

WPA SECTION EATING DISORDERS: SEPTEMBER 2023

Greetings

Dear members of the WPA section eating disorders,

once again, we would like to share our newsletter and point out some publications that may be of interest to you. Surely many of you are informed about new work through your research activities, we have nevertheless made a small arbitrary selection of interesting new publications.

In addition, we have again put together some useful information on journals and events. Soon there will also be a new survey of the AED, we will refer to this in the next newsletter.

If any of you are attending the WPA congress in Vienna, you are welcome to join our section meeting that we will hold there.

We hope you had a good summer, the first summer without the pandemic. Now we all hope that with the fall (or spring for those of you in the southern hemisphere) there will be no new wave of cases.

Best regards,

Ulrich Voderholzer, Professor, M.D. (Chair),

Schön Klinik Roseneck - Am Roseneck 6 - D-83209 Prien am Chiemsee, Germany

Fernando Fernández-Aranda, PhD., FAED (Co-Chair),

Dr. Alessio Maria Monteleone (Secretary)

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<https://www.wpanet.org/eating-disorders>

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WPA Section Eating Disorders: Section Meeting and Symposium

We are pleased to announce the next section meeting during the [23rd WPA World Congress of Psychiatry in Vienna, Austria](#) between the 28. September and 1 October 2023. It will provide a valuable platform for professional networking and exchanging information about current projects.

The section meeting will take place on the 30. September from 12:00 to 13:00 in the Room 0.94-0.95 on Floor 0 of the WCP Vienna Congress Venue.

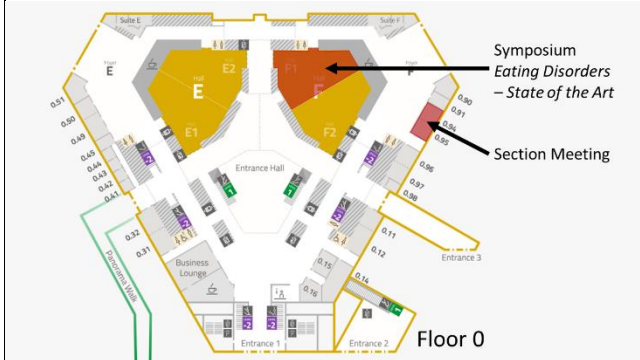
We also invite you to our symposium “Eating disorders – state of the Art.”

There we will hold presentations on the following topics:

1. Anorexia nervosa – new findings (Ulrich Voderholzer)
2. Treatment of Eating disorders – state of the Art (Alessio Maria Monteleone)
3. BN and BED: Personality and cognitive predictors of therapy. (Fernando Fernández-Aranda)

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The Symposium will take place on Saturday, 30 September 8:00-9:00 in Hall F1.



The Scientific Program of the Congress:
<https://wcp-congress.com/program-at-a-glance/>

Please give us feedback: Contact data and continued membership

We would like to remind you about our request for a short feedback:

- Do you want to continue being a member and continue receiving this newsletter?
- Do you agree that your name and position as well as optionally your email address will be published on the WPA homepage as a section member?

If so, please also confirm your name, position, email address and whether you agree to have it published so our records are up to date.

With this information we would like to publish a section member list on the WPA website to promote professional exchange.

Thank you to everyone who has already given us this feedback after the last newsletter!

Summary of 2022 journal Impact factors for Eating Disorder Journals

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International Journal of Eating Disorders	European Eating Disorders Review	Journal of Eating Disorders	Eating and Weight Disorders
5.5	5.3	4.1	3.9
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Eating Disorders: The Journal of Treatment & Prevention	Eating Behaviors	Appetite	Nutrients
3.3	2.8	5.4	5.9

Selected publications of interest of recent months

Spix, M., Schutzeichel, F., & Jansen, A. (2023). Can you learn to starve yourself? Inducing food avoidance in the laboratory. *Behaviour research and therapy*, 166, 104340. <https://doi.org/10.1016/j.brat.2023.104340>

