim their identities and lives from AN (subthemes: re-authoring old stories with new meanings and reclaiming lost identities). Identity negotiations of participants with reported longstanding AN led to meaningful shifts in reclaiming their identities from AN throughout the narrative therapy intervention. Further research is required to establish the effectiveness of narrative therapy for those who experience both shorter and longer term AN and other eating disorders.

Learning Objectives

- Understand why addressing identity is an integral part of therapy for longstanding anorexia nervosa.
- Identify elements of a narrative therapy approach to treating anorexia nervosa.
- Consider applications for narrative therapy in the treatment of eating disorders.

Authors: Lauren Heywood, School of Psychology, Western Sydney University, Sydney, Australia; Janet Conti, Western Sydney University; Phillipa Hay, Western Sydney University

Perfectionism and Body-Related Emotions as Predictors of Maladaptive Movement in Students

Abstract: Fairburn's transdiagnostic model of eating disorders depicts interrelated factors that underly pathology. The model highlights perfectionism and mood intolerance as maintaining mechanisms, with recent extensions specifying the value of intolerance of negative body-related self-conscious emotions and multidimensional perfectionism. The model focuses on eating behaviours, yet overlooks maladaptive movement which is a common early-onset feature linked to illness chronicity and relapse. Additionally, the role of positive body-related emotions in regulating eating pathology remains underexplored. This study examined relationships among perfectionism, positive and negative body-related emotions, and maladaptive movement in postsecondary students (N=108; Mage=20.79, SD=3.13; 69% women; 36% East Asian). Participants completed a baseline survey assessing self-oriented and socially prescribed perfectionism (SOP and SPP) followed by ten days of daily surveys measuring intensity and intolerance of body-related emotions and cognitive and behavioural maladaptive movement. Multilevel models revealed that intensity of shame (B=.14, SE=.05), guilt (B=.16, SE=.04), envy (B=.17, SE=.05), embarrassment (B=.16, SE=.05), and hubristic pride (B=.12, SE=.06)

predicted higher cognitive maladaptive movement. Authentic pride (B=.24, SE=.12) and hubristic pride (B=.28, SE=.11) predicted higher behavioural maladaptive movement. Shame (B=-.61, SE=.24) and envy (B=-1.35, SE=.60) intolerance predicted lower maladaptive movement. Further, interactions between SOP/SPP and shame predicted maladaptive movement. Simple slopes indicated that at high SOP or SPP, shame intolerance was positively associated with cognitive maladaptive movement, and at high SPP, with behavioural maladaptive movement. Findings suggest nuanced roles of body-related emotions in maladaptive movement, with negative emotions linked to cognitive preoccupation and positive emotions associated with behavioural engagement. Heightened perfectionism exacerbated the effect of shame on maladaptive movement. Results continue to affirm the complex role of physical activity in eating pathology. Further, they provide preliminary support for extending the transdiagnostic model to include maladaptive movement and positive body-related emotions. Discussions will describe the research and clinical implications extending the transdiagnostic model to include maladaptive movement.

Learning Objectives

- Identify the unique roles of positive and negative body-related emotions in predicting maladaptive movement.
- Distinguish between cognitive and behavioural facets of maladaptive movement and examine their differential relationships with body-related emotions.
- Explore the research and clinical implications of extending Fairburn's transdiagnostic model to include maladaptive movement and positive body-related emotions.

Authors: Avery Hinchcliffe, University of Toronto; Danika Quesnel, University of Toronto Scarborough; Catherine Sabiston, University of Toronto

Stigma, shame, and eating disorder symptoms among eating disorder clinicians

Abstract: Between 24-47% of eating disorder practitioners are estimated to have their own eating disorder. However, there remains a lack of understanding around what factors enable practitioners to feel more supported in their clinical work. Research has highlighted stigma and shame as key barriers to help-seeking and disclosure for practitioners with general mental health difficulties. One's perception of whether disclosures are beneficial can also impact whether individuals disclose mental health difficulties. Although research on this topic is scant in eating disorders, qualitative studies have highlighted stigma and shame as potential barriers to help-seeking. The aim of the study was to explore the relationships between current and past eating disorder symptoms, stigma, shame, disclosure, and help-seeking among eating disorder practitioners. Another aim was to test whether perceived benefits of disclosing an eating disorder would moderate the relationship between stigma and shame, with disclosure and help-seeking. Eating disorder practitioners (N = 225; mean age = 36.2 years; 92.4% female) completed an anonymous survey assessing stigma, shame, current and past

eating disorder symptoms, willingness to disclose and seek help, and perceived benefits of disclosing an eating disorder. The majority of respondents (61%) reported a past eating disorder, while 16% reported a current eating disorder. Eating disorder symptoms were positively correlated with stigma and shame, but negatively correlated with willingness to disclose or seek help. There was a direct effect of current, but not past, eating disorder symptoms on willingness to disclose and seeking help. Different patterns of indirect effects from current and past eating disorder symptoms to willingness to disclose and help-seeking through stigma and shame were found. Perceived benefits of disclosing an eating disorder was not a significant moderator for most pathways. Understanding the mechanisms preventing eating disorder practitioners with lived experience from seeking help is crucial to building safe, ethical practice. Supporting eating disorder practitioners with lived experience may lead to improved workforce retention and sustainability, and potentially better patient outcomes.

Learning Objectives

- Gain an understanding of challenges eating disorder practitioners with eating disorder lived experience may face
- Gain an understanding of key barriers to help-seeking among health practitioners
- Gain an awareness of the importance of safe, ethical practice for practitioners with lived experience

Authors: Pheobe Ho, Curtin University, Perth Children's Hospital Eating Disorder Service; Sarah Egan, Curtin University; Peter McEvoy, Curtin University, Centre for Clinical Interventions; Beth Swann, Perth Children's Hospital Eating Disorder Service

Executive functioning in youth diagnosed with avoidant/restrictive food intake disorder

Abstract: Avoidant/restrictive food intake disorder (ARFID) is an eating disturbance leading to persistent failure to meet energy needs which results in weight loss, nutritional deficiency, dietary supplementation, and/or significant impacts to daily functioning. Three subtypes of ARFID characterize the restrictive eating: avoidant (sensory sensitivity), aversive (fear of eating, possibly due to a negative experience like choking), and restrictive (low appetite, little interest in food). Estimates suggest that ARFID prevalence rates range from 0.3 - 15.5% and that comorbid diagnoses are often present, including neurodevelopmental concerns like autism spectrum disorder or attention-deficit/hyperactivity disorder. These common co-occurring disorders have executive functioning impacts, suggesting that this is an important area of investigation within ARFID. The current project aims to fill research gaps by identifying the relationship between ARFID diagnosis and subtype(s) and domains of executive functioning. Participants are aged 6-18 referred for psychological consultation by the eating disorders service within a children's hospital. Purposive sampling methods are utilized to achieve representation across the subtypes of ARFID, gender, race and ethnicity. Youth and

their caregivers complete questionnaires via REDCap prior to or during visits with the clinician and the NIH Toolbox Cognition Battery is completed in session. Youth complete the Behavior Rating Scale Inventory of Executive Function, Second Edition (BRIEF-2, Self-Report) and the Nine Item Avoidant/Restrictive Food Intake Disorder Screen (NIAS), Child; caregivers complete the Behavior Rating Scale Inventory of Executive Function, Second Edition (BRIEF-2, Parent) and the Nine Item Avoidant/Restrictive Food Intake Disorder Screen (NIAS), Parent. This study is currently underway and there is not adequate data for analysis. The analysis plan includes a summary of demographic and clinical characteristics by ARFID subtype and primary analyses (one-way ANOVA or Kruskal-Wallis) comparing executive functioning scores and cognitive screening scores across subtypes. The findings will offer an improved understanding of executive functioning in youth with ARFID across the three diagnostic subtypes. The hope is that this understanding could contribute to targeted intervention for executive functioning that improves ARFID treatment acceptability and effectiveness.

Learning Objectives

- Describe the diagnostic criteria and three subtypes of avoidant/restrictive food intake disorder (ARFID).
- Explain the relationship between ARFID and executive functioning.
- Outline how this new knowledge can inform current treatments for ARFID.

Authors: Sarah Hornack, Children's National Hospital; Ella Sudit, American University

Engagement with Pro-ED Content on Social Media Among Women After Acute Treatment of Anorexia Nervosa

Abstract: Anorexia nervosa (AN) is a life-threatening illness with high relapse rates following acute treatment. While linked to AN psychopathology, the nature of smartphone and social media use after acute care, particularly engagement with eating disorder (ED) content, is less understood. This study explored smartphone use and viewership and posting of pro-ED content on social media, in a sample with AN after acute care to determine associations with ED psychopathology, depression, anxiety, and clinical impairment. Cisgender women (N=90) recently discharged from acute AN care completed a baseline survey that included assessments of ED psychopathology, clinical impairment, and mental health symptoms as part of a pilot trial testing a digital intervention for AN relapse prevention. The survey also assessed how many hours participants typically spend on their smartphone per day and how often they viewed or posted pro-ED content across eight social media apps in the past month. Two binary variables were created for pro-ED viewing (10+ times on at least one app) and posting (1+ times) on social media. Statistical analyses were conducted using Spearman correlations (ρ) and independent samples t-tests, with effect sizes reported as Cohen's d. Participants most commonly reported using their smartphone for 2-3 or 3-4 hours per day (37%, n=33 for each). Smartphone use was associated with ED psychopathology

(ρ=.27), depression (ρ=.34), and clinical impairment (ρ=.27; all p<.01), but not anxiety (ρ=.18, p=.097). Instagram was the most highly used app for both viewing and posting pro-ED content. Participants who reported viewing pro-ED content 10+ times on 1+ app (n=51), compared to those who did not (n=39), had greater ED psychopathology (d=.68), depression (d=.65), and clinical impairment (d=.58), but no significant difference in anxiety (d=.23). Those who reported posting pro-ED content 1+ times (n=36), compared to those who did not (n=52), had greater ED psychopathology (d=.52), depression (d=.51), anxiety (d=.52), and clinical impairment (d=.45). Overall, there is a positive correlation between smartphone use and disease symptomatology. Additionally, disease symptomatology is moderately higher among those who more frequently view or post pro-ED content. Further research on smartphone use and engagement with pro-ED content on social media following AN treatment is needed, including integration of digital literacy and behavior assessment into relapse prevention efforts.

Learning Objectives

- Inform the nature of smartphone and social media use in women post-acute treatment of anorexia nervosa.
- Understand how engagement with pro-eating disorder content on social media may be related to disease symptomatology..
- Highlight the need for consideration of how social media may impact recovery from anorexia nervosa.

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Building a Recovery Community: Findings From An Eating Disorders Alumni Program

Abstract: This study examined the Alumni program at 'Wandi Nerida', Australia's first residential treatment service for eating disorders. The Alumni program comprises of a weekly online support group and online community page for continued support post-discharge. Forty-six participants (prior residents) completed a survey about their engagement with and experiences of the Alumni program, as well as eating disorder symptoms and impairment. Thirteen prior residents and four Alumni group facilitators also completed semi-structured interviews exploring their experiences. Over a six-month time period, the average number of attendees at the weekly support group was 10. Forty-six percent of participants attended the group regularly (between 1-4 times per month), with the remaining participants attending less than once per month. Ninety-one percent of participants reported engaging with the online community. Regular group

attendees were significantly younger and reported more severe eating disorders symptoms both at the time of completing the survey and at discharge from residential care. Participant interviews focused on engagement and recovery impact, while facilitator insights addressed feasibility, implementation, sustainability, and organisational alignment. Alumni participants described the program as a valued source of community, validation, and hope; supporting them through accountability and the reinforcement of recovery skills learned at Wandi Nerida. Common discussion themes in the online group included body image, diet culture, and managing recovery in daily life. Participants' suggestions for improvement included enhanced support for new members and improved online engagement. Facilitators viewed the program as an important continuation of Wandi Nerida's lived-experience framework, fostering safety, authenticity, and connection beyond discharge. They identified key challenges in balancing structure and autonomy, managing emotional intensity in an online space, and sustaining participation. Facilitators emphasised their role in promoting hope and modelling recovery-oriented communication consistent with Wandi Nerida's philosophy of care. Overall, both participants and facilitators view the Alumni Program as a meaningful, recovery-affirming online space that bridges the transition from treatment to independent living.

Learning Objectives

- Following the training, participants will be able to identify a potential service model for providing continued support post-discharge
- Following the training, participants will be able to recognise the potential feasibility of such a program with regards to attendance rates and resources required
- Following the training, participants will understand the experiences of both participants and staff involved in an Alumni program

Authors: Catherine Houlihan, University of the Sunshine Coast; Angela Hinz, UniSC; Sinead Day; Kathina Ali; Daniel Fassnacht; Kate Mulgrew, UniSC

Self-disgust as potential maintaining factor in anorexia nervosa

Abstract: Understanding how individuals with anorexia nervosa (AN) succeed in resisting the urge to eat in the face of starvation remains a clinical challenge. A theoretical model based on emerging evidence highlights self-disgust —an intense aversive emotional response toward one's body or self—as a central factor in AN development and maintenance. The natural urge to avoid and escape disgust-eliciting situations may explain avoidance and escape behaviors characteristic of AN, including food restriction. The purpose of the presented studies was to inform and refine the model by exploring how individuals with AN or recovered from AN experience self-disgust.
A first study included 12 girls (13-19 years) under treatment for AN or atypical AN. A second study included 19 young women (18-23 years) recovered from AN or atypical AN

in the past 1-4 years. We conducted semi-structured interviews on the course of AN, emotions experienced in relation to the body and food —particularly disgust—, how these emotions affected behavior, and if applicable how this changed during recovery. Data was analyzed using the grounded theory approach focusing on disgust-related themes.
Identified themes during AN were: 1) Disgust and feeling fat: “Feeling fat” was linked to self-disgust toward the (future) body, i.e. feeling repulsed by oneself, dirty or nauseous. This was intensified after eating. 2) Disgust and anorectic behaviors: Self-disgust was experienced as overwhelming, leading to behaviors aimed at avoidance, escape or control. Checking could temporarily relieve self-disgust but more often intensified it. 3) Disgust and the self: Body-related disgust can perhaps be best seen as just one type of self-disgust. Self-disgust in AN seems also directed at one’s behavior and personality.
Identified themes during recovery were: i) Lingering disgust: Self-disgust was still experienced in recovery. Girls learned to accept and endure their feelings and cope with them in other ways. ii) Reappreciating life and the body: Being done with being sick and a renewed appreciation for life and how the body helps in attaining life goals were important motivators in sustaining recovery.
These findings support and extend the theoretical model by suggesting that self-disgust may maintain AN through avoidance, escape and checking behaviors. Clinically, this underscores the importance of recognizing and addressing self-disgust, both body-related and in a broader sense, as a treatment target.

Learning Objectives

- reflect on the potential involvement of self-disgust in the maintenance of AN
- reflect on changes in experienced self-disgust in recovery from AN and abilities and motivators that may assist in these changes
- recognize the presence of self-disgust in AN and think of this as potential target in treatment

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Appearance Related Social Media Use, Body Image and Shame in Women with Internalized Weight Bias

Abstract: Upward social comparison to appearance-related social media content is associated with negative body image among young women. Women with high weight bias internalization (WBI) (i.e., weight self-stigma), may be particularly vulnerable to negative body image in these settings. WBI is associated with poor body image and disordered eating in general, and social comparison to thin-ideal images may exacerbate these outcomes. No previous research has examined how upward social comparison to thin-ideal imagery on social media specifically affects individuals with high WBI. This

study is the first to examine how WBI relates to weight and appearance dissatisfaction among young women following upward appearance-based comparison to thin-ideal Instagram imagery. It also investigated whether body-related shame mediates this relationship. An ethnically diverse sample of female undergraduate students (N=109, Mage = 19.16, SD = 1.55) completed baseline trait measures of WBI and body-related shame. One week later, participants were randomly assigned to one of two experimental conditions in which they were instructed to view Instagram posts containing either 1) thin-ideal models plus instruction to compare their bodies to the model, or 2) appearance-neutral control images. They completed pre- and post- task measures of state weight and appearance dissatisfaction. The experimental manipulation significantly induced appearance-related social comparison, which explained post-task increases in body dissatisfaction relative to the control condition. For participants in the thin-ideal condition, higher WBI was related to greater weight and appearance dissatisfaction following the exposure and comparison task. Trait body-related shame partially explained the heightened appearance dissatisfaction ($p = .29$) but did not significantly explain heightened weight dissatisfaction ($p = .67$). This is the first study to explore how thin-ideal social media content uniquely impacts the state body image of young women with elevated WBI. Internalized weight stigma, which is independent of objective body size, makes women especially likely to evaluate their bodies negatively after viewing and comparing themselves to thin-ideal images on social media. Our results highlight the need for tailored body image interventions for social media users in an effort to reduce body-related shame.

Learning Objectives

- Learn about how upward social comparison to thin-ideal social media images affects weight and appearance dissatisfaction in young women with high weight bias internalization (WBI).
- Critically assess the role of body-related shame as a psychological mechanism linking weight bias internalization and appearance dissatisfaction in the context of appearance-related social comparison.
- Apply evidence to identify approaches that help young women with internalized weight bias manage body-related shame, particularly in the context of exposure to appearance-focused social media use.

Authors: Rachel Howells, York University, Department of Psychology; Jennifer Mills, York University

Self-Compassion as a Mediator Between Social Comparison and Body Dissatisfaction Among Young Women

Abstract: Appearance-related social media (SM) use predicts body dissatisfaction, a major psychosocial risk factor for eating disorders among young women; upward social comparison is a key mechanism. Self-compassion (SC; a kind, understanding stance

toward oneself) mitigates negative effects of upward comparison on body dissatisfaction, yet the utility of SC in SM contexts is unclear. This study aimed to better understand uninstructed SC use during appearance-related SM exposure. We experimentally tested whether SC relates to improved weight and appearance dissatisfaction after appearance-related SM comparison and whether subjective task engagement is linked to SC use. An ethnically diverse sample of female undergraduates (N=109, Mage=19.16, SD=1.55) were randomly assigned to view Instagram posts of either 1)thin-ideal models plus instruction to compare their bodies to the model, or 2)appearance-neutral control images. Participants completed pre- and post-task measures of state weight and appearance dissatisfaction and measures of state SC and subjective engagement in appearance-related comparison during the task. The experimental manipulation significantly induced appearance-related social comparison, which mediated relationships between condition and post-task body dissatisfaction. Participants in the thin-ideal condition reported the same SC use as the control condition ($p=.28$). Within the thin-ideal condition, subjective comparison was not related to post-task weight ($p=.26$) and appearance dissatisfaction ($p=.22$). Instead, participants who were subjectively more engaged in the comparison task were less likely to use SC during the task ($p<.001$). Lower state SC was linked to greater post-task weight ($p<.001$) and appearance dissatisfaction ($p<.001$). This study is the first to experimentally test the effects of uninstructed state SC on weight and appearance dissatisfaction during forced upward social comparison to thin-ideal SM images. The results support the benefits of SC on young women's body image in an appearance-based SM setting. Future research should probe how to encourage SC among young women using appearance-based SM to reduce their risk of developing eating and related disorders. The results also suggest that higher engagement in social comparison hinders SC when viewing appearance-related SM content. Future research should explore how to promote dis-engagement with social comparison to reduce harmful aspects of appearance-based SM use on young women.

Learning Objectives

- Explore how appearance-related social media use and upward social comparison contribute to body dissatisfaction among young women.
- Learn about the role of self-compassion as a protective factor that mitigates the negative impact of appearance-related social media use on body image.
- Consider the importance of developing strategies to encourage self-compassion and reduce harmful social comparison during appearance-based social media engagement.

Authors: Rachel Howells, York University, Department of Psychology; Jennifer Mills, York University

Ambivalence over Emotional Expression, Emotion Dysregulation, and ED Symptoms among Chinese Adults

Abstract: Ambivalence over emotional expression (AEE) refers to the internal conflict of desiring to express true emotions but failing to do so in fear of perceived social consequences. Cross-cultural studies have shown that AEE is more prevalent in Chinese culture in which social harmony takes precedence over individual expression. AEE leads to a host of negative health consequences, including greater depressive symptoms, more intrusive thoughts, and lower quality of life. AEE often reflects feelings of inauthenticity in interpersonal relationships, hyperawareness of other people's reactions, self-criticism, and lack of social support; consequently, individuals with greater AEE may engage in eating disorder (ED) symptoms as a maladaptive coping mechanism. However, even though difficulties with emotion regulation have been widely established as a major risk factor for EDs, few studies have directly examined the relationship between AEE and ED symptoms – an interpersonal facet of emotion dysregulation – especially in a cross-cultural context. The present study aimed to examine the relationship between AEE and ED symptoms beyond general emotion dysregulation in a culturally diverse population. A community sample of 230 Chinese nationals (aged 19-61, M = 30.9, SD = 8.15; 57% female) completed self-report measures of AEE, emotion dysregulation, and ED symptoms. There were no gender differences in AEE, emotion dysregulation, or ED symptoms (all ps > .05). Age was not associated with ED symptoms but was negatively correlated with both AEE ($r = -.15$, $p = .028$) and emotion dysregulation ($r = -.20$, $p = .003$), indicating that older individuals tend to demonstrate fewer emotion-related difficulties. Linear regression models showed that AEE was significantly, positively associated with ED symptoms even after controlling for general emotion dysregulation ($\beta = .350$, $p < .001$), such that individuals with greater levels of AEE exhibited more ED symptoms after controlling for general emotion dysregulation. Results showed that AEE may represent a culturally salient risk factor for ED symptoms among Chinese adults beyond general emotion dysregulation, highlighting the importance of examining culturally relevant social norms and interpersonal emotional vulnerability in understanding ED risks beyond Western contexts.

Learning Objectives

- Learn about the relationship between ambivalence over emotional expression and ED symptoms
- Learn about an interpersonal facet of emotion dysregulation in the context of EDs
- Learn about ED risk factors in a cross-cultural context

Authors: Serena Hu, Fordham University; Jinbo He, School of Humanities and Social Science, The Chinese University of Hong Kong, Shenzhen; Natasha L. Burke, Fordham University

Emotion Dysregulation and Eating Disorder Symptoms: Exploring the Moderating Effects of Impulsivity

Abstract: Difficulties with emotion regulation and emotion-based impulsivity have been established as transdiagnostic mechanisms underlying eating disorder (ED) symptoms. Negative urgency (NU) refers to the propensity to act hastily in response to elevated negative emotions, and positive urgency (PU) refers to the tendency to act rashly when experiencing heightened positive emotions. Individuals who struggle to identify and regulate emotions may turn to maladaptive coping strategies such as problematic eating behaviors, and this may be more pronounced for those predisposed to act rashly in response to intense emotions. However, limited research has directly examined whether NU and PU moderate the relationship between difficulties with emotion regulation and ED symptoms, particularly PU, despite emerging evidence linking PU to greater binge sizes. Moreover, most studies on the constructs of interest have been conducted with predominantly white Western samples, limiting cross-cultural generalizability. To address this gap, a community sample of 230 Chinese nationals (aged 19-61, M = 30.9, SD = 8.2; 57% female) completed the Chinese versions of self-report measures assessing difficulties with emotion regulation, NU, PU, and ED symptoms. Linear regression models showed that difficulties with emotion regulation ($\beta = .238$, $p < .001$), NU ($\beta = .501$, $p < .001$), PU ($\beta = .274$, $p = .03$) were each significantly, positively associated with ED symptoms after controlling for gender. Surprisingly, moderation analyses showed that both NU ($\beta = -.03$, $p = .0016$) and PU ($\beta = -.029$, $p = .0025$) significantly, negatively moderated the relationship between difficulties with emotion regulation and ED symptoms. A possible explanation is that for individuals high in emotional urgency, ED symptoms may emerge more directly from reacting rashly to the transient, “hot” moments of intense emotions, whereas for individuals low in emotional urgency, emotion dysregulation may be a more salient contributor to ED symptoms. In other words, individuals high in NU and PU may have a lower threshold for emotional triggers, such that even relatively minor dysregulation is sufficient to elicit ED symptoms. Overall, results highlight the complex interplay between difficulties with emotion regulation, emotional urgency, and ED symptoms and underscore the need for further research in a cross-cultural context.

Learning Objectives

- Learn about the relationships between emotion dysregulation, negative urgency, positive urgency, and ED symptoms
- Learn about the interplay between emotion dysregulation and emotion-based impulsivity in the context of EDs
- Learn about ED risk factors in a cross-cultural context

Authors: Serena Hu, Fordham University; Jinbo He, School of Humanities and Social Science, The Chinese University of Hong Kong, Shenzhen; Natasha L. Burke, Fordham University

Predictors of Eating Disorder Treatment Satisfaction and Patient Perspectives: a Mixed-Methods Study

Abstract: This study aimed to examine which factors predict satisfaction with eating disorder treatment in a specialist eating disorder service setting, and how patients themselves described what contributed to satisfaction and dissatisfaction.

In a sample of 96 adults receiving treatment for eating disorders, we investigated whether eating disorder symptom severity, well-being, self-reported recovery, age, and body mass index at baseline, as well as changes in these measures during treatment, predicted treatment satisfaction. Analyses were conducted for the full sample and separately for patients with anorexia nervosa and bulimia nervosa. In addition, a thematic analysis was performed on responses to two open-ended survey questions completed at the end of treatment.

This study found that greater eating disorder symptom severity at baseline significantly predicted lower treatment satisfaction, while symptom improvement during treatment predicted higher satisfaction. Increases in well-being and higher session attendance were also associated with greater satisfaction. Qualitatively, patients emphasized the therapeutic relationship as a key source of satisfaction. Conversely, limited resources and facilities, including long waiting times, were reported as sources of dissatisfaction. Treatment mode and approach were described both as contributing to satisfaction when aligned with patient needs and as a cause of dissatisfaction when mismatched.

Both clinical improvements and the therapeutic context contributed to treatment satisfaction in eating disorder care. Enhancing symptom reduction, well-being, and therapeutic relationships, while addressing structural barriers, may improve patients' experiences of treatment.

Learning Objectives

- State what may predict eating disorder treatment satisfaction
- Discuss what patients themselves emphasize as sources of satisfaction
- Discuss what patients themselves point to as causes of dissatisfaction

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Designing and Adapting a Digital Guided Self-Help Program for Binge Eating Disorder

Abstract: For adults with binge eating disorder the National Institute for Health and Care Excellence guidelines recommend a cognitive behavior therapy-based guided self-help program as a first-line treatment. Despite this, there is considerable heterogeneity within the field of self-help programs for eating disorders, particularly in the context of digital tools. Moreover, content of these interventions is often unclear, making evaluations somewhat difficult.
This study aimed to describe the design, development and adaptation of digital program for binge eating disorder based on enhanced-cognitive behavior therapy, to include qualitative interviews of user experiences, and to provide insight into the structure and content of the digital program.
This mixed methods study draws from two studies that used different models of guided self-help for adults with binge eating disorder. The treatment is based on Fairburn and colleagues' (2003) manual for enhanced-cognitive behavior therapy for eating disorders and the book ‘Overcoming Binge Eating’ (2013) by Fairburn. The original digital program was developed by the Center for Digital Psychiatry, Region of Southern Denmark. This program was adapted to more closely align with enhanced-cognitive behavior therapy principles and to incorporate user feedback, resulting in the final version of the digital program.
Results will analyze the audit data from the digital program, providing descriptive statistics, combined with qualitative interviews of user experiences of the digital program used in conjunction with telephone calls or face-to-face meetings with a therapist.
The enhanced-cognitive behavior therapy based digital program is currently being tested in a large randomized, controlled trial testing four types of psychotherapy for binge eating disorder. As such the program has the potential to reach a greater number of adults seeking treatment for binge eating disorder.

Learning Objectives

- State what the currently recommended first line of treatment is for binge eating disorder (BED)
- Understand sources of heterogeneity within the field of self-help programs for eating disorders
- Have insight into what one example of a digital guided self-help program for BED consists of and what CBT-E based therapeutic elements it contains

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DBT Skills to Reduce NSSI and Improve Self-Efficacy and Eating Behaviors in EDs

Abstract: Severe and treatment-resistant eating disorders (EDs) frequently coexist with psychiatric comorbidities, medical instability, and high rates of non-suicidal self-injury (NSSI) (Vogel et al., 2021). These complex presentations increase relapse risk and chronicity, requiring integrated, multicomponent interventions. This study describes an ongoing structured residential intervention for Latin American patients with severe and complex EDs, aimed at reducing NSSI behaviors, improving self-efficacy through Dialectical Behavior Therapy (DBT) skills training, and decreasing disordered eating behaviors in low-weight, treatment-resistant individuals. Participants were assigned to one of two treatment pathways based on severity indicators, including low weight, psychiatric comorbidity, NSSI presence, and prior treatment nonresponse. Group A received a combined approach integrating Enhanced Cognitive Behavioral Therapy (CBT-E) with DBT skills training, while Group B, comprising the most chronic and severe cases, participated in an intensive DBT-based program emphasizing skills training alongside comprehensive hospital-based medical care. Both groups incorporated Family-Based Treatment (FBT) strategies involving relatives, primarily parents, regardless of patient age, and implemented behavioral strategies for contingency mangement (Pedersen et al., 2024). Relatives also participated in concurrent DBT skills groups (Peterson et al., 2019). Clinical progress was monitored through psychometric assessments, anthropometric measures, and evaluations of self-efficacy and eating behaviors. Preliminary observations indicate improved engagement and stabilization across both groups, with reductions in self-injurious behaviors, increases in self-efficacy related to emotion and behavior regulation, and decreases in disordered eating behaviors. Although formal data analysis is ongoing, initial outcomes suggest that tailored, interdisciplinary, evidence-based interventions integrating DBT skills training with NSSI reduction, medical-nutritional rehabilitation, and active family involvement through FBT may enhance adherence, safety, and recovery trajectories in severe, treatment-resistant ED populations receiving residential care.

Learning Objectives

- To evaluate the effectiveness of Dialectical Behavior Therapy (DBT) skills in reducing self-injurious behaviors in treatment-resistant eating disorder patients in residential care
- To assess self-efficacy in treatment-resistant eating disorder patients following DBT skills training in a residential program
- To examine the effectiveness of Cognitive Behavioral Therapy (CBT-E) with DBT skills training reducing disordered eating behaviors in treatment-resistant eating disorder patients in residential care

Authors: Karen Hutchinson, Comenzar de Nuevo; Eva Trujillo-ChiVacuan, Comenzar de nuevo; Emilia Ortiz, Comenzar de Nuevo A.C.; Ericka Vazquez, Comenzar de Nuevo; Daniel Heredia, Research Department, Comenzar de Nuevo, Monterrey, Mexico; Paulina Navarro, Comenzar de Nuevo; Lorena Pérez, Comenzar de Nuevo A.C.; Ana Olivo, Comenzar de Nuevo; Karissa Reyna, Comenzar de Nuevo A.C.

Beyond BMI: Examining Weight Suppression as a Transdiagnostic Predictor of Eating Disorder Treatment

Abstract: The purpose of this study was to determine whether weight suppression (WS) predicts dropout from Cognitive Behavioral Therapy–Ten (CBT-T) among adults with non-underweight eating disorders (EDs). CBT-T is a 10-session treatment protocol for EDs. In a retrospective chart review of adults (n = 267) aged 18–72 who began CBT-T in Nova Scotia between July 2022 and March 2024, patients with anorexia nervosa (AN) and atypical anorexia nervosa (AAN) were found to prematurely withdraw from treatment more frequently than those with bulimia nervosa (BN) or binge eating disorder (BED). Weight suppression is defined as the difference between an individual's highest adult weight and current weight, excluding pregnancy. As both AN and AAN are characterized by elevated WS, it was hypothesized that WS may contribute to this discrepancy in dropout. Prior research has linked WS to poorer treatment outcomes, including premature withdrawal. The present study examined the prevalence of WS within this transdiagnostic sample and explored WS as a predictor of dropout using logistic regression. The sample had an average WS of 10.5%, ranging from 0% to 50.6%. Patients with AAN showed notably higher average WS (18.2%) compared to other diagnoses (3.5–11.6%). Individuals with ≥10% WS were significantly more likely to drop out of treatment ($p = 0.005$). Logistic regression revealed that WS significantly predicted dropout ($p = 0.010$), such that each 1% increase in WS corresponded to a 3.3% greater likelihood of premature termination. These findings highlight WS as a clinically meaningful variable influencing treatment retention. This is particularly relevant to patients with AAN, which is a group that remains underrecognized despite comparable symptom severity to underweight AN. Because AAN is defined by "significant weight loss" rather than low BMI, WS may serve as a more accurate indicator of illness severity and treatment risk than weight status alone. Patients with AAN often experience heightened fear of weight gain, distress at weight restoration, and strong biological drives to regain weight, which may collectively contribute to premature dropout. Integrating WS into assessment and treatment planning may improve patient engagement, inform psychoeducation about weight trajectories, and promote equitable care for individuals whose eating disorders are often overlooked within traditional diagnostic frameworks.

Learning Objectives

- Following the training, participants will be able to explain how the biological consequences of weight loss impact eating disorder recovery.
- Following the training, participants will be able to understand the psychobiological impact of weight suppression, particularly in non-underweight populations.
- Following the training, participants will be able to understand the predictive quality of weight suppression on premature treatment withdrawal.

Authors: Chelsea Ingham, Dalhousie University

Disordered Eating in Sexual Minority High School Students: Kentucky Youth Risk Behavior Survey

Abstract: Binge eating and restriction are common among adolescents, with 55.4% of Kentucky high school students endorsing lifetime binge eating symptoms and 42.1% endorsing restriction. This might be exacerbated among sexual minority youth, as sexual minorities are at higher risk for developing disordered eating. Although there is a growing body of research examining disordered eating behaviors in adolescents, few studies have examined these patterns across Southern communities in the United States. Examining disparities in eating disorder behaviors in representative adolescent samples is essential to inform interventions for sexual minority youth in the Southern U.S. Kentucky high school students were randomly selected to complete the Youth Risk Behavior Survey in 2023 (n = 1,925). Approximately 75% of students identified as heterosexual, 3.9% as gay or lesbian, 11.3% as bisexual, and 7.7% as something else or unsure. In logistic regression, bisexual (odds ratio [OR]=2.79, 95% CI=2.04-3.83) and unsure (OR=2.06, 95% CI=1.33-3.18) students were more likely than heterosexual students to endorse binge eating. Similarly, bisexual (OR=2.70, 95% CI=1.81-4.05) and unsure (OR=3.07, 95% CI=1.85-5.09) were more likely than heterosexual students to endorse restriction. This is the first study to document binge eating and restriction among sexual minority adolescents in a representative sample of high school students. Preliminary data strongly support the extant literature and will be further examined in multivariate analyses. These findings emphasize the need for targeted ED prevention and early intervention strategies in this population. Further, the findings from this study can inform a state legislative council focused on EDs on the need for identity-affirming services and provider training to address disparities in eating disorder prevention and treatment in Kentucky youth.

Learning Objectives

- Identify the prevalence and patterns of binge eating and restriction among Kentucky high school students, with attention to disparities across sexual orientation groups.
- Explain how sexual minority status contributes to elevated risk for disordered eating behaviors among adolescents in Southern U.S. contexts.
- Discuss how study findings can inform the development of identity-affirming prevention, early intervention, and provider training initiatives to reduce eating disorder disparities in Kentucky youth.

Authors: Jaelin Isquith, University of Louisville; Nicholas Peiper, University of Louisville

Does Moderate-to-Vigorous Physical Activity Predict Later Restriction and Loss-of-Control Eating?

Abstract: Individuals with eating disorders engage in a wide range of physical activity behaviors ranging from adaptive exercise to compulsive and excessive exercise behaviors. Regardless of the intent or nature of exercise (maladaptive vs. adaptive), physical activity has been shown to impact eating behaviors in animal-based anorexia nervosa models and in exercise physiology science. Recent models have proposed that episodes of moderate-to-vigorous physical activity (MVPA) prospectively 1) facilitate dietary restriction and 2) decrease loss-of-control eating in people with eating disorders via changes in appetite-related hormones and food reward value. There is limited research examining the temporal link between MVPA and later same-day eating behaviors in individuals with eating disorders. The purpose of this preliminary study was to examine whether MVPA predicted an increased or decreased likelihood of later same-day restrictive or loss-of-control eating. Adult women (N = 84) with eating disorders and maladaptive exercise completed a 7-day ecological momentary assessment study in the United States. Women responded to six semi-random prompts per day combined with wrist-worn accelerometry to objectively identify time of MVPA. Participants self-reported (yes/no) whether they had engaged in dietary restriction or loss-of-control eating "since the last survey." Two multilevel logistic regression models were used to test whether episodes of MVPA were followed by later dietary restriction or loss-of-control eating. MVPA was associated with a decreased likelihood of later, same-day loss-of-control eating ($p = 0.03$), although MVPA was not associated with an increased likelihood of self-reported dietary restriction ($p = 0.14$). This may reflect prior research in non-clinical samples demonstrating that MVPA does not reduce absolute energy intake, only relative energy intake (e.g., accounting for physical activity), highlighting the need for future longitudinal research to further explore how MVPA impacts objectively assessed caloric intake relative to energy expenditure. Future research is needed to empirically test if cultural norms and exercise motivations impact the observed relationships. If replicated in larger and cross-cultural samples, these findings suggest that clinicians and eating-disorder treatments should consider how exercise may support or interfere with eating-related treatment goals when making recommendations for continuing vs. abstaining from exercise.

Learning Objectives

- understand prior research demonstrating a link between moderate-to-vigorous physical activity (MVPA), dietary restriction, and loss-of-control eating
- consider how accelerometers can be leveraged within naturalistic study designs to understand the temporal link between MVPA and eating-disorder symptoms
- reflect on how clinical recommendations for exercise may consider the impact of physical activity on eating-related treatment goals

Authors: Danielle Iverson Chapa, University of Pittsburgh; Jean Forney, Ohio University; Angela Hillman, Ohio University; Kelsie Forbush, University of Kansas

Missed Bariatric Surgery Follow-up Appointments: Weight/Shape Concerns and Perceived Weight Bias

Abstract: This study examined the frequency of missed bariatric surgery follow-up appointments specifically due to weight/shape concerns and perceived weight bias from bariatric surgery providers, and the associations between missed appointments and eating-disorder psychopathology. Participants, recruited from multiple bariatric surgery programs, included 90 adults (M age=44.6; SD=9.8 years) who sought additional adjunctive treatment for weight concerns after bariatric surgery (M=16.1; SD=6.1 months post-surgery). Most identified as female (n=81, 90%); n=50 (55.6%) identified as White and n=27 (41.1%) identified as Black. Participants were asked two questions about missed bariatric surgery follow-up appointments specifically due to weight/shape: whether they missed these appointments because they felt: 1) embarrassed or ashamed of their weight/shape; and 2) negatively judged due to their weight/shape by the bariatric team. Participants were administered the Eating Disorder Examination–Bariatric Surgery Version (EDE-BSV), generating an EDE Global score. Overall, 27.8% (n=25) reported they had missed follow-up appointments because of their own concerns about weight/shape, and 21.1% (n=19) reported they had missed follow-up appointments due to perceived negative judgment regarding their weight/shape by their bariatric team. Greater missed appointments due to weight/shape concerns were associated significantly with greater EDE Global scores (r=.25, p=.017), but not with demographic variables including age, gender, or race (all p-values>.472), time since surgery (p=.606), BMI (p=.481), or percent weight change (p=.866). A similar pattern emerged for missed appointments due to perceived weight bias by bariatric providers (r=.21, p=.047 for EDE Global; all p-values>.185 for demographic variables, time since surgery, BMI, and percent weight change). Our findings indicate that a sizeable subgroup of individuals miss bariatric surgery follow-up appointments specifically due to weight/shape concerns and perceived weight/shape bias by their bariatric surgery providers. Higher rates of missed appointments were significantly associated with greater eating-disorder psychopathology, suggesting that this subgroup may need targeted follow-up care. These findings have implications for high attrition rates in bariatric surgery programs and highlight the need to enhance patient–provider communication about weight/shape biases that may hinder appropriate follow-up care.

Learning Objectives

- Describe the frequency of patients who miss bariatric surgery follow-up appointments due to weight/shape concerns
- Describe the frequency of patients who miss bariatric surgery follow-up appointments due to perceived weight bias by bariatric providers
- Discuss the relationship between missed appointments and eating-disorder psychopathology

Authors: valentina Ivezaj, Yale School of Medicine; Caitlin Smith; Carlos Grilo, Yale Univ Sch of Medicine

Systemic Harm and Privilege in Eating Disorder Treatment

Abstract: This presentation, framed by an intersectional lens, critically examines the devastating impact of systemic harm and privilege on eating disorder (ED) treatment access and outcomes.

The session will proceed in three parts: (a) defining structural inequities that perpetuate ED disparities; (b) analysing the specific iatrogenic harms (harms within clinical care) resulting from diagnostic biases and clinical gaslighting; and (c) outlining a justice-oriented framework for clinicians. We posit that prevailing ED clinical models, historically rooted in the thin, white, affluent, and privileged patient stereotype (the "SWAG" profile), actively perpetuate health inequities.

We first demonstrate how systemic harms, such as medicalized fatphobia, neuro-normative dominance, racial bias, and accessibility issues, create structural inequities that determine who receives care.

Research describing iatrogenic harms that occur within clinical settings reveals how assessment tools and treatment models consistently fail to accomodate diverse presentations.

This failure often results in the clinical gaslighting of marginalized patients—for instance, when a larger-bodied patient's severe ED symptoms are dismissed or pathologized as "obesity." This differential access, enabled by socio-economic and body size privilege, contributes directly to increased illness chronicity and heightened mortality risk in underserved groups.

Finally, the session concludes by outlining a justice-oriented framework for clinical practice. This framework necessitates moving beyond individual-level pathology to incorporate culturally and socially responsive assessment, uphold weight-inclusive and Health at Every Size® (HAES) principles, and engage in critical institutional self-reflection.

Clinicians are urged to recognise their positionality within these structures to actively mitigate iatrogenic harm and dismantle systemic barriers, working toward equitable and life-saving care for all individuals affected by eating disorders.

Learning Objectives

- Define systemic harm in the context of eating disorder treatment and identify how it impacts marginalised populations.
- Recognise the role of privilege and discrimination in creating and maintaining inequities in eating disorder care.
- Identify specific actionable steps clinicians can take to mitigate their own implicit biases and dismantle systemic barriers within their practice.

Authors: Sandi James, University of Melbourne Australia

Systemic Harm and Privilege in Eating Disorder Treatment for Clinicians

Abstract: This presentation examines the critical but often unacknowledged roles of systemic harm and privilege within the provision of eating disorder (ED) treatment. It is posited that prevailing clinical models and diagnostic frameworks, historically rooted in a narrow, stereotypical profile of the "ideal" ED patient (i.e., the stereotyped skinny, white, affluent girls), perpetuate significant health inequities and iatrogenic harm. Systemic harm, in this context, refers to the institutional biases and structural inequities embedded within the healthcare system that disadvantage marginalized populations. Research consistently demonstrates that racial, ethnic, and gender minorities, individuals in larger bodies, and those from lower socioeconomic backgrounds are disproportionately underdiagnosed and undertreated for EDs, despite experiencing similar or even higher prevalence rates of disordered eating behaviours (Becker et al., 2003; Hart et al., 2018). Privilege, encompassing intersecting factors like race, body size, neurotype, and wealth, increases access to care for some and excludes others. For example, a white, thin patient is more likely to be screened for an ED, receive a prompt diagnosis, and be offered specialised treatment, while a larger-bodied or neurodiverse patient may have symptoms dismissed as a lack of self-control or mental capacity, or attributed solely to their weight, leading to delayed or inadequate, ineffective, or harmful treatment. This clinical discrimination leads to increased illness severity and a longer duration of untreated illness due to delayed access to treatment. Acknowledging this systemic harm is crucial for clinicians, as antiquated ideas about who develops EDs perpetuate these inequities in treatment (Hart et al., 2018).
Moving forward, a justice-oriented approach is imperative. This includes developing culturally responsive assessment tools, a commitment to weight-inclusive, trauma informed, and diversity inclusive principles, alongside a recognition of the socio-cultural determinants of health that contribute to disordered eating. Clinicians are urged to engage in continuous self-reflection and professional development to dismantle these systemic barriers. By actively addressing systemic harm the field can work towards a more equitable and effective model of care for all individuals affected by EDs.

Learning Objectives

- Define systemic harm in the context of eating disorder treatment and identify how it impacts marginalised populations.
- Recognise the role of privilege in creating and maintaining inequities in eating disorder care.
- Identify specific actionable steps clinicians can take to mitigate their own implicit biases and dismantle systemic barriers within their practice.

Authors: Sandi James, University of Melbourne Australia

The experience of adult AN-patients with the process of shared decision-making.

Abstract: Shared Decision Making (SDM) is recommended in treatment guidelines (f.e. National Institute for Health and Care Excellence (NICE)) and many practitioners hold a positive attitude towards SDM, it is, however, not yet a standard part of clinical practice and little research has been conducted into the experience of patients with SDM in mental healthcare. SDM in general is associated with increased experience of autonomy, higher patient treatment adherence, and positive effects on outcome, psychological and physical well-being.
To explore the experience of adult patients with anorexia nervosa with the process of SDM we conducted a qualitative study, using thematic analysis. Semi-structured interviews were conducted with participants in treatment at Altrecht Eating Disorders Rintveld in the Netherlands. Nine interviews were conducted with female participants between the ages of 18 and 62. The analyzed themes included facilitating and inhibiting factors, the SDM process, motivation, autonomy, and the final judgment.
The findings indicate that Shared Decision-Making (SDM) contributes to an enhanced sense of patient autonomy. With respect to treatment motivation, a subset of patients reported an increased motivation following the SDM process, although others noted that their motivation was already high and did not further increase. Overall, SDM was regarded as the preferred method for reaching a consensus on treatment protocol selection. However, the process was complicated by several inhibiting factors. These factors included ambiguities regarding the steps of the SDM procedure, as well as stress provoked by the perceived pressure to make a definitive choice between the available treatment protocols.
We concluded that is SDM is the preferred method to reach treatment agreement and has positive effects on the sense of patient autonomy and treatment motivation. To improve the effectiveness of SDM, several challenges must be addressed. This includes the correct execution of all SDM steps and consequently providing a balance between patient autonomy and professional guidance.

Learning Objectives

- Apprehend the advantages of SDM
- Identify the potential challenges of SDM
- Develop a framework for optimal clinical integration of SDM

Authors: Alberte Jansingh, Altrecht

The RAVES™ Eating Model: A Qualitative Evaluation of Clinician Experiences

Abstract: Background: Despite no scientific publication or evaluation to date, the RAVES™ Eating Model is widely recognised as a valuable nutritional tool in the treatment of eating disorders. Adopted by dietitians and other health professionals in Australia and further abroad as a ‘go-to’ framework for guiding nutritional management in eating disorder treatment, RAVES™ can be readily aligned with evidence based

treatments such as Cognitive Behaviour Therapy-enhanced (CBE-E) and Family Based Therapy (FBT). Consisting of five key principles that can be applied trans-diagnostically while supporting a range of co-occuring presentations, RAVES™ is a versatile and person-centred approach to nutritional care.
Objective: The present paper provides a brief overview of the RAVES™ Eating Model and aims to explore eating disorder clinician awareness, knowledge and broader experiences of utilising the model in clinical practice, including its strengths, weaknesses, and future developments
Method: Dietitians and other health professionals who were identified as being "Credentialed Eating Disorder Clinicians", listed on publicly available databases for "finding an eating disorder clinician" in Australia, and attending past RAVES™ workshops were completed an online questionnaire which was analysed using descriptive and inferential statistics. Content analysis and open text responses formed part of the evaluation.
Results: The present paper will describe the key principles of the RAVES™ Eating Model, and initial data examining the experience of clinicians utilising the model in the treatment of eating disorders in a clinical setting.
Discussion: The ongoing potential for RAVES™ to be a key tool in the treatment of eating disorders, clinician experiences, and the strengths/weaknesses of the model in it's clinical application will be discussed.

Learning Objectives

- Develop an awareness of the RAVES™ Eating Model
- Identify the 5 key principles of the RAVES™ Eating Model
- Gain insight into clinician experiences of using the model

Authors: Shane Jeffrey, River Oak Health; Janeane Dart, Monash University; Christie Bennett, Monash University; Megan Bray, University of Queensland; Gabriella Heruc, Western Sydney University

Relationship between body dissatisfaction and attentional biases to bodies: an eye-tracking study

Abstract: Body dissatisfaction is a key modifiable risk factor for psychiatric conditions such as eating disorders. Previous gaze-tracking research suggests that higher body dissatisfaction is related to greater attentional bias towards lower-weight bodies. This study aimed to partially replicate and extend previous work to verify this association by using realistic body stimuli and a validated scale of body dissatisfaction. Sixty, mostly young, women from the general population underwent eye-tracking whilst viewing picture pairs of women's bodies morphed to be lower- and higher-weight. Attentional bias was measured as percentage fixation duration, fixation count and first fixations on lower-weight compared to higher-weight bodies. There was weak evidence that all participants fixated for longer on lower-weight bodies and that participants with higher

body dissatisfaction spent less time fixating on lower-weight bodies, contrary to our hypotheses and to previous findings; however, this effect was not robust to adjustment for age and BMI. This lack of replication suggests this association is not robust in non-clinical populations. Instead, an overall bias towards lower-weight bodies could contribute to higher levels of body dissatisfaction and risk of mental health problems in younger women. Future studies measuring attentional biases in realistic settings and in clinical populations with eating disorder symptoms are needed.

Learning Objectives

- Describe the relationship between body dissatisfaction and attentional bias towards lower-weight bodies in non-clinical populations of women
- Identify key challenges and considerations in replicating studies
- Discuss the relevance of attentional bias research for understanding and addressing body image disturbance and eating disorder risk

Authors: Yufei Jin, University of Bristol

Development and validation of a novel set of AI-generated female body stimuli

Abstract: Existing body stimuli used in eating disorder research often lack ecological validity and ethnic diversity, limiting the implications and generalisability of the findings. This study aimed to develop and validate a novel set of AI-generated images of women's bodies that vary in body size (underweight, average-weight, overweight), facial expression (happy, angry, neutral), background (grey, beach), and ethnicity (Asian, Black, White). A total of 200 participants (49% female) were presented with 150 images featuring either a grey or beach background. For each image, participants rated perceived body weight on a 7-point scale (1 = extremely underweight, 4 = neither, 7 = extremely overweight) and identified the depicted emotional expression (happy, angry, neutral, or other). The mean percentage of participants identifying the intended emotional expressions and the mean weight ratings were calculated. Results showed that participants consistently perceived the intended emotional expressions with high levels of agreement. Participants' weight ratings also showed a clear rank ordering from underweight to overweight, consistent with the intended body weight categories. These findings indicate good validity and support the utility of this image set for use in future eating disorder studies investigating body perception, attentional biases, and related areas, particularly in contexts requiring ecologically valid and demographically diverse stimuli.

Learning Objectives

- Learn the development and validation of an ecologically valid, ethnically diverse set of AI-generated body stimuli

- Understand the importance of ecological validity and diversity in body image research and its implications for the generalisability of findings in eating disorder studies
- Apply the validated image set in studies investigating body image, emotional processing, attentional biases, and related areas

Authors: Yufei Jin, University of Bristol

Mediation Paths Between Symptoms of Attention Deficit Hyperactivity Disorder and Eating Disorders

Abstract: Objective: Links between eating disorder symptoms and attention-deficit/hyperactivity disorder (ADHD) are well documented, but the mechanism underlying this association is unclear. Given that anxiety and depression commonly co-occur with both ADHD and eating disorders, these internalizing symptoms may mediate the relationship between ADHD and eating disorders. We examined whether core ADHD symptoms relate to eating disorder risk and whether these associations are mediated by depression and/or anxiety.
Methods and results: We analyzed a population-based sample of 4,172 adults (59.6% female; ages 18–98, M = 51.8) who completed online self-reports of symptoms of eating-disorder, ADHD, depression, and anxiety. Hierarchical multiple regression analyses were conducted, controlling for gender, age, and BMI. In models including total ADHD symptom severity, ADHD significantly predicted eating disorder risk beyond demographic covariates ($\Delta R^2 = .044$, $p < .001$) and remained a significant predictor after adding anxiety and depression ($\beta = .07$, $p < .001$). Both anxiety ($\beta = .15$, $p < .001$) and depression ($\beta = .07$, $p = .001$) independently predicted higher risk. When examining ADHD dimensions, both inattentive and hyperactive–impulsive symptoms were initially significant predictors; however, after accounting for anxiety and depression, only hyperactive–impulsive symptoms remained significant ($\beta = .06$, $p = .001$). Mediation analysis indicated that depression and anxiety partially mediated the relationship between total ADHD symptoms and eating disorder risk, with anxiety accounting for a larger proportion of the indirect effect (combined indirect effect $\beta = .15$, 95% CI [.11, .18], $p < .001$).
Conclusion: These findings suggest that ADHD, particularly hyperactive–impulsive symptoms, contributes to elevated eating disorder risk, both directly and indirectly through increased internalizing symptoms. Integrating screening and treatment for symptoms of anxiety and depression may therefore help reduce eating disorder risk among individuals with ADHD.

Learning Objectives

- Identify the relationship between attention-deficit/hyperactivity disorder (ADHD) symptoms and eating disorder (ED) risk in adults.

- Explain how anxiety and depression partially mediate the association between ADHD symptoms—particularly hyperactive–impulsive symptoms—and eating disorder risk.
- Evaluate how these findings can inform clinical assessment and treatment planning for clients presenting with overlapping ADHD and eating disorder symptoms.

Authors: Liis Johvik, Tartu University; Hedvig Sultson; Kenn Konstabel; Kirsti Akkermann, PhD

Applying episodic future thinking to facilitate a healthy lifestyle

Abstract: Despite significant efforts to promote healthier lifestyles, such as the Dutch government's 'National Prevention Agreement', obesity remains a persistent public health challenge. To support individuals in initiating and maintaining healthy lifestyle behaviors—and, when needed, in achieving long-term weight loss—it is critical to address underlying cognitive processes that contribute to unhealthy choices. Delay discounting (DD), the tendency to devalue rewards that are delayed in time, is one such process. DD is considered a transdiagnostic factor and has been linked to various forms of dysregulated behavior, including overeating, sedentary lifestyles, substance use, and depression. One can imagine that when individuals heavily discount future outcomes like health and well-being, they would be more likely to favor immediate rewards, such as highly palatable foods, over long-term health goals. Indeed, research has consistently shown that individuals with obesity tend to exhibit higher discount rates than those with a healthy weight. While there is growing evidence that episodic future thinking (EFT)—the mental simulation of vivid, personal future events—can temporarily reduce DD, its current form has limited success in producing sustained behavior change. In this presentation, I introduce an adapted version of EFT—termed health-EFT—which specifically guides individuals to imagine future events in which they have already successfully taken the steps needed to achieve their personally formulated health goals. This approach aims to make long-term outcomes more tangible and motivating in the moment of decision-making. I will present the structure of the intervention and discuss its theoretical rationale, development process, and potential for implementation.

Learning Objectives

- 1.Following the training, participants will be able to explain the role of delay discounting in unhealthy lifestyle behaviors.
- 2.Following the training, participants will be able to describe the principles of episodic future thinking (EFT).
- 3.Following the training, participants will know the key differences between standard EFT and the adapted health-EFT approach.

Authors: Nienke Jonker, University of Groningen; Accare Child and Adolescents Psychiatry

Encouragement to Diet in Adolescence & Unhealthy Weight Control Behaviors in Latine Young Adults

Abstract: Unhealthy weight control behaviors (UWCB) pose a threat to well-being, and parental encouragement to diet has been noted as a salient risk factor. Given the prevalence of higher weight status in the Latine population and the unique body image challenges faced by Latine individuals, this population may face particular risk for encouragement to diet from parents. Latine individuals may further receive mixed messages regarding beauty ideals when considering both U.S. weight stigmatizing ideals and Latine culture. Using the sociocultural model as a framework, this study examined the longitudinal relationship between parental encouragement to diet in adolescence and UWCB in young adulthood, while considering the moderating role of weight bias internalization. The sample of 226 Latine participants from the Minneapolis-St. Paul metro area completed surveys as part of Project EAT (Eating and Activity over Time). Results suggest that maternal encouragement to diet may predict UWCB 12 years later, suggesting that encouragement to diet from mothers specifically may have harmful long-term effects on Latine adolescents/young adults. Results of a moderation analysis reveal that at higher levels of weight bias internalization, individuals who reported no parental encouragement to diet are more likely to engage in UWCB than to those who report encouragement to diet from at least one parent. Thus, findings speak to nuance in the relationship between parent-child communication, weight bias internalization, and disordered eating in the Latine population, further demonstrating important implications for practical application and continued work.

Learning Objectives

- Participants will understand the role of parental encouragement to diet in adolescence on Latine young adults' UWCB.
- Participants will understand the moderating role of weight bias internalization in this relationship.
- Participants will understand the rationale, methods, findings, and implications of our study.

Authors: Ellen Jordan, University of Minnesota; Avelina Rivero, University of Minnesota; Zhijun Zhang, Rutgers University; Melanie Wall, Columbia University; Marla Eisenberg, University of Minnesota; Dianne Neumark-Sztainer, University of Minnesota

Patients’ experiences of nasogastric feeding at normal weight in a UK adolescent ED unit

Abstract: Nasogastric tube (NGT) feeding is commonly used to support patients with severe and complex eating disorders in specialist inpatient eating disorder units (SEDUs). The treatment can include feeding under physical restraint for extended

periods and occasionally even at a normal body weight after medical risk has reduced. However, little is known in the literature about how patients perceive this experience. This study aimed to explore patients' experiences of NGT feeding at a normal weight on a child and adolescent SEDU in the UK. Discharged patients in the 3 years prior to July 2024 were invited to take part. Semi-structured interviews were conducted, transcribed and thematically analysed. Six patients (100% female with anorexia nervosa and 1-4 comorbidities, e.g. PTSD, EUPD, OCD; median age 17.5 years at time of study) were interviewed. All participants experienced NGT feeding under restraint. Patients reported 5 main themes and subthemes: (1) positive experience of supportive vs disinterested & inexperienced staff, (2) trauma impact of NGT feeding under restraint including emotional distress, physical and trauma symptoms, and hearing others scream (3) factors contributing to prolonged NGT feeding, i.e. competitive culture, being stuck in daily NGT routines, fear of 'letting go' and getting better, resistance to resume eating, inconsistent support with transitioning (4) factors supporting transition from NGT to solid food, e.g. structured personalised plans, change of eating environments, timing of transition, and persistent firm encouragement (5) conflicting views on benefits of NGT feed at normal weight i.e. lifesaving, offering stability (e.g. to focus on therapy), a necessary part of recovery journey vs. missed opportunities to transition and making 'coming off' harder. Findings highlighted the importance of trauma-informed care and to maximise opportunities to transition from NGT to solid feeds earlier. The study went some way to understanding the factors that maintained the NGT feed. Staff training is essential. While the SEDU continues to refine local guidelines and practices, further research and national guidelines are needed for evidence-based practices for meal support and 'weaning of' NGT feeding. Further research is also needed on trauma-informed care to reduce trauma symptoms and on the impact of co-morbidities on the duration and outcomes of transitions from NGT to oral diet.

Learning Objectives

- Demonstrate awareness of the complexity of patients' experiences of NGT feeding at normal weight within child and adolescent eating disorder units.
- Recognise the impact of NGT feeding under restraint on young people, as well as the factors that contribute to prolonged NGT feeds and the factors that help transition to oral diet.
- Consider how strategies could be adapted to enhance trauma-informed, evidence-based and patient-centred approaches to minimise NGT feeding at normal weight in eating disorder inpatient services.

Authors: Louise Jordan, UCL & Ellern Mede; David Viljoen, EllernMede

Reliable by design: Refining fidelity assessment in family-based treatment for anorexia nervosa

Abstract: Family-Based Treatment (FBT) is the first line approach for treating anorexia nervosa (AN) in children and adolescents. Despite being the most studied treatment approach for AN in youth, treatment fidelity often goes unreported. Accurate assessment of treatment fidelity is critical for both research and clinical practice, including determining treatment efficacy in clinical trials and identifying domains in which clinicians need more training in practice. The Fidelity Framework for FBT by Forsberg and colleagues includes clear anchors to define adherence to key treatment components for Sessions 1 and 2, and 3-10. In our experience, components of fidelity with tangible behavioral markers—such as providing weight feedback (e.g., use of a visual chart), focus on eating behaviors (e.g., 75% of session focused on eating), and externalization of the illness (e.g., once or twice in session)—demonstrate higher reliability. In contrast, domains requiring greater clinical judgment or addressing more nuanced aspects of the treatment—such as facilitating sibling involvement and parental alignment—show lower agreement among raters. Following Sessions 1 and 2, many fidelity items in Phases I and II lack clearly operationalized anchors, with fewer explicit operational definitions for intermediate scores on a Likert type scale. Phase III has no outlined fidelity items. To facilitate inter-rater reliability and enhance the tool's usefulness in training and research, our team iteratively developed additional anchors for items in Phase I and II and are in the process of adding items for evaluating Phase III fidelity. We developed these items based on the FBT manual and piloted their use with Masters-level clinicians. Raters observed video-recorded sessions of FBT with 60 adolescents with anorexia nervosa and their families. A random selection of Phase I, II, and III videos (Phase III ongoing) were double scored, with a third rater available for any discrepancies. Anchors and items were refined based on feedback from raters and interrater reliability. The adapted measure is currently being applied to a sample of 96 adolescents with AN who completed FBT as part of a randomized clinical trial. Inter-rater reliability has been good to excellent. Improving the reliability and precision of FBT fidelity measures will support more rigorous evaluation of treatment delivery and outcomes and guide training initiatives to ensure consistent dissemination of this evidence-based approach.

Learning Objectives

- Describe rationale for adapting FBT phase 1 fidelity
- Provide next steps for additional phases of FBT fidelity
- Discuss initial implementation of additional phases of fidelity

Authors: Heather Keyser, Children's Hospital of Philadelphia; Alexis Libert, CHOP; Moniher Deb; Brooke Singer, Children's Hospital of Philadelphia; Marita Cooper, Children's Hospital of Philadelphia; C. Alix Timko, Children's Hospital of Philadelphia

A new phenomenological conceptualization of AN from the wisdom of long-standing lived experiences

Abstract: BACKGROUND: A proportion of people with AN report that treatment has not met their needs and preferences, ranging in reason from treatment unavailability to reports of inadvertent treatment harms. The theoretical bases of treatment arise from diagnostic systems of illness classification - in other words, the diagnosis informs the treatment. For decades, AN has been conceptualized from a behavioral perspective and treatments, thus prioritize signs and symptoms of AN and reversal of starvation, which can sideline the person. METHODS: A mixed methodology of qualitative and quantitative data were utilized in a sequential and explanatory way. Perspectives of those with a long-standing experience were synthesized from the extant literature utilizing a meta-ethnographic approach (n=447). Cross-sectional survey data from a community sample employed between-group comparisons of those with longer (>7years) and shorter (<3 years) duration (n=145) to quantify various illness features. FINDINGS: The data strands comprising N=592, resulted firstly in a relational, existential conceptualization of L-AN, characterized by shame processes and vulnerable sense of self. Secondly, this qualitative, lived experience conceptualization was extended by quantitative data, highlighting the interaction of "complexity" (co-morbidity, formative developmental aspects and sense of self), to extend the phenomenologically based conceptualization. CONCLUSIONS: In this study, those with a longer-standing experience, may represent illness of greater complexity and unique features, underpinning the need for treatment and treatment systems to be responsive to diverse presentations of AN.

Learning Objectives

- Identify features of a lived experience-led conceptualization of longstanding AN
- Contrast the new phenomenological conceptualization with dominant classification paradigms
- Consider how to capture features of long-standing AN in clinical assessments to inform and enrich treatment planning

Authors: Laura Kiely, Western Sydney University; Phillipa Hay, Western Sydney University; Janet Conti, Western Sydney University

Defining and conceptualizing supervision for dietitians: What does the evidence say?

Abstract: In recognition of the importance of supervision, it is recommended, and in some countries, mandated for dietitians working in the eating disorders field. There is a critical gap in understanding and implementing supervision for dietitians. This review aimed to synthesise the evidence on supervision in dietetics and other health professions to (1) provide an evidence-based definition of supervision for dietetics and (2) translate this evidence to dietetics practice through developing a conceptualisation of the key components of supervision for dietitians.

A comprehensive narrative literature review was used to extract and synthesise

supervision research data from (1) four bibliographic databases (Medline, CINAHL, ERIC, ProQuest), (2) two dietetic-specific journals, (3) the databases of two subject matter experts and (4) grey literature including position statements by Australian and international government health and professional governing bodies. The findings were synthesised by consensus between four authors, all supervision specialists.

Fifty-one items of scholarship were reviewed and summarised as informing the evidence synthesis. A definition of supervision for dietetics is presented. The conceptualisation of the key elements of supervision includes (1) the supervisor, supervisee, supervisory alliance, and contracting; (2) supervision functions and outcomes; (3) frequency of supervision and (4) formats of supervision.

Supervision should form a regular part of all dietitians' practice and commitment to ongoing learning. It is a core component of contemporary dietetic practice and is recommended as a key part of professional development across the professional career trajectory.

Learning Objectives

- Understand the benefits of supervision for dietitians
- Identify an evidence-based definition of supervision for dietetics
- Utilize a framework for the implementation of supervision for dietitians

Authors: Laura Kiely, Western Sydney University

Treatment influence on illness trajectory in longstanding AN: Lived experience treatment innovations

Abstract: Studies have consistently found that up to 20% of people with anorexia nervosa (AN) experience a persistent illness, resulting in considerable psychosocial impairment, morbidity, and mortality. This has been variously termed Severe and Enduring Anorexia Nervosa (SE-AN) or Longstanding AN (L-AN). Conflicting findings have hindered progress in distinguishing the nosological features of individuals with a persistent illness. This study aims to investigate the putative defining features of individuals reporting symptoms of L-AN, including consideration of their treatment trajectory. METHOD AND SAMPLE: This cross-sectional study, drawing from a mixed methods design, utilized a sample of symptomatic individuals who reported experiencing eating disorder treatment (n = 208). Several qualitative and quantitative data strands (A-C) were embedded within a single, self-report questionnaire measuring eating disorder (ED) severity and treatment experiences. Between-group comparisons were used to compare those of shorter (< 3 years) and longer (> 7 years) duration of illness (DoI). RESULTS: No between-group differences were found in measures of severity, including body mass index (kg/m²), eating disorder symptom scores, psychological distress, or perceived health-related quality of life. However, those with L-AN had a significantly

higher number of mental and physical health comorbidities, a longer treatment delay, a greater number of episodes of treatment, and poorer subjective ratings of their treatment experiences. CONCLUSIONS: Delineating L-AN by severity may be inappropriate; AN at any duration is a severe illness. This study suggests that treatments may have an inadvertent impact on DoI, highlighting potential iatrogenicity in L-AN. Treatment refinements informed by lived experience are proposed.

Learning Objectives

- Differentiate L-AN with consideration of key illness features including treatment history
- Distinguish factors that impact treatment engagement and efficacy for people with L-AN
- Distinguish the unique treatment needs of people with L-AN

Authors: Laura Kiely, Western Sydney University; Phillipa Hay, Western Sydney University; Janet Conti, Western Sydney University

Characterizing Eating Disorder Subtypes in Autistic College Students: A Latent Class Analysis

Abstract: The objective of this paper is to identify distinct latent subtypes of disordered eating behaviors (DEB) among college students and compare how these subtypes differ between autistic and non-autistic individuals in terms of suicidality and mental health burden. Data were drawn from the Healthy Minds Study (2024-2025), a large national survey of college students. The analytic sample included students aged 18-30 years who completed a 5-item screener for DEB and self-reported ASD status (n = 2,092). DEB were measured using 5 binary indicators adapted from Maguen et al. (2018): 1. Eating when emotionally upset or stressed, 2. feeling unable to control how much one eats, 3. self-induced vomiting, 4. preoccupation with a desire to be thinner, 5. belief of being fat despite others saying otherwise. Latent Class Analysis (LCA) was conducted to identify unobserved subgroups based on self-reported eating-related symptoms. Multigroup LCA tested for measurement invariance across ASD and non-ASD students. Covariates included demographics and validated measures of depression, anxiety, suicidality, loneliness, and ED diagnosis. Multinomial logistic regression assessed associations between latent class membership and mental health outcomes. Results: A 4-class solution was selected for both ASD and non-ASD groups. Both groups exhibited similar class structures: Class 1 (Low Endorsement), Class 2 (Restrictive/Selective Eating), Class 3 (Emotional/Dysregulated Eating), and Class 4 (Compensatory/Mixed DEB Pattern). The ASD group had higher DEB endorsement in Classes 2 and 3, while the non-ASD group showed higher DEB endorsement in Classes 3 and 4 (Figure 1). Across both groups, individuals in Class 3 had the highest rates of suicidal ideation, planning, and attempt. However, across all classes, the ASD group exhibited higher rates of suicidal ideation, planning, and attempts, compared to their non-ASD group. In the ASD

group, suicidal ideation ranged from 17.4% to 43.4%, suicide planning from 8.5% to 21.9%, and suicide attempts from 2.0% to 8.3% across classes. Distinct subtypes of DEB exist among college students, and autistic individuals are more likely to fall into profiles associated with greater symptom complexity and mental health risk. These findings underscore the need for autism-informed ED screening tools and highlight the importance of tailored mental health interventions for at-risk populations in higher education.

Learning Objectives

- Following the presentation, participants will understand the different subtypes of ED in autistic and non-autistic college students
- Following the presentation, participants will understand the LCA method and how it was used with the Healthy Minds Dataset in this paper
- Following the presentation, participants will learn about the differences in mental health outcomes in autistic college students with DEB in comparison to non-autistic students.

Authors: Amanda Kim, Johns Hopkins Bloomberg School of Public Health

When Therapists Get Real: How Therapist Self-Disclosure Affects Queer Women's Therapy Experiences

Abstract: Eating and body image distress (EBID) significantly impact well-being, with LGBTQIA individuals at higher risk due to internalized stigma and systemic inequities. Culturally responsive therapeutic approaches, including therapist self-disclosure (TSD), may improve treatment outcomes. TSD challenges norms of therapist neutrality by addressing systemic hierarchies in the therapeutic relationship and validating lived experiences shaped by oppression. While research shows intentional TSD strengthens alliances and fosters trust, its specific effects on LGBTQIA clients with EBID remain understudied. This study explores how therapists' self-disclosures about their own experiences with EBID affect queer women clients' perceptions of therapy and the therapeutic relationship. Participants (n = 137) were U.S.-based emerging adults (ages 18–29) identifying as queer women (i.e., gender- and/or sexually diverse individuals affiliating with womanhood) with experiences of EBID, defined as significant distress related to eating and body image, regardless of diagnosis. Data was collected via an online Qualtrics survey in September 2024. The two lead coders used an inductive approach via reflexive thematic analysis with latent coding to further explore the nuances of queer women's experiences of TSD in a therapy setting focused on EBID. Grounded in a critical paradigm, our analysis indicated that therapists' disclosures about their own history of EBID were often appreciated, impacted clients' perceptions of their therapist's expertise, and inspired recovery hope. However, TSD had varying efficacy depending on the therapist's intentionality and awareness of nuance. For instance, some participants shared their discomfort with TSD, specifically their preference for professional

boundaries and/or identification of mismatches in experiences due to differing identities and/or body types. By examining the decolonized practice of TSD in addressing EBID, this study highlights the importance of approaching TSD with queer women navigating EBID in a way that attends to the role of culture and intersecting social identities/locations, and accounts for individual differences/needs.

Learning Objectives

- Following the training, participants will be able to learn about the role of therapist self-disclosure in the treatment of eating and body image distress for queer women.
- Following the training, participants will be able to identify potential benefits and challenges of using self-disclosure when working with LGBTQIA clients navigating eating and body image distress.
- Following the training, participants will be able to discuss how intentionality, cultural responsiveness, and identity awareness shape the impact of therapist self-disclosure.

Authors: Nayeon Kim, University of Kentucky; Isabelle Blaber, University of Kentucky; Melanie Miller; Joseph Hammer

Exploring Patient Profiles in Binge Eating Disorder: Design and Rationale of the PRODY-BED Study

Abstract: Purpose: Binge-eating disorder (BED) is a burdensome eating disorder, only recently recognized as a distinct disorder in diagnostic manuals (DSM-5 and ICD-11). Consequently, mechanisms that sustain BED and affect recovery are still poorly understood. Studies consistently link BED to difficulties with emotion regulation, executive function, and eating patterns. Hence, we aim to identify subgroups based on dysfunctional emotion regulation, executive function, and eating patterns, and to test their clinical utility in predicting treatment outcomes and remission. We also plan to explore symptom remission patterns and test whether changes in emotion regulation, executive function and eating pattern mediate treatment outcome. Subject sample and methods: This longitudinal study recruits adults with BED from three treatment facilities in Denmark. 114 participants of 150 have been enrolled. Self-report measures are answered at baseline, mid-treatment (8–12 weeks), end of treatment, and at 6- and 12-month follow-up. Inclusion is ongoing through 2026. Quantitative analyses will identify subgroups through latent profile analysis. Indicator variables for the analysis are expected to include scale-scores from the questionnaires Difficulties in Emotion Regulation Scale Short Form (DERS-SF), The Behavior Rating Inventory of Executive function Adults (BRIEF-A), and The Dutch Eating Behavior Questionnaire (DEBQ) at baseline. The subgroups will be compared on treatment outcomes and remission trajectories. The primary outcome at end of treatment and follow-up will be frequency of binge-eating episodes. Secondary outcome will be eating disorder pathology (EDE-Q), functional impairment (WSAS), and well-being (WHO-5). The association between the

different subgroups and the midway change of symptoms dimensions with outcome will be tested using generalized mixed regression. In outcome analyses, number of binge eating episodes, gender, BMI, and depressive symptoms at baseline will be controlled for. Results: Exploring multiple psychological and behavioral factors in one latent profile analysis will provide a nuanced understanding of heterogeneity in BED, which may pave the way for more targeted and effective treatment while also clarifying the mechanisms underlying treatment response, remission, and illness persistence. Thus, results will inform both clinical decision-making and theoretical models of BED.

Learning Objectives

- gain an overview of existing research on the links between BED, emotion regulation, executive function, and eating patterns.
- reflect on how subgroup findings can guide more tailored BED treatments.
- discuss strength and limitations of studies like PRODY-BED in furthering the understanding of underlying mechanism of BED..

Authors: Marie Lyngdrup Kjeldbjerg, 1.Department of Clinical Medicine, Faculty of Health, Aarhus University, Denmark.; Gry Kjærsdam Telléus, University of Aalborg; Cynthia Bulik, University of North Carolina at Chapel Hill; Loa Clausen, Department of Clinical Medicine, Faculty of Health, Aarhus University, Denmark

MED-DBT Training Impacts Clinicians' Attitudes toward Clients with Multidiagnostic ED Presentations

Abstract: Multidiagnostic eating disorders (MED) are eating disorders that present with comorbid concerns such as depression, anxiety, and personality disorders. The clinical needs of those with MED can contribute to this population being misunderstood and viewed negatively among healthcare providers, who in turn, may be less compassionate and willing to treat MED. The purpose of the study was to examine the effectiveness of MED-DBT training, a novel approach to conceptualizing and treating M-ED, in changing healthcare providers' attitudes towards and assumptions about individuals with M-ED. DBT assumptions include beliefs that DBT clinicians must hold in order to effectively treat clients (e.g., people are doing the best they can; people want to improve; the treatment relationship is a real relationship between equals). Nineteen healthcare professionals (16 female, 2 male, 1 unidentified; 11 White, 1 Mixed, 4 Asian, 1 Black, 1 Indigenous) who participated in intensive (over the course of 1 to 5 days), virtual MED-DBT training between November 2023-2024 completed pre and post training surveys that included demographic items, an assessment of DBT-related assumptions regarding patients and therapists, and a modified version of the nurses attitudes scale. Paired t-tests revealed a significant improvement in participants' DBT assumptions about patients (pre-training: 26.26; post-training: 30.68; $p < 0.01$) and their attitudes towards individuals with MED (pre-training: 29.21; post-training: 31.32; $p < 0.05$). There was no significant change in participants' DBT assumptions about therapists. Participating in MED-DBT

training improved clinicians' attitudes towards, and assumptions of, clients with MED. Virtual MED-DBT training holds promise as a scalable and impactful intervention in healthcare education as it may enhance empathy and ultimately improve care for clients with MED.

Learning Objectives

- Recognize how clinicians' attitudes towards clients with MED presentations can impact care.
- Understand the basic premise of MED-DBT.
- Consider self-inquiry about their own attitudes towards clients with MED presentations

Authors: Ellen Klaver, University of Alberta; Anita Federici, The Centre for Psychology and Emotion Regulation; Lucene Wisniewski, Center for Evidenced Based Treatment Ohio; Jennifer Mills, York University

Connecting communities: inclusive research practices to work with marginalized groups in ED research

Abstract: In this paper, we aim to highlight learnings and practical guidance around developing inclusive research practices when working with marginalized communities experiencing eating disorders. Despite a growing acknowledgement that eating disorder research has traditionally focused on the experiences of a narrow set of participants - namely those that meet the SWAG acronym of being a straight, white, affluent girl - there is still a lack of broader understanding around developing more inclusive research practices. Although some researchers have put forth recommendations, uptake and implementation of such methods is still poor. This represents a major problem in the field, resulting in less rigorous, representative, and replicable conclusions. Inevitably, this loops into clinical practice, influencing both diagnosis and treatment. In turn, these guidelines influence what research is conducted and how it is approached, perpetuating the existing problem. Over the last three years we have conducted a series of studies aiming to explore the eating disorder experiences of certain marginalized communities, focusing on disabled, neurodivergent individuals belonging to minoritized gender and sexual orientation groups. In this presentation we highlight our key learnings from this programme of research. We outline the core practices that have contributed to a more inclusive way of doing research: targeted, collaborative recruitment; coproduction; affirming practices, and centering relationships over results. Specific practices such as member checking, the inclusion of arts-based questions, and coproduction steering groups are considered and explored. By proactively integrating more affirming and collaborative practices into research, we can all contribute to a more rigorous and diverse field, and therefore establish a richer and more accurate understanding of eating disorders.

Learning Objectives

- to understand some of the ways they might develop a more inclusive research practice
- to generate awareness of the benefits and complexities of integrating these approaches
- to reflect on their own research practice and consider which of the outlined steps may be especially suited for their research

Authors: Ruth Knight, York St. John University; Georgina Burton, York St John University

Why Psychedelic-Assisted Therapy Studies in Eating Disorders Risk Missing the Mark on Outcomes

Abstract: Psychedelic-assisted therapy (PAT) is an emerging intervention in psychiatry, for which there is preliminary evidence for effectiveness in eating disorders (EDs). The subjective psychedelic experience is considered an important driver of positive outcomes following PAT; however, conventional study design approaches often overlook many of the nuances inherent to the experience. Consequently, considerable information is lost between the first-person account and its scientific interpretation and documentation. Phenomenology—a philosophical and empirical approach to studying lived experience—offers tools to assess and understand the experiential mechanisms of PAT. This commentary advances the case for a phenomenological approach to PAT research in EDs, focusing on key domains of experience that underlie both ED psychopathology and psychedelic experiences, including embodiment, intersubjectivity, affectivity, temporality, spatiality, and selfhood. We define and outline these phenomenological domains of EDs and psychedelic experiences and critically examine current measurement approaches. Following, we provide specific research recommendations, including phenomenologically grounded qualitative research and microphenomenology (i.e., the assessment of short-lived, pre-conscious experiences), to more fully capture psychedelic experiences and determine their significance for ED outcomes. Importantly, the application of phenomenology to the PAT study design may contribute to a better understanding of how individuals experience PAT and generate testable hypotheses to advance novel ED treatments.

Learning Objectives

- Understand the role of phenomenology in eating disorder research, including advancing the study of psychedelic treatments
- Evaluate the limitations of current qualitative methodologies and the potential clinical significance of subjective experiences
- Apply phenomenological methods to improve interventional study designs in eating disorder populations

Authors: Elena Koning, Department of Psychiatry, Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada

"Fading In": Evaluating an Original Musical for Eating Disorder Awareness

Abstract: Eating disorders (EDs) are often perceived as only affecting certain races, sexes, or body types. To challenge these misconceptions, a performing arts performance was evaluated to see whether it could increase awareness, empathy, and confidence discussing EDs. “Fading In,” an original Broadway-style musical written, directed, and evaluated by a Stanford undergraduate, was produced to entertain, engage, and educate community members about EDs through storytelling and music. The two-hour production follows a young artist who grapples with her roommate’s eating disorder and the loss of her sister to a similar illness. The show explores family and friend dynamics, the impact of EDs on many aspects of life, and the challenges of supporting someone living with an ED. Two live performances were held at Stanford University on February 27th and 28th, 2025, funded by a student theater group and advertised as part of NEDA’s National Eating Disorders Awareness Week. The total attendance was approximately 250 people. A representative from the Eating Disorders Resource Center introduced each performance, outlining available supports, and the script was reviewed for clinical accuracy by Stanford-affiliated ED specialists. Audience members were invited to complete an anonymous post-show electronic survey (n = 54) assessing knowledge gain, empathy, confidence discussing EDs, overall satisfaction, and perceived awareness impact using 0–10 point Likert scales, with additional open-ended feedback. Respondents reported increased knowledge about EDs (mean 7.54 ± 1.94 points), greater confidence discussing EDs (mean 7.02 ± 2.00 points), and enhanced understanding of EDs (mean 7.70 ± 2.00 points). Respondents strongly indicated that the musical promoted awareness of EDs (mean 9.25 ± 1.03 points). Satisfaction and recommendation scores were also high (mean 9.25 ± 1.27 points; mean 8.96 ± 1.74 points). Qualitative feedback in free response sections described greater empathy and appreciation for the complexity and diversity of ED experiences. This project highlights the importance of emotionally compelling approaches to ED awareness, demonstrating that entertainment and storytelling can deepen understanding of EDs while still engaging audiences. Resources and helpline information were provided to all performance attendees, and future productions aim to reach a wider community to further reduce stigma and evaluate the validity of arts-based ED education.

Learning Objectives

- Explain how Fading In, a Broadway-style musical, was designed and evaluated as a public health education tool to increase awareness and empathy surrounding eating disorders.

- Identify the specific strengths and limitations of musical theater as a medium for communicating complex mental health topics while maintaining clinical accuracy and emotional safety.
- Apply lessons from the Fading In model to develop or adapt arts-based approaches for community education, stigma reduction, and mental health advocacy.

Authors: Jessica Korobkin, Stanford University

Current state of identification and management of Binge Eating Disorder and Bulimia Nervosa in prima

Abstract: Background
Our previous review highlighted that limited knowledge and understanding of Binge Eating Disorder (BED) and Bulimia Nervosa (BN) amongst primary care professionals may negatively impact on their identification and management. Whilst UK guidelines offer some guidance on identification and management, currently, it is unknown what, if anything, is actively implemented and used in practice.

Aim
To map current practices used in primary care in the UK to identify and manage BED and BN.
Design and Setting
An online national survey focused on primary care settings.
Methods
The sample consisted of any healthcare professionals (HCPs) working in primary care, individuals with lived experience (LE) of BED/BN aged 16+ years and service commissioners.
Results
Of 598 respondents, 347 (58%) were HCPs, 251 (42%) were individuals with LE and no commissioners responded. Most HCPs reported not actively screening for BED and BN. SCOFF questionnaire was reported to be the most used standardised tool for identifying potential BED and BN. HCPs reported referral as the main way of managing BED/BN, while LE participants reported using self-help as the main way of managing BED and referral for BN. Differences in practices between BED and BN are reported among HCPs and LE, such as identification practices, as are differences in HCP and LE perspectives, such as ways to manage BED.
Conclusion
There are considerable variations in primary care practice for identifying and managing BED and BN. Ensuring clear guidelines are available for both HCPs and patients should be prioritised to ensure consistency in care delivery.

