

PROGETTO PIA.DAO SISDCA-ANSISA 2012-2014

File Espansioni.4. (vedi File OPZIONI 9.6.6.)

**130 Abstract di Revisioni Sistematiche e Metanalisi (ARS) di grandi tematiche
Obesity, Anorexia, Bulimia, Binge Eating, Mental Health
dal "Data Base Abstracts of Review of Effects" del Centre for Reviews and Dissemination (NHS-CDR)
Ricerca del 25 Novembre col Mesh Thesaurus
Come ricavare quesiti o affermazioni nell'ambito della sintesi narrativa di ciascun argomento?**

- a. E' stata fatta una ricerca degli abstracts di analisi critiche di Revisioni Sistematiche e di metanalisi (ARS) consultando il sito del Centre For Reviews and Disseminations del National Institute for Health Research (CRD-NHS).
- b. Sono state usate le parole chiave dell'albero Mesh Thesaurus: "Obesity", "Anorexia", "Bulimia", "Mental Health", **vedi istruzioni alla nota ⁽¹⁾**
- c. **Sono stati selezionati 130 abstract (ARS) che sono reperibili nel portale per il down load in ordine alfabetico per autore. Non è necessario andare al sito del CRD per consultarli, mentre è necessario per fare una propria ricerca di ARS con nuove parole chiave**
- d. L'analisi critica di queste revisioni sistematiche può essere utilizzata dai Redattori del Panel per fare una valutazione delle affermazioni e delle raccomandazioni che si possono ricavare, con il relativo Livello di Prova e la corrispondente Forza della Raccomandazione (**vedi Sez. III.C**) per arricchire e concludere la sintesi narrativa del proprio argomento corrispondente.
- e. **Nella Tavola A di questo filr i 130 titoli sono spalmati** nei 36 argomenti del syllabus del Manuale MDF. Si sottolinea l'importanza di questo file per ricavare le risposte ai quesiti che ogni Redattore può trarre da ciascuna revisione sistematica del Data Base Abstract of Reviews corrispondente per arricchire e completare così la propria sintesi narrativa con una conclusione operativa e utile per la salute.
- f. **Nella Tavola B i 130 titoli sono elencati in ordine alfabetico del 1° Autore con il "summary" e le "conclusions" dei revisori del CRD copiate e incollate per ciascun titolo. Per leggere l'abstract completo è necessario fare il down load dal portale SISDCA dove gli abstracts sono pubblicati in ordine per autore.**

<http://sisdcadisturbialimentari.weebly.com/progetto-piadao.html>

Per andare su Twitter [@ProgettoPIADAO](#) e partecipare ai commenti esterni

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1. Cliccare il link del Centre for Reviews and Disseminations (CDR) <http://www.crd.york.ac.uk/crdweb/>
2. Registrarsi e cercare un argomento che interessa facendo uso del Mesh Thesaurus
3. Si troverà una lista degli abstract (ARS) delle analisi critiche di tutte le revisioni sistematiche e metanalisi sull'argomento cercato, pubblicate dal 2012 in giù, sul corrente numero del periodico "Data Base Abstracts of Review of Effects", J Wiley & Sons Ltd.
4. Si possono fare ricerche su argomenti a piacere ed entrare automaticamente in PubMed.
5. La ricerca può essere effettuata sui data base di tre settori:
 - a. DARE (Database of Abstracts of Reviews of Effects)
 - b. NHS-EED (NHS Economic Evaluation Database)
 - c. HTA (Health Technology Assessment)
6. Il CRD ha un account per il "following" su Twitter <https://it.twitter.com/> e usufruire di questo importante servizio di comunicazione.

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Tavola A

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Per leggere tutto l'abstract occorre andare alla pagine "Progetto PIA.DAO del portale SISDCA < <http://siadcadisturbialimentari.weebly.com/progetto-piadao.html> >