The restriction of energy intake is a central and persistent symptom of anorexia nervosa. Recent models of the disorder suggest that food restrictions are learned avoidance behaviours, which are acquired and maintained by classical and operant conditioning. The present study aims to test this learning model of food restriction. It investigates whether introducing negative consequences for the intake of tasty high-calorie food and introducing positive consequences for its avoidance can create food avoidance, increase fear of food, and decrease eating desires in healthy individuals. 104 women were randomly assigned to an experimental or control condition and completed an appetitive conditioning and avoidance learning task. While the experimental condition received money after avoiding the tasty high-calorie food item and heard an aversive sound after not avoiding food intake, the control condition never received these consequences. In the extinction phase, reward and punishment discontinued for both conditions. We measured avoidance frequency, mouse movements, fear, eating desires and stimulus liking. Participants in the experimental condition avoided the food more often than

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controls and showed increased fear, reduced eating desires and less liking for cues associated with food intake. These results support the notion that food avoidance behaviours, reduced eating desires and fear of food can be learned via classical and operant conditioning. Conditioning paradigms might be a useful tool to study the development and maintenance of food restriction in anorexia nervosa.

Hübel, C., Abdulkadir, M., Herle, M., Palmos, A. B., Loos, R. J. F., Breen, G., Micali, N., & Bulik, C. M. (2023). Persistent thinness and anorexia nervosa differ on a genomic level. *European journal of human genetics : EJHG*, 10.1038/s41431-023-01431-8. Advance online publication. <https://doi.org/10.1038/s41431-023-01431-8>

Thinness and anorexia nervosa are both characterised by persistent low weight. Individuals with anorexia nervosa concurrently report distorted perceptions of their body and engage in weight-loss behaviours, whereas individuals with thinness often wish to gain weight. Both conditions are heritable and share genomics with BMI, but are not genetically correlated with each other. Based on their pattern of genetic associations with other traits, we explored differences between thinness and anorexia nervosa on a genomic level. In Part 1, using publicly available data, we compared genetic correlations of persistent thinness/anorexia nervosa with eleven psychiatric disorders. In Part 2, we identified individuals with adolescent persistent thinness in the Avon Longitudinal Study of Parents and Children (ALSPAC) by latent class growth analysis of measured BMI from 10 to 24 years ($n = 6594$) and evaluated associations with psychiatric and anthropometric polygenic scores. In Part 1, in contrast to the positive genetic correlations of anorexia nervosa with various psychiatric disorders, persistent thinness showed negative genetic correlations with attention deficit hyperactivity disorder ($r_{gAN} = 0.08$ vs. $r_{gPT} = -0.30$), alcohol dependence ($r_{gAN} = 0.07$ vs. $r_{gPT} = -0.44$), major depressive disorder ($r_{gAN} = 0.27$ vs. $r_{gPT} = -0.18$) and post-traumatic stress disorder ($r_{gAN} = 0.26$ vs. $r_{gPT} = -0.20$). In Part 2, individuals with adolescent persistent thinness in the ALSPAC had lower borderline personality disorder polygenic scores ($OR = 0.77$; $Q = 0.01$). Overall, results suggest that genetic variants associated with thinness are negatively associated with psychiatric disorders and therefore thinness may be differentiable from anorexia nervosa on a genomic level.

Majić, T., & Ehrlich, S. (2023). Psilocybin for the treatment of anorexia nervosa. *Nature medicine*, 29(8), 1906–1907. <https://doi.org/10.1038/s41591-023-02458-6>

In individuals with anorexia nervosa, psilocybin therapy comes with specific risks and concerns; but an encouraging phase 1 trial underscores the necessity for more research into classic psychedelics to address the urgent need for effective treatments.