Learning Objectives

- understand the current practice in primary care
- understand differences in practice in primary care
- understand the importance of improving care for BED and BN

Authors: Stella Kozmér, University of Exeter; Jane Smith, University of Exeter; Alex Burns, University of Exeter; Natalia Lawrence, University of Exeter; Samantha van Beurden, University of Exeter

Development of recommendations to improve the identification and management of Binge Eating Disorder

Abstract: Background
Our previous review highlighted several factors impacting the identification and management of BED and BN in primary care. Furthermore, our national survey reported limited active identification of these disorders, significant differences in practice and a systematic disadvantaging of BED.

Aim
To develop practical recommendations to improve the identification and management of BED and BN in primary care in the UK.

Design and Setting
A qualitative approach, involving individual interviews and focus groups. The study focused on primary care settings.

Methods
The sample consisted of any healthcare professionals (HCPs) working in primary care, and individuals with lived experience (LE) of BED/BN aged 16+ years. Reflexive inductive-deductive thematic analysis was used to identify and develop themes related to barriers, facilitators, improvement opportunities, and implementation strategies for BED/BN identification and management

Results
Fourteen HCPs and 12 people with LEs were included in the data analysis. Four key strategies were outlined. First, clear, relevant and timely education for HCPs, patients, families, and the public was considered essential to address knowledge gaps, stigma, and misconceptions. Second, a brief, easy-to-use screening tool and clear pathways for early recognition were suggested, while acknowledging the challenges posed by time constraints and service capacity. Third, simplified, patient-centred referral systems and interim management options, including psychoeducation, peer support, and digital tools, were proposed. Finally, co-designed national guidelines were regarded as essential for ensuring consistent, coordinated, and effective care.

Conclusion
Education and guidelines serve as the foundation for sustainable change, facilitating early identification, coordinated care, and consistency in practice. Although limitations in participant diversity and interest holder representation exist, the recommendations offer an actionable, evidence-informed framework for improving primary care responses to BED and BN, addressing current gaps in awareness, diagnosis, and treatment access within the UK healthcare system.

Learning Objectives

- To understand the needs of lived experience and HCPs
- To understand the complexity of improving identification and managment
- to understand the need to co-operation between primary and secondary care

Authors: Stella Kozmér, University of Exeter; Samantha van Beurden, University of Exeter; Alex Burns, University of Exeter; Natalia Lawrence, University of Exeter; Jane Smith, University of Exeter

Are Artists at Risk?A Systematic Review and Meta-Analysis of Eating Disorders and Body Image Concern

Abstract: Although artists are considered at heightened risk for eating disorders (EDs), the prevalence, symptomatology, and related body image concerns within this group remain underexplored. To address this gap, we conducted a systematic review and meta-analysis examining the prevalence of ED diagnoses, ED risk, ED symptomatology, body image concerns, and general psychopathology (e.g., depression, anxiety) among artists. This review followed PRISMA guidelines. Comprehensive searches of PsycINFO, Medline, and Web of Science were performed for all publication years, limited to studies published in English. Fifteen eligible studies were identified, of which eight were included in the meta-analysis assessing ED risk, while the remaining studies were narratively synthesised in the systematic review. The pooled prevalence of ED risk across studies was 13.8% (95% CI: 8.1–22.4), although heterogeneity was high. Subgroup analyses suggested higher prevalence among older samples, those with a greater proportion of female participants, and performance-based artists, but variability remained substantial. The systematic review indicated elevated ED diagnoses and ED risk among artists compared to the general population, though prevalence varied widely. Evidence on body image dissatisfaction and general psychopathology was limited but suggested potential associations with ED symptoms. Our findings suggest that artists represent a population at elevated risk for eating- and body-related psychopathology. These results underscore the need for tailored prevention and early intervention strategies within artistic contexts. However, substantial heterogeneity and methodological limitations highlight the importance of more rigorous, diverse, and longitudinal research to clarify mechanisms of vulnerability across artistic disciplines.

Learning Objectives

- Identify the prevalence and patterns of eating disorder risk and symptomatology among artists based on evidence from systematic review and meta-analytic findings.
- Examine how factors such as age, gender, and artistic discipline (e.g., performance vs. visual arts) contribute to variability in eating disorder risk and body image concerns.
- Discuss the implications of these findings for prevention, early intervention, and future research aimed at understanding vulnerability mechanisms within artistic populations.

Authors: Isabel Krug, The University of Melbourne; Emma Bui, The University of Melbourne; Musa Jemal Negash, The University of Melbourne; Georgia Burnham, The University of Melbourne; Jia Xian Liew, The University of Melbourne; Nhi Tran Phuong, The University of Melbourne

Seeing Flaws, Thinking Rigidly: Cognitive Underpinnings of Dysmorphic Concern in Anorexia Nervosa

Abstract: Dysmorphic concern (DC) is the primary symptom of body dysmorphic disorder (BDD) and has been linked to greater depression, anxiety, and eating disorder symptomology in patients with anorexia nervosa (AN). Perfectionism, cognitive rigidity, and obsessive beliefs have been proposed as potential contributors to DC. However, the relationship between these cognitive factors and DC in individuals with AN has not been examined, which the present study aimed to address. The sample comprised 122 participants with a self-reported lifetime diagnosis of AN and 680 community control participants with no eating disorder diagnosis. High versus low DC was determined using a cutoff score of 9 on the Dysmorphic Concern Questionnaire (DCQ). Based on this criterion, 75 participants with AN (61.48%) and 226 controls (33.24%) were classified as having high DC. Participants completed an online survey consisting of a battery of self-report measures followed by a neurocognitive assessment of cognitive flexibility. Group differences in perfectionism, self-reported cognitive flexibility, and obsessive beliefs were observed when participants were grouped by AN status and DC level (high/low). Participants with AN and high DC reported greater perfectionism, threat overestimation, and importance/control of thoughts, and poorer perceived control than those with low DC or control participants. Among participants with AN, perfectionism and overestimation of threat had a unique positive association with DC, while inflated responsibility had a negative association with DC. Additionally, perfectionism and overestimation of threat were able to distinguish between high and low DC in participants with AN. Results suggest that maladaptive cognitions are more pronounced in individuals with AN and high DC compared to those with low DC, and possibly contribute to DC severity in AN. Restructuring dysfunctional thoughts and beliefs, particularly surrounding perfectionism and harm overestimation, may help alleviate DC in people with AN.

Learning Objectives

- Understand the cognitive underpinnings of dysmorphic concern in anorexia nervosa (AN).
- Differentiate cognitive profiles across AN and control groups by dysmorphic concern level.
- Recognise potential cognitive targets for intervention.

Authors: Isabel Krug, The University of Melbourne; Zaki Browning, The University of Melbourne; Stephanie Miles, Orygen - The University of Melbourne

"How do you experience your ED therapy?" results from a qualitative survey amongst patients

Abstract: The aim of the study was to identify helpful and challenging aspects of Eating Disorder (ED) therapy by giving patients an opportunity for feedback and to express wishes for improvement. Furthermore, the survey sought to identify strategies patients use to navigate it successfully and constituting characteristics, as well as environmental factors that positively or negatively affect the course of treatment. Based on reported experiences reported in two focus groups, we created and disseminated an anonymous online survey capturing the most common experiences for different aspects of ED therapy (e.g., first point of contact, helpful factors, ED specificity of services). The survey was distributed through various channels (e.g. ?). . In addition to quantitative statistics, data were analyzed using qualitative thematic analysis. Overriding themes were identified. Fifty participants were included in a diverse sample (age, type of ED, length of treatment, services used). In outpatient settings, the most pressing challenge for patients was lack of throrough knowledge of ED behavior and thoughts (i.e. specificity) of their therapist. Patients felt unseen with the severity of their ED. It also left space for it to fester. In inpatient settings, ED specificity was generally available. However, approximately half of all participants criticised a focus just on eating patterns and weight, deemed both too narrow and impersonal. Next to ED specificity (22% of participants), duration and frequency of treatment (30%), space to develop a more compassionate relationship with oneself, connection with co-patients (both 26%), and safety and trust in the therapeutic relationship (30%) were reported as equally relevant and helpful. A combination of all aspects empowered patients to feel seen as a person with agency beyond their ED, as opposed to feeling reduced to just their ED behaviors and unseen as person. Correspondently, patients reported goals in ‘real life’ irreconcilable with an ED - things they aspire to as a person, not 'as their ED'- as the most common motivation for durable recovery (56%). Participants showed nuanced self-awareness differentiating between their ED and 'the person beneath', and want to feel seen as such. Rather than developing new approaches, existing treatment should use a more holistic and individual -yet ED targeted - approach. Research should employ more participation, to ensure 'bottom up' needs are met.

Learning Objectives

- discuss different factors - as reported by patients - necessary for achieving sustainable treatment outcomes
- reflect on the differences in perception and perspective between patients and professionals in order to design more ' bottom up' and participatory research
- further their understanding of motivation in the treatment process to individualise treatment

Authors: Annette Krumpholz, Charite Berlin

Test of a Longitudinal Mediation Model: Body Surveillance, Body Shame, and Eating Disorder Symptoms

Abstract: Objectification theory contends that engaging in body surveillance over time leads to body shame when one fails to meet sociocultural appearance standards, which in turn contributes to the development of disordered eating. Though inherently describing a causal process, most research examining these relationships has been cross-sectional. Using a longitudinal design, the current study investigates whether body shame mediates the association between body surveillance and eating disorder symptoms. Participants were 185 women (Mage = 29.16 years, SD = 10.53) with a DSM-5 eating disorder history, most of whom were former clients of eating disorder clinics in the Southeastern United States. Self-report surveys were completed at baseline (T1), six months (T2), and one year (T3) as part of a larger study on eating disorder recovery, with the eating disorder symptoms measured by the global score of the Eating Disorder Examination Questionnaire. A longitudinal simple mediation model was tested using a bootstrapping technique to estimate the indirect effect, positing body surveillance as the independent variable, body shame as the mediator, and eating disorder symptoms as the dependent variable. Analyses controlled for eating disorder symptoms at T1 in order to examine change across time. Findings revealed that higher body surveillance at T1 predicted higher body shame at T2 ($B = 0.40$, $p < .001$), and higher body shame at T2 predicted greater eating disorder symptoms at T3 ($B = 0.28$, $p < .001$). The indirect effect of body surveillance at T1 on eating disorder symptoms at T3 through body shame at T2 was significant ($B = 0.11$, 95% CI [0.05, 0.20]), whereas the direct effect of body surveillance at T1 on eating disorder symptoms at T3 was nonsignificant ($B = −0.10$, 95% CI [−0.28, 0.07]), while controlling for eating disorder symptoms at T1. Body shame fully mediated the association between body surveillance and eating disorder symptoms, even while controlling for baseline eating disorder symptoms. This temporal pattern provides longitudinal evidence in support of body shame as a key mechanism that links body surveillance to disordered eating in women with an eating disorder history and thus has clinical implications for interventions.

Learning Objectives

- Describe the experiences of women with an eating disorder history regarding body surveillance, body shame, and eating disorder symptoms.
- Understand the mediating role of body shame in the relationship between body surveillance and eating disorder symptoms one year later.
- Reflect on implications for eating disorder interventions and prevention strategies in regards to body surveillance and body shame.

Authors: Adrienne Kvaka, University of North Carolina at Chapel Hill; Hunna Watson, University of North Carolina at Chapel Hill; Nancy Zucker, Duke University; Cynthia Bulik, University of North Carolina at Chapel Hill; Anna Bardone-Cone, The University of North Carolina at Chapel Hill

Preferred Weight-Related Terminology Among Larger-Bodied French-Canadians

Abstract: Documenting the weight-related terminology preferred by larger-bodied individuals is essential for fostering respectful communication and inclusive social environments. However, most studies examining these preferences have focused on English-language terminology, highlighting the need to explore such preferences in other linguistic and cultural contexts. The present study aimed to (a) identify which weight-related terms are preferred by larger-bodied individuals in a French-Canadian population, and (b) determine whether these preferences vary according to individual characteristics (e.g., fat activism, exposure to positive body image content on social media, and experiences of weight-based stigma). Participants were 606 French-speaking, larger-bodied adults from Quebec, Canada, aged between 19 and 76 years (M = 47 years). They completed validated self-report questionnaires to assess the variables of interest. Descriptive and correlational analyses were conducted. Results indicated that the French equivalents of “curvy” and “plus size” were among the most preferred terms, whereas “person with an unhealthy weight” and “obese person” were among the least preferred. Moreover, terminology preferences varied according to participants’ levels of fat activism, exposure to positive body image content, and experiences of weight-based stigma. Overall, these findings identify which weight-related terms are more or less acceptable to larger-bodied individuals in a French-Canadian context and underscore that preferred terminology is heterogeneous and shaped by personal characteristics and lived experiences. This study represents a contribution to promoting more respectful and inclusive weight-related language use within French-speaking contexts.

Learning Objectives

- Identify weight-related terms that are more or less appreciated by larger-bodied individuals in a French-Canadian context.
- Recognize how personal factors such as fat activism, exposure to positive body image content, and experiences of weight stigma can shape terminology preferences.
- Reflect on the weight-related language they use to describe themselves and others.

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Trait Negative Urgency as a Moderator of Momentary Negative Affect and Binge Eating Relationship?

Abstract: Negative urgency (NU; i.e., the tendency to act rashly in response to distressing emotions) is thought to contribute to binge eating (BE) in two ways: 1) as a personality trait that drives impulsive decision-making and 2) as a transdiagnostic risk and maintenance factor of disordered eating. Although research shows that trait NU moderates the relationship between negative affect (NA) and BE such that those higher in NU are more likely to engage in BE when experiencing NA, evidence of this relationship on a momentary level remains conflicting. The current study examined (1) relationships between NU and BE frequency and (2) examined NU as a moderator of the momentary relationship between NA and BE. Adults with binge-spectrum eating disorders (Nsample = 56; Nobservations = 3309; Mage = 43.25; SD = 13.27) completed baseline measures of NU and participated in a 7-14 day ecological momentary assessment (EMA) protocol, which consisted of 5 signal-contingent surveys per day that assessed current levels of NA and binge occurrence since the last survey. The association between trait NU and BE frequency was analyzed using Spearman's correlations, and the moderating role of NU on the relationship between NA and BE was analyzed with logistic mixed effects models. There was a moderately strong, positive correlation between trait NU and BE frequency over the EMA period ($r_s(56) = .567$, $p < .001$). Increased NA (relative to one's average) on a given survey was significantly associated with 3.47 times increased likelihood of same-survey BE (95% CI [1.73, 6.96], $p < .001$) but not next-survey BE (OR = 1.27, 95% CI [0.68, 2.37], $p = .45$). The interaction between NU and NA was associated with 2.75 times higher odds of a binge being reported at the same survey, but this effect was not significant (95% CI [0.83, 9.15, $p = .098$), nor did this interaction emerge for next-survey BE (OR = 0.80, 95% CI [0.28, 2.29], $p = 0.68$). These results suggest that baseline NU is associated with increased binge frequency as measured by EMA. NU did not appear to strengthen the relationship between NA and BE on a momentary level, though effect sizes indicated being potentially underpowered to detect effects. Further examining how individual differences moderate the affect-BE relationship can help inform targets for intervention. Future research should consider the moderating role of state NU and other individual differences (e.g., eating disorder diagnosis) in this relationship.

Learning Objectives

- Describe associations between trait negative urgency and binge eating
- Describe the relationship between momentary negative affect and binge eating
- Assess trait negative urgency as a moderator of the relationship between momentary negative affect and binge eating

Authors: Jennifer Lai, Nemours Children's Health; Jannah Moussaoui, Washington University in St. Louis; Adrienne Juarascio, Oregon Research Institute; Stephanie Manasse, Nemours Children's Health

75 Days to Perfection: A Qualitative Analysis of #75 Hard TikTok Content

Abstract: 75 Hard is a viral fitness trend and a form of fitspiration content intended to inspire individuals to engage in fitness and “healthy living” to improve one’s life. However, research suggests that fitspiration can produce negative effects despite its motivational intent and positive framing. This is particularly concerning for young women, who are among the most active users on these platforms. Guided by the Tripartite Model of Body Image and Social Comparison Theories, this study considers how internalization of appearance-related pressures from social media content contributes to body dissatisfaction. A qualitative analysis was conducted to answer: 1) What are the motivations/barriers/challenges to participating in the 75 hard challenge? 2) What are the perceptions of the 75 Hard videos among female-identifying emerging adults? 3) What messages are individuals conveying on TikTok about the 75 Hard Challenge? Participants (n=127) viewed a 15-minute compilation of TikTok videos and answered open-ended short answer questions. The videos were collected using Appify, data-scraping software that retrieved a random sample of posts with the hashtag and their corresponding metadata. The data were analyzed in two phases: 1) content analysis for short answer questions; and 2) Visual Verbal Video Analysis (VVVA) method for coding video data, which examined both visual and verbal elements to answer RQ3. Findings for RQ1 revealed the following motivations and barriers to participation: Never Heard of It, Skepticism, Doesn’t Fit Existing Lifestyle, Undesirable Lifestyle, and Self-Awareness. Findings for RQ2 revealed a wide range of perspectives, including: Extreme Nature of Challenge, Societal Expectations, Positive Motivation for Individual Change, Negative Motivation for Individual Change, Yields Possible Positive Outcomes, Yields Possible Negative Outcomes, and Not for Everyone. Findings for RQ3 revealed that content around the 75 Hard primarily consists of: Vulnerable Sharing, Outcomes from the Challenge, and Content to Support Others. Findings highlight how fitspiration content can simultaneously inspire individuals' motivation to fitness and well-being while contributing to unrealistic outcomes and harmful comparisons. Overall, this study illustrates how content like the 75 Hard Challenge may reinforce sociocultural ideals of fitness as well as appearance-based pressures to engage. Findings have resulted in theoretical and practical implications for discussion.

Learning Objectives

- Following the training, participants will be able to: evaluate how qualitative methods such as content analysis and Visual Verbal Video Analysis (VVVA) can be applied to investigate body image–related social media trends.
- Following the training, participants will be able to: interpret themes reflecting motivations, perceptions, and social messaging surrounding the #75Hard challenge within the frameworks of the Tripartite Model of Body Image and Social Comparison Theory.
- Following the training, participants will be able to: discuss the broader theoretical and practical implications of fitspiration content for understanding how social media perpetuates sociocultural appearance ideals and fitness-related pressures.

Authors: Alexis Lamere, Clemson University; Ashlyn Hardie, Clemson University; Brooke Bennett, Clemson University; Loren Myers

TikTok Made Me Do It: #75Hard

Abstract: TikTok is one of many social media platforms that distributes short-form videos to its users based on an interactive algorithm. The algorithm has an influential impact on the information individuals are exposed to, especially for content that is trending. These trending TikTok videos reach millions of viewers; one popular trend on this app is #75Hard, which is a restrictive fitness program emphasizing mental toughness, self-discipline, and strict diet and exercise routines. However, popular trends like this one can perpetuate unrealistic and unattainable goals that put people at risk for negative outcomes such as body dissatisfaction and disordered eating. The present study aimed to investigate the relationship between viewing TikTok videos from the #75Hard trend and body image concerns. Participants (N=140) completed quantitative measures of body dissatisfaction (BISS, VAS) and thin and muscular ideal internalization (SATAQ-4 subscales), before and after viewing a series of #75Hard videos. Results indicated that exposure to the videos significantly increased participants' self-reported body dissatisfaction as measured by the Visual Analogue Scale (VAS), $t(133) = 1.859$, $p = .033$, $d = .161$. However, no significant changes were found for thin ideal internalization (SATAQ), $t(135) = -.20$, $p = .422$, $d = -.02$, muscular ideal internalization (SATAQ), $t(136) = -.61$, $p = .270$, $d = -.05$, or on the Body Image State Scale (BISS), $t(140) = .54$, $p = .295$, $d = .05$. These findings suggest that short-term exposure to fitness-related TikTok trends like #75Hard might lead to small increases in body dissatisfaction but does not significantly alter internalization of thin/fit ideals. Findings of the present study underscore the need for more research on how social media trends, particularly those involving fitspiration content, spread among users, and whether repeated or prolonged exposure exacerbates body dissatisfaction.

Learning Objectives

- Following the training, participants will be able to: analyze the short-term effects of exposure to TikTok fitness trends, such as #75Hard, on measures of body dissatisfaction and ideal internalization.
- Following the training, participants will be able to: interpret quantitative findings assessing differences in body image outcomes across multiple validated measures (e.g., BISS, VAS, SATAQ-4).
- Following the training, participants will be able to: discuss methodological and theoretical implications of studying social media–driven body image trends within the framework of health and media psychology research.

Authors: Alexis Lamere, Clemson University; Ashlyn Hardie, Clemson University; Jinan Allan, Clemson University; Brooke Bennett, Clemson University; Loren Myers

Embedded disordered eating clinic within obesity medicine: screening, prevention, and treatment

Abstract: As many as 14-30% of patients seeking medical care for obesity report eating disorder (ED) symptoms. However, patients with obesity and ED symptoms are more likely to be referred to weight loss treatments over ED-specific interventions, which do not address key maintenance factors of ED pathology such as dietary restriction. The rise of glucagon-like-peptide-1 (GLP-1) medications for weight loss compounds ED risk by offering a treatment which facilitates up to 20% weight loss by increasing dietary restriction through slowed gastric emptying and reduced hunger cues. Because obesity medicine providers often receive little to no training in identifying ED symptoms, there is a critical need for evidence-based ED screening, prevention, and treatment initiatives that are integrated directly into obesity medicine settings thus meeting patients where they are most likely to present. To respond to this need, we developed one of the country's first interdisciplinary ED clinics fully integrated into an obesity medicine program at Dartmouth Health. The clinic employs both measurement-based ED screening (using the EDE-Q) and multidisciplinary visits with a PhD-level psychologist, an MD in obesity medicine, and a registered dietician prior to initiation of weight loss treatment. The treatment team then provides education and/or intervention as necessary, with the goal of preventing ED symptom onset/worsening among patients seeking weight loss. The integrated clinic was both feasible and acceptable to implement. We present patient clinical outcomes via case series design (N = 5). In general, patients reported feeling "very supported" by the ED clinic implementation and noted that they liked being able to see several members of a multidisciplinary care team within the span of one clinic visit. Further, patients reported reduced ED symptoms over the visits following their initial multidisciplinary ED clinic visit. Additionally, we present lessons learned and qualitative feedback on clinic implementation from key end-users including psychologists, MDs, dieticians, and nurses. The goal of this presentation is to stimulate larger conversations within the field regarding real-world implementation of ED prevention and treatment initiatives integrated within obesity medicine settings. Wider

adoption of such integrated ED clinics has potential to significantly reduce medical and psychological burden associated with ED symptoms among those treated in obesity medicine settings.

Learning Objectives

- Following the training, participants will be able to: understand patient needs and barriers to receiving ED care in an obesity medicine setting
- Following the training, participants will be able to: discuss key strategies and outcomes for implementation of ED care in weight management settings
- Following the training, participants will be able to: discuss steps for future improvement of interventions for EDs within weight management settings

Authors: Elizabeth Lampe, Dartmouth College; Sarah Finn, Dartmouth Health; Hannah Brilling, Dartmouth Health; Krystal Badillo-Regan, Dartmouth Health

Reframing Feeding: The role of lived experience dietitians

Abstract: Clinical frameworks frequently misunderstand adaptive responses in neurodivergent clients as disordered, particularly in the context of eating and feeding behaviours. Diagnostic paradigms like Avoidant/Restrictive Food Intake Disorder (ARFID) fail to consider the neurobiological, sensory, and autonomy-protective factors that contribute to food-related discomfort in autistic and other neurodivergent populations. This misalignment bolsters deficit-oriented frameworks and conceals the validity of neurodivergent experiences. By pathologising strategies that reflect self-preservation, environmental adaptation, or trauma-informed avoidance, such models perpetuate clinical harm and contribute to diagnostic overshadowing.
This model proposes a reframing of clinical roles and therapeutic interventions, positioning lived experience dietitians as clinical agents, cultural translators, relational co-regulators, and role models of adaptive functioning. Rather than interpreting behaviour through a deficit lens, these clinicians offer protective scaffolding that reframes refusal as communication, sameness as regulation, and sensory rigidity as safety-seeking. They buffer against shame-based messaging, translate the adaptive logic of behaviour to caregivers and systems, and embody alternative scripts for nourishment, autonomy, and self-trust.
The model defines three interconnected domains:
Systemic pressures and external narratives This approach pathologises difference, prioritises compliance over safety, and fosters body mistrust.
The Unsupported Neurodivergent Self: Without attuned care, individuals internalise stigma, inhibit interoceptive signals, and are at increased risk of re-traumatisation.
The Supported Neurodivergent Self: When affirmed and protected by clinicians who centre neurodivergent logic, clients experience increased self-trust, agency, and nourishment.
This approach is not passive advocacy. It is a deliberate clinical act that protects clients

from the harms of conformity-based treatment. The model advocates for a shift in focus: from correcting behaviour to cultivating safety, predictability, and autonomy. Lived experience is positioned not as a narrative backdrop, but as a mechanism for rehumanising care. When dietitians bring their own neurodivergence into the room, they hold space for distress, model alternative pathways to nourishment, and demonstrate that safety and difference can coexist in practice.

Learning Objectives

- Following the training, participants will be able to: Identify the clinical risks of pathologising adaptive neurodivergent feeding behaviours through conventional diagnostic frameworks such as ARFID.
- Following the training, participants will be able to: Describe the conceptual model that positions lived experience dietitians as agents of clinical precision, cultural translation, and identity reinforcement.
- Following the training, participants will be able to: Recognise how neuro-affirming and autonomy-supportive frameworks can reframe feeding behaviours in ways that reduce shame and enhance client safety, predictability, and agency.

Authors: Natasha Lane, nil

Autistic Eating Behaviours in Anorexia Nervosa and Avoidant Restrictive Food Intake Disorder

Abstract: Long term follow-up study, comparing outcome between childhood-onset anorexia nervosa (AN) and low-weight avoidant/restrictive food intake disorder (ARFID) in regard to autistic eating behaviours. Would an ARFID-group display more autistic eating behaviours than an AN-group? 19 patients with ARFID and 37 patients with AN were followed-up after a mean of 15.9 years. Autistic eating behaviours were assessed using the SWedish Eating Assessment for Autism disorders questionnaire (SWEAA). Morgan-Russell Outcome Assessment Schedule and EDE-Q were also completed. SCID-interview was performed. ARFID-diagnoses were assigned retrospectively using all available information. The AN and ARFID-groups both had elevated SWEAA-scores, near the clinical cut-off for SWEAA. On-going Eating Disorder (ED) had the highest SWEAA-scores, above cut off, having Another Psychiatric Diagnosis (but no ED) had intermediate scores (below cut-off) and No Diagnosis had the lowest scores. Differences between AN and ARFID were not significant. SWEAA-outcome by BMI-category, showed lowest SWEAA-scores for BMI<20 (below cut-off) for both AN and ARFID, the BMI 20-23 category had high SWEAA scores for AN, whereas the BMI >23 category had high SWEAA-scores for ARFID. ARFID showed a positive linear relationship between BMI and SWEAA-score. Morgan-Russell Outcome Assessment Schedule results differentiated between the outcome groups, lending validity to the follow-up procedure. Autisitic eating behaviours were elevated in both AN and ARFID-groups. Overall, autistic eating behaviours were not more pronounced in the ARFID-group. Low BMI had fewer

autistic eating behaviours in both AN and ARFID. High SWEAA-score indicated poor prognosis. BMI-specific patterns may point towards novel therapeutic possibilities, however results need further substantiation.

Learning Objectives

- Following the training, participants will be able to know about comorbidity levels between autism and anorexia nervosa and avoidant restrictive food intake disorder.
- Following the training, participants will be able to understand how BMI might covariate with autistic eating behaviours.
- Following the training, participants will be able to understand how autistic eating behaviours affect outcome.

Authors: André Lange, Lund University; Ulf Wallin, Lund University; Peik Gustafsson, Lund University

When Support Isn't Clinical: The Role of Friendships in Eating Disorder Recovery

Abstract: Eating disorders (ED) are inherently isolating, thriving on secrecy, withdrawal, and the erosion of meaningful social connection. Although research has linked ED to relationship challenges and recovery to improved interpersonal dynamics, the role of friendship in the recovery process remains underexamined. This study explored how individuals in recovery experience friendships, aiming to understand how friendships impact healing. Participants (n=32) were recruited through social media and community ED organizations in Canada and the US and eligible if they self-identified as having experienced an ED and met recovery benchmarks defined by an ED Examination Questionnaire score below 2.8 and the absence of disordered eating behaviors in the prior three months. Semi-structured interviews invited participants to reflect on both the positive and negative influences of friendships during their ED and recovery. Employing Richards and Hemphill's (2018) collaborative qualitative research methodology, an inductive thematic analysis was conducted. Identified themes included friendships with recovery peers (i.e., friends with lived experience of an ED) and non-recovery peers (i.e., friends without such experiences). Recovery peers were frequently characterized as validating, providing immediate and empathetic understanding grounded in shared experiences and mutual recovery goals. However, they also carried risks; some were marked by comparison or competitiveness, and participants described times when continuing the relationship conflicted with their commitment to recovery. Non-recovery peers were perceived as helpful when these friends demonstrated openness to learning about the ED experience, were non-judgemental, acknowledged and celebrated incremental progress, and modelled healthy attitudes toward food and body image. These relationships often restored a sense of normalcy and social belonging, acting as reminders of life beyond the ED, and thus inspired continued engagement in recovery. Still, some non-recovery peers engaged in behaviors that undermined recovery, including excessive monitoring, social exclusion, or comments rooted in diet culture.

These findings suggest that both recovery and non-recovery peer relationships play complex, evolving roles in the ED recovery process. Recognizing and integrating the role of friends in recovery may offer valuable insights for clinicians, peer support initiatives, and community-based interventions.

Learning Objectives

- Identify friendship-related themes that support or hinder eating disorder recovery.
- Recognize the important role that friendships play in supporting patients during their recovery.
- Understand how individuals in recovery perceive the role of friendships.

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Disordered Eating in Adolescents: The Role of Parenting Styles

Abstract: Background: The rising prevalence of eating disorders among children and adolescents emphasizes the need to identify family-related factors that contribute to their development. Parenting styles refer to the patterns of interaction between parents and their children and play a central role in emotional regulation. This study aimed to explore the relationship between parenting styles and eating disorder symptoms in adolescents. Method: The sample included 352 participants, comprising 176 adolescents aged 10–13 years (M = 11. 79, SD = 1. 98) and their respective parents (M = 40. 40.19, SD = 7. 44). Parents completed an online sociodemographic questionnaire and the Demandingness and Responsiveness Scales, while adolescents completed the Children's Eating Attitudes Test (ChEAT) in person. Data were analyzed using analysis of variance (ANOVA) to evaluate the impact of parenting styles on eating disorder–related symptoms. Results: Parents were classified into parenting styles as follows: authoritative (n = 84, 47.7%), authoritarian (n = 60, 34.1%), permissive (n = 5, 2.8%), and neglectful (n = 27, 15.3%). The effect of parenting styles on Factor 1 (restrictive eating behavior) was not significant [F(3, 172) = 0.34, p = .794]. However, ANOVA revealed a significant effect on Factor 2 (bulimic behaviors, food preoccupation, and social pressure for oral control) [F(3, 172) = 3.66, p = .014]. The neglectful parenting style showed the highest mean score on Factor 2 (M = 5.10, SD = 4.33), while the authoritative (M = 2.72, SD = 3.44), authoritarian (M = 2.99, SD = 3.93), and permissive (M = 0.60, SD = 0.89) styles had lower mean scores. A Bonferroni post hoc analysis indicated a significant difference between neglectful and authoritative styles (p = .026). Conclusion: Parenting styles significantly influence the expression of eating disorder symptoms in adolescents. Parents characterized by low levels of warmth and demandingness (neglectful styles) tend to have adolescents exhibiting higher levels of bulimic behaviors, food preoccupation, and perceived social pressure for eating control. Providing appropriate

parental affection and demands may serve as protective factors against bulimic behaviors. Targeting parenting styles in prevention and intervention strategies could improve outcomes in eating disorder treatment.

Learning Objectives

- Following the training, participants will be able to describe how different parenting styles influence eating disorder–related symptoms in adolescents.
- Following the training, participants will be able to identify neglectful parenting patterns associated with increased bulimic behaviors and food preoccupation.
- Following the training, participants will be able to discuss the potential of incorporating parenting style assessment and guidance into prevention and intervention strategies for eating disorders.

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The Association between Parental Helplesness and adolescents' with Anorexia Sense of Entitlement

Abstract: Adolescent girls with anorexia frequently exhibit difficulties in interpersonal relationships, which, according to previous research, may be reflected in inflated or restricted senses of entitlement and pathological concern. Prior studies have indicated that the parent-adolescent relationship, along with various parental psychological characteristics, plays a key role in the development of eating disorders. However, the relationship between parent-reported psychological variables and adolescents' sense of entitlement and pathological concern has not been investigated. The current study examines the correlations between eating disorders and symptoms of depression, anxiety, pathological concern, and sense of entitlement in adolescent girls while exploring the influence of maternal psychological characteristics on these correlations. Specifically, this study compares pairs of mothers and daughters with and without a diagnosis of an eating disorder. Method: The study included 240 participants, mothers and daughters, both with and without an anorexia nervosa diagnosis. Results: Adolescents in the experimental group reported higher levels of inflated and restricted entitlement, pathological concern, depressive symptoms, and symptoms of social anxiety. Their mothers reported higher levels of parental helplessness and greater symptoms of anxiety, stress, and depression. Positive correlations were found between maternal depression, anxiety, and stress, and adolescent sense of entitlement (both inflated and restricted) and pathological concern. Parental helplessness was positively correlated with inflated entitlement as reported by the adolescents and mediated the correlations between eating disorder and inflated sense of entitlement. Discussion: These findings highlight the importance of maternal psychological functioning in

understanding relational dynamics in eating disorders and emphasize the importance of strengthening the mother-adolescent relationship as part of the treatment for eating disorders.

Learning Objectives

- Identify the key interpersonal difficulties in adolescent girls with anorexia, specifically regarding inflated and restricted sense of entitlement and pathological concern, and their relationship to eating disorder symptoms
- Understand the role of maternal psychological characteristics (including depression, anxiety, stress, and parental helplessness) in mediating the relationship between eating disorders and adolescents' sense of entitlement and pathological concern.
- Apply evidence-based insights regarding mother-adolescent relational dynamics to inform treatment approaches for eating disorders, with emphasis on strengthening the parent-child relationship as a therapeutic target

Authors: Iris Lavie, Ruppin Academic Center; Gal Bershadski, Ruppin Academic Center

“If only Services were Like That”: Listening to Lived Experiences of Longstanding Eating Disorders

Abstract: How to best clinically and socially support people living with longstanding, or prolonged, eating disorders is currently subject to much debate. And more recently, reflections on quality of life and how to support recovery have also been joined by those on palliative care. Against this background, the voices of people whose lives are lived with, through or in spite of, a longstanding eating disorder have been largely absent from eating disorders research to date.

Aiming to address this gap, this presentation will draw on 24 in-depth qualitative interviews with participants who identified as having a ‘longstanding eating disorder’. Specifically, we sought to ensure diverse perspectives from under-represented populations and minority groups who had been particularly overlooked in existing research into longstanding eating disorders. To do this we recruited through two UK national charities - Beat and NSUN - to engage with people with a range of experiences both within and outside ED services. We also did not define the term ‘longstanding eating disorders,’ instead inviting anyone who identified with it to come forward for an interview.

Participants were living with a range of EDs across the diagnostic spectrum, having developed these at differing points in their lives and in response to a range of social and individual factors. Each described the contexts and life experiences that had precipitated and maintained their disordered eating over long periods of time, recounting narratives of trauma and loss, biographical disruption and survival, both within and beyond clinical services.

Together these interview accounts offer crucial insights into the meanings of recovery and quality of life in the context of longstanding eating disorders. In so doing, they point to potential directions for clinical support that would align with individuals' own priorities and needs across the life course.

Ensuing from the larger MRC-funded project, 'An Anthropological Approach to Eating Disorders: Developing an Innovative Socio-cultural Strategy for Research, Treatment and Prevention', in presenting these findings we also reflect on the clinical value of qualitative research that seeks to listen to the voices of people living with longstanding eating disorders. This listening is crucial to ensuring that the design and delivery of services appropriately respond to the nuances and complexities of individuals' lived experiences.

Learning Objectives

- Explore and understand lived experiences of longstanding eating disorders.
- Consider priorities for, and meanings of, quality of life and recovery in the context of longstanding eating disorders.
- Reflect on the value of anthropological explorations of lived experiences to the design and implementation of effective support for people living with longstanding eating disorders.

Authors: Anna Lavis, University of Birmingham; Kathryn Edwards, University of Birmingham, UK; Karin Eli, University of Warwick; Lizzie Mitchell, University of Birmingham; Amanda Rodney, University of Birmingham; Rosina Pendrous, University of Birmingham; Jwana Aziz, University of Birmingham; Shanta Raj, University of Birmingham; Sheryllin McNeil, Birmingham Women's & Children's NHS Foundation Trust; Anthony Winston, Coventry & Warwickshire NHS, Partner Trust

Exploring Relationships between Eating Disorders and Self-Harm: A Qualitative Interview Study

Abstract: It is known that self-harm (SH) is common amongst people living with an eating disorder (ED), across the ED diagnostic spectrum. Currently, however, there is uncertainty over how best to support someone who is experiencing concurrent SH and an ED, and there are few targeted services or interventions in the UK. This service gap stems from a lack of evidence regarding the social, psychological and emotional factors that may lead a person to develop both an ED and SH, and how these interact or impact one another on a day-to-day basis.

This presentation will draw on qualitative interviews with participants aged over 16 with any ED diagnosis and either current, or a history of, SH thoughts and/or behaviours who were recruited through three specialist outpatient ED services in England (UK).

Participants described the factors, contexts and life experiences that gave rise to and maintained their SH across the ED diagnostic spectrum, elucidating complex and often-changing relationships between them. These narratives show how SH and EDs interact or come to stand in for one another across various affective and social contexts, and how their meanings also move with these mobilisations. Participants' accounts of lived experience, then, underscore how clinical support needs to account for this ebb and flow and consider individuals' own priorities for, and meanings of, ED recovery in the context of concurrent SH.

The findings from this study, then, will demonstrate the urgent need to ensure that the design and delivery of services are shaped by the experiences and needs of people living through both self-harm and an eating disorder, and offer directions towards this.

Learning Objectives

- Explore and understand lived experiences of concurrent self-harm and an eating disorder.
- Consider priorities for, and meanings of, recovery from an eating disorder in the context of concurrent self-harm.
- Reflect on the value of qualitative explorations of lived experience to the design and implementation of effective prevention and intervention strategies for concurrent eating disorders and self-harm.

Authors: Anna Lavis, University of Birmingham; Rosina Pendrous, University of Birmingham; Maria Michail, University of Birmingham, UK; Christina Easter, University of Birmingham, UK; kalen Reid, Youth Advisory Group, University of Birmingham, UK; Sheryllin McNeil, Birmingham Women's & Children's NHS Foundation Trust; Helen Bould, University of Bristol, UK; Anthony Winston, Coventry & Warwickshire NHS, Partner Trust

Racial Trauma and Antiracist Campus Climate on Eating Disorder Risk in Hispanic Queer Students

Abstract: Hispanic queer students often face unique challenges in higher education, including racial stress, identity-based marginalization, and increased risk for mental health concerns such as eating disorder symptoms. Previous research indicates that Hispanic communities, especially Hispanic women, may experience higher vulnerability to eating pathology through mechanisms such as acculturation stress, body dissatisfaction, and sociocultural pressures. Despite these findings, the intersection of Hispanic and queer identities, particularly within the higher education context, remains underexplored in relation to racial trauma, institutional support climates, and eating disorder risk. This study investigates the association between racial trauma and eating

disorder symptomatology of a sample of Hispanic queer individuals (n = 519), using secondary data from the 2023–2024 Healthy Minds Study. Key predictors included racial trauma and antiracist campus climate. Eating disorder symptoms were assessed using the SCOFF. All individuals self-reported as Hispanic and queer. Women comprised a majority of the sample (56%), followed by Hispanic gender queer individuals (31%). A multiple regression model was conducted to evaluate whether trauma symptoms based on racial discrimination and antiracist campus climate predicted eating disorder symptoms, while adjusting for positive well-being and age. All assumptions were met, except for normality. Although a large sample size provides robustness, caution is needed when interpreting the results. The overall regression model was significant, $F(4, 514) = 18.37$, $p < .001$. Specifically, the model explained 12% of variance in eating disorder symptoms among Hispanic queer students, with a small to moderate effect (Adjusted $R^2 = .118$, $f^2 = .14$). In particular, racial trauma ($t = 5.161$, $p < .001$), positive well-being ($t = -4.419$, $p < .001$), and age ($t = -2.651$, $p < .01$) were significant. Regression analyses demonstrate that racial trauma explained the most variance, with approximately 7% of eating disorder symptoms. These results reinforce the view that eating disorder risk among Hispanic queer students may be amplified through identity-based trauma. Overall, the findings emphasize the importance of integrating trauma-informed, culturally responsive strategies within higher education and clinical settings to support the mental health and identity development of Hispanic queer students.

Learning Objectives

- Following the poster, participants will be able to describe the relationship between racial trauma experiences and risk for eating disorder symptoms among Hispanic queer college students.
- Following the poster, participants will be able to understand the impact of campus antiracist attitudes and explore additional predictors of student well-being and mental health outcomes.
- Following the poster, participants will be able evaluate the implications of these findings for developing culturally responsive campus policies and trauma support services that address both discrimination and eating disorder risk.

Authors: Wilson Lazo-Salmeron, Oklahoma State University; Savannah Fissenden, Oklahoma State University

Formulation-Based Health Assessments (FBHA): Moving away from protocol-based medical monitoring

Abstract: Aim
To compare the impact of moving from a protocol based medical monitoring to an FBHA approach within an adult community eating disorder service.

Background

Our medical monitoring (MM) service was commissioned in 2019 to improve patient safety and reduce hospital admissions. In 2021 a local protocol was created. It used patient BMI, presence of purging symptoms and any electrolyte disturbance to determine the frequency of monitoring. Due to patient safety concerns and caseload increase we reviewed our practice in November 2023. We identified a number of problems with our current approach:

•Frequent monitoring enabling eating disorder behaviours and/or encourage care seeking
•Escalation of risk leading to repeated hospital attendances
•Clinician centred monitoring – driven by staff anxiety rather than individual patient's needs
•Endless monitoring of stable patients
•Unsafe caseload
•Risk of disengagement from primary care

Implementation

In 2024 we adopted an individualised, holistic approach to managing physical health risk which takes into account the patients psychological formulation. We encouraged patient responsibility and respected their autonomy.

Alongside this FBHA approach, a number of service level changes were made as well as enhanced communications with primary care.

Results

We compared clinic appointment and acute hospital attendance data pre and for 2 years post FBHA. We saw significant drops in number of patients requiring monitoring and significant drop in acute hospital presentations.

Conclusion

Protocol based medical monitoring should not be considered a benign assessment. It has potential to enable injurious behaviours and create dependency. We suggest that FBHAs should be considered the gold standard approach to physical health monitoring in eating disorders as it gives experienced clinicians the flexibility to interpret data in the context of a patient's formulation. However, the complexity of decision making requires senior leadership, psychiatric oversight and experienced medical colleagues to work closely with the wider multi-disciplinary team. We understand this is not a model easily replicated across services nationwide.

Learning Objectives

- Recognise the service difficulties that can arise from protocol driven medical monitoring

- Consider the potential iatrogenic harm that can come from repeated medical monitoring
- Identify changes in practice that adopt a more formulation based approach to physical health monitoring in eating disorders

Authors: James Leaver, Cambridge and Peterborough Foundation Trust; Anna Conway Morris, Colleague; Fraser Arends, Colleague; Charlotte Marks, Colleague; Minimol Sajith, Colleague

Body-Related Fears: A Key to Treatment Success in Anorexia?

Abstract: Background: Fear of evaluation occurs not only in anxiety disorders but also in anorexia nervosa, for example as food- or body-related social fears or fear of negative evaluation. Research indicates that the degree of these fears may affect treatment outcomes, particularly weight gain. A stronger tendency toward anxiety is also associated with a higher risk of relapse. However, it remains unclear which specific forms of fear are most detrimental. The present naturalistic study, conducted within the framework of the Anorexia Registry Germany e.V., therefore examines which fears are most pronounced at treatment onset among female patients with anorexia nervosa and which best predict poorer weight gain or smaller reductions in eating disorder pathology.
Methods: N = 205 female patients from various child and adolescent psychiatry clinics completed questionnaires on evaluative and body-related social fears as well as eating disorder symptomatology at the beginning and end of treatment. Data on weight trajectory, treatment duration, and comorbidities were obtained from the registry.
Results: A significant increase in weight and a reduction in eating disorder symptoms were observed, while fear levels did not change significantly. The severity of fears correlated with eating disorder symptomatology. A reduction in fear of negative evaluation predicted an improvement in body-related concerns but not in overall eating disorder symptomatology.
Discussion: The current sample is still relatively small, as data collection is ongoing. The implications of these findings for clinical practice and possible adjustments to therapeutic processes are discussed.

Learning Objectives

- Understand the role of evaluative and body-related fears
- Identify specific fear patterns
- Integrate anxiety-focused interventions

Authors: Tanja Legenbauer, Ruhr-University Bochum, LWL University Hospital Hamm for Child and Adolescent Psychiatry; Katharina Bühren; Manuel Föcker; Anne Radix

Healthy Narcissism: Treatment Strategies for Social Media Use in Eating Disorder Sufferers

Abstract: Social media applications, known colloquially as “apps,” at the touch of one’s fingertips, have quickly dominated our social lives. Research indicates that increased use of social media is indeed correlated to lower self-esteem. This could be explained by the fact that using these social networks promotes continuous comparison between oneself, and the ideal image that others offer of themselves. There is evidence to support that suicide risk and social media use are correlated, which is highly concerning for individuals who struggle with body image, body dysmorphia, and eating disorders. These populations are already at a higher-risk for self-injurious behaviors or thoughts of suicide. Understanding this population and its unique subset of challenges is essential in the digital age. Eating disorder clinicians can feel lost amidst a new and unfamiliar social sphere. Self Psychology, a psychotherapeutic modality promoting “healthy narcissism,” and a values-based approach derived from Acceptance and Commitment Therapy (ACT), can together demonstrate curative factors for the ailing young adult. The innovative use of different therapeutic modalities has never been more relevant than in the treatment of emerging adulthood in the digital age- themes of loneliness, alienation, and perfectionism should and must be explored. This presentation will promote using unique perspectives in treating eating and body image disorders, in efforts to enhance self-image, even when self-image is wrapped in digital social constructs.

Learning Objectives

- Understand current research and the negative correlation between social media use and eating and body image disorders
- Understand the use of two psycho-therapeutic methods, Self-Psychology and ACT, in aiding ED sufferers
- Apply strategies learned to promote a more positive social media relationship, and improve treatment outcomes

Authors: Cassandra Lenza, NYU, Owner of Healing On Hudson

Future Directions for Research on Social Media Influencers and Body Image

Abstract: Social media sites such as Instagram, TikTok, and YouTube provide an abundance of appearance-based imagery for users to consume. This type of content is frequently posted by young female ‘social media influencers’, otherwise known as ‘content creators’, who are prominent online figures who have developed trans-parasocial relationships with their followers. A growing proportion of influencers post content that emulates Western beauty standards. Imagery depicting these idealised appearances is pervasive on social media, and is often edited, sexualised, or champions the thin/toned-ideal. Efforts have been made to challenge or diversify beauty ideals through online body positive movements. These have been endorsed by ‘body positive

influencers' who aim to share more natural, unedited content with their followers, having several positive effects on body image and well-being. However, idealised influencers, namely those who post beauty, fashion, and lifestyle (i.e. health and fitness) content who are highly popular amongst social media users, continue to disseminate imagery that reflects beauty ideals and are increasingly monetised by brands and platforms. With the evolution of artificial intelligence, virtual influencers have also entered the social media arena, which poses novel questions about their appearance-based impacts on body image and well-being for followers. This paper aimed to explore what is known about beauty, fashion, and lifestyle influencers, including body positive and virtual influencers, and the impacts of their content. It endeavoured to identify gaps in the literature, proposing recommendations for future research. This included the examination of various influencer, follower, and platform-related factors and their association with social media users' body image. Investigation of influencers' own social media experiences, well-being, and attitudes towards different appearance-based content may also offer a more holistic understanding of social media decision-making processes and contribute to the updating of relevant theoretical models. Findings could inspire future body image protection strategies (i.e. via education or influencer collaboration) to be used by social media platforms, agencies, brands, policymakers, influencers and their followers.

Learning Objectives

- Familiarise with the existing research on social media influencers and body image
- Identify future directions for appearance-based research on social media
- Consider potential strategies or collaboration efforts to protect or improve body image for all social media users

Authors: Talia Levin, The University of Sydney; Marika Tiggemann, Flinders University; Jennifer Harriger, Pepperdine University; Jasmine Fardouly, The University of Sydney

Effects of Viewing 'Body Positivity' vs. 'Body Neutrality' Instagram Content on Women's Body Image

Abstract: 'Body neutrality' has recently emerged as an alternative to the original 'body positivity' movement, which has been criticised for its appearance-focused nature and inadvertent encouragement of self-objectification. However, to date, no study has compared the effects of viewing these two types of content, despite both their commonalities and subtle differences. Therefore, this study examined and compared the impact of viewing body neutrality and body positivity Instagram content on young women's body satisfaction, self-objectification, body appreciation, body functionality appreciation, and body image flexibility. It also explored the moderating role of self-compassion. The sample included 341 women based in the UK, aged 18-30 years (Mage = 20.4). Participants were randomly allocated to view either body positivity (primarily image-based), body neutrality (primarily text-based), or 'control' (i.e., appearance-neutral scenes of nature) Instagram posts. A pool of experimental stimuli

was sourced through searching of hashtags, whilst the final stimuli were determined via a pilot study conducted with 18 women (Mage = 22.5). Analyses revealed self-compassion to moderate the effects of all outcomes irrespective of condition. However, no significant differences were found between conditions in any outcomes, and within-group analyses revealed significant improvements in nearly all outcomes (apart from body functionality appreciation) in both the body positivity and body neutrality conditions. Interestingly, within-group improvements were also found in self-objectification, body appreciation, and body image flexibility, in the control condition that featured appearance-neutral scenes of nature. These findings emphasise self-compassion as an intervention target for young women who use Instagram, whilst highlighting the beneficial effects of engaging with both body positivity and body neutrality content. They also suggest that content pertaining to body neutrality and body positivity may be more closely aligned in their impacts on body image, despite proposed nuanced differences in their content. Finally, findings hint at the potential for nature-based content (which has traditionally been used as a 'control' condition) to help improve body image, of which warrants further exploration.

Learning Objectives

- Understand how the 'body positivity' movement has evolved into the emergence of the 'body neutrality' movement, which is theorised to be more beneficial body image due to its non-appearance focused nature.
- Learn that there are no comparative benefits on body image when viewing either body positivity or body neutrality Instagram content.
- Understand the importance of targeting self-compassion in body image interventions and encouraging women to engage with both body positivity and body neutrality Instagram content.

Authors: Helena Lewis-Smith, Centre for Appearance Research, University of the West of England

Protecting Women's Body Image: Body Functionality Writing Before 'Thin-Ideal' Instagram Exposure

Abstract: Social media reinforces narrow beauty standards through the 'thin-ideal', contributing to women's body image concerns. Focusing on body functionality (i.e., what the body can do) has emerged as a strategy to improve body image. Therefore, this study examined the effects of a brief 15-minute body functionality writing task completed before viewing thin-ideal or body-positive Instagram images on women's body satisfaction, body appreciation, and body functionality appreciation. The sample included 357 women in the UK, aged 18-30 years (Mean = 20.0; SD = 1.86). Participants were randomized to one of four conditions: body functionality writing task (describing what their body was capable of and why this was meaningful to them) + thin-ideal imagery; control writing task (describing the room they were in) + thin ideal imagery; body

functionality writing task + body-positive imagery; control writing task + body-positive imagery. A pool of experimental stimuli was sourced from Instagram through searching of relevant hashtags (e.g., #thinspiration, #bopo), with the final 20 images (10 per condition) determined via pilot testing with 15 women aged 18-30 years. Outcomes assessed pre-writing task and post-imagery exposure. Analyses indicated that participants completing the body functionality writing task reported greater body functionality appreciation, regardless of imagery condition, compared to controls. However, no effects were observed for body satisfaction or body appreciation. Exposure to body-positive imagery led to significantly greater body satisfaction, body appreciation, and body functionality appreciation than thin-ideal imagery, irrespective of writing task. These findings suggest that brief body functionality writing exercises can enhance appreciation of bodily capabilities and may serve as a simple, scalable strategy to buffer against exposure to narrow, idealized social media images. Combined with promoting body-positive content, such interventions could be implemented in online settings to support women's body image. Future research should explore strategies to strengthen effects on body satisfaction and appreciation to further mitigate the pervasive influence of thin-ideal content.

Learning Objectives

- •Understand how a brief body functionality writing exercise can enhance women's body functionality appreciation and buffer against thin-ideal social media exposure.
- •Learn that exposure to body-positive social media images improves body satisfaction, body appreciation, and body functionality appreciation compared with thin-ideal content.
- •Recognize the potential of combining body functionality interventions with body-positive social media exposure to support women's body image and inform interventions.

Authors: Helena Lewis-Smith, Centre for Appearance Research, University of the West of England; Abbie Jones

Clinical & Nutritional Impairment in Restrictive/Purgative Anorexia and Bulimia Nervosa in Youth

Abstract: Introduction: Eating Disorders (ED) symptoms frequently arise during the transition from childhood to adolescence, often peaking around 15 and 16 years of age, and may persist for a decade without treatment, leading to severe physical and psychosocial complications and high morbidity and mortality rates. This study aimed to describe and compare the clinical and nutritional characteristics of children and adolescents diagnosed with Bulimia Nervosa (BN), Anorexia Nervosa restrictive subtype (ANr), and Anorexia Nervosa purgative subtype (ANp), admitted for treatment in a specialized ED facility regarding: psychiatric status, illness development and duration, nutritional status, global functioning, and school attendance. Methods: This cross-

sectional study included data from 211 patients, aged 7-17 years and admitted from 2001 to 2018, at the Program for the Care, Teaching, and Research of ED in childhood and adolescence (PROTAD), at the Institute of Psychiatry of the University of São Paulo in Brazil, which is one of the primary public services for outpatient and inpatient care in Latin America. Results: Patients' mean age at the onset of ED symptoms was 13.6±1.7 years. Most patients were diagnosed with ANr (58%), followed by ANp (25%) and BN (17%). The time between illness onset and diagnosis was significantly shorter for ANr patients (15.0±13.0 versus ANp 19.0±16.6 and BN 26.5±17.8 months). Groups did not differ in clinical status, but a higher frequency of severe thinness (19%) and thinness (25%) was observed in ANr patients compared to ANp (9.6% and 15%) at the initial assessment. More than half (55%) of children and adolescents in the BN group and 30% of the sample with AN diagnosis, in both subtypes, had a history of previous obesity at some point in their childhood. At least 20% of individuals in both AN groups, and 14% in the BN, were out of school due to the ED diagnosis, and over 91% presented impaired functioning as assessed by the C-GAS scale. Conclusion: Although clinical impairment was present in patients of all groups, nutritional status seemed to prompt treatment seeking earlier for ANr patients than for ANp and BN. These findings underscore the critical need to train health professionals to screen for ED signs independently of nutritional status in children and adolescents. Moreover, while not a sole predictor, prior experiences of weight gain appear to influence body image and eating behaviors, warranting attention in ED prevention and care.

Learning Objectives

- Describe the differences in illness onset time and development among children and adolescents diagnosed with Anorexia Nervosa restrictive and purgative subtypes, and Bulimia Nervosa.
- Compare the initial nutritional status (e.g., frequency of severe thinness/thinness) and the prevalence of a history of previous obesity across the ANr, ANp, and BN patient groups.
- Discuss the clinical implications of the findings, specifically addressing how nutritional status may influence the timing of treatment-seeking and the critical need to screen for Eating Disorder (ED) signs independently of nutritional status in this population.

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Are Eating Disorders Less Severe In Adolescents Who Are Not Underweight?

Abstract: Introduction: In Anorexia Nervosa (AN), low body weight is traditionally considered an indicator of illness severity. However, adolescents with typical or atypical AN (defined as AN patients who maintain a normal weight) may exhibit severe cognitive and behavioral symptoms that are often overlooked by healthcare professionals, frequently delaying diagnosis and treatment initiation. Objective: To assess and compare self-reported symptom severity in adolescents with AN across different nutritional statuses using the Eating Disorder Examination Questionnaire (EDE-Q) total and subscales scores. Methods: Cross-sectional study was conducted with a sample of 133 AN patients at the beginning of a multidisciplinary treatment at the Program for the Care, Teaching, and Research of ED in childhood and adolescence (PROTAD), at the Institute of Psychiatry of the University of São Paulo in Brazil, which is one of the leading public services for outpatient and inpatient care in Latin America. The adolescents were categorized into two groups according to their nutritional status based on BMI z-score, with values >= -2 classified as non-underweight and <-2 classified as underweight. Symptom severity was assessed using the EDE-Q total and subscales scores, with higher scores indicating greater levels of disturbance. Results: The mean age of the sample was 15.26 (SD = 1.49) years, and the majority of patients were female (89%). Seventy-seven patients (58%) had normal weight and 56 (42%) were underweight. The mean EDE-Q total score of the non-underweight adolescents was 3.1 (±1.8) versus 2.6 (±1.6, p = 0.076) of the underweight adolescents. Significant differences were found only for the EDE-Q restraint subscale, in which non-underweight adolescents had higher scores than their underweight peers (3.1±2.1 vs 2.3±2.1, p = 0.029). The absence of a statistical difference and the high score levels observed in both groups indicate a high burden of eating disorder pathology regardless of weight status. Conclusion: Nutritional status alone may not reflect AN severity. Tools like the EDE-Q are essential for identifying high-risk behaviors and cognitive symptoms, even in non-underweight adolescents, underscoring the need for comprehensive assessment beyond weight-based criteria. Primary care health professionals should not use nutritional status as the sole criterion for determining severity or for referral to specialized treatment.

Learning Objectives

- Describe the differences in self-reported Eating Disorder Examination Questionnaire (EDE-Q) subscale scores between non-underweight and underweight adolescents diagnosed with Anorexia Nervosa (AN).
- Explain the clinical significance of finding high and statistically similar levels of overall pathology (EDE-Q total score) in both non-underweight and underweight AN groups.

- Discuss how these findings inform the necessity of using comprehensive symptom assessment tools, such as the EDE-Q, for timely diagnosis and referral in primary care settings, independent of nutritional status.

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Who are the Families Looking for Arfid Treatment in Brazil?

Abstract: Introduction: Avoidant/Restrictive Food Intake Disorder (ARFID) is characterized by feeding disturbances not driven by body image or weight concerns, with presentations varying across the literature. This study aimed to describe clinical and nutritional profiles of patients seeking treatment for ARFID. Methods: Data were retrieved from subscription forms submitted by families of children with eating difficulties seeking treatment for ARFID at a tertiary facility specialized in the treatment of ED in Brazil. Parents were asked to fill out information about current weight and height, briefly describe difficulties and other diagnoses, and to answer the Nine Item ARFID Screen (NIAS) and the Eating Disorders in Youth-Questionnaire (EDY-Q). Results: In the period between 2021 and 2025, 252 individuals applied for treatment. The mean age of subscribers was 6.8 years (±2.6), and most of them were male (n=165, 65%). The mean body mass index (BMI) was 17.1kg/m2 (±4.26) and the mean BMI-for-age z-score was 0.26 (±2.1), but 12% (n=23) of patients were underweight (BMI-for-age z-score<-2), and 35% (n=69) were overweight or obese (BMI-for-age z-score>2). One hundred sixty-seven (66%) of the treatment-subscribers met criteria for ARFID as assessed by the EDY-Q, and 241 (96%) according to NIAS. However, 21% of patients scored above the cut-off for AN and BN symptoms on EDY-Q. ARFID subtypes according to NIAS were mixed for 65% of subscribers (n=168), with Picky Eating and Reduced Appetite (n=113, 45%) and Picky Eating and Fear (n=49, 19%) the most common. Most families were seeking treatment for the first time (n=155, 61%), and 69% (n=175) reported no other diagnoses, while 17% (n=42) reported other psychiatric disorders, and 8,7% (n=22) reported other clinical conditions. The primary caregiver responsible for feeding was the mother (n=132, 52,4%), or both parents together (n=73, 29%). Conclusion: Most patients were eutrophic, and more children were overweight and obese than underweight. Scores on NIAS and EDY-Q varied greatly in identifying possible cases. In contrast, some scores suggested the presence of AN/BN symptoms, suggesting difficulties in

distinguishing between ED presentations among responders. Parents' perceptions of their children's eating behavior may introduce bias when assessing eating difficulties. Education about different presentations during childhood and adolescence is essential so that individuals can access proper treatment.

Learning Objectives

- Describe the key clinical and nutritional profiles of children seeking treatment for ARFID in a specialized Brazilian facility, including the prevalent age range, gender distribution, and Body Mass Index (BMI) characteristics.
- Compare and contrast the case identification rates for ARFID using the Nine Item ARFID Screen (NIAS) versus the Eating Disorders in Youth-Questionnaire (EDY-Q), highlighting potential discrepancies and co-occurring eating disorder symptoms (AN/BN) identified by the EDY-Q.
- Discuss the implications of the study's findings—such as the high prevalence of mixed ARFID subtypes and the potential for parental reporting bias—for clinical practice and educational efforts aimed at accurately assessing and distinguishing childhood feeding and eating disorder presentations.

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It's breakfast time: First-meal latency and loss of control on daily carbohydrate intake

Abstract: Regular eating (3 meals and 2-3 snacks/day) is a central component of Enhanced Cognitive-Behavioral Therapy (CBT-E) that is thought to reduce binge-eating frequency by reducing homeostatic hunger and restraint. While varied and adequate nutrition is a goal, CBT-E does not prescribe specific nutrient guidelines or timing across days. Macronutrient composition and first-meal timing are potent circadian time cues that may be implicated in the maintenance of binge eating. Indeed, skipping breakfast and an evening-shifted appetitive rhythm are associated with binge-eating psychopathology. Both loss of control eating (LOC) and longer first-meal latency (time between waking and eating breakfast) are associated with higher same-day carbohydrate consumption. Longer first-meal latency and carbohydrate intake may be exacerbated among those with LOC. We hypothesized that 1) longer first-meal latency would be associated with a higher percentage of daily calories from carbohydrates and 2) LOC would moderate this relation. Undergraduates (N=63; Mage[SD]= 19.6[1.85]; 85.7% white; 82.5% female) completed the Automated Self-Administered 24-Hour Dietary Recall and the Eating Disorders Examination-Questionnaire. First-meal latency was calculated using event

markers (i.e., sleeping and eating times) from an actigraphy watch. A hierarchical multiple regression included first-meal latency and daily percent of kcals from carbohydrates, with past-month LOC as the moderator. Past-month LOC was negatively associated with carbohydrate intake (β=-2.81, t=-2.28, p=.026), but first meal latency was not associated (β=-1.63, t=-1.322, p=.191). Adding the interaction term did not significantly contribute to the model (β=-0.155, t=-1.095, p=.278). In contrast with our hypotheses, we observed greater intake in those not endorsing LOC. Individuals with LOC likely experience higher overall levels of eating disorder psychopathology, which could explain the observed association between lower carbohydrate intake among individuals with LOC. Further, the time frame of measurement limited the ability to account for within-subject variability in both carbohydrates and LOC. Future directions should include longer observational windows with concurrent measurements of LOC, actigraphy, and carbohydrate intake. More rigorous methodology is needed to determine the importance of first meal timing for a regular pattern of eating.

Learning Objectives

- understand the relation between LOC and carbohydrate intake
- gain insight into regular eating components
- generate ideas about first meal latency and ED psychopathology

Authors: Finn Livingston, University of Wyoming; Samantha Bedard, University of Wyoming; Lindsay Gillikin, University of Wyoming; Lucy Wetherall, University of Wyoming; Kyle De Young, University of Wyoming

A qualitative study of positive body image in asexual adults in an allonormative society

Abstract: Although body image scholars are increasingly centering marginalised communities in their research, individuals who identify as asexual or on the asexual spectrum remain largely invisible in this work. To overturn this, we explored understandings and experiences of positive body image in asexual adults using reflective thematic analysis. One-to-one semi-structured interviews were conducted with 15 asexual adults (five woman-identifying, six man-identifying, four identifying as gender diverse or non-binary; aged 20 to 45 years) from the United Kingdom. Our analyses revealed four themes that illustrate the core characteristics of positive body image in our participants: Appreciating and Respecting the Body; Body Authenticity; Body and Self-Acceptance; and Countering Aesthetic Norms. Our findings suggest that, while some aspects of positive body image in asexual individuals reflect similarities with other communities, the challenges of heteronormativity and allonormativity mean that asexual individuals sometimes rely on unique processes to develop and maintain positive body image. Further research with this marginalised community is necessary to better understand how journeys towards asexual identities can foster more positive body image, and what this may mean for allonormative societies.

Learning Objectives

- Understand the characteristics of positive body image among asexual adults
- Describe consistencies and differences in asexual people's positive body image experiences from the existing literature
- Identify future directions for research in positive body image in the asexual population.

Authors: Phaedra Longhurst, Anglia Ruskin University; Fidan Turk, University of Exeter; Lindsay Gillikin, University of Wyoming; Viren Swami, Anglia Ruskin University

Does body appreciation predict better mental health and well-being in Autistic adults?

Abstract: Research in the adult autistic population has started to show that body appreciation is positively associated with indices of greater well-being, including quality of life, self-esteem, and flourishing. Despite these promising findings, research into autistic people's body appreciation is currently limited to cross-sectional designs. It therefore remains unclear whether body appreciation predicts the well-being of autistic people over time. To address this, the current study will test whether body appreciation prospectively predicts mental health and well-being outcomes (i.e., self-esteem, life satisfaction, and flourishing) among autistic adults. The current sample will consist of approximately 500 autistic adults from the United Kingdom. Between October 2025 and February 2026, participants will be asked to complete measures online at baseline and three-month follow-up. Data will be analysed using linear and cross-lagged panel modelling to examine the direct and bidirectional associations between variables over time. We hypothesise that baseline body appreciation scores will significantly and positively predict changes in mental health and well-being outcomes at 3-month follow-up. We also hypothesise that higher body appreciation will predict greater mental health and well-being over time, once accounting for body appreciation at baseline. Our findings will add to a growing body of evidence highlighting the protective potential of body appreciation in autistic people and strengthen prior suggestions on the viability of targeting body appreciation in mental health prevention programs in the adult autistic population.

Learning Objectives

- Understand the relationship between body appreciation and well-being in autistic adults.
- Identify the theoretical and practical implications of body appreciation on promoting well-being in autistic adults
- Consider future directions for positive body image research and practice in the autistic population

Authors: Phaedra Longhurst, Anglia Ruskin University; Christopher Modica, Ohio Wesleyan University; Viren Swami, Anglia Ruskin University

Researchers' Understandings and Challenges to Neuronormativity in Body Image Research

Abstract: While neurodivergent subcommunities (e.g., autistic people) have received increased attention in body image research, their experiences cannot be meaningfully represented without decentring neuronormativity in current body image research practices. Despite this, no research to date has examined body image researchers' ability to recognise and challenge neuronormative epistemologies and methodologies. Adopting Chan et al.'s (2024) framework, the current study will employ reflexive content analysis to: (i) explore researchers' perceived impact of neuronormativity in the field, and (ii) identify barriers in adopting neuro-affirming theory and practice. Approximately 80 body image and appearance researchers across career stages will participate in an online survey exploring their understanding of neuronormativity and its influence on the field, their perceived ability and responsibility to recognise neuronormativity in research, and barriers to adopting neuro-affirming theory and research practices. Data collection will take place between October 2025 and February 2026. Our findings will help elucidate the extent to which body image as a field of research is shaped by power structures that centre neuronormativity, as well as body image researchers' situatedness within neuronormative epistemologies, methodologies, and ideologies. Importantly, our findings will be used to establish recommendations for targeted solutions that aim to move the field toward neuro-affirming theory and practice.

Learning Objectives

- To critically examine the influence of neuronormativity within body image research epistemologies and methodologies.
- To explore body image researchers' perceptions of their ability and responsibility to recognise and challenge neuronormative practices.
- To identify barriers and develop recommendations for advancing neuro-affirming theory and research in the body image field.

Authors: Phaedra Longhurst, Anglia Ruskin University

EMDR AND PHARMACOTHERAPY IN EATING DISORDERS: A PRE–POST COMPARATIVE STUDY WITH 12-MONTH FOLLOW-UP

Abstract: Early traumatic experiences are associated with the development of impulsivity, emotional dysregulation, and dissociative symptoms, which are central factors in eating disorders (EDs). In Bulimia Nervosa (BN) and Binge Eating Disorder (BED), these traits contribute to binge episodes and compensatory behaviors (Glisbach

et al., 2025). Among individuals with a history of childhood trauma, eating disorders often represent dysfunctional coping strategies for modulating intolerable emotional states (van der Kolk, 2014; Brewerton, 2019). Traditional pharmacological treatments show limited efficacy on these psychopathological domains (McElroy et al., 2015; Guerdjikova et al., 2019).
The combined use of Enhanced Cognitive Behavioral Therapy (CBT-E) and Eye Movement Desensitization and Reprocessing (EMDR) has shown promising results in eating disorders, particularly in cases with traumatic comorbidity (Castellini et al., 2023). This study evaluates the effectiveness of EMDR focused on childhood trauma, integrated with CBT-E and pharmacotherapy, in patients with BN or BED compared to conventional treatments.
A total of 50 patients (aged 18–45) with DSM-5-TR diagnoses of BN or BED and a history of childhood trauma were enrolled and divided into two groups:
•Group A: pharmacological treatment + traditional psychotherapies.
•Group B: pharmacological treatment + CBT-E + EMDR (20–24 sessions over 6 months).
Assessments were conducted at T0 (baseline), T1 (3 months), and T2 (6 months) using the Barratt Impulsiveness Scale (BIS-11), Difficulties in Emotion Regulation Scale (DERS), Eating Attitudes Test (EAT-26), and selected subscales of the Eating Disorder Inventory-3 (EDI-3). A repeated-measures ANOVA (time × group) was performed, including effect size estimation.
In Group A, a slight reduction in emotional dysregulation was observed, but improvements in eating symptoms were minimal. Group B showed a significant reduction in eating symptomatology and obsessive thoughts about food, as well as marked improvements in emotional regulation and impulse control. A 12-month follow-up (T3) is planned to assess the stability of these results.
The integration of EMDR with CBT-E and pharmacotherapy proved more effective than conventional treatments, producing significant early improvements in eating symptomatology. The follow-up will clarify the long-term stability of these effects and the potential of EMDR as a trauma-oriented treatment in eating disorders.

Learning Objectives

- To understand the role of early traumatic experiences, impulsivity, and emotional dysregulation in the development and maintenance of eating disorders.
- To evaluate the clinical effectiveness of integrating EMDR with CBT-E and pharmacotherapy in reducing impulsivity, emotional dysregulation, and eating symptomatology.
- To discuss the implications of trauma-oriented interventions, such as EMDR, for improving long-term treatment outcomes in patients with Bulimia Nervosa and Binge Eating Disorder.

Authors: Valentina Luccarelli, Day Hospital Eating Disorders – University Psychiatric Unit – University Hospital of Bari; Francesco Massari, Day Service University Psychiatric

Unit – University Hospital of Bari (Italy); Giuseppina Viola, Day Hospital of Eating Disorders University Psychiatric Unit – University Hospital of Bari (Italy)

Barriers to Early Recognition of Eating Disorders in Brazil: Insights from a Qualitative Study

Abstract: The objective of this study was to describe and analyze the initial perception of illness symptoms by individuals with eating disorders (ED). This was a qualitative descriptive study conducted with 12 women treated at a specialized outpatient clinic in eating disorders, Brazil. Participants answered a semi-structured interview about their therapeutic itineraries, and the transcriptions were analyzed using the ALCESTE software, which performs a lexical analysis. The mean age of the sample was 38.3 years (SD ±12.5), and their diagnoses were anorexia nervosa (n = 4), bulimia nervosa (n = 4), and binge eating disorder (n = 4). The average age of onset for ED symptoms was 18.7 years (SD ±8.8), with an average duration of untreated illness of 10.3 years (SD ±10.8).. Through lexical forms, ALCESTE grouped excerpts related to “recognition of the illness and help-seeking,” generating this category characterized by illness ego syntonic features and lack of knowledge about eating disorders. Symptoms were interpreted as discipline, self-control or vanity rather than signs of illness. Binge eating episodes, purging behaviors, and restrictive eating was usually hidden and minimized. Diagnosis recognition usually occurs following dramatic crises such as episodes of fainting, marked weight loss, or suicide attempts — or due to family intervention when eating patterns and/or body weight were considered abnormally dangerous. Families were the most likely to be the first identifiers of the disorder and those trying to seek professional help. Social media emerged as ambivalent, both reinforcing eating disorder symptoms or serving to seek help. Overall, the initial health care professionals (HCP) encountered by participants first consulted in relation to eating did not diagnose or assess their eating behavior effectively, contributing to delays in clinical identification of ED symptoms. In conclusion, our results suggest that the recognition of ED in our sample was delayed and socially driven. We called for better training of health care professionals and the implementation of educational strategies directed toward families, schools, and social media may potentially contribute to the early recognition of the diagnosis and reduce waiting times for care in the country.

Learning Objectives

- Understand that the recognition of eating disorders is socially mediated and often delayed, as symptoms are initially interpreted as discipline, self-control, or vanity rather than illness.
- Identify the key role of families and social media, which can act both as triggers for help-seeking and as reinforcers of disordered behaviors
- Recognize the need for training health care professionals and implementing educational strategies aimed at families, schools, and social networks to promote early diagnosis and timely access to specialized care.

Authors: LIVIA MENESCAL, Anna Nery Nurse School, Federal University of Rio de Janeir; CAMILA BISCACIO, Anna Nery Nurse School, Federal University of Rio de Janeiro; ROSEANE LASSEN, Obesity and Eating Disorders Group, Institute of Psychiatry, Federal University of Rio de Janeiro; MARIA PERES, Anna Nery Nurse School, Federal University of Rio de Janeiro; Jose Carlos Appolinario, Group of Obesity and Eating Disorders (GOTA), Institute of Psychiatry, UFRJ

Project Reconnection: When Worlds Meet

Abstract: A sense of connection with one's social environment is essential for coping with an eating disorder. However, the very nature and consequences of eating disorders make it inherently difficult to meet this need for connection. Both patients and their loved ones face complex, multifaceted challenges in their attempts to connect with each other and their broader social environment. These challenges include physical and psychological (co)morbidity, feelings of loneliness, hopelessness, and inadequacy, difficulties in social functioning, and financial strain. Supported by the AGIS Innovation Fund, Project Reconnection was initiated to gain a deeper understanding of these challenges and to identify opportunities to create and strengthen much-needed connections. To achieve this, experiential expertise, scientific research, and social design were combined in a unique collaboration. In this collaboration, 20 people with current or past experience of an eating disorder—and/or loved ones of someone affected—worked alongside mental health professionals and social designers in five co-creative sessions. During the first two sessions, participants shared their experiential expertise through game playing, meal-sharing, experiential exercises, and open as well as guided peer discussions. The qualitative data gathered confirmed the profound need for connection—with oneself, loved ones, and the broader social environment. Participants emphasized that the ability to reach out, communicate openly, and move forward are key steps toward fulfilling this need. For each of these steps, they identified both obstacles and opportunities. Based on these insights, participants designed and tested various interventions, tools, and habits aimed at facilitating reconnection. A valuable outcome of the design sessions was that the co-creation process itself proved to be a meaningful intervention, thereby showing the importance of collaborative, socially grounded approaches in addressing the challenges associated with eating disorders. Building on this finding, monthly Reconnection Meetings will be developed and piloted in five Dutch cities. These meetings will aim to offer an accessible and safe environment where people with direct and indirect lived experience can meet, communicate freely, and collaboratively work towards strengthening social bonds and sustained recovery in daily life.

Learning Objectives

- understand the profound need for connection—with oneself, loved ones, and the broader social environment-for all who are (in)direclty affected by eating disorders

- acknowledge that all parties involved (patient, loved ones, and people in the social community) need to work together to achieve this connection
- consider a collaborative social design approach when creating interventions

Authors: Myrte Maarschalkerweerd, Human Concern; Agis Innovatiefonds; Lotte De Haan, Afdeling Buitengewone Zaken; Agis Innovatiefonds

Meaning-Centered Psychotherapy for Eating Disorders: a SCED in Adolescents with an Eating Disorder

Abstract: This study aimed to test the effectiveness of meaning-centered psychotherapy for eating disorders (MCP-ED) in adolescents with eating disorders (EDs). As theory and empirical results showed that it might be beneficial to add a treatment component on meaning in life to the treatment of EDs, we developed MCP-ED. Two RCT's confirmed its effectiveness in increasing life meaning and decreasing ED symptoms, in individuals with high weight and shape concerns. This study investigated MCP-ED in adolescents with EDs, using a single case experimental design (SCED). SCEDs have been recognized as valuable alternatives for RCT's, especially when testing effects of new interventions and considering practical constraints in clinical research. A replicated randomized single-case A-B design was used; for each of the 16 participants (M age = 16.1) repeated measures of the main outcomes (life meaning and ED symptoms) were taken twice a week during phase A in which a participant followed treatment as usual (TAU), and during phase B in which MCP-ED commenced next to TAU. Results showed that for 10 participants MCP-ED might have led to a potential improvement in life meaning, for 4 participants MCP-ED had no effect, and for 2 participants we found a deterioration over time, although it is not certain whether this should be attributed to MCP-ED. Furthermore, we found a medium overall effect of MCP-ED on life meaning across participants. These outcomes suggest that the majority of participants improved during MCP-ED, however, the randomization test showed that the mean increase in meaning across participants was not significant ($p = 0.16$). Similar results were found for ED symptoms; for 8 participants MCP-ED might have led to a potential improvement in ED symptoms, for 6 participants MCP-ED did not have an effect and for 2 participants we found a deterioration in ED symptoms over time. Again, we found a medium overall effect of MCP-ED on ED symptoms, however, the randomization test showed that the mean improvement across participants was not significant ($p = 0.902$). The evaluation by phone showed that MCP-ED is a feasible and acceptable intervention, most participants thought MCP-ED was a valuable addition to TAU, and 88% would recommend MCP-ED to other adolescents. Taking the inconsistencies of the results into account, this study offers more insight into the potential effectiveness of MCP-ED and the relevance of implementing it as an add-on intervention to the treatment of EDs.

Learning Objectives

- Following the paper presentation, participants will be more familiar with the concept of meaning in life and role that meaning in life plays in the development and maintenance of eating disorders
- Following the paper presentation, participants will have a better understanding of meaning-centered psychotherapy for individuals with eating disorders (MCP-ED) and the potential relevance of implementing MCP-ED as an add-on intervention to the treatment of eating disorders
- Following the paper presentation, participants will be more familiar with Single Case Experimental Designs and its relevance for clinical practice, but will also have thought about how to interpret findings when statistical results show perhaps a somewhat different picture than the experiences participants report during the evaluation

Authors: Sanne Marcic-van Doornik, Co-eur; Klaske Glashouwer, University of Groningen, Accare; Peter de Jong, University of Groningen; Brian Ostafin, University of Groningen

A scientifically grounded schema mode model for eating disorders with or without a history of trauma

Abstract: The aim of this study was to identify the most common schema modes in patients with an eating disorder and to develop a corresponding schema mode model. A distinction is made between individuals without and with an eating disorder, and within the latter group, between patients with and without a history of trauma, as research shows that these groups differ in symptoms such as loss of control over eating behavior, binge eating, vomiting, depression, and preoccupation with food and body image. Participants were patients with (atypical) anorexia nervosa or bulimia nervosa receiving treatment at specialized eating disorder departments on the one hand, and a healthy control group on the other. They completed the EDE-Q, the Schema Mode Inventory (SMI), and the Childhood Trauma Questionnaire – Short Form (CTQ-SF).
Preliminary results showed that the ED group scored significantly higher than the healthy control group on almost all maladaptive schema modes, and significantly lower on all adaptive modes. Results supported the notion that individuals with an eating disorder tend to engage in maladaptive coping strategies in response to internal experiences. Further, patients with an eating disorder scored high on the Vulnerable Child mode, and the Punitive and Demanding Modes. In addition, the present study found that the Vulnerable Child and the Punitive Mode were strongly correlated with ED symptoms. Comparisons between the clinical subgroups revealed a trend of mean scores overall being higher in the group of patients with an eating disorder and a history of trauma compared to the group of patients with an eating disorder without a history of trauma, although these differences were not statistically significant.
In conclusion, the present findings underscore the relevance of Schema-Focused Therapy, particularly the emphasis on maladaptive schema modes, in both the research

and treatment of eating disorders both with and without a history of trauma.

Learning Objectives

- Understand the relevance of schema theory in the field of eating disorders
- Discuss the different schema modes and how they integrate into a schema mode model for eating disorders
- Differentiate between schema modes relevant for patients with an eating disorder with or without a history of trauma

Authors: Suzanne Mares, GGNet Amarum; Marie Darthenay, GGNet; Moon Waldén, GGNet Amarum

The Development of a Measure of Body Neutrality: The Body Neutrality Scale

Abstract: Although the body positivity movement aimed to improve people's body image and eating behaviors, body positivity is often perceived as focusing on loving and celebrating one's body regardless of shape or size. This has led critics to point out that this framework may inadvertently reinforce appearance as central to self-worth. Body neutrality has emerged as an alternative or complement to body positivity, emphasizing respect for the body, appreciation of its functionality, and a reduced focus on appearance-based self-worth. Body neutrality is often discussed in the context of eating disorder treatment, when body image concerns remain a barrier to recovery. Despite its clinical and cultural relevance, no validated measure has been available to assess and fully understand what body neutrality entails. Across two studies, we developed and tested the Body Neutrality Scale (BNS). In Study 1 (N = 225 U.S. undergraduate students), exploratory factor analysis supported a unidimensional structure; item refinement from 15 to 11 items yielded strong reliability (α = .91). In Study 2 (N = 677 U.S. adults), confirmatory factor analysis of the 11-item scale showed poor fit; a refined 10-item model improved fit to a satisfactory degree. In both studies, higher BNS scores were positively associated with body appreciation and embodiment, and negatively associated with body shame, body surveillance, and disordered eating behaviors. Together, these findings suggest that while body neutrality overlaps with positive body image, it may reflect a distinct emphasis on non-appearance-based body respect and functionality and add predictive power to related behaviors, such as disordered eating. This research suggests that body neutrality is a potential predictor of reductions in self-objectification and maladaptive eating behaviors, which are critical to successful eating disorder recovery.

Learning Objectives

- This presentation will help attendees to understand the difference between positive body image and body neutrality.

- This presentation will provide a reliable and valid way to measure body neutrality.
- This presentation will discuss uses of the concept of body neutrality for eating disorder treatment.

