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World Congress on

# Eating Disorders, Nutrition & Mental Health

September 12-13, 2016 Philadelphia, USA

## Posters



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## Pressure of conformity and its effect on cognitive dissonance

**April Berry**

Alabama A&amp;M University, USA

In this experiment, the theories of conformity and cognitive dissonance were measured. This experiment examined how the pressure of conformity affects cognitive dissonance within a group context. The researcher hypothesized that conformity would occur within a group as decisions are made and feelings of cognitive dissonance would occur once decisions have been influenced by the pressure of the group. This study was a staged experiment including a total of ten undergraduate and graduate students. There were seven confederates and three true participants. The participants were given ten moral dilemmas; in which they were to give a “permissible or impermissible” answer. After the answers were recorded, the participants were then given the cognitive dissonance questionnaire to measure their feelings of regret. The results were significant and concluded that conformity does exist in a social group context and that group members do exhibit cognitive dissonance after the decision making process has concluded.

### Biography

April Berry has completed her Bachelor's degree from Fisk University and is currently pursuing Master's degree from Alabama A&M University, USA. She has completed numerous research activities that include social psychology and clinical psychology.

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## Personality traits and their correlation with disordered eating

**Ajasha M Long**

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Over 7 million girls and women in addition to 1 million men in the United States are expected to suffer from eating disorder during some period of their life. These disorders result in impaired functioning and desolation with mortality rates that rank among the highest of all mental disorders. Disordered eating has been widely studied with a multitude of variables. In this study of 100 college students at a large University in the northern region of Alabama, the researcher examined the relationship between personality traits and disordered eating. After administering The Big Five Personality Test and the Disordered Eating Attitudes Scale, no statistical significance was found between personality traits and disordered eating. The results suggest that differences exist in the prevalence, age of onset and type of eating disorder amongst different ethnic groups.

### Biography

Ajasha M Long is a graduate student at Alabama A&M University, currently pursuing her Masters degree in Clinical Psychology. She has completed research studies centered on disordered eating, obesity and addictive behaviors amongst and diverse populations.

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## Innovation and technology: The role of social media in the prevention and education of anorexia nervosa

Anthony Tobia, Jason Mintz and Derek Rudge

Rutgers Robert Wood Johnson Medical School, USA

Innovation and technology have resulted in social change that has greatly impacted mental health. While adverse outcomes are numerous, we aim to use innovation and technology to promote wellness. One area of this focus in higher education has been the use of media such as film, coupled with social media such as Twitter® and Periscope®. Movies have long been utilized to highlight varied areas in the field of psychiatry including the role of the psychiatrist, issues in medical ethics and the stigma toward people with mental illness. Furthermore, courses designed to teach psychopathology to trainees have traditionally used examples from art and literature to emphasize major teaching points. At Rutgers Robert Wood Johnson Medical School, psychopathology such as the Eating & Feeding Disorders is taught to trainees through film. This is achieved by selected works serving a metaphorical or symbolic role in the etiology, clinical presentation, course and prognosis of the mental illnesses highlighted in our course syllabus. While REDRUM has been extremely well-received at Rutgers and nationally, course directors have recently begun streaming the didactic live over Periscope®. The goal of our new project is to provide education and primary prevention strategies to all individuals irrespective of their medical background. Didactic: How Carrie is referenced in teaching the Eating & Feeding Disorders: The Eating Disorders are characterized by a disturbance in perception of body image resulting in severe disruption in eating behavior. The Eating Disorder section of the DSM-5 includes the diagnosis of anorexia nervosa. While depicted as obese in the novel, Carrie is underweight in Brian De Palma's film adaptation. It is therefore the horror film that should be referenced by course directors when discussing Carrie as a case study of anorexia nervosa. Anorexia nervosa is conceptualized in psychodynamic terms as a reaction to the demand that adolescents behave more independently and increase their sexual functioning. Carrie replaces preoccupations about eating for these other age-specific pursuits. While there is no overt evidence of an eating disorder in the movie, Carrie's body is perceived as though it is possessed by introject of an intrusive, domineering and unempathic mother. Starvation serves as an unconscious means of starving and destroying the internal object. Mrs. White forbids Carrie from going to the prom one stormy night over dinner. Two important aspects of the conversation included Carrie not eating any of her dinner and her use of telekinesis as the argument with her mother escalates resulting in Mrs. White that Carrie is possessed by Satan. In the movie's penultimate scene, Carrie kills her mother in the kitchen by impaling her with knives, symbolic of Carrie's preoccupation with food.