Golden, N. H., Kapphahn, C. J., Cheng, J., Kreiter, A., Downey, A. E., Accurso, E. C., Machen, V. I., Adams, S. H., Buckelew, S. M., Moscicki, A. B., Le Grange, D., & Garber, A. K. (2023). Course and outcome in individuals with atypical anorexia nervosa: Findings from the Study of Refeeding to Optimize inpatient Gains (StRONG). *The International*

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journal of eating disorders, 10.1002/eat.24029. Advance online publication.
<https://doi.org/10.1002/eat.24029>

Objective: We previously reported that participants with atypical anorexia nervosa (atypical AN) had higher historical and admission weights, greater eating disorder psychopathology, but similar rates of amenorrhea and weight suppression at baseline as compared to anorexia nervosa (AN); here, we compare 1-year outcomes. **Method:** Weight, % median body mass index (%mBMI), Eating Disorder Examination Questionnaire (EDE-Q) scores, resumption of menses, and rehospitalizations were examined at 3, 6, and 12 months post-discharge. Analyses (N = 111) compared changes in %mBMI, weight suppression, and EDE-Q scores over time between atypical AN and AN. **Results:** Among the participants (48 atypical AN, 63 AN), both groups gained weight but those with atypical AN had lower gains than those with AN in %mBMI ($p = .02$) and greater weight suppression ($p = .002$) over time. EDE-Q scores improved over time, independent of weight suppression, with no significant difference between atypical AN and AN. Groups did not differ by rates of resumption of menses (80% atypical AN, 76.9% AN) or rehospitalization (29.2% atypical AN, 37.9% AN). Greater weight suppression predicted longer time to restore menses and more days of rehospitalization.

Discussion: Individuals with atypical AN regained a smaller proportion of body mass and were more weight suppressed over time. Change in eating disorder cognitions, resumption of menses, and rehospitalization rates at 1-year follow-up did not differ between groups. There was no significant difference in weight suppression between groups for those who were psychologically improved at 12 months. Findings highlight limitations in our understanding of weight recovery in atypical AN. New metrics for recovery are urgently needed. **Public significance:** Little is known about outcome in atypical anorexia nervosa (atypical AN). We examined recovery metrics in young people with atypical AN and anorexia nervosa (AN) 1 year after medical hospitalization. Individuals with atypical AN showed slower weight gain and remained further from their pre-illness weight. There were no differences in the rates of psychological recovery, resumption of menses, or rehospitalization. New metrics are needed to assess recovery in atypical AN.

Pagano, N., Glasofer, D. R., Attia, E., Ruggiero, J., Eziri, K., Goldstein, C. M., & Steinglass, J. E. (2023). Perspectives on relapse prevention following intensive treatment of anorexia nervosa: A focus group study. The International journal of eating disorders, 56(7), 1417–1431. <https://doi.org/10.1002/eat.23952>

Objective: Including the perspectives of individuals with lived experience of mental health issues is a critical step in research and treatment development. Focus groups with patients with a history of treatment for anorexia nervosa (AN) were conducted in anticipation of a clinical trial of Relapse Prevention and Changing Habits (REACH+). **Methods:** Seven female adults (23-51 years) who had previously received inpatient treatment for AN, now in remission, participated in one of two semistructured focus groups. Rapid qualitative analysis was used to examine participants' contributions and identify common topics. **Results:** Transcript analysis yielded three topics related to relapse prevention: (1) recovery aids, including a sense of agency in treatment decisions and finding new interests/passions, (2) recovery hindrances, such as lack of access to care, and (3) identification of members of support system. Aspects of REACH+ received positive feedback, such as continuity of care from the inpatient setting and

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the use of telehealth. Viewpoints differed with respect to the helpfulness of obtaining patient weights in treatment. The REACH+ online platform received positive comments regarding content and usability, as well as suggestions for additional content. **Discussion:** Qualitative feedback from patients with a history of AN highlighted the value of engaging patients in their own treatment decisions, as well as in treatment design and innovation. Within this small group, there were differences of opinion about treatment components, specifically weight assessment, that suggest the need for further data. User-centered design provides opportunities to improve the acceptability and, therefore, dissemination of novel treatments. **Public significance:** Relapse prevention is a critical treatment need for patients with anorexia nervosa, as this illness too often follows a protracted course. There are challenges in both obtaining specialized care and in retaining patients in treatment. Here, patient perspectives on these challenges offer input to allow for optimization of relapse prevention treatment. Shared decision-making may be particularly valuable to support an individual's sense of agency and engagement in care.