Sezione

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| 1 | 1.a. Dal DSM-IV e dal ICD-10 al DSM-5 ** Striegel-Moore RH et al (2011). Development an Evidence Based Classification of Eating Disorders. Scientific Findings for DSM-5. APA. ** Wilfley DE et al (2007). Clalssification of Eating Disorders. Towards DSM-5. Int J Eat Dis 40, S123 ** Striegel-Moore RH et al (2011). Development an Evidence Based Classification of Eating Disorders. Scientific Findings for DSM-5. APA. | 1 1.a |
| 2 | 1.b. La Valutazione Multi-dimensionale: Assessment, Diagnosi, Piano Assistenziale, Contratto Terapeutico Berkman ND et al. Management of eating disorders. Rockville, MD, USA: Agency for Healthcare Research and Quality. Evidence Report/Technology Assessment; 135. 2006 | 1.b. |
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| 6 | <p>3.b. Adulti Anziani</p> <p>Stehr MD, von Lengerke T. Preventing weight gain through exercise and physical activity in the elderly: a systematic review. Maturitas 2012; 72(1): 13-22</p> <p>Weinheimer EM et al. A systematic review of the separate and combined effects of energy restriction and exercise on fat-free mass in middle-aged and older adults: implications for sarcopenic obesity. Nutrition Reviews 2010; 68(7): 375-388</p> <p>Witham MD, Avenell A. Interventions to achieve long-term weight loss in obese older people: a systematic review and meta-analysis. Age and Ageing 2010; 39(2): 176-18</p> | 3.b. |
| 7 | <p>4.a. Meccanismi Neurobiologici di Regolazione dell'Appetito</p> <p>** Berridge KC: 'Liking' and 'wanting' food rewards: brain substrates and roles in eating disorders. Physiol Behav. 2009 14 97(5):537-50.</p> <p>**Berridge K et al: The tempted brain eats: Pleasure and desire circuits in obesity and eating disorders. Brain Res. 2010 2 1350: 43-64.</p> | 4 4.a. |
| 8 | <p>4.b.i. Benefici possibili dei Farmaci</p> <p>Ara R et al. What is the clinical effectiveness and cost-effectiveness of using drugs in treating obese patients in primary care? A systematic review Health Technology Assessment 2012; 16(5): 1-202</p> <p>Bacaltchuk J et al. Antidepressants versus psychotherapy for bulimia nervosa: a systematic review. Journal of Clinical Pharmacy and Therapeutics 1999; 24(1): 23-31</p> <p>** Calero-Elvira A et al: Meta-analysis on drugs in people with eating disorders. Eur Eat Disord Rev. 2009 17:243-59.</p> <p>Claudino Angélica M et al. Antidepressants for anorexia nervosa. Cochrane Database of Systematic Reviews: Reviews 2006; Issue 1</p> <p>Claudino Angélica M et al. Antipsychotic drugs for anorexia nervosa. Cochrane Database of Systematic Reviews: Reviews 2007; Issue 4</p> <p>Garcia Diaz E et al. Systematic review of the clinical efficacy of sibutramine and orlistat in weight loss, quality of life and its adverse effects in obese adolescents. Nutricion Hospitalaria 2011; 26(3): 451-457</p> <p>Gordon J et al. Lightening the load? A systematic review of community pharmacy-based weight management interventions Obesity Reviews 2011; 12(11): 897-911</p> <p>Kramer CK et al. Efficacy and safety of topiramate on weight loss: a meta-analysis of randomized controlled trials. Obesity Reviews 2011; 12(501): e338-e347</p> <p>Osei-Assibey G et al. Pharmacotherapy for overweight/obesity in ethnic minorities and White Caucasians: a systematic review and meta-analysis. Diabetes Obesity and Metabolism 2011; 13(5): 385-393</p> <p>Reas DL, Grilo CM. Review and meta-analysis of pharmacotherapy for binge-eating disorder. Obesity 2008; 16(9): 2024-203</p> <p>Saunders EF, Silk KR. Personality trait dimensions and the pharmacological treatment of borderline personality disorder. Journal of Clinical Psychopharmacology 2009; 29(5): 461-467</p> <p>Stefano S C et al. Antidepressants in short-term treatment of binge eating disorder: systematic review and meta-analysis. Eating Behaviors 2008; 9(2): 129-136</p> <p>Viner RM et al. Efficacy and safety of anti-obesity drugs in children and adolescents: systematic review and meta-analysis. Obesity Reviews 2010; 11(8): 593-602</p> | 4.b.i. |
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| 10 | <p>4.c. Convergenza tra DAO e Uso-Abuso di Sostanze</p> <p>** Baker JH et al: Eating disorder symptomatology and substance use disorders: prevalence and shared risk in a population based twin sample. Int J Eat Disord. 2010 43(7):648-58.</p> <p>** Cohen LR et al: Survey of Eating Disorder Symptoms among Women in Treatment for Substance Abuse Am J Addict. 2010 19(3): 245-251.</p> | 4.c. |
| 10 | <p>4.c. Convergenza tra DAO e Uso-Abuso di Sostanze</p> <p>** Baker JH et al: Eating disorder symptomatology and substance use disorders: prevalence and shared risk in a population based twin sample. Int J Eat Disord. 2010 43(7):648-58.</p> <p>** Cohen LR et al: Survey of Eating Disorder Symptoms among Women in Treatment for Substance Abuse Am J Addict. 2010 19(3): 245-251.</p> <p>** Courbasson C, Brunshaw JM.: The relationship between concurrent substance use disorders and eating disorders with personality disorders. J Environ Res Public Health. 2009 6(7):2076-89.</p> | 4.c. |

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| 22 | <p>6.b. Valutazione dei Risultati Systematic Reviews. CRD's guidance for undertaking reviews in health care. Centre for Reviews and Dissemination, University of York, 2008. Published by CRD, University of York, 2009. http://www.york.ac.uk/inst/crd/index_guidance.htm Guidelines International Network: verso standard internazionali per la produzione di linee guida, Amir Qaseem, Frode Forland, Fergus Macbeth, Günter Ollenschläger, Sue Phillips, Philip van der Wees for the Board of Trustees of the Guidelines International Network. Evidence 2012;4(6): e1000022 Manuale Metodologico. Come produrre, diffondere e aggiornare raccomandazioni, 2002 per la pratica clinica. Il Programma nazionale per le linee guida (PNLG) Eating disorders: anorexia nervosa, bulimia nervosa and related eating disorders. Understanding NICE guidance: a guide for people with eating disorders, their advocates and carers, and the public 2004 Eating Disorders Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa, and related eating disorders. National Clinical Practice Guideline Number CG9 developed by National Collaborating Centre for Mental Health commissioned by the National Institute for Clinical Excellence published by The British Psychological Society and Gaskell Clinical Pathway Audit Tools: A Systematic Review. Kris Vanhaecht, Karel De Witte, Walter Sermeus (2007). The impact of clinical pathways on the organisation of care processes. PhD dissertation to obtain the degree of Doctor in Social Health Sciences. Faculty of Medicine, Catholic University Leuven.</p> | <p>6.b.</p> |
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| 31 | <p>9.b. Programmi di Prevenzione Belanger-Gravel A et al. The effect of theory-based interventions on physical activity participation among overweight/obese individuals: a systematic review. Obesity Reviews 2011; 12(6): 430-439 Brown T et al. Systematic review of long-term lifestyle interventions to prevent weight gain and morbidity in adults. Obesity Reviews 2009; 10(6): 627-638 Denison E et al. Effekter av tiltak utenfor helsetjenesten for a oke fysisk aktivitet hos voksne. [Effects of interventions outside</p> | 9.b. 11 |

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| 36 | <p>12. Priorità della Ricerca di Base, Epidemiologica e Clinica</p> | 12 |
| <p>Trasversali Attenzione: molte revisioni inserite nei diversi argomenti sono trasversali. Quelle inserite di seguito sono elencate in questa sede e ognuno può a piacere portarle nell'argomento che interessa.</p> | | |
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Tavola B

Elenco dei 128 titoli di Revisioni Sistematiche in ordine alfabetico del 1° Autore con la espansione del riassunto e delle conclusioni fatte dai revisori del CRD.