### Biography

Anthony Tobia is trained in dual Residency in Internal Medicine and Psychiatry at West Virginia University. He currently holds titles of Associate Professor of Psychiatry and Clinical Associate Professor of Internal Medicine at Rutgers Robert Wood Johnson Medical School. He serves as the Director of Medical Student Education and Associate Program Director of Residency Training and is certified by the Board of Psychosomatic Medicine. He is the Director of the Division of Psychosomatic Medicine at Rutgers-RWJMS. His academic interests include various innovative teaching approaches including six that are registered in the Office of Patents and Licensing at Rutgers.

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## e-Poster



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## Review of management of opioid dependence in India with a focus on Naltrexone

Souma Sachdeva<sup>1</sup> and Adam Bisaga<sup>2</sup><sup>1</sup>Vardhman Mahavir Medical College and Safdarjung Hospital, India<sup>2</sup>New York State Presbyterian Hospital, USA

**Introduction:** In 2012, it was found that 5.2% of the world population in the age group of 15-64 years had used an illicit drug once in the previous year. The annual prevalence of opiate abuse in Asia is estimated to be at 0.35%. The majority of heroin consumption in Asia occurs in China, Pakistan, Iran and India.

**Objective:** The purpose of this review to provide evidence based clinical practice guidelines to prescribers and other health practitioners involved in the care of opioid dependent patients with a special reference to Naltrexone.

**Materials & Methods:** Relevant literature was identified through a PubMed literature search for publications and a review was developed.

**Results:** Buprenorphine was the earliest drug to be used successfully in India for the treatment of opiate dependence. Its use began as early as in 1993. The regimen of buprenorphine-naloxone treatment has been made available in drug treatment centers since last few years. Methadone has been launched recently as a multi site study as a pilot project in India. However, there have been no studies on Naltrexone in the SEAR region yet. Several clinical trials from different countries hold evidence that use of Naltrexone has higher efficacy, minimal toxicity and minimal safety concerns. Data also suggest superior efficacy of long acting injectable Naltrexone compared to oral Naltrexone.

**Conclusion:** The use of opioid antagonists for long term treatment of patients with opioid addiction is one of the newer emerging modalities of treatment. It is recommended that trials on both oral and injectable Naltrexone should be started to see the efficacy in the SEAR region.

### Biography

Soumya Sachdeva has completed her MBBS (Bachelors of Medicine and Surgery) from Vardhman Mahavir Medical College and Safdarjung Hospital, India. She is very passionate about medical research and has 7 publications in PubMed and 2 in other peer reviewed journals. She also is the Editor Board of *Journal of Young Medical Researchers*, wikidoc.org and is also the Ambassador for *International Journal of Medical Students (IJMS)*. She has completed a research volunteer experience at Columbia University Medical Center, where she worked on substance abuse.

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## Accepted Abstracts



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## Eating disorders prevalence and determents in Sharjah high school among Emirati young females

**Alla Mansour**

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**Objective:** To assess the prevalence of Disordered Eating Attitude (DEA) and to investigate the cultural determinants of eating disorders in a representative sample of Emirati young females.

**Methods:** A cross sectional study of a sample of 508 adolescent females were chosen through a stratified randomization technique; where one section from each of the grade 10, 11 and 12 was chosen from each public school (n=6) located in Sharjah in the UAE. All consenting students in the selected classes filled the Eating Attitudes Test (EAT-26) and Body Figure Rating Scale (BFR). From the latter, body dissatisfaction score was calculated. From the students who scored 20 or above on EAT 26 (cut off point for eating disorder) and high on body dissatisfaction, a small sample was selected (n=52) and were included into one to one interviews for further investigation on determinants of DEA.