Kambanis, P. E., Bottera, A. R., Mancuso, C. J., Cass, K., Lohse, K., Benabe, J., Oakes, J., Watters, A., Johnson, C., Mehler, P., & Young, K. P. (2023). Delusional beliefs among 50 adult females with severe and extreme anorexia nervosa upon admission to an acute medical stabilization facility. *Eating disorders*, 31(4), 353–361. <https://doi.org/10.1080/10640266.2022.2135982>

We aimed to evaluate whether the content of eating/body image-related beliefs in individuals with anorexia nervosa (AN) was associated with important aspects of eating disorder (ED) psychopathology. Females with AN completed assessments within 96 hours of admission to an inpatient medical stabilization program. Study staff administered the Brown Assessment of Beliefs Scale and participants completed self-report measures. We derived belief content domains using an inductive approach and examined associations between beliefs and clinical variables. The following belief categories emerged (% with a belief in that category): body image beliefs (64%), food beliefs (30%), body function beliefs (20%), rejection of illness beliefs (12%), morality beliefs (10%), and control beliefs (6%). No one belief domain was significantly associated with greater delusional intensity. However, findings indicate that greater delusional intensity was generally associated with worse ED psychopathology.

Peck, S. K., Shao, S., Gruen, T., Yang, K., Babakanian, A., Trim, J., Finn, D. M., & Kaye, W. H. (2023). Psilocybin therapy for females with anorexia nervosa: a phase 1, open-label feasibility study. *Nature medicine*, 29(8), 1947–1953. <https://doi.org/10.1038/s41591-023-02455-9>

Anorexia nervosa (AN) is a deadly illness with no proven treatments to reverse core symptoms and no medications approved by the US Food and Drug Administration. Novel treatments are urgently needed to improve clinical outcomes. In this open-label feasibility study, 10 adult female participants (mean body mass index 19.7 kg m⁻²; s.d. 3.7) who met Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for AN or pAN (partial remission) were recruited to a study conducted at an academic clinical research institute. Participants received a single 25-mg dose of synthetic psilocybin in conjunction with psychological support. The primary aim was to assess safety, tolerability and feasibility at post-

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treatment by incidences and occurrences of adverse events (AEs) and clinically significant changes in electrocardiogram (ECG), laboratory tests, vital signs and suicidality. No clinically significant changes were observed in ECG, vital signs or suicidality. Two participants developed asymptomatic hypoglycemia at post-treatment, which resolved within 24 h. No other clinically significant changes were observed in laboratory values. All AEs were mild and transient in nature. Participants' qualitative perceptions suggest that the treatment was acceptable for most participants. Results suggest that psilocybin therapy is safe, tolerable and acceptable for female AN, which is a promising finding given physiological dangers and problems with treatment engagement.