1. Aigner M et al (WFSBP Task Force On Eating Disorders): World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for the pharmacological treatment of eating disorders. World J Biol Psychiatry. 2011 12(6):400-43.
Vedi lavoro originale
2. Allen S, Dalton WT. Treatment of eating disorders in primary care: a systematic review. Journal of Health Psychology 2011; 16(8): 1165-1176
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.
Guided self-help cognitive-behavioural therapy via a self-help book used in a primary care setting may be a beneficial treatment for reducing binging and purging symptoms in patients with bulimia nervosa and binge eating disorder.
3. Ara R et al. What is the clinical effectiveness and cost-effectiveness of using drugs in treating obese patients in primary care? A systematic review Health Technology Assessment 2012; 16(5): 1-202
The authors concluded that their mixed-treatment comparison of anti-obesity drugs (orlistat, sibutramine or rimonabant) showed that all were effective at reducing weight and body mass index. The authors' conclusions are a fair reflection of the evidence presented, but the limited quality assessment and analysis of sensitivity to trial quality, make it difficult to evaluate their reliability.
4. Armstrong MJ et al. Motivational interviewing to improve weight loss in overweight and/or obese patients: a systematic review and meta-analysis of randomized controlled trials. Obesity Reviews 2011; 12(9): 709-723
The authors concluded that motivational interviewing appeared to enhance weight loss in overweight and obese patients. The authors' conclusions reflect the evidence presented but their note for caution when interpreting the results should be borne in mind due to the variability and poor methodological quality of included trials.
5. Bacaltchuk J et al. Antidepressants versus psychotherapy for bulimia nervosa: a systematic review. Journal of Clinical Pharmacy and Therapeutics 1999; 24(1): 23-31
A meta-analysis including five RCTs showed a non significant difference in short-term remission of bulimic symptoms favouring psychotherapy. Remission rates were 20% for antidepressants and 39% for psychotherapy (p=0.07). Drop-out rates were higher (p=0.027) for antidepressants (40%) than for psychotherapy (18%). The number needed to harm (NNH) was four. Psychotherapy was superior to antidepressants but using a more conservative statistical approach this difference, although clinically relevant, was not significant. The number of trials might be insufficient to show the significance of a 20% absolute risk reduction in efficacy. Psychotherapy was a better accepted treatment.
6. Barte JC et al. Maintenance of weight loss after lifestyle interventions for overweight and obesity, a systematic review. Obesity Reviews 2010; 11(12): 899-906
This review investigated the relationship between weight loss during a lifestyle intervention and weight maintenance after at least one year of unsupervised follow-up and concluded that percentage maintenance did not depend on initial weight loss; 10% or more weight loss can be favoured above lower weight loss goals. Weaknesses in the analyses suggest a cautious interpretation of the conclusions
Percentage maintenance did not clearly depend on initial weight loss. Ten per cent or more weight loss can be encouraged and favoured above lower weight loss goals.
7. Belanger-Gravel A et al. The effect of theory-based interventions on physical activity participation among overweight/obese individuals: a systematic review. Obesity Reviews 2011; 12(6): 430-439
This review concluded that the long-term impact of theory-based interventions on increasing physical activity was ambiguous. Whilst this reflects the results of the review, the reliability is unclear due to issues with the reporting of the review, the possibility of selection bias and the unclear quality of the included studies.

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| 8. | <p>The review question and inclusion criteria were clear. The search was thorough but the decision to limit the review to studies published in English may have led to publication and/or language bias and the omission of some relevant studies. The authors reported using methods designed to reduce bias and error in the data extraction but not in the selection of studies. No formal quality assessment of the studies was reported although some relevant aspects of study quality were discussed. It appeared that the quality of the evidence was variable and often low. The decision to adopt a narrative synthesis was clearly appropriate but the failure to report the results of tests of statistical significance made it hard to evaluate the results discussed. The authors' conclusions reflect the results of the review, but their reliability is unclear.</p> <p>Bell L. What can we learn from consumer studies and qualitative research in the treatment of eating disorders? <i>Eating and Weight Disorders</i> 2003; 8(3): 181-187</p> |
| 9. | <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> <p>Berkman ND et al. Management of eating disorders. Rockville, MD, USA: Agency for Healthcare Research and Quality. Evidence Report/Technology Assessment; 135. 2006</p> <p>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.</p> <p>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.</p> |
| 10. | <p>Biddiss E, Irwin J. Active video games to promote physical activity in children and youth: a systematic review. <i>Archives of Pediatrics and Adolescent Medicine</i> 2010; 164 (7) : 664-672</p> <p>This review concluded that active video games enabled light to moderate physical activity in young people, but there was limited evidence on their long-term efficacy for physical activity promotion. The cautious conclusions and recommendations for further research reflect the limited evidence presented by the authors.</p> <p>Active video games enabled light to moderate physical activity. Limited evidence was available to draw conclusions on the long-term efficacy of active video games for physical activity promotion.</p> |
| 11. | <p>Bockelbrink A et al. Evaluation of medical and health economic effectiveness of bariatric surgery (obesity surgery) versus conservative strategies in adult patients with morbid obesity] Cologne: German Agency for Health Technology Assessment at the German Institute for Medical Documentation and Information (DAHT@DIMDI). DAHTA073. 2008</p> <p>This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.</p> |
| 12. | <p>Bond M et al. Systematic review of the effectiveness of weight management schemes for the under fives. <i>Obesity Reviews</i> 2011; 12(4): 242-253</p> <p>This well-conducted review concluded that evidence on weight management interventions for prevention of obesity in under-fives was scarce and disparate (no evidence on treatment). There was some evidence of positive trends in weight measures, but except for one subgroup this was not statistically significant. Further randomised controlled trials were required. This conclusion is likely to be reliable.</p> <p>Evidence from controlled trials on the efficacy of weight management interventions for prevention of obesity was scarce and disparate; there was some evidence of positive trends in weight measures but with the exception of one subgroup this was not statistically significant. There was no evidence on treatment interventions. Further RCTs were required.</p> |
| 13. | <p>Brown T et al. Systematic review of long-term lifestyle interventions to prevent weight gain and morbidity in adults. <i>Obesity Reviews</i> 2009; 10(6): 627-638</p> <p>The authors of the review concluded that diet alone and with the addition of exercise and/or behaviour therapy demonstrated significant weight loss and improvement in metabolic syndrome and diabetes compared with no treatment control for at least two years. The reliability of the conclusions is unclear as they were based on analyses that contained only one or two studies.</p> <p>Diet alone and with the addition of exercise and/or behaviour therapy demonstrated significant weight loss and improvement in metabolic syndrome and diabetes compared with no treatment control for at least two years.</p> |
| 14. | <p>Buchwald H et al. Weight and type 2 diabetes after bariatric surgery: systematic review and meta-analysis. <i>American Journal of Medicine</i> 2009; 122(3): 248-256</p> <p>The review concluded that clinical and laboratory manifestations of type 2 diabetes were resolved or improved in the greater majority of obese</p> |