Authors: Charlotte Markey, Rutgers University; Alexis Richeson, Rutgers University; Dua Malik, Rutgers University; Violett Springate, Rutgers University; Devon Teschner, Rutgers University; Athena McDowell, Rutgers University

Māori Experiences of Ngā Māuiui Kai in Australia: Eating Disorders in Complex Cultural Contexts

Abstract: Māori are the Indigenous peoples, or tangata whenua, of Aotearoa New Zealand, yet nearly one in five now live in Australia, whether through migration or being Australian-born. Māori in Australia navigate a complex cultural landscape: they identify as Indigenous to Aotearoa while living as migrants on the lands of Aboriginal peoples within another colonial settler state. While emerging research has begun to explore Māori experiences of eating disorders in Aotearoa, no previous studies have examined the experiences of Māori in Australia. This qualitative study aimed to explore how Māori in Australia understand and experience eating disorders and disordered eating. Using a Kaupapa Māori approach, 20 in-depth, semi-structured, life story interviews were conducted with Māori living in Australia who had lived experience of eating disorders or disordered eating, and those who are close to and support them. Interviews were thematically analysed by an Australian-born Māori (Ngāti Pikiao) doctoral researcher with lived experience of eating disorders. Analysis revealed that participants frequently described disconnection from Māori culture, community, and identity – particularly among those born or raised in Australia – alongside exposure to racism, weight stigma, Eurocentric thin-oriented beauty ideals, and pervasive diet culture. These experiences had notable implications for participants' mental health, body image, and eating practices. Many described overeating as somewhat normalised within their families or communities, noting social food practices such as celebratory feasting, the expression of love through food, and a ‘finish your plate’ mentality, which may be tied to intergenerational food insecurity shaped by colonisation or cultural expectations around hospitality and reciprocity. Importantly, cultural reconnection and the strengthening of Māori identity were described as supportive of (w)holistic wellbeing and recovery. However, living in Australia limited access to culturally resonant care and opportunities for cultural connection, education, and practice. This research highlights the complex ways in which cultures, colonisation, and migration intersect to shape body image and eating disorder experiences for Maori in Australia, underscoring the need for culturally grounded and community-oriented approaches to both prevention and care.

Learning Objectives

- Understand how experiences of colonisation, migration, and racism can shape mental wellbeing and relationships with food and body in ways that influence eating disorders.
- Recognise how culture can shape social and collective eating values, norms, and practices.
- Consider how culturally grounded care, reconnection, and identity strengthening can support mental wellbeing and contribute to both prevention and recovery.

Authors: Kacey Martin, University of New South Wales

Ngā Māuiui Kai: Decolonising Eating Disorder Terminology Through a Te Reo Māori Glossary

Abstract: Worldwide, clinical diagnostic language is grounded in Western biomedical frameworks and psychiatric discourse, shaping how ngā māuiui kai (eating disorders) are defined, understood, and treated—and reflecting ongoing colonial power dynamics in knowledge production and health systems. For many Indigenous peoples, such language can feel alien, pathologising, or disconnected from lived social and cultural realities. In Aotearoa New Zealand, Te Tira Wānanga Māuiui Kai (the Māori Eating Disorders Network) - a collective of Māori researchers, health practitioners, and experts by experience - has sought to reframe how ngā māuiui kai are spoken about and understood through the creation of He Papakupu: Ngā Māuiui Kai, the first te reo Māori glossary for eating disorders, launched in 2024. Guided by the whakataukī ‘he mana tō te kupu’ (“words have great power”), and inspired by Keri Opai’s award-winning Te Reo Hāpai: A Māori language glossary for use in the mental health, addiction, and disability sectors, this initiative aimed to develop culturally grounded language that more accurately reflects Māori worldviews, values, and experiences. This presentation describes and reflects on the extensive co-design process that brought together Māori lived experience, clinical and scholarly expertise, and deep cultural knowledge to develop and refine new kupu Māori (Māori words) for ngā māuiui kai and related experiences. We introduce some of these kupu and their conceptual foundations, and discuss the glossary’s early reception and impact - including its strong uptake and resonance within Māori and professional communities, particularly in building confidence to discuss ngā māuiui kai. The presentation concludes by outlining future directions for our work. We present this initiative as both an act of Indigenous linguistic reclamation and a living example of decolonising, culturally grounded knowledge generation - offering a replicable model for other Indigenous and minority groups seeking to create culturally relevant frameworks for understanding, communicating about, and responding to eating disorders, thereby contributing to more equitable and globally inclusive approaches to prevention and care. Kia kaha te reo Māori!

Learning Objectives

- Recognise how Western diagnostic language and colonial power dynamics in knowledge generation often marginalise Indigenous lived experiences and understandings of eating disorders.
- Apply insights from the He Papakupu: Ngā Māuiui Kai initiative to consider how culturally grounded frameworks for understanding and communicating about eating disorders can enhance cultural safety, engagement, and inclusion in care globally.
- Reflect on Indigenous-led, culturally grounded co-design processes that were used as a potential model for other Indigenous and marginalised communities to develop their own frameworks.

Authors: Kacey Martin, University of New South Wales; Mau te Rangimarie Clark, University of Otago; Michaela Pettie, Ngāti Pūkenga; University of Otago; Gloria Fraser, Victoria University of Wellington

Peer appearance pressures, disordered eating cognitions, and anti-fat attitudes in friendship dyads

Abstract: Disordered eating (DE) cognitions and anti-fat attitudes (AFAs; negative attitudes toward people with higher weights) are shaped by social environments, including peers emphasizing conformity to appearance ideals. Although peer pressures to conform to bodily ideals are linked to DE and AFAs, less is known about how these processes operate within friendship dyads, particularly whether one friend's perception of peer appearance pressure influences the other's DE and AFAs. Peer pressures may spread through friendships via conversations or reinforcement of ideals, highlighting the role of dyadic processes in sustaining DE and AFAs. Using an Actor-Partner Interdependence Model, this study examined if perceived peer appearance pressures influenced DE cognitions and AFAs in young adult friendship dyads (n = 106 dyads). DE was assessed with EDE-Q subscales, peer appearance pressures with the SATAQ-R Peer Pressures subscale, and AFAs with the Anti-Fat Attitudes Questionnaire subscales, including dislike (dislike toward people with higher weights), willpower (belief that people with higher weights lack willpower), and fear of fat (fear of own weight gain). Findings indicated that one's own perceived appearance pressure from peers predicted their own dietary restraint ($b = .35$, $p < .001$), shape concern ($b = .43$, $p < .001$), weight concern ($b = .44$, $p < .001$), and eating concern ($b = .47$, $p < .001$), but not their friend's. One's perceived peer appearance pressure did not predict their own anti-fat willpower beliefs, but it predicted their friend's willpower beliefs ($b = .15$, $p = .04$). Finally, greater perceived peer appearance pressure predicted one's own fear of fat ($b = .22$, $p < .001$) and dislike toward people with higher weights ($b = .20$, $p < .002$), and their friend's fear of fat ($b = .17$, $p = .01$) and dislike toward people with higher weights ($b = .31$, $p < .001$). Results highlight the role of peer appearance pressure in shaping AFAs and related belief systems within friendships. Individuals perceiving greater peer appearance pressure may internalize these ideals and influence friends' AFAs. Notably, for willpower AFAs, partner effects emerged without actor effects, suggesting that some AFAs may be

socially transmitted through friends rather than arising from one's own peer pressures. These findings highlight peer context as a mechanism through which AFAs are sustained and spread, underscoring the importance of addressing peer influences in prevention efforts.

Learning Objectives

- Following the training, participants will be able to describe how disordered eating cognitions and anti-fat attitudes are influenced by social environments, particularly peer appearance pressures.
- Following the training, participants will be able to discuss the implications of peer influence and social transmission for interventions aimed at reducing anti-fat attitudes and disordered eating.
- Following the training, participants will be able to differentiate between actor effects (intrapersonal influences) and partner effects (interpersonal influences) on disordered eating and anti-fat attitudes.

Authors: Caroline Martin, University of Toledo; Shannon O'Connor, University of Toledo

Global representation in eating disorder journals: A review of the last five years

Abstract: Eating disorders (EDs) impact individuals across cultures, identities, and backgrounds, yet the research that informs diagnostic frameworks, prevention, and treatments may reflect a limited subset of the global population. The acronym WEIRD—Western, Educated, Industrialized, Rich, and Democratic—highlights the lack of diversity in research and raises concerns about the generalizability of findings from ED literature. The present study provides a preliminary analysis of the WEIRDness of ED research by examining the extent to which research published in ED journals is conducted in Western populations. Original articles presenting new data from 2020-2024 published in 6 ED journals (International Journal of Eating Disorders, Eating Behaviors, Journal of Eating Disorders, Eating Disorders: Journal of Treatment and Prevention, Eating and Weight Disorders, and European Eating Disorders Review; n = 1,408 currently coded) were coded for country of participants. In accordance with previous research, Western societies included countries in North America, Western Europe, Australia, New Zealand, and Israel. Data from all primary reports published in these journals from 2020 to 2024 will be coded by the time of presentation. Participants from 59 countries were represented; however, only 16.5% of primary reports focused on non-Western samples. While 36 studies included participants from multiple countries, all were still primarily sampled from Western populations. Samples were most frequently from the United States, Italy, Germany, Australia, and the United Kingdom, collectively accounting for 57.7% of research. Preliminary findings underscore the continued focus of Western samples in ED research, raising concerns about the generalizability of findings. These results highlight the need for more inclusive research that better reflects the cultural, socioeconomic, and geographical diversity of individuals affected by EDs.

Learning Objectives

- Following the poster presentation, participants will be able to identify trends in the geographic representation of eating disorder research published in the last five years.
- Following the poster presentation, participants will be able to recognize the extent to which eating disorder research disproportionately focuses on Western samples and the potential limitations this poses for generalizability.
- Following the poster presentation, participants will be able to discuss the importance of expanding eating disorder research to include more culturally, socioeconomically, and geographically diverse populations.

Authors: Caroline Martin, University of Toledo; Elizabeth Velkoff, Reed College; Madison Corso, Augusta University; Isabella Pruscino, Nemours Children's Health; Jannah Moussaoui, Washington University in St. Louis; Danny Choo-Kang, Drexel University; Gabrielle Baar, Drexel University; Madeline Navea, Drexel University; Lindsey Parnarouskis

“It would be better than nothing”: Rural adults with eating disorders’ views on remote treatment

Abstract: Only approximately 20% of people with eating disorders (EDs) receive treatment due to a variety of barriers, such as a lack of practitioners to address the public health crisis of EDs, especially in underserved regions. To understand and reduce barriers to ED care, qualitative interviews were conducted with adults with eating disorders (N = 14; confirmed by the Eating Disorder Examination clinical interview) in government-designated rural areas to identify ED treatment options they would be open to receiving. Qualitative interviews were transcribed, and Braun & Clarke’s (2006) 6-step framework was used to analyze the data using thematic analysis. Codes were generated during data coding (description-focused coding), and themes were generated from the data. Only three participants reported having received any previous ED treatment, and fewer than half had previously received an ED diagnosis before the study. First, their perceptions of internet-based ED resources were assessed. Most participants described their internet access as good, with several noting previous lack of internet access or spotty access currently. Only one participant explicitly stated they would not be willing to use online resources for ED treatment. The majority (n = 10) of participants reported some perceived downsides to remote ED resources, including concerns about being less connected to their provider and fears about accountability and truthfulness. Some participants also noted some components of treatment seemed impossible to do remotely (e.g., blood pressure monitoring and weighing). The majority of participants also described benefits to remote resources, including greater privacy in their rural towns, reduced shame and wait times, and having already benefited from online ED resources. Four themes were identified from the data regarding participants' preferred ways to engage in ED care remotely: connection-based online resources (n = 10), self-

directed online resources (n = 8), in-person resources (n = 3), and unsure of options (n = 3). Discussion of participant-recommended treatment options will focus on findings indicating a clear emphasis on social connection as a high need in this population. Researchers pursuing innovative remote treatment options could consider participants' perceived barriers to these. For example, remote treatments can include accountability workarounds, greater focus on patient connection, and access to home-based monitoring devices.

Learning Objectives

- Identify participants' perceptions of and preferences for remote ED treatment modalities.
- Describe connection-based ED resources that rural ED participants noted are of high interest to them.
- Apply qualitative findings to the development of innovative remote ED interventions.

Authors: Caitlin Martin-Wagar, The University of Montana; Sarah Attaway, University of Montana; Katelyn Melcher, University of Montana; Taylor Penwell, University of Montana; Ambey Clark, University of Montana; Heather Davis, Virginia Tech; Samantha Hahn, Central Michigan University

How is size conceptualized? A comparison of traditional and neutral size terminology

Abstract: There are a variety of validated measures for weight stigma, a construct that can adversely impact well-being and is associated with disordered eating. Many of these measures use terms that people with higher weight have identified as stigmatizing (e.g., "obese"). Yet, there is limited data on neutral and non-stigmatizing alternative terms for use in research, clinical, or public health contexts. As such, it is unclear if modifying items in measures of weight stigma with more neutral size terms would impact psychometric properties. The current study sought to understand how respondents interpret neutral body size terms (higher weight, larger-bodied) in comparison to traditional body terms (obese) and factors that may relate to these interpretations. Participants (N = 170) received self-report measures and a nine-figure rating scale (an image-based scale with nine body sizes depicted), and were randomly assigned to receive one of three prompts asking which sized figures they view as corresponding with the term they were assigned: "obese," "higher weight," and "larger-bodied." An ANOVA was conducted to compare the figure ratings for the three groups, where a significant difference was found, $F(2, 167) = 14.47$, $p < .001$, $\eta^2 = 0.148$ (large effect). Tukey's post hoc analyses found the average "obese" figure ratings ($M = 6.99$, $SD = 1.22$) as significantly higher than both "higher weight" and "larger bodied" ratings, indicating that the "obese" prompt had a higher threshold (larger body size) for which figures represented "obese" versus the two neutral prompts. Ratings on the figure rating scales did not significantly relate to internalized weight stigma, but did significantly relate to the

body image of the respondents, r(170) = -.20, p = .008, with those with higher body dissatisfaction indicating a lower threshold for what figure ratings they included as representative of each prompt. Findings show how participants conceptualize the various size terminology. Researchers examining constructs using size terms would benefit from articulating which body sizes are meant to represent their construct of interest. Also to be considered are the implications of using neutral terminology when creating or modifying measures using size terminology. Ultimately, researchers are tasked to continue modifying and creating measures that do not stigmatize people with higher weight while ensuring constructs are well understood and measures have strong psychometric properties.

Learning Objectives

- Identify how different body size terms (e.g., “obese,” “higher weight,” “larger-bodied”) are interpreted by participants.
- Discuss methodological and ethical implications of these interpretations for research, clinical, and public health contexts.
- Describe how eating disorder-related constructs relate to size terminology and figure rating pairings.

Authors: Caitlin Martin-Wagar, The University of Montana; Yusi Chen, University of Montana; George Ellington, University of Montana; Kate Bick, University of Montana; Katelyn Melcher, University of Montana; Ambey Clark, University of Montana

Comparing the PARDI and the PARDI-AR-Q: Assessing Reliability and Va

Abstract: The Pica, ARFID, and Rumination Disorder Interview (PARDI) and the PARDI-ARFID Questionnaire (PARDI-AR-Q) were developed by Bryant-Waugh and colleagues to assess Avoidant/Restrictive Food Intake Disorder (ARFID). The PARDI is a semi-structured, clinician-administered interview used primarily for diagnosis, whereas the PARDI-AR-Q is a brief self-report measure designed for screening. This study aimed to examine the convergent validity and internal consistency of the PARDI and PARDI-AR-Q in adults with ARFID. Twenty-six adult patients with ARFID completed both instruments. Mean PARDI scores were 2.00 (SD = 0.88) for overall severity, 2.24 (SD = 1.05) for sensory sensitivity, 2.40 (SD = 1.22) for lack of interest, and 1.20 (SD = 1.34) for fear of aversive consequences. Corresponding PARDI-AR-Q means were 1.92 (SD = 1.61), 3.60 (SD = 1.59), 3.23 (SD = 1.64), and 3.27 (SD = 1.32). Internal consistency was acceptable to excellent for the PARDI (α = .66–.89) and fair for the PARDI-AR-Q (α = .59–.76), with mean inter-item correlations between .32 and .50. Spearman correlations between the two instruments were weak (ρ = –.05 to .30, all p > .05), and intraclass correlation coefficients indicated poor agreement (ICC = –.05 to .22). Paired-samples t-tests showed that PARDI-AR-Q scores were significantly higher than PARDI scores across all domains (p < .05). Overall, both instruments demonstrated adequate internal consistency but limited convergent validity. The weak associations may reflect

differences in format, item coverage, and the absence of clinician guidance in the self-report measure. However, as the sample size in this study was small, further research with larger and more diverse samples is needed to confirm these findings.

Learning Objectives

- Describe the differences between the PARDI and PARDI-AR-Q for assessing ARFID in adults
- Interpret findings related to the internal consistency and convergent validity of the two instruments
- Evaluate the potential applications and limitations of using the PARDI-AR-Q as a screening or research tool compared to the clinician-administered PARDI

Authors: Malou Masereel, Maastricht University; Sandra Mulkens, Maastricht University; Sebastian Cardona Cano, Parnassia Group; Eric Dumont, SeysCentra; Annemarie van Elburg, Co-Eur, Utrecht University

Ultra-Processed Food and Dysregulated Eating: Links with Satiety, Blood Glucose, Food Addiction

Abstract: The global rise in ultra-processed food (UPF) consumption has profoundly shaped eating behaviors, promoting patterns linked to overeating, food addiction, and metabolic imbalances. This study aimed to investigate the associations between UPF intake, satiety, eating behaviors, food addiction, and blood glucose levels in healthy adults. The research adopted a cross-sectional design, enrolling 222 participants aged 18-65 years. UPF consumption was assessed using a NOVA-based food frequency questionnaire and categorized into tertiles. Eating behaviors, food addiction, and satiety were evaluated using the Adult Eating Behavior Questionnaire, the Yale Food Addiction Scale, and a Visual Analogue Scale, respectively. In a subsample of 22 participants, fasting blood glucose was measured, and psychological distress was assessed via the 4-item Patient Health Questionnaire. Statistical analyses involved multiple linear regressions, ANOVA, and non-parametric tests. Higher UPF intake was significantly associated with lower food enjoyment ($p = 0.002$), increased food cravings ($p = 0.003$), and greater food addiction symptoms ($p < 0.001$), with a positive correlation between UPF intake and post-meal hunger ($p = 0.214$, $p < 0.001$). No significant associations were observed between UPF consumption and emotional eating, overall satiety, psychological distress, or fasting blood glucose levels ($p = 0.171$). These findings suggest that higher UPF intake fosters compulsive and dysregulated eating patterns while diminishing food enjoyment even among healthy individuals. This underscores the potential role of UPF-rich diets in the development of maladaptive eating behaviors and eating disorder risk, emphasizing the need for nutritional strategies that restore balanced and mindful eating along with mitigating UPF-related health consequences.

Learning Objectives

- Identify the relationship between ultra-processed food (UPF) consumption and markers of dysregulated eating, including impaired satiety and food addiction symptoms.
- Explain how UPF intake may influence physiological responses such as blood glucose regulation and their role in eating behavior.
- Evaluate the public health implications of high UPF consumption and discuss strategies to promote healthier eating patterns and prevent eating dysregulation.

Authors: Lama Mattar, Lebanese American University; Tracy Mamo, Lebanese American University; Hana Harb, Lebanese American University

Vermont Eating Disorder Initiative: High Impact, Low Resource Interventions in a Rural Setting

Abstract: Eating disorders (EDs) present unique challenges in rural areas, where treatment access is impeded by geographic distance, low population density, and limited sustainable funding. Vermont is a small, rural state where available ED resources have failed to meet community need, causing worsening illness severity and forcing individuals to travel outside the state for higher levels of care. In response to advocacy from patients and families with lived experience, in 2022 the Vermont State Legislature mandated a “Working Group on Services for Individuals with Eating Disorders” led by the VT Department of Mental Health and key stakeholders to assess available resources and make recommendations for improving access. Despite no allocation of state legislative funds to ED efforts, Vermont identified “expansion” funds linked to a pre-existing federal grant to build a state-level, cross-disciplinary initiative aimed at ED prevention, awareness, education and expansion of the clinical workforce. The initiative has relied on local and national partnerships and demonstrated how one-time funds can translate into broadly impactful efforts. In the primary prevention space, this includes a statewide public awareness campaign strengthening ED protective factors by encouraging parents and caregivers of young children to support healthy relationships with bodies and food through language. In the medical education realm, this has meant the expansion of eating disorder clinical training in residency and fellowship programs and increased guidance for pediatric primary care. To bolster the clinical workforce, nearly 100 Vermont mental health clinicians were trained in conjunction with the National Alliance for Eating Disorders on the screening, assessment, diagnosis, and treatment of EDs, with planning underway for a second training. Further, in 2024 an ancillary legislative workgroup published Eating Disorder Education Guidelines for School Employees, with support from the Vermont Agency of Education. These guidelines are currently being incorporated into school wellness policies, and an asynchronous video webinar is being shared with the Vermont school workforce in late 2025. The webinar provides foundational knowledge on EDs, the impact of language, and the creation of weight inclusive schools. In summary, this presentation elaborates Vermont’s

burgeoning ED initiative and offers insights and inspiration for creating meaningful change with limited resources in a rural setting.

Learning Objectives

- Understand the importance of enlisting those with lived experiences in the development of policy and population-level interventions
- Describe options for bolstering eating disorder prevention, identification, education and workforce expansion at the state level with limited resources
- Identify key players in medical, educational and state agency settings for effective partnership in the development of eating disorder initiatives

Authors: Haley McGowan, Vermont Dept. of Mental Health/UVM Medical Center; Erica Gibson, University of Vermont Medical Center; Colleen Victor, University of Vermont Medical Center

Outcome of group delivery of specialist supportive clinical management for AN in clinical practice

Abstract: The current study reports a naturalistic evaluation of group specialist supportive clinical management (SSCM) in a clinical service for adults with anorexia nervosa (AN) or atypical AN.
Body mass index (BMI), eating disorder psychopathology, quality of life, and general psychopathology were assessed at pre-treatment and treatment-exit for 35 adults with AN or atypical AN who received group SSCM at Tupu Ora Regional Eating Disorder Service. The proportion of participants less than one standard deviation above community means for eating disorder psychopathology and general psychopathology was examined as an additional index of improvement.
Significant improvements were observed at treatment-exit for BMI, eating disorder psychopathology, quality of life, and stress. Significant increases in the proportion of participants within community means were observed for restraint, eating concern, and shape concern, eating disorder psychopathology, and stress.
This study provides promising support for the efficacy of SSCM outside RCTs and in group delivery format, providing opportunity for effective, time-efficient, and engaging treatment for people with low weight restrictive eating disorders in clinical practice.

Learning Objectives

- Outline the structure and theoretical foundations of Specialist Supportive Clinical Management (SSCM) and its adaptation for group delivery in adults with anorexia nervosa.
- Summarise key findings from a naturalistic evaluation of group SSCM outcomes at Tupu Ora, including changes in BMI, psychopathology, and quality of life.

- Discuss the clinical implications of implementing group SSCM within real-world eating disorder services, including benefits and challenges for treatment delivery and engagement.

Authors: Virginia McIntosh, University of Canterbury, Christchurch, New Zealand

Key Indicators for Untying Vegetarianism and Veganism From Eating Disorder Pathology

Abstract: Changes in eating patterns and/or food exclusion strategies, including the uptake of vegetarianism and veganism, may reflect disordered behaviors and attitudes in people with eating disorders. For this reason, health professionals often attempt to assess whether a client's vegetarianism or veganism is tied to, or driven by, their eating disorder. Yet this may be difficult considering a lack of formally recognized guidelines for the treatment of vegetarians and vegans with an eating disorder, meaning that often a one-size-fits-all approach to treating these groups is employed. This study aimed to integrate lived eating disorder perspectives to qualitatively inform indicators of potential pathological vegetarian or vegan adherence in people with an eating disorder. Seventeen participants (aged 19–48, 76% [n = 13] female, 47.06% [n = 8] vegetarian) with a history of receiving eating disorder treatment were recruited. Five themes were identified: (1) Timing matters, (2) Explore motivations for dietary adherence, (3) Fear reaction causes for concern, (4) Flexibility within vegetarianism or veganism, and (5) Hold space for eating disorder deception. Our findings demonstrate several key indicators that may be useful areas of discussion in clinical practice when working with vegetarian and vegan clients. Being able to potentially quantify genuine vegetarian or vegan adherence from eating disorder-driven behaviors and attitudes provides a valuable stepping stone to the future development of clinical guidelines for the treatment of people adhering to these dietary groups.

Learning Objectives

- Understand the complex relationship between vegetarianism and veganism within the eating disorder field
- Identify key indicators to inform potential pathological vegetarian or vegan adherence in people with an eating disorder
- Recognize future research needed to improve our understanding of vegetarian and vegan diets and eating disorder psychopathology

Authors: Courtney McLean, Monash University; Kathleen de Boer, Swinburne University; Megan Bray, Collective Health Co

Coagulation in anorexia nervosa

Abstract: Background: Epidemiological studies suggest markedly increased rates of blood clots in anorexia nervosa (AN), but the clotting system itself has been insufficiently characterized. Purpose: To examine how the blood coagulation system differs in people with anorexia nervosa (AN) compared with healthy individuals. Subjects and Methods: In a cross-sectional case–control study, we included 40 women with AN and 40 age-matched, normal-weight controls. We measured proteins that initiate or regulate clotting in plasma—focusing on the "tissue factor" pathway (which starts blood clotting after vessel injury) and the "contact activation" pathway—as well as overall clotting behavior in whole blood (ROTEM). Summary Data and Results: Compared with controls, the AN group had higher levels of tissue factor and prothrombin fragment 1+2 (a marker released when thrombin forms), indicating ongoing activation of coagulation in vivo. Global thrombin-generation capacity in plasma and whole-blood clot strength/timing on Rotational Thromboelastometry did not differ between groups. Markers of the contact activation pathway showed a mixed picture with lower kallikrein generation in AN alongside slightly higher levels of a natural inhibitor (C1-inhibitor). Interpretation: People with AN show sign of increased coagulation activity even without acute illness. This may help explain the higher rates of thrombosis observed in clinical and epidemiological studies. Clinically, this pattern is consistent with a "primed" clotting system that may help explain the excess thrombotic events reported in AN, and it supports integrating medical monitoring of clotting risk into specialized eating-disorder care.

Learning Objectives

- Participants will be able to describe key alterations in the blood coagulation system observed in individuals with anorexia nervosa compared with healthy controls
- Participants will be able to explain how subtle coagulation activation may contribute to the increased risk of thrombosis reported in anorexia nervosa
- Participants will be able to discuss the clinical relevance of integrating medical monitoring of coagulation risk into specialized eating disorder care.

Authors: Jeanie Meincke Egedal, Odense University Hospital, Denmark

Design. Implement. Sustain: Advancing Program-led Interventions for Eating Disorders

Abstract: Background: Most individuals with eating disorders never receive treatment. Barriers include long waiting lists, lack of therapists, geographical and financial constraints, and stigma. In addition, due to a lack of specialized therapists there are long waiting times to commence treatment. This underscores the need for scalable and accessible interventions. Program-led interventions can improve access to specialized care and reduce waiting times. However, their implementation in routine clinical care is limited. The present paper presentation proposes strategies to overcome key barriers to enhance the implementation, adherence, and reach of program-led interventions in

routine clinical care and presents preliminary results of guided self-help CBT-E for bulimia nervosa (BN).
Program-led interventions: Program-led interventions, such as guided and unguided self-help based on CBT principles, offer a promising solution. They require fewer therapist resources, can be delivered digitally or in paper-pencil formats, and efficacy is proven for binge-eating disorder (BED). Research demonstrates abstinence rates up to 58% and clinically significant improvement in up to 80% of participants. Outcomes are comparable to conventionally delivered CBT for recurrent binge eating, while costs are markedly reduced.
Barriers and optimization: Implementation, however, remains limited. Challenges include high attrition in unguided formats, variable adherence, limited user and therapist acceptance, and concerns about safety monitoring. Evidence suggests that specialist guided formats, integration into stepped-care systems, co-design with users, persuasive design features, and personalized feedback can enhance engagement and outcomes. Embedding safety protocols is important to ensure responsible use in routine care.
Novel contribution: While guided self-help CBT-E is efficacious for BED, the effectiveness for BN was not examined before. Preliminary findings suggest that guided self-help CBT-E could also benefit individuals with BN, expanding its applicability across ED presentations.
Implications: Program-led interventions represent an evidence-based, scalable, and cost-effective strategy to close the treatment gap in EDs. Prioritizing design, implementation, and long-term sustainability will be critical to maximize their clinical and societal impact.

Learning Objectives

- Evaluate strategies to enhance engagement, adherence, and safety in program-led interventions.
- Recognize barriers to the implementation of program-led interventions for eating disorders in clinical practice.
- Discuss the potential of guided self-help CBT-E to expand treatment options for bulimia nervosa and other eating disorders.

Authors: Bernou Melisse, American Center Abu Dhabi; Sanne Marcic; Dorinde van Andel; Annemarie van Elburg, Co-Eur, Utrecht University

Exploring co-occurring NSSI and disordered eating in individuals with lived experience

Abstract: Background: Non-suicidal self-injury (NSSI) and disordered eating (DE) frequently co-occur, creating profound clinical challenges. A striking phenomenon is the reduction in one behavior is often being accompanied by escalation in the other. How do

individuals themselves make sense of these shifts, and what meanings do they attribute to the changes between NSSI and DE?
Methods: The present qualitative study involves interviews with 20 individuals with lived experience of both NSSI and DE. Interviews were thematically analyzed and focused on: (1) perceived similarities and differences between NSSI and DE, (2) identification with these behaviors, and (3) experiences of loss and grief when letting them go.
Preliminary Findings: A first theme was the search for control and the integration of these behaviors into one's identity. Participants described restrictive eating more as a lifestyle, whereas NSSI, binge eating, and purging behaviors were described as operating on a different time dimension and being more acutely, particularly when they no longer succeeded in restrictive eating, feelings of loss of control emerged, or aversive negative states intensified A second theme concerned substitution and functional overlap. NSSI was described as a punitive behavior after binge eating. NSSI and DE behaviors can substitute one another depending on availability. A third theme reflected societal perceptions and external reinforcement. Participants noted differences in how society approaches NSSI and DE behaviors, with restrictive eating generally viewed more favorably and associated with setting high standards. Letting go of these behaviors may lead to identity challenges and evoke feelings of loss and grief that may help explain resistance to change.
Implications: The present study addresses a critical gap by considering the voice of individuals with lived experience of DE and NSSI in understanding behavioral shifts in treatment. Increased knowledge into the deeper meaning of these behaviors can inform treatment. Recognizing identity challenges and feelings of loss in the recovery process may foster more nuanced and tailored approaches for individuals struggling with both behaviors.
Motivation: By amplifying voices of lived experience, the present study contributes novel perspectives to advance clinical practice. The findings highlight the psychological complexity of NSSI and DE, offering clinicians concrete leads for addressing behavioral shifts in treatment.

Learning Objectives

- 1.Describe similarities and differences in how individuals with lived experience perceive non-suicidal self-injury (NSSI) and disordered eating (DE).
- 2.Explain the functional overlap and substitution processes between NSSI and DE behaviors.
- 3.Recognize the role of identity challenges, societal perceptions, and feelings of loss and grief in recovery.

Authors: Bernou Melisse, American Center Abu Dhabi; Glenn Kiekens, Tilburg University; Mirthe Luijsmans, KU Leuven; Janske van Eersel

Reduced Sensory Sensitivity Increases Eating Pathology via Body Uneasiness

Abstract: Background
Altered sensory processing has been proposed as a neurocognitive vulnerability factor in eating disorders (EDs). Yet, the specific direction of this association—whether hypersensitivity or hyposensitivity increases risk—remains unclear. This study tested whether reduced sensory sensitivity predicts eating psychopathology through body image–related distress, focusing on body uneasiness and fear of weight gain.
Methods:
A clinical sample of 190 female with eating disorders (mean age = 25.1 ± 9.3 years) completed the Sensory Perception Quotient-10 (SPQ-10; lower scores = lower sensitivity), the AQ-10 and GQ-ASC for autistic traits, the Body Uneasiness Test (BUT; total = BUT_TOT; Weight Phobia = WP; Body Image Concerns = BIC), and the Eating Disorder Examination-Questionnaire (EDE-Q). Hierarchical regressions and mediation (Sobel) analyses controlled for diagnosis, age, BMI, and autistic traits.
Results:
Lower SPQ-10 scores (reduced sensory sensitivity) predicted higher body uneasiness (β = −0.13, p = .04) and greater eating psychopathology (β = −0.20, p = .03). When BUT_TOT was included as mediator, the direct effect became nonsignificant, while the indirect effect was significant (a×b = −0.13, z = −2.01, p = .045). Autistic traits (AQ-10, GQ-ASC) were unrelated to eating or body distress once sensory sensitivity was entered in the model, suggesting a specific perceptual rather than cognitive pathway. Weight Phobia emerged as the unique mediator (a×b = −0.14, z = −2.32, p = .02), while Body Image Concerns did not (p = .23). The final model explained 57 % of the variance in EDE-Q scores, with body uneasiness accounting for nearly half.
Conclusions:
Reduced sensory sensitivity—not hypersensitivity—appears to fuel eating psychopathology indirectly, by intensifying fear of weight. These findings support the idea that sensory under-responsiveness may weaken bodily awareness and promote compensatory control through weight and eating. Clinically, enhancing interoceptive and sensory attunement may reduce vulnerability in patients with low sensory sensitivity. This perceptual mechanism may represent a transdiagnostic bridge between eating disorders and neurodivergent conditions such as autism.

Learning Objectives

- explain how altered sensory processing—particularly reduced sensory sensitivity—contributes to eating disorder psychopathology.
- describe how body uneasiness and fear of weight gain mediate the relationship between sensory sensitivity and disordered eating.
- identify clinical strategies aimed at improving interoceptive and sensory attunement as potential interventions for patients with low sensory sensitivity.

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Preventing Eating Disorders by Addressing Disordered Eating Behaviors in Elite Sport: A Scoping Revi

Abstract:
This study aims to explore how elite sport culture contributes to the normalization of disordered eating behaviors (DEBs) and identify prevention opportunities within the eating disorder–disordered eating continuum. A scoping review analyzed 128 studies across aesthetic, endurance, weight-class, and team sports. The review addressed three questions: (1) How are DEBs conceptualized and characterized in elite sport? (2) What sport-specific cultural, moral, and institutional values contribute to the development or normalization of DEBs? (3) What barriers to recognition, diagnosis, or intervention are associated with these norms? The findings revealed that DEBs, such as restrictive eating, weight cycling and compulsive exercise, are often perceived as beneficial for performance, which masks the progression towards clinical eating disorders. High-risk contexts included aesthetic sports such as gymnastics and figure skating, endurance disciplines such as distance running and cycling, and weight-class sports such as judo and wrestling, where the ideals of discipline, sacrifice and 'thin-to-win' prevailed. Institutional practices such as public weigh-ins, body composition testing and revealing uniforms reinforced body surveillance and legitimised harmful behaviours. Barriers included stigma, the fear of being selected out, and a lack of sport-specific screening tools. This was compounded by cultural narratives that framed DEBs as signs of commitment and characteristics of a good athlete. Prevention strategies emphasised reframing performance narratives to prioritise health, revising weigh-in protocols, educating coaches on body-positive practices, and embedding systemic safeguards through policy reform and multidisciplinary support. Addressing DEBs as culturally sanctioned practices within elite sport offers a proactive approach to preventing eating disorders, emphasising the necessity of interventions targeting sporting values and institutional norms to protect athlete health without compromising performance.

Learning Objectives

- 1.Explain the continuum between disordered eating behaviors (DEBs) and eating disorders (EDs) in elite sport and why early prevention is critical.
- 2.Identify cultural, moral, and institutional values within elite sport that normalize DEBs and increase risk for EDs.
- 3.Apply evidence-based strategies to disrupt harmful norms and implement prevention approaches targeting sport-specific practices and environments.

Authors: Danielle Mercado, KU Leuven

Weight Discrepancy as a Pathway Linking Social Media Fitness Content with Restrictive Behaviours

Abstract: This study examined whether the discrepancy between an individual's current and (perceived) ideal weight mediates the association between exposure to social media fitness content and real-life behaviours relevant to disordered eating/exercising. A total of 1 066 adolescents and young adults (aged 11–35; M(age) = 16.61 ± 4.38; 40.71% women) completed a cross-sectional survey including exposure to fitness content on social network sites (standardized daily hours spent viewing exercise, dieting, and weight-loss content), weight discrepancy (difference between actual and desired weight), and a composite Z-score of restrictive food- or exercise-related behaviours enacted because of consumed fitness content (e.g., skipping meals, exercising to "earn" food, calorie counting based on online content). Age, gender and BMI were included as covariates. Results showed a strong direct effect of fitness content exposure on dieting/restrictive behaviours ($\beta = 0.33$, $p < .001$). Exposure was also positively associated with weight discrepancy ($\beta = 0.01$, $p = .543$), and weight discrepancy was negatively associated with dieting behaviours ($\beta = –0.11$, $p = .002$). However, the indirect pathway (viewing fitness content → weight discrepancy → dieting behaviours) was not statistically significant (estimate = –0.00164, 95% CI [–0.00894, 0.00386], $p = .550$). These results suggest that weight discrepancy does not explain why fitness content exposure relates to dieting behaviours. Notably, BMI and gender identity showed substantially larger associations with both weight discrepancy and dieting/exercise behaviours than weight discrepancy itself. These findings suggest that fitness content exposure on social network sites appears to have a direct link to engagement in restrictive dieting/exercise behaviour regardless of whether individuals report wanting to be a different weight. The findings support conceptualisations of social media fitness content as an independent social determinant for disordered eating risk, even in the absence of body weight discrepancy. Future research should examine alternative mechanisms (e.g., social comparison, internalisation of beauty ideals) that may explain these relationships.

Learning Objectives

- Identify how exposure to fitness content on social networking sites can be operationalized and quantified.
- Describe weight discrepancy as a potential mechanism linking fitness content exposure with restrictive dieting and exercise behaviours.
- Interpret mediation results considering covariates (age, gender identity, BMI) when evaluating risk associations in social media research.

Authors: Tereza Merhoutová, Department of Psychology, Faculty of Arts, Palacký University Olomouc; Helena Pipová, Department of Psychology, Faculty of Arts, Palacký University Olomouc

Loss of Control or Loss of Resonance? Gender Differences in Binge Eating Among Adolescents

Abstract: Binge eating (BE) involves overeating while experiencing a loss of control. While research on the clinical presentation of BE in adolescent boys is limited, boys appear to report less of a sense of loss of control and lower distress than girls. However, most gender comparisons have been conducted in school-based and community samples, not treatment-seeking adolescent samples. The present study compared the clinical presentation of BE in treatment-seeking adolescent girls (n=63) and boys (n=38; ages 11-17 years) enrolled in clinical trials. Using the Eating Disorder Examination interview, we assessed BE episodes, behavioral indicators of loss of control, distress, and eating-disorder psychopathology in the full sample and in those meeting binge-eating disorder behavioral frequency criteria (≥4 past-month loss-of-control eating episodes; n=69). Some boys and some girls endorsed each of the behavioral indicators, but at different frequencies. Boys were less likely than girls to report eating when not physically hungry (p=.01), eating alone due to embarrassment (p=.008), and feeling strong negative affect after a binge (p=.03). Boys also endorsed fewer behavioral indicators of loss of control overall (p=.002), and reported less distress about BE (p=.03). In the subsample, however, gender differences in behavioral indicators, distress, and eating-disorder psychopathology were nonsignificant. In sum, among treatment-seeking adolescents, boys were less likely to endorse behavioral indicators and distress, both of which are required for a binge-eating disorder diagnosis. Future research should clarify whether diagnostic criteria or assessments fail to capture how BE manifests in boys, or whether BE truly occurs less commonly among boys than girls. Examining gender differences in the clinical presentation of BE in adolescent boys and girls is critical as adolescence is a developmental stage wherein youth navigate formative gender socialization processes and when BE behaviors become recurrent. Because some of the behavioral indicators of loss of control conflict with masculine norms (e.g., hiding vulnerability, emotional restriction, or being “always hungry”), it is important to consider whether there are other indicators of loss of control that may resonate better with the male experience yet still reflect uncontrolled eating. Nonetheless, the fact that some boys endorsed each indicator highlights that these features remain relevant to understanding BE among boys.

Learning Objectives

- Identify gender differences in behavioral indicators and distress associated with binge eating among treatment-seeking adolescents.
- Describe how masculine norms may influence the expression and reporting of loss of control during binge eating in boys.
- Discuss implications of these findings for the assessment and diagnosis of binge-eating disorder in adolescent populations.

Authors: Callie Mims, Yale School of Medicine; University of South Alabama; Janet Lydecker, Yale School of Medicine

Weight Bias and Masculinity in Gay men: Links to Subcommunity Identity

Abstract: Given the central importance of body image and body ideal within the gay male community, weight bias is likely to be particularly salient. Gay subcommunity's identities (such as bears, jocks, or twinks) mainly gather around masculine and feminine physical characteristics and their level of endorsement. Gay men's subcommunities (SC) were examined to assess how embodied physical traits and gendered norms are linked to weight bias. Thus, this study compares SC identities (bear, jock, twink or no identification) in terms of perceived masculinity, perceived femininity, and self- and other-directed weight bias, and examines the links between these variables across SC identities. Participants were 527 cisgender gay men (M = 37.41 years old; SD = 12.71) recruited online across Canada. They completed a questionnaire measuring sociodemographic characteristics and body image measures, notably self- and other-directed weight bias. Perceived masculinity and femininity were assessed separately using a Likert scale, where participants identified how feminine/masculine they were compared to other men.

Multivariate analysis of variance showed that twinks-identified participants perceived themselves as more feminine than all other SC identifications ($F(3) = 7.71$, $p < 0.001$), with moderate to large effect sizes. They also perceived themselves as less masculine than other SC identifications ($F(3) = 6.59$, $p < 0.001$), with moderate to large effect sizes. Participants identifying as bears held less other-directed weight bias than other SC identifications ($F(3) = 11.66$, $p < 0.001$), with moderate to large effect sizes.

Perceived femininity negatively predicted other-directed weight biased among participants identifying as bears ($B = -0.318$, $p = 0.004$) and positively predicted self-directed weight bias among participants identifying as twinks ($B = 0.308$, $p = 0.047$). Perceived masculinity negatively predicted self-directed weight bias among participants with no SC identification, ($B = -0.193$, $p = 0.005$).

Overall, the differences observed may be explained by the endorsement of the physical characteristics associated with the SC with which gay men identify. A higher perceived femininity appears to be a protective factor against other-directed weight bias, whereas a higher perceived femininity combined with lower perceived masculinity seems to represent a vulnerability factor for self-directed weight bias.

Learning Objectives

- Identify how subcommunity identities (such as bear, jock and twink) among gay men are associated with differences in perceived masculinity, femininity and weight bias.
- Describe patterns of weight bias across gay men subcommunities and their links to perceived masculinity and femininity.

- Explain how perceived masculinity and femininity predict weight bias outcomes within gay men subcommunities, and apply this understanding to inform clinical interventions.

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Food Insecurity and Mental Health: Unpacking the Role of Diet in Adolescent Well-Being

Abstract: In 2023, over 700 million people were deemed food insecure globally. Poor nutrition in adolescence has been linked to deleterious changes in brain structure and function and may have downstream effects on mental health. This study aims to examine diet composition as a potential mechanism that explains the relationship between food insecurity and internalizing psychopathology in preadolescents. Participants included 11,498 parents from the Adolescent Brain Cognitive Development (ABCD) study, a multi-site longitudinal study of adolescent development over a ten-year period. Diet composition, internalizing symptoms and food insecurity were collected using parent-reported screening and survey measures. Exploratory factor analysis (EFA; n = 10,841) was run on 12 nutrition variables at the 2-year follow-up. Structural equation modeling (SEM; n=10,806) was used to examine the cross sectional relationships between diet composition and internalizing symptoms. Internalizing symptoms in youth from food secure and food insecure households at all available timepoints (36,709 observations; n=11,498) were compared using independent samples t-tests. EFA supported a one-factor model (representing diet composition) which included six indicators: saturated fat, polyunsaturated fat, fiber, glycemic load, cholesterol, and protein. Confirmatory factor analysis (CFA) in a held-out subsample further validated this model, demonstrating adequate fit (CFI =.946, RMSEA=.197 [.190-.204], SRMR =.043). SEM was run to test the regressions between the diet composition factor and internalizing symptoms. Diet composition significantly predicted somatic, anxious/depressed, and withdrawn/depressed symptoms (all ps < .001). Independent samples t-tests confirmed that youth from food insecure households were rated as having more anxious/depressed, withdrawn/depressed, and somatic symptoms (all ps < .001). Results identified a relationship between adolescent diet composition and youth food insecurity with internalizing symptoms. Future studies should incorporate eating disorders into the model. Emerging studies have associated food insecurity and bulimia spectrum ED pathology among adults. This raises critical questions about adolescent vulnerability, as early dietary habits and mental health could influence future dysregulated eating behaviors. Considering various sociocultural factors could extend the global applicability of future studies.

Learning Objectives

- Following the training, participants will be able to identify diet composition as instrumental in the relationship between youth food insecurity and mental health
- Following the training, participants will be able to identify specific nutrients within the adolescent diet that should be further investigated for implications of consumption.
- Following the training, participants will be able to spark conversation on how the results could vary based on environmental contexts.

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Binge Eating Episodes and Their Relationships with Psychiatric Symptoms: An Epidemiological Study

Abstract: This study investigated the prevalence of binge eating episodes and their associations depression, anxiety, alcohol use, and attention deficit hyperactivity disorder (ADHD) symptoms in a representative sample of a Brazilian metropolitan city. This was an in-person household survey with 2,297 randomly selected residents (18-60 years) from Rio de Janeiro. The Questionnaire of Eating and Weight Patterns 5 was used to assess the occurrence of recurrent binge eating episodes [objective binge eating (OBE) and subjective binge eating (SBE)]. Psychiatric symptoms were evaluated using the Patient Health Questionnaire-9, the Generalized Anxiety Disorder 7-item, the Adult ADHD Self-Report Screening scale, and the Alcohol Use Disorder Identification Test. Sociodemographic and anthropometric information were also assessed. Bivariate and multivariate regression analyses were conducted to estimate the associations between binge eating episodes and psychiatric symptoms. The prevalence of binge eating was the following: 4% (2.7%-5.3%, 95%CI) OBE, 6.5% (4.7%-8.4%, 95%CI) SBE, and 2.2% (1.1%-3.3%, 95%CI) had both forms (OSBE). The proportion of females and individuals with high body mass index (BMI) was significantly greater across OBE, SBE, and OSBE groups than in those without binge eating. Similarly, all forms of binge eating were associated with significantly greater odds of depression [OSBE=20.6 (8.5-50.2, 95%CI); OBE=9.5 (5.1-17.5, 95%CI), SBE=5.5 (3.4-9.1, 95%CI)], anxiety [OSBE=15.0 (5.5-40.9, 95%CI); OBE=8.1 (4.3-15.4, 95%CI), SBE=5.8 (3-11.2, 95%CI)], ADHD [OSBE=36.4 (19.9-66.7, 95%CI); OBE=8.9 (4.0-20.0, 95%CI), SBE=4.1 (1.8-9.4, 95%CI)], and alcohol use [OSBE=5.2 (2.4-11.6, 95%CI); OBE=2.9 (1.3-6.6, 95%CI), SBE=5.9 (2.9-12, 95%CI)]. In a further analysis comparing the differences across binge eating groups, those reporting OSBE exhibited higher odds of ADHD symptoms than those with OBE [4.1 (1.7-9.8, 95%CI)] and SBE [9.0 (4.3-18.7, 95%CI)]. However, OSBE was associated with higher odds of depression only when compared to SBE [3.7 (1.7-8.1, 95%CI)]. These differences remained significant after controlling for sex, BMI, and impulsivity. In conclusion, there was a high prevalence of binge eating episodes in the general population. SBE and OBE were the most frequent forms. However, OSBE was

associated with worse mental health-related outcomes compared to the other groups. These findings suggest that OSBE may be a marker of greater binge eating severity.

Learning Objectives

- Compare the prevalence of different forms of binge eating episodes in the general population of a metropolitan city in Brazil
- Identify sociodemographic and weight-related characteristics associated with different forms of binge eating
- Understand what forms of binge eating are more associated with worse mental health outcomes

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Mirror Exposure Therapy by Videoconference to Reduce Body Dissatisfaction: Single-Case Design

Abstract: Body image is defined as a mental representation that includes the perception of one's own body, subjective experiences, and sociocultural influences. In Western societies, beauty ideals associated with thinness exert increasing social pressure, especially on women, contributing to body dissatisfaction. In response to this problem, several mirror exposure therapy procedures have proven to be effective interventions in reducing negative emotions linked to body image discomfort.
To date, the available evidence comes from in-person studies, without having explored its effectiveness using new technologies. Considering the development of online psychotherapy and the demonstrated effectiveness of videoconference interventions , it is pertinent to analyze whether mirror exposure therapy maintains its effectiveness when applied in this format. This research project proposes to evaluate, fin our women with high body dissatisfaction, the comparative efficacy of pure exposure and neutral guided exposure modalities applied via videoconference versus face to face therapy, using an alternating single-case design.

Learning Objectives

- Know mechanism of the mirror exposure therapy
- Get training about the application of the mirror exposure therapy
- Apply mirror exposure therapy by videoconference.

Authors: Silvia Moreno-Domínguez, University of Jaén

Evaluating difficulty in behavior change in patients with anorexia nervosa using fMRI

Abstract: In patients with anorexia nervosa (AN), in addition to difficulties in modifying eating behaviors, problematic behaviors such as self-injury and harmful substance use have been reported. This study aims to elucidate the neural basis of behavior change difficulties in social contexts among individuals with AN by conducting behavioral experimental tasks under functional magnetic resonance imaging (fMRI). Twenty-eight female patients with AN and 32 age- and sex-matched healthy-controls (HC) completed the Eating Disorder Examination Questionnaire 6.0 (EDE-Q 6.0). We employed a competitive behavioral task adapted from the inspection game, in which participants made work-or-shirk decisions under employer inspection simulated by a computer, while brain activity was recorded using fMRI. Brain activity was measured before and after the stimulus or reward delivery, and the difference between any two time points was analyzed. Statistical significance of activation associated with behavioral phases was determined using family-wise error correction at $p < 0.05$. The AN group showed significantly higher EDE-Q scores compared to the HC group. In the behavioral experiment, the AN group's rate of shirk did not significantly differ with or without fines, whereas the HC group exhibited a significant reduction in shirk when fines were imposed. As a result of the differential fMRI analysis during reward presentation and the interval, whole-brain analysis revealed significantly reduced activity in the bilateral parahippocampal gyrus (PHG) in the AN group compared to the HC group. Psychophysiological interaction analysis using the left PHG as seed revealed significantly decreased activity in the left dorsolateral prefrontal cortex (DLPFC) and left anterior cingulate cortex (ACC) in the AN group compared with the HC group. The behavioral experiment showed no significant adaptive changes in the AN group in response to environmental changes such as the amounts of fines, indicating difficulty in behavioral flexibility. Previous studies have reported heightened punishment sensitivity in AN individuals, potentially explaining this rigidity (Haynos 2020). The PHG, involved in recognizing social contexts and inferring others' behavior, likely contributed to decision-making processes in the task (Aminoff 2013). Additionally, DLPFC and ACC, regions critical for behavioral control and flexible adaptation, may underlie the behavior change difficulties in patients with AN (Boschin 2016).

Learning Objectives

- Learn about the difficulty in changing behaviors associated with anorexia nervosa
- Learn about the neural basis involved in the difficulty of behavior change.
- Learn about one example of research on anorexia nervosa in Japan.

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Preliminary Outcomes of an ARFID Workshop for Caregivers and Helpers in the Bronx

Abstract: Public awareness and knowledge of avoidant/restrictive food intake disorder (ARFID) remain limited. Particularly among families of youth with ARFID, an improved understanding of ARFID etiology and treatment has potential to increase self-efficacy, decrease self-blame, and mitigate stress caused by ARFID symptoms. This study evaluated the feasibility, acceptability, and preliminary outcomes of an ARFID Workshop for Caregivers and Helpers, designed to equip caregivers and healthcare providers to support youth with ARFID. The workshop was delivered virtually with Spanish interpretation at an academic medical center serving a diverse and medically underserved population in the Bronx. Content included information on ARFID identification and etiology, practical meal strategies, and treatment options. Recruitment was conducted over 2 months via internal listservs, newsletters, and targeted outreach to patients and providers. Before and after the workshop, participants were asked to complete online surveys in English or Spanish that included measures of acceptability, ARFID knowledge, caregiver burden, self-efficacy, and self-blame. Of the 40 individuals who attended the workshop, 32 (M = 37.89 years, 78.1% female) completed the pre-workshop survey. Most resided in New York (62.5%, n = 20) and identified English as their preferred language (96.9%, n = 31). Respondents included healthcare providers (65.6%, n = 21), caregivers (21.9%, n = 7), friends (3.1%, n = 1), and other professionals (18.8%, n = 6). At baseline, participants reported low to moderate understanding of ARFID; caregivers endorsed moderate to high ARFID burden and low to moderate levels of self-efficacy and self-blame. Following the workshop, respondents (n = 11) indicated the workshop fit their needs (all scores ≥3 out of 5) and most (90.0%) were moderately to extremely likely to recommend the workshop. Pre-post survey comparisons show promise for the workshop's effectiveness in increasing ARFID knowledge, improving caregiver self-efficacy, and reducing burden and self-blame. In their qualitative feedback, participants reported an improved understanding of ARFID subtypes, and highlighted benefits of learning specific ARFID management strategies. Overall, results preliminarily support the implementation of an ARFID psychoeducational workshop for caregivers and healthcare professionals and can inform future outreach efforts, particularly in underserved and Spanish-speaking communities.

Learning Objectives

- Explain the rationale for a psychoeducational workshop for caregivers and providers of youth with ARFID.

- Describe the feasibility and acceptability of implementing an ARFID psychoeducational workshop at an academic medical center serving a diverse and medically underserved population.
- Summarize preliminary data regarding the ARFID workshop's effectiveness in improving ARFID knowledge and caregiver burden, self-efficacy, and self-blame.

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Typical Brazilian Foods in Virtual Reality: A New Format of Exposure to Food Cues

Abstract: This study aimed to adapt a Virtual Reality (VR) Food Cue Exposure system to the Brazilian context and to compare comprehensibility, usability, and realism between individuals with Binge Eating Spectrum Disorders (BESD) and healthcare professionals. Thirty 3D images of foods commonly consumed during binge-eating episodes in Brazil, such as brigadeiro (chocolate truffle), coxinha (chicken croquette), pão de queijo (cheese bread), paçoca (peanut candy), and açaí (frozen berry pulp), were incorporated into a VR system originally developed for the Italian food environment, accessed via Oculus Quest 2. Participants included 17 healthcare professionals without eating disorders (assessed by the Eating Disorder Examination Questionnaire Short Form) and 16 individuals diagnosed with Binge-Eating Disorder (n=8) or Bulimia Nervosa (n=8) based on the Structured Clinical Interview for DSM-5-TR. After the VR immersion, participants completed a structured questionnaire assessing realism, cultural adequacy, pleasantness, eating desire, sense of presence, and side effects. Data were analyzed using the Top-2-Box method and compared by Mann-Whitney, Pearson's chi-square, and Fisher's exact tests. The VR environment was rated as highly immersive by both groups (100%). Both reported high realism (professionals: 94.1%; patients: 100%), cultural adequacy (professionals: 94.1; patients: 93.3%), and pleasantness (professionals: 94.1; patients: 93.3%) with no significant differences. There were also no differences for "appears to be real food" (professionals: 82.4; patients: 73.3%), or "eating desire" (professionals: 76.5; patients: 60%). However, anxiety responses differed significantly: patients tended to report neutral anxiety (60%), while professionals predominantly reported no anxiety (70.6%) ($p = 0.009$). Minor technical difficulties were reported by 45% of the healthcare professionals and by none of patients ($p = 0.004$).Side effects were minimal and similar across groups, including mild dizziness (13–29%), slight visual discomfort (7–18%), and no nausea. In conclusion, the adaptation of the VR Food Cue Exposure System using typical Brazilian foods demonstrated excellent cultural adequacy, safety, and usability. Both individuals with BESD and healthcare professionals rated the experience as immersive and engaging,

supporting its potential as a culturally adapted clinical and research tool for food cue exposure in binge-eating spectrum disorders.

Learning Objectives

- Describe the process and methodological considerations involved in culturally adapting a Virtual Reality Food Cue Exposure system for use in Brazil.
- Compare perceptions of realism, usability, and emotional responses between individuals with binge-eating spectrum disorders and healthcare professionals.
- Discuss the feasibility and potential applications of culturally adapted VR systems for future research and clinical studies in eating disorders.

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Latent Trajectories of Weight and Shape Concern among Women with Anorexia Nervosa after Acute Care

Abstract: Up to 31-52% of individuals with Anorexia Nervosa (AN) experience relapse after acute treatment, potentially due to sustained elevations in weight and shape concern (WSC), a core mechanism underlying AN. Identifying differences in patterns of WSC post-treatment could illuminate variations in treatment efficacy and support efforts for personalized treatment for improved long-term outcomes. This study sought to identify latent trajectories of change in WSC over a 9-month period in women recently discharged from acute treatment for AN.
Participants (N=90) were from a larger study testing a mobile intervention among women within 2 months of discharge from acute treatment of AN. Participants completed the EDE-Q and Clinical Impairment Scale at baseline, and at 6-weeks, 6-months, and 9-months post-baseline. Latent growth mixture models were used to identify trajectories of change in WSC over time. Comparisons of 9-month measures across latent trajectories of WSC groups were conducted for binge eating and compensatory behavior frequencies (Fisher's exact tests), dietary restraint, clinical impairment, and percent change in BMI (Kruskal-Wallis H tests). Three trajectories for WSC were identified.

Trajectory 1 (“High + stable”; n=67) was characterized by high baseline WSC with modest decreases at the 9-month assessment; Trajectory 2 (“Low + delayed increase”; n=6) was characterized by low baseline WSC, slight decreases through 6-months, and then slight increases at 9-months; Trajectory 3 (“Moderate + stable”; n=17) was characterized by moderate baseline WSC, with a slight but steady decrease over time. Trajectories did not differ in 9-month engagement in binge eating or BMI change but did differ in instances of vomiting ($V=.35$, $p<.01$), driven exercise ($V=.31$, $p<.05$), dietary restraint ($\eta^2=.18$, $p<.001$), and clinical impairment ($\eta^2=.19$, $p<.001$). Differences were driven by participants in the “High + stable” trajectory reporting more pathology than either one or both other trajectories. Following discharge from acute treatment for AN, participants exhibited three distinct trajectories of WSC over a 9-month period, generally characterized by only modest increases or decreases. This is consistent with prior work underscoring the persistence of WSC and its associations with continued pathology. Future research should aim to identify baseline predictors of trajectory membership, which could inform treatment personalization to better target this enduring mechanism.

Learning Objectives

- Understand the persistent nature of weight and shape concerns in Anorexia
- Discuss potential utility for personalized treatment approaches to target weight and shape concerns
- Highlight importance of longtiduinal follow-ups post-discharge from care

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Genome-Wide Methylation Study of Anorexia Nervosa via Medical Record Data

Abstract: Epigenome-wide association studies for anorexia nervosa (AN) are sparse, limiting our understanding of gene expression, in the context of environmental risk, for this serious metabo-psychiatric disorder. This study included 83 AN cases and 83 AN controls from BioVU, Vanderbilt University Medical Center’s de-identified electronic health record (EHR)-linked biobank. Cases were identified using the EHR as individuals having an AN-related ICD-9 or ICD-10 code (307.1, F50.00, F50.01, F50.02). DNA sample collection for cases occurred within 6 months of being underweight. Controls were matched to cases on age, biological sex, and ancestry. DNA methylation profiling for the AN cases and controls was performed using the Twist Human Methylome panel from whole blood samples. Linear regression leveraged 667,760 CpG sites associated with DNA methylation as the dependent variable and AN case/control status as the independent variable. Model 1 adjusted for 4 genetic principal components, white blood

cell counts, age, sex, and race/ethnicity (n cases=69, n controls=83), whereas Model 2 adjusted for white blood cell counts, age, sex, and race/ethnicity (n cases=83, n controls=83). One epigenome-wide significant methylation site was identified in Model 1 (site 1; beta [SE]=0.113 [0.021]; p=7.43E-08). This site is in a region of a gene implicated in impacting air pollution, sleep cycle, and asthma in other methylation studies. In Model 2, two significant methylation sites emerged. The most significant methylation site (site 2; beta [SE]=0.084 [0.014]; p=3.40E-09) is in a protein coding gene that has previously been associated with eicosanoids (metabolites involved in inflammation and immune responses), low density lipoprotein cholesterol, total cholesterol, and age at menopause. The second site (site 3; beta [SE]=0.021 [0.004]; p=1.19E-08) is near an intergenic non-protein coding RNA gene that has been associated with PFAS exposure, anxiety, educational attainment, and neurofibrillary tangles. Findings suggest hypermethylation in these three genes is associated with AN. This work provides preliminary information on important biological insights into molecular mechanisms underpinning AN. Additional research in larger samples and additional biobanks will refine our understanding of these mechanisms, which may serve as novel targets for AN treatment and prevention.

Learning Objectives

- Differentiate genome-wide association studies from epigenome-wide association studies.
- Discuss the importance of conducting epigenetic research at the genome-wide level in eating disorders.
- Identify areas of future research for epigenetics and eating disorders.

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GLP-1 Receptor Agonists in Disordered Eating, Psychological Traits, and Metabolic Outcomes

Abstract: Glucagon-like peptide 1 (GLP-1) receptor agonists, such as semaglutide and tirzepatide, are prescribed for weight loss among individuals who have overweight or obesity. However, their effects on disordered eating characteristics, co-occurring psychiatric traits, and metabolic outcomes are not well-understood. This pilot study included 12 women with a body mass index (BMI) ≥ 27.5 (kg/m2) (mean age=34±10.13 years; 50% Caucasian) starting semaglutide or tirzepatide, as prescribed by their physician, for weight loss. Participants completed a baseline assessment within 3 days of starting semaglutide or tirzepatide and again 3 months after beginning their GLP-1 receptor agonist medication. At both time points, individuals completed self-report questionnaires for disordered eating, food addiction, alcohol use, depression, and anxiety. Lean mass, resting metabolic rate, weight, and cardiometabolic outcomes (via complete metabolic and lipid panels) were also collected. Mean scores were calculated for psychological and metabolic variables at both time points, and the mean change in these scores from Time 1 to Time 2 was computed. Six participants completed the Time 2 assessments. The mean (standard deviation) BMI (kg/m2) at Time 1 was 36.2 (5.2) and at Time 2 was 34.9 (4.3). Participants lost an average of 8.46 kg (8.56%) over the 3 months. With the exception of restraint, which increased by a score of 0.45 over time, mean scores for disordered eating and food addiction decreased by a score of 0.84-2.75. All other psychological outcomes decreased from Time 1 to Time 2 by a score of 2.20-3.34. Lean mass decreased by 4.20 kg (7.77%), which could explain why resting metabolic rate decreased by 177.50 kcal/day. Nearly all cardiometabolic outcomes improved secondary to weight loss, with the most meaningful change in low-density lipoprotein (mean change=23.40 mg/dL) followed by alanine aminotransferase (mean change=21.33 IU/L). This study provides important preliminary information on the role GLP-1 receptor agonists have on disordered eating, co-occurring psychological traits, and metabolic outcomes among individuals who have recently been prescribed this medication for weight loss purposes. Improvements in the majority of these measures were observed over 3 months, though additional research into the clinical significance of the findings is warranted. Regular monitoring of these outcomes over time is critical to ensure the long-term safety of GLP-1 receptor agonists.

Learning Objectives

- Describe the role of GLP-1 receptor agonist medications in disordered eating and co-occurring conditions.
- Discuss how cardiometabolic factors are impacted by the use of GLP-1 receptor agonists.
- Identify areas of future research for understanding the importance of GLP-1 receptor agonists in disordered eating.

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Avoidant/Restrictive Food Intake Disorder and Psychiatric Comorbidities in College Students

Abstract: Avoidant/restrictive food intake disorder (ARFID) often co-occurs with psychiatric disorders. However, it is understudied among university students, a high-risk population for mental health conditions. This study examined if clinically meaningful depression, anxiety, fatigue, and substance misuse predicted higher mean scores of three ARFID subtypes – lack of appetite (LOA), picky eating (PE), and fear of aversive consequences (FEAR) – in college students. Participants (N=559; Mage=22.4 years; 85% female) completed the Nine Item ARFID Screen to assess the ARFID subtypes. The Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, Fatigue Assessment Scale, Alcohol Use Disorders Identification Test, Drug Use Disorders Identification Test, and Fagerstrom Test for Nicotine Dependence were also completed to assess for psychiatric comorbidities. Welch's t-tests examined mean score differences of ARFID subtypes in participants with versus without psychiatric comorbidities. Linear regressions investigated mental health outcomes as predictors of ARFID subtypes. Higher mean scores for LOA and FEAR were observed in participants with severe fatigue (LOA: t=-2.7, df=63.4, p<.009; FEAR: t=-2.1, df=62.9, p<.05) and clinically significant depression (LOA: t=-4.4, df=250.5, p<.001; FEAR: t=-3.4, df=235.9, p<.001) and anxiety (LOA: t=-4.2, df=231.8, p<.001, FEAR: t=-4.0, df=200.5, p<.001) than in participants without these conditions. Higher mean scores for LOA (t=-2.2, df=354.8, p=.03) and PE (t=-2.8, df=350.7, p=.007) were observed in those reporting alcohol misuse compared to those reporting no alcohol misuse. Participants meeting criteria for likely drug dependence scored higher on FEAR (t=-3.2, df=4.6, p=0.03) than those who did not. In linear regression models, depression, anxiety, and fatigue predicted higher LOA (depression: β=1.71, SE=0.37, p<.001; anxiety: β=1.64, SE=0.38, p<.001; fatigue: β=1.77, SE=0.55, p<.002) and FEAR (depression: β=1.36, SE=0.36, p<.001; anxiety:

β=1.67, SE=0.37, p<.001; fatigue: β=1.34, SE=0.54, p=.01), whereas alcohol misuse predicted higher LOA (β=0.83, SE=0.37, p=.03) and PE (β=1.09, SE=0.39, p=.005). Likely drug dependence predicted higher FEAR (β=4.39, SE=1.80, p=.016). Results suggest that psychiatric comorbidities are differentially associated with ARFID subtypes. Understanding differences in comorbid ARFID subtypes and mental health outcomes is critical for screening and developing tailored therapies in college students.

Learning Objectives

- Identify mental health outcomes that are associated with ARFID subtypes.
- Discuss the clinical significance of specific ARFID subtypes associated with co-occurring psychiatric traits among college students.
- Indicate future areas of research for co-occurring ARFID subtypes and psychiatric traits in college student samples.

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Eating Attitudes in Chronic Illness Populations

Abstract: Negative weight-related bias has been documented within both society and healthcare providers, usually towards individuals with higher BMIs or with certain chronic conditions like diabetes. These biases put individuals with chronic metabolic conditions at increased risk of developing disordered eating thoughts or behaviors. There is evidence of risk in developing these thoughts and behaviors in individuals with chronic metabolic conditions, yet it is still unknown whether individuals with non-metabolic chronic conditions are also at increased risk. This study aims to examine differences in the Eating Attitudes Test (EAT-26) scores among individuals with chronic metabolic conditions, other common chronic conditions, and those with no reported chronic conditions. A survey of 341 female-identifying participants (MAge=40.4; MBMI=28.1) was conducted. Participants reported if they had diabetes, hypertension, or hyperlipidemia (n= 113), other common chronic conditions (ex., asthma, autoimmune disorders, etc.; n=68), or no chronic conditions (n=158). Participants completed the EAT-26, measuring eating disorder risk using subscale measures of dieting, bulimia and food preoccupation, and oral control. A one-way analysis of variance was conducted for EAT-26 total means as well as each of the subscale means across the 3 health condition types. No statistically significant differences of EAT-26 scores were observed across the 3 condition types. Similarly, no statistically significant differences of the 3 EAT-26 subscale scores were observed across the condition types. There is still a notable difference between the scores found, especially in the oral control subscale (p=.014). Interestingly, those with other chronic conditions had higher scores (M=3.06) compared

to both the chronic metabolic conditions (M=1.86) and no chronic conditions (M=2.47). The other chronic conditions group continued to have the highest mean scores across all subscales. Results indicate individuals with chronic conditions may be at higher risk of developing disordered eating thoughts and behaviors, potentially even higher than those with chronic metabolic conditions. Findings of the present study suggest that eating behaviors should be considered alongside treatment of all chronic conditions since stressors of weight and disordered eating can lead to an increased risk of adverse mental and physical outcomes, potentially leading to more negative and frequent interactions with providers.

Learning Objectives

- Following the training, participants will be able to understand how chronic illness may play a part in disordered eating.
- Following the training, participants will be able to interpret near-significant findings and the value of their relevance.
- Following the training, participants will be able to evaluate potential future implications for increased screenings in certain populations.

Authors: Loren Myers, Clemson University; Alexis Lamere, Clemson University

Weight Bias Internalization in Chronic Illness Populations

Abstract: Negative weight-related bias has been documented within both society and healthcare providers, usually towards individuals with higher BMIs or with certain chronic conditions like diabetes. Weight bias internalization (WBI) is the process of an individual applying negative weight-related stereotypes to themself, which can lead to adverse mental and physical outcomes. There is evidence of increased risk in WBI in individuals with chronic metabolic conditions, yet it is still unknown whether individuals with non-metabolic chronic conditions experience internalization. This study aims to examine differences in WBI scores among individuals with chronic metabolic conditions, other common chronic conditions, and those with no reported chronic conditions. A survey of 341 female-identifying participants (Mage=40.4; MBMI=28.1) was conducted. Participants reported if they had diabetes, hypertension, or hyperlipidemia (n= 113), other common chronic conditions (ex., asthma, autoimmune disorders, etc.; n=68), or no chronic conditions (n=158). Participants also completed the modified Weight Bias Internalization Scale (WBIS-M), measuring weight-related stigmas individuals apply to themselves. A one-way analysis of variance was conducted to compare WBIS-M means across the 3 health condition groups. Statistically significant differences of WBI were observed such that those with chronic metabolic conditions had greater WBI compared to those with no health conditions ($p<.001$). Similarly, individuals with other chronic health conditions had significantly greater WBI compared to those with none ($p<.001$). No significant differences were observed between those with chronic metabolic conditions and those with other chronic health conditions ($p=.917$). Individuals with

chronic conditions had significantly higher internalized weight bias, regardless of whether their condition is associated with weight. Chronic conditions are typically associated with increased interactions with healthcare providers, who are known to be influenced by weight biases that impact attitudes and quality of care. Findings of the present study suggest that WBI should be considered alongside treatment of all chronic conditions, since the stress of weight bias can lead to an increased risk of adverse mental and physical outcomes, potentially leading to more negative and frequent interactions with providers.

Learning Objectives

- Following the training, participants will be able to further comprehend weight bias internalization.
- Following the training, participants will be able to interpret WBI differences among separate health statuses.
- Following the training, participants will be able to discuss implications of WBI for the future of healthcare.

Authors: Loren Myers, Clemson University; Alexis Lamere, Clemson University

Uncertainty within eating disorders: lived experience and mental health professional perspectives.

Abstract: Qualitative research has found that individuals with restrictive eating disorders find uncertainty anxiety-provoking (Konstantellou & Sternheim, 2019): a construct defined as having intolerance of uncertainty (IU; Freeston, 1994). Crucially, the manifestation of IU across different disorder stages (e.g., acute illness versus recovery) remains unknown. To investigate this we conducted a mixed-methods study. Fifty-seven individuals with lived experience and eleven mental health professionals completed a novel 18-item questionnaire, with likert scales and open text questions asking about how uncertainty relates to different stages of eating disorders. Fifty-two individuals with lived experience also completed a 12 item IU Scale (Carleton et al., 2007). Qualitative data were analysed using a hybrid inductive deductive reflexive thematic analysis (Fereday & Muir-Cochrane, 2006). Correlational analysis found a significant positive relationship between individuals' IU and the perceived impact uncertainty has on their disordered eating $r(50) = .60$, $p = .001$. Qualitatively, both groups found uncertainty to be important across the lifespan of eating disorders, with uncertain life events being implicated in onset and relapse, and everyday experiences of uncertainty being linked to symptom maintenance. For individuals with lived experience, key themes included the "Utility of eating disorder behaviours" in providing routine, structure and emotional regulation, "Control" describing individuals' strong need for control and how uncertainty reduced perceived control, and "Uncertainty worsens mental health" where participants felt uncertainty increased negative thoughts, disordered eating, anxiety and comorbid mental health symptoms. A final theme emerged around "Treatment", with many

suggesting existing treatment did not address uncertainty. Similar themes were identified by mental health professionals', however an additional theme was the impact of “social and family context” and, contrary to those with lived experience, clinicians felt uncertainty was addressed within treatment. Uncertain events may trigger the onset of disordered eating, with everyday uncertainty maintaining disordered eating. There is a need for better psychoeducation and treatment for IU to ensure individuals feel confident managing uncertainty, potentially reducing the risk of relapse.

Learning Objectives

- To understand the role of uncertainty across the lifespan of an eating disorder (e.g. in development, maintenance, relapse).
- To compare how individuals with lived experience of an eating disorder and mental health professionals view the role of uncertainty in eating disorders, how uncertainty relates to thought processes, and how uncertainty is addressed in treatment.
- To understand how individuals’ levels of intolerance of uncertainty relate to the perceived impact of uncertainty on the lifespan of an eating disorder.

Authors: Holly Myers, University of York; Alexandra Pike, University of York; Elizabeth Meins, University of York

The Allergic Mind: Navigating the Overlap of Mast Cell Activation Syndrome and Eating Disorders

Abstract: Patients with severe malnutrition from eating disorders (EDs) are at high risk for significant medical morbidity and mortality. Anecdotally, there has been an increasing trend, possibly related to social media, of additional severe dietary limitations being imposed on or by patients with EDs due to concern for Mast Cell Activation Syndrome (MCAS). MCAS is a disorder characterized by recurrent systemic symptoms resulting from mast cell mediator release. It is critical to differentiate MCAS-induced food avoidance from a primary eating disorder to ensure appropriate management. We will present results from our retrospective cohort study which aims to further characterize patients presenting with EDs and MCAS. Findings will clarify the clinical features, assess the appropriateness of diagnostic evaluations for MCAS against consensus criteria, and document outcomes of nutritional rehabilitation. We will present conclusions from the study to inform best practices for the diagnosis of MCAS and nutritional management of this complex and medically-compromised patient group.

Learning Objectives

- Characterize the clinical presentation and demographic features of patients with severe eating disorders who impose additional severe dietary limitations due to concern for Mast Cell Activation Syndrome (MCAS).

- Evaluate the utility and appropriateness of diagnostic evaluations for MCAS performed in a severely malnourished cohort, referencing established consensus criteria (e.g., AAAAI).
- Formulate evidence-based clinical recommendations to guide the multidisciplinary team (medical, nutritional) in the effective and safe nutritional rehabilitation of patients with co-occurring severe eating disorders and suspected/reported MCAS.

Authors: ALLISON NITSCH, ACUTE Center for Eating Disorders at Denver Health; Kristin Sterrett, ACUTE Center for Eating Disorders and Severe Malnutrition at Denver Health

Trust Your Gut? Provider Intuition and Discharge Success in Severe Eating Disorders

Abstract: Transitions from medical stabilization to behavioral health care represent a critical juncture for patients with severe eating disorders, with non-adherence to discharge plans posing significant risks for relapse and poor outcomes. The American Psychiatric Association underscores the necessity of structured discharge planning and continuity of care to optimize recovery. However, there is limited evidence regarding the ability of multidisciplinary providers to predict which patients will adhere to their intended discharge plans. We will present findings from our prospective quality improvement project, in which multidisciplinary team members will independently complete pre-discharge surveys predicting whether patients will follow through with their intended and arranged discharge plan to an inpatient, residential, or partial hospitalization level of care. Patient demographic and clinical data, discharge plan details, and post-discharge adherence (confirmed by follow-up and program reports) will be collected. Secondary analyses will assess prediction accuracy by discipline and years of experience, and explore associations between discharge plan characteristics (e.g., family accompaniment, aftercare participation) and adherence. We will present this novel data on the predictive value of provider intuition (“gut feeling”) in discharge planning for a medically and psychiatrically vulnerable population. Findings may inform targeted interventions to enhance adherence and continuity of care , which would also be shared in the session.

Learning Objectives

- Describe the critical role of discharge planning and continuity of care in minimizing relapse risk for patients with severe eating disorders transitioning from medical stabilization
- Evaluate the utility and accuracy of provider intuition ("gut feeling") as a predictive tool for discharge adherence in a medically and psychiatrically vulnerable eating disorder population.
- Discuss the association between specific discharge plan characteristics (e.g., family involvement, specific aftercare participation) and patient follow-through.

Authors: ALLISON NITSCH, ACUTE Center for Eating Disorders at Denver Health; Kristin Sterrett, ACUTE Center for Eating Disorders and Severe Malnutrition at Denver Health

A Randomized Controlled Trial of Group Cognitive Remediation Therapy Augmenting MANTRA

Abstract: Background:
The Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA) is internationally recommended as a first-line psychological therapy for adult anorexia nervosa (AN). However, no previous study has examined neurobiological changes associated with MANTRA or evaluated the benefits of group Cognitive Remediation Therapy (gCRT) as an adjunct to enhance cognitive flexibility and sustain treatment effects. This is a study multi-center, prospective randomized controlled trial (RCT) aims to develop and evaluate an integrated intervention combining MANTRA with gCRT for individuals with AN.
Objectives:
Cognitive Remediation Therapy (CRT) is a psychological intervention specifically designed to improve cognitive flexibility and central coherence, key maintaining factors in AN. This is a study protocol, aims (1) to develop a combined MANTRA+gCRT program implementing CRT as a maintenance and enhancement therapy targeting cognitive flexibility and central coherence, (2) to evaluate the effectiveness of gCRT as an augmentation to MANTRA over a one-year follow-up, and (3) to explore neural mechanisms of MANTRA through resting-state functional MRI before and after treatment. Individuals with lived experience recovered from AN will also participate as peer supporters to enhance group engagement and recovery motivation.
Methods:
Thirty outpatients aged 16–65 years meeting DSM-5 criteria for AN and with baseline BMI between 14.0–18.5 kg/m². All participants will first receive 26 weeks of individual MANTRA, then be randomized to either eight sessions of gCRT (with peer supporter) or treatment as usual (TAU) over six weeks. Assessments will occur at baseline, 26 weeks, 32 weeks, and 1-year follow-up.
The primary outcome is change in BMI. Secondary outcomes include cognitive performance (Cambridge Automated Neuropsychological Test Battery: CANTAB), central coherence (Rey–Osterrieth Complex Figure Test), obsessive–compulsive traits (OCI-R), eating pathology (EDE-Q), quality of life (ED-QoL), motivation, and clinical global impression. Dropout and remission rates will also be assessed. Resting-state fMRI at baseline and post-MANTRA using a 3.0-Tesla scanner will explore functional connectivity changes related to treatment response.
We hypothesize that gCRT will enhance cognitive flexibility.
Conclusion:
This study will evaluate the feasibility and preliminary efficacy of gCRT as an augmentation to MANTRA, investigate associated brain mechanisms.

Learning Objectives

- To understand whether group Cognitive Remediation Therapy (gCRT) can enhance cognitive flexibility and support the maintenance of therapeutic effects following MANTRA in adults with anorexia nervosa.
- To explore the underlying brain mechanisms associated with treatment response to MANTRA, as investigated through resting-state functional MRI.
- To learn about changes in cognitive flexibility and central coherence before and after MANTRA, and how these may be further influenced by the addition of gCRT.

Authors: Michiko Nakazato, Department of Psychiatry, School of Medicine, International University of Health and Welfare; Noriko Numata, Department of Cognitive Behavioral Physiology, Chiba University, Chiba, Japan; Yoshiyuki Hirano, Research Center for Child Mental Development, Chiba University, Japan; Kiyokazu Takebayashi, Hamamatsu University School of Medicine; Yusuke Sudo, Center for Forensic Mental Health, Chiba University, Japan; Helen Startup, Eating Disorders Outpatients Service, South London and Maudsley NHS Foundation Trust, UK; Ulrike Schmidt, King's College London; Kate Tchanturia, King's College London

Early caregiver engagement within clinical care in a cross-cultural context for adolescents with AN

Abstract: Anorexia nervosa (AN) is a complex illness that mandates a multi-disciplinary team (MDT) approach. Early caregiver engagement is critical for increasing urgency of treatment and providing continuity of care for the hospital-to-home transition for continued weight restoration, customized to individual settings. This study examines the feasibility of ensuring early caregiver engagement with clinical counsellor led care within a multi-disciplinary team (MDT) comprising adolescent physicians, psychiatrists, psychologists, specialist nurses and dietitians. The clinical counsellor engages caregivers within 48 hours of diagnosis through 3 sessions before FBT initiation. The sessions are to 1) Support caregivers emotionally and understand eating disorder inpatient guidelines and processes 2) Coordinate MDT team inputs 3) Provide practical strategies for hospital-to-home transition and recovery that are culturally and socially appropriate. Data was collected from 7 patients and parents from August 2025 – October 2026 who engaged with the clinical counsellor. Feasibility was determined by the number of completed sessions led by the clinical counsellor and acceptability was assessed from the feedback given by caregivers through questionnaires. Efficacy measures included change in body weight in the early phase of treatment. 14 caregiver-parents of 7 patients (86% females) engaged with the clinical counsellor. All (100%) caregivers attended 3 clinical counsellor-led sessions within 48 hours of admission and engaged with the clinical counsellor over 1-2 months. 7 caregivers (86% females) responded to feedback questionnaires to determine the effectiveness of the clinical counsellor in early engagement. 100% agreed the sessions had improved their ED knowledge and skills, contributed to coordinating MDT care and felt empowered to lead

and manage home recovery, meal adherence and weight restoration. Mean weight gain for the 7 patients during the first 2 months was 1.2 kg per week. Preliminary findings of this study suggest that clinical counsellor led early caregiver engagement within MDT care is feasible, acceptable and impactful. Efficacy outcome collections are ongoing. This approach has potential to improve patient engagement and adherence, equip caregivers with ED knowledge and skills, establish stronger patient-provider relationships and build therapeutic alliance, through the duration of the treatment, in-patient and at home, for adolescents with Anorexia Nervosa.

Learning Objectives

- Examine the feasibility of ensuring early caregiver engagement with clinical counsellor led care within a multi-disciplinary team
- Understand the process and purpose of clinical counsellor-led caregiver sessions—including emotional support, MDT coordination, and preparation for hospital-to-home transition—in facilitating continuity of care and weight restoration.
- Evaluate the feasibility, acceptability, and preliminary outcomes of early caregiver engagement interventions in improving caregiver knowledge, empowerment, and patient treatment adherence in Anorexia Nervosa management

Authors: Nandita Nalawala, KK Women's and Children's Hospital

Fat Talk Moderates Body Dissatisfaction and Interpersonal Difficulties

Abstract: “Fat talk” refers to negative conversations surrounding body weight, shape, or eating that occur commonly within female peer groups. These exchanges are especially prevalent among adolescent and young adult women, with longitudinal findings suggesting that girls often engage in critical self-talk about their bodies with their friends. While often perceived as a form of social bonding, fat talk may function as a maladaptive coping strategy, allowing peers to connect through shared dissatisfaction while simultaneously reinforcing thoughts about negative body image. Such conversations may contribute to broader interpersonal dynamics that can maintain or exacerbate symptoms of disordered eating. The current study looks to understand the moderating role of engaging in fat talk on the relationship between body dissatisfaction and eating-specific interpersonal problems, such as avoiding social situations in which eating may be involved or difficulty connecting with others due to body image concerns. We hypothesized that engaging in more fat talk would strengthen the relationship between body dissatisfaction and eating-specific interpersonal difficulties. Undergraduate women in romantic relationships (n=188) completed measures of eating disorder pathology (Eating Pathology Symptoms Inventory), fat talk (Fat Talk Questionnaire) and interpersonal functioning (Interpersonal Relationships in Eating Disorders Scale). We tested a model of engagement in fat talk as a moderator of the association between body dissatisfaction and eating-specific interpersonal problems. Body dissatisfaction significantly predicted eating-specific interpersonal difficulties ($b=0.87$, $t=7.34$, $p<.001$).