Ciciulla, D., Soriano, V. X., McWilliam, V., Koplin, J. J., & Peters, R. L. (2023). Systematic Review of the Incidence and/or Prevalence of Eating Disorders in Individuals With Food Allergies. *The journal of allergy and clinical immunology. In practice*, 11(7), 2196–2207.e13. <https://doi.org/10.1016/j.jaip.2023.04.010>

Background: Chronic diseases involving strict dietary adherence have been associated with an increased risk of eating disorders (EDs). This is the first systematic review investigating the rate of EDs among individuals with food allergies (FAs). **Objective:** To report the incidence, prevalence, and types of EDs in individuals with FAs. **Methods:** Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, we searched 4 databases for studies published to January 2022 that reported the prevalence or incidence of EDs in samples with immunoglobulin E (IgE) or non-IgE-mediated allergy. Risk of bias was assessed and evidence qualitatively synthesized. **Results:** From 1,180 papers identified, 9 met inclusion criteria. There were 4,161 adult and pediatric participants with IgE-mediated FAs or eosinophilic esophagitis. Avoidant/Restrictive Food Intake Disorder (ARFID) or anorexia nervosa/bulimia nervosa were the main EDs identified. The prevalence of EDs in samples with FA ranged from 0.8% to 62.9%. Among studies investigating IgE-mediated FA (n = 6), the prevalence of anorexia nervosa and/or bulimia nervosa ranged from 17.6 to 61%, ARFID was 62.9%, and unspecified EDs was 0.8% to 6%. Among samples with eosinophilic esophagitis (n = 3), ARFID prevalence ranged from 4.5% to 51%. Most studies were limited by small sample size, possible selection bias, and lack of diagnostic EDs tools validated for food allergic populations. **Conclusions:** Eating disorders appear prevalent in individuals with FA; however, prevalence estimates varied widely. Large studies with healthy control groups and validated measures to identify EDs in individuals with FA are needed to accurately determine the prevalence of EDs.

Mathisen, T. F., Hay, P., & Bratland-Sanda, S. (2023). How to address physical activity and exercise during treatment from eating disorders: a scoping review. *Current opinion in psychiatry*, 10.1097/YCO.0000000000000892. Advance online publication. <https://doi.org/10.1097/YCO.0000000000000892>

Purpose of review: This scoping review aimed to provide a recent update on how to address dysfunctional physical activity and exercise (DEX), and on effects and experiences from including supervised and adapted physical activity or exercise (PAE), during treatment of eating disorders. **Recent findings:** A systematic search for peer-reviewed publications in the

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period 2021-2023 generated 10 original studies and 6 reviews, including one meta-analysis (reporting according to PRISMA and SWiM). Findings showed that DEX was effectively managed by use of psychoeducation and/or PAE. Inclusion of PAE as part of treatment showed low-to-moderate impact on health and positive or neutral effects on eating disorder psychopathology. There were no reports of adverse events. For individuals with anorexia nervosa, PAE improved physical fitness with no influence on body weight or body composition unless progressive resistance training was conducted. For individuals with bulimia nervosa, DEX was reduced simultaneously with increased functional exercise and successful implementation of physical activity recommendations during treatment. Experiences by individuals with eating disorders and clinicians, including accredited exercise physiologists, pointed to positive benefits by including PAE in treatment. **Summary:** Lack of consensus about DEX and of recommendations for PAE in official treatment guidelines hinder adequate approaches to these issues in eating disorder treatment.

Castellini, G., Cassioli, E., Vitali, F., Rossi, E., Dani, C., Melani, G., Flaccomio, D., D'Andria, M., Mejia Monroy, M., Galli, A., Cavalieri, D., Ricca, V., Bartolucci, G. L., & De Filippo, C. (2023). Gut microbiota metabolites mediate the interplay between childhood maltreatment and psychopathology in patients with eating disorders. *Scientific reports*, 13(1), 11753. <https://doi.org/10.1038/s41598-023-38665-x>

Eating disorders (EDs) are syndromes with a multifactorial etiopathogenesis, involving childhood traumatic experiences, as well as biological factors. Human microbiome has been hypothesised to play a fundamental role, impacting on emotion regulation, as well as with eating behaviours through its metabolites such as short chain fatty acids (SCFAs). The present study investigated the interactions between psychopathology of EDs, the gut microbiome and SCFAs resulting from bacterial community metabolic activities in a population of 47 patients with Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder and in healthy controls (HCs). Bacterial gut microbiota composition differences were found between subjects with EDs and HCs, especially in association with different pathological behaviours (binge-purge vs restricting). A mediation model of early trauma and ED-specific psychopathology linked reduction of microbial diversity to a typical microbiota-derived metabolite such as butyric acid. A possible interpretation for this model might be that childhood trauma represents a risk factor for gut dysbiosis and for a stable modification of mechanisms responsible for SCFAs production, and that this dysfunctional community is inherited in the passage from childhood to adulthood. These findings might open the way to novel interventions of butyric acid-like compounds as well as faecal transplant.