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| | <p>patients after bariatric surgery. These responses were more pronounced in surgical procedures associated with a greater percentage of excess body weight loss. Given methodological concerns in the review methods, the authors' conclusions may be not reliable. The clinical and laboratory manifestations of type 2 diabetes were resolved or improved in the greater majority of obese patients after bariatric surgery. These responses were more pronounced in surgical procedures associated with a greater percentage of excess body weight loss and were maintained for two years or more.</p> |
| 15. | <p>Butryn M L, Wadden T A. Treatment of overweight in children and adolescents: does dieting increase the risk of eating disorders?. International Journal of Eating Disorders. 2005;37(4):285-293.</p> <p>This review assessed the effects of dieting on eating behaviour and psychological status in children and adolescents. The authors concluded that programmes do not generally increase eating disorders and do improve psychosocial status. Given that the review methods and the quality of the individual studies were not adequately reported, it is difficult to comment on the strength of the evidence underpinning the authors' conclusions. Professionally administered weight loss programmes do not generally increase symptoms of eating disorders. They were associated with significant improvements in psychosocial status.</p> |
| 16. | <p>Byford S et al. Economic evaluation of a randomised controlled trial for anorexia nervosa in adolescents. British Journal of Psychiatry 2007; 191: 436-440</p> <p>This study was a cost-effectiveness analysis alongside a clinical trial of three treatment strategies for adolescents aged 12 to 18 years with anorexia nervosa. The strategies were psychiatric in-patient, specialist out-patient, and general out-patient treatment. The authors concluded that specialist out-patient services provided the most cost-effective treatment in the UK. The study was based on valid methodology, which should have ensured the validity of the authors' conclusions.</p> <p>The authors concluded that the specialist out-patient service was the most cost-effective treatment for adolescents with anorexia nervosa in the UK.</p> |
| 17. | <p>Calero-Elvira A et al: Meta-analysis on drugs in people with eating disorders. Eur Eat Disord Rev. 2009 17:243-59.</p> <p>Vedi originale</p> |
| 18. | <p>Cho S H, Lee J S, Thabane L, Lee J. Acupuncture for obesity: a systematic review and meta-analysis. International Journal of Obesity 2009; 33(2): 183-196</p> <p>This review concluded that acupuncture for obesity had some beneficial effect compared to placebo or lifestyle control. However, results were of limited value due to clinical heterogeneity and poor methodological quality of included trials. This was a well-conducted review and the authors' conclusions are appropriately cautious. Acupuncture for obesity had some beneficial effect compared to placebo or lifestyle control, but results were of limited value due to clinical heterogeneity and poor methodological quality of the included trials. More research and well-designed, rigorous clinical trials are needed.</p> |
| 19. | <p>Ciampa PJ et al. Interventions aimed at decreasing obesity in children younger than 2 years: a systematic review. Archives of Pediatrics and Adolescent Medicine 2010; 164(12): 1098-1104</p> <p>The authors concluded that limited evidence suggested that interventions may improve dietary intake and parental attitudes and knowledge about nutrition for children younger than two years. The substandard quality of included studies and potential methodological limitations in the review process mean that the authors' conclusion might be unreliable. Limited evidence suggested that interventions may improve dietary intake and parental attitudes and knowledge about nutrition in children younger than two years.</p> |
| 20. | <p>Claudino Angélica M et al. Antidepressants for anorexia nervosa. Cochrane Database of Systematic Reviews: Reviews 2006; Issue 1</p> <p>A lack of quality information precludes us from drawing definite conclusions or recommendations on the use of antidepressants in acute AN. Future studies testing safer and more tolerable antidepressants in larger, well designed trials are needed to provide guidance for clinical practice. ANTIDEPRESSANTS FOR ANOREXIA NERVOSA: The aim of the present review was to evaluate the evidence from randomised controlled trials for the efficacy and acceptability of antidepressant treatment in acute AN. Seven small studies were identified; four placebo-controlled trials did not find evidence of efficacy of antidepressants in improving weight gain, eating disorder or associated symptoms, as well as differences in completion rates. Meta-analysis of data was not possible for most outcomes. However, major methodological limitations of these studies (e.g. insufficient power to detect differences) prevent from drawing definite conclusions or recommendations for antidepressant use in acute AN. Further studies testing safer antidepressants in larger and well designed trials are needed to guide clinical practice.</p> |
| 21. | <p>Claudino Angélica M et al. Antipsychotic drugs for anorexia nervosa. Cochrane Database of Systematic Reviews: Reviews 2007; Issue 4</p> <p>This is the protocol for a review and there is no abstract. The objectives are as follows:1. The primary objective of this review is to determine if antipsychotic drugs are clinically effective in improving weight gain and reducing the core psychopathology of AN when compared to placebo.2.</p> |

