

Treatment of eating disorders in primary care: a systematic review

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CRD summary

The authors concluded that cognitive-behavioural therapy using a self-help book and guidance by a primary care physician may be beneficial for reducing symptoms in patients with bulimia nervosa and binge eating disorder. Limitations in the review methods, uncertain quality of included studies and no long-term outcome reporting mean that the authors' conclusions may not be reliable.

Authors' objectives

To evaluate psychological treatments for anorexia nervosa, bulimia nervosa and binge eating disorder in primary care.

Searching

CINAHL, EMBASE, PsycARTICLES, PsycINFO and PubMed were searched up to the year 2009. Search terms were indicated. Only articles in English were included. References from five recent treatment reviews were considered.

Study selection

Studies were included if they evaluated a psychological treatment for anorexia nervosa, bulimia nervosa and binge eating disorder conducted in primary care (or in a setting intended to simulate primary care).

Only studies of treatment for bulimia nervosa and binge eating disorder were identified. No demographic details were reported for the participants of the included studies. Most studies excluded participants with comorbid disorders. Only two studies recruited participants from a primary care setting. All studies except one delivered treatment in a primary care setting. Treatment approaches included primary care physicians providing counselling alone or with an augmentation (self-help book or pharmacological treatment) and collaborative approaches with someone other than the primary care physician serving as the primary treatment provider and the primary care physician in a supporting role. This again included counselling with or without an augmentation. Various levels of training were given to treatment providers. Self-help books were based on a cognitive-behavioural approach. Participants received between five and 10 sessions of 20 to 30 minutes.

The authors did not state how many reviewers selected studies for inclusion.

Assessment of study quality

The authors did not state that they assessed validity.

Data extraction

The authors did not state how many reviewers performed the data extraction.

Methods of synthesis

Data were summarised in text and tables.

Results of the review

Five studies (351 participants, range 11 to 109) were summarised. Four studies were randomised and one was non-randomised (probably uncontrolled). Attrition rates ranged between 12% and 69%.

Three of the four studies that used self-help methods found these to be beneficial in alleviating binge

eating episodes (significantly better compared to delayed treatment, guided self-help significantly better than pure self-help, similar improvements with self-help and specialty care). One study that compared guided self-help to pharmacological treatment with fluoxetine or combined treatment reported no benefits of guided self-help with respect to bulimic symptoms; this study had an attrition rate of 69%. One uncontrolled study of abridged cognitive-behavioural training found an improvement in bulimic symptoms in 55% of patients.

Authors' conclusions

Guided self-help cognitive-behavioural therapy via a self-help book used in a primary care setting may be a beneficial treatment for reducing bingeing and purging symptoms in patients with bulimia nervosa and binge eating disorder.

CRD commentary

The review question and inclusion criteria were clear. Five relevant databases were searched along with the reference lists of five reviews. The search was restricted to English studies so some relevant studies may have been overlooked. Details of methods of study selection and data extraction were not described so it was unclear to what extent error and bias were minimised. Quality assessment of the included studies was not reported so it was unclear how reliable the studies were.

Relatively limited study details were provided, especially with respect to the study populations. Brief study characteristics were provided in tables but the exact outcomes assessed were not very clear (such as discussion of bulimic symptoms without specifying how these were defined). One of the included studies was non-randomised (uncontrolled according to the data given) and several had high attrition rates. Follow-up periods of the studies were unclear but appeared to have been relatively short term. No information was identified on anorexia nervosa.

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Limitations in the review methodology and in the included studies mean that the authors' conclusions may not be reliable.

Implications of the review for practice and research

Practice: The authors did not state any implications for practice.

Research: The authors stated that future research should focus on creating a standardised treatment protocol encompassing abbreviated treatment, long term evaluation and minimal training requirements for primary care providers. Studies should be reported according to CONSORT standards and assess long term effects. Collaborative approaches and effects of treatment components should be investigated (including pharmacological treatment). Studies should allow comorbidities in participants and recruit participants from primary settings. Studies were needed on psychological treatment of anorexia nervosa in primary care.

Funding

Not stated.

Bibliographic details

Allen S, Dalton WT. Treatment of eating disorders in primary care: a systematic review. Journal of Health Psychology 2011; 16(8): 1165-1176

PubMedID

[21459921](#)

Original Paper URL

<http://hpg.sagepub.com/content/16/8/1165.abstract>

Indexing Status

Subject indexing assigned by NLM

MeSH

Eating Disorders /therapy; Humans; Primary Health Care; Psychotherapy, Brief; Self Care

AccessionNumber

12011007250

Database entry date

09/11/2012

Record Status

This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.

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