Nielsen, S., & Vilmar, J. W. (2023). Educational attainment in eating disorders: What can we learn from visualising data. *European eating disorders review : the journal of the Eating Disorders Association*, 10.1002/erv.3015. Advance online publication. <https://doi.org/10.1002/erv.3015>

Background: Educational attainment is an understudied outcome in eating disorders (ED). We compared the educational attainment of individuals with and without ED. **Methods:** This study is a nationwide, register-based, observational epidemiological study using record linkage. The studied cohorts were (1) all persons treated psychiatrically for ED from 1970 to 2014, and (2) a

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control population matched for sex, age, and place of residence. The International Standard Classification of Education 2011 was used to classify educational attainment. We employed ineqord, a series of graphical and analytical tools that are appropriate for comparing the distributions of ordinal data (Jenkins, 2020). **Results:** Females with ED attained higher educational levels than males with ED. Males with ED had lower average educational levels than controls. On average, female controls attained higher educational levels than patients with ED in the eating disorders not otherwise specified or overeating groups. Females with anorexia nervosa, differed from matched controls: While their median was the same, too many participants were in the lower and higher levels of educational attainment. Females with bulimia nervosa had higher educational levels than matched controls on average. **Conclusions:** Educational attainment differs between individuals with and without out ED for all ED diagnoses and in both sexes.

Vintró-Alcaraz, C., Mallorquí-Bagué, N., Lozano-Madrid, M., Testa, G., Granero, R., Sánchez, I., Treasure, J., Jiménez-Murcia, S., & Fernández-Aranda, F. (2023). The usefulness of an intervention with a serious video game as a complementary approach to cognitive behavioural therapy in eating disorders: A pilot randomized clinical trial for impulsivity management. European eating disorders review : the journal of the Eating Disorders Association, 10.1002/erv.3003. Advance online publication. <https://doi.org/10.1002/erv.3003>

Objective: The aim of the present study was to test the usefulness of an add-on serious video game approach (i.e., Playmancer) to treatment as usual (TAU) on reducing impulsive behaviours and psychopathology in individuals diagnosed with an eating disorder (ED). **Method:** Thirty-seven patients diagnosed with an ED according to the DSM-5 were included in the present randomized clinical trial (RCT; study record 35,405 in ClinicalTrials.gov) and were randomly assigned to either the TAU or TAU + Playmancer group. All participants completed a clinical interview. Impulsivity (UPPS-P self reported questionnaire and Stroop task) and general psychopathology (SCL-90-R) measures were assessed at: baseline, 4 weeks into treatment, at the end of TAU (after 16 weeks), and follow-up (2 years). In addition, patients in the experimental group underwent a total of nine sessions with Playmancer over the span of 3 weeks. **Results:** Patients in both treatment groups (TAU + Playmancer or TAU) improved on Stroop task performance and psychological distress. Additionally, patients in TAU-Playmancer improved on the impulsive trait domain of lack of perseverance. No statistical differences were found regarding treatment outcomes (i.e., treatment adherence and remission of eating symptomatology) when comparing the two treatment groups. **Conclusion:** Our results suggest that the impulsivity associated with EDs should be addressed and could be modified, as some facets of trait impulsivity improved after Playmancer add-on treatment. Yet, there were no significant differences in treatment outcomes when comparing the two groups and further research needs to be conducted.