This conditional effect was qualified by a significant interaction between body dissatisfaction and fat talk (b=0.02, t=2.14, p=.03), such that increases in fat talk strengthened the positive relationship between body dissatisfaction and eating-specific interpersonal difficulties. Engaging in fat talk may amplify the effects of body dissatisfaction on interpersonal functioning in young women. These results highlight the importance of understanding social contexts and suggest that interventions targeting fat talk may wish to address both body dissatisfaction and its implications in a social context.

Learning Objectives

- Understand how fat talk contributes to eating-specific interpersonal difficulties
- Better understand the social context of body dissatisfaction
- Better understand risk factors associated with eating-specific interpersonal difficulties

Authors: Maegan Nation, University of Nevada, Las Vegas; Rosha Feizi Lighvan, University of Nevada, Las Vegas; Kara Christensen, University of Nevada, Las Vegas

Social media use trajectories and eating disorder symptoms: A prospective cohort study

Abstract: This study identified longitudinal trajectories of social media use among early adolescents to examine how this particularly vulnerable developmental period may heighten the prospective impact of social media on eating disorder symptoms. Data from 8,365 adolescents (48.4% female, mean age 10±0.6 years) participating in the Adolescent Brain Cognitive Development Study in the United States were analyzed. Participants' social media use (average daily hours) was based on adolescent self-report at baseline (2016–2018) through Year 4 (2020–2022), and adolescent self-reported eating disorder symptoms assessed at Year 4 included binge-eating symptoms, self-worth tied to weight, inappropriate compensatory behaviors to prevent weight gain, and fear of becoming obese. Group-based trajectory modeling was used to identify social media use trajectories from baseline to Year 4. Logistic regression models estimated the associations between social media use trajectories and eating disorder symptoms, adjusting for age, sex, race, ethnicity, annual household income, highest parent education level, depressive symptoms, parent-reported baseline levels of the relevant ED symptom, non-social media screen use, and study site. Results found four social media use trajectory groups. The trajectory groups and their corresponding proportion of participants per trajectory and mean hours/day change in daily use are as follows: no/very low use (25.9%, +0.9 hours/day), moderate increasing (42.6%, +2.1 hours/day), high peaking (23.8%, +2.5 hours/day), and early peaking (7.7%, +2.1 hours/day). Compared with those in the no/very low use trajectory, adolescents in the early peaking trajectory had significantly higher odds of experiencing binge-eating symptoms (AOR: 2.78, 95% CI: 1.88, 4.11), lower self-worth tied to weight (AOR: 3.53, 95% CI: 2.20, 5.67), participating in inappropriate compensatory behaviors to prevent weight gain

(AOR: 3.09, 95% CI: 2.30, 4.16), and experiencing fears of becoming obese (AOR: 4.07, 95% CI: 1.73, 9.55). Adolescents exhibiting patterns of increasing social media use were more likely to exhibit greater likelihood of experiencing a range of eating disorders symptoms, underscoring the importance of monitoring digital behaviors during adolescence.

Learning Objectives

- Identify distinct trajectories of social media use across early adolescence and their potential impacts on eating disorder risk.
- Explain the prospective associations between increasing or early-peaking social media use trajectories and elevated risk for eating disorder symptoms.
- Discuss how monitoring patterns of social media engagement can inform early prevention and intervention strategies targeting eating disorder risk in youth.

Authors: Sahana Nayak, University of California, San Francisco; Jennifer Wong; Jason Lavender, Uniformed Services University of the Health Sciences; Jason Nagata, University of California San Francisco

Understanding the Persistence of ARFID: A Clinical Model and Empirical Insights

Abstract: Avoidant/Restrictive Food Intake Disorder (ARFID) is a clinically significant eating disorder characterized by extreme selective and/or restrictive eating, in the absence of body image disturbance or weight loss motivation. Eating difficulties are often driven by sensory sensitivity, lack of interest or fear of adverse consequences from food, leading to nutritional deficiencies, impaired weight gain and linear growth, and reduced psychosocial functioning. Despite increasing recognition, the mechanisms that sustain ARFID remain poorly understood, limiting the development of targeted interventions.

To address this gap, we developed a novel clinical model grounded in extensive clinical practice. The model identifies key maintaining factors, integrating child-specific predisposing factors, such as sensory sensitivities or temperament, together with parental and environmental responses. This framework explains the disorder's persistence and offers a structured pathway for more precise assessment and targeted intervention strategies.

We empirically tested components of this model in 30 children with ARFID and 30 typically developing peers using standardized parent and child questionnaires. Preliminary findings indicate that children with ARFID show significantly higher sensory sensitivity, rigidity, disgust sensitivity, and parental accommodation, highlighting mechanisms that differentiate them from controls and likely contribute to the disorder's persistence.

During the presentation, we will detail the clinical model, present these empirical findings, and discuss implications for clinical practice and intervention development. By bridging clinical observation with data-driven evidence, this work advances

understanding of ARFID, identifies potential intervention targets, and provides a novel, integrative framework for addressing of this challenging eating disorder.

Learning Objectives

- Following the training, participants will be able to describe the clinical model of ARFID developed from practice, including child-specific predisposing factors, and parental/environmental maintaining factors.
- Following the training, participants will be able to identify the key mechanisms sustaining ARFID in children, as highlighted by empirical findings comparing children with ARFID to typically developing peers.
- Following the training, participants will be able to apply insights from the model and study to tailor intervention strategies for children and adolescents with ARFID.

Authors: Renate Neimeijer, University of Groningen; Sandra Mulkens, Maastricht University

Pneumothorax and Pericardial Effusion in a Young Female with Anorexia Nervosa

Abstract: This study aimed to describe a rare case of concurrent spontaneous pneumothorax and pericardial effusion in a patient with severe anorexia nervosa and to review existing literature on similar presentations. A descriptive case study was conducted on a 19-year-old Chinese female with severe anorexia nervosa admitted for nutritional rehabilitation, with clinical presentation, investigations, management, and outcomes analyzed. The patient presented with a body mass index (BMI) of 10.4 and severe electrolyte abnormalities. She was subsequently found to have a right-sided spontaneous pneumothorax and a large pericardial effusion further along into her admission. Pneumothorax resolved following chest drain insertion, and pericardial effusion improved with nutritional rehabilitation. The patient was discharged at a BMI of 18.3. Literature review identified limited research on such complications, with main findings suggesting that pericardial effusion often resolves with refeeding, while spontaneous pneumothorax may be related to malnutrition-induced parenchymal changes and subpleural bleb formation. This case highlights the need for heightened clinical vigilance and early imaging to detect rare cardiopulmonary complications in anorexia nervosa and underscores the importance of further research to clarify underlying mechanisms and guide risk stratification and surveillance strategies.

Learning Objectives

- Maintain a high suspicion with rare medical complications of anorexia nervosa
- Screen for rare medical complications of anorexia nervosa early
- Treat rare medical complications of anorexia nervosa early

Authors: Yi Wen Andrea Ng, Singapore General Hospital; Khung Hoon Vincent Wong, Singapore General Hospital

Avoidant/Restrictive Food Intake Disorder: Impact of Study Quality on Prevalence Rates

Abstract: The prevalence of Avoidant/Restrictive Food Intake Disorder (ARFID) is unclear. This paper is the first to present meta-analysis based estimates of the prevalence of ARFID, and to assess the impact of the quality of the research on these estimates. This study is a pre-registered (Prospero: CRD42023487621) systematic review and meta-analysis. PubMed, PsychInfo, Web of Science and CINAHL were searched (final date of retrieval 06/02/24) for peer reviewed papers published between 2013 and 2024. Random-effects and quality effects meta-analyses were used to compute and compare prevalence estimates and to evaluate the impact of study quality on prevalence rates. Subgroups were also considered (gender, age group, clinical status). Loney et al.'s (1998) Critical Appraisal of the Health Research Literature: Prevalence or Incidence of a Health Problem scale was used to assign each study a quality score across three categories - methodological validity (six points); interpretation of results (one point); and applicability of the results (one point). Twenty-six studies were identified (n = 122,861). Meta-analysis using random-effects indicated a prevalence of 11.14% (95% CI 8.16 – 14.5%), whereas quality effects prevalence was 4.51% (95% CI 0.7 – 10.68%). Similar contrasts were evident among subgroups. Even taking the more conservative estimate of 4.51%, this review demonstrates that ARFID is a common disorder, meriting further research and clinical and service developments. Future research needs to be more methodologically robust (larger samples; standardised diagnostic measures; clearer data presentation).

Learning Objectives

- Summarise the current evidence on the prevalence of Avoidant/Restrictive Food Intake Disorder (ARFID).
- Identify study-level characteristics (e.g., population, gender, age) that contribute to differences in prevalence estimates.
- Compare outcomes produced by quality effects and random-effects meta-analytic models and discuss implications for interpreting ARFID prevalence data.

Authors: Rebecca Nicholls-Clow, University of Sheffield; Glenn Waller, The University of Sheffield; Melanie Simmonds-Buckley, Department of Psychology, University of Sheffield

Turning the TIDE: Re-imagining Pediatric-to-Adult Transitions in Eating Disorder Services

Abstract: Transition supports co-designed with youth and caregivers hold promise for addressing long-standing gaps in continuity of eating disorder (ED) care. One such model is the Transition Intervention for Eating Disorders (TIDE): a five-component framework featuring a navigation guide, youth-to-youth and parent-to-parent peer sessions, transition meeting, and family doctor contact. While TIDE has been examined from patient perspectives, little is known about how providers perceive its fit with ED service program structures, workflows, and philosophies. This study explored pediatric provider perspectives on feasibility, fit, and potential adaptations of TIDE within Ontario's pediatric ED programs. A qualitative descriptive design was used with clinicians and administrators from publicly-funded pediatric ED programs across Ontario, reflecting diversity in geography, size, and treatment approach. Data were collected through structured program forms and 90-minute semi-structured focus groups. Participants collaboratively refined TIDE, tailored to their local context. Data were analyzed using content analysis to identify key ideas and visualize specific adaptations. Clinicians and administrators from six programs (n=33; 4-8 per site) participated. Providers viewed TIDE as a flexible and valuable framework for supporting transitions from pediatric to adult ED services but emphasized the need for adaptation to align with local capacities, structures, and philosophies of care. Peer support was seen as highly valuable for both youth and parents, though requiring coordination, training, and infrastructure; several proposed a centralized, province-wide model. Providers supported structured transition discussions but preferred a staged, individualized approach (including an orientation to adult care, peer sessions, and a follow-up debrief) supported by a journal-style navigation guide delivered in pre- and post-transition phases. Views on the family doctor component varied, though many supported clinician-initiated contact or coaching families to self-advocate. Participants also proposed broader system supports like family information sessions, provider workshops, and flexible timelines tailored to readiness and adult program capacity. Findings will inform refinement of TIDE to ensure alignment with pediatric ED program realities, advancing an evidence-informed, equity-oriented, and scalable model for improving care for youth with EDs across diverse clinical settings.

Learning Objectives

- Describe how pediatric ED providers perceive the feasibility, fit, and adaptability of TIDE across diverse program contexts in Ontario.
- Identify TIDE components (e.g., peer support, navigation guide, transition meetings) and newly suggested interventions (e.g., transition tracking, provider-facilitated transition groups, educational workshops) that facilitate or hinder effective transitions between pediatric and adult ED services.
- Apply insights from provider-informed adaptations of TIDE to inform or refine transition supports within their own clinical or program settings.

Authors: Maria Nicula, McMaster University; Jennifer Couturier, McMaster University

How to solve dilemma's in the treatment of severe eating disorder patients?

Abstract: Although the treatment of eating disorders (ED) has substantially improved, still many patients do not recover and develop a severe ED. Around 5% of them die because of the consequences of starvation or suicide (Touyz e.a., 2016). In my interviews with parents and therapists about the treatment history of patients who had died they told that they were confronted with serious moral dilemmas.
For the parents is was a serious dilemma whether they should support their child who was extreme afraid for increasing food intake and weight, or had to accept forced feeding in order to safe the life of their child. Supporting their child might result in a life threatening condition, but by accepting forced feeding they might lose the trust of their child (Neuvel, 2019).
Also for therapists the treatment of severe eating disorder patients confronted them with many moral dilemmas. When is the situation of the patient life threatening? When is it allowed to start forced treatment against the will of the patient. How long can they continue forced feeding and which strategies are acceptable? What to do with severe conflicts between medical doctors and therapists?
Another dilemma was the question whether it is acceptable to start psycho-therapy or trauma therapy when the patients still has underweight . And what to do with the treatment of co-morbidity in long-term ED patients? Which problem should be treated first, the comorbitiy or the ED, or could these treatments be combined?
The most severe dilemma for parents and therapists was the wish of the patient to die and to ask for euthanasia. What to do when the patients is severe suicidal and already had tried several times to commit suicide?
To solve these dilemma's Randomized Controlled Trials (RCT) are not helpful. Recently in the Netherlands a Moral Deleberation is organised to deal with these dilemma's. In this paper more information is given about the rules of a Moral Deliberation. Because each patient and her treatment history is unique there are no standard answers or protocols to solve these dilemma's.

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Learning Objectives

- will be informed about the most important dilemma's in treatment of SEAN
- knows the rules for a Moral Delibiration
- to develop personalized solutions for dilemma's in treatment of SEAN

Authors: Greta Noordenbos, Leiden University, the Netherlands

Psychedelic Assisted Therapy for Eating Disorders: A Qualitative Study of Clinicians' Perspectives

Abstract: Psychedelic-assisted therapy (PAT) is an approach which has shown promise in treating chronic mental disorders, namely treatment-resistant depression (TR-D) and post-traumatic stress disorder (PTSD). As such, PAT has been postulated as a potential treatment for people with eating disorders, particularly severe and enduring eating disorders (SE-ED), and has demonstrated promising early results. However, despite the Therapeutic Goods Administration's (TGA) approval of PAT for TR-D and PTSD, little is known about psychologists' perspectives of PAT in Australia. This study therefore aimed to qualitatively explore the knowledge and perspectives of Australian psychologists treating EDs regarding PAT, posing two core questions: 1. what knowledge do psychologists have regarding PAT, and 2. what attitudes do psychologists hold towards PAT as a potential ED treatment? Eighteen participants completed an online survey and semi-structured interview. Interviews were analysed using reflective thematic analysis. Three themes, each comprising of two subthemes were developed from the data analysis. Theme 1 - 'Seeking alternatives' - explores the lack of progress many psychologists describe when working with severe and enduring eating disorders, and the hopefulness they hold towards PAT as a new way forward. Theme 2 - 'Mechanisms of change' - explored the awareness psychologists had of the current mechanisms by which PAT works, and the imagined mechanisms for change when applied to eating disorder treatment. Finally, Theme 3 - 'Practical barriers to implementation' - highlights the challenges of implementing PAT within the present-day Australian context.
These findings highlight the unique challenges psychologists face in the treatment of EDs, particularly SE-EDs, alongside the therapeutic potential that PAT may offer. Concurrently, the findings draw attention to substantial concerns and implementation barriers, including the need for robust evidence, clearly defined clinical protocols, specialised training, and multidisciplinary collaboration. Further barriers relate to include the cost, financial sustainability and the personal demands associated with intensive therapeutic delivery.
Overall, psychologists regard PAT as a potentially transformative, yet high-risk, innovation—one that warrants cautious optimism and rigorous evaluation.

Learning Objectives

- 1.Understand why clinician perspectives matter in relation to the use of PAT in the treatment of EDs.
- 2.Identify the three key themes generated from the data analysis.
- 3.List the core clinical implications highlighted from the study.

Authors: Lyza Norton, Western Sydney University; Rory Scully, University of Melbourne; Vanja Rozenblat, University of Melbourne; Isabel Krugg, University of Melbourne

Current Status and Future Challenges of MANTRA Dissemination in Japan

Abstract: Background
The Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA) is a psychological therapy recommended by the international guidelines for anorexia nervosa (AN). In Japan, a randomized controlled trial of MANTRA has been ongoing since 2022. However, the number of clinicians who are able to deliver MANTRA remains limited, and dissemination is a major challenge.
Objective
To promote the dissemination of MANTRA in Japan, we organized training seminars for clinicians and report on their implementation and participant feedback.
Methods
Between 2023 and 2025, four MANTRA seminars (lasting 75-90 minutes each) were conducted. Participants included mental health professionals and medical students. The seminars consisted of lectures, case discussions, and role-plays covering key elements of MANTRA, including theoretical background, motivation, case formulation, and approaches to family support. Effectiveness was evaluated with post-seminar questionnaires assessing satisfaction, understanding, and willingness to apply MANTRA in practice.
Results
A total of 215 participants attended. Analysis of questionnaire responses showed:
-High satisfaction across seminars, with ratings increasing over time.
-More participants expressing willingness to integrate MANTRA into their clinical practice.
-Positive comments, such as “I could clearly visualize how to conduct sessions after watching case demonstrations” and “ I would like to attend a longer workshop.” There was also clear demand for stepwise training (e.g., basic and advanced levels).
Discussion
Awareness and interest in MANTRA in Japan are gradually increasing. Through these seminars, participants reported enhanced motivation and readiness to implement MANTRA in clinical settings. Next challenges are:
-Developing online pre-learning system for seminar/workshop participants,
-Establishing supervision structures,
-Creating a working group within academic societies to support sustainable dissemination.
Conclusion
MANTRA is an effective therapy for AN, and our findings suggest promising potential for its dissemination in Japan. The seminars may have helped increase clinicians’ interest and motivation, providing some support for future clinical application. Future directions include offering programs tailored to participants’ levels of expertise (e.g., half-day or one-day intensive courses), ensuring regular implementation, and systematically evaluating training outcomes

Learning Objectives

- recognize the current and challenges of disseminating MANTRA in Japan.
- identify how MANTRA seminars influenced participants' understanding, motivation, and perspectives on clinical application.
- summerize participant feedback and understanding future training needs to support sustainable dissemination.

Authors: Noriko Numata, Department of Cognitive Behavioral Physiology, Chiba University, Chiba, Japan

“I don’t know any girls who eat like you”: Examining intersectional experiences of weight stigma

Abstract: While weight stigma has been identified as a social justice issue, there is a lack of research examining the intersectional experience of weight stigma. This research examined weight stigma among a diverse sample of individuals living in Canada, via an anonymous online qualitative survey. Enhanced Critical Incident Technique was used as a data collection method to elicit information on one previous experience with weight stigma in detail. Participants also reported the contexts in which they have experienced weight stigma across the lifespan, the perceived impacts of these experiences on health as well as their perceptions of how self-identities influenced experiences with weight stigma. Data was gathered from 486 participants, with representation across gender, race, sexuality, disability, and socioeconomic status. Participants reported experiences of weight stigma across contexts, including healthcare, education, family, romantic relationships, the workplace, friendships, and in public. Experiences with weight stigma were organized thematically by the nature of the experience (i.e., negative comments, weight-focused healthcare, social exclusion, discrimination). Perceptions of the impact of weight stigma on health were analyzed via content analysis. Participants primary perceived weight stigma as impacting their mental health, including self-worth, anxiety, depression, but also recognized physical health consequences. Participants described long-term difficulties with body dissatisfaction, disordered eating behaviours, clinical eating disorders, anticipatory stigma, as well as lack of trust and avoidance of healthcare. Participants most commonly identified their gender as influencing their experiences with weight stigma. This research elucidates trends in the intersectional impact of weight stigma in Canada, including similarities and subtle differences between demographic groups. Further research is needed to better identify policy and practice options to reduce weight stigma meaningfully across demographic groups.

Learning Objectives

- Describe the ways individuals experience weight stigma in their lives
- Describe the perceive health and other consequences of experiences with weight stigma

- Describe intersectional differences in the experiences and outcomes of weight stigma

Authors: Sarah Nutter, University of Victoria; Rachel Waugh, University of Victoria; Rochelle Esterhuizen, University of Victoria; Lawrence Armo Biney, University of Victoria; Cici Chen, University of Victoria; Tara McSweeney, University of Victoria; Angela Alberga, Concordia University; Mary Forhan, University of Toronto; Sara Kirk, Dalhousie University; Taniya Nagpal, University of Alberta; Ian Patton, Obesity Canada; Ximena Ramos Salas, Bias 180; Shelly Russell-Mayhew, University of Calgary; Jacob Shelley, Western University

The impact of weight stigma on illness perceptions of individuals with atypical anorexia nervosa

Abstract: Existing literature on atypical anorexia nervosa (AAN) suggests that individuals affected by this disorder experience severe physical and psychological health complications, including risk for suicide. Despite these complications, weight-related stereotypes and social discourses continue to promote the false belief that restrictive eating disorders occur exclusively among those with low body weight. Further, researchers have identified weight stigma as a significant influence on the treatment experiences of those with AAN, including lack of symptom recognition and weight-focused treatment. However, the impact of weight stigma on internal illness perceptions has yet to be explored, which was the purpose of the current study. Descriptive phenomenological analysis was used to examine the impact of weight stigma on the illness perceptions of seven individuals with AAN to better understand how they come to identify the legitimacy and severity of their ED and their subsequent treatment-seeking experiences. Participants were recruited from organizations supporting individuals with EDs and their loved ones in Canada and the USA. Qualitative data were collected via semi-structured interviews, with analysis resulting in seven themes. Overall, participants reported that restriction and fear of fat were normalized and encouraged, which contributed to a delayed self-recognition of illness and self-doubt about illness legitimacy. Even after participants could no longer ignore their illness, due to its impact on health and social functioning, they reported their weight-based experiences led them to question their worthiness for recovery, that they experienced barriers to recognition of illness and access to treatment, and that they had ongoing difficulties in navigating self-disclosure of their ED during and after treatment. These findings indicate a need for increased understanding of the influence of weight stigma and ED misconceptions on ED screening and access to treatment to better support individuals in recognizing and recovering from AAN.

Learning Objectives

- Describe the diagnostic difference between AAN and AN
- Describe how weight stigma influences self-recognition of illness in AAN

- Describe how weight stigma influences illness perceptions throughout AAN treatment

Authors: Sarah Nutter, University of Victoria; Sage DaSilva, University of Victoria; Jessica Saunders, Brigham & Women's Hospital

Paths to Healing? Ethnography of Polish Healthcare Systems in Eating Disorder Cases

Abstract: This poster presents the conceptual and methodological foundations of an ethnographic research project focused on the experiences of individuals with eating disorders and comorbitities in Poland. The central aim of the study is to explore how people navigate various healthcare systems—public, private, and hybrid. The project assumes that treatment choices are strongly influenced by patients' socio-economic status and family/class background. Since the author is only at the beginning of her scientific career (first year of doctoral studies), the poster is conceptual and methodological in nature. It outlines key research questions, theoretical inspirations, ethical challenges, and proposed fieldwork strategies. It also reflects on the researcher's position in a field which is dynamically shaped by different interactions, technologies, and media. Ethnography is here understood as a fully immersive experience. The research will involve semi-structured, in-depth interviews with diagnosed individuals and healthcare professionals from both public and private sectors, participant observation, fieldnotes and netnography. The poster visualizes the project's structure, preliminary analytical categories, and expected outcomes—such as systemic inequalities, class-based differences in access to care, and the socio-cultural dimensions of being "in treatment". Ultimately, the poster invites discussion on the role of medical anthropology in addressing complex health experiences and its potential contribution to applied solutions in mental health care. It also highlights how anthropological insights may inform more inclusive and responsive healthcare practices, especially in the context of psychiatric and psychosomatic conditions.

Learning Objectives

- understand the diagnosis presented by the author regarding the situation of people with eating disorders in Poland
- identify methodological tools that can be used in research on people with eating disorders
- consider the ethical challenges faced by beginning researchers of vulnerable groups

Authors: Wiktoria Nylec, The Institute of Philosophy and Sociology of the Polish Academy of Sciences

Scoping review on the contribution of the dietetic role within Family-Therapy for Anorexia Nervosa

Abstract: Anorexia Nervosa (AN) is the third most common chronic illness among adolescents with the highest standardised mortality rate of any psychiatric condition. Dietitians can play an important role in a patient's recovery from AN. However, the majority of guidelines on the dietetic role in child and adolescent eating disorders (CAED) treatment are currently published by professional bodies based on expert consensus opinions and best practice rather than empirical evidence.

Family therapy for Anorexia Nervosa (FT-AN) is an evidence-based outpatient treatment for young people with AN. The model advocates that parents are a support system to help their young person in recovering from their eating disorder. FT-AN is the first-line NICE-recommended outpatient treatment in the UK for young people with AN. Within FT-AN, while the dietitian is mentioned as a core member of the treating team the exact nature of the role is minimally defined or described within the manual.
Due to limited published evidence on the role of the dietitian within FT-AN a scoping review methodology was chosen. PUBMED and CINAHL databases were searched and APA and NICE guidelines considered. Reference lists of relevant papers were screened for additional sources. As a search on the role of the role of dietitian within FT-AN only generated 2 relevant papers, relevant subtopic searches were conducted from key themes on the dietetic role drawn from the FT-AN manual. These included meal plans within eating disorders treatment, early treatment weight restoration targets, the role of the dietitian in eating disorders treatment more broadly and outcome measures for dietitians in eating disorders.
47 papers were included in the scoping review. All searches highlighted the limited availability of high-quality empirical evidence on the role of the dietitian within CAED treatment. Service users and clinicians consistently reference the important contribution of the dietitian role in extending the nutritional knowledge base of the team and in supporting a patient's nutritional recovery. However, the exact mechanism for how the role should best be involved within FT-AN is not yet understood. No evidence currently exists for the use of meal plans or outcome measure's for dietitians within CAEDS. Further research attention should be directed at understanding the unique contribution of the dietetic role within FT-AN and to work towards developing evidence-based guidelines to ensure consistency of care.

Learning Objectives

- Have an overview of the current research landscape for dietetics within child and adolescent eating disorders treatment
- Understand how gaps in the research evidence is impacting dietetic practice
- Understand future research needs for understanding how the role of the dietitian could bets support a young persons recovery from anorexia

Authors: Danielle O'Regan, South London & Maudsley NHS Trust, London Metropolitan University; Cliona Brennan; Dee Bhakta, London Metropolitan University; Julian Baudinet, Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED), Kings College London

A reflexive thematic analysis on dietitian's experience and perspectives on working within FT-AN

Abstract: Family therapy for anorexia nervosa (FT-AN) is the first-line NICE-recommended treatment in the UK for young people with anorexia nervosa (AN). FT-AN has been shown to support young people with AN to achieve a healthy weight and reduce eating disorder cognitions by the end-of-treatment with results well maintained at five-year follow-up.

Within the FT-AN manual, the dietitian is discussed as an important member of the multidisciplinary team (MDT) who provides expertise on the management of nutritional complexities that may arise during the course of AN treatment and nutritional rehabilitation. However, within the FT-AN manual, guidance on the exact nature of how the dietetic role should be integrated within the treatment model is minimal. This could lead to inconsistencies in how the role is integrated between services, and makes evidencing the contribution of the dietetic role within the treatment model challenging.

This study seeks to be the first to qualitatively explore the perspectives of dietitians in the UK on their experiences of working within the FT-AN treatment model. The study aims to explore the role of the dietitian in child and adolescent eating disorders treatment based on dietitians' lived experience. 16 participants completed semi-structured qualitative interviews on the topic.

Key themes highlighted within the paper were that dietitians valued the MDT working within FT-AN, which presented opportunities for cross-professional learning and skills development. Dietitians highlighted the importance of close MDT working, where strong MDT relationships and trust gave dietitians confidence that their role was being used appropriately. Participants reflected on the isolated nature of the dietetic role within a heavily therapeutic MDT and the strengths and challenges that arose from this. Lack of robust published research on the dietetic role within the FT-AN model or profession-specific outcome measures was noted as a barrier to advancing the profile of the dietitian within FT-AN.

The role of the dietitian within FT-AN is a complex position which presents unique strengths and challenges. Further research is needed on how best the role can be integrated within the FT-AN model to help support patients' recovery journeys.

Learning Objectives

- Understand the unique contribution of the dietetic role in child and adolescent eating disorders treatment

- Understand the strengths and challenges from the dietitians perspective of working within an FT-AN model
- Understand the research gaps currently present related to the dietetic role in child and adolescent eating disorders treatment

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“No sabía de que manera podía ayudarla”: A qualitative study with providers and Latine families

Abstract: Latine youth are an emerging population for eating disorders (EDs), and the impact of barriers - stigma, provider bias, lack of provider education, language barriers, and insurance type- on their receipt of care is not well understood. Research demonstrates that disproportionate access to specialized mental health services contributes to health disparities amongst patients with EDs. This qualitative study aimed to examine perspectives of providers and Latine families on eating disorder care and to identify barriers, facilitators, and culturally relevant recommendations. Participants were recruited across the Chicagoland area. Eight multidisciplinary providers participated in a 60-minute focus group. Fourteen Latine families participated in three 60-minute family focus groups and six 30-minute interviews, which were conducted in English and Spanish. One bilingual investigator reviewed Spanish transcripts for accuracy, and a team of six investigators coded transcripts. Utilizing the Health Equity Implementation Framework, we conducted direct content analysis of transcripts. Intersecting themes reflected systemic barriers and societal influence: 1) interpreter service quality and availability, 2) insurance coverage, 3) treatment costs, and 4) cultural importance of food. Facilitators included: 1) community resources and 2) clinic flexibility. Notably, these themes are not unique to Latine families but hold relevance for all families engaged in ED care. Cultural humility is a continual practice of self-reflection and openness to others’ beliefs, customs, and values. FBT (family-based treatment) addresses ED-specific challenges, and when integrated with cultural humility, can improve outcomes across cultural groups. Findings highlight culturally relevant recommendations for providers such as briefing interpreters before sessions, exploring families’ perspectives related to food, adapting treatment to align with each family’s needs and traditions, creatively providing community resources, and continuing to advocate for families. This study informs earlier interventions for EDs by utilizing identified facilitators and aims to reduce modifiable barriers to care. Integrating cultural humility into clinical practice represents a critical step toward health equity. Given that most of these themes relate to systemic barriers, this is a call to action for increased advocacy, adaptation, and allocation of resources for the communities in which we work.

Learning Objectives

- Learn about the Health Equity Implementation Framework and apply it to eating disorder research.
- Identify and discuss specific barriers that impact the families they work with.
- Creatively develop and propose solutions to address those barriers through discussing research implications.

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Body Dissatisfaction, Weight bias and Weight stigma in a sample of chilean women in reproductive age

Abstract: The influence of body dissatisfaction, weight bias, and weight stigma on women of reproductive age, during pregnancy, or postpartum has been very little studied internationally, and even less researched in Latin America. In fact, pregnant women are generally excluded from studies related to body image and weight due to the abrupt changes they may experience in their weight and shape during pregnancy. Therefore, this study seeks to evaluate the presence of body dissatisfaction, weight bias, and weight stigma in these commonly excluded groups, and to analyze whether differences exist depending on whether they are pregnant, postpartum, or of reproductive age. An online questionnaire battery was administered to a sample of 300 women residing in Chile, of reproductive age, pregnant, or postpartum. This questionnaire included a sociodemographic questionnaire and a battery of clinical scales. Among the most notable findings were differences in body dissatisfaction, weight bias, and weight stigma levels among the three groups, with these being significantly higher in pregnant and postpartum women. Furthermore, significant correlations were observed between the variables under study and sociodemographic variables, such as age and BMI. The results of this study highlight the need to further investigate the variables of body dissatisfaction, weight biases, and body image at this stage of women's life cycle, especially during pregnancy and postpartum, since the consequences associated with these three variables can influence the emergence or maintenance of risky eating behaviors, avoidance of health care, postponement of the diagnosis of reproductive problems, etc., at a crucial time in their lives, potentially affecting not only them but also their children.

Learning Objectives

- To understand the relationship between body dissatisfaction, weight bias, and weight stigma in women of reproductive age.
- Analyze the effects that body dissatisfaction can have during pregnancy and postpartum.

- Understanding the risks of weight bias and weight stigma for women of reproductive age

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Body satisfaction, Familiar talks about weight & mental health symptoms in women residents in Spain

Abstract: Although research on family fat talk and its effects exists internationally, this phenomenon has been little studied in Spain. Furthermore, research has focused on studying the effect of family fat talk on children and adolescents, so there is little evidence about how women experience this phenomenon in adulthood. The objective of this study is to analyze the relationship between body satisfaction, family fat talk, and symptoms associated with depression, anxiety, and stress. Through a battery of online questionnaires, sociodemographic variables, family fat talk, body satisfaction and symptoms associated with depression, anxiety and stress were evaluated in a sample of 438 female participants, residents of different cities in Spain, aged 18 or older. Among the most significant findings, significant correlation were detected between the study's main variables and various sociodemographic variables, such as age and BMI. Furthermore, significant relationships were found between the variables "family fat talk," "body satisfaction," and scales measuring depression, anxiety, and stress. Finally, the mediating effect of body satisfaction was observed in the relationship between the variables "family fat talk" and symptoms of depression, anxiety, and stress. The results highlighted indicate that exposure to family fat talk continues to have a negative effect on women during their adulthood, not only in their relation to body dissatisfaction, but also on mental health symptoms, so it is necessary to address these behaviors not only from research, but also from public health.

Learning Objectives

- Understanding the effect of family fat talk on adult women
- Understanding the relationship between family fat talk and body satisfaction
- Analyze the mediating effect of body satisfaction between family fat talk and mental health symptoms.

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The Impact of Social Media on Anorexia Nervosa: A Qualitative Study amongst Youths

Abstract: Social media has become an integral part of adolescents' social lives. However, both clinical experience and media attention increasingly suggest that social media may have a detrimental impact on youth suffering from anorexia nervosa. The aim of this study was to explore the impact of social media on the onset, development and recovery of youths with severe anorexia nervosa.
Eleven young persons (aged 16-25 years) with anorexia nervosa participated in semi-structured interviews focusing on the course of their illness and their perceptions regarding the influence of social media on it. All patients had experienced compulsory feeding. The data were coded and analyzed using thematic analysis.
Particularly during illness onset, social media was frequently used as a coping mechanism in response to a perceived lack of understanding from family and friends, or to mitigate feelings of social isolation. During illness progression, the impact of social media could either be detrimental or helpful. Participants described that when they were able to consider working towards recovery, they found online recovery communities to be beneficial in reducing loneliness and to inspire motivation for recovery. However, when recovery was nog yet conceivable, several harmful aspects were identified, including the glorification of unhealthy body ideals, competitive dynamics centered around being the "most ill," and the ease with which pro-anorexia content can be accessed and become intrusive.
This study suggests that the impact of social media depends on the user's intentions. A patient who has perspectives and motivation for recovery may actively filter negative content to put themselves in a positive 'feed' or network that may aid recovery. However, a patient who lacks this perspective or motivation may find themselves in a figurative minefield of negative upwards comparisons and destructive advice or challenges that motivate or contribute to illness deterioration. Preventive strategies, including education of patients, families and professionals about the risks associated with social media, may help protect adolescents with anorexia nervosa from its detrimental effects. Peer experience workers may have a special role in this process. Moreover, complete exclusion from social media may exacerbate feelings of isolation and may not be the best choice in most cases.

Learning Objectives

- discuss the impact of social media on youth with anorexia nervosa
- consider wheter social media training programs should e offered to patients or staff
- better discuss social media with patients and parents

Authors: Tim Offringa, LUMC Curium - Child and Adolescent Psychiatry, Leiden University Medical Center, The Netherlands; Michael Harkhoe, GGZ Rivierduinen; Robert Vermeiren, LUMC Curium; Laura Nooteboom, LUMC Curium

Performance, Gender, and Inequity: A Systematic Review of Athletic Media Portrayals.

Abstract: Athlete representation in visual and textual media has become an integral part of sports culture. Furthermore, athlete media portrayals often shape public perceptions by reinforcing social norms surrounding body image, performance, and gender. Although research on athlete media portrayals is extensive, few studies have systematically examined how these representations vary across the evolving landscape of visual and textual media. Additionally, literature exploring athletic portrayals has done so superficially (focusing narrowly on individual sports or single media types) or across a few modes of media. To address this gap, the present systematic review synthesized findings from 98 peer-reviewed studies examining athlete depictions in visual and textual media. The scope of this review encompasses a wide range of media, including traditional sports journalism and advertising, social media, and brand partnerships. We examined several themes throughout the articles, systematically coding, analyzing, and comparing them to identify recurring patterns. Themes portrayed by researchers include an emphasis on appearance and sexual appeal, as well as the reduction or marginalization of athletic competence, skill, and talent. Such themes were consistent across various media formats, suggesting they run deeper than aesthetics-oriented athlete portrayals. The study also highlighted differences in portrayal by sport and sport type, emphasizing how athletic media representation may vary from one sport and audience to another. Gender-based patterns were also identified, including the perpetuation of gender roles and stereotypes, the presence of misogyny, online and media-based abuse, sexualization, and the commodification of female athletes' bodies, alongside emerging evidence of more equitable and empowering portrayals in recent media. Athletic media portrayals of men were more likely to emphasize athletic ability, accomplishment, and strength, whereas athletic media portrayals of women were more likely to focus on appearance and physique-based factors. Overall, the findings suggest that although spaces of media have diversified, systemic gender-based inequities continue to shape how athletes are portrayed and perceived. Understanding these dynamics is crucial for promoting transparency, inclusivity, gender equity, and encouraging stakeholders to challenge biases that undermine overall accomplishment and ability for both men and women and perpetuate harmful discourses.

Learning Objectives

- Identify critical themes present in athlete media portrayals across various forms of media, including sports journalism and advertisement campaigns.
- Examine how biased and stereotyped media portrayals impact sports culture and influence public perceptions of athletes.
- Evaluate tactics to promote inclusion, positivity, and equity in the portrayal of athletes across various sports and forms of media.

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University; Samantha Nett, Northeastern University - Applied Psychology Program for Eating and Appearance Research (APPEAR) Lab; Hsin-Tung Hsieh, Northeastern University - Applied Psychology Program for Eating and Appearance Research (APPEAR) Lab; Rachel Rodgers, Northeastern University

Body Comparisons Bidirectionally Linked with Body Dissatisfaction but Not Disordered Eating Urges

Abstract: We assessed the bidirectional relationship between body comparisons (BC) with body dissatisfaction (BD) and disordered eating (DE) urges in daily life. A secondary aim was to assess whether these effects were moderated by BC context (e.g., in person, social media, traditional media) and gender. Undergraduate men and women (n = 521, 76.0% female-identifying) completed baseline measures and a 7-day ecological momentary assessment (EMA) reporting BC (frequency, direction and context), BD levels, and DE urges including food restriction, exercising and overeating. Data (collected 2020 – 2022) were statistically controlled for potential COVID lockdown effects. Multilevel analyses revealed a bidirectional relationship between upward BC and BD, suggesting a reinforcing cycle. Downward BC predicted a decrease in BD, but during moments of heightened state BD, individuals were less likely to engage in downward BC. Urge to engage in compensatory exercise significantly predicted subsequent engagement in upward BC, but none of the remaining relationships between BC and DE urges were significant, suggesting other factors may play a more central role in these relationships. The effect of upward BC on BD were more pronounced in person and via other contexts than on social media, potentially due to increased awareness of digital image manipulation. Gender did not moderate these relationships, highlighting shared psychological processes across men and women. These findings underscore the context-dependent nature of BC in body image concerns. Future research could investigate whether strategies developed to promote media literacy on social media can be adapted to help individuals manage in-person or other real-world comparisons.

Learning Objectives

- Describe the bidirectional relationship between body comparisons, body dissatisfaction, and disordered eating urges as identified through ecological momentary assessment data.
- Identify how body comparison context (in person, social media, traditional media) influences the strength of associations between body comparisons and body dissatisfaction.
- Discuss the implications of these findings for intervention development, including how media literacy strategies may be adapted to address in-person and real-world body comparison contexts.

Authors: Wenn Lynn Ooi, University of Melbourne

Seeing Size: A Systematic Review on Responses to Plus-Size Representation in Contemporary Media

Abstract: “Plus-size” is a social construct that forms a subset of body diversity, focusing on larger body types. Although empirical research on the effects of plus-size representation is emerging, no systematic review has summarised the findings to investigate how effective plus-size representation challenges traditional body ideals. To address this gap, we conducted a systematic review to examine how plus-size images are operationalised and summarise the effects of plus-size representation on body image outcomes and weight-related attitudes. Further aims were to identify factors that can mediate and moderate the effects of plus-size representation and evaluate the methodological quality of included studies. Systematic searches were conducted following PRISMA guidelines, and 35 unique studies (from 31 articles) were included. Results indicate that plus-size representation typically exerts positive or neutral effects on body image outcomes and weight-related attitudes, although more research is required to draw conclusive evidence about possible moderators and mediators for these effects. Methodological limitations, including inconsistent operationalisation of plus-size images, poor consideration of gender and cultural differences, and the exclusive use of experimental designs, were also noted. In conclusion, this review suggests that plus-size representation may be generally beneficial for body image outcomes and weight-related attitudes. However, further efforts are required to strengthen research in this area. Key priorities include improved standardisation of plus-size definitions, greater consideration of demographic diversity, and the adoption of research methodologies with better ecological validity.

Learning Objectives

- Explain the impact of plus-size representation on body image outcomes and weight-related attitudes, based on findings from a systematic review of 35 studies.
- Identify key factors that may mediate or moderate the effects of plus-size representation, and discuss the limitations in the current research methodology.
- Describe the necessary steps to strengthen future research in this area, including improved operationalisation of plus-size images and greater consideration of demographic diversity.

Authors: Wenn Lynn Ooi, University of Melbourne

Exploring the Links between Polycystic Ovary Syndrome and Eating Disorders: A Podcast Ethnography

Abstract: A small but growing body of work has identified an increased risk for eating disorder (ED) symptoms in women* with Polycystic Ovary Syndrome (PCOS). The goal of the present ethnographic study is to investigate the prevailing narrative around eating,

weight, and body image within podcast communities. A podcast ethnography is a qualitative approach involving an open exploration of the podcast as a field site (incl. meta-data), engagement with the podcast through reflections on the researchers' embodied experiences, and an examination of empirical data (e.g., field notes, meta-data) to develop concepts and themes. Two influential PCOS podcasts are contrasted in their sense-making processes regarding PCOS experiences that are relevant to ED development, maintenance, and recovery. These involve PCOS symptoms affecting body image (e.g., hirsutism, acne), eating behaviours, weight management, and general wellbeing. Overall, PCOS podcasts provide rich data that include both lived experience accounts, as well as (lay) understandings of mechanisms linking EDs with PCOS.

Learning Objectives

- Gain insights into a new methodological approach (a podcast ethnography)
- Learn more about the mechanisms linking PCOS with eating disorders
- Better reflect on individual treatment approaches for people with eating disorders and co-occurring health conditions

Authors: Marie-Christine Opitz, University of Edinburgh

Integrating Behavioral Activation, CBT-ED, and DBT in a Partial Hospitalization Program for Comorbid

Abstract: Comorbidity between Eating Disorders (EDs) and Bipolar Spectrum Disorders occurs in up to 35% of patients and is associated with mood instability, poor adherence, and higher relapse risk. This case describes the treatment of an adult patient with comorbid Bipolar II Disorder and ED in a 12-week Partial Hospitalization Program (PHP) using a multimodal approach that integrated Behavioral Activation (BA), Cognitive Behavioral Therapy for Eating Disorders (CBT-ED), and Dialectical Behavior Therapy (DBT) skills. The intervention targeted behavioral engagement, emotional regulation, and daily functioning through structured BA planning, CBT-ED strategies (psychoeducation, self-monitoring, cognitive restructuring), and DBT modules on regulation, distress tolerance, and mindfulness. Progress was monitored weekly through clinical observation and standardized measures, including the Eating Disorder-15 (ED-15), Clinical Impairment Assessment (CIA), Patient Health Questionnaire-9 (PHQ-9), and Acceptance and Action Questionnaire-II (AAQ-II). Over the 12 weeks, ED-15 total scores decreased from the 60th to the 25th percentile, CIA from the 80th to the 25th, and PHQ-0 from the 80th to the 5th percentile, with marked gains in body appreciation and psychological flexibility. This case highlights the feasibility and clinical utility of combining BA, CBT-ED, and DBT within a structured PHP to address emotional lability, behavioral rigidity, and functional impairment in complex comorbid presentations. Integrating value-based activation and emotion regulation strategies may inform future multimodal frameworks for long-term stabilization and recovery in EDs with bipolar

spectrum comorbidity.

Learning Objectives

- Describe how Behavioral Activation principles can be adapted to address comorbid Eating Disorder and Bipolar II Disorder within a Partial Hospitalization setting.
- Identify strategies to differentiate depressive avoidance from hypomanic activation patterns and integrate these insights into treatment planning.
- Discuss the role of structured behavioral engagement and value-based activity planning in promoting emotional regulation, daily functioning, and long-term recovery.

Authors: Abril Ortega, Comenzar de Nuevo A.C.; Eva Trujillo-ChiVacuan, Director; Karen Hutchinson; Diana Gonzalez; Paulina Gonzalez; Elsie Trujillo; Rodolfo Perez; Dilia Moreno; Carolina Cantu; Esperanza Leal

"Masked by Restriction": When Autism Camouflaging Leads to a Misdiagnosis of Anorexia Nervosa

Abstract: This case report illustrates how autistic camouflaging and sensory-interoceptive traits can mimic Anorexia Nervosa (AN), leading to misdiagnosis and delayed care. A 21-year-old woman was admitted to a residential treatment center with severe dietary restriction, weight loss (48.1 kg, BMI 16.6 kg/m²), and thrombocytopenia, initially diagnosed with restricting-type AN. Comprehensive assessment targeting sensory hypersensitivity, interoceptive difficulties, and cognitive rigidity revealed a neurodevelopmental profile consistent with Autism Spectrum Disorder (ASD). Although she presented with restrictive intake and medical complications, behaviors were not driven by body-image psychopathology but by sensory overload, need for predictability, rigid thinking, and difficulty interpreting internal cues. Learned "fit-in" behaviors and exercise routines reflected social masking rather than weight-control motives. Baseline psychometrics showed elevated eating-disorder concerns (ED-15 = 6.7, 85th percentile), high functional impairment (CIA 99th percentile), and severe depressive (PHQ-9 90th) and anxiety (GAD-7 80th) symptoms. Diagnostic overshadowing and female-typical camouflaging contributed to misinterpretation within an eating-disorder framework. After neurodevelopmentally informed re-evaluation, her diagnosis was revised to restrictive Other Specified Feeding or Eating Disorder (OSFED) with ARFID-like features comorbid with ASD. Treatment integrated sensory-informed nutrition therapy, predictable meal routines, and CBT-ED and DBT modifications addressing interoception, cognitive rigidity, and graded sensory exposure. Pharmacological interventions were optimized to account for sensory-processing differences and affective-regulation challenges associated with ASD. After seven weeks, weight increased to 54 kg (BMI 18.7), body fat from 27.4 % to 29.5 %, and ED-15 scores declined markedly, with reductions in depressive and anxiety symptoms. The patient achieved consistent adherence to structured meals, increased

tolerance to sensory variability, and greater emotional insight. She began distinguishing socially learned body-image rules from genuine sensory discomfort. This case underscores the importance of neurodevelopmentally informed assessment to differentiate restrictive eating rooted in sensory and interoceptive mechanisms from classic AN, preventing misdiagnosis and guiding individualized treatment for neurodivergent women.

Learning Objectives

- Recognize how autistic camouflaging, sensory sensitivities, and interoceptive difficulties can mimic restrictive eating behaviors and contribute to misdiagnosis of Anorexia Nervosa in neurodivergent individuals.
- Identify clinical and psychometric markers that help differentiate eating disorder pathology from neurodevelopmental mechanisms, emphasizing diagnostic nuance in female presentations.
- Apply neurodevelopmentally informed treatment adaptations, including sensory-informed nutrition therapy, structured routines, and CBT/DBT modifications to improve engagement and outcomes in patients with co-occurring ASD and restrictive eating.

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Analyzing Different Diagnostic Categorizations in Anorexia

Abstract: Atypical Anorexia (AAN) is more common than anorexia nervosa (AN) and causes similar distress and impairment. Further, a growing body of research suggests that AN and AAN are more similar than different, highlighting that it AN might be better conceptualized as a spectrum versus distinct categorical differences. Further research is needed to explore potential alternative diagnostic classification methods, such as focusing on specific behaviors like binge eating or purging rather than categorical diagnoses. We used secondary data of individuals diagnosed with AN or AAN (n=464) to test if differences existed via diagnostic categories and/or via behavioral presentations on primary measures of ED and related symptoms. We compared scores on the Eating Disorder Examination Questionnaire-6 (EDE-Q), Fear of Food Measure (FOFM), and the cognitive restraint and body dissatisfaction subscales on the Eating Pathology Symptom Inventory (EPSI). Participants were first grouped based on diagnosis, AN (n=215) or AAN (n=249). Independent Welch's t-tests were conducted on the variables of interest. Next, participants were grouped based on diagnostic subtype, restrictive (n=266) or binge-purge (BP; n=198), and Welch's t-tests were performed. We used the Benjamini-Hochberg procedure to control family-wise error. The AAN group scored higher than the AN group on the EDE-Q ($p<.01$) and EPSI body dissatisfaction subscale ($p<.05$), and

the AN group scored higher on FOFM ($p<.01$). Individuals with BP subtype scored higher on the EDE-Q ($p<.01$) and EPSI body dissatisfaction ($p<.05$) subscale. No differences were found between AN and AAN or behavioral subtype for the EPSI cognitive restraint subscale. There were also no differences on the FOFM between diagnostic subtypes. There were no significant differences in proportion of diagnostic subtypes between the AN and AAN groups. Individuals with AN and AAN were largely similar on our constructs of interest. When there are differences, people with AAN endorse higher ED pathology than those with AN, except for on fear of food. Participants with the BP subtype had higher EDE-Q and EPSI scores, suggesting that these individuals may experience greater distress and impairment from certain ED symptoms. Results suggest that using weight as a primary indicator for differential diagnosis of EDs may have limited utility in accurately characterizing the prevalence and severity of ED symptoms. More research on alternative categorization methods is needed.

Learning Objectives

- Understand the similarities and differences in diagnostic characteristics between anorexia nervosa and atypical anorexia nervosa
- Understand the similarities and differences in ED presentation and severity between restrictive and binge-purge subtypes of anorexia and atypical anorexia
- Discuss the limitations of weight based categorical diagnostic systems and identify potential future research directions to improve diagnostic classification of anorexia

Authors: Kimberly Osborn, University of Louisville; Cheri Levinson, University of Louisville

Examining Comparison, Competitiveness, and Eating Disorder Symptoms

Abstract: Research suggests that individuals with eating disorders (ED) endorse greater competitiveness and maladaptive comparisons compared to those without EDs. This study evaluated the role of competitiveness and comparison on ED symptoms and differences in competitiveness, ED related comparisons (i.e., food-, body-, and exercise-based comparisons), and ED symptomatology among individuals with and without a history of ED. Participants include adults eighteen years of age and older with current or historical ED (ED group) or individuals 18 or older without a history of ED (non-ED group). A total of 783 adults completed the ED Questionnaire-6 (EDE-Q), Body, Eating, and Exercise Comparison Orientation Measure (BEECOM), and the Competitiveness Orientation Measure (COM). We used hierarchical regression to evaluate whether trait competitiveness (COM) uniquely predicts ED severity (EDE-Q) above and beyond ED-related comparisons (BEECOM). We also used Welch's t-test to compare COM and BEECOM scores between individuals with ED history and those without ED history. The overall model for the hierarchical regression was statistically significant, $F(1, 780)=877.30$, $p < .001$, explaining approximately 53% of the variance in ED severity scores. ED-related comparisons explained a significant amount of variance in ED

symptom scores, $t(780) = 29.62$, $p < .001$, but competitiveness scores did not $t(780) = -1.85$, $p > .05$. Models were compared using a one-way ANOVA, which found that competitiveness did not significantly improve model fit, $F(1, 779) = 3.42$, $p = .065$). Finally, the t-test found that the ED group ($M=4.04$, $SD=.78$) endorsed significantly higher competitiveness than the non-ED group ($M = .16$, $SD = .80$, $p < 0.05$). The strength of the relationship between ED-comparisons and EDE-Q score is notable, but perhaps unsurprising, given that the BEECOM scale focuses on food-, body-, and exercise-related comparisons, which are known central concerns among individuals with EDs. Additionally, the variance in EDEQ scores explained by comparison and differences in competitiveness between ED and non-ED groups suggests that maladaptive interpersonal dynamics may be a part of ED pathology itself, not merely a risk factor for EDs. Interpersonal processes may warrant greater attention, especially among individuals receiving treatment in group settings.

Learning Objectives

- Learn how interpersonal comparison and trait competitiveness relate to eating disorder symptoms in individuals with and without eating disorders
- Describe how maladaptive interpersonal processes impact ED risk and maintenance
- Describe potential implications for group-based eating disorder treatments like inpatient, residential, or outpatient group settings

Authors: Kimberly Osborn, University of Louisville; Alexandria McCarthy, University of Louisville; Wilson Lazo-Salmeron, Oklahoma State University

Exploring Symptoms of Posttraumatic Stress Among Individuals with Anorexia and Atypical Anorexia

Abstract: Posttraumatic stress disorder (PTSD) is common among individuals with anorexia nervosa (AN) and atypical anorexia nervosa (AAN), with prevalence estimates ranging from 9-75%. Individuals with comorbid AN and PTSD often present with more severe eating disorder (ED) pathology and higher psychiatric comorbidities compared to those without PTSD. Symptom patterns may also differ by subtype, with higher rates of PTSD among those who engage in binge eating or purging compared to those who restrict only. Few studies have evaluated PTSD symptoms in individuals with anorexia symptoms across the weight spectrum and between diagnostic subtypes. We used a secondary dataset of individuals diagnosed with AN and AAN who completed the PTSD checklist for the DSM-5 (PCL-5; n = 288). We grouped participants into two categories based on PCL-5 scores; individuals scoring 34 or higher were characterized as the probable PTSD group (n = 213) and those below were put into the non-PTSD group (n = 75). After checking assumptions, Welch's t-tests were used to compare between-group differences. Benjamini-Hochberg procedure was used to reduce Type 1 error rate. Finally, a chi-square test of independence was conducted to evaluate whether the proportion of people with PTSD was similar among those with AN/AAN restrictive

subtype compared to binge purge subtype. Approximately 75% of participants scored 34 or greater on the PCL-5 (M = 46.04, SD = 16). Individuals in the probable PTSD group scored higher on global scores for EDE-Q ($p < .001$), BDI ($p < .001$), EPSI cognitive ($p < 0.01$), EPSI body dissatisfaction ($p < .001$), and PSWQ ($p < .001$). Additionally, the PTSD group scored higher than the non-ED group on all EDE-Q subscales. All results except the EPSI cognitive restraint had moderate to large effects. There were no differences in PTSD rates between diagnostic subtypes. Most participants endorsed clinically significant PTSD symptoms, consistent with the high comorbidity between AN/AAN and PTSD found in the literature. The PTSD group also reported higher ED symptoms and comorbidities than the non-PTSD group, aligning with prior studies. Contrary to our hypothesis, there were no differences between restrictive and binge-purge subtypes, possibly due to the high rates of PTSD in our sample. Further research should examine the role of PTSD in AN/AAN severity and comorbidities.

Learning Objectives

- Identify the prevalence and clinical impact of posttraumatic stress disorder among individuals with anorexia nervosa and atypical anorexia
- Identify potential limits and research gaps in comorbid posttraumatic stress disorder and atypical anorexia
- Identify directions for future research on the relationship between atypical anorexia and PTSD

Authors: Kimberly Osborn, University of Louisville; Alexandria McCarthy, University of Louisville; Cheri Levinson, University of Louisville

Developing a Digital Mindfulness-Based Intervention to Reduce Risk Factors for Disordered Eating

Abstract: Mindfulness-based interventions (MBIs) show promise in improving body image and reducing risk factors for disordered eating, and their digital delivery offers a scalable means of dissemination. However, low engagement in digital MBIs highlights the need for user-centred design. The person-based approach provides a systematic framework for enhancing engagement by integrating evidence, theory, and user perspectives. This study applied the person-based approach to develop a digital MBI aimed at reducing risk factors for disordered eating in young people. Development occurred in two iterative phases. In Phase 1, we established the theoretical framework and conducted a qualitative evidence synthesis and a survey with open-ended components to explore the needs, challenges, and perspectives of the target population. In Phase 2, we co-developed and refined a prototype through advisory-group consultation and think-aloud interviews assessing feasibility and acceptability. These processes informed the intervention's guiding principles and logic model. The theoretical framework identified decentred awareness and acceptance, emotion regulation, and self-compassion as core skills. Determinants of engagement included negative reactions

to mindfulness practice, difficulty with habit formation, and the role of social support. Survey data also revealed common misconceptions about body image, particularly the belief that it relates solely to physical appearance. Advisory group feedback ensured the intervention was clear, user-friendly, and motivating. This work demonstrates how integrating theory, evidence, and user-centred design can produce engaging, scalable digital interventions to address body image concerns and reduce disordered eating risk among young people.

Learning Objectives

- Describe how the person-based approach can be applied in the development of digital mindfulness-based, body image, and disordered eating interventions.
- Identify key determinants of engagement with digital mindfulness-based and body image interventions among young people.
- Discuss how integrating theory, evidence, and user perspectives can enhance the design, feasibility, and scalability of digital prevention programmes for disordered eating.

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Protective and Sustaining Mechanisms in Anorexia Nervosa: A Latent Profile Analysis.

Abstract: Anorexia nervosa (AN) remains one of the most complex and life-threatening mental disorders, characterized by severe food restriction, intense fear of weight gain, and a distorted body image. Despite extensive research, the heterogeneity of symptoms and the course of recovery pose challenges for both clinical understanding and personalization of treatment. Recent advancement in latent profile analysis (LPA) allow for the identification of distinct psychological subgroups, enabling a more nuanced view of the factors that protect against or perpetuate eating disorders. The aim of the study was to identify latent profiles of people with AN based on denial of the illness, quality of life, psychological well-being, severity of symptoms, depression and anxiety. The study also aimed to examine how protective and maintaining factors differentiate profiles and contribute to mental resilience or symptom persistence. In this cross-sectional study, 68 women diagnosed with anorexia nervosa participated (18–37 years, M = 22.56, SD = 4.49; BMI = 12.55–26.89, M = 18.37, SD = 3.20). A latent profile analysis (LPA) was conducted to identify subgroups based on clinical symptoms (EAT-26, HADS, BPD Checklist), illness denial and avoidance (IDQ), and psychological well-being (PWB). Total scores from each instrument were used in the analysis. Analyses were conducted in R (tidyLPA package). Additional comparisons across profiles were performed for quality of life indicators (MHC, SF-36, WHOQOL). The LPA revealed three profiles labeled as sustaining (22.1%), intermediate (61.8%), and protective (16.1%). The

sustaining profile showed the highest symptom severity, strong denial and avoidance, and the lowest psychological well-being and quality of life. The protective profile displayed the lowest symptom levels, minimal denial, and the highest well-being and life quality across all domains. Post-hoc comparisons confirmed significant differences in psychological, social, and environmental aspects of quality of life, with the protective profile consistently outperforming the sustaining one. The findings reveal substantial heterogeneity in psychological adaptation among individuals with AN, highlighting the need for individualized interventions focused on mechanisms. Identifying subgroups using LPA is a promising path to personalized treatment, supporting recovery processes and extending the concept of well-being beyond mere symptom remission.

Learning Objectives

- After participating in this session, attendees will be able to identify and describe key protective and sustaining psychological mechanisms in anorexia nervosa.
- After participating in this session, attendees will be able to explain how latent profile analysis (LPA) can be used to classify individuals with AN into distinct subgroups based on psychological functioning and quality of life.
- After participating in this session, attendees will be able to discuss clinical implications of person-centered approaches for tailoring individualized, mechanism-focused interventions in eating disorder treatment.

Authors: Julia Ostęp, Cardinal Stefan Wyszynski University

Microbial Signatures of Binge Eating: Insights into the Gut Microbiome and Metabolic Dysregulation

Abstract: The gut microbiota appears to play an important role in appetite regulation through the microbiome-gut-brain axis, yet the precise mechanisms remain unclear. Emerging evidence suggests that microbiota-derived metabolites influence key processes such as reward signaling, emotional regulation, and feeding behavior. Understanding these interactions could be valuable in the context of Binge Eating Disorder (BED), a prevalent psychiatric condition characterized by recurrent episodes of excessive food intake, often triggered by emotional distress rather than hunger. BED is strongly associated with obesity and mood disorders, but its underlying biological mechanisms remain poorly understood.
In this study, we characterized gut microbiota composition and function using metagenome sequencing, along with a comprehensive range of clinical, anthropometric, biochemical, and psychiatric parameters in 53 patients with BED and 62 healthy controls. Patients were recruited from the Center for Eating Disorders at the Psychiatric Department of the First Faculty of Medicine, Charles University, and General University Hospital, Prague. Age- and sex-matched healthy controls were recruited from university students, office workers, and local employees. Upon recruitment, all participants underwent anthropometric measurements, and blood and stool samples were collected.

Both patients and healthy controls completed Binge Eating Scale (BES), Binge Eating Disorder Screener (BEDS-7), and Food Cravings Questionnaires (FCQ-S and FCQ-T). We observed distinct differences in gut microbiota composition, diversity, and microbial metabolites between these two groups. In addition, markers of increased intestinal permeability and low-grade systemic inflammation were elevated in patients with BED. Elucidating the mechanisms underlying the effect of the gut microbiota in BED development may inform novel preventive and therapeutic strategies targeting the gut microbiota.

Learning Objectives

- Understand better the effect of the gut microbiota in BED
- Contribution to preventive programs in ED
- Contribution to complexity of the therapeutic strategies in ED and comorbidities

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Pilot RCT: Evaluating a podcast episode to improve body image among Millennial women

Abstract: Millennial women (born between 1981 and 1996) often report low body confidence yet relatively few interventions have been designed with them in mind. The purpose of this pilot study was to assess the feasibility of a RCT to evaluate an evidence-informed podcast episode embedded within the highly popular ‘How to Fail’ podcast series. The episode features Pamela Anderson in conversation with Elizabeth Day and developed in collaboration with the Dove Self-Esteem Project. An evidence-based journal was developed to supplement the episode. A three-arm, online pilot study was conducted to assess trial feasibility. A representative sample of UK women (N = 176) were randomised into one of three conditions: Podcast and journal; podcast only; active control (an alternative ‘How to Fail’ podcast episode). Measures of participant retention, data quality, intervention engagement, and acceptability were analysed to inform whether a fully powered RCT would be both feasible and warranted. Participant retention (95% at T2 and 88% at T3) and data quality was deemed excellent. Intervention engagement was high for 47% of women, medium for 37%, and low for 16%. Acceptability was moderately-to-high across all conditions; however, acceptability

was significantly higher among those randomised to either intervention conditions, compared to control condition participants. Positive retention, data quality, engagement and acceptability results demonstrated a fully powered trial is both feasible and warranted. Data for a fully powered RCT was collected in October 2025 (N = 1350), and the outcome findings will be presented in addition at the conference.

Learning Objectives

- Explain the rationale for focusing on Millennial women as a key demographic experiencing low body confidence and limited targeted interventions.
- Highlight the potential of podcasts as a scalable digital intervention for body confidence.
- Discuss how pilot study outcomes informed the decision to proceed with a large-scale trial

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Exploration Of Intuitive Exercise And Its Correlates : A Positive Approach To Exercise

Abstract: Intuitive exercise is an innovative concept that supports the idea of listening to one's body in physical activity. In theory, this concept could act as a protective factor against the development of concerns about body image. However, to date, few studies have been conducted on the concept of intuitive exercise. The aim of the article is therefore to document the associations between intuitive exercise, physical activity enjoyment, appearance-oriented physical activity and compulsive exercise. It is expected that intuitive exercise will be positively correlated with physical activity enjoyment and negatively correlated with appearance-oriented physical activity and compulsive exercise. Participants were 104 adults who reported practicing at least eight hours of sport weekly. Participants were recruited online and answered the sociodemographic questionnaire, an in-house questionnaire on their sports participation, the Godin-Shepard Leisure Time Exercise Test, the Intuitive Exercise Scale – French-Canadian Version, the Motives for Physical Activity Measures - Revised, the Exercise-Appearance Motivations Scale (Boepple, 2018) and the Compulsive Exercise Test (Taranis et al., 2011). Multiple linear regressions were performed to determine whether physical activity enjoyment, appearance-oriented physical activity and compulsive exercise are predicted by intuitive exercise. On average, participants reported moderate levels of intuitive exercise (M = 3.34, SD = 0.46), moderate levels of compulsive exercise (M = 2.58, SD = 0.75), high levels of physical activity enjoyment (M = 6.29, SD = 0.67) and moderate levels of appearance-oriented physical activity (M = 4.63, SD = 1.63). Intuitive exercise did not significantly predict neither physical activity enjoyment, F (1,

102) = 1.22, p = 0.271, (β = 0.109, t = 1.106, p = 0.271) nor appearance-oriented physical activity, F (1, 102) = 1.08, p = 0.300, (β = -0.179, t = -1.841, p = 0.068). Intuitive exercise significantly predicted compulsive exercise, F (1, 102) = 11.0, p < 0.001 (β = -0.312, t = -3.311, p < 0.001), explaining 9.7% of the variance of compulsive exercise. These results indicates that intuitive exercise might differ from enjoyment and appearance-oriented physical activity, measuring a distinct construct that could also be positive, which is hinted by the inverse relation with compulsive exercise.

Learning Objectives

- Understand intuitive exercise
- Apply intuitive exercise
- Promote intuitive exercise

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Examining the Role of Complicated Grief and Emotional Dysregulation in Eating Disorders

Abstract: Grief is the underlying emotional and affective process of responding to the loss of a loved one, primarily through death. While disturbances that follow grief last for 4-6 weeks, complicated grief can lead to more severe impairments like depression and difficulties in emotional regulation. Disordered eating has been documented as a potential consequence of complex grief. Past research has shown that individuals with eating disorders often struggle to manage their emotions effectively, which not only contributes to their eating disorder behaviors but also how they experience and cope with grief. The present study aimed to investigate the impact of complicated grief and emotional dysregulation on dysfunctional eating behaviors, specifically binge eating and restriction, while controlling for depression.The participants (n= 40) aged between 20 to 59 years completed an online questionnaire. Participants who have experienced the death of a loved one in the past 2 years were eligible to participate. The data were analysed through the IBM SPSS statistics V29. Two multiple linear regression analyses were used to test if complicated grief and emotional dysregulation predicted binge eating and restriction respectively, while accounting for depression. The results of the first regression indicated that the overall model was significant [F(3,36) = 7.45, p < .001] explaining 38.3 % of the variance in binge eating. Complicated grief (β = .411, p =.038) and emotional dysregulation (β = .498, p = .015) were significant predictors of binge eating. Depression was not a significant predictor in the model (β = −.358, p = .072). This may indicate that individuals who experience high levels of grief and poor emotional regulation may use binge eating as a coping strategy. The second regression analysis indicated that the overall model was significant [F(3,36) = 11.64, p < .001], explaining 49.2 % of the variance in restriction. However, only complicated grief (β = .402, p=.026)

was a significant predictor of restriction, while emotional dysregulation (β = .162, p =.363) and depression (β = .222, p =.212) were not. Findings suggest that restriction may be driven by other factors in addition to the loss of a loved one. Clinically, this suggests that binge eating and restriction may co-occur after the loss of a loved one, and targeting grief in treatment may alleviate these disordered eating behaviors. Future research can focus on replicating the current model in a larger sample.

Learning Objectives

- Expanding research on complicated grief in the context of disordered eating behaviors
- Establishing the role of complicated grief and emotional dysregulation as predictive factors of binge eating and restriction respectively
- Understanding the role of depression as a covariate in the model where complicated grief and emotional dysregulation predict binge eating and restriction respectively

Authors: Tanvi Pawar, Hofstra University; Kyra Citron, Hofstra University; Tanya Verma, Hofstra University; Sarah Purschke, Hofstra University; Angelique Simeone, Hofstra University; Mun Yee Kwan, Hofstra University

Examining How Social Support Shapes the Link Between Reassurance Seeking and Disordered Eating

Abstract: Excessive reassurance seeking is a counterproductive interpersonal behavior that is associated with increased eating disorder symptoms. On the other hand, social support is linked to decreased eating disorder symptoms. According to the stress buffering model, social support alleviates the negative impact of stress on mental health symptoms.While there is evidence to conclude that social support and excessive assurance seeking are associated with eating disorder symptoms, there is dearth of literature that evaluates the role of social support in the relationship between assurance seeking and eating disorder symptoms. The present study aimed to investigate the moderating role of social support (SS) on the relationship between excessive reassurance seeking (ERS) and disordered eating (ED). Participants (n=537) were recruited from a public university in the United States. The participants, aged between 18 to 45 (M = 19.31, SD = 2.17) years, completed questionnaires across two time points. A moderation analysis was conducted via PROCESS MACRO model 1. The overall model accounts for 61.36% of the variance, R2 = .61, F(4, 532) = 211.18, p < .001. The results revealed a conditional effect of SS (Time 1) on the relationship between ERS (Time 1) and ED behaviors (Time 2), B = .0021, SE = .0006, t = 3.565, p <.001, 95% CI [.009, .0032]. This interaction accounts for .92% of the variance, ΔR2 = .009, F(1, 532) = 12.710, p = .0004. The conditional effect was probed at a standard deviation below the mean (38.25), the mean (46.67), and a standard deviation above the mean (55.08) of the moderator, social support. Findings show that the relationship between ERS and ED symptoms was significant when SS was high (point estimate =

.0275, SE=.0083, t= 3.3074, 95% CI [.0112, .0439]), but not when SS was at low or moderate levels. Contrary to hypothesis, the presence of high social support did not buffer the impact of excessive reassurance seeking on disordered eating. Excessive reassurance seeking may be reinforced by social support, which then contributes to eating disorder symptoms. Results indicate that social support was unhelpful when excessive reassurance is high, but made a positive impact in disordered eating when excessive reassurance is low. These findings point to the importance of targeting excessive reassurance seeking to intervene with disordered eating.

Learning Objectives

- Expanding research on excessive reassurance seeking and it's association to disordered eating
- Evaluating the role of social support in the relationship between assurance seeking and eating disorder symptoms
- Analyzing social support as a buffer or barrier in disordered eating treatment

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Motivational Interviewing as a Tool for Enhancing Treatment Adherence in Atypical Anorexia Nervosa

Abstract: Motivational Interviewing (MI) has shown efficacy in facilitating behavioural change in individuals with health-risk behaviours, yet its implementation within primary and interdisciplinary care for eating disorders remains limited. We present the case of a 22-year-old cisgender homosexual woman diagnosed with chronic Atypical Anorexia Nervosa, purging subtype, with psychiatric and medical comorbidities, a history of suicide attempts, adult sexual trauma, and multiple previous treatment dropouts.
The clinical intervention integrated MI principles alongside medical psychoeducation, distinguishing between informative and motivational components to reinforce the therapeutic alliance and adherence. Assessment included the Minnesota Multiphasic Personality Inventory (MMPI), Body Shape Questionnaire (BSQ), Eating Disorder Inventory-3 (EDI-3), and Attitudes Towards Change in Eating Disorders (ACTA). PE focused on physiological consequences of laxative misuse, hormonal imbalances, and binge–restrict cycles, while the Motivational Dialogue (MD) incorporated OARS techniques, evocation, decisional balance, and values exploration. After eight weeks, improvements were observed in the EDI-3 (reduction of eating disorder symptoms) and ACTA (transition from contemplation to action). The Behaviour Change Counselling Index (BECCI) yielded a score of 42/44, indicating high adherence to MI techniques.The patient highlighted the value of objective, medically grounded information in increasing insight and readiness to change. MI enhanced motivation, treatment engagement, and symptom reduction. These findings emphasise the relevance of MI for physicians within

multidisciplinary teams addressing complex eating disorders, offering a replicable model for patient-centred communication in chronic AAN.

Learning Objectives

- Understand the role of motivational interviewing in eating disorders
- Differentiate between psychoeducation and motivational dialogue in clinical practice
- Evaluate clinical outcomes using validated assessment tools

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Life-Threatening Purging in Anorexia Nervosa: Misuse of Oral Antidiabetic Agents

Abstract: This case highlights the risks of atypical purging behaviors in anorexia nervosa through the misuse of oral antidiabetic drugs (OADs). The use of OADs for weight reduction represents a potentially severe yet underrecognized practice. It underscores the importance of considering these behaviors in cases of unexplained severe hypoglycemia in patients without diabetes. Effective management requires a multidisciplinary approach integrating internal medicine, nutrition, and mental health, both for acute stabilization and long-term relapse prevention by addressing sociocultural factors perpetuating the disorder. In adults, the use of metformin as a purging agent has been reported, associated with complications such as lactic acidosis and irreversible kidney injury. However, these behaviors have not been documented in adolescents. A previously healthy 14-year-old female was admitted to the emergency department with stupor and altered mental status. On arrival, capillary blood glucose was 14 mg/dL, and she was hemodynamically unstable. Her weight was 43.9 kg, with a BMI of 18 kg/m² (Z-score −0.62). Fluid resuscitation and intravenous glucose were initiated, leading to improvement in hemodynamic and neurological status. Due to persistent hypoglycemia, a nasogastric tube was placed and enteral nutrition initiated, achieving euglycemia. Upon recovery of consciousness, the patient reported a 21-kg weight loss over six months due to severe dietary restriction and excessive exercise. Three months before admission, she began misusing metformin and glibenclamide for purging purposes, ingesting five tablets of unspecified dosage the day prior to presentation. During hospitalization, she was diagnosed with anorexia nervosa, restrictive subtype, with atypical purging behaviors. This case emphasizes the need to recognize atypical purging methods and to screen for ED in patients presenting with severe hypoglycemia and

intentional weight loss. Timely multidisciplinary intervention involving eating disorder specialists is essential for both acute management and long-term treatment.

Learning Objectives

- Highlight the risks of atypical purging behaviors in anorexia nervosa through the misuse of oral antidiabetic drugs
- These behaviors have not been documented in adolescents.
- Recognize atypical purging methods and to screen for ED in patients presenting with severe hypoglycemia

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Development of a Sensory Integration Assessment Protocol Based on Multisensory and Predictive Coding

Abstract: This paper proposes the development of an assessment protocol for sensory integration functions, grounded in recent evidence on the role of multisensory integration in bodily experience. Considering that body perception results from the combination of information from different sensory modalities (visual, tactile, proprioceptive, vestibular, and auditory) and spatial frames of reference (egocentric and allocentric), the protocol aims to investigate possible deficits or alterations in this process. The proposal draws inspiration from classic behavioral paradigms such as the Rubber Hand Illusion and the Full Body Illusion, as well as from innovative technologies like Virtual Reality, structuring tasks that involve sensory conflicts to promote and measure integration across distinct modalities. The protocol recommends evaluating both perceptual and emotional-cognitive aspects related to bodily experience, prioritizing quantitative measurements (e.g., performance in multisensory tasks, embodiment questionnaires, physiological measures) and qualitative ones (self-reports of body satisfaction and emotional valence). The application of the protocol broadens understanding of the foundations of sensory integration and contribute to the early identification of alterations associated with clinical or individual conditions, in addition to supporting innovative therapeutic interventions based on bottom-up and top-down approaches, as suggested by the Predictive Coding framework and recent research on the “body matrix” and the “allocentric lock” hypothesis.

Learning Objectives

- To understand the theoretical and neurocognitive foundations of multisensory integration and their relevance to bodily self-perception.

- To develop competence in designing and applying experimental tasks that assess sensory integration using behavioral and virtual reality paradigms.
- To interpret quantitative and qualitative data on multisensory processing, identifying potential clinical and therapeutic implications of sensory integration alterations.

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Healthcare professionals' perspectives on the impact of peer relationships in inpatient treatment

Abstract: During an inpatient admission for an eating disorder, young people live alongside each other whilst receiving treatment. There is awareness of these relationships, but little exploration into the impact of inpatient peer relationships on young people's experience of treatment, recovery and inpatient clinical work. Healthcare professionals working in inpatient settings are well placed to observe and comment on the influence of these relationships. This study aims to capture healthcare professionals' perspective on their impact on treatment and recovery for young people with eating disorders. We will recruit up to 10 healthcare professionals from child and adolescent psychiatric units in Scotland. Healthcare professionals will be invited to participate in an interview on their thoughts on the impact of inpatient peers on young people in eating disorder treatment. The interview transcripts will be analysed using interpretative phenomenological analysis to discern relevant themes. Recruitment is ongoing. Preliminary analyses are demonstrating themes regarding inpatient peers' role in providing social support, acting as a point of comparison and as being amplified through social media. The final study results will be presented.

Learning Objectives

- Understand aspects of the social dynamics in inpatient treatment
- Consider the impact of social dynamics on young people in inpatient treatment
- Consider the impact of inpatient dynamics on treatment

Authors: Imogen Peebles, University of Edinburgh, CAMHS NHS Lothian; Fiona Duffy, University of Edinburgh, CAMHS NHS Lothian; Helen Sharpe, University of Edinburgh

"Every day is a battle": Qualitative interviews exploring the lived experiences of binge eating

Abstract: Binge eating disorder is one of the most common eating disorders, yet many people may never access help or receive specialist eating disorder support. Binge eating can be a highly distressing and longstanding experience; however, little is known about

the lived experiences and support needs, especially from those may have never received a diagnosis of or accessed services for binge eating disorder. Participants who self-identified as having past or current experiences of binge eating were recruited through B-eat, the leading eating disorder charity in the UK, to complete an online in-depth qualitative interview. The topic guide was underpinned by an anthropological perspective, taking an open approach to explore individual, social and cultural experiences, and support needs. A diverse sample of participants (N=17) completed interviews, with several participants having longstanding binge eating experiences. Participants discussed various themes, including: 'binge eating as an addiction', 'binge eating as distinct from over eating', 'the harmful impact of weight management programmes', and 'feeling shame, guilt, and misunderstood'. Many people who were struggling with recent binge eating had previous experiences of bulimia or anorexia nervosa. Only a handful of participants had received specialist care. In this presentation, we will share the findings from the interview study, including participants' perspectives on their support needs. We anticipate that the findings will further research on breaking boundaries to accessing support for binge eating. This work is part of a wider interdisciplinary project, An Anthropological Approach to Eating Disorders: Developing an Innovative Socio-cultural Strategy for Research, Treatment and Prevention, funded by the Medical Research Council, aimed at exploring unmet needs amongst groups historically under-served by eating disorders research.

Learning Objectives

- Understand the lived experiences of binge eating from those who have and who have not received specialist support
- Explore positive support stories and support needs for binge eating-related distress
- Identify implications for future research based on participant's insights, such as the wider influence of weight management programmes

Authors: Rosina Pendrous, University of Birmingham; Anna Lavis, University of Birmingham; Karin Eli, University of Warwick; Lizzie Mitchell, University of Birmingham; Amanda Rodney, University of Birmingham; Jwana Aziz, University of Birmingham; Shanta Raj, University of Birmingham; Sheryllin McNeil, Birmingham Women's & Children's NHS Foundation Trust; Anthony Winston, Coventry & Warwickshire NHS, Partner Trust

Three Reviews on Eating Disorders Amongst Migrants, Older Adults, and People with Disabilities

Abstract: Eating disorders (EDs), characterised by a complex relationship with food and body image, are associated with high rates of mortality, and physical and psychological co-morbidities. EDs are highly prevalent and impact diverse groups of people. Risk factors for EDs can include acculturative stress, discrimination, and trauma, which are known to disproportionately impact marginalised communities. However, the broader

experience of EDs, and food- and body-related issues, from the perspectives of these groups remains largely unknown. This information disparity has broader health implications such as a lack of access to appropriate ED support, treatments and prevention. This paper offers a tripartite presentation on three scoping reviews that are evaluating and synthesising existing literature on the full spectrum of EDs in marginalised groups: migrants, older adults, and people with physical disabilities and chronic illness. These reviews form part of a large-scale MRC-funded study examining the conceptualisations of eating disorders, their various subtypes, and factors underpinning their development among groups historically excluded from ED research. For each review, primary research with the identified groups was searched for from a range of bibliographic platforms and databases (e.g., PsychINFO, Web of Science) and grey literature sources. Study information was extracted on the methods (design, participants, conceptualisation (or lack of) of EDs), and any relevant ethical or methodological challenges and recommendations for future research. In this presentation, we will share the scoping review protocols and preliminary findings, highlighting existing research gaps and conceptual challenges, as well as pathways for future ED research. We anticipate that the findings from these scoping reviews will further the ED research field, as well as provide an evidence base to ensure that policymakers address the unique needs of and closing the gap on health inequalities for, marginalised groups with EDs.

Learning Objectives

- To understand the need for focused disordered eating and eating disorders research with marginalised communities
- To explore how we approached conducting these systematic scoping reviews
- To explore preliminary findings of how disordered eating and eating disorders are conceptualised in these groups

Authors: Rosina Pendrous, University of Birmingham; Amanda Rodney, University of Birmingham; Jwana Aziz, University of Birmingham

Sense of loss of control and impaired goal-directed control in Bulimia nervosa: A case-control study

Abstract: Background: The sense of loss of control (LOC) is the key psychological characteristics of bulimia nervosa (BN). Recent research has shown that LOC may result from impaired goal directed control.
Method: This study examined the relationship between LOC and goal directed control in BN patients. Female patients with BN and healthy controls were enrolled (35 vs 35, age ranged from 17-30). The difference in demographic information, eating disorder scale, mood status, impulsivity, and food addiction scales were compared between the two groups. A sequential two-stage decision task was used to assess goal-directed/habitual control in both groups, and metrics were fitted by computational psychiatry method to

assess the goal-directed control. We explored the relationship between LOC and goal directed control using multiple linear regression and partial correlations in BN group. The patients with BN were followed up 1 month after discharge, and the relationship between goal-directed control and treatment outcome which was indicated by LOC reduction rate was analyzed.
Results: BN subjects exhibited impaired goal-directed control, more psychological/behavior characters related to eating disorder, and higher depression, anxiety, impulsivity, food addiction level. BN patients' higher LOC was associated with goal directed impairment index, eating/weight concern, dietary restriction, BISBAS behavior drive, BIS noplanning impulse and age ($p<0.05$). However, the influence of goal directed impairment index (choice stickiness and beta MF) on LOC still existed after regressed other factors. The treatment outcome was associated with goal directed impairment index, body shape concern, weight concern, BISBAS behavior drive/fun seeking, BIS noplanning impulse, YFAS. When other factors were regressed and only spaceship task test indicators were considered, a clear trend was observed for higher mixing weight, lower beta MB and choice stickiness ($p<0.001$) were associated with better treatment outcomes.
Conclusion: The behavioral symptoms of BN are understood from the psychological feature of LOC, and the common potential psychological mechanism of BN and other mental disorders is explored by verifying the role of goal-directed deficits in LOC. These findings provided new insight to improve the interventions of BN. In the future, it may be possible to improve the sense of LOC in BN by intervening with goal-directed deficits.