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| 22. | <p>Secondary objectives are: (a) To investigate whether different classes/types of antipsychotics (eg. atypical versus typical) differ in efficacy or acceptability for AN; (b) To compare the efficacy and acceptability of treatments (e.g. inpatient programs, specific psychotherapies) for AN combined with an antipsychotic drug versus the same intervention(s) alone (i.e. without any drug); (c) To investigate if antipsychotics may be effective in ameliorating the core psychopathology of AN (e.g. distorted body image, morbid preoccupation with weight and shape) independently of the effect in weight restoration; (d) To identify factors (clinical, methodological) which predict response to treatment with antipsychotic drugs.</p> <p>Corabian P et al. Bariatric treatments for adult obesity. Edmonton: Institute of Health Economics (IHE). Alberta STE Report. 2012</p> |
| 23. | <p>This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.</p> <p>Court A et al. What is the scientific evidence for the use of antipsychotic medication in anorexia nervosa? Eating Disorders 2008; 16(3) : 217-223</p> |
| 24. | <p>This review found insufficient evidence to determine whether antipsychotic drugs were effective for treating anorexia nervosa. The conclusion reflects the limitations of the evidence and appears reliable.</p> <p>Crow S J et al. The cost effectiveness of cognitive behavioral therapy for bulimia nervosa delivered via telemedicine versus face-to-face. Behaviour Research and Therapy 2009; 47(6): 451-453</p> |
| 25. | <p>??</p> <p>Crow S J, Nyman J A. The cost-effectiveness of anorexia nervosa treatment. International Journal of Eating Disorders 2004; 35(2): 155-160</p> |
| 26. | <p>Two different strategies for treatment of anorexia nervosa were compared. The "usual care" strategy represented the approach to treatment commonly supported by third-party payers in the USA. This strategy involved inpatient hospitalisation (7 days), partial hospitalisation (15 days), psychotherapy (25 sessions), medication management (20 sessions) and fluoxetine prescription (60 mg/day for 2 years). The "adequate care" strategy represented a more traditional approach, involving inpatient weight restoration to approximately 100% of the ideal body weight followed by more extensive and aggressive follow-up care. This strategy involved inpatient hospitalisation (45 days), partial hospitalisation (20 days), psychotherapy (50 sessions), medication management (20 sessions) and fluoxetine prescription (60 mg/day for 2 years). Anorexia nervosa treatment was reasonably cost-effective in terms of the cost per life-year saved.</p> <p>Cugelman B, Thelwall M, Dawes P. Online interventions for social marketing health behavior change campaigns: a meta-analysis of psychological architectures and adherence factors. Journal of Medical Internet Research 2011; 13(1):e17</p> |
| 27. | <p>The authors concluded that online interventions could influence change in voluntary behaviours routinely targeted by social marketing campaigns, and have the advantages of low cost and broad reach. The conclusions regarding cost and reach are not reflected in the evidence presented and some potential methodological weaknesses in this review means that the reliability of this conclusion is unclear. Although the effect was small, online interventions have the capacity to influence voluntary behaviours routinely targeted by social marketing campaigns, and have the advantages of low cost and broad reach.</p> <p>De Bourdeaudhuij I et al. School-based interventions promoting both physical activity and healthy eating in Europe: a systematic review within the HOPE project. Obesity Reviews 2011; 12(3): 205-216</p> |
| 28. | <p>This review concluded that combining an educational and environmental component might be preferable in school-based nutrition and physical activity interventions to reduce obesity in European children and adolescents. These conclusions appear too strong based on the small number of included studies that had differing results. Combining an educational and environmental component might be preferable in school-based nutrition and physical activity interventions to reduce obesity in European children and adolescents.</p> <p>de Maat S et al. The effectiveness of long-term psychoanalytic therapy: a systematic review of empirical studies. Harvard Review of Psychiatry 2009; 17(1): 1-23</p> |
| 29. | <p>The authors concluded that long-term psychoanalytic therapy or psychoanalysis was an effective treatment, with moderate to large effects on symptom reduction and personality change that appeared to be maintained years after treatment termination. Given the low quality of available evidence, concerns about the methods of analysis and high levels of clinical heterogeneity, the authors' conclusions should be treated with caution. Long-term psychoanalytic therapy or psychoanalysis was an effective treatment, with moderate to large effects on symptom reduction and personality change that appeared to be maintained years after treatment termination.</p> <p>Denison E et al. Effekter av tiltak utenfor helsetjenesten for a øke fysisk aktivitet hos voksne. [Effects of interventions outside the health services for increased physical activity among adults] Oslo: Norwegian Knowledge Centre for the Health Services (NOKC). Report from NOKC nr 19 - 2010. 2010</p> |