Baenas, I., Miranda-Olivos, R., Granero, R., Solé-Morata, N., Sánchez, I., Pastor, A., Del Pino-Gutiérrez, A., Codina, E., Tinahones, F. J., Fernández-Formoso, J. A., Vilarrasa, N., Guerrero-Pérez, F., Lopez-Urdiales, R., Virgili, N., Soriano-Mas, C., Jiménez-Murcia, S., de la Torre, R., & Fernández-Aranda, F. (2023). Association of anandamide and 2-arachidonoylglycerol concentrations with clinical features and body mass index in

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eating disorders and obesity. *European psychiatry : the journal of the Association of European Psychiatrists*, 66(1), e49. <https://doi.org/10.1192/j.eurpsy.2023.2411>

Background: Anandamide (AEA) and 2-arachidonoylglycerol (2-AG) play a pivotal role in stimulating motivational behavior toward food and energy metabolism. Aberrant functioning of the endocannabinoid system has been observed in extreme weight conditions (EWCs), suggesting it may influence pathophysiology. Then, we aimed to analyze fasting AEA and 2-AG plasma concentrations among individuals with EWC (i.e., anorexia nervosa [AN] and obesity with and without eating disorders [EDs]) compared with healthy controls (HCs), and its association with clinical variables and body mass index (BMI). **Methods:** The sample included 113 adult women. Fifty-seven belonged to the obesity group, 37 without EDs (OB-ED) and 20 with ED (OB+ED classified within the binge spectrum disorders), 27 individuals from the AN group, and 29 from the HC group. Peripheral blood samples, several clinical variables, and BMI were evaluated. **Results:** Unlike 2-AG, AEA concentrations showed significant differences between groups ($p < 0.001$). Increased AEA was observed in the OB-ED and OB+ED compared with both HC and AN group, respectively. Likewise, AEA was differentially associated with emotional dysregulation, general psychopathology, food addiction, and BMI in all clinical groups. **Conclusions:** These results support the interaction between biological and clinical factors contributing to delineating vulnerability pathways in EWC that could help fit personalized therapeutic approaches.

Becoming a member of the WPA Section Eating Disorders: Conditions and Procedure

New members must apply, and we will use the WPA form for application to become a section member.

<https://www.wpanet.org/join-a-section>

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Calendar of Events for Professionals:

**23rd WPA World Congress of
Psychiatry**
28 September – 1 October, 2023
Vienna, Austria

More information:

<https://wcp-congress.com>

**EDRS 2024 – Annual Meeting of the
Eating Disorders Research Society**
26-28 September 2024
Sitges, Catalonia, Spain
Melia Sitges Hotel

**International Conference on Eating
Disorders (ICED) 2024**
March 14-16, 2024
Sheraton New York Times Square
New York, NY, USA

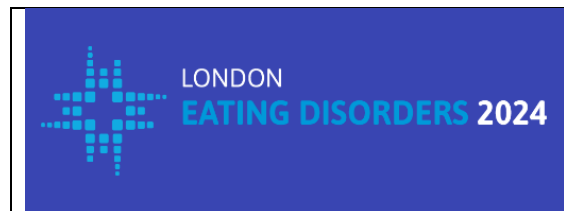


**The Eastern European Eating
Disorder Network (EEEDN) is holding
its second international conference
October 28-30, 2023**
CKF_13 Fabryczna Conference Centre,
Krakow, Poland

More information:

<http://www.eeedn2023.org>

**European Council on Eating
Disorders**
18th ECED General Meeting
21-23 September 2023
Leiden, the Netherlands



**London International Eating Disorder
Conference**
29 February 2024.
Cavendish Conference Center, London,
UK

Super Early Bird Registration until 10
November

**24th WPA World Congress of
Psychiatry**
14 - 17 November, 2024
World Trade Centre, Mexico City,
Mexico

More information:

<https://wcp2024.kenes.com/>