**Results:** From the study sample, 37.8% scored at-least 20 on EAT-26 and 65.2% had body dissatisfaction. Significant relationships were seen between the following pairs: 1) EAT-26 and body dissatisfaction, 2) BMI and body dissatisfaction, 3) occurrence of vomiting and EAT-26. After the in-depth interviews, the following factors were noted as pre-detriments of eating disorders: 1) family has negatively influenced 76.9% of the adolescent by emphasizing on thinness, verbal insults, and non-satisfaction with girls shapes and appearances; 2) Media has negatively influenced 73.1% adolescents (western view of women, models, and celebrates); 3) bullying at either home or school, because of either shape or weight negatively influenced 71% of the participants.

**Conclusion:** The study shows a high prevalence of eating disorder and body dissatisfaction among schools girls in Sharjah. Additionally, interviews showed that the major leading factors to these conditions are family, media, and bullying. Finally, future studies should start prioritizing educational campaigns in schools and within families targeting eating disorders to prevent further deterioration in health of the young generation in UAE.

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## The clinical approach to the patient with obesity

**Gitanjali Srivastava**

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More than 2/3 of the US population is afflicted with either overweight or obesity. Obesity is the cause of over 60 other medical disorders including hospitalizations, illness and other healthcare expenditure. Obesity also either exacerbates, causes or worsens several comorbidities including diabetes, cardiometabolic disease, depression/anxiety and cancers as examples. Despite its medical importance, the medical community continues to inadequately address the disease and treats patients based on the outdated concept of calories in vs calories out or solely as a behavioral dysfunction. We now know that energy balance is regulated and science has advanced our understandings of metabolic physiology and its relationship to the brain, gut and fat.

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## Yale food addiction scale - A validation of the French version for use in clinical samples

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**Background & Aim:** The field of obesity/problematic eating has shown growing interest in the concept of food addiction (FA). At the heart of operationalizing this concept is the Yale Food Addiction Scale (YFAS), a 25-item self-reported questionnaire. Many different versions of the instrument have been adapted, translated and validated. However, the French version still lacks validation among clinical samples. The aim of the present study was thus to validate the French version of the YFAS among individuals suffering from obesity (S1) and individuals suffering from severe obesity awaiting bariatric surgery (S2).

**Methods:** Participants were recruited at the Heart and Lung Institute Research Centre in Quebec city. They filled out the French version of the YFAS, as well as questionnaires assessing variables related and unrelated to FA. Exploratory factor analyses and correlational analyses were conducted.

**Results:** For both samples, results suggested a one-factor structure, with factor loadings higher than 0.50 and a good internal consistency ( $KR20=0.85$ ;  $KR20=0.78$ ). Some problematic items were identified, due to extremely high or low endorsement rates. As for construct validity, results revealed significant correlations between FA and binge eating ( $r=0.63$ ;  $r=0.64$ ), cravings ( $r=0.49$ ;  $r=0.64$ ) and impulsivity ( $r=0.29$ ;  $r=0.23$ ), but an absence of correlation between FA and restraint ( $r=0.18$ ;  $r=0.18$ ) and alcohol use ( $r=-0.01$ ;  $r=-0.02$ ).

**Conclusion:** This study helped establish the validity of the French version of the YFAS for use in clinical samples. As previously stated in the literature, it would be important to reconsider certain items, especially when applied to individuals presenting severe obesity and/or long-term eating difficulties.