Learning Objectives

- Understand goal orientation and habit control.
- Understanding the Relationship between Bulimia Nervosa and Goal-Directed Deficits
- Consider the common psychological mechanisms across diseases.

Authors: Sufang Peng, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine; Jue Chen

One Size Does Not Fit All: Adapting Eating Disorder Inpatient Care for Neurodivergent Youth

Abstract: Eating disorders are complex and severe mental illnesses associated with a high mortality rate. Of concern, neurodivergent young people are at greater risk of developing an eating disorder compared to the neurotypical population and often experience poorer treatment outcomes. Challenges with distinguishing eating disorder features from neurodivergent traits can complicate diagnosis, leading to ineffective treatment approaches. This study aims to explore how an existing resource for neurodivergent young people with an eating disorder, can be enhanced to better support treatment in paediatric inpatient units. A qualitative, descriptive phenomenological research design was employed. Participants with lived experience receiving inpatient

eating disorder treatment in Australia or New Zealand were recruited through purposive homogeneous and snowball sampling. Data were collected using a single semi-structured interview and transcribed verbatim. Data were analysed using Braun and Clarke's reflexive thematic analysis. Interviews were completed with five carers and two young people. Five themes were generated: 1) one size does not fit all: systemic barriers and the nuance of needs, 2) creating room for choice: exploring the why, 3) eating disorder and neurodiversity: "nothing really fits neatly in a box", 4) connecting carers and clinicians: bridging the gap, and 5) perspectives of the pre-existing resource: reflections and recommendations. Themes emphasised the need for flexible, neuroaffirming, and relational approaches that recognise the complexity of lived experience. They also highlight the importance of individualised care, meaningful choice, stakeholder communication, and critical reflection to inform more inclusive and responsive clinical practice. Limitations related to the small sample size are acknowledged. However, this is an interesting starting point for neurodivergent young people and their carers who supported the utilisation of a novel interactive resource in inpatient units to improve eating disorder treatment. Effective implementation would benefit from clinician collaboration, shared decision-making, and integration of occupational therapy within the core eating disorder treatment team to support individualised, meaningful engagement in treatment.

Learning Objectives

- Identify the differences between eating disorder symptoms and neurodivergent traits
- Describe and critique a resource developed for neurodivergent young people with an eating disorder receiving inpatient care
- Identify ways to adapt and improve a resource developed for neurodivergent young people with an eating disorder receiving inpatient care.

Authors: Genevieve Pepin, Deakin University; Amy Henderson, Deakin University; Rachel Knight, Deakin University, Western Health; Jasmin Watson, Victorian Centre of Excellence in Eating Disorders

Supporting People with Long Standing Eating Disorder: A Novel Approach

Abstract: Long standing eating disorders, also referred to as severe and enduring eating disorders, represent a subset of individuals who experience persistent illness and functional impairment despite years of treatment. Emerging evidence highlights the complex interaction of biological, psychological, and social factors that sustain illness chronicity. People with long standing eating disorders often face high medical and psychosocial burden, reduced quality of life, and limited recovery pathways. Contemporary research calls for a shift from weight and symptom-focused models toward person-centred approaches that prioritise quality of life, autonomy, and meaningful engagement. This shift in paradigm recognises recovery as a multifaceted, individualised process rather than a return to symptom-free functioning. In 2022, Eating

Disorders Victoria (Australia) received funding to co-produce and pilot a pioneering intensive, community-based, and peer-led program for people with long standing eating disorders. The 12-week program, which will be further described in this presentation, focusses on improving the quality of life for participants, and does this through a mix of education, mentoring and social activities. A quantitative repeated measures evaluation of the impact of the program, supported by Deakin University, was completed with 89 participants; mostly women with anorexia (51.7%) who had been experiencing symptoms for an average of 22 years. Participants completed the Assessment of Quality of Life 8D (pre-program, baseline, mid-program, completion of the program, follow-up) and the Goal Attainment Scale throughout the program (baseline and completion of the program). Overall results of the Assessment of Quality of Life-8D showed that the program contributed to improving the quality of life of participants, especially their mental health and relationship, level of happiness, ability to cope, and self-worth. Results from the Goal Attainment Scale were significantly higher at completion of the program ($p<.001$) with participants with anorexia nervosa and binge eating disorder having the highest results. While results from the Assessment of Quality of Life-8D must be interpreted with caution because of missing data across the data collection times overall, this novel pilot program for people with long standing eating disorders contributed to improving the quality of life of participants and enabled them to identify, plan for, and achieve meaningful goals.

Learning Objectives

- Identify the key characteristics and challenges experienced by individuals with long standing eating disorder
- Describe and critique the components of a novel program to support people with long standing eating disorder
- Reflect on how collaborative, co-produced, peer-led models of care can inform future service development for people with long standing eating disorders.

Authors: Genevieve Pepin, Deakin University; Belinda Caldwell, Eating Disorders Victoria

Underrepresented Voices: Latin American Women's Weight Concerns and Disordered Eating Behaviors

Abstract: This cross-sectional mixed-method study aimed to describe weight concerns, eating behaviors, and weight-related experiences among Latin American women aged 18–40, addressing a persistent gap in regional representation within eating disorder research. A multi-country online survey was conducted via Qualtrics between October 13 and 19, 2025, using convenience and snowball sampling through social media. Eligible participants were self-identified Latina women residing in Latin America with no current diagnosis of an eating disorder. Of 6,170 respondents, 4,245 completed the full survey and were included in the analytic sample (mean age 32 years). The highest

response rates came from Chile (n = 2,826), Mexico (n = 478), and Nicaragua (n = 345). Measures assessed weight concerns, dieting history, body image, eating behaviors, and weight-related experiences using culturally adapted items and validated scales. To add a qualitative component and deepen the scope of the study, participants responded to an open-ended question describing significant family comments about their body, including the speaker's relationship and the participant's age at the time. Overall, 33% reported never dieting in the past year, 48% had dieted 1–4 times, and 17% reported dieting five or more times or being constantly on a diet. Restrictive eating (53%) and meal skipping (54%) were the most frequent weight-control behaviors, followed by fasting (39%) and the use of weight-loss medication (18%). Smaller proportions reported laxative use (8%), self-induced vomiting (6%), and diuretic use (6%). Two-thirds (65%) expressed concern about gaining weight, 57% agreed that the number on the scale affected their mood, and 46% reported frequently thinking about being thinner. Family and social exposure to weight commentary were common: 54% received negative comments from relatives about their body or eating habits at least occasionally, and 64% frequently encountered diet- or weight-related content on social media. A prior eating disorder diagnosis was reported by 16%. Findings reveal high levels of weight concern, disordered-eating behaviors, and social weight stigma among women in Latin America—populations rarely represented in global data. The dataset offers a foundation for cross-regional comparisons with existing international studies, supporting culturally responsive research and interventions contextualized to Latin American experiences.

Learning Objectives

- Identify key patterns and prevalence of weight concerns, dieting behaviors, and disordered eating symptoms among Latin American women aged 18–40 to establish a basis for cross-regional comparisons with existing international data.
- Describe how familial comments and exposure to weight-related content on social media contribute to body dissatisfaction and eating behaviors in Latin American women.
- Discuss the implications of these findings for research and clinical practice, emphasizing the need for culturally sensitive, gender-responsive, and weight-inclusive approaches in Latin America.

Authors: Monica Peralta, Independent clinician Nicaragua, Member of AED; Denisse Kohn, Independent clinician Chile

Caregiver efficacy and satisfaction: Outcomes of a virtual FBT-based psychoeducation group.

Abstract: Family-based treatment (FBT) is an empirically supported treatment for paediatric eating disorders (EDs), grounded in the principal that parents play a crucial therapeutic role by intervening directly to interrupt their child's ED behaviours. Parental

efficacy to implement FBT has been linked to better child outcomes. Furthermore, timely treatment is essential, as FBT outcomes are better for patients with a shorter illness duration. To support timely intervention, caregivers of youth on a waitlist for a hospital-based ED program were offered a virtual six-session FBT-based psychoeducation program in preparation for their child's treatment. The current study evaluated changes in caregiver efficacy following participation in the group. Caregivers completed the Parent vs. Anorexia Scale (PvA; a measure of parental efficacy) and were invited to attend a virtual psychoeducation group. Caregivers who completed the group repeated the PvA following the final session. Participants also provided satisfaction feedback following the group. A paired samples t-test examined pre- to post intervention changes among 35 caregivers who completed both assessments. PvA scores significantly increased from pre-to post intervention among caregivers who attended the group, $t(34) = -5.60$. $p < .001$, CI [-5.18, -2.42]. Baseline PvA scores did not differ between attendees and non-attendees, $t(68) = -.19$, $p = .85$, CI [-1.98, 1.64], indicating that efficacy improvements were attributable to group participation. Qualitative feedback demonstrated high satisfaction: 63% of participants' rated the group as "good" and 30% as "excellent." Additionally, 63% of participants reported the group met most or almost all of their needs. In conclusion, participation in a virtual FBT-based psychoeducation group was associated with a significant increase in caregiver efficacy and high participation satisfaction. Given extended wait times in publicly-funded hospital-based programs and the need for timely treatment, the findings support providing caregivers with an intervention that can potentially improve their confidence and readiness to support their child's recovery. Further research is needed to evaluate whether youth benefit from their caregiver's participation in the group.

Learning Objectives

- Identify and review core therapeutic tenants of Family-based treatment (FBT)
- Describe and outline the structure and key content of a 6-session virtual FBT-informed psychoeducation group for caregivers
- Discuss the potential benefits for increasing caregiver support while families are awaiting treatment

Authors: Jessica Pereira, Southlake Health; Lindsay Samson, York University; Ahmed Boachie, Southlake Health; Lindsay Jackman, Southlake Health; Jennifer Mills, York University

Indigenous Māori Perspectives on Eating Disorders

Abstract: Eating disorders (EDs) affect people of all cultural backgrounds, yet Indigenous experiences remain almost invisible in research and practice. Māori, the Indigenous people of Aotearoa New Zealand, hold holistic understandings of health that integrate physical, mental, and social wellbeing, yet little is known about their experiences of EDs. This scoping review mapped existing peer-reviewed literature on

Māori experiences of EDs to identify current knowledge, gaps, and implications for culturally responsive practice. Following Arksey and O'Malley's framework and PRISMA-ScR guidelines, six databases were searched for studies that report Māori-specific findings. Of 72 identified publications, 11 met the inclusion criteria (e.g., studies including Māori participants and reporting Māori-specific data or perspectives on eating disorders). From population data, we found that Māori experience EDs at rates comparable to or higher than non-Māori, particularly for bulimia nervosa, yet are markedly under-represented in specialist ED services, with help-seeking often delayed until hospitalization. Other studies revealed that factors such as pervasive stereotypes like "Māori do not experience EDs," along with discrimination within healthcare systems, and the absence of culturally congruent care, all potentially contribute to delayed diagnosis and reduced treatment engagement for our Indigenous communities. ED recovery was supported by culturally grounded factors, like the inclusion and connection with family, one's cultural identity, and autonomy.
However, the findings of this review were limited, because of the scarcity of Indigenous or Māori-focused studies on EDs and reliance on decades-old epidemiological data, such limitations ultimately highlight a significant gap in the research internationally. While this review focuses on Māori, these findings illustrate broader patterns seen across Indigenous populations worldwide, where Westernized frameworks and limited cross-cultural research perpetuate inequities in diagnosis, service access, and recovery. The scarcity of Māori- or Indigenous-specific research and reliance on outdated data underscore an urgent global need for Indigenous-led inquiry to inform equitable prevention, diagnosis, and treatment of EDs. This work exemplifies how connecting cultures in ED research and practice can create more inclusive, responsive, and effective systems of care.

Learning Objectives

- Following the presentation, conference participants will be able to describe key findings from the first scoping review of Māori experiences with EDs and recognise barriers to accessing ED-relevant care
- Following the presentation, conference participants will be able to recognise the lack of international and national research on Indigenous peoples' experiences of eating disorders and understand how this evidence gap perpetuates inequities in recognition, service access, and culturally appropriate care.
- Following the presentation, conference participants will be able to apply lessons from Māori experiences to enhance engagement and cultural responsiveness in supporting minority or underserved populations within their own settings.

Authors: Michaela Pettie, Ngāti Pūkenga; University of Otago; William Simcock, Ngāti Raukawa ki te Tonga; University of Otago; Adam Whiskin, University of Otago; Mau Te Rangimarie Clark, Waikato/Tanui, Ngāti Pikiao, Ngāti Kahungunu ki te Wairoa; University of Otago; Hannah Kennedy, University of Otago; Jennifer Jordan, University of Otago

Linking Social Media Body Consciousness, Interoceptive Sensibility, and Disordered Eating

Abstract: The rise of social media has been linked to adverse mental health outcomes, including disordered eating symptoms. Specifically, emerging research underscores the importance of appearance-related social media consciousness (ASMC), or the extent to which individuals remain aware of and modify their behavior based on how attractive they might appear to a hypothetical social media audience. ASMC significantly correlates with body shame and appearance-based comparisons, and path analyses further revealed that higher ASMC was significantly associated with increased depressive symptoms and lower body esteem. One factor that can further drive this relation is interoceptive sensibility, or our perceived ability to detect and understand our body's internal signals. Specifically, individuals high in ASMC may become increasingly attuned to external appearance-based evaluations at the expense of internal bodily awareness, making it more difficult to regulate eating behavior in response to physiological needs. As such, this study investigates the role of ASMC in contributing to disordered eating among U.S. undergraduate students, with a focus on the potential explanatory role of interoceptive sensibility. Specifically, we hypothesized that elevated ASMC would directly predict greater disordered eating symptoms and indirectly contribute to these symptoms by reducing interoceptive sensibility. Participants (N = 762 women-identifying undergraduate students; 92.8% White) were recruited from a public university in the Southeastern U.S. and completed the Appearance-Related Social Media Consciousness Scale (ASMC), Multidimensional Assessment of Interoceptive Awareness (MAIA-2), and Eating Pathology Symptoms Inventory (EPSI) across two timepoints, each one month apart. Prospective regression analyses revealed that greater baseline ASMC predicted greater body dissatisfaction at 1-month follow-up ($F[2, 370] = 272.96$, $p < .001$). In half-longitudinal mediation analyses, greater baseline ASMC predicted lower interoceptive sensibility at 1-month follow-up ($B = -0.006$, $p = .012$), which in turn predicted greater restrictive eating ($B = -0.391$, $p = .030$). These findings suggest that heightened social media body consciousness may diminish interoceptive sensibility, contributing to restrictive eating behaviors. Results highlight potential intervention targets, including strengthening interoceptive awareness and promoting more mindful, body-neutral engagement with social media.

Learning Objectives

- Following the training, participants will be able to define appearance-related social media consciousness (ASMC) and interoceptive sensibility.
- Following the training, participants will be able to describe the relationship between ASMC and subsequent body dissatisfaction and restrictive eating behaviors among undergraduate students.
- Following the training, participants will be able to explain how heightened ASMC may reduce interoceptive sensibility and contribute to restrictive eating behaviors.

Authors: Lauren Pictor, Auburn University; Marley Billman Miller, Auburn University; April R. Smith, Auburn University

Seeing Ourselves Online: Social Media Body Consciousness and Weight Stigma in BAM

Abstract: The Body Advocacy Movement (BAM) is a novel, peer-led, cognitive dissonance–based intervention designed to reduce fear of fatness and anti-fat bias—two constructs linked to eating disorder risk and maintenance. The BAM intervention engages participants in defining and challenging fatphobia and anti-fat bias across intrapersonal, interpersonal, and institutional levels through discussion, reflection, and role-play exercises. BAM has demonstrated small-to-moderate reductions in fatphobia, anti-fat bias, and body dissatisfaction among young adults in the Midwestern US. Given the pervasive influence of social media on body image and weight-related attitudes, the construct of appearance-related social media consciousness (ASMC)—reflecting awareness of one's appearance and behavior in relation to an imagined online audience—may reflect processes similar to those underpinning fatphobia and anti-fat bias. Individuals with heightened ASMC may be more attuned to appearance norms promoted on social media, where thinness is often idealized and higher-weight bodies stigmatized, potentially reinforcing one's fear of fatness. Accordingly, examining how ASMC relates to fear of fatness and anti-fat bias can clarify whether appearance monitoring for an online audience contributes to maintaining or amplifying weight stigma. The current study implemented BAM at a public university in the Southeastern US and examined initial associations among ASMC, fatphobia, and anti-fat bias. Participants (N = 27 undergraduate students; 100% White and 85.2% Not Hispanic/Latine) completed the Appearance-Related Social Media Consciousness Scale (ASMC), Goldfarb Fear of Fat Scale (GFFS) to assess fatphobia, and the Universal Measure of Bias-Fat (UMB-Fat) to assess weight bias before attending the first session of BAM. Correlational analyses revealed that ASMC was strongly and positively associated with UMBFAT ($r = .64$, $p < .001$), suggesting that greater social media appearance awareness was linked to stronger anti-fat bias. In contrast, ASMC was not significantly related to GFFS ($r = –.13$, $p = .53$). Findings align with prior work showing that social media may amplify appearance hierarchies, potentially reinforcing anti-fat attitudes even in the absence of explicit fat-related fear. Future longitudinal analyses will assess how ASMC influences BAM's reduction of participants' anti-fat bias to clarify how online appearance monitoring may influence intervention efficacy.

Learning Objectives

- Following the training, participants will be able to: identify how peer-led, cognitive dissonance–based interventions like the Body Advocacy Movement (BAM) aim to reduce fear of fatness and anti-fat attitudes.
- Following the training, participants will be able to: identify appearance related social media body consciousness as a potential obstacle for the effectiveness of BAM.

- Following the training, participants will be able to: describe how appearance-related social media consciousness (ASMC) relates to anti-fat bias and weight stigma among college students.

Authors: Lauren Pictor, Auburn University; Olivia Clancy, Auburn University; Katherine Schaumberg, University of Texas - Austin; April R. Smith, Auburn University

Early Outcomes of an Integrated CBT/Psycho-Nutritional IOP Program for Eating Disorders

Abstract: This study investigates the early effects of an intensive individual, transdiagnostic treatment for outpatients with eating disorders, with or without previous treatment. The program features a dedicated therapeutic micro-team (CBT psychotherapist, medical doctor, dietitian) working in close coordination through micro-team meetings, and may include individual therapeutic meals, and telephonic or online support. A total of 231 patients (AN 52% and BN 48%; 65% with a history of previous treatments,) were evaluated at baseline (T_0) and following a preliminary package of intensive treatment (T_1), consisting of 12 psychotherapy sessions, 12 psycho-nutritional rehabilitation sessions conducted by the medical doctor, and 6 nutritional counseling sessions conducted by the dietitian. A series of 2 (Time: T_0 vs T_1) × 2 (Diagnosis: AN vs BN) × 2 (Previous Treatments: Yes vs No) mixed-design ANOVAs were conducted. The variables examined were BMI, and Eating Attitudes Test (EAT) and Eating Disorder Inventory-3 (EDI-3) subscales. A significant main effect of Time was found across most variables (except Perfectionism and Interpersonal Alienation), indicating overall improvement after 30 integrated sessions. Significant Time×Diagnosis interactions were observed: BMI, with AN patients showing a significant increase and BN patients remaining stable; EDI-3 Bulimia, with BN patients exhibiting a marked reduction and AN patients remaining low and stable; EAT Body and food preoccupation & EDI-3 Risk scales, with BN patients, initially more symptomatic, converging toward AN levels at T_1. Significant Time×Previous Treatments also emerged for EDI-3 Drive for Thinness, Low Self-Esteem, Interoceptive Deficits, Emotional Dysregulation, and EAT Dieting, where patients without prior treatments exhibited greater improvement. These findings show that an intensive integrated treatment was associated with significant behavioral and cognitive improvement across diagnoses and that a history of previous treatments did not hinder behavioral outcomes but was linked to reduced psychological flexibility and slower gains in self-esteem and emotion regulation. These findings suggest that this IOP treatment can be used with positive outcomes even in multiply-treated patients and that an immediate initial intensification of treatment is warranted for this subgroup, with the aim of reducing the need for residential and hospital care settings and consequently limiting overall treatment costs.

Learning Objectives

- Describe the structure and components of an intensive, transdiagnostic, and multidisciplinary outpatient program
- Evaluate the early behavioral and cognitive effectiveness (e.g., BMI, Bulimia, Drive for Thinness) of the integrated IOP across different ED diagnoses (AN vs. BN)
- Identify the specific psychological domains (e.g., self-esteem, emotion regulation) where a history of previous ED treatments is associated with slower initial gains, thus warranting immediate treatment intensification.

Authors: Maria Francesca Pieroni, Gruber Foundation; Donatella Ballardini, Gruber Foundation; Romana Schumann, Gruber Foundation

Control and eating disorders: converging evidence from mixed methods

Abstract: 'Losing weight felt like I was achieving something real – like I was finally in control when nothing else in my life was'. This quote highlights the importance that the construct of 'control' has in the experiences of many eating disorders. Using mixed methods, I have investigated how individuals with eating disorders experience and learn about control. First, I will present the results of a qualitative study (n=10) linking control to eating disordered experiences using thematic analysis, with particular reference to how this relates to the experience of traumatic events (which tend to reduce the individuals' sense of efficacy and control). Secondly, I will present an online experimental study manipulating the control individuals had over the rewards they receive (n=58). In this data, there was a relationship with preference for control when controlling for OCD symptoms, though no relationship when this covariate was not included. Additionally, those with elevated eating disorder symptoms were less accurate at inferring the rewarding stimulus, again when controlling for OCD symptoms. Further to this, I will finish by presenting two computational theories of how control relates to eating disorders: whether those with eating disorders under-estimate and/or over-value the control they have over their actions. In sum, converging evidence suggests that control is an important consideration in eating disorders - and that further mechanistic work is needed to identify the precise mechanisms and computations that give rise to these differences in the experience of control.

Learning Objectives

- Following the training, participants will be able to understand how individuals with eating disorders perceive control to be related.
- Following the training, participants will be able to identify qualitative themes that link control and eating disorders.
- Following the training, participants will be able to understand how computational modelling can be used to adjudicate between different theories of how control relates to eating disorders.

Authors: Alexandra Pike, University of York; Josie Hofmeister; Isobel Pickford; Kelly Donegan, University of York

Factoids are not facts, and statistics are not static: Countering misinformation in eating disorders

Abstract: Given the current assault on science, it is as crucial as ever for psychological scientists to be absolutely meticulous in their work, to not give naysayers any fuel for their fire. In disseminating our work, we must be careful not to perpetuate misinformation. Nevertheless, misinformation abounds, and in the current paper, we will use our shared field - eating disorders- as a “wake up call” to all psychological fields and disciplines (and those who utilize our data) to do and expect better. When referencing information related to eating disorders (ED), individuals and organizations frequently employ factoids – oft-repeated information and statistics that are assumed to be true - related to eating disorder prevalence and severity. While widely used, some of these data are oversimplified or factually inaccurate, providing an incomplete - and sometimes blatantly incorrect - picture of a complex mental health disorder. Through our research, we have identified outdated and/or incorrect information in published research and public spaces (e.g., ED organization websites, state public health websites, etc.). Unfortunately, issues related to statistical accuracy, such as these, are widespread. This paper uses specific examples to highlight some of the most widespread issues of misinformation factoids that plague the ED field. The main goals are (1) to inform the academic, clinical, and general public of these errors and (2) to make recommendations that will help reduce the spread of inaccurate information in the field. We will elucidate the origins and historical trajectories of these factoids so that those in the field can avoid creating and perpetuating such mistakes in the future. Implications for funding, advocacy, and public education will be discussed.

Learning Objectives

- Define terms associated with misinformation and discuss the potential harmful effects of misinformation on the field of eating disorders.
- Describe three types of misinformation which are often found in journal articles, websites, and public resources about eating disorders.
- Provide recommendations and action items to prevent misinformation about eating disorders from being spread.

Authors: Millie Plotkin, MedStar Washington Hospital Center / ACUTE Denver Health / National Alliance for Eating Disorders; Julia Yermash, Fordham University; Natasha L. Burke, Fordham University

Training hospital residents on medical complications of eating disorders: Protocol for a pilot study

Abstract: Research shows that the majority of US hospital residents are not receiving any formal training on medical treatment of eating disorders (EDs), despite up to 9% of people experiencing these disorders during their lifetime. There is a need for basic training on medical complications and this paper presents a protocol for a pilot study on such a training. Due to the wide variety of topics residents must learn about, it is difficult to add long educational programs into their schedules. Therefore, a short, targeted session may be the most feasible training for residency programs to implement. Our goal for this pilot study is to assess the acceptability, effectiveness, and proof of concept of a short video training (no more than one hour) on the medical complications of EDs for residents. The video will be combined with the newly revised Guide to Medical Care booklet from the Academy for Eating Disorders, often referred to as the Purple Book. Internal medicine residents at a large urban hospital will be randomized into two groups. One group will view a single video lecture in combination with receiving a copy of the Purple Book , while the other group will receive the Purple Book but no video instruction. All participants will be given pre- and post-tests to assess the learning outcomes of the two modes of training. If results of the pilot show benefits of the video training to increase knowledge and understanding of treatment, a larger multi-site study will be conducted. [Note: This paper is a project of the AED Clinical Care Standards Committee.]

Learning Objectives

- Discuss the need for a brief standardized training on the medical complications of eating disorders for hospital residents.
- Describe the steps of the proposed research protocol to train hospital residents on early detection, assessment, diagnosis, and management of the medical complications of EDs.
- Understand how to advocate for education within their local graduate medical education program.

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Eating Disorders Information Gateway: A Digital Resource for Evidence-Based ED Information

Abstract: Access to quality, evidence-based information about eating disorders remains fragmented across multiple platforms and databases, creating barriers for clinicians, researchers, and individuals seeking reliable resources. The Eating Disorders Information Gateway addresses this challenge by consolidating comprehensive eating disorder literature into a single, searchable platform.

Created in 2012, the Gateway was officially launched in 2014. The database was developed by a medical librarian with both professional expertise and lived experience in the eating disorder field. Content curation follows evidence-based selection criteria, with materials categorized for different user populations including clinicians, researchers, and consumers. The Gateway provides advanced search functionality through specialized keywords, author names, and PubMed IDs. A unique feature includes "Consumer Results" - a curated selection of resources suitable for individuals seeking basic eating disorder information, while "All Results" serves researchers and clinicians. The platform also offers specialized reading lists on topics such as weight restoration and transgender patient treatment.
Impact: By consolidating eating disorder information into a single, accessible platform, the Gateway eliminates information silos and reduces barriers to evidence-based resources. The dual-level search functionality serves both professional and lay audiences, supporting informed decision-making across the eating disorder treatment spectrum. The platform's free access model promotes equity in information access regardless of institutional affiliation or economic resources.
Conclusion: The Eating Disorders Information Gateway represents a significant advancement in eating disorder information accessibility, providing a comprehensive, user-friendly platform that serves diverse stakeholder needs. Its development demonstrates the value of specialized databases in mental health fields and offers a model for other condition-specific information resources. Continued expansion and user feedback will enhance its utility for the eating disorder community.

Learning Objectives

- Recognize the need for an eating disorder-specific research citation database.
- Describe the search functionality of the Eating Disorders Information Gateway
- Describe some key features of the Eating Disorders Information Gateway

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Is health Professionals' Weight Bias associated with their Interest in Treating Eating Disorders?

Abstract: Weight bias has been documented among health practitioners in the field of eating disorders, with mental health trainees less likely to diagnose anorexia nervosa-like symptoms or atypical anorexia in patients with "normal" or higher weight despite similar symptoms. Such biases may discourage help-seeking and create weight-based barriers to care, as patients may experience stricter referral or admission criteria or even feel compelled to lose weight to access treatment. This study examines weight bias among health professionals and students enrolled in an online training program on the treatment of eating disorders, in relation to their interest in treating these disorders.

Preliminary results are based on online questionnaires completed by 37 professionals and/or students prior to the training program. Explicit weight bias was assessed using the 13-item Anti-Fat Attitudes Questionnaire (AFA), which includes three subscales: Dislike, Fear of Fat, and Willpower/Blame (α = .84). Participants' interest in treating each eating disorder (anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified EDs) was measured with a brief self-developed questionnaire using a 5-point Likert scale. Pearson correlations were conducted to examine associations between variables. Regarding weight bias, dislike of people with a higher weight was negatively associated with participants' interest in treating binge eating disorder ($r = -0.414$, $p = 0.011$). Fear of getting fat was positively associated with interest in treating anorexia nervosa ($r = 0.358$, $p = 0.030$). Beliefs about willpower and blame was negatively associated with interest in treating eating disorders not otherwise specified ($r = -0.342$, $p = 0.038$). Professionals' biases may be linked to their interest in treating specific types of eating disorders. Clinically, this raises questions about whether such biases could influence the triage of consultation requests based on a person's weight. These findings highlight the need to better integrate weight bias awareness into the initial and ongoing training of health professionals to prevent its impact on care quality, treatment motivation, and the recognition of patients' suffering.

Learning Objectives

- Identify weight-related biases among healthcare professionals involved in ED treatment.
- Examine how these biases may influence professionals' interest in treating different types of eating disorders.
- Explore training strategies to reduce bias and strengthen evidence-based care across diverse eating-disorder presentations.

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Eating Behavior, Physical Activity, and Mental Wellbeing in Emerging Adults

Abstract: Early adulthood represents a sensitive and vulnerable developmental period during which lifestyle habits with long-term implications for both physical and mental health are established. In this stage, maladaptive eating patterns may emerge alongside the first symptoms of psychological difficulties. Understanding the behavioural relations between nutrition, physical activity, and psychological well-being is therefore essential for timely prevention and the promotion of a healthy lifestyle. The present study focuses on analysing the associations between eating behaviour, levels of physical activity, and subjective psychological well-being among young adults aged 18–30 years. Data were collected through an online questionnaire battery comprising the Young Adults' Eating

Behaviour Questionnaire, the International Physical Activity Questionnaire (IPAQ), and standardised scales assessing mental well-being and quality of life (BDI-II, BAI, SMBM). The study aims to identify typical patterns of healthy and risky eating behaviours and to examine their relationship with psychological well-being and life satisfaction. The findings highlight the need for integrated preventive approaches that combine nutrition, physical activity, and mental health in the comprehensive promotion of young adults' well-being. The results may contribute to developing targeted preventive interventions aimed at early identification of risk behaviour patterns and strengthening psychological resilience in this key developmental stage.
This work was supported by the Cooperatio Program, research area Neuroscience and by the project MH CZ – DRO VFN64165.

Learning Objectives

- Identify patterns of eating behavior and physical activity common among young adults.
- Explain the relationship between lifestyle behaviors and mental wellbeing in emerging adulthood.
- Recognize early indicators of maladaptive health behaviors that may affect psychological resilience.

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Response to sweet taste is blunted and related to core psychopathology in patients with AN.

Abstract: Objective: This study aimed at investigating whether taste sensitivity is reduced in patients with anorexia nervosa (AN) and at examining the relationship between anthropometric parameters and the outcomes of psychopathological assessments concerning the perception of sweet taste.
Methods: In a case–control study, 15 female patients aged 12–24 years with eating disorders (EDs)—13 with AN and 2 with atypical anorexia nervosa (aAN)—and 9 age-matched healthy controls were included. Taste sensitivity was assessed as the response to the administration of 5 mL of a 17% sucrose solution, rated on a visual analog scale (VAS) ranging from 0 to 100. Study participants underwent anthropometric and body composition assessments, and the following questionnaires: EDE-Q (Eating Disorder Examination Questionnaire), Brief Symptom Checklist (BSCL-20), Symptom Checklist-90 (SCL-90), and Starvation Symptom Inventory (SSI), were administered.
Results: Patients with AN exhibited significantly lower VAS scores than controls; 67% of patients assigned a score ≤50, in contrast to 22% of controls. VAS scores were inversely correlated with BSCL test scores for both the anxiety and depression subscales and the total score (anxiety $r=-0.489$, $p<0.05$; depression $r=-0.658$, $p<0.01$;

GSI r=−0.590, p<0.01), as well as with the SCL-90 for the same domains (anxiety r=−0.529, p<0.05; depression r=−0.602, p<0.01; GSI r= −0.614, p<0.01). Negative correlations also emerged for the EDE-Q subscales of restraint (r=−0.429, p<0.05), weight concern (r=−0.473, p<0.05), and body shape concern (r=−0.501, p< 0.05), as well as starvation symptoms on the SSI (r=−0.435, p=0.030).
Discussion: Our findings suggest a blunted hedonic response to sweet taste in patients with AN, especially among those with poorer nutritional status and higher anxiety and depression traits. Hedonic assessments of taste sensitivity could serve as a clinically significant marker for integration into the anthropometric and psychometric evaluation of patients with AN. However, longitudinal studies with larger sample sizes are necessary to evaluate its prognostic utility and to clarify the underlying pathogenic connections.

Learning Objectives

- Understanding alterations in taste perception in anorexia nervosa
- Connecting core psychopathology with taste sensitivity in anorexia nervosa
- Encompassing taste neurophysiology among alterations in eating disorders

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Drop Out, Relapse, and Remission among Adults with AN Receiving Outpatient Treatment: A Chart Review

Abstract: The purpose of this study was to review Anorexia Nervosa (AN) treatment in an outpatient NHS service, specifically completion and dropout rates for patients who had more than one psychological treatment within the service from 2017 onwards. It is well documented through existing literature that there are many challenges in outpatient treatment of AN due to its ego syntonic nature. It is important to look at this in clinical environments and not just clinical trials, to understand what we are missing when patient complexity intersects with a variety of other factors. We extracted sufficiently documented data from 105 patients diagnosed with AN and had a referral for a first line treatment from January 2017 until March 2025. This included CBT, CBT-ED, MANTRA, and SSCM. Each patient and referral was then reviewed and a database was created in which we collated: demographics, the number of treatment cycles offered, treatment cycles completed, treatment cycles that were incomplete, the number of times a patient returned to the service. For each referral we recorded the start date of each treatment,

the age at the start of each treatment, the starting BMI, the ending BMI where appropriate, the modality of treatment. If the treatment was incomplete, we recorded the session at which it ended and the reason for ending. The average number of treatments offered per patient was 2.4, the average completion rate of treatments per person was 0.77, the average dropout rate per person was 1.54, and the average number of times patients returned to the service was 1.4. Across this sample, we offered 252 treatments, 81 were completed (32.1%) and 162 (64.3%) were incomplete. The average BMI at start of treatment was 16.89, the average BMI at the end of treatment was 17.5, which leaves an average BMI change of just 0.6, among treatment completers. The data shows that, on average, only around a third of offered treatments are completed. In addition, the vast majority of adults that do complete treatment do not achieve weight restoration. This review shows that AN continues to be very challenging and it is difficult for AN patients to complete the treatments offered. Future research should focus on better understanding the reasons for the high drop-out rates and low remission rates among this population. The paper also discusses possible explanations of these phenomena, stemming both from patients' experiences and from clinicians' perspectives, as shown in existing literature.

Learning Objectives

- Understand the challenges of outpatient treatment for adults with AN.
- Think critically about what we could be missing in the treatment of adults with AN.
- Explore possible explanations of these phenomena through patients' and clinicians' reports.

Authors: Marina Pouliadi, North London NHS Foundation Trust; Brad Crabtree, North London NHS Foundation Trust; Rosie Chalmers, North London NHS Foundation Trust

Starved by the Brain: A Case of ARFID Coinciding with Lupus Cerebritis

Abstract: Lupus cerebritis , a rare complication of systemic lupus erythematosus (SLE) , can cause a variety of neuropsychiatric symptoms, such as altered mental status, psychosis, and cognitive deficits. However, the development of avoidant/restrictive food intake disorder (ARFID) secondary to neurocognitive changes is rarely described . Case series have described Anorexia Nervosa as a pRacrodrome to fully developed lupus. ARFID is an eating disorder marked by the avoidance of food due to sensory sensitivities, fear of consequences, or low appetite, resulting in weight loss or nutritional deficiency. A 17-year-old female with a history of juvenile idiopathic arthritis and a recent diagnosis of SLE, complicated by acute encephalopathy, presented with concerns of significant weight loss, reduced caloric intake, and dysphagia. She had previously been hospitalized for lupus cerebritis, during which an EEG revealed diffuse slowing, and a negative lorazapam challenge test ruled out catatonia. An NG tube was required due to poor oral intake, and earlier attempts to stimulate her appetite with cyproheptadine were unsuccessful. Despite ongoing outpatient medical management, she continued to

experience nausea, reported difficulty swallowing, generalized weakness, food disinterest and fatigue and was readmitted. Further symptoms included dysarthria, psychomotor slowing, and mood disturbances, with the patient opting to sleep and avoid daily activities. Neuropsychological testing subsequently revealed a diagnosis of Major Neurocognitive Disorder, and psychiatric evaluation ruled out a primary eating disorder and body dysmorphia, attributing her reduced appetite and food aversions to prolonged hospitalization and stress and possible taste disruption. Her clinical presentation is consistent with ARFID in nature, likely influenced by her neurological insult, anxiety, and depression, although her oropharyngeal mechanism of swallowing remained intact as assessed by speech therapy. During this hospital stay a G-tube was placed for minor uptake of eating with multiple modalities. This case illustrates the intersection between neuropsychiatric manifestations of SLE and ARFID. Although lupus cerebritis often presents with altered mental status and cognitive deficits, its contribution to secondary eating disorders like ARFID is underreported and highlight the importance of monitoring neurocognitive and psychiatric symptoms in autoimmune diseases.

Learning Objectives

- Recognize that disordered eating can manifest in autoimmune disease
- Understand that feeding and eating disorders can be prodromal or co-occurring in encephalitis
- Discern when psychiatric or psychological consult is necessary in SLE

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User-centered design of a sensor-integrated digital binge eating intervention using mixed methods

Abstract: The affect regulation model of binge eating (BE) posits that BE occurs in response to negative affect as a mechanism for reducing distress. Wearable sensors that measure physiological arousal associated with affect facilitate delivery of ecological momentary interventions promoting adaptive affect regulation (thereby reducing BE) with low user burden. User-centered design of digital interventions is critical to ensure these tools meet the needs of the patients and clinicians who will use them and to promote real-world clinical implementation. This study used mixed methods to understand user needs and design preferences for integrating psychophysiological sensor data measuring negative affect into a digital tool for BE. Participants were 30 individuals with binge-spectrum eating disorders and 6 community eating disorder clinicians. Participants completed qualitative interviews about their needs and design preferences for a sensor-integrated digital intervention and rated the perceived helpfulness of several digital intervention formats (e.g., weekly frequencies of BE and negative affect, risk alerts, just-in-time adaptive interventions) on 5-point Likert scales. Qualitative data were analyzed using content analysis. Qualitative and quantitative data were compared to yield meta-inferences. Participants rated all intervention formats as at least ‘Moderately helpful’

(RangeBE = 3.55-4.21/5, Rangeclinicians = 3.33-4.60/5), highlighting the multiple functions users desire from a digital intervention. Both groups rated the just-in-time adaptive intervention format most highly (MBE = 4.21/5, Mclinicians = 4.60/5), reflecting their qualitatively described preference for interventions that increase patient awareness of BE risk, facilitate treatment engagement, and prompt use of therapy skills at relevant times. Both groups had a secondary preference for a weekly summary view of negative affect and BE (MBE = 3.93/5, Mclinicians = 4.50/5), which corroborates qualitatively described intervention goals of supporting patients and clinicians in identifying patterns contributing to BE and tracking treatment progress. Qualitative interviews identified design considerations for the development of the digital intervention, including the importance of protecting patient privacy. Participants with BE and clinicians were enthusiastic about the potential for sensor data to inform a digital intervention for BE and had clear preferences for the intervention's functions and format.

Learning Objectives

- Understand the potential for sensor data to inform digital interventions targeting negative affect as a risk factor for binge eating
- Describe user needs and preferences for a future sensor-integrated digital intervention targeting negative affect as a risk factor for binge eating
- Describe design considerations for a future sensor-integrated digital intervention targeting negative affect as a risk factor for binge eating

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Intergenerational Conflict, Acculturative Stress, and Disordered Eating in South Asians in the US.

Abstract: Acculturation gap, or the mismatch between parent and child acculturation, can perpetuate intergenerational conflict within families. While intergenerational conflict has been explored within certain minority groups, less is known about its role in South Asians and its relation to eating pathology. In this study, we examine the correlations between aspects of intergenerational conflict and disordered eating and test acculturative stress as a possible moderator of these relationships in a South Asian sample. Participants (N = 276) were of South Asian descent, living in the US (Mage = 29.45 years, SD = 10.85; 68% cisgender female, 24% cisgender male, and 9% gender nonbinary). Participation involved completing an online survey, including measures of disordered eating (EAT-26), intergenerational conflict with parents in adolescence/young adulthood (i.e., family expectations, education and career, and dating and marriage), and acculturative stress. The three areas of intergenerational conflict were significantly positively correlated with disordered eating (rs from .26-.28, ps < .001) and related but distinct per inter-correlations (rs from .40-.64, ps < .001). The interaction between family

expectations and acculturative stress was significant (t = 2.22, p = .03, ΔR2 = .02), with the relationship between family expectations intergenerational conflict and disordered eating significant at high levels of acculturative stress (p = .003) but not low levels (p = .86). Similarly, the education/career intergenerational conflict x acculturative stress interaction was significant (t = 3.55, p <.001, ΔR2 = .04), with the relationship between education/career intergenerational conflict and disordered eating significant at high levels of acculturative stress (p < .001) but not low levels (p = .72). Lastly, the dating/marriage x acculturative stress interaction was significant (t = 2.63, p = .009, ΔR2 = .02), with the relationship between dating/marriage intergenerational conflict and disordered eating significant at high levels of acculturative stress (p < .001) but not low levels (p = .75). The finding that South Asian individuals reporting high levels of intergenerational conflict in adolescence/young adulthood and high levels of acculturative stress have the highest levels of disordered eating suggests clinical implications whereby intervening in these areas may be an avenue to decreasing eating pathology.

Learning Objectives

- Understand the concept of intergenerational conflict, the distinct types of intergenerational conflict, and its importance in relation to eating pathology
- Discuss how acculturative stress can combine with intergenerational conflict to identify elevated levels of eating pathology
- Describe how the interactive findings have potential clinical implications for decreasing eating pathology in South Asians in the US

Authors: Melissa Puopolo, University of North Carolina at Chapel Hill; Anna Bardone-Cone, The University of North Carolina at Chapel Hill

Perfectionistic Self Presentation, Coping Styles, and Disordered Eating: Tests of Mediation

Abstract: Perfectionistic self-presentation, a need to appear and strive for an image of flawlessness to others, is an understudied facet of perfectionism within the context of eating disorders. Maintaining a perfectionistic self-presentation style may be experienced as stressful and motivate maladaptive coping strategies to alleviate distress leading to disordered eating. While both perfectionistic self-presentation and coping styles have been examined in relation to disordered eating, little is known about how these three variables relate temporally. Thus, using a longitudinal design, we examined coping styles as mediators of the perfectionistic self-presentation/disordered eating relationship. Participants were 223 women (Mage = 29.47 years, SD = 10.96) who were former clients of eating disorder clinics in the Southeastern US Participation included online self-report surveys of perfectionistic self-presentation (PSP), coping styles (task-, emotion-, and avoidance-focused), and disordered eating (EAT-26), completed at 3 time points ~6 months apart (baseline, 6 months, 12 months). Examining task-focused coping

as a mediator, the indirect effect of T1 PSP on T3 disordered eating through T2 task-focused coping was not significant (B = .02, 95% CI [-.01, .07]), whereas the direct effect of T1 PSP on T3 disordered eating was significant (B = .37, 95% CI [.22, .52]). With emotion-focused coping as a mediator, the indirect effect of T1 PSP on T3 disordered eating through T2 emotion-focused coping was significant (B = .15, 95% CI [.05, .26]), as was the direct effect of T1 PSP on T3 disordered eating (B = .23, 95% CI [.05, .41]); greater perfectionistic self-presentation predicted greater emotion-focused coping (B = .51, $p < .001$) which, in turn, predicted greater disordered eating (B = .29, $p = .003$). Lastly, with avoidance-focused coping as a mediator, the indirect effect of T1 PSP on T3 disordered eating through T2 avoidance-focused coping was not significant (B = .02, 95% CI [-.003, .07]), whereas the direct effect of T1 PSP on T3 disordered eating was significant (B = .37, 95% CI [.21, .52]). Thus, evidence is consistent with partial mediation of the perfectionistic self-presentation/disordered eating relationship through emotion-focused coping, but there is no evidence of mediation through task-focused or avoidance-focused coping. Intervening in emotion-focused coping has the potential to disrupt how an aspect of perfectionism impacts disordered eating.

Learning Objectives

- Understand the relationship between perfectionistic self-presentation and disordered eating
- Describe the role of coping styles (task-, emotion-, avoidance-focused) in relation to disordered eating
- Discuss ways that coping styles do and do not explain the relationship between perfectionistic self-presentation and disordered eating and clinical implications for mediational findings

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A moving target: How are we conceptualizing maladaptive movement and proposal of unified terminology

Abstract: Introduction: Remission rates from eating disorder (ED) treatment are inadequate. Maladaptive movement, a pathological relationship with or engagement in exercise, is strongly predicts poor prognosis. Estimated prevalence of maladaptive movement in ED ranges from 30-81%; with such variation likely due to divergent definitions of maladaptive movement. Existing definitions include an ‘excessive’ duration (e.g., >300 minutes), an addiction model (i.e., tolerance to or withdrawal from exercise), an obsessive-compulsive model (i.e., driven or compulsive movement) amongst others. We must develop a unified understanding of maladaptive movement to accurately evaluate its prevalence and etiology as well as to improve assessment, treatment, and outcomes. This review synthesizes definitions of maladaptive movement, examines evidence underlying defining terms, and proposes a unifying framework of

understanding maladaptive movement in ED.
Methods: We conducted a systematic review to examine definitions of maladaptive movement following PRISMA guidelines. Peer-reviewed studies in English or French including a definition/criterion for maladaptive movement in adults (>18 years) with an ED were included. We identified articles via MEDLINE, PsycINFO, Embase, CINAHL, Scopus. Four reviewers independently screened and extracted terms to define maladaptive movement, with findings analyzed using descriptive and thematic synthesis.
Results: Of the 2,035 articles meeting initial search criteria, 78 were included. Common terms across definitions included avoidance of negative affect, psychological functioning, physical harm, compulsion, driven, and impairment. Evidence for terms was mixed, with greater support for the harm/impairment terms rather than those that described the quality of one's relationship with movement (e.g., driven, compulsion, obsession, obligatory).
Discussion: As expected, there was wide variance in terms used to define maladaptive movement. Evidence supporting these definitions was also mixed. We propose a unified terminology for maladaptive movement in hopes of improving research consistency and cross-study comparison. Research implications include a standardized operationalization of maladaptive movement to enhance rigor and reproducibility of findings. Clinically, clearer terminology could guide assessment protocols, unify care across programs, and improve intervention design by distinguishing functional from maladaptive exercise patterns in ED.

Learning Objectives

- Identify commonly used terms and characteristics of maladaptive movement
- Use a unified term and characterization of maladaptive movement
- Understand the next step in clinical practise and research in terms of movement in eating disorders

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The development of a national data strategy for the surveillance of eating disorders in Canada

Abstract: Eating disorders (EDs) are a growing public health concern, yet efforts to address their rising incidence and prevalence are constrained by a lack of robust data. In Canada and globally, there are well-documented gaps in ED-related health administration (e.g., clinical service use) and surveillance (e.g., population survey) data. These data disparities obstruct the ability of researchers, clinicians, and policymakers to assess system-level impacts, allocate resources, and design responsive interventions.

This study aimed to identify next steps for improved ED data capture and monitoring efforts across Canada through an in-person deliberative dialogue, facilitated in May 2024 among diverse researchers, clinicians, government employees, and lived experts (N=32). Participants engaged in small- and large-group discussions that addressed four pillars: workforce development, clinical services, research, and policy. Following the event, the top policy priority areas identified during the discussions were compiled into a post-event survey. Of the participants, 22 (69%) completed the survey, ranking the priorities based on perceived impact and feasibility. We conducted quantitative analysis of survey data and inductively derived policy areas from the dialogue notes. Four policy priority areas were identified. In the post-event survey, the area identified as most feasible by respondents (61.9%) was the development and integration of ED surveillance questions into existing public health surveillance systems (e.g., collaboratively identify survey items, embed questions in preexisting government surveys; collaborate with experts outside EDs to identify new data collection methods). The most influential policy area (40.9%) centered on strategic coordination to amplify the voice of the ED field—including fostering national collaboration, communicating unified policy and funding priorities, and powerfully telling the story of EDs in Canada to advocate for sustained investment. Overall, participants emphasized the urgency of developing and funding sustainable ED surveillance strategies, noting that meaningful policy, high-quality clinical care, and resource allocation depend on reliable data. This work highlights the urgent need for national investment in ED surveillance infrastructure.

Learning Objectives

- Describe existing gaps in Canadian eating disorder health administration and surveillance data.
- Examine expert-derived recommendations for the development of a national eating disorder data strategy.
- Recommend next steps for improving eating disorders surveillance and monitoring.

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Bridging Eating Disorder and Gender-Affirming Care: A Case report of AN in a complex context.

Abstract: This case report describes the integration of gender-affirmative and “harm reduction” strategies, adapted from the Family-Based Treatment (FBT) model for adults, in the residential treatment of anorexia nervosa (AN) with comorbid gender

incongruence (GI). The patient was a 21-year-old trans man, assigned female at birth, admitted for severe restrictive AN, depressive symptoms, and suicidal ideation. Treatment combined psychiatric management, nutritional rehabilitation, individual and group psychotherapy, and gender-affirmative care within a coercion-free environment that respected his affirmed identity. Masculine pronouns were used in clinical settings, while feminine pronouns were maintained in family contexts per patient agreement to minimize emotional risk. Psychotherapy addressed identity reconstruction, coping with minority stress, and dismantling internalized stigma, while nutrition included progressive refeeding, exposure to avoided foods, mirror work, and plating techniques. Psychiatric management included fluoxetine, aripiprazole, propranolol, and clonazepam as needed. Over 13 weeks, weight increased from 37.8 kg to 52.5 kg, PHQ-9 decreased from 27 to 22, and GAD-7 from 19 to 16. Dysphoria temporarily intensified during weight restoration but improved after a deliberate caloric adjustment framed as “harm reduction,” grounded in adult-FBT principles emphasizing flexibility, collaboration, and stabilization over rigid weight goals. The approach was guided by the World Professional Association for Transgender Health (WPATH) Standards of Care, Version 8, ensuring consistency with evidence-based recommendations for gender-affirmative practice. At discharge, mood and anxiety were stabilized, suicidal ideation resolved, and the patient reported greater self-acceptance and identity disclosure. At 5-month follow-up, PHQ-9 and GAD-7 further improved (18 and 12, respectively), confirming sustained gains. This case highlights the need to integrate affirmative, multidisciplinary, and “harm reduction”-informed models into eating disorder programs to close critical gaps between medical recovery and authentic gender identity integration.

Learning Objectives

- Identify the clinical overlap between anorexia nervosa and gender incongruence, and recognize how identity-related distress can influence restrictive eating behaviors.
- Describe how integrating gender-affirmative care with “harm reduction” principles—adapted from the adult Family-Based Treatment (FBT) model—can enhance engagement, safety, and recovery outcomes in gender-diverse patients with eating disorders.
- Apply flexible, individualized treatment modifications that balance medical stabilization with identity affirmation, addressing current gaps in traditional eating disorder treatment frameworks.

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Identifying Orthorexia Nervosa and Associated Psychological Distress in Young Adults: A Mixed-Method

Abstract: Orthorexia Nervosa (ON), coined from the Greek words ortho "correct" and orexi "appetite", refers to a pathological obsession with "right eating." ON is characterized by rigid dietary rules and preoccupations that, despite having a focus on health, can lead to poor quality of life, even malnutrition, and symptoms overlapping with other mental health conditions (Dunn & Bratman, 2016). In recent years, the prevalence of ON symptoms appears to have risen, particularly among young adults, in the context of growing diet and fitness culture (Valente et al., 2020). The objective of the study is to identify individuals with orthorexic tendencies and examine how these behaviors are causing psychological distress. A mixed-methods design will be applied: in the quantitative phase, participants aged 18-29 years will complete the Teruel Orthorexia Scale (TOS; Zickgraf & Barrada, 2022) and the Orthorexia Nervosa Inventory (ONI; Oberle et al., 2021). Participants with high scores will then be requested for qualitative interviews exploring their lived experiences of dietary rigidity and its behavioral, cognitive, and emotional consequences. This study attempts to highlight ON as a serious mental health condition rather than a lifestyle preference. Implications include raising awareness among clinicians and counselors about disordered eating patterns that often are overlooked and add onto the growing body of literature supporting the recognition of ON as a diagnostic category in future editions of the DSM.

Learning Objectives

- To understand Orthorexia Nervosa within the broader spectrum of eating disorders by examining how it shares overlapping features with conditions like Anorexia Nervosa (focus on dietary control) and Obsessive-Compulsive Disorder (rigidity and perfectionism), while maintaining its distinct focus on food quality rather than quantity (Cena et al., 2019; Dunn & Bratman, 2016).
- To critically evaluate the challenges in conceptualizing and diagnosing eating disorders across the spectrum, particularly how the absence of standardized diagnostic criteria for ON creates barriers to clinical recognition and differentiation between pathological eating behaviors and culturally normative health-conscious practices (Donini et al., 2022).
- To apply validated assessment tools in distinguishing between healthy dietary interest and pathological orthorexia within the eating disorder spectrum, recognizing that ON exists on a continuum from non-pathological healthy eating to clinically significant distress and functional impairment (Zickgraf & Barrada, 2022; Oberle et al., 2021).

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“Like a Rollercoaster”: Carer experiences of residential treatment for eating disorders

Abstract: Residential facilities for eating disorders are becoming increasingly common, providing recovery-oriented care in less restrictive environments compared to traditional hospital treatments. Despite their popularity, there is a lack of research regarding parent and carer experiences of residential programs. Furthermore, while the impact of eating disorders on parents and caregivers is well-documented, understandings of their lived experiences remain limited. The aim of this study was to explore parent and carer lived experiences of Australia’s first residential facility for the treatment of eating disorders.
As part of a broader clinical evaluation (June 2021 – August 2023), 15 parents participated (Age M = 54.67, SD = 6.29) in a semi-structured interview about their experience of residential treatment. Transcripts were analysed using inductive reflexive thematic analysis. Analysis generated six main themes from the data: 1) When everything is still not enough; 2) They were giving us hope; 3) I just felt relief; 4) I can resume the role of loving parent; 5) We almost need our own therapist; and, 6) Treatment access: There needs to be a hundred more. These themes collectively highlight both the burden of caring for a loved one with an ED and parents’ experiences of residential treatment. Overall, participants described residential treatment as providing respite and hope, enabling them to reclaim aspects of their lives that had been overshadowed by the eating disorder. Although not a “magic cure”, residential care was viewed as an essential component of a broader continuum of care.
This research highlights the unique benefits of the residential model and the importance of a compassionate care environment, while underscoring the importance of supporting caregivers throughout the treatment process. Given the critical role of carers in treatment outcomes, further research is essential to deepen our understandings of the carer experience and develop interventions that support both the experiencing person and their primary support people.

Learning Objectives

- Attendees will be introduced to the residential model of treatment for eating disorders, including its role within the broader continuum of care.
- Attendees will gain an understanding of the lived experiences of parents and carers whose loved ones receive residential treatment for an eating disorder.
- Attendees will develop an appreciation of the complexities faced by parents and carers, including the emotional burden of caregiving and the tensions between standardised, phase-based treatment approaches and person-centred, recovery-oriented care.

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Patient, carer and staff lived experiences of residential treatment for eating disorders

Abstract: Residential treatment programmes for eating disorders have gained global recognition since their introduction in the early 1900s. These facilities purport to provide recovery-oriented stepped care in a less restrictive environment than traditional hospital inpatient settings. Despite the growing evidence of positive clinical outcomes associate with this model of care, little is known about how individuals experience residential treatment and its alignment with individual needs.

This study explores the lived experiences of patients, carers and staff members at Australia's first purpose-built residential facility for the treatment of eating disorders. As part of a broader clinical evaluation conducted between June 2021 and August 2023, forty individuals (n = 15 patients, n = 15 parents, n = 10 employees) participated in semi-structured interviews to share their experiences of residential treatment. Data were analysed using inductive reflexive thematic analysis, generating four key themes: (1) Identity; (2) People; (3) Place; and (4) Process.

Participant experiences of residential treatment were complex and multifaceted. Participants consistently emphasised that "recovery takes a village", highlighting the importance of collaborative care, communication and community. Findings also highlighted a dynamic interplay between people, place and process—revealing both transformative potential and ideological tensions within this model of care. While residential treatment was not viewed as a "magic cure", it was consistently described as "the best" available and a "much-needed" part of the continuum of care.

These insights advance understanding of how residential care may bridge the gap between inpatient and community-based services, offering a model that integrates lived experience, evidence-based treatment and recovery-oriented practice. Future research and policy initiatives are needed to explore how residential care may be adapted, scaled and embedded within health systems to ensure equitable access, sustainability and integration across the broader continuum of care.

Learning Objectives

- Attendees will be introduced to the residential model of treatment for eating disorders and its role within the broader continuum of stepped care.
- Attendees will enhance their understanding of the lived experiences residential eating disorders.
- Attendees will be encouraged to reflect on the dynamic interplay between people, place,and process in residential treatment settings and the implications for delivering person-centred and recovery-oriented care.

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Familial predisposition and illness severity in males and females with an eating disorder

Abstract: Eating disorders (EDs) often tend to run in families, with research showing a substantial heritable component. Despite this, limited research has examined whether the extent of familial predisposition, such as number or degree of relatedness of affected relatives, is associated with the clinical presentation of ED patients. Research has primarily focused on adult female populations and first-degree relatives, leaving broader familial loading in juvenile populations and across all genders underexplored. Thus, the aim of this study was to examine associations between familial predisposition and illness severity, age of onset, and symptom duration in a clinical sample of males and females diagnosed with an ED. Data was drawn from the Aalborg Eating Disorder Cohort (AAED-Cohort), collected between January 2009 and December 2024, and included 735 patients (90.10% females and 9.90% males), with a mean age of 14.19 years (SD = 2.09), diagnosed with various ED subtypes at a specialized ED unit. Familial predisposition was assessed using structured parental interview, and symptom severity was measured using the Eating Disorder Examination (EDE). Results showed that 240 (92.08% females and 7.92% males) patients had a familial predisposition to an ED; 181 (77.02%) had one affected relative, while 54 (22.98%) had two or more. Of these 107 (44.96%) were first-degree, 80 (33.33%) second-degree and 90 (37.50%) third-degree relatives. Of the main findings, patients with a familial predisposition had a significantly higher global EDE score ($p<0.008$), compared to patients without a familial predisposition, which was evident both among patients with one affected relative ($p = 0.01$, [95%CI 0.08, 0.58]) and those with two or more affected relatives ($p = 0.05$, [95%CI -0.01, 0.75]). Males with a familial predisposition had a significantly ($p<0.01$) earlier age of onset compared to females with a familial predisposition. No significant differences were found in symptom duration across the subgroups. The findings suggest that familial predispositions may be associated with greater illness severity, particularly among the younger - both males and female - patients with EDs. This study adds to our knowledge about familial predispositions of EDs, emphasizing the relevance of including relatives during clinical assessment of juvenile populations. Identifying family history of EDs may help identify patterns of illness development and improve the detection of potential high-risk groups.

Learning Objectives

- Recognize how familial predispositions may impact the clinical presentation of EDs in males to improve the identification of potential high-risk individuals.
- Understand the impact of broader familial loading, extending beyond first-degree relatives during clinical assessment to identify potential risk patterns.
- Recognize the importance of structured parental interviews in identifying familial history to eating disorders and understand how this information can be used to understand associations with illness severity among juvenile patients.

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Feelings About My Body and Eating: A Co-designed Screening Tool for Australian Aboriginal Youth

Abstract: Eating disorders are among the most serious psychiatric illnesses and are more prevalent in Aboriginal youth in Australia, primarily through the pathway of food insecurity. Yet Aboriginal children and adolescents—particularly those in remote regions—remain under-recognised and under-treated. In Western Australia (WA), a state spanning over 2.5 million square kilometres, access to specialist eating disorder services is severely limited outside metropolitan Perth. This geographical isolation presents significant barriers to early identification and care, especially for Aboriginal youth. This study introduces “Feelings About My Body and Eating”, an innovative screening tool co-designed with Aboriginal community members and health workers across WA. Grounded in participatory action research and cultural safety principles, the tool adapts the Weight Concerns Scale to reflect Aboriginal language, imagery, and understandings of body and eating concerns. The pilot involves 40 Aboriginal youth aged 12–24 years in the remote Kimberley region. Evaluation includes quantitative analysis of internal consistency and sensitivity, and qualitative feedback via yarning circles and clinician interviews. We hypothesised that the tool would demonstrate strong internal consistency and sensitivity; that discriminant validity would be supported by correlations with culturally adapted mental health measures (e.g., a-PHQ-9); that youth feedback would indicate good cultural fit, clarity, and acceptability; that all positive screens would result in referral to appropriate services; and that clinician feedback would indicate high usability and feasibility for integration into routine practice. We will present preliminary findings, and lessons learnt from the co-design process (80 participants) and pilot data from the first six months of implementation in the remote Kimberley region. We will also share digital media content, developed to support improved recognition of eating disorders in this cohort and enhance the relatability of resources by showing what eating disorders can look and feel like for Aboriginal youth. This project represents a significant innovation in service provision, addressing a critical gap in early identification of eating disorders among Aboriginal youth. It offers a scalable model for national adoption and contributes to the global conversation on culturally responsive screening and care.

Learning Objectives

- Understand the co-design process of the “Feelings About My Body and Eating” screening tool, including the application of the Kimberley Aboriginal Health Research Model to ensure cultural safety and community leadership.

- Identify key cultural insights into how eating disorders can present in Aboriginal youth, and how these insights informed the development and sharing of culturally relevant digital media to support recognition and relatability.
- Summarise preliminary findings from the pilot implementation, including psychometric properties and clinical feasibility.

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Eating disorders in Africa: current situation and specificities of the Malagasy context

Abstract: Eating disorders (EDs) remain a poorly studied phenomenon in Africa. Despite increasing global recognition of EDs as major public health issues, African populations remain largely excluded from international research agendas. This gap limits understanding of how sociocultural and economic transformations influence ED development on the continent. This narrative review summarizes current knowledge on EDs across the continent, highlighting the diversity of their clinical manifestations and risk factors, and the need for research adapted to Africa's cultural and societal contexts. Particular attention is given to Madagascar, where rapid societal and nutritional transitions may contribute to the emergence or rise of EDs. A literature review was conducted using PubMed and Google Scholar. Articles published between 1980 and 2024, in English and French, were included if they addressed the prevalence, risk factors, or cultural specificities of EDs in Africa. Case studies, epidemiological surveys, and literature reviews were selected. The structure, source selection, and bibliography formatting were refined with methodological input from a digital scientific assistant to ensure rigor and coherence. A total of 10 studies were identified and thematically analyzed. Findings reveal a notable presence of EDs in Africa, particularly in South Africa, Morocco, Tanzania, and Nigeria, with prevalence varying by sample. Urban surveys, such as those in Tunisia, report risk rates of up to 48%. Clinical presentations are diverse and sometimes atypical, including binge eating, unspecified eating disorders, and pica. Commonly identified risk factors include exposure to Western media, dietary transitions marked by the coexistence of malnutrition and overweight, sociocultural pressures linked to urbanization, as well as anxiety, depression, and evolving family structures. In Madagascar, rapid urbanization and growing digital media exposure, promoting Western body ideals, appear to heighten vulnerability to EDs. EDs are an under-researched yet tangible reality in Africa. They transcend Western cultural boundaries and are shaped by continent-specific societal and nutritional dynamics, particularly evident in Madagascar. The scarcity of robust epidemiological data and the

reliance on Western diagnostic tools, often culturally inappropriate, highlight the need for research, prevention, and intervention strategies tailored to the African context.

Learning Objectives

- Following the training, participants will be able to have more knowledge about the prevalence of eating disorders in Africa.
- Following the training, participants will be able to have a greater understanding of socialcultural factors that contribute to the recent rise in eating disorders in African countries.
- Following the training, participants will have increased knowledge about how eating disorders manifest in Madagascar, an African country characterized by relative geographic isolation from mainland Africa, economic disparities, and rapid urbanization

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Relationship Between Food Resistance and Body Composition in Adolescents with Eating Disorders

Abstract: Adolescents with eating disorders often experience eating-related anxiety and avoidance. While weight, diagnosis, and the clinical interview are critical to guiding care, there is a gap in understanding real-time food resistance during outpatient clinic visits. Few studies have explored how this behavior relates to objective measures like BMI or treatment course. This study aimed to explore the relationship between level of resistance (LOR) to choosing and/or eating a snack and body composition, escalation of care, and number of comorbid mental health diagnoses in a sample of adolescents evaluated in an interdisciplinary eating disorder (ED) clinic. Our sample included 348 adolescents ages 10-20 years attending an appointment in an interdisciplinary ED clinic. During their clinic visit, patients were offered a snack, and their LOR (low, moderate, high) to choosing and eating the snack was recorded. Patients' body mass index percentile (BMI%), percent ideal body weight (IBW%), and visceral fat (VF) were measured at each encounter. ED diagnosis, mental health (MH) diagnoses, and recommended level of care were also recorded. One-way ANOVAs were performed to determine differences in BMI%, %IBW, and VF across different levels of resistance. Chi-square tests were performed to evaluate the relationship between LOR, number of MH comorbidities, and higher level of care recommendation. Results showed higher LOR to eating a snack was related to lower BMI%, %IBW, and VF. These differences were not found for LOR when choosing a snack. A higher level of care was recommended more frequently when LOR for choosing ($p = 0.007$) and eating ($p = 0.007$) a snack were higher. Greater number of MH diagnoses was significantly related to higher LOR to

eating a snack (p = 0.037). The relationship between LOR for choosing a snack and ED diagnosis or number of MH comorbidities was not significant. Greater ED severity, demonstrated by lower BMI%, %IBW, and VF, and greater number of MH diagnoses were related to higher LOR to eating a snack. The patient's LOR was a clinically relevant observation that assisted the clinical team with making appropriate treatment recommendations (e.g., higher level of care). Differences in LOR to eating and choosing a snack informed caregiver education. Future research will examine longitudinal changes in LOR to choosing and eating a snack across baseline and follow up visits.

Learning Objectives

- Understand the impact of food resistance on body composition in adolescents with eating disorders
- Recognize the benefits of observing food resistance in real time during clinical visits.
- Understand how assessing food resistance and body composition can inform treatment recommendations

Authors: Jasmine Reese, Johns Hopkins All Children's Hospital; Brie Buchanan, Johns Hopkins School of Medicine; Monica Martinez, Johns Hopkins All Children's Hospital; Rebekah Diaz, Johns Hopkins All Children's Hospital; Karen Diaz, Johns Hopkins All Children's Hospital; Sarah Sobalvarro, Johns Hopkins All Children's Hospital

Developmental trajectories of disordered eating and associations with psychopathology

Abstract: The present study aimed to identify distinct developmental trajectory classes of disordered eating symptoms—namely, drive for thinness (DT), body dissatisfaction (BD), and bulimia (B) —from adolescence (age 15) to early adulthood (age 33). To achieve this, latent growth trajectory classes were determined for each symptom domain using latent growth modelling. Given the well-established influence of gender on the development and expression of eating disorders and disordered eating behaviors, separate trajectory classes were identified for males and females. Skinfold thickness was included as a covariate to account for the potential impact of adiposity on the trajectory classes. Additionally, the study examined associations between the identified trajectory classes and comorbid psychopathology, specifically symptoms of anxiety, depression, and ADHD. The sample comprised 1,076 participants (males and females). Among males, elevated symptoms of DT and BD peaked at age 18 and subsequently declined. B symptoms, which were notably high at age 15, also tended to decrease over time. The inclusion of the skinfold covariate did not significantly alter model outcomes for males. In contrast, among females, three to four stable developmental trajectories emerged for each subscale, suggesting that symptoms remained relatively stable across time. Females exhibiting higher DT symptom levels at age 15 maintained these levels into adulthood. Among females, BD symptoms tended to increase further with age. In this group, skinfold thickness had a greater effect on both the intercept and slope of the

growth trajectories. For both genders, greater adiposity and higher levels of depressive symptoms predicted membership in classes characterized by more pronounced disordered eating behaviors. ADHD symptoms were associated with more severe disordered eating behaviors in males. Our findings imply that internalization of body image standards established in adolescence may continue to influence body-related attitudes and behaviors well into adulthood. Notably, even moderately elevated disordered eating symptoms, especially among females, should not be overlooked, as they tend to persist over time and may even intensify in adulthood. Our findings also underscore the importance of early identification of adolescents presenting with elevated disordered eating symptoms and/or higher levels of adiposity, as these individuals are also more likely to experience comorbid psychopathology.

Learning Objectives

- Following the presentation, participants will be able to identify distinct developmental trajectories of disordered eating symptoms—drive for thinness, body dissatisfaction, and bulimia—from adolescence to early adulthood, and describe how these trajectories differ between males and females.
- Following the presentation, participants will be able to explain how adiposity and comorbid psychopathology (anxiety, depression, ADHD) influence the development and persistence of disordered eating behaviors over time.
- Following the presentation, participants will be able to evaluate the implications of persistent or increasing disordered eating symptoms for early detection, prevention, and intervention strategies in adolescents at risk.

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Expanding Access to Eating Disorder Treatment in Latin America: Development of a Virtual Clinic

Abstract: Across Latin America, fewer than one in ten individuals with an eating disorder receive evidence-based treatment. This persistent treatment gap reflects shortages in trained professionals, concentration of care in urban areas, and prohibitive costs. In response to this reality, Comenzar de Nuevo, a leading non-profit treatment and research center in Mexico with almost three decades of experience, developed a Virtual Clinic (VC) to deliver evidence-based interventions entirely online, aiming to reduce access barriers. This poster will present the process of launching and consolidating the VC, highlighting key strengths such as its broad accessibility and affordability, the continuity and flexibility it offers to patients and families, and the way it enables multidisciplinary collaboration and evidence-based care across distances. It will also describe initial challenges related to technology, the adaptation of therapeutic materials and assessment tools, data protection, and the development of therapeutic alliance. Throughout 2025, the VC has reached patients from different states across Mexico, showing comparable engagement and retention rates to in-person programs,

and providing evidence that virtual care can be as effective while maintaining high treatment quality. Strategies for scaling and sustainability will be discussed, including the training of professionals, the generation of practice-based evidence, and the creation of a digital educational platform for patients. This model illustrates how digital health innovations can operationalize equity in eating disorder care across low-resource settings. Virtual care does not replace traditional treatment, but rather extends it by increasing access and continuity of evidence-based protocols. Lessons learned can inform the global scaling of virtual treatment models. We expect to present outcome data on clinical effectiveness at the next ICED meeting.

Learning Objectives

- Understand how digital innovations can address gaps in eating disorder treatment.
- Describe strategies for delivering evidence-based care virtually, including adaptations for assessment, data protection, and therapeutic alliance.
- Assess approaches for scaling and sustaining virtual clinics to improve accessibility and engagement in low-resource settings.

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A Qualitative Exploration of Perinatal Eating Disorder Psychopathology: A Changing Landscape

Abstract: Peripartum (pregnancy to one-year postpartum) is a time of vulnerability to the development, recurrence, or worsening of body image and eating concerns, which can negatively affect maternal, infant, and family wellbeing. This study aimed to explore (1) experiences of peripartum body image and eating concerns, and (2) perceptions of social influences and support.

Twenty peripartum adults, living in Australia were recruited via social media. Respondents completed demographic questions and the Eating Disorder Examination Questionnaire 7-item Short Form (EDE-Q-7). Participants engaged in semi-structured interviews and answered questions about their social relationships, receiving support and help-seeking in relation to body image and eating during peripartum. Reflexive thematic analysis was used to locate themes. Quantitative data was used to enhance interpretation by organising respondents by degree of eating disorder psychopathology.

Of the 20 participants, ten reported having a pre-pregnancy history of an eating disorder and nine reported elevated eating disorder psychopathology during peripartum (EDE-Q-7>2.5). Perinatal loss and gestational diabetes were disproportionately reported among

those with elevated psychopathology, contributing to experiences of body distress. Preliminary analysis of women with elevated eating disorder psychopathology indicates three themes: (1) Technology-mediated self-management and support, (2) Negotiating closeness and distance in partner relationships, and (3) Curated connection and exposure. Participants described emerging digital and pharmacological influences shaping body image and coping. Weight-loss medications reflected both curiosity and concern, symbolising for some a tempting “shortcut” to post-pregnancy body restoration. Generative Artificial Intelligence tools emerged as a new avenue of private emotional support, particularly among participants reluctant to disclose their struggles to partners or health professionals. Partners were often portrayed as both a source of comfort and a site of tension. Participants also described a strong desire to engage in selective forms of connection with others (e.g., Reddit forums) to avoid unwanted scrutiny from real-world interactions.

This study highlights the need for clinicians to recognise how evolving technologies and medical advancements intersect with relational and sociocultural factors in shaping perinatal body image or eating distress.

Learning Objectives

- Identify relational and social factors, including partner support and curated social networks, that can buffer or worsen disordered eating symptoms during pregnancy and postpartum
- Understand modern support preferences of perinatal people experiencing or at risk of body image concerns or eating distress
- Recognise early warning signs of disordered eating in perinatal women, including how digital trends and emerging weight-loss products may indicate increased risk

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Social Factors Linked to Perinatal Eating and Body Image Concerns: A Systematic Review

Abstract: Body dissatisfaction and disordered eating behaviours among perinatal (pregnant and postpartum) people are prevalent public health concerns that can adversely impact mothers, infants and families. While such issues are often linked with the sociocultural environment and interpersonal relationships, these factors are under-researched. The purpose of this systematic review was to identify social and interpersonal factors that may operate universally to protect against or increase the risk of perinatal body image and eating concerns. Following PRISMA-SR reporting guidelines, a systematic search was conducted across MEDLINE, PsycINFO, ProQuest, Scopus, and CINAHL. Two reviewers independently screened 3017 articles. Data were

extracted and narratively synthesised. Thirty-six qualitative and quantitative studies were included. The majority (53%) were published in the last five years and consisted of Western samples (67%). Social support, partner support and informational support from healthcare professionals were protective against these issues, however for people with a history of eating disorders, nuances emerged in relation to support that was linked to food in any way. Appearance-related commentary, interpersonal abuse and sociocultural pressure were associated with increased risk of perinatal disordered eating and body image concerns. The findings reveal several social and interpersonal factors that may mitigate or perpetuate perinatal eating and body image concerns in direct and indirect ways. These insights highlight the need for clinicians to reframe these concerns as family- and community-level issues that require efforts from multiple social sources to be addressed effectively. Future research should examine the role of culturally specific factors across Western and Non-Western perinatal contexts and among clinical samples.

Learning Objectives

- Understand the role of interpersonal relationships in increasing risk of or protecting against body image and eating concerns during pregnancy and postpartum
- Explain unique social dynamics that arise during pregnancy and postpartum that may relate to body image and/or eating concerns
- Apply awareness of social, interpersonal, and cultural influences to enhance support for perinatal clients experiencing body image or eating concerns

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How Sexual Media Use Shapes Body Image: The Roles of Pornography and Embodiment

Abstract: Exposure to sexualized and violent media has been linked to changes in body image and self-esteem. The Tripartite Influence Model suggests that media, peers, and family shape body image through processes of comparison and internalization. This study examined how pornography and media exposure, along with embodiment, predict body appreciation, a construct known to protect against body dissatisfaction and eating disorder risk.

Participants completed an online survey assessing the frequency of pornography consumption, age of first exposure to pornography, and engagement with sexualized and violent media. They also completed validated measures of body appreciation, self-esteem, and embodiment. Hierarchical regression analyses were conducted, with body appreciation as the outcome variable and predictors entered in five blocks: pornography use and age of exposure, self-esteem and media use, demographics, and embodiment, which included body connection and agency. The final model explained over 70% of the

variance in body appreciation. Pornography use was a significant negative predictor, while self-esteem and later age of first exposure to pornography were positive predictors. Among embodiment factors, body agency, defined as a sense of autonomy and control over one's body, was the strongest positive predictor. A small gender effect was observed, with females reporting lower body appreciation after accounting for psychological and media influences. These findings highlight embodiment as a key protective factor for positive body image and, by extension, reduced vulnerability to eating pathology. Promoting body appreciation through interventions that enhance embodiment and media literacy may serve as an important avenue for eating disorder prevention and recovery efforts in an increasingly media-saturated world.

Learning Objectives

- explain the Tripartite Influence Model and describe how media, peers, and family contribute to body image through processes of comparison and internalization.
- analyze the relationships among pornography use, media exposure, self-esteem, and embodiment as predictors of body appreciation.
- identify and evaluate strategies that promote embodiment and media literacy to enhance positive body image and reduce the risk of eating disorders.

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Is Use of the Recovery Record App Associated with Greater Symptomatic Improvement?

Abstract: Smartphone applications (apps) for mental health are widespread. Many apps are specifically designed to support recovery from an eating disorder (ED), offering convenient and purportedly effective interventions. However, the proliferation of recovery-focused apps has outpaced efforts to rigorously assess efficacy and effectiveness. The current study aimed to determine whether higher levels of engagement with the widely-used Recovery Record app are associated with outcomes for patients receiving treatment for an ED. This retrospective cohort study included 4,852 adolescents and young adults with a diagnosis of an ED who were admitted to a multisite ED treatment facility between March 2021-August 2024. Participants were provided access to Recovery Record and encouraged to use it as part of their treatment. They also completed validated measures of ED symptoms with the Eating Disorder Examination-Questionnaire (EDE-Q), depression with the Patient Health Questionnaire-9 (PHQ-9), and anxiety with the Generalized Anxiety Disorder-7 (GAD-7) at admission and discharge. Cluster analysis identified three distinct engagement groups: 1) high engagement (N=1187, 26%), 2) low engagement (N=1905, 42%), and 3) no engagement (N=1397, 31%). After controlling for baseline symptom severity and

treatment duration, high-engagement was correlated with lower EDE-Q discharge scores compared to low-engagement (β = -0.18, p = .010). High-engagement was also correlated with significantly lower discharge PHQ-9 scores relative to both low- (β = -0.93, p = .004) and no-engagement (β = -0.84, p = .015) groups, and high-engagement was associated with lower discharge GAD-7 scores compared to low-engagement (β = -0.90, p = .003). Fifty-two percent of high-engagement participants demonstrated reliable improvement (defined as 1.96* √2*[SD_admission √(1-r)]) in EDE-Q scores, compared to 44.2% of low-engagement and 41.5% of no-engagement group members. Findings from the current study suggest that patients who are highly engaged in using the Recovery Record app show significant improvements in ED symptoms, depression, and anxiety. Based on these findings, clinicians may want to more strongly consider encouraging patient use of Recovery Record as an adjunct to ED treatment. Future research is needed to establish directionality for Recovery Record in terms of engagement and treatment outcomes, and to identify the role of factors such as patient motivation in both engagement and outcome.

Learning Objectives

- Describe the ways in which recovery-focused apps can be used in eating disorder treatment
- Understand the relationship between engagement in the use of the Recovery Record app and treatment outcomes for patients with eating disorders
- Consider ways to use Recovery Record as an adjunct to eating disorder treatment

Authors: Renee Rienecke, Galen Hope; Sasha Gorrell, University of California San Francisco; Erin Reilly, University of California, San Francisco; Alan Duffy, Eating Recovery Center and Pathlight Mood & Anxiety Center; Jorge Palacios, Bright Therapeutics / Recovery Record; Philip Mehler, ACUTE Center for Eating Disorders at Denver Health; Katie Hanss, University of California, San Franscisco

Comorbid Symptoms of Anorexia Nervosa and Avoidant/Restrictive Food Intake Disorder: A Case Series

Abstract: Individuals with avoidant/restrictive food intake disorder (ARFID) are distinguished from those with other eating disorders such as anorexia nervosa (AN) in part because their eating behaviors are not driven by body image concerns or distortions. In the DSM-5, ARFID cannot co-occur with a diagnosis of AN, yet, a growing body of research suggests that individuals with ARFID may indeed experience body image disturbances and symptoms of other eating disorders. This exploratory case series examined 12 patients (9 female, 1 male, 2 nonbinary, ages 18-30) attending a partial hospitalization program who presented with symptoms of both ARFID and AN and were selected by their clinicians to be included in the case series based on their symptom presentation. At baseline, all participants completed the Eating Disorder Examination-Questionnaire (EDE-Q) and eight completed the Nine-Item ARFID Screen

(NIAS). The NIAS Global score was significantly correlated with the EDE-Q Restraint subscale ($r=.72$, $p<.05$). The NIAS Fear subscale was significantly correlated with patients' EDE-Q Global Score ($r=.78$, $p<.05$) and the EDE-Q Restraint ($r=.78$, $p<.05$) and Weight Concern subscales ($r=.80$, $p<.05$). The observed correlation between the NIAS Global score and the EDE-Q Restraint subscale is consistent with the restrictive eating patterns seen in ARFID, though the underlying motivations for restriction differ from those typically captured by the EDE-Q and characteristic of AN. The correlation between the NIAS Fear subscale and the EDE-Q Weight Concern subscale was unexpected. It is possible that individuals with ARFID do experience weight-related concerns. This could be due to weight concerns more characteristic of AN, suggesting the presence of overlap in symptoms between the two disorders; individuals with ARFID are not necessarily immune to the "normative discontent" experienced by many people in regard to their body image, particularly if they undergo weight restoration and become more aware of bodily changes. It is also possible that the EDE-Q and/or NIAS do not have adequate specificity in distinguishing between the two disorders. Future research should further examine symptom overlap between ARFID and AN and identify the underlying mechanisms contributing to weight-related concerns in ARFID.

Learning Objectives

- Understand the overlap in ARFID and AN symptoms in some ED presentations
- Describe the relationship between ARFID symptoms and weight concerns among patients in this case series
- Identify possible reasons for weight concerns among patients with ARFID

Authors: Renee Rienecke, Galen Hope; Molly Robbins, Galen Hope; Maria Bazo Perez, Galen Hope; Melanie Trimble; Amy Boyers, Galen Hope; Wendy Oliver-Pyatt, Galen Hope, Within Health

Weight Bias Acceptability Predicts Disordered Eating via Internalized Bias in Trainees

Abstract: Weight stigma is pervasive in healthcare and contributes to inequitable treatment and psychological harm. Although extensive research documents the impact of stigma on patients, less attention has been given to its presence in clinical training environments and how these contexts shape trainees' internal experiences. Clinical psychology doctoral students occupy a unique position: They are both developing as clinicians and navigating their own relationships with body image and food. The purpose of this cross-sectional study was to examine whether perceived acceptability of weight bias in clinical settings predicts disordered eating symptoms among trainees, and whether this association is statistically mediated by internalized weight bias. Participants ($N = 1,042$) were clinical psychology doctoral students enrolled in APA-accredited programs across the United States who completed an online survey assessing perceived acceptability of weight bias (Puhl et al., 2014), internalized weight bias (Pearl

& Puhl, 2014), disordered eating (Lev-Ari et al., 2021), and BMI. PROCESS (v5.0, Model 4) tested whether internalized weight bias mediated the association between perceived acceptability of weight bias and disordered eating, controlling for BMI. In support of the hypothesized model, perceived acceptability of weight bias was positively associated with internalized weight bias (B = .18, p < .001) and disordered eating (B = .11, p = .004). Internalized weight bias was positively associated with disordered eating (B = .65, p < .001). When internalized weight bias was added to the model, the direct association between perceived acceptability of weight bias and disordered eating became nonsignificant (B = –.01, p = .68), The indirect effect via internalized weight bias was significant (B = .12, 95% CI [.06, .18]), indicating mediation. Findings suggest that perceiving weight bias as acceptable within training may contribute to disordered eating among psychology trainees through increased internalization of weight bias. These results highlight the importance of addressing weight stigma within clinical education, both to enhance trainees' well-being and to foster more equitable, weight-inclusive mental health care.