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| 30. | <p>This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.</p> <p>Further research should continue to include adults in general because the quality of the evidence is weak, but particularly groups in the population who are thought to, on average, have a lower level of physical activity and worse health, e. g. the elderly, immigrants from non-Western countries, and physically disabled people have long-term follow-up and, if possible, target both uptake and maintenance of physical activity study effects of interventions based on community-scale and street-scale urban design and land use policies with stronger research designs than those constituting the current evidence base</p> |
| 31. | <p>Dodd JM et al. Antenatal interventions for overweight or obese pregnant women: a systematic review of randomised trials. BJOG. An International Journal of Obstetrics and Gynaecology 2010; 117(11): 1316-1326</p> <p>This review proposed to evaluate the benefits and harms of antenatal dietary or lifestyle interventions for pregnant women who were overweight or obese. The authors did not address intervention harms and concluded that intervention benefits were unclear. The authors' conclusion accurately reflected the limited and suboptimal-quality evidence presented and seems likely to be reliable.</p> <p>The effect of antenatal dietary intervention for overweight or obese pregnant women on maternal and infant health outcomes remained unclear.</p> |
| 32. | <p>Dodsworth A et al. A systematic review of dietary intake after laparoscopic adjustable gastric banding. Journal of Human Nutrition and Dietetics 2011; 24(4): 327-34</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 33. | <p>Dombrowski SU et al. Behavioural interventions for obese adults with additional risk factors for morbidity: a systematic review of effects on behaviour, weight and disease risk factors. Obesity Facts 2010; 3(6): 377-396</p> <p>This review concluded that combining an educational and environmental component might be preferable in school-based nutrition and physical activity interventions to reduce obesity in European children and adolescents. These conclusions appear too strong based on the small number of included studies that had differing results.</p> <p>Combining an educational and environmental component might be preferable in school-based nutrition and physical activity interventions to reduce obesity in European children and adolescents.</p> |
| 34. | <p>Dunn C et al. The use of brief interventions adapted from motivational interviewing across behavioral domains: a systematic review. Addiction 2001; 96(12): 1725-1742</p> <p>To examine the effectiveness of brief behavioural interventions adapting the principles and techniques of motivational interviewing (MI) in relation to substance abuse, smoking, HIV risk and diet/exercise.</p> <p>There is good empirical evidence of the effectiveness of MI as a brief intervention for substance abuse, especially as an enhancement to more intensive treatment. The authors also state that in the areas of smoking cessation, HIV risk reduction and diet/exercise, the results are promising but not strong enough to recommend its (MI) dissemination.</p> |
| 35. | <p>Enwald HP, Huotari ML. Preventing the obesity epidemic by second generation tailored health communication: an interdisciplinary review. Journal of Medical Internet Research 2010; 12(2):e24</p> <p>This review concluded that tailoring was shown to be an effective method in nutrition interventions, but the results for physical activity were mixed. Limitations in the review included the possibility of missing studies, a lack of a formal quality assessment and limitations with the analysis. The conclusions should be interpreted with caution.</p> <p>Tailoring was an effective method in nutrition interventions, but the results for physical activity were mixed. There was potential for bias in existing studies and this merited attention when planning intervention and future meta-analyses.</p> |
| | <p>Esposito K et al. Mediterranean diet and weight loss: meta-analysis of randomized controlled trials. Metabolic Syndrome and Related Disorders 2011; 9(1): 1-12</p> <p>This review investigated the effect of a Mediterranean diet on weight loss and concluded that it could be effective especially with energy restriction, with increased physical activity, and for longer than six months. These conclusions might not be reliable due to the lack of information on trial quality and high variation between trials.</p> <p>The authors concluded that a Mediterranean diet could help to reduce body weight, especially when it was energy restricted, combined with physical activity, and longer than six months. It did not cause weight gain.</p> |

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| 36. | <p>Fabricatore AN et al. Intentional weight loss and changes in symptoms of depression: a systematic review and meta-analysis. <i>International Journal of Obesity</i> 2011; 35(11): 1363-1376</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 37. | <p>Galletly CL, Murray LE. Managing weight in persons living with severe mental illness in community settings: a review of strategies used in community interventions. <i>Issues in Mental Health Nursing</i> 2009; 30(11): 660-668</p> <p>The review found that interventions aimed at managing weight in persons with severe mental illness in community settings varied in content and delivery and were associated with modest, but sustained weight loss. Shortcomings in the review process, uncertain quality of the evidence base and wide variations in participants and programmes mean the authors' conclusions should be treated with caution. Interventions aimed at managing weight in persons living with severe mental illness in community settings varied in content and delivery features. Interventions were associated with modest but sustained weight loss.</p> |
| 38. | <p>Garcia Diaz E et al. Systematic review of the clinical efficacy of sibutramine and orlistat in weight loss, quality of life and its adverse effects in obese adolescents. <i>Nutricion Hospitalaria</i> 2011; 26(3): 451-457</p> <p>The review concluded that sibutramine and orlistat in combination with a hypocaloric diet and changes in lifestyle in obese adolescents achieve a short-term loss of weight greater than that achieved through the dietary-behavioural therapy alone. The review had methodological and data limitations that limit the reliability of the authors conclusions. Sibutramine and orlistat in combination with a hypocaloric diet and changes in lifestyle in obese adolescents achieved a short-term loss of weight greater than that achieved through dietary-behavioural therapy alone.</p> |
| 39. | <p>Gardner B et al. Changing diet and physical activity to reduce gestational weight gain: a meta-analysis. <i>Obesity Reviews</i> 2011; 12(7): e602-e620</p> <p>The authors concluded that, overall, diet and physical activity change was effective in reducing gestational weight gain in pregnant women, but there was considerable heterogeneity in outcomes. The authors' conclusions reflect the evidence presented and are likely to be reliable, but the lack of reporting of review methods and substantial heterogeneity in the analysis should be borne in mind. Analysis showed that, overall, diet and physical activity change was effective in reducing gestational weight gain, but there was considerable heterogeneity in outcomes. Failure to evaluate changes in behaviour or its psychological determinants and under-reporting of intervention content may obscure identification of the processes by which weight change is effected.</p> |
| 40. | <p>Gerards SM et al. Interventions addressing general parenting to prevent or treat childhood obesity. <i>International Journal of Pediatric Obesity</i> 2011; 6(2-2): e28-e45</p> <p>This review concluded that the promotion of authoritative parenting was an effective strategy for the prevention and management of childhood obesity. Limitations in the conduct of the review and uncertain quality of the included studies mean that the results of the review should be interpreted with caution. The promotion of authoritative parenting was an effective strategy for the prevention and management of childhood obesity.</p> |
| 41. | <p>Ghaderi A, Andersson G. Meta-analysis of CBT for bulimia nervosa: investigating the effects using DSM-III-R and DSM-IV criteria. <i>Scandinavian Journal of Behaviour Therapy</i> 1999; 28(2): 79-87</p> <p>This meta-analysis was in accordance with the previous meta-analysis of cognitive-behavioural treatment studies for bulimia (see Other Publications of Related Interest no.4), although smaller effects were found. The present meta-analysis might be viewed as more representative of the patients with bulimia nervosa seen and diagnosed in psychiatric settings.</p> |
| 42. | <p>Golley RK et al. Interventions that involve parents to improve children's weight-related nutrition intake and activity patterns: what nutrition and activity targets and behaviour change techniques are associated with intervention effectiveness? <i>Obesity Reviews</i> 2011; 12(2): 114-130</p> <p>This review concluded that energy intake and food choices were more likely to be targeted in effective interventions. Intervention effectiveness was favoured when behaviour change techniques spanned the spectrum of behaviour change process. These conclusions should be interpreted with caution given the limited quality of most included studies. Energy intake and food choice were more likely to be targeted in effective interventions. Intervention effectiveness was favoured when behaviour change techniques spanned the spectrum of behaviour change process.</p> |
| 43. | <p>Gordon J et al. Lightening the load? A systematic review of community pharmacy-based weight management interventions <i>Obesity Reviews</i> 2011; 12(11): 897-911</p> |