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## Effects of dog-assisted therapy on self efficacy and coping behavior of people with mental illness: Retrospective cohort study

Elizabeth Maitland  
RECOVERY Assistance Dogs, UK

The benefits of Animal-Assisted Therapy (AAT) for mental health conditions have been well-documented, but there is lack of scientific studies using dogs as therapeutic agents for psychiatric patients. The present study was conducted to examine dog assisted intervention on self-efficacy, coping ability among patients with a variety of psychiatric diagnoses. A Retrospective cohort study was conducted by means of assessment files of patients with mental illness who visited RECOVERY assistance dog. Study examined data of out-patients before and after the dog assisted intervention. Record data were included during 2010 to 2016 along with the follow up of one year. Interrupted time series and chi-square analyses were used to study the impact of dog assistance. During the intervention period there was a significant increase in the self efficacy and coping behavior in the participants. At follow up, this change remained stable. Dog assisted intervention may have positive influences on self-efficacy and coping ability among psychiatric patients with long lasting psychiatric symptoms.

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## True identities: How recovery transforms the body, mind and soul

Kristin Kaye

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This presentation is designed with the intentions of sharing personal experiences with overcoming Anorexia Nervosa in hopes of allowing people to become more aware of what goes on in the mind and life of someone struggling with an eating disorder. In this discussion, I explore what the recovery process looked like in my life as an elite level athlete by addressing the topics of spiritual intervention, relapse prevention, support circles, and the perception of body image and self-esteem in life after treatment. I am convinced that one of the biggest struggles people deal with is identity, especially with knowing where or who to place their identity in. Through my own journey, I know I have had three distinct “identity” stages. I elaborate on the parallel between my identity “as the gymnast” to recovery of my physical body by reaching a healthy weight, a parallel between the identity of “my eating disorder” to recovery of my mind, psychological thoughts, and wellbeing, and finally, a parallel between my identity as “the unique individual” with the recovery of my soul by developing a solid concept of who I was created to be in the image of God. My recovery has transformed my life in such a dynamic way that it is my passion to share and openly discuss with struggling individuals, family members, and professionals what recovery can look like. I was able to return to the sport of rhythmic gymnastics three years after treatment and become a member of the 2009 United States Rhythmic Gymnastics World Championships Group Team. Three years after this comeback, I set a new goal in another sport, and I am now training in an elite level program in the sport of rowing.

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## Attachment-related characteristics in patients with eating disorders

Manuela Gander

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**Background:** The following study investigates the differences in attachment-related characteristics between adolescent inpatients with eating disorders (n=30), depression (n=30) and healthy controls (n=30).

**Method:** The Adult Attachment Projective Picture System (AAP) was used to assess attachment patterns in the clinical and healthy samples. According to the AAP guidelines, we can assess indicators representing attachment-related fear and threat that are rooted in experiences of attachment trauma. Some of the AAP picture stimuli unleash this traumatic material leaving the individual in a state of attachment dysregulation.

**Results:** The findings demonstrate an overrepresentation of the unresolved attachment status in the patient samples. Although the difference on the amount of fear indicators between the clinical and healthy groups did not reach statistical significance, they more often lead to attachment dysregulation in the clinical groups. When looking at attachment themes in particular, patients with eating disorders showed dysregulation more often when story characters are in situations of extreme isolation and emptiness (e.g. like being in jail, desperately alone, separate from the rest of the world or locked in), whereas depressive patients more often report on helplessness (e.g. feeling out of control, being overwhelmed or trapped, hopeless).

**Conclusion:** These preliminary results provide evidence of not only an overrepresentation of the unresolved attachment pattern in adolescent patients with psychiatric disorders but also indicate significant differences on attachment themes associated with trauma in depression and eating disorders. Integrating these attachment-related issues into specific psychotherapeutic interventions might lead to a better outcome in that age group.

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## Can death adjust interfere with our eating behavior? : An abstract analysis

**Mohammad Samir Hossain and Tahmina Rahman Chowdhury**

Sheikh Mujib Medical University, Bangladesh

Death is the inevitable end of the life – that is what we perceive most often during our lifetime. Psychological analyses converge to demonstrate that human beings struggle to integrate it as a personal reality. In this work we attempted to focus on the linkage between our conceptions of death, our difficulty in adjusting to it as a species and how it might affect us in our eating habit. First we surveyed historical and philosophic perspectives on the meaning of death sampling some of the broad field of psychological research on death attitudes in a variety of cultures and subcultures. Then, we analyzed the traditional concept of death as a potential factor producing adjustment problems. Finally, we dragged our argument towards the probability that a pessimistic understanding of death as a phenomenon could be a hidden factor behind our contemporary unhealthy eating behaviors, just like it can be behind many other psychopathologies.