Learning Objectives

- Describe how perceptions of weight bias within clinical training environments may influence trainees' internalized attitudes and personal well-being
- Explain the mediating role of internalized weight bias in the relationship between perceived acceptability of weight stigma and disordered eating symptoms.
- Identify implications for integrating weight-inclusive and stigma-informed practices into psychology training and supervision to promote both clinician and client well-being.

Authors: Molly Robbins, Graduate student, psychology; Katerina Rinaldi, Nova Southeastern University; Katherine West, Nova Southeastern University; Paula Brochu, Nova Southeastern University

Eco-Anxiety Related Disordered Eating : Preliminary International Findings

Abstract: Previous work has outlined theoretical pathways between climate change and eating disorders. To date, however, no investigations of disordered eating patterns that are specific eco-concerns have been conducted. This study aimed to provide preliminary data regarding the existing of disordered eating behaviors emerging in response to eco-concerns and their associations with measures of adaptive eco-concern related eating behaviors, disordered eating, and dimensions of mental health in the USA, Italy, and Germany. The final sample consisted of 630 adult participants: 305 from the United States, 214 from Italy, and 111 from Germany. Participants completed online measures of disordered eating behaviors occurring in the context of eco-concerns, as well as eating disorder symptoms, climate-change worries, and eco-concern related purchasing difficulties. Findings revealed that a small proportion of US respondents (approx 5% across items) and a negligeable proportion of Italian and German respondents (1%-

1.5%) strongly endorsed eating disorder symptoms directly related to eco-concerns. Findings also revealed that these disordered eating behaviors co-occurred with climate-change worries, eco-concern related purchasing difficulties and general eating disorder symptoms, although the later relationship was small highlighting the independence of these constructs. Overall, findings support the fact that a subgroup of individuals experience high levels of disordered eating behaviors that are attributed to concerns related to eco-concerns. This is an important finding as, to date, behaviors that represent severe restriction, and high levels of impact on eating behaviors specific to eco-concerns have not been formally investigated. Additional work aiming to characterize disordered eating in the context of eco-concerns is needed.

Learning Objectives

- to understand the relationship between eco-anxiety and eating disorders
- to appraise the prevalence of eco-anxiety specific forms of disordered eating
- to discuss the implications of climate for eating disorders

Authors: Rachel Rodgers, Northeastern University; Mackenzie Cox, Northeastern University; Laura Salerno; Gaia Albano, Department of Psychology, Educational Science and Human Movement, University of Palermo, Italy; Vivian Ostwald; Gianluca Lo Coco, Department of Psychology, Educational Science and Human Movement, University of Palermo, Italy

Eating Disorders in people with physical disabilities and chronic physical illness: A Scoping Review

Abstract: The increasing prevalence of eating disorders (ED) and disordered eating (DE) worldwide represents a growing global health concern that impacts a diverse group of people. There have been a small number of studies reporting that people with physical disabilities (PD) are at an increased risk of body dissatisfaction, chronic stress, and mental ill-health. Moreover, a few studies have suggested a link between PD and eating disorders (EDs). Yet, much is still unknown about the aetiological mechanisms, lived experiences, and outcomes of people living with co-occurring eating disorders and physical disabilities. There is also substantial evidence that people with chronic physical conditions could be more prone to disordered eating. It is therefore important to understand relationships between physical disabilities and/or chronic physical conditions and both eating disorders (ED) and disordered eating (DE). Understanding these intersections will help provide earlier and more accurate diagnosis and treatment, which is crucial as people with physical disabilities, in particular, have been underrepresented in ED/ DE research to date. This presentation will share the results of a scoping review that has explored, evaluated and synthesised the existing literature on EDs and DE in people with physical disabilities and/or chronic physical illnesses. A range of bibliographic platforms and databases (e.g. PsycINFO, Web of Science), and grey literature sources were systematically searched. Information was extracted on the

methods (design, participants, conceptualisation (or lack of) of EDs/ DE), and relevant ethical or methodological challenges and recommendations for future research. In sharing scoping review preliminary findings, this presentation will highlight how both eating disorders and disordered eating, and also physical disabilities and chronic physical illnesses as well relationships between them, are conceptualised within the literature. These findings will be discussed along with the implications for future research, practice and policy.

Learning Objectives

- To understand the need for focused disordered eating and eating disorders research, with marginalised communities such as people with physical disabilities and chronic illness
- To explore how we approached conducting this systematic scoping review
- To explore preliminary findings of how disordered eating and eating disorders, along with physical disability and chronic illness, are conceptualised in these groups

Authors: Amanda Rodney, University of Birmingham; Anna Lavis, University of Birmingham; Karin Eli, University of Warwick; Emily Nuttall, Maudsley Learning and King's College, London; Rosina Pendrous, University of Birmingham; Jwana Aziz, University of Birmingham; Lizzie Mitchell, University of Birmingham; Shanta Raj, University of Birmingham; Anthony Winston, Coventry & Warwickshire NHS, Partner Trust; Sheryllin McNeil, Birmingham Women's & Children's NHS Foundation Trust; Elsa Benn, University of Birmingham; Delfina Bilello, University of Birmingham

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Developing and Culturally Adapting FAST-DE: A Primary Care Approach for Pediatric Disordered Eating

Abstract: The purpose of this project was to develop a brief intervention to address adolescent disordered eating (DE) behaviors in the primary care setting, along with a translated and culturally adapted Spanish-language version for the Latino community. The primary care setting represents a critical yet underutilized access point for early identification and treatment, given most adolescents' consistent contact with pediatric providers through routine care. Guided by the First Approach Skills Training (FAST) model developed at Seattle Children's Hospital, which distills "gold-standard" evidence-based treatments into brief, accessible interventions, a multidisciplinary team of eating disorder specialists used an iterative, collaborative process to develop First Approach Skills Training–Disordered Eating (FAST-DE). Pediatricians and generalist mental health clinicians provided ongoing feedback to refine content and formatting and to address implementation concerns during development. Subsequently, a team of four Spanish-

speaking eating disorder clinicians translated FAST-DE into Spanish as First Approach Skills Training–Trastornos de la Conducta Alimentaria (FAST-TCA). To inform the cultural adaptation process, focus groups were conducted with 13 participants from the Latino community, and feedback was integrated into FAST-TCA. FAST-DE was developed as a brief five-session, workbook-guided program informed by family-based treatment and enhanced cognitive-behavioral therapy principles. The program includes caregiver-facing handouts on psychoeducation about disordered eating, nutrition, weight restoration, compensatory behavior management, emotion regulation, body image, and relapse prevention. Adaptations for FAST-TCA were guided by the Ecological Validity Framework across the domains of language, content, and context to ensure cultural relevance and accessibility for the Latino community.

Learning Objectives

- Describe the rationale for developing early intervention models for disordered eating in pediatric primary care and the gaps these models aim to address.
- Explain why cultural adaptation in behavioral health interventions is essential to meet the needs of diverse communities and how frameworks such as the Ecological Validity Framework can guide these adaptations.
- Evaluate how an iterative, participatory development process can enhance the feasibility and acceptability of early intervention programs for eating disorders and disordered eating.

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Body Image, Dieting, and Exercise in Men: A Comparison of Fathers and Non-Fathers

Abstract: Body dissatisfaction presents distress. Despite the importance of body image it remains understudied in men. Moreover, scant research has examined body dissatisfaction in fathers. This warrants remedy, as men’s bodies change with fatherhood. Research shows fathers are heavier, have greater adiposity, and gain

weight quicker, than other men. Parenthood stressors may also confer risk for negative body-related feelings and behaviors. This study evaluated differences in body image, dieting and exercise in fathers and non-fathers.
Participants (N = 466; M age = 34.61; 47.6% fathers of infants) were men from the U.S. recruited from Qualtrics Panels. They reported height, weight, dieting, and exercise, and completed the Multidimensional Body-Self Relations Questionnaire online. The sample was 17.6% African American, 4.3% Asian American/Pacific Islander, 20% Latino, 54.5% White, and 3.6% Multiracial/Other.
Hierarchical linear regressions, controlling for race/ethnicity and age, evaluated relationships between fatherhood and body image and Body Mass Index (BMI). Fathers reported greater Appearance Orientation ($B = 0.27$, $SE = 0.06$, $p < 0.001$, $M = 3.44$, $SD = 0.62$) and Overweight Preoccupation ($B = 0.47$, $SE = 0.10$, $p < 0.001$, $M = 3.04$, $SD = 0.97$) than non-fathers (Appearance Orientation: $M = 3.22$, $SD = 0.69$; Overweight Preoccupation: $M = 2.62$, $SD = 1.03$), despite not differing in BMI, Appearance Evaluation, Body Area Satisfaction, or Self-Classified Weight (ps >.05). Hierarchical logistic regressions, with control variables in the first step, found fathers had higher odds of dieting ($OR = 1.82$, $p = 0.006$, 47.7%) than non-fathers (40.6%). Higher odds for exercising to lose weight ($OR = 2.41$, $p < 0.001$, 68%) and to gain/tone muscle ($OR = 2.44$, $p < 0.001$, 72.5%) were also found for fathers.
This study is the first to our knowledge to evaluate body image and fatherhood. Compared to non-fathers, fathers valued their appearance more and reported more appearance-related behaviors. This coincides with fathers endorsing more concerns about overweight, such as worry about body size. Body image concerns may motivate behaviors intended to impact appearance and weight, such as dieting and exercise. Since we found that fathers have greater odds for dieting and exercise, as well as appearance and weight-related concerns, it is important for future research to continue to examine body image and risk for disordered eating in fatherhood.

Learning Objectives

- Participants will be able to understand body image differences in men who are and are not fathers.
- Participants will learn about differences in odds of dieting for fathers and non-fathers
- Participants will learn about differences in odds of exercising for fathers and non-fathers.

Authors: Diane Rosenbaum, Penn State University; David Hutson, Penn State University

A scoping review of associations between nutrition knowledge, disordered eating, and eating disorder

Abstract: Nutrition knowledge (NK) is an underexplored contributor to disordered eating (DE). Examining the relationship between NK and DE can inform public health NK

interventions and help clinicians to screen for DE among people with NK concerns. However, no comprehensive synthesis has been conducted of the mixed literature around NK, DE, and eating disorders (EDs). This study aimed to explore the existing knowledge and gaps in the research on associations between NK, DE, and EDs. A search was conducted in MEDLINE, Embase, PsycINFO, and CINAHL on March 3, 2025 to identify articles exploring associations between NK, DE, and EDs. Eligible studies included primary analyses exploring NK as exposures and DE or EDs as outcomes. Abstract, title, and full-text screening were completed by two independent researchers, with a third researcher resolving conflicts. Reviewers used Covidence to screen articles and extract the data from eligible articles. After removing duplicates, a total of 960 titles and abstracts were screened, 44 full texts were screened, and a final sample of 27 articles was included. The results of existing studies examining the relationship between NK, DE, and EDs were mixed: five studies (18.5%) found a positive association (i.e., individuals with EDs/DE had higher NK than individuals without EDs/DE), four studies (14.8%) found a negative association (i.e., individuals with EDs/DE had lower NK than individuals without EDs/DE), nine studies (33.3%) identified no significant association, and nine studies (33.3%) reported mixed findings. Nearly two-thirds (63.0%) of the studies had participant samples that were majority women/female participants (over 75%). Nearly one-third of the studies (29.6%) relied solely on post-secondary student participants. The range of findings across studies may be explained by the heterogeneity in the methods that were used, particularly in the scales used to assess NK. As samples were primarily limited to women and post-secondary students, existing research may not be generalisable to individuals of diverse backgrounds. The findings from this study highlight the mixed evidence base and how additional research is needed to explore how NK may contribute to an increased risk of DE and EDs.

Learning Objectives

- Provide an overview of existing literature around associations between nutrition knowledge and disordered eating.
- Recognise gaps in the current literature and describe samples within studies that explore associations.
- Discuss potential reasons for the heterogeneity of results describing the presence and absence of associations of the association between nutrition knowledge and disordered eating.

Authors: Marianne Rouleau-Tang, University of Toronto; Michelle Lau, University of Toronto; Amanda Raffoul, University of Toronto

Preventing Eating and Body Image Problems in Argentine Female Adolescents: Age as a Moderator

Abstract: This study aimed to examine the role of participants' age in the effectiveness of two preventive programs - Programa de Prevención en Imagen Corporal y

Alimentación (PIA-2) and the Body Project (Mexican version, BIP) - in reducing risk factors for eating, weight, and body image problems among female adolescents. A quasi-experimental design was conducted with 154 participants from three schools in Argentina. Self-administered measures of thin-ideal internalization, drive for thinness, bulimic attitudes and body dissatisfaction were completed at pre-intervention (T1), post-intervention (T2), and 3-month follow-up (T3). Schools were assigned to either PIA-2 (n = 89) or BIP (n = 65), and participants were grouped by age for the analyses: 14–15 years (n = 118) and 16–17 years (n = 36). A mixed-design ANOVA with a 3 x 2 x 2 (time x program × age) was conducted on cases with complete data. Older adolescents showed higher baseline levels across all assessed variables. No significant three-way interactions (time × program × age) were observed for thin-ideal internalization, drive for thinness, bulimic attitudes, or body dissatisfaction, indicating that age did not differentially moderate the effects of PIA-2 or BIP. However, age moderated intervention effects regardless of the program. Specifically, an interaction between time x age was found for bulimic attitudes ($p = .024$) and body dissatisfaction ($p = .022$). Among younger adolescents, bulimic attitudes decreased gradually at T2 ($p = .766$), reaching significance at T3 ($p = .039$), while body dissatisfaction decreased significantly at T2 ($p = .033$) and continued to decrease at T3 ($p < .001$). Among older adolescents, bulimic attitudes decreased sharply and significantly at T2 ($p = .007$) and T3 ($p = .012$), whereas body dissatisfaction decreased at T2 ($p = .030$) but the effect was not maintained at T3 ($p = .490$). Finally, no significant age interactions were found for thin-ideal internalization or drive for thinness. Both variables decreased significantly at T2 ($p < .001$ and $p = .001$, respectively) and remained reduced at T3 ($p < .001$ for both). These findings suggest that age influences baseline risk levels and the timing of intervention effects, but not the relative effectiveness of PIA-2 or BIP.

Learning Objectives

- Understand the role of age in moderating baseline risk factors for eating, weight, and body image problems among female adolescents
- Compare the effectiveness of two preventive programs (PIA-2 and Body Project (Mexican version, BIP) in reducing thin-ideal internalization, drive for thinness, bulimic attitudes, and body dissatisfaction
- Highlight the importance of developing and evaluating prevention programs sensitive to sociocultural context

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Objectification, Discrimination, and Body Image in Bi+ Cisgender Women Across Relationship Contexts

Abstract: Growing literature suggests bi+ women (i.e., bisexual, pansexual, queer) are at higher risk for some disordered eating behaviors than heterosexual or lesbian women. Body surveillance, the habitual inspection of one's appearance, and body shame are key predictors of disordered eating. Prior research has also identified objectification and anti-bisexual discrimination as predictors of body surveillance and body shame for bi+ women; however, no studies have considered the role of romantic partnership contexts. The present study examined whether bi+ women's experiences of objectification, anti-bisexual discrimination, body surveillance, and body shame varied by partner gender (female, male) and relationship type (dating, married), and whether these relationship contexts moderated associations among the variables. Participants were 436 bi+ cisgender women in relationships (dating a woman, n = 111; dating a man, n = 225; married to a woman, n = 30; married to a man, n = 70) who completed self-report questionnaires. Data were analyzed using factorial ANOVAs and moderated regressions. Results showed no interaction between partner gender and relationship type for objectification (p=.397). However, significant partner gender and relationship type interactions emerged for all other outcomes, with bi+ women married to women reporting higher anti-bisexual discrimination (p=.015), body surveillance (p=.010), and body shame (p=.044) than those married to men; those dating men vs. women did not differ. Regression analyses revealed no significant moderating effects of relationship contexts but showed significant main effects in which women with greater objectification reported more body surveillance (p=.014), and those with greater discrimination had greater body shame (p=.011). These findings suggest that relationship context may shape the degree of discrimination and body image concerns, but objectification and discrimination processes may be similar regardless of partner gender. Nonetheless, bi+ women married to women had higher levels of discrimination, body surveillance, and body shame compared to those married to men, which may be due to greater visibility and women's higher rates of body image concerns. Interventions for disordered eating behaviors could consider enlisting romantic partners to leverage relationship strengths to support recovery. However, further research is needed to clarify how relationship contexts shape bi+ women's identity stress and body image.

Learning Objectives

- Identify how experiences of objectification and anti-bisexual discrimination contribute to body surveillance and body shame in cisgender bi+ women.
- Discuss why cisgender bi+ women married to women may experience higher discrimination and body image concerns compared to those married to men.
- Apply insights from this research to inform culturally responsive interventions for disordered eating that incorporate romantic partners as potential sources of support.

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Feasibility and Acceptability of the Gamified e-Health “ENTREN-ZEN-Galaxy” Program

Abstract: This pilot study aimed to 1) describe the feasibilty and acceptability of the new e-Health and gamified delivery method of the ENTREN-ZEN-Galaxy program for pediatric obesity, and 2) examine potential improvements in children's psychological well-being, lifestyle habits, weight status, and family environment. ENTREN-ZEN-Galaxy consists of 14 structured weekly sessions grounded in Mindfulness and Self-compassion Therapy and a multidisciplinary approach involving parents in a digital platform. The study included 30 children, aged 8 to 12 years with weight problems, and at least one parent. Feedback and acceptability from children and parents were obtained at the end of the intervention. Questionnaires and weight status were collected at baseline (T0), post-intervention (T1), and at a four-month follow-up (T2). The e-Health delivery method showed high levels of acceptability, parents agreeing that online sessions made the program more accessible, and noting the time savings and convenience. Despite the small sample size, some clinical improvements exhibited small to medium effect sizes. This study highlights the feasibility and acceptability of integrating e-Health and gamification in psycho-family pediatric health promotion, offering the potential to reduce access barriers, enhance adherence, and motivating experience.

Learning Objectives

- To teach the content of the intervention aimed to promote healthy eating habits understanding the emotional eating, body image self-compassion.
- To examine the degree of acceptability of the e-Health delivery method, as expressed by both children and parents.
- To explore exploratory trends toward improvements in children's psychological well-being, lifestyle habits, and weight status, as well as improvements in family factors.

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Training in Motivational Interviewing for Nursing in Primary care: Development and Assess Satisfacti

Abstract: This study presents the design and implementation of a training program grounded in Motivational Interviewing skills, targeting primary care nurses to enhance the management of childhood weight problems; it also includes an evaluation of the nurses' emotional well-being. This training was designed using an interactive, collaborative, and experiential methodology, intended to foster nurses' engagement in acquiring new communication skills. Thirteen short digital videos illustrating common clinical scenarios were developed to complement the training, providing practical examples that reinforced theoretical concepts.

A total of 7 nurses in the experimental group and 7 nurses in the control group participated, each nurse working with 5 families with children experiencing weight problems over the course of a year. Most items on the satisfaction scale obtained scores higher than 4.43 out of 5, indicating a high level of acceptance and perceived value of the training, except for items related to the ease and feasibility of applying Motivational Interviewing skills, which received the lowest scores (ranging from 3.14 to 3.71). The initial sample remained within the normal range for anxiety and depression values, as measured by the HADS.

The combined findings of the study identified Motivational Interviewing as a valuable resource for nurses in primary care. It is a communication approach designed to elicit and sustain behavioral change over time, promoting both health and emotional wellbeing in children and their families. However, participants reported challenges such as time constraints during consultations and occasional resistance from some families, which can hinder the consistent application of these skills. Despite these challenges, nurses expressed a strong interest in continuing professional development in this area and even suggested incorporating Motivational Interviewing training into the nursing degree curriculum to better prepare future professionals. These insights highlight both the potential impact of such interventions on clinical practice and the need for ongoing support and training to maximize their effectiveness.

Learning Objectives

- To know a new training in Motivational Interviewing for Nurses aimed to manage childhood weight problems.
- To identify the level of nurses' satisfaction with the training.

- To understand the mixed qualitative and quantitative methodology used in the development of the specific training.

Authors: ANA ROSA SEPÚLVEDA GARCÍA, School of Psychology. Autonomous University of Madrid; Cristina Miguel-Atanes, School of Psychology. Autonomous University of Madrid; Paula Alvarez, School of Psychology. Autonomous University of Madrid; Andrea Gil-Gómez Lobo, School of Psychology. Autonomous University of Madrid; Paula Villapalos, School of Psychology. Autonomous University of Madrid; Mª Teresa Alcolea, School of Nursing. Autonomous University of Madrid

A Case-Control Study to Differentiate Parents' Personality Traits on Anorexia Nervosa and Affective

Abstract: Eating disorders (ED) and Affective disorders (AD) in the adolescent population and several investigations have pointed out that specific family dynamics play a major role in the onset, course, and maintenance of both disorders. The aim of the study was to extend the literature of this topic by exploring differences between parents' personality traits, coping strategies, and expressed emotion comparing groups of adolescents with different mental conditions (anorexia nervosa vs. affective disorder vs. control group) with a case-control study design. The sample was made up by the parents of 140 female adolescents, aged between 12 and 17, that were matched by gender and parents' socioeconomic status. Fifty mothers and 50 fathers of 50 girls with anorexia nervosa (AN), 40 mothers and 40 fathers of 40 girls with an affective disorder (AD), and 50 mothers and 50 fathers of 50 girls with no pathology that conformed the control group (CG) were measured with the Temperament and Character Inventory (TCI), the COPE Inventory, the Family Questionnaire (FQ) and psychopathology variables, anxiety, and depression. Both parents of girls with AN showed significant difference in personality, coping strategies and expressed emotion compared to both parents in the CG while they presented more similarities with parents of girls in the AD group. Identifying personality traits, expressed emotion, coping strategies and psychopathology of parents and their daughters will allow improvements in the interventions with the adolescents, parents, and families.

Learning Objectives

- To identify the differences between parents' personality traits, comparing groups of adolescents (eating disorder vs. affective disorder vs. control group).
- To identify the differences between parents' coping mechanisms and expressed emotion comparing groups of adolescents (eating disorder vs. affective disorder vs. control group).
- To help parents of adolescents with these disorders to manage the reactions, reduce the level of EE and the ways to cope with the distress .

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Development of the Nursing Practices, Perceptions and Barriers Scale for Childhood weight problems.

Abstract: Aim: To develop and validate a questionnaire that assesses primary care nurses' practices, perceptions, and perceived barriers in managing childhood obesity.
Design: A sequential exploratory study conducted in three phases: item development, content validation, and cross-sectional survey.
Methods:Items were generated from a literature review, qualitative data from focus groups, and adaptation of an existing adult-focused tool. A panel of six experts evaluated content validity. The online questionnaire was completed by 253 primary care nurses. Descriptive statistics and exploratory factor analysis were used to assess construct validity and internal consistency.
Results: The final questionnaire included 39 items across three thematic areas: training and experience, nurses' practices and barriers, and knowledge of childhood obesity. Factor analysis supported five components: treatment goals, perceived motivation, barriers to addressing obesity, referral criteria, and contributing factors. The questionnaire showed good psychometric properties. Most nurses expressed a positive attitude towards managing childhood obesity and eating disorder at onset, although many highlighted challenges in treatment adherence and limitations related to consultation time and perceived intervention effectiveness.
Conclusion: The questionnaire is a valid and reliable tool to explore how nurses approach childhood obesity. It offers insight into key aspects of their clinical practice and supports future research and training efforts.
Implications for the profession: This tool may help identify educational needs, inform interventions, and improve care quality in paediatric weight problems management in primary care.

Learning Objectives

- To present a useful Spanish-language questionnaire focused on childhood obesity management in nursing practice.
- To provide a reliable tool to assess perceptions, practices, and barriers.
- To supports culturally relevant strategies to improve nursing care in paediatric weight problems..

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Feeling Fat/Body Dissatisfaction Mediate Links Between Negative Affect and Disordered Eating

Abstract: Negative affect is theorized to play a role in initiating the cascade of psychological processes implicated in disordered eating. Elevated negative affect heightens the subjective experience of feeling fat, a cognitive-affective state often independent of actual body mass that reflects an internalized sense of bodily inadequacy. This experience is thought to lead to body image disturbances and subsequently disordered eating (e.g., binge eating, excessive exercise, purging, and restriction). Indeed, the sequential nature of these relationships suggests a pathway in which affective distress alters cognitive appraisals of the body (i.e., feeling fat) and subsequent body dissatisfaction, which, in turn, lead to disordered eating. However, despite the association between feeling fat and body image disturbances, it remains unclear how feeling fat predicts ED behaviors through body dissatisfaction. Notably, no longitudinal research has yet examined these relationships among Iranian adolescents, leaving a critical gap in understanding how emotional and cognitive processes unfold over time in this cultural context. Therefore, the present study investigated how negative affect leads to disordered eating through feeling fat, body dissatisfaction, and overvaluation of shape and weight. Adolescents (N=1,243) were recruited virtually and completed measures at three timepoints (baseline [T1; n =1,243], one-month [T2; n =856], three months [T3; n=639]). Serial prospective mediation pathways were tested, controlling for T1 age, T1 BMI-z, T1 sex (dichotomized, boys and girls), and T1 levels of the outcome variable. We found that T1 negative affect predicted greater T3 binge eating, excessive exercise, purging, restriction through greater T2 feeling fat and greater T2 body dissatisfaction. Further, we found that T1 negative affect predicted greater T3 binge eating, excessive exercise, and restriction, but not purging, through greater T2 feeling fat and greater T2 overvaluation of shape/weight. Feeling fat alone did not significantly mediate relationships between T1 negative affect and T3 disordered eating (i.e., it was a significant mediator only when coupled with body dissatisfaction or overvaluation of shape/weight). These findings highlight the key role of cognitive-affective processes in disordered eating and suggest that interventions addressing both negative affect and body-related cognitions could be especially beneficial for adolescents in Iranian cultural contexts.

Learning Objectives

- In this training, participants will be able to describe the prospective associations between negative affect, feeling fat, body dissatisfaction, overvaluation of shape/weight, and eating disorder behaviors among adolescents.

- In this training, participants will be able to explain how feeling fat and body image disturbances function as mediators in pathways from negative affect to eating disorder behaviors, including binge eating, purging, restriction, and excessive exercise.
- In this training, participants will be able to examine how demographic factors, such as age, sex, and cultural context, may influence the relationships between negative affect, body-related cognitions, and disordered eating.

Authors: Reza N Sahlan, University at Buffalo-SUNY; Kayla Costello; Jinbo He, Xi'an Jiaotong-Liverpool University; Wesley Barnhart, Suffolk University

Exploring the Feasibility of a Novel Low-Cost, EMA Protocol for Assessing Disordered Eating Symptoms

Abstract: Retrospective surveys of mental health experiences often fail to capture short-term symptom variations that are crucial for understanding real-world triggers, maintenance factors, and contextual influences. Repeated-measures, momentary data collection, such as Ecological Momentary Assessment (EMA), may be particularly useful for disordered eating behaviors, which tend to fluctuate rapidly in response to emotional and environmental factors. Although EMA has become increasingly common in clinical research, it is often viewed as burdensome for participants and costly for researchers to implement. To address these concerns, the current study tested the feasibility of a streamlined EMA approach designed to minimize participant and researcher burden while maintaining high-quality, real-time data collection. This approach used automated Twilio-enabled REDCap surveys delivered to participants' personal devices as a low-cost, accessible alternative to traditional EMA platforms. Feasibility was assessed as participant compliance rates, onboarding efficiency, and technical functionality.

A sample of 126 college students (70.5% women; 37.7% Hispanic; Mage = 20.1, SD = 3.66) completed group onboarding sessions (~20 minutes; 1-10 participants per session) conducted remotely via Zoom before participating in a two-day EMA protocol using Twilio-enabled Redcap surveys sent directly to participants' mobile devices. Participants received nine prompts per day (18 total) assessing emotional, cognitive, and behavioral indicators related to disordered eating (e.g., anxiety, mindfulness, eating behaviors, affect). The total cost of EMA survey distribution was $12.5 per participant. Additionally, each participant was compensated $15 for full study participation.

Participants completed an average of 16.38 EMA surveys (91% completion rate), and 97.6% (n = 123) completed at least two-thirds of the prompts, indicating strong engagement and technical reliability. Onboarding and offboarding procedures required minimal researcher time (<30 minutes per participant), further supporting feasibility.

Findings demonstrate that this novel, low-cost EMA protocol is a feasible and scalable

method for assessing disordered eating symptoms in naturalistic settings. High compliance rates, minimal researcher burden, and low operational costs highlight its potential utility for large-scale research examining dynamic eating behaviors and associated mental health processes.

Learning Objectives

- Identify the limitations of retrospective survey methods in capturing short-term fluctuations in mental health and eating disorder symptoms.
- Describe the design and implementation of a low-cost, Twilio-enabled REDCap Ecological Momentary Assessment (EMA) protocol for assessing disordered eating behaviors.
- Evaluate the feasibility of streamlined EMA methods in terms of participant compliance, researcher burden, and cost-effectiveness for large-scale clinical research applications.

Authors: Ella Salem, University of Arizona; Veronica Kraft, The Ohio State University; Riley O'Neill, University of Arizona; John Ruiz, University of Arizona

Insights for Elevating Nutrition Counseling for Eating Disorders: Results From A Qualitative Study

Abstract: Registered Dietitian Nutritionists (RDNs) are consistently recognized as key members of a multidisciplinary team in eating disorder (ED) treatment, but there is limited research evaluating the impact of nutrition counseling as a distinct component of nutrition rehabilitation and longer-term recovery processes. To help address this gap in knowledge, this presentation will present preliminary results of a qualitative study exploring clients' experiences engaging in nutrition counseling for treatment of an eating disorder. The purpose of this study was to identify aspects of the client experience in nutrition sessions that can inform and strengthen clinical practice and recovery outcomes. We recruited participants who previously worked with a dietitian as a component of their eating disorder treatment and who self-identified as recovered or in recovery (i.e., having moved beyond the acute phase of medical and nutritional stabilization, mostly symptom-free, and psychologically stable enough to reflect on their overall experience). Twenty-one adults from across the United States participated in one-on-one semi-structured interviews in 2023-2024. Qualitative analysis identified several salient themes regarding impactful nutrition counseling and what they perceived as helpful in facilitating recovery. The foundational theme was the creation of relational safety, with participants emphasizing RDN characteristics of trust, integrity, attunement, and embodiment of recovery as essential for positive, healing experiences. A second key theme was the RDN's specialized training and content of counseling sessions, highlighting the distinction participants made between basic nutrition education and recovery-focused nutrition counseling, which required the RDN to be responsive to the evolving needs of long-term recovery rather than just acute stabilization. Participants

articulated helpful aspects of RDNs implementing and monitoring the nutrition prescription during the acute renourishment phase of nutrition rehabilitation as well through longer-term nutrition counseling. Finally, participants discussed specific structured components, such as meal plans and skill-building, as practical tools when delivered within the context of a strong therapeutic relationship. In addition to exploring these themes in detail, the presentation will identify clinical implications and articulate lessons learned to elevate the skills and practice of RDNs in the field.

Learning Objectives

- describe at least two relational factors that clients in recovery perceive as essential components of effective nutrition counseling.
- differentiate between client perceptions of nutrition education and nutrition counseling in the context of long-term eating disorder recovery.
- identify one clinical implication or practical strategy to increase relational attunement and responsiveness to the evolving needs of clients in nutrition sessions.

Authors: Meg Salvia, Boston University; Lisa Pearl, CNC 360

A Latent Profile Analysis of Food Insecurity, Shame, and Disordered Eating Among Young Adults

Abstract: Food insecurity has been repeatedly linked to high levels of eating disorder (ED) symptoms. Little research has examined these associations among Canadian young adults, who are at elevated risk of both eating disorders and food insecurity. The purpose of the current study was to identify clinically meaningful eating, body image, and shame-related subgroups and compare them on physical, psychosocial, and food-security outcomes. A multicultural undergraduate sample (N = 678) completed questionnaires at one time point and provided self-reported height and weight. We conducted a latent profile analysis (LPA) of seven standardized indicators capturing ED symptoms and weight-related affect: body dissatisfaction, binge eating, cognitive restraint, dietary restriction, compulsive exercise, body shame, and eating and body related guilt. Five classes emerged with good separation. Class 1 (“Asymptomatic”) was low on all indicator variables, Class 2 (“Dieters/Normative Discontent”) showed moderate body image concerns and dietary restriction, Class 3 (“Healthy lifestyle/Athletes”) had low body dissatisfaction and high levels of overexercise and cognitive restraint, and Class 4 (“Binge/Restraint”) showed very high shame and guilt, high body dissatisfaction, cognitive restraint, and binge eating, but low restriction and exercise. Lastly, Class 5 (“Classic ED Profile”) showed high levels of all indicators. Associations between latent profile membership and concurrently measured outcomes were examined using the Bolck–Croon–Hagenaars (BCH) approach. Food insecurity was highest in Class 4 (1.90 ± 0.15), but only marginally higher than Class 5 ($p = .06$). Classes 4 (27.36 ± 0.80) and 5 (26.98 ± 0.48) had significantly higher Body Mass Index scores compared to the other classes, although they did not significantly differ from each other ($p = .15$). Despite

having a similar BMI, individuals in Class 4 reported significantly higher internalized weight stigma ($p = .04$) as well as higher depression and anxiety scores (ps < .01) than those in Class 5. In conclusion, we identified several unique profiles based on eating and body image variables, including two subgroups that are particularly vulnerable due to high levels of eating pathology combined with internalized weight stigma, negative affect, and food insecurity. These results identify potential specialized targets for screening and intervention that jointly address disordered eating, weight-related affect, and food insecurity.

Learning Objectives

- Describe the relationships among food insecurity, eating disorder symptoms, and weight-related affect in a diverse Canadian undergraduate sample.
- Identify distinct latent profiles of eating- and body-related symptoms (i.e., asymptomatic, dieters/normative discontent, healthy lifestyle/athletes, binge/restraint, classic ED) and their differing psychosocial and physical health correlates.
- Discuss implications of identified high-risk profiles (e.g., high shame, guilt, stigma, and food insecurity) for screening, prevention, and intervention strategies targeting both disordered eating and social determinants of health.

Authors: Lindsay Samson, York University; Jennifer Mills, York University

Thinness and Muscularity Internalization as Distinct Pathways to Eating Pathology in Women

Abstract: Background: Sociocultural pressures to attain both thinness and muscularity are increasingly salient for women, yet few studies have empirically examined how these dual appearance ideals relate to distinct eating pathology pathways. Methods: Data were drawn from 282 physically active women (M age = 19.9 ± 2.2 years) participating in a survey on appearance- and performance-enhancing supplement use. Participants completed measures of thin- and muscular-ideal internalization (SATAQ-4), eating disorder symptomatology (ED-15), muscularity-oriented eating (MOET), and drive for muscularity (DMS). Multiple linear regressions and a bootstrapped mediation model were conducted controlling for age and BMI. Results: Thin-ideal internalization ($\beta = .52$, $p < .001$) and BMI ($\beta = .20$, $p < .001$) predicted greater eating disorder symptoms, while muscular-ideal internalization was not significant ($\beta = –.06$, $p = .49$). In contrast, muscular-ideal internalization predicted drive for muscularity ($\beta = .81$, $p < .001$), which in turn predicted muscularity-oriented eating ($\beta = .19$, $p = .034$). The indirect effect ($a \cdot b = .16$, 95% CI [.01, .29]) was significant, indicating that drive for muscularity mediated the association between muscular-ideal internalization and muscularity-oriented eating. Thin-ideal internalization also predicted muscularity-oriented eating ($\beta = .39$, $p < .001$), suggesting some overlap between pathways. Conclusions: Findings support the existence of dual, partially independent sociocultural pathways: one linking thin-ideal internalization to traditional eating pathology, and another linking muscular-ideal

internalization to muscularity-oriented eating via drive for muscularity. Addressing both ideals may be critical in prevention efforts targeting women at risk for appearance- and performance-oriented eating disturbances.

Learning Objectives

- Identify how thinness- and muscularity-based appearance ideals operate as distinct predictors of eating pathology in women.
- Understand the mediating role of drive for muscularity in the link between muscular-ideal internalization and muscularity-oriented eating.
- Recognize the need for prevention strategies that address both thinness and muscularity ideals among women exposed to fitness-oriented sociocultural pressures.

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Phenotype risk scores identify distinct clinical features and genetic correlates of eating disorders

Abstract: Eating disorders (EDs) such as anorexia nervosa (AN) and bulimia nervosa (BN), are underreported in electronic health records (EHRs). Phenotype risk scores (PheRS) have been implemented within large scale EHR systems to understand phenotypic patterns and identify individuals with undiagnosed Mendelian disease as well as identify mechanisms of genetic architecture for complex traits. By implementing a phenome-based approach, we conducted phenome-wide association studies (PheWAS) of AN (Ncase = 1027, Ncontrol = 10270) and BN (Ncase = 545, Ncontrol = 5450), among non-genotyped individuals in the Vanderbilt University Medical Center (VUMC) deidentified EHR system. Using the effect estimates from the significant phenotypes in these PheWAS, we constructed PheRS for each ED, representing a weighted sum of each individual's comorbidities in an independent test set – genotyped individuals of European genetic ancestry in BioVU. Our PheWAS of AN and BN identified significant shared psychiatric disorder comorbidities including major depressive disorder and

obsessive-compulsive disorder, as well as phenotypes distinct to AN (bradycardia (p=1.70e-66) and constipation (p=6.06e-48)) and BN (nicotine dependence, p=2.77e-8). Next, we tested how effective each PheRS was at predicting AN and BN and whether these predictions were specific to each ED. Our AN PheRS is predictive of AN case status (p=3.23e-115, AUC=0.97) and our BN PheRS is predictive of BN case status (p=1.27e-57, AUC=0.95) in BioVU in a logistic regression model adjusting for age, sex, the first 10 principal components of genetic ancestry, and number of visits with no cross prediction between the two. To uncover the shared genetic drivers of AN, BN, and their comorbidities, we performed a transcriptome-wide association study (TWAS) of the ED PheRS's. A TWAS of the AN PheRS identified genes previously associated with neuropsychiatric and metabolic traits (ABCB8 p=4.09e-5, GOLGA1 p=0.0001, ELAV2 p=0.0001, PLA2G1B p=0.002). The application of these methods has the potential to aid in better phenotyping of AN and BN within EHRs and expanding genetic associations with EDs.

Learning Objectives

- Understand how to identify comorbidities of AN and BN within the electronic health record.
- Learn what a phenotype risk score is and how to apply it to AN and BN
- Learn how we an integrate comorbidities into genetic studies

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Implications of Patient and Caregiver Weight Bias Internalization in Youth with Eating Disorders

Abstract: Weight bias internalization (WBI) refers to the process of applying negative weight-based stereotypes to oneself. High levels of WBI are associated with eating disorder (ED) symptom severity and body image concerns. There is a dearth of research investigating both patient and caregivers' social experiences around weight (e.g., teasing, family dieting) and how these factors may impact those with anorexia nervosa (AN) and atypical anorexia nervosa (AAN). Thus, this study sought to examine patient and caregiver experiences of WBI in a clinical sample of patients with AN/AAN. Participants were 177 patients (M= 15.6 years of age, SD= 1.5) diagnosed with AN (45%) or AAN (55%) at Cincinnati Children's Hospital Medical Center and their

caregivers. Patients and caregivers completed measures of WBI (Modified Weight Bias Internalization Scale) and weight control practices. Patients also completed measures of ED symptoms (Eating Disorder Examination Questionnaire) and experiences of weight-based victimization. Regression models tested hypothesized relations while controlling for age and gender. Patient WBI was predicted by experiences of weight-related teasing (b = .03, p = .03), maternal weight comments (b= .46, p = .04), and maternal (b= -.34, p =.01) and sibling dieting behaviors (b= .40, p = .01). Patient WBI positively predicted more severe ED symptoms (b = .78, p < .001), controlling for age and gender. Greater ED symptom severity was also associated with maternal weight comments (b=.47, p < .01) and maternal (b= -.42, p <.01) and sibling dieting behaviors (b=.62, p <.001). The association between sibling dieting and ED severity was weaker among patients with higher WBI (interaction b = –.31, p = .01). Overall, parent and sibling dieting behaviors and weight comments predicted patient WBI, which predicted more severe ED symptoms. This study illustrates the association between specific experiences of weight stigma that may be contributing to ED symptom severity in patients. Whereas patient WBI was not predicted by caregiver WBI, ED symptoms were associated with family's externalized weight and dieting behaviors. It is important to provide psychoeducation to caregivers that explicit behaviors (rather than implicit beliefs) need to be addressed to optimize ED treatment.

Learning Objectives

- Define weight bias internalization and describe its association with ED severity
- Identify family and social factors that may predict higher levels of weight bias internalization among ED patients
- Discuss clinical implications for psychoeducation and intervention.

Authors: Danielle Scharf, Cincinnati Children's Hospital Medical Center; Kimberly Stevens, Cincinnati Children's Hospital Medical Center; Francesca St. Pe, University of Cincinnati; Constance Mara, Cincinnati Children's Hospital; Claire Aarnio-Peterson, Cincinnati Children's Hospital Medical Center; Laurie Mitan, Cincinnati Children's Hospital Medical Center; Jessica Lin, Cincinnati Children's Hospital Medical Center; Abigail Matthews, Mayo Clinic

Acceptability & Feasibility: High-Resolution Ecological Momentary Assessment During Binge Eating

Abstract: There is a significant amount of literature on the antecedents (e.g., dietary restraint, negative affect) of binge eating. However, no studies have examined changes in purported mechanisms of binge eating during binge-eating episodes. Such innovation would allow researchers to test theoretical models of binge eating more directly by using momentary measures of affect and reward responses during clinically-significant timeframes (e.g., during binge eating episodes).

The current pilot study is the first to examine the feasibility of acquiring self-report during binge-eating episodes. Participants (n = 9, recruitment ongoing) enrolled in a high-resolution ecological momentary assessment protocol (HR-EMA), in which they repeatedly completed self-report measures of mood, eating, and reward states (e.g., “wanting”) throughout the course of one binge-eating episode and one non-binge eating episode in their natural environment. Participants initiated the HR-EMA protocol as soon as they take their first bite of food. To facilitate accurate capture of binge-eating episodes, the participant and researcher created individualized guidelines on when a participant should initiate the HR-EMA prompt (e.g., “as soon as you take a bite of a ‘binge’ food”; “when feeling stressed and begin eating”). Timing of HR-EMA prompts was personalized to account for individual differences in binge-eating episode duration. Participants also provided responses on the feasibility and acceptability of this approach via next-day self-report assessments and an end-of-study phone interview. Specifically, participants completed several visual analogue scale items on the impact of prompts on their eating (scale ranging from 0 [disagree strongly] to 100 [agree strongly]). Response rates on the HR-EMA ranged from 63-97%. Participants endorsed feeling that their eating was interrupted by the prompts (mean = 74/100); however, they did not stop eating because of the prompts (mean=54/100) and did not endorse eating more slowly (mean= 53/100). Moreover, they found the surveys easy to use (mean= 66/100; “pretty easy, pretty minimal effort” [P9600]). Together, these data support initial acceptability and feasibility of the HR-EMA protocol intended to capture psychological processes during binge eating.

Learning Objectives

- Following the training, participants will be able to describe the methods called High-Resolution Ecological Momentary Assessment and understand how it might be applied to study binge eating
- Following the training, participants will be able to interpret and discuss emerging data that supports the feasibility of these methods (repeatedly sampling individuals throughout the course of a binge-eating episode)
- Following the training, participants will be able to interpret and discuss study-participant's perceptions of the acceptability of these methods

Authors: Kendall Schmidt, Western University; Lindsay Bodell, Western University

Establishing Neurocognitive Inefficiencies in Youth with Atypical Anorexia Nervosa

Abstract: Atypical anorexia nervosa (AtAN) shares core symptoms of anorexia nervosa (AN) including restrictive eating and body image disturbance; yet individuals with AtAN present in the “normal” weight range. Neurocognitive inefficiencies have been identified as maintenance factors and putative targets for treatment for youth with AN. While those

with AN and AtAN do not differ in medical or symptom severity, no work has explored neurocognitive factors in AtAN. We examined whether adolescents with AtAN show similar inefficiencies compared to AN and healthy controls (HC). Participants were adolescents with AtAN (n = 39; Mage = 15.5; 92% female), AN (n = 39; Mage = 15.4; 95% female), and HC (n = 22; Mage = 15.0; 73% female). Participants completed the following D-KEFS subtests: Trail Making Test (TMT; Number–Letter Switching), Verbal Fluency (VF; Category Switching Total, Accuracy), Color–Word (CW) Interference (Inhibition, Inhibition Switching), and Card Sort (CS; Free Sorting Correct, Description, Sort Recognition), as well as the BRIEF-2 self-report Inhibition and Shifting scales. One-way ANOVAs compared groups, followed by Tukey's tests. Linear models examined AtAN–AN differences controlling for developmental weight suppression, IQ, and illness duration. Significant omnibus ANOVAs emerged for TMT [$F(2, 89) = 4.17$, $p = .04$], VF Total [$F(2, 95) = 4.02$, $p = .04$], VF Accuracy [$F(2, 95) = 4.68$, $p = .03$], CW Inhibition Switching [$F(2, 95) = 6.54$, $p = .01$], and CS Recognition [$F(2, 81) = 4.70$, $p = .03$]. Tukey's tests showed AN outperformed AtAN on TMT ($p = .01$) and CW Inhibition Switching ($p = .01$). AtAN scored lower than HC on CS Recognition ($p = .04$). Omnibus effects were significant for BRIEF-2 Inhibition [$F(2, 80) = 11.68$, $p < .001$] and Shifting [$F(2, 80) = 4.60$, $p = .02$]. AtAN reported greater inhibitory-control difficulties than AN ($p = .01$) and HC ($p < .01$) and more shifting difficulties than HC ($p = .02$). After controlling for covariates, group effects remained for TMT, CW Inhibition Switching, and BRIEF-2 Inhibition (all $p \leq .02$). Estimated marginal means showed AN outperformed AtAN on TMT (M = 10.7 vs 9.1) and CW Inhibition Switching (M = 11.1 vs 9.1), while AtAN reported higher BRIEF-2 Inhibition (M = 59.3 vs 51.3). Adolescents with AtAN exhibited greater inefficiencies in inhibition and cognitive flexibility than those with AN (HC = AN ≥ AtAN). Findings underscore the need to include AtAN in neurocognitive research on restrictive eating disorders.

Learning Objectives

- Describe similarities and differences in neurocognitive functioning (inhibition and cognitive flexibility) among adolescents with atypical anorexia nervosa (AtAN), anorexia nervosa (AN), and healthy controls.
- Interpret how developmental weight suppression, IQ, and illness duration influence AtAN–AN differences in performance-based and self-report neurocognitive measures.
- Discuss the importance of including AtAN in investigations of neurocognitive mechanisms underlying restrictive eating disorders.

Authors: Jiana Schnabel, Temple University; Marita Cooper, Children's Hospital of Philadelphia; Benjamin Yerys, Children's Hospital of Philadelphia; C. Alix Timko, Children's Hospital of Philadelphia

A qualitative study on how emotional states shape dysregulated eating in Black teens

Abstract: Loss of control eating (LOC)—the sense that one cannot control what or how much is being consumed—in teens is often preceded and accompanied by a range of emotions. However, little is known about the emotional experiences surrounding dysregulated eating among Black teen girls. Understanding these experiences, including emotional triggers, is important for informing culturally responsive diagnostic tools and interventions.

Black teen girls with overweight or obesity (n=21), aged 14-17, participated in six focus groups to discuss their experiences with dysregulated eating and racial discrimination. All focus groups were conducted via Zoom, recorded with participant consent, and transcribed verbatim. At least two independent coders examined transcripts using an applied thematic analysis approach to identify repeated and emerging topics related to emotional states in the context of dysregulated eating, specifically LOC. Regular coding meetings were held to discuss discrepancies until 100% agreement was achieved. Themes were extracted from codes to summarize the most frequently occurring topics.

Before eating, participants commonly reported feelings of stress, sadness, or emotional "numbness." For some, eating was described as a way to "escape" when emotions felt overwhelming. Negative affect was the most frequently cited emotional trigger for LOC episodes, though some participants reported eating in response to boredom or happiness. While eating, many participants experienced short-lived relief, comfort, or pleasure accompanied by a sense of losing awareness or control. After eating, participants overwhelmingly reported guilt, shame, regret, and disgust, as well as physical discomfort such as nausea and bloating. Many teens described LOC episodes as a method of coping with negative emotions and experiences, including academic stress and racial discrimination. Teens also described other coping strategies they attempted, such as distracting themselves with technology or sleep, seeking social support, or engaging in physical activity.

Dysregulated eating among Black adolescent girls appears to serve as a coping mechanism that alleviates distress in the short term but eventually leads to increased negative affect and self-criticism, supporting literature on affect regulation theory. Findings suggest that intervention approaches may benefit from addressing emotion regulation and self-compassion in culturally responsive ways.

Learning Objectives

- Identify common emotional triggers, experiences, and consequences associated with loss of control (LOC) eating among Black adolescent girls.
- Describe how dysregulated eating behaviors may function as coping mechanisms for managing negative affect and race-related stressors.
- Discuss implications of these findings for developing culturally responsive interventions that target emotion regulation and self-compassion in eating disorder prevention and treatment.

Authors: Samantha Schram, University of Connecticut; Arianna Mullings, University of Connecticut; Brighid Fitzpatrick, University of Connecticut; Amy Egbert, University of Connecticut

Comparative Effects of BMI and Body Fat Percentage on Disordered Eating Symptoms in Adolescents

Abstract: Higher body mass index (BMI) is associated with disordered eating symptoms (DE; e.g., body dissatisfaction, dieting); however, BMI is an imprecise measure of body composition, as it indexes overall body size without distinguishing fat from lean mass. Body fat percentage provides a more specific index of adiposity, and within sociocultural contexts that idealize thinness and leanness, may be more predictive of DE risk, but it is resource-intensive and rarely examined. This study examined the overlapping and distinct associations of BMI and body fat percentage with DE symptoms in adolescent boys and girls. Participants were 1,593 adolescents (280 boys and 1,313 girls; ages 8-18) from the Michigan State University Twin Registry. Height and weight were measured in the lab and used to calculate age- and sex-adjusted BMI percentile. Body fat percentage was assessed with bioelectrical impedance analysis. DE symptoms (i.e., body dissatisfaction, binge eating, dietary restraint, and weight preoccupation) were assessed with well-validated self-report questionnaires. All analyses adjusted for age and pubertal status. BMI and body fat percentage showed similar associations with body dissatisfaction (β = .32-.40), dietary restraint (β = .22-.31), weight preoccupation (β = .23-.26), and binge eating (β = .08-.10) in both boys and girls; however, once shared variance was accounted for, results indicated stronger and more unique associations between BMI and DE symptoms. BMI remained significantly and moderately associated with body dissatisfaction, dietary restraint, and weight preoccupation, whereas body fat percentage showed only a small unique association with body dissatisfaction. Despite being an imprecise measure of body composition, BMI appears to have unique relevance to a range of DE symptoms in adolescence. Body size, irrespective of its source (e.g., height, build, adiposity, muscle), may be more strongly and uniquely linked to DE in adolescent boys and girls than adiposity alone. Although the direction of effects and factors driving these associations remain unclear, one possibility is that adolescents' awareness of, and the cultural and systemic translation of, body size into BMI-based weight labels (which does not occur for body fat percentage) may heighten risk for DE, particularly in social contexts where weight/body stigma is pervasive and appearance ideals are narrowly defined.

Learning Objectives

- Differentiate conceptual and methodological differences between BMI and body fat percentage in assessing body composition.
- Interpret and evaluate the stronger unique association between BMI and disordered eating symptoms than body fat percentage and disordered eating symptoms.

- Integrate these findings within broader sociocultural factors and context (e.g., weight-based stigma, appearance pressures/ideals).

Authors: Ronan Scott, Michigan State University

Beyond Diagnostic Boundaries: An Analysis of the BN-BED Continuum

Abstract: Background: Bulimia Nervosa (BN) and Binge Eating Disorder (BED) are the most prevalent eating disorders within the binge eating spectrum. Both share loss of control over eating although the role of weight/shape overvaluation in BED remains debated and the descriptors of the binge are not considered in BN. Objectives: This study aimed to investigate the overlap between BN and BED diagnostic criteria according to the DSM-5-TR, with particular attention to binge-eating characteristics and weight/shape overvaluation. A secondary objective was to identify distinct clinical profiles through cluster analysis. Methods: The sample consisted of 222 outpatients diagnosed with BN (n = 103) or BED (n = 119) at a specialized Eating Disorders Center. BN diagnostic criteria were applied to BED patients and vice versa to test cross-diagnostic applicability. A cluster Two-step analysis was performed using three key variables: (1) weight and shape overvaluation, (2) compensatory behaviors, and (3) binge-eating descriptors (criterion B of BED). Results: There was substantial overlap between BN and BED diagnostic criteria. The only statistically significant difference concerned compensatory behaviors, which were absent in BED and associated with lower BMI in BN. Four clusters were identified. Cluster 1: only BN patients with high overvaluation and compensatory behaviors (most severe profile); Cluster 2: mixed BN > BED cases with overvaluation (moderate severity); Cluster 3: only BED patients with high overvaluation (severe profile, higher BMI and body dissatisfaction); Cluster 4: mixed BED > BN cases with low overvaluation (mild severity). Across clusters, the binge descriptor “eating alone due to embarrassment” (B4) emerged as the most predictive variable. Significant differences between clusters emerged regarding general (BDI, STAI, MDQ, TAS20, DERS, MSAS, MAIA) and eating (EDE-Q, EDI2, BES, NEQ, GQ, YFAS, EBA-O, BIDA) psychopathology with Anova. Conclusions: Findings support a dimensional continuum between BN and BED. Categorical diagnosis alone does not adequately capture clinical heterogeneity. Dimensional factors, particularly weight and shape overvaluation, better explain the severity and spectrum of binge-eating psychopathology.

Learning Objectives

- To examine the degree of diagnostic overlap between Bulimia Nervosa (BN) and Binge Eating Disorder (BED) by cross-applying DSM-5-TR diagnostic criteria.
- To identify distinct clinical clusters within the binge eating spectrum based on weight/shape overvaluation, compensatory behaviors, and binge-eating features.
- To discuss the implications of a dimensional, transdiagnostic approach to BN and BED for improving clinical assessment and treatment personalization.

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Food Addiction in Anorexia Nervosa: A Latent Class Analysis of Clinical Subtypes

Abstract: Background: Food addiction (FA) has emerged as a construct of growing relevance in eating disorder (ED) research, particularly in anorexia nervosa (AN), where addictive-like eating behaviors may coexist with restrictive symptomatology. However, the heterogeneity of FA expression within AN remains underexplored. This study aimed to identify distinct FA profiles among individuals with AN and to examine their associations with psychopathological, metacognitive, and emotional functioning variables. Methods: A Latent Class Analysis (LCA) was conducted on FA symptoms in a clinical sample of individuals with AN to identify homogeneous subgroups based on symptom endorsement patterns. Subsequent logistic regressions examined predictors of class membership, including eating disorder psychopathology, impulsivity, metacognitive abilities, and emotional awareness. Results: LCA revealed three distinct classes: Class 1 (Addicted, 11.4%), characterized by high endorsement of FA symptoms; Class 2 (Non-Addicted, 54.9%), showing minimal symptomatology; and Class 3 (High-Risk, 33.7%), exhibiting moderate symptom severity. Class membership was not significantly associated with AN diagnostic subtype ($\chi^2(4)=3.085$, $p=.544$). Logistic regressions indicated that impulsivity significantly predicted inclusion in the Addicted class (OR=4.119, $p<.05$). Belonging to the High-Risk class was associated with higher eating concern (OR=2.618, $p<.05$), lower metacognitive functioning (OR=.566, $p<.05$), and greater difficulties in emotional awareness (OR=1.62, $p<.01$). The Non-Addicted class was distinguished by lower psychopathology, stronger metacognition, and reduced impulsivity. Discussion: The identification of three distinct FA profiles highlights substantial variability in the expression of addictive-like eating behaviors within AN, independent of traditional diagnostic categories. The Addicted and High-Risk groups displayed greater emotional and cognitive dysregulation, suggesting elevated clinical vulnerability. In contrast, the Non-Addicted subgroup exhibited a more adaptive functioning pattern. These findings underscore the importance of integrating FA-related dimensions into AN assessment and treatment. Interventions that target emotion regulation, impulsivity control, and metacognitive enhancement may support personalized therapeutic

Learning Objectives

- Identify distinct food addiction profiles in individuals with anorexia nervosa using latent class analysis – participants will be able to recognize the Addicted, High-Risk, and Non-Addicted subgroups and their defining characteristics.
- Examine the clinical and psychological correlates of food addiction subtypes in anorexia nervosa – participants will understand how factors such as impulsivity, metacognition, emotional awareness, and eating psychopathology differentiate latent classes.
- Apply knowledge of food addiction profiles to inform personalized treatment strategies – participants will be able to describe potential intervention targets, including emotion regulation and metacognitive enhancement, tailored to specific FA subgroups in anorexia nervosa.

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Italian Validation of the Food Addiction Severity Index (FASI) in Patients with Eating Disorders and

Abstract: Background: Food addiction (FA) is increasingly recognized in clinical research, but no clinician-administered tool has been validated in Italy. The Food Addiction Severity Index (FASI) is a 13-item structured interview that provides a FA diagnosis. This study aimed to translate the FASI into Italian and evaluate its psychometric properties in a clinical sample of patients with eating disorders (EDs) and obesity. Methods: A cross-sectional study included 195 patients (168 women; mean age 26.8±11.3 years; BMI 27.2±9.6 kg/m²) with anorexia nervosa (AN, n=82), bulimia nervosa (BN, n=33), binge eating disorder (BED, n=45), other specified feeding or eating disorders (OSFED/NAS, n=20), and obesity (n=15). The FASI was translated using a double forward- and back-translation process and pilot-tested for comprehension. Participants completed the FASI and self-report questionnaires including YFAS 2.0, BES, EDE-Q, EDI-2, EBA-O, NEQ, and Grazing Questionnaire. Confirmatory factor analysis (CFA) tested the unifactorial structure, with model fit assessed using Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA). Internal consistency was assessed via Kuder–Richardson alpha, and construct validity was examined through partial correlations with external measures, controlling for gender. Results: CFA supported good model fit (CFI=0.97, TLI=0.96, RMSEA=0.045, SRMR= 0,119) and internal consistency. Convergent validity analyses showed moderate-to-high correlations with BES (r=0.622; p<.001), EBA-O binge eating (r=0.561; p<.001), EDE-Q total (r=0.424; p<.001), NEQ (r=0.374; p=.001), and GQ (r=0.451; p<.001), indicating sensitivity to dysfunctional eating behaviors and

loss of control. Conclusions: The Italian FASI demonstrates satisfactory psychometric properties and clinical utility for assessing FA in EDs and obesity. It is sensitive to craving. Future studies with larger, gender- and age-balanced samples and longitudinal designs are warranted to confirm stability and predictive validity for clinical outcomes.

Learning Objectives

- Describe the process of translating and culturally adapting the Food Addiction Severity Index (FASI) into Italian for use in clinical populations with eating disorders and obesity
- Evaluate the psychometric properties (factor structure, internal consistency, and construct validity) of the Italian FASI within a diverse sample of patients with anorexia nervosa, bulimia nervosa, binge eating disorder, and obesity.
- Discuss the clinical implications of using the Italian FASI as a reliable and valid clinician-administered tool for assessing food addiction symptoms and severity in individuals with eating disorders and obesity.

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Factors Associated with Negative-Positive Emotional Eating in Brazilian Adults with Eating Disorders

Abstract: Emotional eating is a multidimensional behavior that can varies according to the valence of emotions, and its associations with demographic and lifestyle characteristics remain poorly understood among individuals with eating disorders (ED). This study aimed to examine the association between negative and positive emotional eating and individual characteristics in Brazilian adults with eating disorders (ED). A cross-sectional online survey was conducted in 2023, approved by an institutional ethics committee, and included demographic and lifestyle questions along with the Positive-Negative Emotional Eating Scale (PNEES). Negative emotional eating scores were obtained by summing the respective items (range 0–48), with the median cutoff of 24 used to classify participants as low (≤24) or high (≥25). Positive emotional eating scores were summed separately (range 0–28), with the median cutoff of 14 used for classification (≤14 vs ≥15). Logistic regression models tested associations with age, gender, work status, education, exercise practice, dieting for body image, and BMI-based nutritional status. Odds ratios (OR) and 95% confidence intervals (CI) were computed, and statistical significance was set at 5%. Eighty-seven adults with ED provided valid responses (71.3% women; mean age = 30.2 years, SD = 9.0). High negative emotional eating was identified in 28.7% of participants, and high positive

emotional eating in 26.4%. Most participants reported being employed (72.4%), having completed higher education (70.1%), practicing exercise (60.9%), dieting to modify body image (65.5%), and presenting excess weight (63.1%). Logistic regression showed that older age (≥29 years) was significantly associated with lower odds of high negative emotional eating (OR=.17, 95% CI=.04–.73, p=.018). No other independent variable reached significance for negative emotional eating, and no significant associations were found for positive emotional eating. In conclusion, younger age emerged as a risk factor for emotional eating triggered by negative emotions, reinforcing evidence that ED typically manifest earlier in life. This highlights how younger individuals may be especially vulnerable to using food as a coping strategy, emphasizing the role of emotional eating as a maintenance factor in ED and the importance of targeted interventions for this group.

Learning Objectives

- To describe how negative and positive emotional eating differ in their associations with individual characteristics in adults with eating disorders.
- To identify younger age as a risk factor for negative emotional eating and discuss its relevance for the maintenance of eating disorders.
- To recognize the clinical implications of assessing emotional eating valence in order to design more tailored interventions for individuals with eating disorders.

Authors: Wanderson Silva, São Paulo State University (UNESP); Carla Guareschi, São Paulo State University (UNESP); Denise Foresto Del Col, São Paulo State University (UNESP); Marina Pereira, São Paulo State University (UNESP); Angela Neves, Brazilian Army Physical Education School

Testing Body Trust as a Mechanism Linking Quality of Life and Eating Disorder Symptoms in Older Adul

Abstract: Introduction: Interoception (i.e., our ability to connect to, understand, and appropriately regulate internal physiological sensations) is negatively associated with eating disorders (Jenkinson, et al., 2018). In particular, body trust is an important facet of interoception that is negatively related to eating disorders (Brown et al., 2020). As adults age and experience declines in quality of life and increased functional impairment, body trust may diminish; however, no studies have tested this possibility. We therefore predicted that worse quality of life would predict decreased body trust, which in turn would relate to increased eating disorder symptoms.
Method: Older adults from the U.S. (n = 281, Mage = 61.94 years, SD = 8.18, 58.7% women, 81.1% white, 92.5% non-Hispanic/Latine) completed self-report measures assessing functional impairment (World Health Organization Quality of Life-physical and psychological subscales), body trust (Body Trust Scale), and eating disorder symptoms (Eating Pathology Symptom Inventory) at three time points, each separated by two months.

Results: In bivariate models, the cross-lagged effects of worse quality of life on lower body trust were significant across timepoints (bs 0.071-0.096, ps < 0.01). Lower body trust at baseline predicted greater binge eating (b = -0.318, p < 0.01) and body dissatisfaction (b = -0.530, p < 0.01) at T2, but not at T3. The effects of quality of life at time t on eating disorder symptoms at t+1 were not significant in any models. In trivariate cross-lagged panel models, lower quality of life consistently predicted lower body trust (bs 0.067-0.097, ps < 0.01), but lower body trust only significantly predicted greater body dissatisfaction from T1 to T2 (bs = -0.56 - -0.44, ps < 0.05). The indirect effects of quality of life on eating disorder symptoms via body trust were not significant in any models.
Conclusion: Among older adults, poorer physical and psychological quality of life predicted decreases in body trust two and four months later. Worse body trust, in turn, predicted higher binge eating and body dissatisfaction two months later. However, body trust did not appear to mediate these relationships over time.

Learning Objectives

- Describe the relationship between quality of life, body trust, and eating disorder symptoms among older adults.
- Explain how changes in quality of life and functional impairment may relate to changes in body trust
- Discuss the implications of body trust as a potential intervention target to support healthy aging and reduce eating disorder risk in later life.

Authors: April R. Smith, Auburn University; Lauren M. Harris, Auburn University; Jonathan Kunstman, Auburn University

Does taking a one-week break from social media have lasting effects on body image?

Abstract: Social media (SM) apps that feature appearance-related content (e.g., Instagram, TikTok) predict upward social comparison to idealized images and videos, which is associated with greater body dissatisfaction, drive for thinness, and eating disorder symptoms in young women. Given the popularity of SM platforms and substantial amount of time spent on them, there is an urgent need for knowledge of how to protect users from the negative effects of SM on body image. The main objective of this study was to test the short-term effects of taking a break from SM on young women's body image. A sample of female undergraduate students (N=39) agreed to take a 7-day break from SM use. After the week-long break, participants were given the choice of how much time to spend on SM. The Body Image States Scale (BISS) was administered at baseline (T1), after the 1-week break (T2), and at another 1-week follow-up (T3). SM usage was verified through a screen time app at all three time points. Average SM use (minutes/day) dropped significantly from T1 to T2, t(29)=7.40, p<.001,

and increased from T2 to T3, $t(31)=5.98$, $p<.001$, with time spent on SM at T3 still significantly less and approximately half of that at T1, $t(28)=4.90$, $p<.001$. In terms of body image, BISS scores increased significantly from T1 to T2, $t(32)=2.35$, $p=.025$, and decreased from T2 to T3, $t(31)=2.38$, $p=.024$, with T3 BISS scores equivalent to those at T1, $t(31) = .179$, $p=.860$. These results replicate previous findings that body satisfaction improves after a week-long break from SM. However, improvements to body satisfaction were not sustained once the break was finished and participants returned to using SM. These findings suggest that a short-term SM detox is not sufficient in producing lasting improvements to body image. More research is needed to explore whether extended time away from SM or other strategies (e.g., resetting one's algorithm to remove harmful content, improving media literacy, avoiding social comparison) reduce the risk or severity of eating disorder symptoms.

Learning Objectives

- Describe the short-term effects of a one-week break from social media on body image in undergraduate women.
- Describe changes in time spent on social media before and after the social media break.
- Discuss the implications of social media detox length for improving body image and reducing the risk or severity of eating disorder symptoms.

Authors: Olivia Smith, York University; Jennifer Mills, York University; Sarah d'Entremont, York University

Feasibility of providing Dialectical Behavior Therapy in a pediatric eating disorder program

Abstract: Eating disorders are life-threatening conditions associated with high rates of psychiatric comorbidity. Specific comorbidities including suicidal ideation or severe self-harm preclude participation in existing evidence-based treatments. Dialectical Behavior Therapy (DBT), a well-established therapy for individuals with severe emotional dysregulation, has been adapted for adults with multi-diagnostic eating disorders (MED-DBT), with components such as skills groups piloted for adolescents (DBT-A). While preliminary efforts have explored integrating DBT-A with Family-Based Treatment (FBT), the feasibility of delivering a six-month outpatient DBT-A program for pediatric eating disorders (MED-DBT-A) in conjunction with FBT has not been established. We conducted a retrospective chart review of adolescents who participated in a six-month MED-DBT-A program, which was provided in conjunction with outpatient FBT from 2022-2025. The program included an outpatient multi-family skills group, individual therapy, family therapy, and team consultation in a large pediatric hospital in Canada. Sixty-six pediatric eating disorder patients aged 11 to 17 years old were referred to our outpatient MED-DBT-A program between May 2022 and May 2025. At baseline, 35 (54.3%) endorsed recent suicidal ideation and 41 (62.5%) were engaged in non-suicidal self-

harm. All patients were actively exhibiting eating disorder symptoms at the time of referral, with an average of 1.9 (SD=1.5) co-occurring psychiatric diagnoses. Of the 35 (53.0%) patients who chose to start the program, 18 (27.0%) completed. All patients who completed the program were weight restored (>100% of treatment goal weight) at discharge and none were engaged in self-harm or reporting active suicidal ideation. Two continued to experience passive suicidal ideation. Results demonstrate the feasibility of delivering a six-month, multi-component DBT-A intervention within a publicly funded outpatient pediatric eating disorder program. Overall, participants exhibited improvements in body weight, self-harm, and suicidal ideation. Future research should quantify specific eating disorder symptoms and cognitions using validated measures in larger samples to assess the feasibility of delivering this intervention in a randomized clinical trial design aimed at examining its effectiveness.

Learning Objectives

- Identify the components of MED-DBT, DBT-A and MED-DBT-A
- Describe clinical and demographic characteristics of youth who may benefit from MED-DBT-A
- Evaluate the feasibility of implementing MED-DBT-A as a clinical intervention within pediatric eating disorder programs.

Authors: Sarah Smith, Hospital for Sick Children; Tanja Samardzic, Hospital for Sick Children; Sandra Doyle Lisek, Hospital for Sick Children; Suneeta Monga, Hospital for Sick Children

Longitudinal Weight Gain following an Interdisciplinary Inpatient & Outpatient Eating Disorder Model

Abstract: Background: Medical stabilization and weight restoration are critical components of inpatient care for youth with eating disorders; however, long-term outcomes and the impact of coordinated care models remain underreported. This study evaluated a structured inpatient eating disorder protocol requiring nasogastric (NG) tube initiation upon admission, followed by interdisciplinary outpatient follow-up by assessing longitudinal weight outcomes six months post-hospital discharge.
Methods: From January to December 2024, forty patients were admitted to a children's hospital under the structured eating disorder protocol. Diagnoses included anorexia nervosa (n = 28), avoidant/restrictive food intake disorder (ARFID; n = 10), and eating disorder unspecified (n = 2). Seven patients without follow-up data were excluded. The final sample (n = 33) was analyzed for length of stay (LOS), percent weight gain during hospitalization, and longitudinal weight trajectory at six-month follow-up.
Results: Average LOS was 12.7 days, with mean inpatient weight gain of 8.3% of total body weight. At six months post-hospital discharge, 78.7% of patients demonstrated sustained or continued weight gain: 14 gained >5 kg, 12 gained 0.5–5 kg, four maintained discharge weight, and two lost weight. Twenty-six patients engaged in

structured outpatient follow-up through the hospital's interdisciplinary eating disorder clinic (medical, nutrition, psychology, and social work). At six months, 92.3 % of patients engaged in the hospital's interdisciplinary eating disorder clinic demonstrated sustained or continued weight gain.
Conclusions: This integrated model, combining a structured inpatient protocol with mandatory NG tube initiation and coordinated outpatient follow-up, yielded favorable 6-month, longitudinal weight restoration outcomes for the majority of patients. The results underscore the benefits of interdisciplinary outpatient eating disorder follow up after inpatient medical stabilization. This model highlights an innovative, continuity-based approach that bridges inpatient and outpatient care and may inform best practices for sustainable recovery in pediatric eating disorder populations.

Learning Objectives

- Following the presentation, participants will be able to identify the phases of a structured inpatient eating disorder protocol.
- Following the presentation, participants will be able to describe the benefits of combining an inpatient eating disorder protocol with an outpatient interdisciplinary eating disorder clinic.
- Following the presentation, participants will be able to identify barriers to weight gain post-hospitalization among youth with eating disorders.

Authors: Sarah Sobalvarro, Johns Hopkins All Children's Hospital; Karen Diaz, Johns Hopkins All Children's Hospital; Rebekah Diaz, Johns Hopkins All Children's Hospital; Marissa Feldman, Johns Hopkins All Children's Hospital; Jasmine Reese, Johns Hopkins All Children's Hospital

Exploring the role of DBT skills during delivery of a DBT app for recurrent binge-eating

Abstract: Mindfulness, emotion regulation, and distress tolerance are considered key components of Dialectical Behaviour Therapy (DBT) for binge eating, yet their role in app-based interventions is unclear. This study examined whether (1) a digital DBT app improved these skills compared to a control condition, and (2) baseline skill levels predicted post-treatment symptom change.
This secondary analysis drew on data from a randomised controlled trial (n = 576) of adults with recurrent binge eating. Participants in the intervention (n = 287) completed a six-week self-guided DBT app, while controls (n = 289) were waitlisted. Mindfulness, emotion regulation, and distress tolerance were assessed at baseline, post-test, and 12-week follow-up. Outcomes were binge eating episodes and the Eating Disorder Examination Questionnaire (EDEQ). Linear mixed models tested treatment effects, while univariate and multivariate models assessed baseline predictors.
The app produced small-to-moderate improvements in four emotion regulation facets—emotional clarity (d = -0.33), strategies (d = -0.22), goal-directed behaviour (d = -0.28),

and non-acceptance (d = -0.30)—and in the mindfulness facet of observing (d = 0.28). No group differences emerged for distress tolerance. Baseline non-acceptance predicted EDEQ improvement in univariate analyses, but not objective binge eating or multivariate models.
A self-guided DBT app may strengthen emotion regulation and mindfulness, regardless of baseline skill levels.

Learning Objectives

- Describe the roles of mindfulness, emotion regulation, and distress tolerance as core mechanisms within Dialectical Behaviour Therapy (DBT) for binge eating.
- Explain how digital DBT interventions can influence these psychological skills and associated eating disorder symptoms over time.
- Interpret key findings from linear mixed model analyses assessing treatment effects and baseline predictors in app-based DBT research.

Authors: Olivia Marie Soliman, Deakin University; Mariel Messer, Deakin University; David Skvarc, Deakin University; Robyn Moffitt, Deakin University; Jake Linardon, Deakin University

"Eating Disorder Treatment: Adherence Rates and Patient Characteristics"

Abstract: The treatment of eating disorders (ED) is complex, characterized by frequent relapses and prolonged follow-up; dropout rates range from 20-70% internationally, with Argentine figures unknown. A retrospective, observational, and descriptive study was conducted using non-probabilistic convenience sampling, analyzing medical records from the 2015-2022 period. Data from 136 patients (97% female) have been analyzed to date; 69.85% (n=95) unilaterally discontinued treatment and 30.14% (n=41) adhered to it. The average length of stay was 8 months (median=4.5; SD=11.11). Non-adherent patients showed longer disease duration (6.85 versus 6 years), resided at greater distances from the center (mean=25.59 km; SD=38.75 versus mean=15.75 km; SD=13.86), and reported slightly more previous treatments (1.51 versus 1.39). Dropout predominated across all clinical diagnoses, especially in bulimia nervosa and purging anorexia. The observed dropout rate falls within the internationally reported range, confirming the relevance of the phenomenon. Geographic distance constitutes a barrier influencing adherence. Subtypes with greater impulsive traits and compensatory behaviors showed lower adherence, suggesting that impulsivity and lack of emotional control represent obstacles to maintaining therapeutic commitment. Characterizing patients who do not complete treatment is crucial given their worse prognosis, higher risk of relapse and chronification, the negative impact on treatment effectiveness, and healthcare system costs. These findings highlight the importance of developing specific protocols that primarily address impulsivity and purging behaviors to improve retention rates and clinical outcomes.

Learning Objectives

- To describe the sociodemographic and clinical characteristics of patients treated at the Mental Health Service for Eating Disorders at Hospital Borda during the 2015-2022 period.
- To determine the treatment adherence rate in the study cohort.
- To characterize and compare sociodemographic and clinical profiles between adherent and non-adherent patients.

Authors: Sofia Soto, Servicio de Salud Mental En Desórdenes Del Comportamiento Alimentario

Exploring Individual Correlates of Body Dissatisfaction Across Eight Countries

Abstract: Body dissatisfaction is a major risk factor for emotional distress and disordered eating behaviors. Previous research has associated body dissatisfaction with individual characteristics such as perfectionism, low self-esteem, thin-ideal internalization, and social anxiety; however, much of this research has been conducted in single-country studies primarily focused on Western populations. Consequently, it remains uncertain whether these psychological predictors function in the same way across diverse cultural environments. A total of 6,272 participants from eight different countries (Australia, Belgium, Canada, China, Italy, Japan, Spain, and the U.S.) with an average age of 21.54 years (SD = 3.1), completed validated assessments that measured body dissatisfaction, perfectionism, self-esteem, appearance ideal internalization, and social anxiety. Multilevel models were estimated to evaluate the impact of these psychological constructs on body dissatisfaction between and within countries. Individual-level factors contributed significantly to the variance in each model, with self-esteem and thin-ideal internalization being the most significant predictors of body dissatisfaction. Further, being relatively heavy and part of the LGBTQ community consistently showed associations with body image dissatisfaction. Between-country effects were small and limited. These results underscore the significance of psychological characteristics in predicting body image dissatisfaction worldwide. In other words, in all eight countries included in this study, participants' individual characteristics, including perfectionism, self-esteem, appearance ideal internalization, and social anxiety were associated with body dissatisfaction. Thus, these factors are important to consider in eating disorder prevention. This has implications for creating culturally aware mental health strategies that tackle concerns related to body image, especially in a world that is becoming more globalized and focused on appearances. Because body dissatisfaction is a key precursor to the development of eating disorders, understanding its consistent predictors across cultures can guide more effective global prevention and early intervention efforts.

Learning Objectives

- Following the training, participants will be able to: Describe key psychological predictors of body dissatisfaction, including perfectionism, self-esteem, thin-ideal internalization, and social anxiety.
- Following the training, participants will be able to: Explain how these predictors of body dissatisfaction function similarly or differently across diverse cultural contexts.
- Following the training, participants will be able to: Apply insights from cross-cultural research to the development of culturally sensitive prevention and early intervention strategies for eating disorders.

Authors: Violett Springate, Rutgers University; Alexis Richeson, Rutgers University; Charlotte Markey, Rutgers University

From Stomach to Self-image: Linking Gastrointestinal Interoception, Body Image, and Restraint

Abstract: To understand restrictive eating, one must account for the primary roles of body (dis)satisfaction and the emerging concept of gastrointestinal interoception. The Gastrointestinal Interoceptive Threat Theory of Restriction (Case, 2025) suggests that when the physical sensation of fullness is appraised negatively (e.g., as a sign of failure), this causes an acute drop in body satisfaction and reinforces the desire to restrict. However, empirical research (Tiemann et al., 2025) has yet to link this reduction in body satisfaction to restriction. Forty-six participants completed the Eating Disorder Examination Questionnaire-6 Restraint subscale and Body Image States Scale (BISS; Cash et al., 2002) at baseline. The BISS was recompleted during hunger, satiation, and fullness, induced via a standardized fasting and water-loading protocol (van Dyck et al., 2016). Body satisfaction significantly differed by gastrointestinal state ($\chi 2(2)=13.67, p=.001$). Post-hoc analyses found that body satisfaction was significantly lower when full compared to when hungry ($p=.007$). In a multiple linear regression predicting the decrease in body satisfaction when full compared to hungry, negative appraisal of fullness trended towards significance ($\beta=-0.02, t(32)=-1.97, p=.057$), suggesting that heightened negative appraisal was associated with a greater decrease in body satisfaction. Finally, the decline in body satisfaction when full compared to when hungry predicted higher restraint scores ($\beta=-0.41, t(40)=-2.43, p=.020$). Our findings revealed that fullness triggers a decrease in body satisfaction, a process that appears to be driven by the negative appraisal of fullness sensations. This supports a key premise of the Gastrointestinal Interoceptive Threat Theory of Restriction (Case, 2025). Crucially, the magnitude of this negative shift is associated with higher trait restraint, experimentally linking gastrointestinal interoception induced changes in body image to the intention to restrict. This work highlights an interoceptive mechanism where fullness-

induced dissatisfaction reinforces avoidance, offering a novel target for clinical interventions, such as interoceptive exposure, focused on reducing the threat appraisal of internal signals.

Learning Objectives

- Describe the core tenets of the Gastrointestinal Interoceptive Threat Theory of Restriction.
- Identify a novel interoceptive mechanism, specifically, the negative appraisal of internal signals that reinforces restraint.
- Propose how this mechanism can be targeted using interoceptive interventions.

Authors: Lucy Stafford, University of York; Alexandra Pike, University of York; Catherine Preston, University of York

Examining the Impact of Dieticians on Outcomes in Family-Based Treatment for Anorexia Nervosa

Abstract: Family-Based Treatment (FBT) for Anorexia Nervosa was not initially designed to incorporate a dietician; however, some observational and implementation studies suggest that the inclusion of a dietician to provide nutritional support to parents can increase parental confidence. Nonetheless, no study has evaluated if including a dietician in FBT directly impacts weight gain for patients with AN. This study aimed to determine whether meeting with a dietician at least once resulted in faster weight restoration for patients with AN.

Methods: Participants were adolescents with Anorexia Nervosa (59%) or Atypical Anorexia Nervosa (41%) who were undergoing FBT (N = 41, 88% female; M age = 14.9 years). Data were collected as part of a larger effectiveness trial (Aarnio-Peterson et al., 2024) that evaluated the impact of an adjunctive caregiver emotion coaching group to FBT, and participants were included from both the control (N = 19) and treatment (N = 22) groups. This observational study examined the impact of dietician visits (range from 0-6 visits) on FBT outcomes including weight gain and remission. All analyses controlled for study condition of the larger trial.

Results: Contrary to our hypothesis, we found that the number of dietician visits did not meaningfully impact weight gain at the beginning of treatment (B = -.96, p = .25) at one month of treatment (B = -1.54, p = .28), end of treatment/three months (B = -.93, p = .76) or 6-month follow-up (B = -.11, p = .96). There was also no difference at any timepoint in weight restoration between participants who saw a dietician at least once versus those who never saw a dietician (p's from .30 - .41).

Discussion: Meeting with a dietician did not influence weight restoration for families

receiving FBT. Despite the lack of effects on weight outcomes, such consultations may still provide benefits (e.g., increased parental confidence, psychoeducation for parents and patients) not directly measured in this study. Future studies should examine these broader outcomes in a larger sample size to better understand how the inclusion of dieticians may support or enhance the effectiveness of FBT.

Learning Objectives

- Discuss the relationship of dietician visits with weight outcomes in patients with anorexia.
- Thoughtfully consider the role of dieticians in improving treatment beyond weight gain goals.
- Evaluate the role of multidisciplinary teams in treatment to address multiple needs of patients

Authors: Kimberly Stevens, Cincinnati Children's Hospital Medical Center; James Peugh, Cincinnati Children's Hospital Medical Center; Danielle Scharf, Cincinnati Children's Hospital Medical Center; Kristen Culbert, Michigan State University; Daniel Le Grange, University of California, San Francisco; Claire Aarnio-Peterson, Cincinnati Children's Hospital Medical Center

Building Bridges: improving eating disorder care for global majority young people in London

Abstract: The Building Bridges project in MCCAED addresses gaps in accessibility and provision for young people with eating disorders through increased understanding, communication and collaboration with local communities. The project is a response to inequality of access to services for young people with Global Majority heritages and recognition that improving access necessarily includes addressing issues around acceptability and appropriateness of treatment. Triangulation of quantitative outcome data from 2022-24 and qualitative data from service user interviews and local community focus groups enables greater understanding of the experience of eating disorder care and provision. Quantitative outcome data analysis reveals that young people who access the service had a ‘good enough’ experience without significant differences in outcomes between young people from White British and Global Majority heritages. However, reflexive thematic analysis of data from interviews conducted with 20 patients and parents indicates that the experience of therapy is variable. Feeling comfort or discomfort in the therapy room, was connected by parents to the extent to which they and their child were able to make full use of therapy. This depended on therapist competence and relevant conversations about family heritage being invited while balancing the tension with crisis management. Facilitation of inter-generational communication and understanding of perspectives, beliefs and values supports recovery and generation of new family scripts. Themes from these interviews highlight the

importance of intersections between parent and child's experiences of race, in work, school and peer contexts as families make sense of illness and work together for recovery. Nine focus groups will be conducted by grassroots organisations in October 2025 with young people, parents and adults working with young people locally. These will explore people's ideas about experiences that professionals label as eating disorders, including meaning, causes and responses to unhelpful eating or body image related behaviors. Information about preferred sources of support, and barriers or bridges towards access to health services will be explored. Discussion will include reflection on the FT-AN model and structure of eating disorder services for young people, challenging the status quo and exploring areas of innovation including collaboration and co-production.