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| 44. | <p>The review concluded that there was insufficient evidence for the effectiveness and cost-effectiveness of community pharmacy-based weight management initiatives to support investment in their provision. The review was generally well conducted but the evidence base was limited so the authors' cautious conclusions seem appropriate.</p> <p>There was insufficient evidence for the effectiveness and cost-effectiveness of community pharmacy-based weight management initiatives to support investment in their provision.</p> |
| 45. | <p>Gourlan et al. Interventions promoting physical activity among obese populations: a meta-analysis considering global effect, long-term maintenance, physical activity indicators and dose characteristics. Obesity Reviews 2011; 12(7): e633-e645</p> <p>The authors concluded that despite global positive effects, further research was needed to determine the optimal dose for interventions that promote physical activity among obese populations and to evaluate the maintenance of intervention effects. The authors' cautious conclusions reflect the evidence presented, but potential limitations in review methods and differences between studies should be considered when interpreting the results. Despite global positive effects, further research was needed to determine the optimal dose for interventions and evaluate maintenance of intervention effects.</p> |
| 46. | <p>Gowers SG et al. A randomised controlled multicentre trial of treatments for adolescent anorexia nervosa including assessment of cost-effectiveness and patient acceptability: the TOUCAN trial. Health Technology Assessment 2010; 14(15): 1-98</p> <p>This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.</p> <p>This study provides little support for lengthy inpatient psychiatric treatment on clinical or health economic grounds. The health economic analysis and user views both support NICE guidelines, which suggest that anorexia nervosa should be managed in specialist services that have experience and expertise in its management.</p> |
| 47. | <p>Gowers SG et al. A randomised controlled multicentre trial of treatments for adolescent anorexia nervosa including assessment of cost-effectiveness and patient acceptability: the TOUCAN trial. Health Technology Assessment 2010; 14(15): 1-98</p> <p>This is an economic evaluation that meets the criteria for inclusion on NHS EED. If you would like us to consider prioritising the writing of a critical abstract for this economic evaluation please e-mail: CRD-NHSEED@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 48. | <p>Hausenblas HA et al. Can exercise treat eating disorders? Exercise and Sport Sciences Reviews 2008; 36(1): 43-47</p> <p>This review concluded that exercise may improve a range of outcomes in patients with eating disorders. The conclusion should be treated with caution because of limitations in the evidence base (few and small studies) and review methods (limited validity assessment). The authors' recommendations for further research seemed appropriate.</p> <p>Exercise may improve a range of outcomes in patients with eating disorders, but more research was needed.</p> |
| 49. | <p>Hay Phillipa PJ et al. Individual psychotherapy in the outpatient treatment of adults with anorexia nervosa. Cochrane Database of Systematic Reviews: Reviews 2003; Issue 4</p> <p>No specific approach can be recommended from this review. It is unclear why 'treatment as usual' performed so poorly, or why dietary advice alone appeared so unacceptable, as the reasons for non-completion were not reported. There is an urgent need for large well-designed trials in this area.</p> <p>OUTPATIENT PSYCHOTHERAPY FOR ANOREXIC ADULTS: This review aimed to assess evidence about the effects of outpatient psychotherapy on older adolescents and adults with anorexia nervosa. Although anorexia nervosa is a severe and disabling disorder, only seven trials were found. The trials used different types of psychotherapy. It was not possible to make firm conclusions about the therapies tested. Participants who did not receive psychotherapy (e.g. were in a waiting-list control group or who got 'treatment as usual') did poorly. In one study, all those in the control group who got only 'dietary advice' dropped out. There is an urgent need for multi-centre, large randomized controlled trials of commonly used psychotherapies in older adolescents and adults with anorexia nervosa.</p> |
| | <p>Hay Phillipa PJ et al. Psychological treatments for bulimia nervosa and bingeing. Cochrane Database of Systematic Reviews: Reviews 2009; Issue 4</p> <p>There is a small body of evidence for the efficacy of CBT in bulimia nervosa and similar syndromes, but the quality of trials is very variable and sample sizes are often small. More and larger trials are needed, particularly for binge eating disorder and other EDNOS syndromes. There is a need to develop more efficacious therapies for those with both a weight and an eating disorder.</p> <p>PSYCHOLOGICAL TREATMENTS FOR PEOPLE WITH BULIMIA NERVOSA AND BINGING: Bulimia nervosa (BN) is an eating disorder in which people binge on food and then try to make up for this by extreme measures such as making themselves sick, taking laxatives or starving themselves. We reviewed studies of psychotherapies, including a specific form of psychotherapy called cognitive behavioural therapy (CBT-BN). We compared psychotherapy to control groups who got no treatment (e.g. people on waiting lists) and the specific CBT-BN with other types of psychotherapy. We found that CBT was better than other therapies, and better than no treatment, at reducing binge eating. Other psychotherapies were also better than no treatment in reducing binge eating. Some studies found that self-help using the CBT</p> |