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## Mental health professionals' preferences towards treatment modalities for ADHD children and adolescence in Pakistan

**Shukria Qasim Khan**

Islamic International University, Pakistan

**Aim:** This study aims to explore, identify, patterns of use for each modalities and examine patient and parent treatment preferences and their subjective experience.

**Method:** A qualitative research method was applied along with further literature review for a diverse and comprehensive comparison. About 15-20 Mental Health Practitioners were approached and interviewed using structured and unstructured interviews from different regions of Pakistan i.e., KPK, Punjab, Sindh, Federal region in order to get a representative sample and the results can be generalized for further research. The sample of the study was 15-18 mental health professionals from different setups all over Pakistan.

**Results:** The findings identified that 85% of mental health professionals preferred medication modality (short and long term medicines), about 5% of psychiatrists adhered to neuro-feedback and 10% of mental health professionals/physicians made statements that short acting medication should be combined with other interventions such as counseling, "behavior modification programs", classroom accommodations or education that would teach students coping skills. Majority of patients exhibited lack of insight about their disorder, the negative consequences of medication and lack of knowledge about behavioral or combined treatment modalities.

**Conclusions:** It is concluded from the current research to address gaps in knowledge base of parent and patient after simultaneously eliciting ADHD treatment perceptions. Less than ½ accesses for the treatment of ADHD due to diverse factors such as child's dislike of taking pills, stigma experiences and lowered self-esteem. It is further concluded that parents' and patients' willingness to use ADHD interventions and views of acceptability, effectiveness and potential side effects associated with treatment should be considered by the mental health professional for therapeutic alliance. This research based on qualitative has yielded one more significant fact that Pakistani Psychiatrists are biased and prejudiced on towards Psychologists and this fact is highly sensitive issue while opting for behavioral or combined treatment modalities.

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## Treating eating disorders with high complexity and co-morbidity: The Schema therapy approach

**Susan Simpson**

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A considerable proportion of those with eating disorders (EDs) either relapses or fails to respond at all to standard treatments. CBT outcome studies for bulimia nervosa (BN) commonly report drop-out rates of between 20 to 40% and at follow-up typically only half of participants are abstinent. Evidence to support the effectiveness CBT for anorexia nervosa is scant (AN). Many individuals with EDs express denial over the seriousness of their illness and are highly resistant to change due to deep-seated fears of weight gain, thereby interfering with compliance and motivation to change within standard treatment programs. Schema Therapy (ST) is arguably ideally suited to the treatment of eating disorders, particular for those with complexity and co-morbidity. ST is an integrative therapeutic approach developed to address entrenched interpersonal and self-identity difficulties, including personality disorder. This model addresses change not only at an intellectual/cognitive level, but also incorporates techniques which lead to emotional & behavioral change. ST techniques specifically target the rigid belief systems & high levels of avoidance characteristic of eating disorders & other complex problems that frequently interfere with progress in traditional treatments. In this paper we will present the rationale and treatment model for ST for eating disorders and describe preliminary results of recent and ongoing research trials in the field.