Learning Objectives

- reflect on the particular needs of global majority families in ED treatment.
- consider barriers to access for global majority young people to CYP-ED services
- explore service developments and ways of working to increase both accessibility and acceptability of care provided.

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Effects of a Psychoeducational Group for Parents of Children with ARFID on Parents' Concerns

Abstract: The present study aimed to assess the effects of a psychoeducational group for parents of children with Avoidant/Restrictive Food Intake Disorder (ARFID) on parents' concerns and the perceived impacts of disorder symptoms. Methods: A psychoeducational group was implemented for parents of 18 patients aged between 6 and 15 years (mean age: 8.6±3.2) diagnosed with ARFID, as a part of a multidisciplinary outpatient intervention. The activity consisted of 30 weekly 60-minute group sessions combining educational content, group discussion, and reflective exercises. Topics included: understanding ARFID, the role of food refusal in ARFID, maintaining mechanisms for ARFID subtypes, sensory and emotional regulation, parental responses to food refusal, adverse effects of pressure, structured mealtime routines, and parental self-care. Parents were assessed before and after the intervention using the What Matters to Me (WMTM) questionnaire, the Nine-Item ARFID Screen (NIAS), and the Eating Disorders Youth-Questionnaire (EDY-Q). Results: Parents' concerns about the eating difficulties (T1 59.7±18.4 vs. T2 43.8±17.6, p<.001) and the perceived impact of ARFID symptoms (T1 76.1±22.0 vs. T2 59.5±21.3, p<.001) decreased significantly before and after psychoeducational intervention, as reported at the WMTM, whilst

symptom reduction was mild and non-significant on NIAS (T1 36.1±11.2 vs. T2 25.2±6.6, p = 0,187) and EDY-Q (T1 35.4±14.8 vs. T2 29.9±8.8, p = 0,120). Qualitative feedback suggested increased parental understanding of ARFID, reduced guilt and anxiety, and improved confidence in managing mealtime situations. Parents reported feeling more supported and connected to others facing similar challenges, which contributed to greater adherence to ongoing child treatment. Conclusion: This experience highlights the importance of psychoeducational groups in family-centered ARFID management. Providing parents with education, emotional support, and practical tools can enhance treatment engagement and foster more positive feeding interactions at home.

Learning Objectives

- To describe the structure and content of a psychoeducational group intervention designed for parents of children with Avoidant/Restrictive Food Intake Disorder (ARFID).
- To examine the effects of parental psychoeducation on parents' concerns, perceived impact of ARFID symptoms, and understanding of the disorder.
- To discuss the clinical implications of incorporating psychoeducational groups into family-centered ARFID treatment to enhance parental support, confidence, and treatment adherence.

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Prognostic Value of Admission IGF-1 Z-Scores for Post-Discharge Weight Change in Anorexia Nervosa

Abstract: This study retrospectively examined the association between insulin-like growth factor-1 (IGF-1) z-scores at admission and post-discharge weight change among inpatients with anorexia nervosa (AN) to identify factors influencing treatment outcomes in our inpatient program. Participants were 76 female inpatients with AN who received the structured treatment program at our hospital between April 2015 and March 2024. The rate of weight change from discharge to six months post-discharge was used as an indicator of treatment outcome. Associations between the rate of weight change and age, duration of illness, length of hospitalization, AN subtype (restricting type: AN-R; binge-purge type: AN-BP), percentage of ideal body weight (%IBW) at admission, and IGF-1 z-scores at admission (adjusted for age and sex as an indicator of nutritional status) were analyzed. Multiple regression analysis was then performed using these variables as independent factors to identify predictors of post-discharge weight change.

The participants included 53 with AN-R and 23 with AN-BP, with a mean age of 25.2 ± 14.1 years, duration of illness of 84.1 ± 122.6 months, hospitalization period of 150 ± 68.7 days, admission %IBW of 61.0 ± 8.9%, and admission IGF-1 z-score of −5.1 ± 2.9. Simple correlation analysis showed that the rate of weight change at six months post-discharge was significantly negatively correlated with age ($r = -0.25$, $p = 0.003$), duration of illness ($r = -0.26$, $p = 0.022$), hospitalization period ($r = -0.46$, $p < 0.0001$), and IGF-1 z-score ($r = -0.39$, $p = 0.0005$). Multiple regression analysis identified hospitalization period ($\beta = -0.145$, $p < 0.0001$) and IGF-1 z-score ($\beta = -1.64$, $p = 0.0296$) as significant explanatory variables. These findings suggest that shorter hospitalization and lower IGF-1 z-scores at admission are associated with greater weight gain six months after discharge. This indicates that patients who respond more rapidly to inpatient treatment and possess a greater capacity for weight restoration tend to achieve more substantial post-discharge weight gain. A low IGF-1 z-score at admission may thus serve not only as an indicator of malnutrition but also as a useful predictor of post-discharge prognosis in patients with anorexia nervosa.

Learning Objectives

- Identify clinical and biological factors, including IGF-1 z-scores and hospitalization duration, that influence post-discharge weight change in inpatients with anorexia nervosa.
- Explain the relationship between IGF-1 z-scores at admission and six-month post-discharge weight outcomes, and understand the potential prognostic value of IGF-1 as a biomarker.
- Discuss how IGF-1 z-scores can be applied to predict treatment prognosis and guide individualized inpatient care strategies for patients with anorexia nervosa.

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Prevalence and Mental Health Correlates of Eating Disorders in Trans and Nonbinary Coloradans

Abstract: Background: Trans and non-binary (TNB) people develop EDs at higher rates than cisgender people. Disparities may be explained by experiences of minority stress, desire to “pass” (leading to weight manipulation), and weight limits for gender-affirming care. Exacerbating disparities, TNB people face barriers accessing ED screening and

treatment. Further, depression, suicidality, anxiety, trauma, and post-traumatic stress disorder (PTSD) are often comorbid with EDs in cisgender populations, and TNB people experience these conditions at disparate rates. ED research among TNB people is limited. Aims: This study conducted a secondary data analysis of the OneColorado dataset (a cross-sectional sample of adult TNB Coloradans, N=388) to investigate whether 1) ED rates differ by demographic factors (disability, gender, race, age, income, or gender) in TNB Coloradans and 2) EDs are correlated with anxiety, depression, trauma, or PTSD in TNB Coloradans. Method: ED symptomology was assessed with the ED Examination-Questionnaire-7 with Scores greater than 3.64 indicating a likely ED. Depression was assessed via the Patient Health Questionnaire-2 (PHQ-2); anxiety was assessed using the Generalized Anxiety Disorder-2. Participants endorsing trauma (dichotomous question) completed the Primary Care Post-Traumatic Stress Disorder (PC-PTSD-5) to assess PTSD. Demographics included age, race/ethnicity, gender, endo/intersex status, disability status/type, and income. Statistical methods used include logistic regression, correlations, and analysis of variance tests. Results: Likely ED rates were high (53%) and varied across demographic factors. Multi-racial participants had significantly higher log odds of having an ED (58%) compared to white respondents (48%) ($p=.04$). Depression and anxiety were significantly correlated with EDs ($p=.004$; $p<.001$). Trauma history ($p<.001$), lifetime suicide attempt ($p=0.01$), non-suicidal self-injury ($p=.045$), anxiety severity ($p=0.02$), and depression severity ($p=.048$) were significantly correlated with ED severity when a likely ED was present. Discussion: Findings suggest that TNB individuals are at high risk for EDs, and that these concerns likely coincide with other conditions. Further, more than half of TNB individuals endorsed a likely ED, highlighting the importance of universal screening in this population.

Learning Objectives

- Use a minority stress framework to better understand why TNB people face increased and unique risks for EDs compared to cisgender populations.
- Identify mental health and demographic factors associated with EDs in TNB Coloradans.
- Understand the high prevalence of EDs in TNB people seeking health and mental health care to encourage ED screening in TNB populations, even when EDs are not the identified concern.

Authors: Sarah Sullivan, University of Denver; Erin Harrop, University of Denver; Emil Smith, University of Pittsburgh; Brendon Holloway, Colorado State University

Cultural Dimensions of Caring: Emotional Overinvolvement and Patient-Carer Characteristics in Greece

Abstract: Eating disorders (EDs) are severe, potentially life-threatening psychiatric illnesses that impair physical health and psychological functioning, diminish health-related quality of life, and place significant strain on families. While the involvement of

carers in ED treatment is widely recommended, carers often report psychological burden, caregiving-related life changes, and high expressed emotion (EE) which refers to carers' emotional responses toward patients, such as criticism and emotional overinvolvement (EOI). Previous studies have reported that EE was related to patients' age, ED diagnosis, body mass index (BMI), duration of illness, use of compensatory behaviors, and caregiving burden. Especially, EOI reflects overprotection, overcommitment, and self-sacrificing tendencies, and is considered more complex and culturally contingent than criticism. In Mediterranean cultural contexts, EOI may coexist with warmth, interest, and concern, which complicates its clinical interpretation. The present study investigated associations between carers' EOI and patient characteristics (ED diagnosis, BMI, illness duration, ED symptomatology, and self-harm) as well as carer characteristics (marital status, history of eating difficulties, perceived life changes due to caregiving, and positive aspects of caregiving). The sample comprised 68 primary carers of patients with EDs (patient age: M= 20.43, SD= 7.43, range: 12–57). Participants completed the Family Questionnaire, the Bakas Caregiving Outcomes Scale, and the Positive Aspects of Caregiving Scale. Higher EOI in primary caregivers was related to diagnosis of anorexia nervosa (M= 30.78, SD= 4.25) compared to bulimia nervosa (M= 25.89, SD= 7.29; F= 4.74, p= .012), lower BMI (rho= -.39, p= .002), lower duration of illness (rho= -.40, p= .001), and self-harm (t= -2.97, p= .004). In addition, higher EOI was related to fewer life changes from caregiving as perceived by primary carers (r= -.39, p= .001). Overall, the systematic identification and targeted management of carers' EE emerged as important therapeutic goal in ED care. Culturally informed psychoeducation and skills-based family interventions may help calibrate caregiving behaviors, moderate unhelpful aspects of EOI, and optimize treatment engagement and outcomes.

Learning Objectives

- Define and differentiate components of expressed emotion (EE)—with emphasis on emotional overinvolvement (EOI)—and explain how Mediterranean cultural norms (e.g., warmth and concern) complicate clinical interpretation;
- Interpret study findings by analyzing the associations between carers' EOI and patient/carer characteristics (ED diagnosis—AN vs BN, BMI, illness duration, self-harm, perceived life changes), including the direction and magnitude of key effects.
- Apply the evidence to practice by outlining a brief, culturally informed plan to screen for EE/EOI and to implement psychoeducation and skills-based family interventions that calibrate caregiving behaviors and enhance treatment engagement and outcomes.

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Eating Disorder Trends before, during, and after the COVID-19 Pandemic in Japan

Abstract: This study aimed to investigate temporal changes in the demographic and clinical profiles of patients with eating disorders (EDs) in Japan before, during, and after the COVID-19 pandemic. We retrospectively analyzed consultation records of 4,260 patients with EDs from three government-designated support base centers for EDs located in Miyagi, Chiba, and Fukuoka Prefectures between April 2018 and March 2023. Demographic characteristics, body mass index (BMI), and consultation content were compared across the pre-, mid-, and post-pandemic periods. Furthermore, we compared the characteristics of patients whose EDs were associated with the COVID-19 pandemic with those whose conditions were unrelated. During the pandemic, the mean age of patients significantly decreased (from 27.5 to 24.9 years), whereas BMI remained unchanged. Periods corresponding to multiple state-of-emergency declarations saw a transient surge in adolescent cases, contributing to a marked reduction in the overall mean age. Patients whose EDs were associated with the COVID-19 pandemic were notably younger (21.3 vs. 25.3 years) and more likely to present with restrictive eating behaviors and a thinness compared with those whose disorders were unrelated to the pandemic. The number and demographic composition of patients with EDs have been gradually returning to pre-pandemic levels, suggesting a partial normalization following the period of acute disruption. Nevertheless, the results indicate that behavioral restrictions and psychological distress during the pandemic disproportionately affected the eating behaviors of younger individuals. These findings underscore the importance of maintaining awareness and prevention systems during stable times to mitigate the additional burden that may re-emerge during future public health crises.

Learning Objectives

- Describe the temporal changes in demographic and clinical characteristics of patients with eating disorders before, during, and after the COVID-19 pandemic.
- Identify the distinguishing features of patients whose eating disorders were associated with the COVID-19 pandemic compared with those unrelated to the pandemic.
- Discuss the implications of the gradual return to pre-pandemic patient profiles for future prevention, early intervention, and public health preparedness.

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Pirouettes and Perfection: The Prevalence of Eating Disorders among Dancers

Abstract: While eating disorders remain a serious mental and physical health concern that afflicts millions worldwide, they are particularly prevalent in performance-based disciplines that demand physical perfection. Ballet is one of the highest risk activities due to its aesthetic ideal of thinness, precision, and gracefulness. This literature review examines the historical evolution of ballet's beauty standards, the prevalence of eating disorders among dancers, and the interventions attempted to mitigate these effects. First tracing the origins of body ideals in ballet, focusing on George Balanchine's influence in shaping the modern American aesthetic that links artistry to physical slenderness, this paper then analyzes empirical research, including "Can a Ballerina Eat Ice Cream?" and a study by Harvard University's Department of Psychology, to synthesize quantitative and qualitative evidence of disordered eating behaviors in adolescent and professional dancers. Finally, it evaluates the efficacy of two intervention models to assess feasibility, limitations, and implications for long-term impact. It is evident from the collected findings that there is an imperative for continued research to improve intervention design and to promote educational and group-based awareness initiatives that support dancers' physical and mental well-being.

Learning Objectives

- * To investigate the role of culture influences in the higher occurrence of eating disorders within certain identity groups compared to others.
- * To examine the prevalence of eating disorders among ballet dancers and critically analyze the key risk factors and existed intervention models associated with their onset.
- * To recognize the importance of developing more reliable and feasible interventions tailored not only to specific identity groups—such as ballet dancers—but also to the broader population experiencing body image dissatisfaction.

Authors: Carol Tang, Northfield Mount Hermon School

Eating-Related Patterns in Pregnant Women with Current, Past, or No History of Eating Disorders

Abstract: The aim of the present study was to examine how pregnant women differ, according to their history of eating disorders (EDs), in both the negative and positive facets of body image (i.e., negative body image and body functionality appreciation) and eating-related patterns (i.e., disordered eating behaviors and intuitive eating) . The pregnancy period is associated with multiple changes in women's bodies, such as weight gain, breast and abdominal enlargement, and skin changes (e.g., stretch marks or pigmentation). These changes make pregnancy a sensitive period for body image and eating behaviors, especially for women with a history of EDs. The prevalence of EDs has been estimated to range from 5 to 7.5% among pregnant women. EDs can lead to serious complications during pregnancy, whether the disorder is currently active or has

occurred previously. For the present study, 250 pregnant women aged 25 to 40 years (M = 32 years) in their third trimester were recruited to complete an online questionnaire. Participants were divided into three groups according to their self-reported history of EDs: current, past, or no history. Participants (n = 31; 12%) with a current ED reported the highest scores on disordered eating behaviors and negative body image, and the lowest scores on intuitive eating and body functionality appreciation. Participants (n = 27; 11%) who had experienced an ED in the past but reported being recovered did not significantly differ from those who reported never having had an ED (n = 192; 77%) on intuitive eating, body functionality appreciation, and most indicators of disordered eating behaviors and negative body image. These results were observed while controlling for covariates such as age, education, income, weight gain during pregnancy, and psychological distress. Overall, these findings suggest that pregnant women who report having recovered from an ED resemble those with no history of EDs in terms of body image and eating-related patterns, and differ clearly from those who report an active ED. This pattern highlights the relevance of distinguishing between current and past ED status when studying body image and eating-related factors during pregnancy. These results further emphasize the need to support women with a history of EDs, as recovery appears compatible with adaptive eating and body image patterns during pregnancy.

Learning Objectives

- Identify differences in body image and eating-related patterns among pregnant women with a current, past, or no history of eating disorders.
- Recognize the importance of distinguishing between current and past eating disorder status when studying or supporting pregnant women.
- Reflect on how recovery from an eating disorder may shape pregnant women's relationship with their bodies and eating behaviors.

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"YOU are ART – Unfiltered Beauty": New collaborations to raise awareness of beauty filters

Abstract: Research suggests that beauty filters have a negative impact on body image by promoting the internalisation of unrealistic beauty ideals and may increase the risk of eating disorders. A pilot project to raise awareness of this issue is currently being carried out in Austria. A collaborative partnership between the Austrian National Public Health Institute, a creative agency, a gender-sensitive public health organisation and three museums was established to develop and implement the project. Workshops were designed collaboratively by the psychologists and art educators, who are also implementing them together, referencing the art presented in the museums. They are targeted at socio-economically disadvantaged adolescents and young adults, especially first-time visitors. This research aims to develop a better understanding of implementation factors using a mixed-methods approach: Interviews, focus groups and observations during development and implementation are used to collect qualitative data. Additionally, a questionnaire was designed to collect attitudes and feedback from participants. Preliminary results show a unique co-operation that posed many challenges to the partnering organisations. Meanwhile, psychologists and art educators exhibit similar humanist values like freedom of choice, self-actualisation and community building. This resulted in a workshop concept based on state-of-the-art knowledge about eating disorder prevention brought to life via the representation of human diversity in the visual arts. The observation of early workshops indicates great potential for the engagement of adolescents with the topic without feeling too personal or intimidating. These new ties between public health organisations and museums provide an opportunity for communicating health information and allows for a wide range of the public to participate. Especially vulnerable populations can benefit from the co-operation, by the workshops' invitation to develop new practices both in their cultural life and regarding their personal well-being. Working with the artworks allows not only to develop a common understanding and appreciation of the diversity of body shapes and sizes within a group of participants but also across history.

Learning Objectives

- recognise the importance of targeted public health interventions
- consider the advantages of a value-based approach to health promotion
- understand some challenges posed by inter-organisational co-operation

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Disordered Eating in emerging adolescence : are boys always different from girls?

Abstract: Often associated to girls (biological sex), disordered eating (DE) also affects boys. Defined as marked preoccupations and dissatisfaction about their physical appearance and atypical or persisting behaviors regarding eating or exercising, DE can have important repercussions on both sex (e.g. obesity, diabetes, anxiety, depression,

eating disorders). This problematic begins in childhood and the proportion of children with DE is a major source of concerns. To date, few studies have focused on sex differences, particularly in terms of the evolution of DE. Using a sample of children (46% boys), the objectives of this longitudinal study are : 1. to compare the proportion of girls and boys for different types of DE (drive for thinness, bulimia, body dissatisfaction, muscle dysmorphia); 2. to analyse the evolution of DE by sex. Eating Disorders Inventory-3 and Muscle and Dysmorphic Disorder Inventory are completed by participants at the beginning of the study (T1, mean age : 11.71 yo), 12 months later (T2) and 24 months later (T3). Presence of DE was established when participants had a score 1 standard deviation over the total sample average on these scales, a cut-off point in subclinical population. Globally, no differences were found between the proportion of boys and girls for any type of DE at T1, except for body dissatisfaction (22.5% girls and 11.5% boys, $p = 0.04$). This result is consistent with previous studies regarding sex differences. However, the longitudinal results show that boys and girls tend to be different with time: girls show consistently higher prevalence, gravity or stability of DE with time (T2 and T3). Boys, on the other hand, show a consistent or partial decrease of proportion and type of DE with time. Globally, these results demonstrate the importance of prevention at an early age. These results also raise an important question: How can we explain that DE decreases over time during adolescence for boys, but increases for girls? Future studies could focus on explaining the underlying mechanisms of developmental trajectories of DE by sex.

Learning Objectives

- Better understand the sex differences in the disordered eating in childhood
- Better understand the sex differences and the evolution of DE in adolescence
- Discuss the underlying mechanism relating to sex differences and the evolution of DE by sex in adolescence

Authors: Isabelle Thibault, Université de Sherbrooke; Claudia Dufour; Anne-Marie Tougas; Caroline Pesant

You eat what you are: Psychosocial risk factors of disordered eating during childhood

Abstract: Up to 30% of children aged 9 to 12 years old present with disordered eating (DE), defined as marked preoccupations and dissatisfaction about body image and atypical or persisting behaviors regarding eating or exercising. While boys and girls might develop DE from seeking different physical ideals, DE can have important repercussions, such as physical and mental health problems. DE are strongly correlated with the subsequent presence of eating disorders. If researchers in the field agree that DE is based on a combination of multiple psychosocial determinants, the more significant psychosocial determinants of DE remain poorly understood. In fact, how DE develop is a complex and time-sensitive phenomenon for which research have a limited

grasp given the heterogeneity of children presenting with the problem and an uncompleted measure of the problematic. This study aims to determine the psychosocial determinants of DE and their relative contribution on children. The sample includes 171 children aged between 9 and 12 years old (50.3% girls). All the children completed a series of questionnaires (eg. Eating Disorders Inventory -3, Garner, 2004; Muscle and Dysmorphic Disorder Inventory, Hildebrandt et al., 2004). Inspired by studies on this type of population, children were considered with DE if their score was one standard deviation over the total sample average on at least one of four measures of DE (drive for thinness, bulimia, body dissatisfaction, muscle dysmorphia). A hierarchical logistic regression, using Body mass index (BMI) as a control variable, was performed. BMI only accounted for 9% of the total variance, meaning that it might not be as determinant as psychological determinants. Most interestingly, children without DE and with DE mostly differed on the basis of personal factors (46% of added variance : affective problems, overcontrol, anxiety and going through a stressful event). These results highlight that clinical practitioners should focus on the children's ability to cope with mental distress in the treatment of DE. While environmental and family factors shouldn't be ignored, clinical practitioners should focus on the children's ability to cope with mental distress and stressful events when wanting to prevent or treat DE.

Learning Objectives

- Better understand the psychosocial risk factors implicated in the DE at childhood
- Better understand the specific role of overcontrol as the strongest predictor of DE in childhood
- Discuss the importance to address the children's ability to cope with mental distress in the treatment

Authors: Isabelle Thibault, Université de Sherbrooke; Claudia Dufour; Anne-Marie Tougas; Caroline Pesant

How Does Racial Discrimination Relate to Eating Disorder Symptoms among Black Birthing Individuals?

Abstract: The postpartum period is associated with heightened risk for the development and recurrence of eating disorders (EDs). Postpartum individuals with EDs often experience significant deficits in wellbeing, including higher rates of postpartum depression, poor infant bonding, and disrupted milk production. Despite negative consequences of postpartum EDs, the social determinants of health that may impact ED development and maintenance during postpartum (e.g., experiences of racism) remain poorly understood, especially among underrepresented racial groups. In fact, Black individuals exhibit higher rates of binge eating compared to other races, yet healthcare providers are less likely to identify EDs in Black patients relative to white patients. Thus, the present study is a secondary analysis that aimed to test the relationship between racism—measured by the Discrimination in Medical Settings (DMS) scale—and ED

symptoms—measured by six subscales of the Eating Pathology Symptoms Inventory (EPSI)—among Black, African American, and Afro-Caribbean birthing individuals who gave birth within the past year (N=90). Generalized linear regressions demonstrated that individuals who reported more frequent experiences of discrimination within the medical setting experienced greater ED symptoms. Every one-point increase on the DMS scale was associated with a 0.51 increase in Binge Eating ($p<0.001$), 0.46 increase in Purging ($p<0.001$), 0.34 increase in Restricting ($p=0.001$), 0.16 increase in Cognitive Restraint ($p=0.004$), 0.27 increase in Excessive Exercise ($p=0.003$), and a 0.31 increase in Body Dissatisfaction ($p=0.023$). Experiences of discrimination within medical settings were positively associated with all assessed domains of ED psychopathology, suggesting that racism may be a harmful social determinant of health for Black postpartum individuals. Findings highlight necessary systemic changes within the healthcare system to improve maternal mental- and physical-health disparities in the United States. Systemic changes could involve developing and implementing interventions that address racial discrimination in healthcare settings as part of a comprehensive approach to reduce ED risk among Black postpartum individuals.

Learning Objectives

- Describe how experiences of racial discrimination may contribute to eating pathology among postpartum individuals.
- Explain the associations between the Discrimination in Medical Settings (DMS) scale and eating disorder symptoms measured by the Eating Pathology Symptoms Inventory (EPSI).
- Discuss the implications of racism as a social determinant of health that may contribute to mental- and physical-health disparities among Black postpartum individuals.

Authors: Marianna Thomeczek, University of Kansas; Angeline Bottera, University of Kansas; Kelsie Forbush, University of Kansas

Treatment preferences of perinatal women with loss of control over eating: A needs assessment survey

Abstract: Loss of control (LOC) eating is the most common disordered eating behavior during pregnancy. Although strong evidence supports cognitive-behavioral therapy (CBT) approaches for reducing LOC eating, it can be resource-intensive, lengthy, costly, and has not been adapted for the perinatal period. Understanding treatment preferences of perinatal women who experience LOC eating is critical for tailoring interventions. Participants to date in this ongoing study (N=73; M age=32 years) were perinatal women with lived experiences of LOC eating (at least two episodes) during pregnancy who completed surveys assessing LOC eating, treatment barriers, and treatment preferences. Most participants (56%) were currently pregnant (M=27 weeks gestation); 44% were postpartum (M=44 weeks). They reported an average of 29 episodes of LOC

eating (subjective and objective binge-eating episodes) during pregnancy (range: 2-202 episodes). Approximately 58% reported food dominated their life during pregnancy, and 77% reported worrying about their LOC eating during pregnancy. Nearly 51% reported LOC eating only during pregnancy; 48% reported LOC eating before and during pregnancy. Of those who reported LOC eating both before and during pregnancy, 56% indicated their LOC eating was worse during pregnancy, 15% indicated it improved during pregnancy, and 29% reported no change compared to prior to pregnancy. The most frequently reported treatment barriers were: inconvenience or excessive time commitment (67%), feeling ashamed of problems (62%), and feeling unsure about who to see or where to go (66%). Regarding types of LOC eating treatment, 44% of participants preferred a brief and targeted treatment, 18% preferred a longer treatment targeting several concerns, and 30% had no preference. The majority preferred virtual/telehealth treatment (60%) over in-person treatment (18%), and 58% indicated they would be interested in participating in a single-session intervention targeting LOC eating during pregnancy. In reference to a CBT approach to LOC eating, participants indicated they would be highly interested in learning how to stop the LOC eating cycle (68%), developing a personalized plan to address LOC eating (66%), and learning emotion regulation skills (67%). Findings support the need to creatively adapt evidence-based approaches to reduce treatment barriers and address unique needs of perinatal women with LOC eating. Up-to-date findings will be presented at the conference.

Learning Objectives

- identify problems with existing CBT approaches for treating LOC eating during pregnancy
- understand specific concerns about LOC eating that perinatal women have
- report specific treatment preferences that perinatal women with LOC have

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Effects of Human and Anime Fitspiration and Body Image Flexibility on State Body Image in Young Men

Abstract: Social media has been examined as a contributing factor to the development of body image concerns through activating appearance comparisons against idealized bodies. These ideals differ by gender, such that the male ideal is usually muscular and lean. For men, sexual orientation intersects with gender to confer considerable influence on body image disturbance with sexual minority men tending to be at higher risk. On social media, one prominent trend is known as fitspiration, with the goal of promoting exercise. However, because fitspiration is often very appearance-oriented rather than

exercise or health-related, it often invites appearance comparison. Within fitspiration, characters from Japanese anime have gained increasing prominence in more mainstream social media platforms as sources of exercise motivation. While the body ideals presented in traditional media are already unrealistic, anime physiques are not constrained by reality and thus reach cartoonish proportions. Despite this unrealistic presentation, many fitspiration content creators use these characters' physiques or feats of strength as goals that are realistic for a human. This indicates these creators could be making appearance comparisons to anime characters and even encouraging the audience to do so themselves. Body image flexibility (BIF) is a strategy used to cope with challenges to body image such as these appearance comparisons by accepting the experience without trying to change it. The present study exposed young men (N=105; 47.6% racial/ethnic minority; 21.9% sexual minority; mean age = 20.07) to one of four image conditions: human-based fitspiration, anime fitspiration, BIF quotes, or a control condition to examine the differential effects of viewing this content on body image satisfaction, mood, and exercise motivation. The hypotheses were partially supported, with anime fitspiration tending to have slightly greater negative effects on body image satisfaction and appearance comparison yet was also linked to improved mood and less functionality comparison and exercise motivation relative to human fitspiration, with little evidence of BIF-related positive changes. Sexual minority status did not moderate the observed effects. Preliminary findings have implications for clarifying the impact of contemporary forms of fitspiration on diverse young adult men's experiences of affect, body image, and exercise motivation and encourage public health initiatives to reduce potential harm.

Learning Objectives

- Understood the public health implications of men's body image
- Understand the unique effect of anime as a medium it relates to body image
- Understanding the utility of body image flexibility as a protective factor

Authors: Joseph Thompson, University of North Carolina at Charlotte; Jennifer Webb, University of North Carolina at Charlotte; Erika Montanaro, University of North Carolina at Charlotte; Jennifer Harriger, Pepperdine University

Neglect and Quality of Life in Eating Disorders: Subtype-Specific Effects on Treatment Outcomes

Abstract: Quality of life (QoL) is a crucial but often neglected dimension of recovery in eating disorders (EDs). While adverse childhood experiences (ACEs) are established predictors of ED severity, little is known about how specific ACE subtypes—particularly neglect—shape QoL trajectories during treatment.
This study examined whether distinct ACE dimensions moderate treatment-related changes in QoL among ED inpatients, and whether specific trauma profiles predict the likelihood of clinically meaningful improvement.

A sample of 221 cisgender female inpatients (60% anorexia nervosa, 27% bulimia nervosa, 13% binge-eating disorder; mean age = 27.8 ± 11.5 years) completed the Childhood Trauma Questionnaire (CTQ) and Eating Disorder Quality of Life Questionnaire (EDQoL) at admission and discharge of inpatient specialized treatment. Moderation analyses (PROCESS macro) tested the interaction between baseline QoL and CTQ subscales (emotional, physical, and sexual abuse; emotional and physical neglect), controlling for age, BMI, and illness duration. Logistic regression assessed the predictive value of trauma profiles (no ACEs, abuse only, neglect only, abuse + neglect). QoL improved significantly across treatment (d = 0.83). Emotional neglect (EN) and physical neglect (PN) moderated the association between baseline and discharge QoL in opposite directions: higher PN strengthened, while higher EN weakened, the persistence of impairment. Compared to trauma-free patients, those with abuse-only (OR = 0.35, p = .015) and neglect-only (OR = 0.26, p = .009) histories were significantly less likely to achieve reliable improvement, whereas those with combined abuse + neglect did not differ after adjusting for baseline severity.
Neglect—more than abuse—emerges as a key determinant of functional recovery in EDs. Physical neglect amplifies enduring impairment, while emotional neglect may blunt distress but limit genuine improvement. ACE-informed and neglect-sensitive interventions are essential to promote sustainable QoL recovery beyond symptom remission.

Learning Objectives

- To learn about the importance of Quality of life as a recovery dimension
- To understand whether distinct ACE dimensions moderate treatment-related changes in QoL among ED inpatients
- To comprehend whether specific trauma profiles predict the likelihood of clinically meaningful improvement

Authors: Patrizia Todisco, Psychonutritional Center Verona - Vicenza; Paolo Meneguzzo, Department of Neuroscience, University of Padova, Padova, Italy; Padova Neuroscience Center

A Serial Mediation Analysis exploring the Role of Eco-Concern in Eating Disorders: Buffer or Risk?

Abstract: Despite growing awareness of the psychological dimensions of climate change, limited attention has been given to how climate-change–related distress and concerns may influence disordered eating or heighten the risk of eating disorders (EDs). Clinicians have observed that some individuals, driven by environmental or ethical concerns, may adopt restrictive dietary to minimize their ecological footprint, or engage in bulimic behavior when overly concerned about food waste. This phenomenon is

reflected in the development of the Eating-related Eco-concern questionnaire, which provides an initial framework for examining the relationship between environmental concern and disordered eating. The present study examined Eating-Related Eco-Concern (EREC) in relation to sustainable food choices (measured with the Sustainable and Healthy Dietary Behaviors Questionniare), orthorexia nervosa (ON) symptoms (measured with the Eating Habits Questionnaire), and ED severity (measured with the Eating Disorder Examination-Questionnaire) in an outpatient ED sample (N = 56). A convenience sample of consecutively screened outpatients who met Diagnostic and Statistical Manual of Mental Disorders 5 criteria for EDs were recruited from a specialized outpatient EDs treatment clinic. A serial mediation model (PROCESS, Model 6) was used to test whether sustainable and healthy food choices and ON symptoms explained the relationship between EREC and ED severity. EREC was positively associated with sustainable food choices ($\beta = .52$, $p < .001$), which in turn predicted lower ED severity ($\beta = –.43$, $p = .004$). ON symptoms were positively associated with ED severity ($\beta = .47$, $p < .001$). Importantly, EREC also exerted a significant direct effect on ED severity ($\beta = .28$, $p = .046$). The overall indirect effect of EREC on ED severity was nonsignificant; however, the specific pathway through sustainable food choices was significant (95% CI [–.0681, –.0052]), suggesting a protective role. Indirect pathways via ON symptoms alone and via the sequential chain (EREC → sustainable food choices → ON → ED severity) were nonsignificant. Findings highlight a complex interplay between ecological concerns and eating behaviors in ED populations. Sustainable food choices may buffer against ED severity. Future research should replicate these findings in larger samples and explore sustainable eating as a potential recovery-supportive intervention.

Learning Objectives

- 1.Participants will be able understand how worries about the environment can affect people’s eating behaviors and worsen ED severity.
- 2.Participants will be able to describe how environmental concerns, healthy food choices, and orthorexia symptoms are associated to eating disorder severity.
- 3.Participants will be able to learn how understanding eco-concerns can help clinicians support recovery and promote sustainable, healthy eating.

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BMI Restoration does not Normalize HRV in Anorexia Nervosa

Abstract: Past research suggests body mass index (BMI) restoration normalizes typically elevated heart rate variability (HRV) in anorexia nervosa (AN) and often treats weight restoration as a marker of recovery. To further understand the relationship

between HRV and body metrics in this population, this study tested whether BMI, weight suppression (highest–lowest adult weight), and diagnosis subtype predict direction of HRV slope (increase vs decrease) when one or more of four items, representing recent stress, are highly endorsed: restrictive eating, fear of weight gain, general distress, and fear of death. Seventy-three individuals (77% White, 91% female, mean age=30.3, AN-restrictive (n=37), atypical AN (AAN) (n=17), or AN-binge purge (ANBP; n=19) wore the Empatica Embrace Plus passive-sensing wristband for 21 days while completing ecological momentary assessment (EMA) five times daily, rating the four items on a 0–100 scale. Median HRV was calculated for the 30-minute window preceding each EMA prompt. Logistic and linear regression models were fit using BMI, weight suppression, and AN subtype as predictors of HRV. BMI and weight suppression showed weak effects, with coefficients near zero across all EMA domains. In the ANBP group, greater restriction corresponded to HRV increases (β = 0.91, OR = 2.49, 95% CI [0.79, 7.80], p = .11). Similarly, in the AAN group, heightened fear of weight gain corresponded to increased HRV (β = 0.49, OR = 1.64, 95% CI [0.45, 5.80], p = .44). Overall, 25 participants showed statistically significant changes in HRV after at least one prompt—15 decreased, while 16 increased. BMI nor weight suppression predicted HRV reactivity to stress in individuals with AN. With large, yet non-significant effect sizes, we found ANBP participants increased HRV in response to heightened food restriction, and AAN participants increased HRV the more they feared weight gain relative to the AN-R group. Half of participants showed HRV increases that corresponded with stressful symptom increases, while the rest decreased. Overall, results contradict the assumption that HRV levels are weight-dependent, and further suggest important variability. Future directions include expanding the sample size and incorporating predictors of HRV increases vs decreases to stress. Data collection is ongoing and results will be replicated with a larger sample prior to the conference.

Learning Objectives

- understand BMI influence on HRV
- autonomic phenotypes are heterogenous in ED
- BMI as discharge criteria could be irrelevant

Authors: Rachel Torres, University of Louisville; Kefan Cathy Wu, University of Louisville; Tasnem Khanjar, University of Louisville; Elizabeth Cash, University of Louisville; April R. Smith, Auburn University; Cheri Levinson, University of Louisville

Recovery as a Transformative Process: Mechanisms of Post-Traumatic Growth in Eating Disorders

Abstract: This study used a mixed-methods approach to investigate recovery experiences and the psychological mechanisms sustaining post-traumatic growth (PTG) in individuals recovered from an eating disorder (ED). 105 participants who self-identified as recovered from an ED (98.1% female; median age 24, IQR 20.50-27.50) completed

questionnaires assessing PTG (the Post Traumatic Growth Inventory, PTGI), rumination (the Event-Related Rumination Inventory, ERRI), cognitive rigidity (the Detail and flexibility questionnaire, Dflex), and emotion regulation difficulties (the Difficulties in Emotion Regulation Scale, DERS). Of these, 19 participants participated in structured interviews. Network analysis was used to expand the understanding of PTG in eating disorders by investigating mechanisms possibly involved in favouring this phenomenon. Qualitative data was analyzed using reflexive thematic analysis to explore participants' experience of recovery and how these reflected PTG processes. PTG levels were comparable to trauma-exposed populations, with the highest scores in improved relationships (median=22, IQR=10) and new possibilities (median=18, IQR=7), findings that were confirmed qualitatively. Psychotherapy and social support emerged as the most frequently cited facilitators of recovery in both samples. Network analysis revealed a dynamic system of interrelated processes. Higher emotion regulation difficulties were associated with lower scores on PTG areas, whereas deliberate rumination was linked to higher PTG scores. Intrusive rumination was related to greater emotion regulation difficulties and psychological distress, supporting the functional distinction between these two forms of rumination also within ED recovery. Emotion regulation, cognitive rigidity, and perceived new possibilities were identified as most influential nodes, suggesting their role as potential intervention targets. Qualitative findings emphasized the non-linear nature of recovery, improvements in managing thoughts and emotions, and the emergence of PTG through increased flexibility and a more authentic and meaningful sense of self. Findings suggest that recovery from an ED extends beyond symptom remission. PTG represents a central dimension of recovery supported by reflective, deliberate cognitive processing rather than emotional regulation per se. Promoting a future-oriented approach by targeting these aspects may foster sustained growth, towards more patient-oriented clinical outcomes.

Learning Objectives

- Following the training, participants will be able to: Recognise the value of a recovery-oriented approach beyond symptom remission in eating disorders.
- Following the training, participants will be able to: Identify psychological mechanisms underpinning positive transformation and post-traumatic growth.
- Following the training, participants will be able to: Apply empirical findings to inform interventions fostering reflective processing in recovery.

Authors: Chiara Tosi, Department of General Psychology, University of Padova; Ludovica Natali, Department of General Psychology, University of Padova; Valentina Cardi, Department of General Psychology, University of Padova

Recovery Narratives in Eating Disorders: Patient Perceptions and Behaviour Change Components

Abstract: This study aimed to (1) explore how individuals with EDs evaluate recovery narratives and (2) systematically identify their active components of change. The Behaviour Change Technique (BCT) Taxonomy was applied as a comprehensive framework for classifying evidence-based strategies that promote behaviour change. Twenty-six narratives, recorded by people recovered from an eating disorder, were presented at the start of motivation-focused treatment groups. Fifty-eight female patients (mean age = 19.20) receiving day care treatment for Anorexia Nervosa evaluated usefulness, learning, relatability, relevance, and credibility of the videos using self-report questionnaires. The videos were coded for BCTs by three trained coders, and participants' ratings were analysed using linear mixed-effects models and estimated marginal means. Preliminary findings on linear mixed-effects models showed that patient evaluations significantly differed between videos for learning ($\chi^2(26) = 40.68$, $p = .033$), relatability ($\chi^2(26) = 66.84$, $p < .001$), relevance ($\chi^2(26) = 43.09$, $p = .019$), and credibility ($\chi^2(26) = 40.42$, $p = .036$). Overall, credibility and relatability received the highest mean ratings (2.90 (0.30); 2.28 (0.50)), followed by moderate scores for usefulness (2.21 (0.28)), learning (1.60 (0.32)), and relevance (1.95 (0.36)). Videos combining multiple behaviour change techniques - particularly those emphasizing social support, identity reconstruction, and practical coping strategies - were consistently evaluated more positively. In contrast, narratives depicting recovery as a sudden "turning point" or adopting a more prescriptive tone received lower ratings. Recovery narratives are considered credible, and patients can relate to the experiences that they depict. A specific focus on interpersonal components, identity development and practical strategies to face the illness might maximise their impact on the process of change.

Learning Objectives

- Following the training, participants will be able to: Familiarize with the use of recovery narratives in clinical practice.
- Following the training, participants will be able to: Understand the Behaviour Change Technique (BCT) Taxonomy as a framework for classifying change strategies.
- Following the training, participants will be able to: Appreciate patient perspectives on the use of recovery narratives as a therapeutic tool.

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Body Mass Index and Body Appreciation in Older Adults: A Comparative Study Between Genders

Abstract: The aim of this study was to investigate the influence of body mass index (BMI) on body appreciation in older men and women, considering potential gender differences. Body mass index (BMI) is an important indicator of health and well-being, particularly in older populations, who are more susceptible to physiological, metabolic,

and behavioral changes throughout aging. In Brazil, where life expectancy has increased considerably, understanding the interrelationships between nutritional factors and psychosocial aspects, such as body image, has become increasingly relevant. Positive body image, particularly body appreciation, reflects the ability to accept and respect one's body even in the presence of age-related body changes or limitations. The study was approved by the Research Ethics Committee (Approval no. 72792823.0.0000.5498). Data was collected online through the REDCap platform, with the link shared via social media. A total of 674 individuals aged 60 years or older, who provided written informed consent, participated in the study. Participants completed a sociodemographic questionnaire and the Body Appreciation Scale–2 (BAS-2). Data analysis was conducted using two-way Analysis of Variance (ANOVA), with gender and body mass index as predictors, including their interaction, and the mean score of items 1 to 10 of the Body Appreciation Scale–2 (BAS-2) as the dependent variable. Analyses were performed using JASP 0.19.3. The analysis identified a marginal effect of the interaction between gender and BMI, $F(2,688) = 2.925$, $p = 0.054$. No significant effects were found for the individual variables, neither for gender, $F(1,688) = 0.087$, $p = 0.769$, nor for BMI, $F(2,688) = 0.689$, $p = 0.503$. Pairwise comparisons with Holm correction indicated that, for male participants, there were no differences across BMI categories, whereas for female participants, BAS-2 mean scores were lower for overweight women compared to eutrophic women, $p = 0.011$. For men, body appreciation does not appear to be related to BMI, while for women, those who are overweight show lower body appreciation than eutrophic women. Underweight women did not differ from any other group, which may be due to the considerably smaller sample size in this category or to greater variance within this group. Thus, it can be concluded that overweight is associated with lower body appreciation in older women, while BMI does not significantly affect body appreciation in older men.

Learning Objectives

- Understand the relationship between body mass index (BMI) and body appreciation in Brazilian older adults
- Identify gender differences in the association between BMI and body appreciation
- Discuss the implications of BMI-related differences in body appreciation for health promotion and psychological well-being among older adults

Authors: Analyce Trabasso, University of São Paulo; Telma Maria Braga Costa, University of São Paulo / University of Ribeirão Preto

Neuromodulation in Eating Disorders: A Systematic Review

Abstract: Introduction: Standard treatments for eating disorders (EDs) typically include nutritional rehabilitation, psychotherapy, and pharmacotherapy, often resulting in modest effectiveness. Neuromodulation has been proposed as a potential add-on strategy. This review aims to critically evaluate its effects on EDs.

Methods: The PICO framework was used to conduct a search according to the PRISMA guidelines for systematic reviews (PROSPERO Registration no. CRD42024559700). Descriptive and clinical data for each study, including comorbidity and safety, were tabulated by disorder. Quality assessment was performed using the RoB2 and ROBINS-I tools.
Results: Fifty-eight studies examining rTMS, tDCS, DBS, ECT, iTBS, and dTMS in AN (four tDCS and seven rTMS controlled trials), BN (six rTMS and two tDCS controlled trials), and BED (nine tDCS and one rTMS study) met inclusion criteria. Concerning open trials and case series, in AN, there were 16 DBS open-label studies, seven TMS (six rTMS, one dTMS), two ECT, and two tDCS studies; two rTMS open-label studies in BN and two case reports on iTBS and rDBS. Sex distribution was driven by diagnosis such that participants with AN were 1.6%, BN 4.5%, and BED 12.5% male. Age at entry varied by disorder and modality, with non-invasive methods spanning adolescence through adulthood especially in AN,. In AN, the effects of rTMS and tDCS on weight and BMI were modest, with notable benefits for adolescents. Conversely, in refractory AN, DBS produced significant and lasting increases in BMI and reductions in comorbid psychopathology. For BN, single-session rTMS reduced cravings acutely, while multi-session results were mixed; tDCS enhanced self-control. In BED, right-DLPFC tDCS decreased cravings, food intake, and binge frequency, showing a dose-dependent effect, whereas early data on NAcc DBS was promising but limited.
Discussion: Non-invasive stimulation methods effectively reduced cravings and impulsivity, showing more consistent improvements in BN and BED than in weight restoration for AN. Overall, this pattern replicates recent review reports. However, variations in study designs, stimulation protocols, and outcome measures may undermine the reliability of these conclusions and complicate comparisons across studies. Future studies should be adequately powered, multi-session, with durability endpoints, and target and dose refinem

Learning Objectives

- recognize neuromodulation techniques as an add-on to the treatment of EDs
- understand the biology behind control, impulsivity, reward, and body-image distortion
- appreciate the underlying neuronal circuits explaining disordered eating behaviours

Authors: Eva-Maria Tsapakis, 3rd Department of Psychiatry, Aristotle University of Thessaloniki, Greece; Efi Karakosta; Apostolos Karapatis; Anysia Papazoglou; Michael Treiber; Konstantinos N. Fountoulakis, 3rd Department of Psychiatry, Aristotle University of Thessaloniki, Greece

CBT Therapist's Described Experiences in Addressing Perfectionism, Body Image, and Eating Disorders

Abstract: Eating disorders (EDs)—among the most fatal of mental illnesses—affect nearly 30 million Americans annually, presenting a critical public health crisis

characterized by high relapse rates and limited treatment efficacy. Despite decades of clinical research, key mechanisms driving ED pathology remain insufficiently understood, underscoring the urgent need for more effective, targeted, and culturally responsive interventions. Guided by cognitive behavioral theory and the three-factor model, the aim of this qualitative descriptive study was to explore how therapists describe the influence of cognitive behavioral techniques on perfectionism and body image in women of diverse backgrounds with eating disorders. A purposive sample of CBT clinicians (N = 22) participated in 14 individual interviews and two focus groups. Data were inductively analyzed using Braun and Clarke's thematic analysis approach and MAXQDA software. Seven themes revealed the pervasive societal reinforcement of perfectionism and body image ideals, the paradoxical rigidity of perfectionism obstructing recovery, and the need to dismantle body image distortions that perpetuate self-criticism and shame. Therapists emphasized integrating cultural humility, self-compassion, and cognitive restructuring to replace maladaptive ED functions with adaptive coping mechanisms and emotional regulation strategies that foster body acceptance. The complex interplay of biological, psychological, environmental, and sociocultural factors—amplified by social media and systemic disparities—underscores the limitations of standardized interventions. Findings highlight the heterogeneous complexity of eating disorders and call for advocacy, media literacy, and broader access to specialized care. This study contributes a therapist-informed framework illustrating how CBT principles can be refined to address perfectionism and body image concerns more flexibly, bridging the gap between structured treatment protocols and the lived experiences of diverse populations. Future research should prioritize culturally attuned interventions and validated tools to assess cognitive shifts in body image perception, advancing more personalized and effective recovery pathways.

Learning Objectives

- Analyze how cognitive behavioral techniques influence perfectionism and body image in women of diverse backgrounds with eating disorders.
- Identify how therapists integrate cultural humility, self-compassion, and cognitive restructuring to address maladaptive eating disorder functions with adaptive coping, emotional balance, and body acceptance.
- Evaluate implications of therapist-informed findings for advancing culturally responsive, evidence-based approaches that bridge structured CBT protocols and clients' lived experiences.

Authors: Valerie Turner, Grand Canyon University

Emotional States and Ultra-Processed Food Intake: Findings from Laboratory and Naturalistic Studies

Abstract: Consumption of ultra-processed foods (UPFs) — highly palatable energy-dense products high in sugar, fat, and additives —affects reward processes and is associated with poor weight and mental health outcomes in youth. While emotional eating also has been linked to these outcomes, little is known about how specific emotional states shape children's food choices, particularly their selection of UPFs versus less-processed alternatives. This study leveraged laboratory-based and naturalistic, ecological momentary assessment (EMA) data from two samples to examine how emotional states relate to UPF intake among children and adolescents. In Study 1, 51 girls (7–12y) with overweight/obesity completed two laboratory-based sessions (sad vs. neutral mood, counterbalanced across participants) involving brief negatively- and neutrally-valenced film clips, followed by ad libitum exposure to a 10,000 kcal buffet containing a combination of UPFs (e.g., chips, cookies, candy) and less processed foods (e.g., fruit, yogurt). In Study 2, 40 youth (8–14y; 55% female) with overweight/obesity completed a 14 day EMA protocol in which they reported on positive and negative affect (PANAS-C) multiple times per day and completed three self-guided, computer-based 24-hour dietary recalls. Foods were categorized according to the NOVA classification, which groups foods by degree of processing (unprocessed, processed culinary ingredients, processed, ultra-processed). In both studies, percentage of total calories from UPFs (%UPF) served as the main outcome. Repeated-measures ANCOVA and hierarchical regressions tested effects of mood on %UPF, controlling for BMI percentile. In Study 1, there was no main effect of mood condition on %UPF, although higher sadness post-mood induction was associated with lower %UPF intake in the sad condition (β=–.35, p=.0112). In Study 2, there were no significant associations between momentary or daily affect and %UPF intake (all ps>.05). Sadness was associated with reduced UPF intake under controlled conditions, suggesting that emotional valence influences food selection, but in the opposite direction as hypothesized. Affect-related changes may be evident only when environmental cues are minimized. These findings highlight the contextual complexity of emotion-driven food choice in youth and the need for affect-aware prevention approaches.

Learning Objectives

- Describe how emotional states influence the selection and intake of ultra-processed foods among children and adolescents.
- Differentiate between laboratory-based and naturalistic (EMA) methods used to assess affect-related eating behaviors in youth.
- Identify contextual and psychological factors that may moderate emotion-driven food choices and inform prevention strategies.

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Food, Focus, and Flaws: Experimental Insights into Perfectionism and Eating-Related Attention

Abstract: Perfectionism represents a well-established transdiagnostic factor in eating disorders, yet its momentary activation and cognitive correlates remain poorly understood. The present experimental study examined how different perfectionistic mindsets influence attentional processing of food-related stimuli, aiming to clarify the cognitive mechanisms linking perfectionism and disordered eating.
Two hundred participants were classified as symptomatic or non-symptomatic based on self-reported eating attitudes and randomly assigned to one of three instruction conditions—Perfectionistic Strivings, Perfectionistic Concerns, or Standard Instructions—while performing a modified Food Stroop task including neutral and food-related stimuli. State perfectionism was assessed post-task.
Results revealed significant differences in attentional interference for food-related words, particularly under Perfectionistic Concerns instructions. Participants exposed to concern-based perfectionism showed slower reaction times and greater cognitive interference when processing food stimuli, suggesting heightened self-monitoring and evaluative tension in response to eating-related cues. These effects were amplified among individuals reporting disordered eating tendencies, highlighting a potential mechanism through which perfectionistic activation exacerbates dysfunctional attentional patterns toward food.
By demonstrating that situationally induced perfectionism can momentarily alter cognitive control in the context of food-related information, this study offers novel empirical support for a dynamic and process-based understanding of perfectionism in eating disorders. Such findings underscore the importance of targeting perfectionistic cognitions within treatments aimed at reducing attentional biases and emotional reactivity toward food.

Learning Objectives

- Describe how situational activation of perfectionism can influence attentional processing of food-related stimuli.
- Explain the cognitive mechanisms through which perfectionistic concerns may exacerbate vulnerability in individuals with disordered eating tendencies.
- Recognize the relevance of experimental paradigms, such as the Food Stroop task, in assessing state perfectionism and attentional biases.

Authors: MARIACAROLINA VACCA, Sapienza University of Rome; Caterina Lombardo, Sapienza University of Rome

Evaluation of an Intensive Outpatient Treatment for Mexican Patients with Eating Disorders

Abstract: This study aimed to evaluate the long-term effectiveness of a personalized, multidisciplinary intensive outpatient treatment program for patients with eating disorders (EDs) in Mexico. The sample included 502 patients (438 women, 64 men), aged 12–73 years (M = 22.08, SD = 11.29), diagnosed with anorexia nervosa, bulimia nervosa, binge eating disorder, or other specified feeding and eating disorders. Treatment was delivered through a structured, three-phase model integrating psychological, medical, and nutritional interventions tailored to each patient's clinical profile. Assessments included the Eating Disorders Diagnostic Interview (IDED), Eating Attitudes Test (EAT-26), Eating Disorders Inventory (EDI), Hospital Anxiety and Depression Scale (HADS), Symptom Checklist-90 (SCL-90), and motivation to change test (ACTA). Patients attended individual, group, and family sessions up to four days per week. Results indicated significant improvements in ED-specific symptoms, general psychopathology, anxiety, depression, and body weight at discharge, with gains maintained at 6- and 12-month follow-up. Treatment effects were strongest for ED-related symptoms compared to general psychological distress. This study demonstrates that a culturally adapted, personalized, and multidisciplinary intensive outpatient program can be an effective long-term intervention for EDs in middle-income countries, where inpatient resources are limited, and highlights the utility of structured, phase-based care guided by standardized assessments in supporting recovery.

Learning Objectives

- Describe the structure, phases, and multidisciplinary components of a personalized intensive outpatient program for eating disorders in Mexico.
- Identify the standardized assessment tools used to evaluate treatment outcomes, including ED-specific symptoms, general psychopathology, impulsivity, alexithymia, and motivation to change.
- Analyze the long-term effectiveness of intensive outpatient treatment in improving eating disorder symptoms, psychological distress, and weight outcomes, and discuss its implications for clinical practice in middle-income countries.

Authors: Mariana Valdez Augilar, Hospital Angeles Lomas, Edo de México, México

Multidisciplinary Treatment of Adolescent Anorexia Nervosa in Mexico

Abstract: The purpose of this study was to examine clinical presentation, treatment challenges, and motivational dynamics in adolescents with severe restrictive-type anorexia nervosa within a specialized Mexican clinic. Two female patients aged 12 and 14 years, both with histories of body dissatisfaction, bullying, high academic demands, and early-onset restrictive eating, were included. Comprehensive assessments were conducted at baseline, three, six, and twelve months using standardized instruments for eating behavior (Eating Attitudes Test, EAT; Eating Disorder Inventory, EDI-III; Body Shape Questionnaire, BSQ; Bulimia Test, BULIT), general psychopathology (Hospital Anxiety and Depression Scale, HDA); impulsivity, And motivation to change (ACTA).

Initial body mass index (BMI) ranged from 13.9 to 14.4 kg/m², with severe malnutrition and physiological instability, including amenorrhea, bradycardia, and altered laboratory parameters. Treatment comprised short-term hospitalization for medical stabilization followed by intensive outpatient care integrating psychotherapy, nutritional rehabilitation, family interventions, and structured caregiver support. Over six months, BMI normalized (20.7–20.9 kg/m²), caloric intake reached 100% of requirements, EAT scores decreased from 96 to 9–22, HDA anxiety scores decreased from 16–11 to 5–9, and alexithymia scores improved from 62 to 43, indicating significant reductions in restrictive behaviors, emotional dysregulation, and maladaptive cognitions related to body image. Persistent treatment challenges included ambivalence toward weight gain, limited illness insight, adherence difficulties, perfectionism, and family relational stress. These cases illustrate the complexity of treating adolescent anorexia nervosa in high-risk contexts and highlight the importance of individualized, multidisciplinary approaches that integrate cultural sensitive interventions, motivation-focused interventions, emotion regulation strategies, and family support to optimize recovery and long-term outcomes.

Learning Objectives

- Describe the clinical presentation and course of severe restrictive-type anorexia nervosa in Mexican adolescents, including comorbid anxiety and depressive symptoms.
- o explain the application and benefits of a multidisciplinary treatment approach—including medical, nutritional, psychological, and family interventions—in improving eating behaviors, body image, emotional regulation, and motivation to change.
- To identify and interpret the results of standardized assessment tools in monitoring patient progress and addressing therapeutic challenges.

Authors: Mariana Valdez Augilar, Hospital Angeles Lomas, Edo de México, México

Differences in Screening Scores by Self-Reported Eating Disorder Status

Abstract: Individuals who participate in sports that emphasize leanness are at greater risk of developing eating disorders due to the pressure to conform to body image and performance standards. Body dissatisfaction is frequent in these contexts and is associated with restrictive eating and excessive exercise, contributing to low energy availability. Individuals with eating disorders differ significantly from those without a diagnosis in psychological, behavioral, and social aspects, reinforcing the importance of comparative studies to broaden understanding and guide prevention and intervention strategies. The objective of this research is to compare two groups of Brazilian women engaged in aesthetically oriented sports, with and without self-reported diagnosis of eating disorders, regarding the scores on questionnaires assessing compulsive exercise, body dissatisfaction, risk for the Female Athlete Triad, and screening for eating disorders. This is a quantitative cross-sectional study approved by the Human Research Ethics Committee of the Federal University of Juiz de Fora (CAAE:

86034625.4.0000.5147). Data were collected online via the Qualtrics platform, involving brazilian women who practice sports emphasizing leanness. The questionnaires LEAF-Q, BSQ-8, EDE-Q, CET, and SCOFF were applied. Differences between groups were analyzed using Welch's t-test for CET, BSQ-8, and LEAF-Q ($p<0.05$), due to normality without homoscedasticity. For the SCOFF, the Mann–Whitney U test was used because of violations of parametric assumptions. Analyses were conducted using the JASP software. A total of 102 Brazilian women participated, practicing bodybuilding, canoeing, road running, dance, and combat sports. Analyses revealed significant differences between the groups across all evaluated measures. In the CET, mean scores were 51.81 ± 12.08 for the diagnosed group and 43.62 ± 16.54 for the non-diagnosed group ($p=0.011$; $d=0.57$). In the BSQ-8, mean scores were 38.92 ± 7.04 and 26.94 ± 9.92, respectively ($p<0.001$; $d=1.39$). For the LEAF-Q, the mean of 8.86±4.57 was observed in the group with a diagnosis and 6.41±3.37 in the group without a diagnosis ($p=0.003$; $d=0.61$). Regarding the SCOFF, the results were described by the median and interquartile range, with values of 3.00 (3.00–4.00) for the group with a diagnosis and 1.00 (0.00–2.00) for the group without a diagnosis ($p<0.001$; $r=0.77$).

Learning Objectives

- Following the training, participants will be able to compare BSQ-8, LEAF-Q, SCOFF, and CET scores between individuals who self-report an eating disorder and those who do not.
- Following the training, participants will be able to interpret how differences in these scores relate to body dissatisfaction, risk for low energy availability, disordered eating behaviors, and exercise-related compulsivity.
- Following the training, participants will be able to discuss the implications of these score patterns for screening, early detection, and targeted intervention strategies in clinical and athletic settings.

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How Often Do Adolescents Choose Open Weights? Findings from a Partial Hospitalization Program

Abstract: Open weighing (i.e., sharing weight data with patients) is a key component of evidence-based treatments for eating disorders such as Family-Based Treatment (FBT), where weights are discussed during weekly therapy sessions. Despite this, the use of closed weighing (i.e., weight data not disclosed to patients) is common, with prior research suggesting that 54% of eating disorder clinicians practice nondisclosure of weight data. Within our FBT-oriented partial hospitalization program (PHP), open

weighing is recommended, and patients can view their weight during their three weekly weight checks. However, patients may opt for closed weights on some days, or entirely at the start of treatment, which is often due to distress, prior treatment experiences, or family anxiety, with a gradual shift to open weighing as a treatment goal. Understanding how often patients choose open weighing is important for informing treatment recommendations and clinical implementation in PHPs, where weight monitoring occurs more frequently than in outpatient care. This observational study aimed to quantify the frequency that patients/families elected open weighing during their first two weeks of PHP treatment. At this time, data have been collected from 11 patients (M age = 14.9, 91% female) with diagnoses of anorexia nervosa and atypical anorexia nervosa. The number of times each patient viewed their weight was calculated (0–3 times per week, for 6 total weight checks during the two-week study period). During the first week of treatment, 63.6% of patients viewed their weight at least once; by week two, this rose to 81.5%. Across the 6 weight checks, patients viewed their weight an average of 47.0% of the time, though only one patient (9.1%) viewed every weight. Desire to view weight increased steadily across the first three weight checks (weight 1 = 18.1% of patients viewed their weight, weight 2 = 27.2%, weight 3 = 54.5%, weight 4 = 54.5%, weight 5 = 72.7% weight 6 = 54.5%). These findings suggest that, in a program that practices open weights, most adolescent patients are willing to view their weight within the first two weeks of treatment, though they are unlikely to view their weight at every weight check. Data collection is ongoing with plans to examine associations between view frequency and eating disorder, anxiety, and depressive symptoms at time of admission and discharge.

Learning Objectives

- Describe the rationale for open weighing in evidence-based treatments for eating disorders, particularly within Family-Based Treatment (FBT) and partial hospitalization programs (PHPs).
- Summarize patient/family engagement in open versus closed weighing during the initial phase of PHP treatment.
- Interpret data on the frequency of open weighing in adolescent patients with anorexia nervosa and atypical anorexia nervosa, and discuss implications for clinical practice and treatment planning.

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Longitudinal Relationships Between Sleep and Eating Disorders Pathology in Female Athletes

Abstract: Inadequate sleep impacts over half of individuals with eating disorders (EDs), and sleep disturbances in individuals with EDs are comorbid with depression and anxiety. It is well documented that sleep is a powerful biological driver for physiological and psychological functioning in athletes and that female athletes are at increased risk for EDs. As such, research investigating EDs and sleep in female athletes is imperative, yet scarce. The current ancillary study longitudinally explored the bidirectional association of sleep and ED pathology in a sample of female athletes. Sleep disturbances at baseline were hypothesized to predict downstream ED pathology and associated mental health presentation. We hypothesized that ED pathology at baseline would not be associated with worsened sleep. In sum, we hypothesized that sleep is a variable risk factor for EDs, but EDs are not a risk factor for worsened sleep in female athletes. Participants (N = 375) were female athletes aged 18-39 years (Mage = 20.9 ± 3.1 years) from athletic teams/activities across the United States who responded to surveys at baseline and at least one follow-up assessment (3- and/or 6-month follow up) as part of a large multi-measure longitudinal study assessing various constructs. Generalized estimating equations (GEEs) examined baseline Pittsburgh Sleep Quality Index (PSQI) scores as a predictor of changes in probable ED prevalence and related factors from baseline to follow up, and another set of models examining relationships in the opposite direction were also conducted. All models adjusted for athlete age and months since baseline and were weighted to account for attrition bias. Baseline sleep difficulties predicted significant increases in prevalence of probable ED, depression, and anxiety from baseline to follow up (p's ≤ .02). Increases in sleep difficulties from baseline to follow up were significantly predicted by baseline depression, anxiety, unhealthy training behaviors/beliefs, and risk for the Female Athlete Triad (p's < .001), while baseline probable ED predicted significant decreases in sleep difficulties from baseline to follow up (p = .04). Sleep disturbances predict significant increases in EDs, depression, and anxiety in female athletes. As such, sleep hygiene is a potentially modifiable target in preventing EDs and comorbid disorders in female athletes.

Learning Objectives

- Describe the bidirectional relationship between sleep disturbances and eating disorder (ED) pathology in female athletes, including the role of comorbid depression and anxiety.
- Interpret the longitudinal findings demonstrating how baseline sleep difficulties predict changes in ED prevalence and related mental health outcomes over time.
- Evaluate the potential of sleep hygiene interventions as modifiable prevention targets for reducing risk of EDs and associated psychological distress in female athletes.

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A Phenomenological Analysis of Women's Experience with Positive Body Image During Postpartum

Abstract: Background: Extant literature has established that postpartum women are vulnerable to heightened negative body image due to rapid physiological, emotional, and environmental changes that occur across the perinatal experience. Body image research in the postpartum window has primarily focused on negative body image, aligned with the broader field of research. This work has established that negative body image is associated with striking psychological consequences including emotional distress, psychosocial impairment, and increased eating pathology with associated negative impacts to both mother and baby. However, not all women report body image dissatisfaction postpartum, with some women reporting salient appreciation for their body and body satisfaction. Indeed, recent research has demonstrated that postpartum women report a dialectic experience of co-occurring negative and positive body image, with positive body image during postpartum associated with higher rates of breastfeeding and healthy exercise, as well as lower rates of maladaptive eating behavior and postpartum depression.
Methods: The current study utilized a phenomenological design to explore the lived experience of positive body image in 17 postpartum women [Mage = 34.4, SD = 9] who were in the control arm of a larger, national perinatal study. One-on-one semi-structured interviews were conducted with participants, lasting up to 45 minutes each.
Results: Four key themes emerged from the exploration of positive body image during postpartum: 1. Intentional engagement in behavioral and cognitive strategies to foster positive body image, 2. Functional appreciation of one's postpartum body 3. Community support and connections to foster positive body image, 4. Recommendations to clinicians and other postpartum women.
Discussion: Key themes revealed numerous behavioral and cognitive strategies used by postpartum women to intentionally foster positive body image postpartum. Themes build off previous literature, highlighting the importance of functional appreciation for positive body image during postpartum, and further provide specific insights for the how behind postpartum women's experience of positive body image. Furthermore, participants provided specific recommendations to inform clinical practice, future research, and other postpartum women on bolstering positive body image during this critical period.

Learning Objectives

- Describe behavioral and cognitive strategies used to foster positive body image in postpartum women
- Understand aspects of positive body image salient to postpartum
- Implement recommendations for research and clinical practice to encourage positive body image in postpartum women

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A Non-Weight-Focused Approach to Anorexia Nervosa in an Elite Female Athlete: A Case Report

Abstract: Anorexia nervosa (AN) poses a major clinical challenge for female athletes, given the interplay between performance demands, body image pressures, and sports culture that reinforces restrictive eating behaviors and body image concerns. Conventional treatments often focus on weight restoration via strict meal plans. Although weight normalization is essential for medical stabilization, overemphasizing it can perpetuate maladaptive control mechanisms and delay psychological recovery. This case describes an elite female soccer player successfully recovering from AN through a multidisciplinary, non–weight-focused approach. A 20-year-old elite soccer player with AN (DSM-5 criteria), presented with restrictive eating, low caloric intake, weight loss, chronic constipation, and decreased athletic performance. A two-year multidisciplinary intervention integrated psychological, nutritional, and medical care, prioritising functional recovery by rebuilding a healthy relationship with food and body rather than focussing on weight targets. Treatment included medical monitoring, specialized psychotherapy (MANTRA alongside CBT tools), and nutrition counselling on interoceptive awareness retraining, flexible food reintroduction, and nutritional education. Symptomatic remission was achieved, with BMI increasing from 17.7 to 22.5 kg/m², bowel function normalization, and EDE-Q and MAIA-PT scores improved. The patient reported improved sleep and restored eating behaviors, returning to competitive sport. This case highlights the relevance of a non–weight-focused, interoceptive-based approach for AN in female athletes, promoting positive food choices, a non-diet mentality, and functional recovery. Behavioral change and physiological restoration was achieved without reinforcing AN maladaptive control patterns. A patient-centered non–weight-focused intervention can promote sustainable recovery from AN and restore athletic performance. This case supports the importance of realigning AN treatment towards interoceptive food retraining, trust in bodily cues, and functional outcomes, through multidisciplinary care, for more enduring recovery within sports culture for female athletes.

Learning Objectives

- Recognizing the non-weight-focused therapeutic approach in the treatment of anorexia nervosa in elite female athletes, considering the functional, psychological, and athletic performance recovery impacts.
- Explore the role of both interoceptive awareness related to eating behavior retraining and of psychological-nutritional strategies to restore trust in bodily signals, and non-diet mentality, for AN recovery in female athletes.
- Evaluate the contribution of a person-centered multidisciplinary intervention—combining medical follow-up, specialized psychotherapy, and nutritional counseling—to symptomatic remission and prevention of maladaptive control patterns in AN in sports culture.

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Examining the role of negative life events in the relationship between binge eating & suicide risk

Abstract: The research indicates that individuals with Binge Eating Disorder (BED) are at a high risk for suicidal thoughts and behaviors. Subthreshold behaviors of binge eating have also been found to be predictive of suicidal ideation and suicide attempts. Stressful life events, such as a death of a close relative or an end of a relationship, have been found to increase the likelihood of suicide attempts and are associated with the development and maintenance of binge eating symptoms. Given that stressful life events are implicated in both binge eating symptoms and suicide risk, the current study investigated the role that negative life events might play in the relationship between binge eating symptoms and suicide risk. Participants (n = 538) aged between 18 to 45 years completed online questionnaires at two time points with an interval of 4-6 weeks. They completed measures assessing binge eating symptoms, negative life events, and suicide risk at Time 1 (T1) and suicide risk again at Time 2 (T2) via a secure online platform. The PROCESS macro model 1 was used to examine if T1 negative life events moderated the relationship between T1 binge eating symptoms and T2 suicide risk while controlling for T1 suicide risk. The overall model accounted for 57.6% of the variance in suicide risk ($p < 0.001$). Results of the analyses revealed a moderating effect of negative life events on binge eating symptoms and suicide risk ($b = 0.0006$, $SE = 0.003$, $t = 2.041$, $p = 0.042$). A simple slope analysis indicated that the relationship between binge eating symptoms and suicide risk was not significant at the mean and +/- 1SD of the mean of negative life events. Johnson-Neyman analysis found that the relationship between binge eating symptoms and suicide risk became significant when negative life events was scored at 135.15 (possible range of score = 0 - 330) and above. The main effect of binge eating symptoms on suicide risk was not statistically significant ($b = 0.0064$, $SE = 0.014$, $t = 0.62$, $p = 0.53$). On the other hand, the main effect of negative life events on suicide risk were significant ($b = 0.0074$, $SE = 0.0028$, $t = 2.5939$, $p = 0.009$), indicating that greater negative life events are associated with higher suicide risk. Findings from this study suggest that negative life events are an important treatment consideration in assessing suicide risk among individuals with binge eating symptoms.

Learning Objectives

- Understand association between binge eating symptoms and suicide risk
- Examine how negative life events moderate this relationship
- Recognize the importance of evaluating negative life events when assessing suicide risk among individuals with binge eating symptoms

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Eating Disorders in Polycystic Ovary Syndrome

Abstract: Polycystic Ovary Syndrome (PCOS) is a complex endocrine-metabolic disorder associated with mental disorders including eating disorders (ED), anxiety and depression. Reports show those with PCOS have a higher prevalence of ED yet there is limited screening of ED in the health care management of PCOS. The aim of this study was to determine ED diagnosis and the prevalence of ED and disordered eating risk using validated screening tools in women with and without PCOS.
We conducted an online survey in women with and without PCOS in Alberta, Canada. Data were collected on demographic, anthropometric, diagnosis and experience of PCOS, co-morbidities, and responses to the validated Eating Disorder Examination questionnaire (EDE-Q) and Night Eating questionnaire (NEQ). PCOS diagnosis, medical conditions and BMI were confirmed using medical records. Algorithms for ED or disordered eating symptoms were used to determine prevalence of those at risk. Responses from 340 participants (n=130 with PCOS, n=210 without PCOS) were included in the analysis with an average age of 31.7 yrs (SD±7.8). There was no statistical difference in age, gender, and ethnicity between groups. The average BMI was 20% higher for those with PCOS (33.1±8.9) compared to those without PCOS (27.1±7.3, p<.001). Only 6.2% of those with PCOS and 8.1% without PCOS reported having an ED diagnosis by a health care provider and a similar proportion reported receiving health care for eating disorders. In contrast, 29.2% and 21.9% of those with and without PCOS, respectively, considered themselves as disordered eaters. In addition, 64.6% and 46.7% of those with and without PCOS, respectively, stated they were experiencing emotional or stress eating. Those with PCOS had higher scores in all 4 EDE-Q subscales (restraint, p=.018, eating concern, shape concern, and weight concern, all p<,001) and the EDE-Q and NEQ global scores (p<.001). The ED risk prevalence was higher in those with PCOS compared to those without PCOS for bulimia nervosa (12 vs 5%, p=.033), binge ED (32 vs 9%, p<.001), atypical anorexia nervosa (40 vs 21%, p=.001) and other specified feeding or ED (57 vs 33%) p<.001).
Our findings show a higher risk of ED in those with PCOS, and reveal an underdiagnosis of ED and disordered eating in women in Alberta, Canada, and highlights the need for screening of ED risk to improve the management of mental health and quality of life in those with PCOS.

Learning Objectives

- Discuss the factors that increase risk of ED and disordered eating in polycystic ovary syndrome
- Discuss the prevalence of risk of ED and disordered eating in those with PCOS
- Describe screening tools and use of screening for improving management of ED

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Traditional and Cyberbullying and Eating Disorder Psychopathology: A Longitudinal Network Analysis

Abstract: Traditional and cyberbullying experiences (both victimization and perpetration) are established risk factors for eating disorder (ED) psychopathology. However, few studies have integrated the interpersonal model of EDs to understand how bullying interacts with ED psychopathology at the symptom level. Guided by the interpersonal model of EDs, the present study used longitudinal network analysis to examine symptom-level interactions among traditional bullying, cyberbullying, and ED psychopathology in Chinese adolescents. A total of 978 Chinese adolescents (53.6% girls) participated in a four-wave longitudinal study spanning 18 months. Questionnaires assessed ED psychopathology, traditional/cyberbullying victimization and perpetration, interpersonal problems, and psychological distress. Between-subject, within-person contemporaneous (cross-sectional), and temporal networks were analyzed separately for boys and girls. Central nodes (important in maintaining the network structure) and bridge nodes (linking symptom clusters) were identified. In between-subject networks, interpersonal coldness emerged as the most influential node among boys, whereas domineering behavior was the most influential among girls. For bridging nodes, traditional bullying perpetration and psychological distress, respectively, were the most critical in boys and girls. In contemporaneous networks, nonassertive and domineering behaviors emerged as the most central node for boys and girls, respectively; cyberbullying victimization and traditional bullying perpetration, respectively, were important bridging nodes in boys and girls in contemporaneous networks. In temporal networks, interpersonal exploitability and food preoccupation were the most influential nodes for boys, while shape/weight dissatisfaction and food preoccupation were the most influential for girls. For bridging nodes, psychological distress was the most critical in boys, while traditional bullying victimization was the most critical in girls in the temporal networks. Sex-based comparison analyses revealed self-induced vomiting or laxative use showed significant differences in the bridge strength of temporal networks between boys and girls. The current study applied the network perspective to better interpret symptom-level interaction between traditional/cyberbullying and ED psychopathology under the interpersonal model of EDs, which is beneficial for developing further targeted prevention and treatments for adolescents.

Learning Objectives

- Following the training, participants will understand the longitudinal symptom-level interplay between traditional/cyberbullying and eating disorder (ED) psychopathology under the interpersonal model of EDs in boys and girls, namely sex differences in core nodes (e.g., interpersonal coldness in boys, domineering behavior in girls) across networks.

- Following the training, participants will be able to define the three network models in the study (between-subject, contemporaneous, and temporal networks) and identify sex-specific central (e.g., interpersonal coldness in boys, domineering behavior in girls) and bridge (e.g., traditional bullying perpetration in boys, psychological distress in girls) nodes across these networks.
- Following the training, participants will understand the clinical implications of the findings and their role in guiding sex-sensitive prevention and intervention strategies for EDs in Chinese adolescents.

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Exercise Dependence and Eating Disorder Symptomatology in Adult Women: A Network Perspective

Abstract: Previous studies established the associations between exercise dependence and thinness-oriented eating disorder (ED) symptoms in adult women. However, prior studies mainly relied on latent variable approaches, the specific symptom-level interplay between exercise dependence and ED symptoms remains largely unclear. Additionally, women face increasing pressures to be muscular. Thus, research should be expanded to include muscularity-oriented ED symptoms in women. Given that network analysis is a powerful tool for understanding complex symptom relationships, which may contribute to more targeted interventions and prevention, the present study used network analysis to investigate the interconnections between exercise dependence and thinness- and muscularity-oriented disordered eating in adult women. We recruited 599 Chinese adult women online (Mage = 29.03 years). Self-report questionnaires assessed exercise dependence and ED symptoms. Network analysis was performed to identify the network structure, central nodes (important in maintaining the network structure), and bridge nodes (important in linking symptom clusters). Five communities were identified, specifically: 1) exercise dependence; 2) strict diet rules; 3) concerns about weight/shape and eating/foods; 4) control of body weight/shape/muscularity via eating behaviors; and 5) protein supply anxiety. Seven central nodes were identified, including time, tolerance, reduction of exercise dependence, desire to lose weight, food restriction, shape/weight distraction, and contingency of self-worth on eating. Also, eight symptoms were identified as bridge nodes, including food restriction for shape or weight concerns, food restriction, compulsive exercise, shape/weight distraction, importance of diet control in achieving body ideals, social anxiety regarding eating rules, use of meal replacement supplements when full, and food/eating/calories distraction. These results suggest that exercise dependence and thinness- and muscularity-oriented disordered eating are interconnected through restrictive and compulsive control mechanisms in adult women. This pattern highlights core intervention targets such as challenging misconceptions

about exercise and managing over-concerns about weight/shape and eating/foods for disrupting this co-occurring symptomatology in clinical practice.

Learning Objectives

- Following the training, participants will be able to articulate the value of a network analysis perspective in investigating the symptom-level interconnections between exercise dependence and thinness- and muscularity-oriented eating disorder (ED) symptomatology among Chinese adult women.
- Following the training, participants will recognize key central nodes (e.g., exercise dependence's time/tolerance) and bridging symptoms (e.g., food restriction for weight/shape) and corresponding clinical implications.
- Following the training, participants will understand how the study's findings may inform targeted interventions for exercise dependence-related EDs in Chinese adult women.

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Emotion Dysregulation and Eating Disorder Symptoms in TGD Adults: A Network Perspective

Abstract: Transgender and gender-diverse (TGD) individuals face a substantially heightened risk for both emotion dysregulation and eating disorders (EDs) compared to their cisgender counterparts. However, limited research has investigated the relation between emotion dysregulation and ED symptoms among TGD adults, particularly within the Chinese cultural context. The present study utilized network analysis to examine symptom-level associations between emotion dysregulation and thinness- and muscularity-oriented ED symptoms in a sample of Chinese TGD adults. Participants were 410 TGD individuals (142 transgender women, 92 transgender men, and 176 gender-diverse adults [e.g., non-binary individuals]). Separate network analyses by TGD groups revealed distinct symptom interaction patterns, each with four identified communities. In network analysis, central symptoms (or nodes) represent the most influential symptoms that are strongly connected to other symptoms within the network, whereas bridge nodes indicate symptoms that connect different symptom clusters (e.g., emotion dysregulation and ED symptoms). Regarding central symptoms, shape/weight preoccupation emerged as the most central node in transgender women and gender-diverse adults, whereas nonacceptance of emotional responses was the most central node in transgender men. Bridge node analysis identified specific symptoms linking emotion dysregulation to ED symptoms. The use of meal replacement supplements when full and nutrition anxiety when eating out emerged as the most important bridge

nodes in transgender women; food/eating/calorie preoccupation was the most important bridge nodes in transgender men; and food restriction for shape or weight concerns and nutrition anxiety when eating out was the most important bridge nodes in gender-diverse individuals. Findings provide empirical support for meaningful heterogeneity in the interplay between emotion dysregulation and ED symptoms across transgender women, transgender men, and gender-diverse individuals. This underscores the critical need to move beyond one-size-fits-all approaches and develop tailored interventions that address the unique emotional and body image regulation challenges faced by transgender women, transgender men, and gender-diverse individuals.

Learning Objectives

- Following the training, participants will be able to explain the critical significance of analyzing transgender women, transgender men, and gender-diverse adults as distinct subgroups when investigating the symptom-level interplay between emotion dysregulation and eating disorder (ED) symptoms.
- Following the training, participants will be able to articulate how subgroup-specific network analysis reveals unique central (e.g., shape/weight preoccupation in transgender women and gender-diverse adults, nonacceptance of emotional responses in transgender men) and bridge (e.g., use of meal replacement supplements when full in transgender women, food/eating/calorie preoccupation in transgender men, and food restriction for shape or weight concerns in gender-diverse individuals) symptoms linking emotion dysregulation to EDs.
- Following the training, participants will understand why these tailored insights may be important for designing targeted clinical interventions (e.g., addressing thinness/muscularity-oriented behaviors for transgender women, muscularity-oriented behaviors for transgender men, and general eating and weight/shape concerns for gender-diverse groups), rather than a one-size-fits-all strategy among TGD individuals.

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Adapting and implementing the Body Project for adolescents in Austrian schools: first insights

Abstract: Aim of the current project is the pilot implementation and preparation of the national rollout of the evidence-based Body Project (BP) in Austria by using an interdisciplinary and participatory approach to tailor the BP intervention and the implementation strategies to the Austrian context and the diverse target group of 15–18-year-old adolescents. The Body Project Austria (BPA) comprises a) an exploration phase, b) a pilot phase in three different Austrian regions, in which 250-350 adolescents

are expected to participate, and c) a transfer & rollout phase to develop and pilot a train-the-trainer concept for BPA. The design of the accompanying research is a hybrid effectiveness-implementation study investigating the concept and the implementation/delivery strategies which best suit the Austrian context using qualitative methods (interviews and discussion groups with implementation partners, workshop recordings, focus groups with participants). Effect sizes will be compared with those found in previous studies. One piloted delivery strategy focuses on the implementation in schools, both with girls-only groups and mixed-gender groups, facilitated by trained psychologists and professionals working in the field of health promotion and prevention. So far, the 4-session BP version has been translated into German and culturally tailored to the Austrian context as well as to mixed-gender groups. Integrating the BP workshops into the school routine is challenging and requires flexibility from school staff and BPA trainers. The first mixed-gender BPA pilot group (6 girls, 5 boys, 15-16 years, voluntary participation) was implemented to the greater part in the classroom setting, and to a smaller part after class. In a follow-up focus group the adolescent participants reported that they were initially ambivalent about mixed-gender BPA groups with classmates, but that the workshops led to improved understanding, respect and empathy, also between girls and boys. Thus, successful implementation of the BP in school classes could improve the social climate in individual classes and throughout the school. Staff members in the setting play an important role in implementing and reaching the target group. However, the demand for flexibility sometimes poses a challenge to adherence with the manual, highlighting the need for training on the one hand and, on the other, the need for further research into which deviations can be allowed in order to still achieve positive outcomes.

