

Management of eating disorders

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CRD summary

This review concluded that the literature regarding efficacy of treatments for eating disorders was of variable quality and that further studies using robust methodology are required. Conclusions about specific interventions were presented in the report. This was a generally well-conducted review and the conclusions appear to be reliable.

Authors' objectives

To review the evidence on: efficacy of treatment for anorexia nervosa, bulimia nervosa and binge eating disorder; harms associated with treatment; factors associated with treatment efficacy and outcomes; and whether treatment and outcomes differ by socio-demographic characteristics. This abstract concentrates on evidence of efficacy and adverse effects of treatment.

Searching

The authors searched MEDLINE, CINAHL, PsycINFO, ERIC, AGRICOLA and the Cochrane Library from 1980 to September 2005. Search terms were reported. Searching of reference lists and contact with experts were used to identify additional studies. No language restrictions were imposed. Studies not published in peer-reviewed journals were excluded.

Study selection

Randomised controlled trials (RCTs) of any treatment in people aged 10 years or older with anorexia nervosa, bulimia nervosa or binge eating disorder were eligible for the review. Patients had to meet specified diagnostic criteria and the trial had to include at least 10 patients (30 for bulimia). Trials had to report at least one eating-related, psychiatric, psychological or biomarker outcome. Treatments were classified as pharmaceutical, behavioural and 'combination and other'.

Studies were selected by one reviewer; decisions to exclude studies from the review were checked for agreement by a second reviewer.

Assessment of study quality

Study validity was assessed based on 25 items in 11 categories. A validity score was calculated; trials scoring 0 to 59% were considered poor quality; 60 to 74% fair; and 75% or more good.

Validity assessments were performed by two independent reviewers and the final score was the average of the two assessments.

Data extraction

Data were extracted by one reviewer and checked by a second. Disagreements were resolved by discussion.

Methods of synthesis

Data were synthesised narratively by condition and type of intervention. Differences between trials were discussed in the text and presented in tables. The analysis focused on trials rated as good or fair quality. The overall evidence base for each type of intervention was classified as strong, moderate, weak or none, based on the quality and quantity of available trials and consistency of the findings.

Results of the review

Thirty RCTs of anorexia, 47 RCTs of bulimia and 25 RCTs of binge eating disorder were included.

Anorexia: Evidence for medication was sparse and inconclusive. Evidence for behavioural interventions was also limited. One trial suggested that cognitive behaviour therapy may reduce relapse risk for adults after weight restoration. For adolescents, evidence from five trials indicated that family therapy lead to clinically meaningful weight gain from baseline and psychological change. However, most trials of family therapy were not powered to detect differences between interventions.

Bulimia: Several fair or good quality RCTs showed that fluoxetine (60mg/day) administered for six to 18 weeks reduced binge eating and purging compared with placebo and was associated with reduced relapse at one year. Based on 11 trials, individual or group cognitive behaviour therapy reduced binge eating and purging and improved psychological features in the short and long term. Trials combining drug and behavioural interventions provided only preliminary evidence.

Binge eating disorder: The clinical impact of medication alone was unclear. A combination of cognitive behaviour therapy with medication was associated with improvements in binge eating and weight loss, although the evidence was insufficient to determine the most effective medications. Cognitive behaviour therapy alone decreased numbers of binge days or reported binge episodes compared with controls and increased rates of abstinence for up to four months after the end of treatment. However, cognitive behaviour therapy did not appear to produce decreases in weight in overweight individuals. Self-help interventions decreased binge days, binge eating episodes and psychological features of the disorder, and led to greater abstinence from binge eating compared with waiting-list controls.

Adverse effects: Adverse effects associated with each type of treatment were listed in the report.

Authors' conclusions

The literature regarding efficacy of treatments for eating disorders was of highly variable quality. Future studies should attend to issues of statistical power, research design, standardised outcome measures and appropriate statistical methodology.

CRD commentary

This review addressed clear questions about the effectiveness and harms of treatment. Inclusion criteria were clear. The authors performed a thorough search without language restrictions. Unpublished studies were excluded, which meant that the review may be at risk of publication bias. The authors attempted to minimise the risk of errors and bias during the review process, although this risk could have been reduced further by fully independent selection of studies.

Validity of included trials was assessed and the results were used in the synthesis. Full details of included trials were presented. A narrative synthesis was appropriate in view of the broad range of interventions included.

This was a generally well-conducted review. The authors' broad conclusions (and more specific conclusions presented in the report) reflected the evidence presented and appear to 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 exploration of additional treatment approaches is warranted for all three disorders and that consensus definitions of remission, recovery and relapse are required. Additional implications for individual disorders are listed in the report.

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Bibliographic details

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Original Paper URL

<http://www.ahrq.gov/clinic/tp/eatdistp.htm>

Additional Data URL

<http://www3.interscience.wiley.com/journal/114186491/abstract> ;

<http://www3.interscience.wiley.com/journal/114186489/abstract> ;

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Other publications of related interest

Bulik CM, Berkman ND, Brownley KA, Sedway JA, Lohr KN. Anorexia nervosa treatment: a systematic review of randomized controlled trials. *International Journal of Eating Disorders* 2007;40(4):310-320.

Shapiro JR, Berkman ND, Brownley KA, Sedway JA, Lohr KN, Bulik CM. Bulimia nervosa treatment: a systematic review of randomized controlled trials. *International Journal of Eating Disorders* 2007;40(4):321-336.

Brownley KA, Berkman ND, Sedway JA, Lohr KN, Bulik CM. Binge eating disorder treatment: a systematic review of randomized controlled trials. *International Journal of Eating Disorders* 2007;40(4):337-348.

Indexing Status

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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.