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## Civil commitment in the treatment of eating disorders: Practical and ethical considerations

**Wayne A Bowers**

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Eating disorders, especially anorexia nervosa and bulimia nervosa, can be life threatening and debilitating syndromes. Usually developed during adolescence and early adulthood there is the potential for disrupting family relationships, academic progress, social development and psychological functioning. As a psychiatric problem, eating disorders, if addressed early can be treated effectively. However, this syndrome can develop a variable course with waxing and waning interference and in some cases become a life-long obstruction. As a consequence of the development of an eating disorder, individuals begin to lose their objectivity regarding their need for intervention and often (as can be seen in anorexia nervosa) there can be a complete denial of the disorder. When this occurs family, significant others, and health care providers may need to consider the use of compulsory treatment to interrupt the destructive course of the disorder. This workshop is intended to focus on how medical complications, a high risk of mortality, and impaired judgment can contribute to treatment refusal which may be a factor leading to a severe and enduring form of an eating disorder. The workshop will present a history of civil commitment and how it has been enacted with eating disorders. Empirical data on use and benefit of civil commitment will be presented to help the reader understand the research impact and provide insight into the patient experience of compulsory treatment. A discussion of the use and misuse of persuasion and coercion will be highlighted with an emphasis on how and when these concepts are applicable. General ethics of civil commitment as well as ethics specific to civil commitment and eating disorders will be reviewed. Focus will be on paternalism versus autonomy and how this is understood and integrated into treatment. As an alternative to civil commitment Psychiatric Advanced Directives will be presented in the context of eating disorder treatment. This will address what psychiatric advanced directives are, how they work and the potential role they have in treatment with special emphasis on severe and enduring eating disorders

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## Mindfulness based interventions for eating disorders inpatients

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There is some evidence that mindfulness-based treatment programs can be usefully adopted in clinical inpatient settings and for challenging problems, especially for eating disorders inpatients, suicide adolescents and borderline patients. Keeping in mind that mindfulness approaches (MBCT, MBSR, ACT) easily lend themselves to applications in a group therapy setting and on account of an excellent cost-efficient ratio resulting from this sort of application, these kinds of interventions are particularly suitable in inpatient settings especially with eating disorders. In this report an example of the application of a mindfulness approach for hospitalized patients with eating disorders will be illustrated. We will present the mindfulness based therapy program inpatient treatment provided by the Department of Psychiatry of the CDAA (Centro Regionale per I Disturbi dell' Alimentazione in Adolescenza) located in Pietra Ligure Savona Asl 2 Savonese Liguria, where an adapted version of mindfulness-based cognitive therapy (MBCT) forms an important part of an integrated and multidisciplinary team program for Eating Disorders. Setting, typical format of a group session, theoretical framework and some peculiar difficulties will be discussed. Mindfulness based treatment programs can be effectively adopted in clinical inpatient settings for eating disorders and they can optimize the resources of the staff. Furthermore it seems to be able to enhance treatment team process. Mindfulness-based approaches offer a cost-efficient way to generically teach useful skills for disengaging patients from the dysfunctional cognitive processing modes that characterize severe eating disorders.

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## The role of relaxin-3 system in stress-induced binge eating

Elena Timofeeva

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Binge eating is a core symptom in bulimia nervosa and binge eating disorder. Bingeing episodes are frequently triggered by stress or negative mood and involve intake of highly palatable food. We developed a model of binge eating based on individual sensitivity of female rats to increase sucrose consumption in response to stress. The rats were subjected to unpredictable intermittent 1-h access to 10% sucrose. After stabilization of sucrose intake, the rats were assessed for consistency of higher (for binge-like eating prone, BEP) or lower (for binge-like eating resistant, BER) sucrose intake in response to unpredictable episodes of stress. The BEP rats consumed a larger (20%>BER) amount of sucrose in a discrete (1-h) period of time compared to the BER phenotype in non-stressful conditions and significantly increased sucrose intake (50%>BER) under stress. Analyses of the sucrose licking microstructure revealed that BEP rats had a high motivational drive to consume sucrose in non-stressful condition and an increased hedonic value of sucrose when they were exposed to stressful conditions. BEP rats consumed sucrose much more rapidly under stressful conditions compared to BER rats. In the brain, BEP rats demonstrated strong activation of expression of or exogenous neuropeptide relaxin-3 and its specific receptor RXFP3. Central administration of RXFP3 antagonist prevented stress-induced bingeing on sucrose in BEP rats. These results highlight the potential role of relaxin-3/RXFP3 system as a novel pharmacological target for the treatment of stress-induced binge eating.

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