Learning Objectives

- Following the oral presentation, participants will be aware of the need to adapt evidence-based preventive interventions to different local contexts and target groups and/or changes (e.g. societal) over time.
- Following the oral presentation, participants will have learned that it is important to explore which parts of an evidence-based intervention are flexibly adaptable, and which not.
- Following the oral presentation, participants will have learned that qualitative methods are necessary to understand complex dynamics and effects.

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EMS, Schema Modes, and Perfectionism in ED symptomology: A Network Analysis

Abstract: The purpose of this study was to examine the relationships between early maladaptive schemas (EMS), schema modes, clinical perfectionism (CP), and eating disorder (ED) symptoms using network analysis.
A community sample of 167 Dutch participants (M age=25.1; SD=10.2), of which 83% were female, completed validated measures assessing EMS domains (YSQ-S3), schema modes (SMI-ED), CP (CPQ; M=25.72; SD=5.68, and ED symptoms with the EDE-Q (M=1.42; SD=1.20). A partial correlation network was estimated using GLASSO regularization. Centrality was assessed via expected influence (EI), and bridge expected influence (BEI) was used to identify bridge nodes between symptom clusters. Network stability was evaluated using bootstrapped correlation stability coefficients (CS), and node predictability (R^2) was calculated.
The network showed excellent stability (CS = 0.52) and high predictability (R^2 = 0.70). The most central nodes were the EMS domains Disconnection/Rejection (EI = 1.40) and Impaired Limits (EI = 1.30), the schema mode Vulnerable Child (EI = 1.30), and Overvaluation of Weight and Shape (EI = 1.20). Vulnerable Child was also the most central bridge node (BEI = 0.62), linking EMS domains and schema modes with ED symptoms. Four distinct symptom communities emerged: (1) internalizing symptoms (e.g., schema mode Detached Protector, CP concern over mistakes) , (2) externalizing symptoms (e.g., Angry Child mode, EMS domain Impaired Limits), (3) disordered eating (e.g., ED Overcontroller mode, EDE-Q weight & shape concern), and (4) perfectionistic standards (e..g, EMS domain Excessive Responsibility, CP personal standards). These results highlight the central role of Disconnection/Rejection, which reflects early experiences of abandonment and emotional deprivation, and Impaired Limits, which reflects difficulties with self-control and self-discipline, in the broader ED schema network. The Vulnerable Child mode may function as a key bridge between EMS domains, schema modes, and ED symptoms, potentially reflecting a psychological pathway for the internalization of early adverse experiences into disordered eating behavior. Furthermore, CP components concern over mistakes and personal standards, showed distinct associations: the former clustering with Vulnerable Child mode and modes related to punishment and detachment, and the latter with the Excessive Responsibility domain and the Demanding mode.

Learning Objectives

- Following the training, participants will be able to describe point out overlap in the concepts of clinical perfectionism and Early Maladaptive Schemas (EMS), and schema modes
- Following the training, participants will be gain a more dynamic understanding of the role of EMS, schema modes, and clinical perfectionism in ED symptomology
- Following the training, participants will be able to better understand how looking at these constructs from a network perspective may be useful

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Extended Reality Body Exposure: RCT Protocol Development for Body Dissatisfied College Women

Abstract: Current eating disorders (ED) treatments have high relapse rates, attrition, and non-responding rates (e.g., Berends et al., 2018) so there is an urgent need for treatment modifications to augment treatment success. Body image dissatisfaction is one significant predictor of relapse that is not thoroughly addressed during many cognitive behavioral ED treatment protocols (e.g., Keel et al., 2005; Glashouwer et al., 2019). Body exposure via mirror was found to make people less avoidant of disliked body parts and have fewer negative attitudes towards body (Griffen et al., 2018). However, mirror exposure will exposure somebody to their current body size and shape. For participants who are significantly weight-suppressed, where a major barrier to decreasing caloric restriction to generate weight gain is fear of being in a larger body. Thus, mirror exposure cannot desensitize weight-suppressed individuals to a larger body. Although some research has used imaginal exposure, to our knowledge few if any researchers have examined extended or virtual reality as a means of exposing individuals to a larger body size. Extended Reality (XR) refers to a combination of virtual reality, augmented reality, and mixed reality that provides a wider approach to exposure techniques and resulted in less avoidance with other diagnoses (Keizer et al., 2016; López-Ojeda & Hurley, 2022). No study has further tested the combination of mirror exposure and XR. The current paper describes the protocol development stage and early piloting of this project. At the time of abstract submission, we have fully developed the XR procedure with expectations to pilot it for how real it feels and anxiety/distress among a small sample of nonclinical undergraduates. We will describe the RCT pilot study protocol we developed in which we will randomly assign body dissatisfied undergraduate women to either no enlargement or 30% body enlargement (in an “apple” shape) in XR and will assess their checking/avoidance via eye tracking, along with heart rate, heart rate variability, and self-report body satisfaction and anxiety/distress before and after two XR sessions and at a 10-day follow-up. At the time of the ICED conference, we will be in the beginning stages of data collection, thus this is a protocol development paper rather than reviewing the primary outcomes following data collection.

Learning Objectives

- Understand different methods of augmented reality that can be used for body exposure
- Learn how realistic and distressing body exposure using extended reality was for pilot participants.
- Understand the objectives of enlarging a body virtually for body exposures among weight-suppressed individuals.

Authors: D. Catherine Walker, Union College; Mai P. N. Tran, Union College; Lauren Leavitt, Union College; Alissa Tsay, Union College; Shruti Mahajan, Union College

Adverse Childhood Experiences and Body Appreciation: The Buffering Role of Posttraumatic Growth

Abstract: Adverse childhood experiences (ACEs) are well-established predictors of poor psychological outcomes, including body dissatisfaction. Yet, little is known about how ACEs relate to positive body image, particularly body appreciation, and what factors might buffer this relationship. Posttraumatic growth (PTG), defined as positive psychological change following adversity, may serve as a protective factor that buffers the negative impact of ACEs on body appreciation, but there is limited empirical evidence in this area. This study examined whether PTG moderates the association between ACEs and body appreciation among cisgender Chinese adults. We hypothesized that higher levels of ACEs would be associated with lower body appreciation and that PTG would buffer this negative association. An online sample of 230 men (Mage = 31.31, SD = 8.52) and 251 women (Mage = 28.92, SD = 7.39) completed validated measures of ACEs (total and 13 subtype scores), PTG, and body appreciation. Across genders, ACEs were significantly and negatively correlated with body appreciation (ps < .001). Moderation regression analyses were conducted separately by gender and ACE subtype, controlling for age and body mass index (BMI). Among men, the main effects of ACEs ($\beta = -.25$, $p < .001$) and PTG ($\beta = .39$, $p < .001$) on body appreciation were significant; however, their interaction was nonsignificant ($\beta = .09$, $p = .09$). Subtype analyses indicated that when PTG was higher, associations between body appreciation and parental death/separation ($\beta = .12$, $p = .026$), physical neglect ($\beta = .13$, $p = .026$), and bullying ($\beta = .12$, $p = .014$) were weaker, suggesting significant moderation effects. For women, the main effects of ACEs ($\beta = -.29$, $p < .001$) and PTG ($\beta = .40$, $p < .001$), as well as their interaction ($\beta = .24$, $p < .001$), described significant variance in body appreciation. Johnson–Neyman analysis showed the negative ACE–body appreciation link was significant only when PTG < 66.25 (78.1% of the sample). PTG buffered 10 ACE subtypes (e.g., physical and emotional abuse, neglect, and bullying; βs = .12–.21, ps < .05), indicating broad protective effects on body appreciation. These findings suggest negative correlations between ACEs and body appreciation and highlight the buffering role of PTG in this link, particularly for women. PTG-enhancing interventions may promote body appreciation in adults with histories of ACEs, while gender-specific approaches may enhance effectiveness.

Learning Objectives

- Learn about the moderating role of posttraumatic growth in the relationship between adverse childhood experiences and body appreciation.
- Understand gender differences in the buffering role of posttraumatic growth on positive body image following childhood adversity.

- Learn about research and clinical implications for posttraumatic growth-focused interventions aimed at promoting positive body image in adults with histories of adverse childhood experiences.

Authors: Siyu Wang, The Chinese University of Hong Kong, Shenzhen; Peiyi Wang, University of Texas, Rio Grande Valley; Wesley R Barnhart, Suffolk University; Reza N Sahlan, University at Buffalo-SUNY; Jason Nagata, University of California; Jinbo He, Xi'an Jiaotong-Liverpool University

How to write a self-help book on eating disorders

Abstract: Purpose: To educate audience on how to write self-help book on eating disorders
Method: Authors of recently published self-help book will share their experience in writing and publishing a successful and effective self-help book
Summary Data and Results: The authors, a psychiatrist/writer/Fellow of AED and a person with extensive lived experience of severe eating disorder (25 admissions) and qualifications in nutrition, will describe their experiences with publishing a successful self-help book called Renourish: A Complete and Compassionate Guide to Recovery from Eating Disorders (Pan Macmillan, Aug 2025). They will describe processes of conception, pitching to major publisher, writing book proposal, structure, first drafts, process of collaboration, rewrite, editing process, launch, marketing, promotion, media events, distribution, events. Will also describe contents, structure, tone and language of book to ensure its suitability for a general audience. How to write book so it takes reader on a journey of self-help. Activities, illustrations. Results including reaching number 1 bestseller status on Amazon titles for eating disorder self-help. Will also discuss how writing and publishing successful self-help books for the general population an increase understanding, reduce stigma, increase help-seeking, and contribute to prevention and early intervention.

Learning Objectives

- Pitch a self-help book to publishers
- Understand processes of book publishing from conception to release
- Better understand benefits of self-help books

Authors: Warren Ward, University of Queensland; Lexi Crouch

Examining Perfectionism and Skin Tone Surveillance in South Asian Adults

Abstract: Multidimensional perfectionism, conceptualized as perfectionistic concerns and strivings, has been linked to body dissatisfaction, but its relationship to skin tone surveillance, a culturally specific body image construct that involves monitoring of one’s

skin tone, remains understudied among South Asians. This study explored the relationship between perfectionism and skin tone surveillance and moderators of this relationship among South Asians living in the U.S. Participants were 276 South Asian individuals (Mage = 29.45 years, SD = 10.85; 68% cisgender women, 24% cisgender men, 9% non-binary) who were recruited via outreach to South Asian communities and university organizations and via social media. Participants completed measures of perfectionistic concerns and perfectionistic strivings (Frost Multidimensional Perfectionism Scale), skin tone satisfaction (single item, 1 = extremely dissatisfied to 9 = extremely satisfied), appearance pressures from parents, peers, and extended family (Sociocultural Attitudes Towards Appearance Questionnaire-4), and skin tone surveillance (Skin Tone Surveillance Scale). Perfectionistic concerns and perfectionistic strivings were significantly positively correlated with skin tone surveillance: r = .45 and r = .22, respectively (ps < .001). Moderation models tested the independent variable of a perfectionism dimension and appearance pressures (3 sources) and skin tone satisfaction as moderators to identify levels of skin tone surveillance. Analyses revealed significant interactions for perfectionistic concerns and appearance pressures from parents ($t(270) = 2.26$, $p = .025$, $\Delta R2 = 0.01$) and for perfectionistic strivings and this same source of pressure ($t(270) = 2.43$, $p = .016$, $\Delta R2 = 0.02$). In both instances, the relationship between the two types of perfectionism and skin tone surveillance was stronger at high levels of parental appearance pressures. Perfectionistic strivings and skin tone satisfaction also interacted significantly to identify skin tone surveillance levels ($t(270) = -3.51$, $p = .001$, $\Delta R2 = 0.03$), with the relationship being stronger at lower levels of skin tone satisfaction. There were no significant interactions involving the other sources of appearance pressures or perfectionistic concerns x skin tone satisfaction. Results highlight a role for perfectionism in relation to skin tone surveillance in South Asians, along with moderating variables, thus suggesting points of intervention.

Learning Objectives

- Following this training, participants will be able to describe the relationships between perfectionistic concerns and strivings and skin tone surveillance among South Asian individuals.
- Following this training, participants will be able to describe the moderating effects of parental appearance pressures and skin tone satisfaction on the relationship between perfectionistic concerns and strivings and skin tone surveillance among South Asian individuals.
- Following this training, participants, will be able to consider clinical implications of how perfectionism may combine with appearance pressures from parents and skin tone satisfaction in regard to skin tone surveillance in South Asian individuals.

Authors: Lauren Wash, University of North Carolina at Chapel Hill; Anna Bardone-Cone, The University of North Carolina at Chapel Hill

Food addiction symptoms as a predictor of psychosocial functioning in binge-type eating disorders: a

Abstract: Objective: Food addiction (FA) is increasingly recognized as a clinically relevant construct overlapping with binge-type eating disorders (BN/BED), yet its treatment relevance remains unclear in mainland China. This study examined (1) associations of FA with eating disorder psychopathology and psychosocial functioning; (2) the effectiveness of cognitive behavioral therapy–guided self-help (CBT-gsh) in reducing FA; and (3) whether FA improvement independently predicts functional recovery.
Method: In this assessor-blind randomized controlled trial, 87 adults with BN/BED were allocated to a 10-week CBT-gsh program or a wait-list control group. Assessments were conducted at baseline, post-treatment and 1-month follow-up. FA severity (m-YFAS 2.0) was the primary outcome; eating disorder symptoms, psychosocial impairment, and depression/anxiety symptoms were secondary outcomes.
Results: At baseline, FA severity was positively associated with eating disorder psychopathology and psychosocial impairment. Mixed-effects models showed a significant Group × Time interaction for FA: CBT-gsh participants reported large reductions in FA symptoms ($\Delta M = -3.60$, $d = 1.17$) and fewer cases meeting moderate-to-severe FA criteria ($\Delta n = -16$), while no changes occurred in controls. Improvements were sustained at follow-up. Crucially, FA reduction independently predicted lower post-treatment psychosocial impairment ($\beta = 0.324$, $p < .001$), beyond baseline impairment and changes in eating disorder symptoms.
Discussion: This study provides the first evidence from mainland China that CBT-gsh effectively reduces FA symptoms in binge-type eating disorders. Improvements in FA also independently predicted functional recovery, underscoring its potential as a distinct and clinically meaningful treatment target.

Learning Objectives

- Following the training, participants will be able to describe the clinical relevance and overlap of food addiction with binge-type eating disorders (BN/BED).
- Following the training, participants will be able to summarize the design and key findings of a randomized controlled trial evaluating CBT-guided self-help (CBT-gsh) for reducing food addiction symptoms.
- Following the training, participants will be able to explain how reductions in food addiction independently predict functional recovery beyond improvements in eating disorder symptoms.

Authors: Yaohui Wei, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China; Jue Chen

Awareness of Eating Disorders among Young People: Implications for Prevention

Abstract: This poster presentation examines how often young people are aware of someone thought to be struggling with an eating disorder, details about their relationship, and dynamics of helping. This analysis uses cross-sectional survey data from “Project Lift Up” and explores helping behaviors among youth and young adults (aged 13-22 years) living in the United States (n=4,981). These participants provided information about 588 unique situations where participants had knowledge of someone who they thought had an eating disorder. Results indicate that young people who know someone who they think have an eating disorder reported many types of helping behaviors and felt like they “helped a lot” in about a fifth of the situations. Multivariate analysis suggested that specific helping behaviors, including helping people find information on how to cope with an eating disorder, were associated with odds of feeling that they helped the other person “a lot.” These findings suggest practical application for eating disorder prevention in school-based and other settings.

Learning Objectives

- 1.Learners will be able to describe the situational characteristics of situations in which young people try to help those who they believe are struggling with an eating disorder.
- 2.Learners will be able to categorize various helping behaviors that young people report using to support others thought to be struggling with an eating disorder.
- 3.Learners will be able to explain associations between helping behaviors and perceptions that young people were able to “help a lot” in situations where they were aware of others thought to be struggling with an eating disorder.

Authors: Melissa Wells, University of New Hampshire; Kimberly Mitchell, Crimes Against Children Research Center UNH; Victoria Banyard, Rutgers University Center for Research on Ending Violence; Deirdre Colburn, Crimes Against Children Research Center UNH; Michele Ybarra, Center for Innovative Public Health Research (CiPHR)

The impact of socioeconomic deprivation on eating disorder severity and outcomes

Abstract: Individuals from marginalized communities are at a heightened risk for eating disorders (ED) and often struggle to access appropriate treatment due to numerous barriers. This study aimed to determine associations between socioeconomic deprivation and 1) illness severity defined as percentage of treatment goal weight (%TGW) at admission and global Eating Disorder Examination Questionnaire (EDE-Q) score and 2) clinical outcomes defined as re-admission rate, 3- and 6- month follow up %TGW, and 3- and 6-month weight restoration status in youth treated for an ED. We hypothesized that higher socioeconomic deprivation would be associated with greater illness severity and poor clinical outcomes. This prospective study included 121 individuals aged 11 to 18 years with anorexia nervosa or atypical anorexia nervosa who were admitted for medical instability at a pediatric medical center. Demographic and clinical data were obtained at

admission and via retrospective chart review. Zip codes were geocoded using software which calculates a deprivation index score between 0 to 1. A value closer to zero indicates a less deprived area and values closer to one correlate to a more deprived area. Deprivation index score was examined as a continuous variable and categorized into quartiles based on the study population. To assess associations between deprivation index as a continuous variable, illness severity, and clinical outcomes, multiple linear regression analysis was used. Associations tested using nominal deprivation index used multinomial logistic regression. Mean age of participants was 15.4 years (SD 1.5), and the majority were female (82%), White (97%), Non-Hispanic (98%), and had commercial insurance (83%). The deprivation index mean of this sample was 0.3 (0.1-0.6, SD 0.1). Individuals in a more deprived area were more likely to be weight restored at 6-month follow up. There were no other significant differences based on deprivation scores between illness severity and clinical outcomes. This is the first study to examine socioeconomic deprivation index score in the inpatient ED population. Counter to our initial hypothesis, individuals residing in an area with more deprivation were more likely to achieve weight restoration at 6-month follow up compared to those in a lower deprived area. Future research including samples with greater socioeconomic and racial/ethnic diversity are needed.

Learning Objectives

- Understand that barriers to accessing evidence-based treatment for eating disorders exist among marginalized communities
- Describe the association between socioeconomic deprivation and illness severity in a sample of youth with an eating disorder
- Describe the association between socioeconomic deprivation and clinical outcomes in a sample of youth with an eating disorder

Authors: Caroline West, Cincinnati Children's Hospital Medical Center; Anisha Chaphekar, Cincinnati Children's Hospital Medical Center; Andrew Beck, Cincinnati Children's Hospital Medical Center; James Peugh, Cincinnati Children's Hospital Medical Center; Kimberly Stevens, Cincinnati Children's Hospital Medical Center; Laurie Mitan, Cincinnati Children's Hospital Medical Center; Darcey Thornton, Cincinnati Children's Hospital Medical Center; Jessica Lin, Cincinnati Children's Hospital Medical Center; Katelyn Gordon, Cincinnati Children's Hospital Medical Center; Danielle Scharf, Cincinnati Children's Hospital Medical Center; Claire Aarnio-Peterson, Cincinnati Children's Hospital Medical Center

Somatic Anxiety on the Relation Between Experiential Avoidance and Eating Disorder Behaviors

Abstract: Both experiential avoidance (EA)—the tendency to avoid unpleasant internal sensations and emotions—and anxiety are associated with eating disorder (ED) behaviors, such as binge eating, purging, and dietary restriction. Somatic anxiety

symptoms are especially central to ED psychopathology. As ED behaviors can facilitate EA and involve intense somatic experiences, individuals who tend toward EA may use ED behaviors in the presence of somatic anxiety. Consistent with escape and emotion regulation theories, the relief from anxiety these individuals experience may reinforce ED behaviors. Yet while anxiety is a common treatment target in some ED treatments, little attention is typically given to distinctions between somatic and cognitive anxiety symptoms. The purpose of this study was to examine whether somatic anxiety moderates the relation between EA and binge eating, purging, and dietary restriction, while accounting for cognitive anxiety. Undergraduates (N=298; Mage 19.76±1.93, 72.5% female, 84.6% non-Hispanic White) completed the Brief Experiential Avoidance Questionnaire, the State and Trait Inventory of Cognitive and Somatic Anxiety, and the Eating Pathology Symptom Inventory. Somatic anxiety was significantly associated with purging (β=.311, t=4.21, p<.001), dietary restriction (β=.362, t=4.91, p<.001), and binge eating (β=.161, t=2.19, p=.029). EA was significantly associated with binge eating (β=.182, t=3.03, p=.003) but not dietary restriction (β=.117, t=1.93, p=.055) or purging (β=.006, t=0.105, p=.916). However, the addition of the interaction term was not significant for purging (β=.107, t=1.85, p=.066), dietary restriction (β=-.014, t=-0.24, p=.809), or binge eating (β=-.107, t=-1.85, p=.066). Contrary to the hypothesis, the relation between EA and ED behaviors did not depend on somatic anxiety. It is possible that within-person changes in EA, instead of trait-level EA, are more relevant to ED behaviors in the presence of high somatic anxiety. To clarify the role of somatic anxiety on this relation, future research should measure both momentary EA and ED behaviors in individuals with varying degrees of somatic anxiety. Understanding momentary relations between EA and ED behaviors would clarify whether targeting EA in ED treatment (e.g., via acceptance-based interventions) is useful for patients with somatic anxiety. Regardless, main effects suggest that somatic anxiety may be a relevant target in ED treatments (e.g., via interoceptive exposure).

Learning Objectives

- differentiate between somatic and cognitive anxiety symptoms
- understand the influence of experiential avoidance and somatic anxiety symptoms on eating disorder behaviors
- identify which future approaches to examining the relation between somatic anxiety and eating disorders may yield the most clinical significance

Authors: Lucy Wetherall, University of Wyoming; Lindsay Gillikin, University of Wyoming; Samantha Bedard, University of Wyoming; Finn Livingston, University of Wyoming; Emma Peterson, University of Wyoming; Kyle De Young, University of Wyoming

Differences in eye-tracking attention bias for food, body and threat stimuli in anorexia vs controls

Abstract: The purpose of the study is to develop more insight in attention bias as a maintaining mechanism of anorexia nervosa (AN) to develop a novel treatment approach in the future. AN attention biases (AB) have been found for eating disorders stimuli. Eye tracking allows differentiation between discrete phases of attention processes related to vigilance and avoidance mechanisms. The review by Kerr-Gaffney et al (2019) showed that eye movement patterns in AN were similar to those in anxiety disorders. They state that both vigilance and avoidance mechanisms may play a role in maintaining eating disordered behavior. No previous study has examined eye tracking responses to different categories of stimuli in one study and linked it to clinical variables. The research question is whether AN show more avoidance of eating disorder stimuli in their viewing behavior than healthy controls (HC), where this is expected to be equally present in response to general threatening stimuli. Method: 37 patients with AN, 36 HC performed a free viewing eye tracking task on a Tobii T120 while looking at food-, body- and general threatening- versus neutral pictures. BMI, illness duration, and self-reported anxiety (STAI), depression (CES-D), alexithymia (TAS20), emotion regulation (DERS) and eating disorder pathology (EDE-Q) scores were obtained. Data were analyzed with SPSS 25 for group differences in initial fixation (IF) % IF and gaze duration (GDIF) were the vigilance measures. Total gaze duration (TGD) was the avoidance measure for each category (food, body threat). In addition, correlations between AB and clinical variables were computed. Results: no differences were found for vigilance measures (IF % & GD). TGD showed a three-way interaction of category x subtype x group $F(2,44)= 3.93$, eta2 = .15: HC looked longer to food pictures versus other pictures than AN. The AN group showed lack of interest in food pictures. Correlations were found between TGD food & TGD threat ($r = .498$ $p < .001$); TGD food & TAS-20 ($r = -. 287$ $p = .027$); EDE-Q & CES-D ($r = .784$ $p < ,001$) , EDE-Q & TAS-20 ($r = .667$ $p < ,001$) EDE-Q & DERS ($r = .743$ $p < ,001$). Conclusion: Longer viewing of foodpictures was associated with lower alexithymia scores in the current sample. Higher eating disorder screening scores were associated with higher depression-, alexithymia- and emotion regulation scores.

Learning Objectives

- Following the training, participants will be able to discuss the use of an eye tracking paradigm to investigate vigilance and avoidance mechanisms as possible maintaining factors in anorexia nervosa.
- Following the training, participants will be able to discuss the differences in attention bias for food, body's and general threat pictures in patients with anorexia nervosa versus healthy volunteers.
- Following the training, participants will be able to discuss the use of combined performance measures: eye-tracking and self-reports in research.

Authors: Elke Wezenberg, GGNet Amarum; Suzanne Mares, GGNet Amarum; Annemarie van Elburg, Co-Eur, Utrecht University; Mike Rinck, Radboud University Nijmegen

Risk factors for suicide, suicidal ideation and self-harm among individuals with eating disorders

Abstract: Suicide and self-harm represent leading causes of premature death among individuals with eating disorders (EDs), emphasising the urgent need to understand the risk factors underlying these outcomes. This study sought to synthesise knowledge of the risk factors associated with suicide, suicidal ideation, and self-harm among individuals with EDs, by conducting an umbrella review of published systematic reviews and meta-analyses. The second aim of the study was to examine the prevalence of these outcomes across the review literature. A systematic search was conducted across MEDLINE, PsycINFO, EMBASE, and The Cochrane Database of Systematic Reviews without restrictions on language, country, or publication date. Eligible papers were published, peer-reviewed qualitative or quantitative investigations of the risk factors and associations (prevalence) between suicide, suicidal ideation or self-harm and individuals with an eating disorder. Papers that examined only risk factors and not prevalence were included. Data were extracted from eligible papers and quality appraised using the AMSTAR-2. Results found that substance abuse and psychiatric comorbidities (particularly 'borderline personality disorder') were consistently identified as key risk factors across anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED). Childhood physical or sexual abuse, age of ED onset, impulsivity, and longer illness duration were also associated with self-harm and suicidality across diagnoses. Despite overlaps, notable differences also emerged between diagnostic groups. Non-suicidal self-injury (NSSI) was more prevalent in BN, as were higher levels of emotional reactivity which could underlie a greater vulnerability to NSSI. In contrast, AN was associated with higher rates of suicide attempts compared to BN. The results suggest that while individuals with BN are more likely to engage in NSSI as a means of emotional regulation, individuals with AN may be at greater risk for severe suicidal behaviours. The results have important clinical implications for identifying risk of self-harm and suicide in individuals with EDs. Clinicians should routinely screen for risk factors such as substance use and history of child abuse. Additionally, individualised assessment and formulation is needed to understand risk and protective factors for specific patients. Future research should investigate interventions to reduce self-harm and prevent suicide in individuals with EDs.

Learning Objectives

- Understand the key shared and distinct risk factors associated with suicidality and self-harm between ED diagnostic groups.
- Identify the potential underlying psychological mechanisms for differences in the outcomes of ED subtypes.
- Critically discuss individualised assessment (and formulation) of suicide risk and tailored interventions for individuals with EDs.

Authors: Rachel Whyte, King's College London; Tom Jewell, King's College London; Una Foye, King's College London; Emerie Sheridan, King's College London; Oliwia Brzeczkowska, King's College London; Moritz Herle, King's College London

Barriers to Help-Seeking for Eating Disorders in Sweden

Abstract: Eating disorders are among the most severe psychiatric conditions, yet only a minority of those affected seek help. Although evidence-based treatments are available, the average delay from symptom onset to treatment exceeds five years and may reach eight to ten years for bulimia nervosa and binge eating disorder. Longer duration of untreated illness is associated with poorer prognosis, whereas early intervention, particularly within the first three years, increases the likelihood of recovery and reduces healthcare costs. This study aimed to explore perceived barriers and needs related to help-seeking among individuals with self-reported eating disorder symptoms in Sweden. A total of 1320 adults who had not sought treatment completed an online survey distributed via social media to reach individuals not engaged with healthcare services. Open-ended responses about barriers and facilitators to help-seeking were analyzed using thematic analysis. Participants described emotional, attitudinal, social, and structural barriers to seeking help. Fear of change, loss of control, and weight gain, along with shame, stigma, low self-esteem, and ambivalence toward change, were common emotional obstacles. Many perceived limited competence within healthcare, particularly regarding eating disorders other than anorexia and bulimia, such as binge eating disorder (BED) and BED co-occurring with higher weight. Beliefs about managing or recovering on one's own further discouraged help-seeking, as did feelings of not being "sick enough" to deserve care. On a social level, lack of understanding and support from others, reluctance to burden family members, and fear of recognition, particularly in smaller communities or among healthcare professionals, were additional barriers. Structural challenges included long waiting times, financial constraints, and unclear care pathways. Participants emphasized the need for destigmatizing information highlighting that eating disorders can affect individuals of all body weights, genders, and ages, greater knowledge of eating disorders within primary care, and accessible, affordable treatment. Digital options offering privacy and accessibility were viewed as helpful for help-seeking. Findings underscore the need to strengthen awareness, competence, and inclusive care pathways, potentially through digital formats, to promote early detection and equitable access to evidence-based treatment in Sweden.

Learning Objectives

- Understand how emotional and attitudinal factors such as shame, stigma, ambivalence, and feeling "not sick enough" influence willingness to seek help for eating disorder symptoms.
- Recognize how limited competence within healthcare and social factors such as lack of support, understanding, and fear of recognition can hinder access to treatment.

- Discuss how structural barriers, including long waiting times, unclear care pathways, and financial constraints, affect opportunities to seek and receive care, and how clear information and digital care options can help reduce these barriers.

Authors: Anne-Charlotte Wiberg, Karolinska Institutet; Ata Ghaderi, Karolinska Institutet; Elisabeth Welch, Karolinska institutet

Psychological risk factors for cannabis use and dietary restriction among college students

Abstract: As cannabis legalization expands across the United States, cannabis use has become increasingly prevalent among individuals with disordered eating. Prior research has primarily examined the link between cannabis and binge eating; however, emerging evidence suggests that cannabis use may also co-occur with dietary restriction. This co-occurrence has been linked to more severe cannabis-related problems and medical complications, including cardiovascular conditions (e.g., tachycardia, myocardial infarction). Notably, this pattern appears particularly salient among college students, a population with elevated rates of both cannabis use and dietary restriction. Despite these findings, little is known about which subgroups of college students who use cannabis are more likely to engage in restrictive eating behaviors. Students with elevated weight and shape concerns who use cannabis frequently may restrict food intake to compensate for calories consumed when high. Additionally, cannabis users experiencing underlying distress (e.g., trauma-related symptoms) or exhibiting certain traits (e.g., psychological inflexibility) may engage in dietary restriction and cannabis use as maladaptive strategies to suppress negative emotions. The current study (currently in progress) uses data from the 2022-2025 cohorts of the Healthy Minds Study to: (1) examine whether frequency of fasting and time spent dieting are associated with cannabis use frequency, and (2) evaluate whether weight and shape concerns, trauma history, and psychological flexibility moderate this relationship. Hierarchical linear modeling will be used to assess independent and interactive effects. We hypothesize that greater dietary restriction will be linked to more frequent cannabis use, and that this association will be stronger among students with these psychological risk factors. Analyses are planned for December 2025 and results will be available for presentation at the ICED 2026 conference. Findings will contribute to the growing literature on cannabis use and disordered eating by focusing on dietary restriction – a clinically significant yet underexplored behavior among college students. Given the rising prevalence of cannabis use and its psychological and medical consequences among individuals with eating disorders, identifying students at risk for co-occurring dietary restriction and cannabis use is critical for developing targeted screening tools and intervention strategies.

Learning Objectives

- Describe the prevalence and consequences of cannabis use in individuals with disordered eating
- Identify potential psychological risk factors for co-occurring cannabis use and dietary restriction
- Conceptualize the intersection between cannabis use and disordered eating in college students

Authors: Megan Wilkinson, Western Michigan Uni; Stephan Jurik, Western Michigan University; Abby Vonk, Western Michigan University

Food Insecurity and Disordered Eating Pathology in Low-Income Populations: A Systematic Review

Abstract: Food insecurity, characterized by limited or uncertain access to adequate and safe foods and the experience of psychological distress or disrupted eating patterns due to limited resources, represents a critical psychosocial stressor linked to disordered eating. Despite growing recognition of its psychological impact, the pathways through which food insecurity influences eating behavior remain insufficiently explored among low-income populations most affected by systemic barriers to food access. This systematic review sought to synthesize empirical research on the association between food insecurity and disordered eating pathology specifically in low-income populations. Following PRISMA guidelines, the PsycInfo, Web of Science, PubMed, and CINAHL databases were searched using keywords related to food insecurity, disordered eating, and low income. This search yielded 138 articles. After removing duplicates, 94 articles were screened by title and abstract. Of these, 76 were excluded for not meeting inclusion criteria. The full text of the remaining 18 articles was reviewed, of which 15 peer-reviewed articles met inclusion criteria. Seven studies evaluated clinical eating disorder pathology and eight examined subclinical disordered eating behaviors within food-insecure, low-income populations. Low-income was defined differently across studies, including eligibility for government assistance programs, household income below the federal poverty line, reliance on food banks or food pantries, self-reported financial strain, or residence in low-income or low-access neighborhoods. Across studies, food insecurity consistently emerged as a significant risk factor for disordered eating, including binge eating, dietary restriction, compensatory behaviors, and loss-of-control eating. Qualitative findings highlighted cyclical patterns of food deprivation and overeating driven by economic scarcity, emotional distress, scarcity cognitions, and limited access to nutrient-dense foods. However, the literature remains limited by cross-sectional designs and a predominant focus on U.S.-based, female samples. Moreover, many studies relied on weight-centric frameworks, overlooking the systemic and socioeconomic conditions that drive both food insecurity and disordered eating. Integrating weight-inclusive and trauma-informed perspectives into prevention and

treatment efforts is essential to address the compounded effects of poverty, stigma, and food insecurity on eating pathology.

Learning Objectives

- Define what food insecurity is and how it uniquely affects low-income populations
- Describe the positive association between food insecurity and disordered eating pathology in low-income populations
- Evaluate the quality of existing evidence examining the association between food insecurity and disordered eating pathology in low-income populations

Authors: Mckayla Williams, Nova Southeastern University; Paula Brochu, Nova Southeastern University; Amy Ellis, Nova Southeastern University

Eating Disorders in Forensic Settings: Findings of a Scoping Review

Abstract: Background: Eating disorders (EDs) and disordered eating (DE) are prevalent among high-risk populations, including Indigenous and LGBTQIA individuals and those with histories of trauma or mental illness, groups that are also overrepresented in forensic environments. Despite this, research on EDs within incarcerated populations remains limited

Objective: This scoping review will examine literature on EDs and DE in forensic settings, including prevalence, co-occurring factors, criminogenic factors, practice guidelines, prevention strategies and treatments.

Methods: Using a pre-registered protocol (Open Science Framework), four databases were searched: Ovid (MEDLINE & PsychINFO), Elsevier (Scopus), EBSCO (CINAHL), and ProQuest (Dissertations & Theses). A quality appraisal was conducted using the MMAT.

Results: Of 1314 articles screened, 29 were included, comprising one case study, one qualitative ethnography, and 27 quantitative studies. Findings predominantly considered females, revealed high ED prevalence, frequent co-occurrence with trauma and substance use, and no forensic-specific guidelines were found. Lived experience perspectives were underrepresented, as were staff perspectives.

Discussion: EDs are prevalent yet under-researched in forensic populations. This review identifies four critical gaps, being lack of evidence for: (1) prevalence and characteristics data, (2) links to criminal behaviour, (3) intersecting factors, and (4) effective treatments. These findings highlight the urgent need to address EDs as both a public health and criminal justice concern.

Learning Objectives

- Understand the prevalence and characteristics of eating disorders and disordered eating in forensic settings
- Recognize the co-occurring and criminogenic factors associated with EDs in forensic populations
- Understand the existing gaps in how systems and services respond to ED's in forensic settings

Authors: Amy Woods, La Trobe University, National Eating Disorders Collaboration; Leah Brennan, La Trobe University; Anita Raspovic, La Trobe University; Daniel Simsion, La Trobe University

Embedding First Nations Perspectives in the Eating Disorder Safe Principles

Abstract: Eating disorders develop and are treated within systems shaped by cultures. In Australia, this involves cultures and systems shaped by ongoing colonisation, which privilege Western biomedical models. This can separate our understanding of and responses to eating disorders from the cultural, relational, and historical contexts that influence both distress and healing. The Eating Disorder Safe (ED Safe) Principles reframe eating disorder prevention and harm minimisation by centring positive relationships with health, food, mind, and body, looking beyond the individual to the systems and cultures that surround them. From their inception, the principles have been shaped through collaboration with First Nations leaders and scholars to ensure eating disorder prevention and harm minimisation efforts are consistent with the needs and interests of First Nations people. Moreover, this approach has created an opportunity to demonstrate an essential piece of First Nations wisdom: if a system is safe and effective for First Nations peoples, it is safer and more inclusive for all.

This paper explores how First Nations knowledge systems are woven through every aspect of the ED Safe framework. We describe the First Nations Governance Group, methods used in knowledge translation, and the ways that Social and Emotional Wellbeing frameworks and First Nations ways of knowing, being and doing informed both the development of the framework and ongoing implementation. These perspectives and methods can help reframe eating disorder prevention and harm minimisation efforts for all people. As such, the integration of First Nations perspectives throughout ED Safe principles and practice demonstrates a model for connecting cultures for shared action and shared benefit across communities and populations.

This innovative approach to codesign and cultural alignment of a national health framework has been noted by First Nations health academics in Australia as an example of best practice. The implementation of ED Safe principles across a range of policy and practice contexts has continued to uphold this crucial approach to cultural alignment. This includes the development of fourteen written resources, two eLearning courses, dedicated policy action, and place-based activities in both urban and remote locations to

inform and equip diverse communities and the workforces that support them. The paper will share key reflections and lessons gleaned from this breadth of implementation

Learning Objectives

- Describe the Eating Disorder Safe principles and the ways that they are grounded in First Nations ways of knowing being and doing;
- Reflect on limitations of the Western biomedical paradigm in relation to eating disorder prevention and harm minimisation;
- Consider possibilities for applying culturally grounded Eating Disorder prevention and harm minimisation in their own local contexts.

Authors: Amy Woods, La Trobe University, National Eating Disorders Collaboration; Hilary Smith, National Eating Disorders Collaboration; Alana Gall, Southern Cross University, Public Health Association of Australia; Zyana Gall, National Aboriginal Community Controlled Health Organisation, National Eating Disorders Collaboratio

Strengthening the Standard: Updating the Workforce Core Competencies for Eating Disorders

Abstract: Since their publication in 2018, the Workforce Core Competencies for Eating Disorders (Competencies) have been a cornerstone of Australia's stepped system of care for eating disorders. They outline the workforce requirements for the safe and effective identification of, and response to, eating disorders in the Australian context. The growing focus on the prevention and early identification of eating disorders, as well the increased emphasis on providing person-centred treatment and psychosocial and recovery supports, has led to the inclusion of a broader range of professionals considered as part of the eating disorder workforce. Similarly, the recent development of key national policy frameworks for eating disorders means that the competencies require updating to reflect these advancements to ensure consistent, high-quality training and practice across the workforce. In 2025, the National Eating Disorders Collaboration reviewed and updated the Competencies. This process involved a desktop review of key developments, gap analysis of the 2018 Competencies, refinement of existing units of competency and development of new units of competency by subject matter experts supported by a Lived Experience Advisory Group and a Training Providers Reference Group. Five functional groups who a play key role within the eating disorder workforce were identified (e.g., Preventers, Identifiers, Initial Responders, Treatment Providers, and Psychosocial and Recovery Support Providers). Core competencies, underpinned by units of competency, were then refined by for these functional groups. Key innovations in the updated Competencies include the introduction of specific competencies for prevention, expansion of competencies for psychosocial and recovery support, deeper consideration of cultural safety and the needs of specific groups, and a stronger focus on care navigation. The updated Competencies aim to strengthen professional practice and support the delivery of quality services by equipping

professionals with an understanding of the capabilities required to effectively prevent and respond to eating disorders, while providing a framework for organisations and services to identify workforce training needs.

Learning Objectives

- Describe the purpose and structure of the updated Workforce Core Competencies for Eating Disorders and their role within Australia's stepped system of care.
- Identify the five functional groups and explain how the competencies apply to each role (Preventers, Identifiers, Initial Responders, Treatment Providers, and Psychosocial and Recovery Support Providers).
- Understand how the competency framework can be used by organisations and services to identify workforce training needs.

Authors: Amy Woods, La Trobe University, National Eating Disorders Collaboration; Sarah Giles, National Eating Disorders Collaboration; Hilary Smith, National Eating Disorders Collaboration; Emma Spiel, National Eating Disorders Collaboration; Sarah Trobe, National Eating Disorders Collaboration

Distracted Eating in the Digital Age: Real-Time Links of Screen Use, Mindfulness, and Eating

Abstract: Screen use while eating has become increasingly common, yet existing research on its associations with eating behaviors typically relies on cross-sectional designs, which limit insights into real-time (or momentary) dynamics. This study employed an ecological momentary assessment (EMA) design to investigate the real-time relationships of screen use while eating with disordered eating (urges, thoughts, behaviors) and state mindful and intuitive eating. Additionally, we examined whether state mindfulness mediates these associations. Namely, we examined and hypothesized that greater screen use during eating will be associated with lower state mindfulness which, in turn, will be associated with higher disordered eating and lower state mindful eating and intuitive eating. A total of 275 college students (36% male; Mage = 20.73 years, SD = 1.7) participated in EMA surveys conducted after three meals (breakfast, lunch, and dinner) per day over a seven-day period. Linear mixed-effects regression models were conducted to examine the associations of screen use while eating with disordered, state mindful, and intuitive eating, as well as the role of state mindfulness, distinguishing between- and within-person effects. At the within-person level, screen use while eating was associated with increased urges for restrictive eating and exercise, more exercise-related thoughts, and lower levels of mindful and intuitive eating at the subsequent assessment. However, these associations were not significant at the between-person level. Mediation analyses further showed that state mindfulness mediated most of these associations at both within- and between-person levels, with screen use while eating being associated with reduced state mindfulness, which, in turn, predicted higher disordered eating urges and thoughts, as well as lower state mindful

and intuitive eating. By capturing real-time processes, this study extends prior cross-sectional findings and demonstrates that screen use while eating may undermine mindfulness and disrupt adaptive eating behaviors. These findings underscore the importance of mindful technology use in promoting healthier eating patterns and reducing the risk of disordered eating.

Learning Objectives

- summarize the key real-time associations between screen use during meals and subsequent disordered eating urges, thoughts, and behaviors, as identified through Ecological Momentary Assessment (EMA).
- explain the mediating role of state mindfulness in the relationship between screen use while eating and both disordered and adaptive (mindful/intuitive) eating behaviors at both within-person and between-person levels.
- discuss the implications of the findings for developing practical interventions aimed at reducing screen use during meals and enhancing mindfulness to promote healthier eating patterns and prevent disordered eating.

Authors: Yueyang Xiao, The Chinese University of Hong Kong, Shenzhen; Jiayi Han; Yuhan Chen, University of Wisconsin-Madison; Wesley Barnhart, Suffolk University; Jinbo He, Xi'an Jiaotong-Liverpool University

The Association between Body Dissatisfaction and Life Satisfaction: A Meta-Analysis Over 30 Years

Abstract: Body dissatisfaction is highly prevalent and poses significant risks to mental and physical well-being as well as social functioning. Although prior studies have examined the association between body dissatisfaction and life satisfaction, findings have been mixed. To address this gap, we conducted a comprehensive meta-analysis synthesizing three decades of research (1991–2025). Sixty-two studies (N = 194,529 participants and 120 effect sizes) were included and analyzed using a three-level random effects model. Results indicated a robust, medium-sized negative association between body dissatisfaction and life satisfaction (pooled r = -.350, 95% CI [-.381, -.318], p < .001). Moderator analyses revealed that survey method (stronger negative association in online than paper-and-pencil surveys), age group (stronger negative association in children and adolescents than adults), instruments of body dissatisfaction assessment (stronger negative association in Multidimensional Body-Self Relations Questionnaire and Body Esteem Scale), formats of body dissatisfaction assessment (stronger negative association in questionnaires than in figure ratings), orientation of body dissatisfaction assessment (stronger negative association in overall body dissatisfaction than in body fat dissatisfaction), publication year (stronger negative association in recent years), and proportion of White participants (stronger negative association in samples with more White participants) explained heterogeneity across studies. In contrast, measures of life satisfaction and demographic variables, such as the

proportion of female participants, age, and mean body mass index, did not significantly moderate the association, indicating the broad generalizability of the pooled negative association across measures of life satisfaction, participant sex (male and female), age, and body weight. These findings underscore the pervasive negative association between body dissatisfaction and life satisfaction and highlight the importance of historical and methodological factors in shaping this association, which should be considered in future research and interventions.

Learning Objectives

- describe the robust, medium-sized negative association between body dissatisfaction and life satisfaction as synthesized from three decades of research.
- identify key methodological and demographic moderators (e.g., survey method, age group, assessment instrument) that influence the strength of the association between body dissatisfaction and life satisfaction.
- discuss the implications of the meta-analytic findings for both future research directions and the development of interventions aimed at improving life satisfaction by addressing body image concerns.

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The Association between BMI and Muscularity Dissatisfaction among Females and Males: A Meta-Analysis

Abstract: Muscularity has become a salient body ideal alongside thinness, yet the association between body mass index (BMI) and muscularity dissatisfaction remains unclear. Weight status, as reflected by BMI, is connected to muscularity concerns in complex ways (e.g., “bulking,” or gaining weight in support of gaining muscularity; “cutting,” or losing weight in support of making muscularity more visible). We systematically searched PubMed, PsycINFO, Scopus, and ProQuest Dissertations & Theses through August 21, 2025, and extracted zero-order correlations between BMI and muscularity dissatisfaction. Three-level random-effects models synthesized effects separately for females and males, and examined a range of potential moderators, i.e., publication year, mean age, sample size, mean BMI, proportion of White participants, publication type, region, cultural context, survey method, data source, assessment of muscularity dissatisfaction, and measure of BMI for females and males. Exercise habits and sexual orientation were also included as moderators for males. We included 87 papers comprising 21 effect sizes reflecting female samples, and 112 effect sizes reflecting 84 male samples. Among females, the association between BMI and muscularity dissatisfaction was small and non-significant (r=.026, 95% CI [-.035, .087],

p=.383). Among males, the association was small and negative (r=-.079, 95% CI [-.104, -.054], p<.001). Moderator analyses indicated that region moderated the association between BMI and muscularity dissatisfaction for both females and males. Specifically, in females, Asian samples showed a small positive association, whereas effects in North and South America were near zero. In males, negative associations were observed in Asia, North America, and South America. Mean age and proportion of White participants also moderated the association, only in males, with samples of older mean age and those including fewer White participants showing stronger negative associations. Other study characteristics (e.g., publication year) did not explain the heterogeneity. Findings suggest that the associations between BMI and muscularity dissatisfaction are generally weak and context-dependent, highlighting potential cultural and demographic influences. Future studies are recommended to test potential non-linear associations and to use direct indices of muscularity (e.g., fat-free or lean mass) to clarify mechanisms and inform interventions.

Learning Objectives

- summarize the key findings regarding the differential associations between BMI and muscularity dissatisfaction in females and males, as identified by the meta-analysis.
- identify the significant moderators (e.g., region, mean age, ethnic composition) that influence the relationship between BMI and muscularity dissatisfaction, particularly in male populations.
- discuss the implications of the findings for future research directions and clinical interventions aimed at addressing body image concerns related to muscularity.

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From Generic Advice to Tailored Support: Quantifying Dietetic Care in Eating Disorders

Abstract: This study explored how people with lived experience of eating disorder (ED) treatment perceived and rated dietetic care, with particular attention to the role of therapeutic alliance and the elements of care they found most or least helpful. A cross-sectional online survey was conducted in 2023 with individuals aged ≥16 years who had received dietetic treatment for an ED. The survey included validated measures of symptomatology and mood, the Treatment Experiences Sliding Scale Rater, and additional closed-ended items on treatment components. 129 participants were included with a mean age of 33.2 years (SD 11.3), 86.8% were female, and the majority were from Australia or the USA. Quantitative analyses (χ^2, McNemar's, Mann–Whitney U, and Wilcoxon signed-rank tests with Bonferroni corrections) showed that therapeutic alliance

ratings were significantly higher for participants' most helpful compared to least helpful dietitian experiences (all $p < 0.001$). Dietitians described as 'most helpful' were more likely to provide education about food and nutrition ($p = 0.002$), explain ED-related impacts ($p < 0.001$), address weight concerns ($p < 0.001$), engage in body image work ($p < 0.001$), discuss issues beyond food ($p < 0.001$), and offer general support ($p < 0.001$). Participants who had seen only one dietitian reported alliance ratings similar to those of their most helpful dietitian, and higher than those of 'least helpful' dietitians (all $p < 0.001$). Attendance was also more likely to be voluntary in the most helpful treatments (90% vs 69%, $p = 0.006$). Patterns were consistent across analyses, suggesting that these differences reflect key dimensions of practice rather than random variation. Findings demonstrate the pivotal role of therapeutic alliance and psychosocial input in shaping how dietetic care is experienced, i.e., education alone was insufficient, and care was described as most helpful when nutrition guidance was integrated with psychological insight, empathy, and connection. The results highlight the importance of equipping dietitians with counselling and communication skills, supported through supervision and service models that allow adequate time and continuity to strengthen therapeutic relationships.

Learning Objectives

- Recognise how therapeutic alliance and psychosocial input influence people's experiences of dietetic care within eating disorder treatment.
- Understand which aspects of dietetic practice — such as body image work, psychosocial support, and voluntary engagement — are associated with more helpful care.
- Integrate evidence from lived experience into counselling training, supervision, and service models that prioritise relational and alliance-focused dietetic care.

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More Than Nutrition: Lived Experience Perspectives on the Role of Dietitians in Eating Disorder Care

Abstract: This study explored how people with lived experience of eating disorder (ED) treatment described their most and least helpful experiences of dietetic care. A mixed-methods online survey was conducted in 2023 with participants aged ≥16 years who had received dietetic treatment for an ED. Open-ended responses were analysed using content analysis, yielding 631 coded comments from 127 participants. Three overarching themes were identified, reflecting the interpersonal, practical, and structural dimensions

of dietetic care. Therapist and Alliance captured the relational qualities shaping treatment experiences: ‘most helpful’ dietitians were described as empathic, experienced, and collaborative, with strong ED-specific knowledge and the ability to tailor care to individual needs. In contrast, ‘least helpful’ dietitians were characterised by poor rapport, limited understanding of EDs, or a rigid approach that failed to consider readiness to change. Therapy Content reflected the importance of how nutrition support was delivered. Participants described ‘most helpful’ care as integrating education with psychological support, body image work, and non-diet or weight-neutral approaches, making dietary guidance more meaningful and sustainable. ‘Least helpful’ care was often described as prescriptive, overly focused on intake or weight, or delivered without regard for emotional context, sometimes reinforcing ED fears. Resources and Setting highlighted how continuity, adequate time, and affordability enabled helpful care, while systemic barriers such as session caps, cost, and fragmented services disrupted progress. Outpatient settings were generally viewed as more conducive to building a therapeutic relationship, whereas inpatient dietetic input was often limited to monitoring. Collectively, these findings show that people with lived experience defined ‘most helpful’ dietetic care as that which balanced nutritional expertise with relational safety and structural support. Embedding counselling and body image training within dietetic education, ensuring access to supervision, and addressing systemic barriers may help ensure dietetic care is delivered in ways that are safe, person-centred, and supportive of recovery.

Learning Objectives

- Describe how people with lived experience understand and articulate the features of most and least helpful dietetic care.
- Explore how relational, therapeutic, and structural factors interact to shape these experiences within eating disorder treatment.
- Consider how lived experience perspectives can inform counselling training, supervision, and service design to enhance safe, person-centred, and recovery-supportive dietetic practice.

Authors: Yive Yang, Translational Health Research Institute, School of Medicine, Western Sydney University, Campbelltown

Challenging Perspectives: Exploring Eating Disorder Recovery through the art

Abstract: Eating disorder (ED) recovery narratives offer vital insights into the complex lived experience of the individuals. However, existing research largely focuses on majority populations. Our studies employed a participatory, arts-based approach to explore eating disorder recovery among diverse individuals, including minoritised ethnic groups, neurodivergent persons, men and LGBTQ+ communities. A two-week exhibition in London, titled Challenging Perspectives, showcased these stories through multimedia displays—objects, photographs, videos, songs, and art was curated based on the

outputs and findings from our participatory studies. Objects served as powerful symbols encapsulating progress, motivation, and social connection, aligning with minority stress theory and highlighting intersecting social stressors. The visual method allowed visitors to engage interactively with recovery narratives. The exhibition aimed to increase public awareness, challenge misconceptions, and influence attitudes towards EDs. Over 300 visitors, including students, clinicians, individuals with lived experience, and the general public, engaged with the content. The exhibition fostered a sense of hope and community. Respondents reported positively from attending the exhibition – for example, 93% were satisfied with their attendance, 86% expressed increased compassion towards people with ED, 76% felt more comfortable discussing ED. This presentation will include (1) a poster detailing the study's methodology and themes, alongside (2) a showcase of selected exhibition objects and photos in the conference venue to foster dialogue, reflection, and community building around diverse recovery experiences. By integrating research findings and arts-based methods, this project contributes to diversifying ED recovery narratives and emphasizes the importance of inclusive, participatory approaches in mental health research and public engagement.

Learning Objectives

- To explore the use of visual methods in eating disorders research, particularly with underserved communities
- To understand the lived experience of eating disorders recovery through interacting with their symbolic objects and art in a participatory manner
- To contribute to this 'living' collection by sharing responses and feedback to the collection.

Authors: See Heng Yim, University of Hong Kong; Heike Bartel, University of Nottingham; Mariana Lopez, King's College London; Julian Baudinet, King's College London; Ulrike Schmidt, King's College London

Development of an online self-help intervention for eating disorders for young adults in Hong Kong

Abstract: This study investigated the perspectives of individuals with lived experience of eating disorders (ED) and caregivers/ parents regarding their views and attitudes on online self-help platforms for ED tailored to the Hong Kong/ Chinese context to inform the development of an online platform for young adults. The study employed a qualitative design using focus groups with the carers/ parents and interviews with lived experience individuals. Ten individuals with lived experience and seven parents/caregivers were recruited. Participants generally held positive attitudes towards the development of an online platform for ED in Hong Kong. Participants emphasized that specialized ED resources in public healthcare systems are lacking, especially for individuals with binge eating issues which were seen as less "life threatening" than

Anorexia Nervosa. Culturally, ED is subject to heavy stigma and the need to "save face", with the condition frequently misunderstood as simply "not eating well" or stubbornness. The consensus was that developing a localised online platform is important to provide psychoeducation and reduce feelings of isolation ("I'm not alone"). Participants stressed that resources must be available in Traditional Chinese as Chinese language resources relating to ED are lacking, and suggested that the platform would be most beneficial for users in the "early to middle" stage of ED awareness, rather than those with entrenched beliefs. Participants noted that the wide availability of diverse, highly palatable food (e.g., cheap, accessible snacks, street food) in Hong Kong (compared to typical frozen dinners or bakery options found in the West) creates a greater challenge for ED recovery. There were mixed findings regarding the importance of self-monitoring diaries as well as the value of artificial intelligence to provide ED-related support.

Learning Objectives

- Understand the attitudes and views regarding online self-help programmes in people with lived experience in Hong Kong
- Understand the cultural-specific considerations in the development of the programme
- Learn about ways to culturally adapt an intervention

Authors: See Heng Yim, University of Hong Kong

Protective Factors and Eating Disorder Symptoms: A Network Analysis Approach

Abstract: Eating disorders (EDs) are severe psychological disorders with high prevalence, affecting both women and men, resulting in serious health consequences and reduced quality of life. Traditional prevention efforts largely focused on reducing risk factors (e.g., body dissatisfaction), with limited success. Recent research emphasizes the key role of protective factors including positive body image, self-esteem, and intuitive eating in preventing ED symptom onset. However, interconnections between these protective factors and ED symptoms remain poorly understood in mixed-gender samples. This study examined the interplay between protective factors and ED symptoms using network analysis in Spanish adults. Data were collected from 815 participants from the general population (49.6% women). Participants completed the Functionality Appreciation Scale (FAS), Body Appreciation Scale-2 (BAS-2), Intuitive Eating Scale-2 (IES-2) dimensions (Eating for Physical rather than Emotional Reasons [EPR], Unconditional Permission to Eat [UPE], Reliance on Hunger and Satiety Cues [RHSC], Body-Food Choice Congruence [B-FCC]), Eating Attitudes Test-26 (EAT-26), and Satisfaction With Life Scale (SWLS). Network analysis examined the associations between these variables, with centrality indices identifying key nodes. The network included 17 edges with high stability (CS ≥ .59). BAS-2 emerged as the strongest and most influential node, showing positive associations with all IES-2 dimensions and

SWLS, and a negative link with EAT-26. The strongest positive connections were BAS-2-FAS, UPE-RHSC, and EPR-BAS-2, while the largest negative associations linked EAT-26 with UPE, EPR, and BAS-2. FAS and B-FCC followed BAS-2 in positive influence, while EAT-26 showed the strongest negative impact on the network. Body appreciation emerged as the most central node, bridging positive body image constructs with intuitive eating while showing strong negative associations with ED symptoms. Functionality appreciation and body-food choice congruence also emerged as influential nodes, suggesting that prevention programs should target appreciation of body functionality beyond appearance and promote coherent food choices aligned with body needs. These findings highlight the interconnected nature of protective factors and support a holistic approach to ED prevention that emphasizes positive psychological constructs rather than solely focusing on factor reduction.

Learning Objectives

- Participants will be able to identify key protective factors associated with eating disorder symptoms in adults.
- Participants will be able to understand the role of body appreciation and functionality in prevention strategies.
- Participants will be able to interpret network analysis results linking positive body image, intuitive eating, and eating disorder risk.

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Prevalence and Influencing Factors of Food Addiction among Chinese College Students

Abstract: This study aimed to investigate the prevalence of Food Addiction (FA) and identify its potential influencing factors including dietary intake and psychological characteristics, among Chinese college students. A cross-sectional online survey was conducted from September to December 2023 via an online platform, SoJump. FA was assessed using the modified Yale Food Addiction Scale 2.0 (mYFAS 2.0). Dietary intake, depression, anxiety, sleep quality and physical activities were evaluated using semi-quantified-FFQ, PHQ-9, GAD-7, PSQI and IPAQ, respectively. Chi-square (χ^2) test, t student test and Mann-Whitney U test were applied to compare differences in demographics, anthropometrics and weekly intake frequency of different types of food between the FA and non-FA groups. Binary logistic regression was applied to identify

predictors of FA. Statistical analyses were performed using SPSS 26.0 and R v3.1. Among 5,202 valid respondents, 458 participants were identified with FA (prevalence: 8.8%), comprising 1.6% mild, 2.2% moderate, and 5.0% severe FA. Participants presented with a mean age of 19.48 ± 1.57 years and a mean BMI of 21.73 ± 3.85 kg/m². Chi-square tests showed significant associations between FA and gender, academic major, age, monthly pocket money, BMI, depression, anxiety, and sleep status. The FA group demonstrated significantly higher weekly consumption frequencies of sugar-sweetened beverages (SSBs), fast and convenience foods, savory and sweet snacks. Interestingly, higher intake frequencies of aquatic products and soybeans/nuts were also observed in FA group compared to the non-FA group. LASSO regression identified SSB intake as the most prominent dietary predictor. The final logistic regression model revealed that higher SSB consumption (OR=5.419 for ≥2 times/day), severe sleep disorders (OR=4.323), overweight/obesity (OR=2.078/2.926), female gender (OR=1.561), and higher levels of depression (OR=11.637 for severe depression) were were linked to progressively higher FA risk..

Learning Objectives

- Describe the prevalence and severity profile of food addiction (FA) within the Chinese college student population.
- Identify key modifiable risk factors for FA, including high consumption of sugar-sweetened beverages (SSBs), poor sleep quality, severe depressive symptoms and elevated BMI.
- Integrate the understanding of the strong association between psychological distress (e.g., depression) and FA into a holistic framework for developing targeted prevention strategies.

Authors: Citrius Zhang, Central South University; Lina Yang; Qian Lin

Blessing and a Curse: Computational Analysis of Social Media Content on Male Eating Disorders

Abstract: Males with eating disorders (EDs) remain under-recognized, partly due to gendered stereotypes that frame EDs as “female illnesses.” Social media provides a unique context where men disclose personal struggles while simultaneously receiving public feedback, creating a social context of both support and stigma. This study conducted a two-level computational discourse analysis of text on a popular Chinese social media platform, Xiaohongshu (Little Red Book). Upon initial screening of posts containing male ED-related keywords, researchers selected accounts with high view counts (i.e., at least ten ED-related posts and at least 100 followers) and manually vetted male bloggers who consistently produced personal content focused on ED. The process yielded a final sample of eight male bloggers with EDs. We examined (a) 1,130 posts related to EDs from the eight bloggers and (b) 23,309 associated public comments. Using a validated Chinese sentiment analysis model and Latent Dirichlet Allocation

(LDA) topic modeling, we identified the emotional polarity and thematic structures across both posts and comments. Results showed that bloggers' posts were dominated by positive expressions of recovery motivation and self-disclosure, though substantial negative affect (e.g., anxiety, self-denial) was also present. Public comments exhibited a dual structure: nearly half conveyed empathy and encouragement, while a considerable proportion reflected stigmatization, including body-shaming, moralized judgments of eating behaviors, and masculinity-related anxiety. Topic modeling across posts and comments further highlighted themes of self-recovery, dietary guilt, and gendered pressures, underscoring the coexistence of support and stigma in male ED social media discourse. These findings enhance our understanding of how social media may foster supportive connections while also perpetuating negative evaluations, extending research on gendered experiences of EDs to digital contexts. Further, findings underscore cross-cultural insights relevant to EDs in males from China. We also identified male-specific stigma and help-seeking barriers, laying the groundwork for a data-driven early warning and intervention system. Implications underscore the importance of sex-sensitive communication, greater clinical awareness of male-specific presentations, and social media platform strategies that promote supportive exchanges while reducing negative discourse online.

Learning Objectives

- Learn how social media users discuss eating disorders in males.
- Have some understanding on the possibility of building an early warning system for eating disorders with computational approaches.
- See the potential of Latent Dirichlet Allocation topic models in mining semantic structures.

Authors: Sanle Zhao, The Chinese University of Hong Kong, Shenzhen; Shaojie Yang; Wesley Barnhart, Suffolk University; Yunyi Cheng, The Chinese University of Hong Kong, Shenzhen; Jinbo He, Xi'an Jiaotong-Liverpool University

Fear of Weight Gain, Drive for Thinness, and Psychopathology in Bulimia Nervosa

Abstract: Bulimia nervosa (BN) is characterized by recurrent binge eating and compensatory behaviors, often driven by rigid cognitions about eating and weight. Research has identified two distinct motivations for dietary restraint. Fear of weight gain is measured through the Drive for Thinness (DFT) subscale of the Eating Disorder Inventory (EDI), which actually measures fear of weight gain (Chernyak & Lowe, 2010), and the Goldfarb Fear of Fat Scale (GFFS). In contrast, a desire to achieve an extremely low weight, defined as ≥15% below a medically ideal weight, is measured through the Drive for Objective Thinness scale (DFOT). This study examined how all three measures of dietary restraint relate to general psychopathology, given BN's high comorbidity with interpersonal difficulties and functional impairment. Ninety-one female adults with BN or subthreshold BN completed the DFT, DFOT, GFFS, State-Trait Anxiety Inventory,

Clinical Impairment Assessment, and EDI subscales (Ineffectiveness, Interoceptive Awareness, Perfectionism, Maturity Fears, Interpersonal Distrust). Multiple linear regressions examined main effects and interactions among dieting motivations in predicting psychopathology measures.

DFT and GFFS scores were significantly positively correlated with anxiety, clinical impairment, ineffectiveness, and interoceptive awareness, whereas DFOT showed no main effects. However, significant interactions emerged: DFT × DFOT for clinical impairment (B = .02, p = .02), ineffectiveness (B = .04, p = .001), and interpersonal distrust (B = .02, p = .047); GFFS × DFOT for clinical impairment (B = .03, p = .004) and ineffectiveness (B = .02, p = .02). Simple slope analyses revealed that higher fear of weight gain (DFT/GFFS) predicted greater impairment and ineffectiveness only at moderate-to-high levels of drive for extreme thinness (DFOT), not at low levels.

Findings indicate that fear of weight gain relates more consistently to general psychopathology in BN than drive for extreme thinness. However, fear of weight gain becomes psychologically impairing when coupled with desire for extreme thinness, particularly for clinical impairment and ineffectiveness. These results highlight the importance of distinguishing different forms of motivation for dietary restraint when assessing clinical risk in BN, which may inform personalized treatment. Integrated interventions targeting both fear of weight gain and pursuit of extreme thinness may be especially beneficial.

Learning Objectives

- Distinguish fear of weight gain from drive for objective thinness as distinct motivations underlying dietary restraint in bulimia nervosa.
- Recognize that drive for extreme thinness predicts psychopathology primarily when coupled with fear of weight gain.
- Apply these motivational distinctions to inform personalized treatment approaches for bulimia nervosa.

Authors: Olive Zhou, Drexel University; Julia Pines, Drexel University; Michael Lowe, Drexel University

Resilience and Intersectional Inequities in Eating Disorders among US College Students

Abstract: Intersectional inequities in eating disorders (ED) among US young adults are now well-documented, yet protective factors that may mitigate risk remain understudied. To fill this gap, we examined associations between resilience and ED prevalence at the intersections of gender, sexual, and racialized identity. Cross-sectional data came from 27,770 young adults aged 18-25 years enrolled at colleges/universities that participated in the 2023/2024 Healthy Minds Study. Resilience level (low/normal/high) was assessed

using the Brief Resilience Scale. Probable EDs were assessed using the SCOFF, which captures current ED symptoms; the number of symptoms were summed to generate an overall score from 0 to 5 (scores ≥2 were categorized as probable ED). To analyze the data, we conducted a Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA). To implement MAIHDA, we nested young adults within intersectional strata jointly defined by resilience level and gender, sexual, and racialized identity. This multilevel modeling approach enabled us to estimate the prevalence of probable ED for each stratum to document patterns and quantify inequities. We found that stratum-specific prevalence estimates ranged from 10.7% (95%CI: 8.4 to 13.4) among White cisgender, heterosexual men with high resilience to 58.0% (95%CI: 52.7 to 63.0) among Latine cisgender, LGBQ+ women with low resilience, with multiply marginalized strata being particularly burdened. Overall, for a particular strata, higher levels of resilience were associated with lower prevalence of probable ED – for example, the prevalence of probable ED was 27.9% (95%CI: 20.0 to 36.6) among White cisgender, LGBQ+ women with high resilience compared to 49.9% (95%CI: 47.3 to 52.5) among White cisgender, LGBQ+ women with low resilience. Importantly, resilience tended to have the largest impact on buffering risk of probable ED among multiply marginalized strata. Findings suggest that higher resilience levels may reduce ED risk in young adults, particularly among those who are multiply marginalized, thereby mitigating intersectional inequities. Future longitudinal research should study associations between resilience and ED risk over time and examine other axes of inequity (e.g., socioeconomic position). Future equity-focused ED prevention and treatment efforts should seek to cultivate resilience.

Learning Objectives

- Identify resilience as a protective factor against eating disorder risk among US young adults.
- Describe existing evidence linking resilience to eating disorders.
- Discuss the importance of incorporating an intersectional approach to quantitative research on resilience and eating disorders.

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Development of a training programme for early intervention for eating disorders in adolescents

Abstract: Aim of the study is to develop a training programme for the early identification and intervention for eating disorders (EDs) in adolescents in community and school settings.
Initial needs assessment involved 30 community youth counsellors from 7 agencies and

4 Ministry of Education lead counsellors and personnel. The needs assessment informed the structure and contents of the training program. Briefly, training addressed the key gaps of: Knowledge on different types of ED, early identification and impact of ED and skills for early intervention. A pre and post training survey on knowledge and confidence in managing eating disorders and feedback were conducted for all participants and focus group discussions were conducted post training to gather in-depth feedback.
22 community counsellors from 6 agencies completed the pre-post training questionnaires. 93% of participants were female and range in age from 20-49 years old. At baseline, 11 participants (50%) had contact with someone with eating disorder. Post-training, participants reported significant increase in confidence in recognising signs and symptoms of ED compared to baseline ([(22)=4.6, $p<0.05$). 77% of the participants were confident of implementing the skills that they learnt. 96% of participants were able to identify the appropriate treatment modalities for ED. Training feedback found that 100% of the participants rated the training as good to excellent and met almost all of their needs. Focus group discussions with 6 community counsellors found training to be valuable in recognising early signs and symptoms of ED and management of ED. Counsellors suggested more role plays on communicating treatment, developing an eating disorder screening checklist and referral workflow to hospitals, which will strengthen early intervention training by standardising identification, improving referral confidence, and ensuring timely access to specialist care. Results from the focus group discussions will help inform future trainings.

This study demonstrates feasibility and acceptability of an early intervention training for community and school counsellors. Preliminary results from community counsellors show increased knowledge, skills and confidence in managing ED.

Learning Objectives

- Enhance recognition skills – Practitioners will be able to identify early signs and symptoms of eating disorders across diverse adolescent presentations
- Strengthen intervention competence – Practitioners will demonstrate increased confidence and skill in engaging adolescents and families using early intervention and communication strategies.
- Apply system-level knowledge – Practitioners will understand treatment pathways and appropriate referral criteria to facilitate timely collaboration between schools, community services, and tertiary care.

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Psychometric Properties of the Eating Attitudes Test-26 (EAT-26) in Brazilian Postpartum Women

Abstract: The postpartum period represents a critical window of vulnerability for developing disordered eating behaviors, yet validated screening tools specifically for this population in Brazil remain scarce. This study aimed to comprehensively evaluate the psychometric properties of the widely used Eating Attitudes Test-26 (EAT-26) among Brazilian postpartum women, addressing a significant gap in assessment capabilities for this vulnerable group. A nationwide cross-sectional online study was conducted with 768 Brazilian women up to 24 months postpartum, aged between 18 and 39 years old. Participants completed a comprehensive battery including sociodemographic questions and the EAT-26. The sample was randomly divided for sequential psychometric evaluation through both Exploratory and Confirmatory Factor Analysis. Robust statistical analyses included assessment of internal consistency using McDonald's omega, test-retest reliability over a two-week period, and convergent validity with established measures of body dissatisfaction (Body Shape Questionnaire-8) and sociocultural influence (Sociocultural Attitudes Towards Appearance Questionnaire-4 Revised). Analysis revealed that the original EAT-26 factor structure demonstrated inadequate fit for this population. Through iterative psychometric refinement, an optimized three-factor solution comprising 9 items (EAT-9) emerged with excellent model fit indices. The derived factors were conceptually validated as Body Shape Self-Perception, Dietary Restriction, and Food Preoccupation. This adapted instrument demonstrated adequate to strong internal consistency across all subscales and exhibited high test-retest reliability, confirming its measurement stability. Convergent validity was strongly established through significant positive correlations with both body dissatisfaction measures and sociocultural pressure scales. The standard EAT-26 demonstrates limited psychometric utility for Brazilian postpartum women, risking inaccurate assessment in clinical and research contexts. The newly validated EAT-9 emerges as a robust, culturally sensitive alternative addressing the unique experiences of the postpartum period. This brief instrument enables reliable eating disorder risk screening, facilitating early detection and timely intervention. Its implementation holds significant promise for supporting maternal well-being and guiding appropriate care for postpartum women.

Learning Objectives

- Describe the development and three-factor structure (Body Shape Self-Perception, Dietary Restriction, and Food Preoccupation) of the novel, culturally adapted EAT-9 instrument.
- Evaluate the psychometric properties of the EAT-9, including its internal consistency, test-retest reliability, and convergent validity with measures of body dissatisfaction and sociocultural influence.
- Discuss the limitations of the standard Eating Attitudes Test-26 (EAT-26) as a screening tool for disordered eating behaviors in the Brazilian postpartum population.

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Beyond Diagnostic Borders: Cultural Meanings of Food and the Role of Food Insecurity in Eating Disor

Abstract: Recent clinical and epidemiological findings indicate that among migrant populations the relationship with food often manifests as a form of distress that resists classification within DSM-based diagnostic criteria. Eating behaviors are frequently connected to experiences of loss, identity dislocation, and the search for social recognition rather than to concerns about body shape or weight. At the same time, evidence highlights food insecurity (FI) as a critical determinant in the onset and maintenance of eating disorders (EDs), challenging the long-standing “SWAG” model—Skinny, White, Affluent, Girl—that has dominated the field. The present study explored how cultural meanings of food and FI interact as pathways of vulnerability to EDs in migrant and trauma-exposed populations. An interdisciplinary design integrated qualitative research on symbolic meanings of food among migrants from North Africa, Bangladesh, and sub-Saharan Africa with systematic evidence from PubMed and PsycINFO (2010–2025) on FI and EDs. Semi-structured interviews with patients, cultural mediators, and clinical psychologists were thematically analyzed, identifying three core themes: food as identity memory maintaining connections with lost origins and belonging; food as expression of suffering where deprivation or excess represent symbolic narratives of pain; and food as social recognition bridging cultures and negotiating identity. Quantitative evidence supports these findings: adults experiencing FI are about 1.6 times more likely to report binge-eating episodes and 2.7 times more likely to meet criteria for binge-eating disorder than food-secure counterparts. FI is also linked to restrictive and compensatory behaviors and heightened physiological stress responses, contributing to ED vulnerability. Among refugees and trauma-exposed groups, FI overlaps with psychosocial distress and acculturation strain, resulting in increased rates of obesity, BED, and PTSD. These results call for a revision of Western-centric diagnostic frameworks and for clinical approaches that view food not only as a nutritional or psychopathological variable but as a relational, cultural, and existential language. Integrating a transcultural, trauma-informed perspective may enhance prevention, early detection, and equitable treatment of EDs in increasingly diverse populations.

Learning Objectives

- Identify how cultural meanings of food and experiences of food insecurity contribute to the expression of eating disorders among migrant and trauma-exposed populations.
- Recognize the limitations of Western-centric diagnostic frameworks in capturing culturally mediated forms of eating distress.

- Apply transcultural and interdisciplinary approaches to assessment and treatment planning for individuals with eating disorders in contexts of migration and food insecurity.

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Similarities and differences between ARFID and ASD through advanced data mining techniques

Abstract: Feeding problems are commonly associated with autism spectrum disorder (ASD). Selective eating has been linked to sensory sensitivity and cognitive rigidity in ASD, ARFID, and in typically developing children. The aim of this study is to explore overlaps and differences in the eating problems, the sensory profile and the restricted repetitive behaviours present in ASD and ARFID patients, with data mining techniques based on AI to unveil hidden associations between variables not visible with classical statistics. This is a cross-sectional observational study of 44 patients (22 ASD, 22 ARFID), aged 2-14 years, assessed at the Regional Centre for Feeding and Eating Disorders at the IRCCS ISNB in Bologna, Italy. All parents completed the Brief Autism Mealtime Behavior Inventory-Revised (BAMBI-R), Short Sensory Profile-2 and Repetitive Behavior Scale-Revised. Total and subscale scores and clinical variables were analysed retrospectively. To graphically show the most important connections among the variables we used a fourth-generation artificial neural network (ANN) called Auto-CM, that develops weights that are proportional to the strength of the associations of all variables each other. After the training phase, the weights matrix of the Auto-CM represents the warped landscape of the dataset. Subsequently, a minimum spanning tree filter is applied to the weights matrix of the Auto-CM system to obtain a map of the main connections between the variables of the dataset and the basic semantic of their similarities, defined connectivity map. The ARFID group demonstrated higher BAMBI-R scores than the ASD group (p=0.01), independent of repetitive behaviours and sensory characteristics. The AI-based connectivity analysis highlighted overlapping features between ARFID and ASD, particularly mealtime rigidity and food refusal. Food selectivity emerged as more strongly related to ARFID, while ASD showed a stronger association with disruptive mealtime behaviours. This is the first study to apply data mining techniques to compare ASD and ARFID feeding profiles. There is a notable overlap in feeding issues between the populations. Such difficulties appear to be more relevant in ARFID, independently of the effects of restricted/repetitive behaviours and the sensory profile, whilst disruptive behaviours can occur in both populations, this is more relevant in ASD.

Learning Objectives

- to describe the key differences and overlaps between ARFID and ASD in feeding behaviour

- to identify sensory and behavioural markers associated with both conditions
- to recognize how AI-based data-mining tools can support clinical interpretation in neurodevelopmental research

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Validation of the Dutch version of the ED-15 to measure changes in eating disorder symptoms

Abstract: Eating disorders (ED) are inherently isolating, thriving on secrecy, withdrawal, and the erosion of meaningful social connection. Although research has linked ED to relationship challenges and recovery to improved interpersonal dynamics, the role of friendship in the recovery process remains underexamined. This study explored how individuals in recovery experience friendships, aiming to understand how friendships impact healing. Participants (n=32) were recruited through social media and community ED organizations in Canada and the US and eligible if they self-identified as having experienced an ED and met recovery benchmarks defined by an ED Examination Questionnaire score below 2.8 and the absence of disordered eating behaviors in the prior three months. Semi-structured interviews invited participants to reflect on both the positive and negative influences of friendships during their ED and recovery. Employing Richards and Hemphill's (2018) collaborative qualitative research methodology, an inductive thematic analysis was conducted. Identified themes included friendships with recovery peers (i.e., friends with lived experience of an ED) and non-recovery peers (i.e., friends without such experiences). Recovery peers were frequently characterized as validating, providing immediate and empathetic understanding grounded in shared experiences and mutual recovery goals. However, they also carried risks; some were marked by comparison or competitiveness, and participants described times when continuing the relationship conflicted with their commitment to recovery. Non-recovery peers were perceived as helpful when these friends demonstrated openness to learning about the ED experience, were non-judgemental, acknowledged and celebrated incremental progress, and modelled healthy attitudes toward food and body image. These relationships often restored a sense of normalcy and social belonging, acting as reminders of life beyond the ED, and thus inspired continued engagement in recovery. Still, some non-recovery peers engaged in behaviors that undermined recovery, including excessive monitoring, social exclusion, or comments rooted in diet culture. These findings suggest that both recovery and non-recovery peer relationships play complex, evolving roles in the ED recovery process. Recognizing and integrating the role of friends in recovery may offer valuable insights for clinicians, peer support initiatives, and community-based interventions.

Learning Objectives

- Describe the conceptual basis and intended clinical function of the Eating Disorder-15 (ED-15) as a measure of core eating disorder symptoms and treatment progress within Cognitive Behavioral Therapy-Ten (CBT-T).
- Evaluate the psychometric properties of the Dutch version of the ED-15 (ED-15-NL), including its factor structure, validity, reliability, and sensitivity to change.
- Discuss the implications of the ED-15-NL for both clinical practice and scientific research, including its utility as a brief, session-by-session outcome measure in treatment evaluation and research.

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Replicating a Compassionate, Choice-Based Approach to Treating Food Selectivity in Children

Abstract: Avoidant/Restrictive Food Intake Disorder (ARFID) presents unique challenges in pediatric treatment settings, often requiring tailored behavioral approaches to address feeding difficulties and improve nutritional intake. Despite growing recognition of ARFID as a distinct diagnosis, structured behavioral protocols for selective eaters remain limited in clinical practice.

This abstract outlines the preparatory phase of a clinical research project aimed at implementing and evaluating a behavioral treatment protocol for children and adolescents with selective eating. The protocol is designed to be compassionate, individualized, with a strong emphasis on interdisciplinary collaboration and clinical relevance.

This replication study evaluated the effectiveness of a comprehensive assessment and treatment package modeled after Gover et al. (2023), emphasizing client autonomy, caregiver collaboration, and the avoidance of restrictive procedures such as escape extinction. The intervention included preference assessments, interview-informed synthesized contingency analyses (IISCA), and a progressive shaping protocol with embedded choice-making opportunities. Participants were allowed to opt in and out of treatment sessions, and reinforcement contingencies were individualized based on functional analysis outcome

To support implementation, a Dutch-language workbook translation and practitioner checklist have been developed, providing clinicians with structured guidance for delivering behaviorally informed interventions. These tools aim to enhance treatment fidelity, promote ethical practice, and support clinician confidence in working with selective eaters.

The first application of the protocol is scheduled to begin within a specialized treatment facility for children with ARFID. Although data collection has not yet commenced, the data collected is projected to start november 2025 and seeks to contribute to the development of best practices in behavioral treatment for ARFID and to inform future

research and clinical training. Preliminary findings will be prepared for the presentation.

Learning Objectives

- Understand the rationale of a compassionate and choice-based treatment protocol for picky eaters. Participants will explore how behavioral interventions for food selectivity can prioritize autonomy, minimize restrictive procedures, and promote voluntary engagement through shaping and choice-making.
- Evaluate the feasibility and clinical relevance of replicating a behavioral protocol for ARFID in a Dutch pediatric treatment setting. Attendees will learn how the original protocol by Gover et al. (2023) was adapted for local implementation, including cultural and linguistic modifications, and how replication contributes to validating evidence-based practices.
- Identify key components for preparing and supporting the implementation of behaviorally informed interventions for selective eating. Participants will gain insight into the development and use of structured tools such as a Dutch-language workbook and practitioner checklist to enhance treatment fidelity and interdisciplinary collaboration.

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Pre-Conference Workshop | CTD

ARFID Treatment Reimagined: Harnessing Occupational Therapy's Unique Value and Functional Approach.

Abstract: This clinical teaching session explores the role of Occupational Therapy (OT) as a complementary and holistic approach to Avoidant/Restrictive Food Intake Disorder (ARFID) treatment, connecting clinical practice with the personal and cultural lived experience of eating.

Feeding is a foundational human occupation. ARFID significantly impacts this daily function across the lifespan, extending far beyond the scope of "picky eating." Unlike traditional interventions often focused narrowly on re-feeding or exposure, ARFID requires a multi-modal approach addressing its full impact on an individual’s psychosocial well-being, sensory processing, and daily functioning. Traditional occupational therapy interventions for "picky eating" are not sufficient for ARFID. This session will demonstrate how advanced occupational therapy knowledge and skill can position the profession as an essential component in comprehensive ARFID treatment. Occupational therapy practitioners are uniquely qualified due to the profession's holistic perspective, assessing not only the physiological factors but also the psychosocial,

sensory, and environmental factors involved in the entire occupation of food access and experience (AOTA, 2017). This functional lens enables accurate assessment and effective, autonomy-supportive intervention.

Treating ARFID requires facilitating a positive and predictable relationship with food, moving beyond the "what" to the "how" and "when." This includes addressing an individual's self-acceptance, autonomy, personal growth, executive functioning skills, and self-regulation. Insight into these intervention options limits harm and supports progress. The session will highlight the importance of adapting these interventions to respect diverse cultural backgrounds and personal contexts, demonstrating how OT's client-centered approach can foster a more inclusive and effective treatment model aligned with the conference theme

Activities Description: Key activities include participant polling to gauge knowledge and experiences; narrative case studies illustrating OT application with ARFID; hands-on learning exercises to increase understanding of the lived experience of ARFID; and facilitated discussions to support individualized learning and deepen understanding. This structure is designed to deliver both advanced knowledge and practical, applicable skills for comprehensive ARFID care.

Learning Objectives

- 1) Differentiate between ARFID and typical "picky eating," recognizing the need for advanced functional assessment.
- 2) Identify the unique value of the OT perspective in ARFID treatment, addressing physiological, psychosocial, and environmental factors.
- 3) Integrate occupational therapy (OT) expertise into the ARFID care team

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