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| 50. | <p>manual can be helpful, but more research and larger trials are needed.</p> <p>HAYES, Inc.. Directory Publication. 2009 Inpatient treatment for anorexia nervosa. Lansdale: HAYES, Inc.. Directory Publication. 2009</p> <p>This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.</p> |
| 51. | <p>Health Council of the Netherlands, Gezondheidsraad. For fat and thin. Prevention of overweight and obesity and the risk of eating disorders The Hague: Health Council of the Netherlands/Gezondheidsraad (GR). 2010/13E . 2010</p> <p>This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.</p> |
| 52. | <p>Herpertz S et al. Does obesity surgery improve psychosocial functioning; a systematic review. International Journal of Obesity 2003; 27(11): 1300-1314</p> <p>This review assessed the effects of surgery for obesity on psychosocial outcomes. The authors concluded that mental health and social functioning improve for most people after surgery for obesity. Most of the studies were of a poor quality and so provided poor quality evidence. Most people have improved mental health and social functioning after surgery for obesity and this leads to improvements in quality of life. There was a lack of evidence supporting the hypothesis that obesity surgery reduces quality of life in people unless there is severe psychiatric co-morbidity pre-operatively.</p> |
| 53. | <p>Hingle MD et al. Parental involvement in interventions to improve child dietary intake: a systematic review. Preventive Medicine 2010; 51(2): 103-111</p> <p>The authors concluded that limited conclusions could be drawn about the best method of involving parents in changing child diet to promote health. Review methods were incompletely reported, but overall the authors' conclusions appeared to reflect the evidence. <u>Limited conclusions could be drawn about the best method of involving parents in changing child diet to promote health.</u></p> |
| 54. | <p>Hyde J et al. Interventions to increase self-efficacy in the context of addiction behaviours: a systematic literature review. Journal of Health Psychology 2008; 13(5): 607-623</p> <p>This review investigated interventions aimed at increasing self efficacy and changing addiction behaviours. It concluded that there was good evidence that interventions increased self efficacy in people with addictions, but it was unclear whether that resulted in changes in behaviour. The reliability of the conclusions is unclear, due to shortcomings in the data and limitations in the review process. Interventions incorporating a range of methods using verbal persuasion and experiential activities were effective at increasing self efficacy in people with addiction behaviour. It was not clear whether changes in self efficacy led to behaviour change.</p> |
| 55. | <p>Jakicic JM et al. Effect of a stepped-care intervention approach on weight loss in adults: a randomized clinical trial. JAMA 2012; 307(24): 2617-2626</p> <p>This is an economic evaluation that meets the criteria for inclusion on NHS EED. If you would like us to consider prioritising the writing of a critical abstract for this economic evaluation please e-mail: CRD-NHSEED@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 56. | <p>Jane-Llopis E et al. Predictors of efficacy in depression prevention programmes: meta-analysis. British Journal of Psychiatry 2003; 183(5): 384-397</p> <p>This review assessed factors predicting response to depression prevention programmes. The authors concluded that prevention programmes can reduce depressive symptoms by 11%. The review showed that some interventions reduce depressive symptoms but, since the results were inconsistent among studies, an overall summary measure of effect is not appropriate. Prevention programmes can reduce depressive symptoms by 11% CRD commentary</p> <p>The review question was clear in terms of the study design, intervention and outcomes. Several relevant sources were searched. No attempts were made to minimise language bias, but some attempts were made to reduce publication bias. The methods used to select the studies were not described, so it is not known whether any efforts were made to reduce errors and bias. Methods were used to minimise bias in the validity assessment and data extraction processes. Validity was assessed using specified established criteria, but the validity of measures used to assess the outcomes was not evaluated.</p> <p>The data were combined in a meta-analysis and statistical heterogeneity was assessed. The aim of the review was to explore potential predictors, and combining data in a meta-analysis and then examining the influence of prespecified predictors appears appropriate. The authors identified some factors that were associated with an increased effect of the interventions. The review showed that some interventions reduce depressive symptoms</p> |

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| 57. | <p>but, since the results were inconsistent among the studies, an overall summary measure of effect was not appropriate</p> <p>Jensen JD et al. European Energy balance Research to prevent excessive weight Gain among Youth (ENERGY) consortium. Economic incentives and nutritional behavior of children in the school setting: a systematic review. Nutrition Reviews 2011; 69(11): 660-674</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 58. | <p>Jinks A et al. Obesity interventions for people with a learning disability: an integrative literature review. Journal of Advanced Nursing 2011; 67(3): 460-471</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 59. | <p>Kang M et al. Effect of pedometer-based physical activity interventions: a meta-analysis. Research Quarterly for Exercise and Sport 2009; 80(3) : 648-655</p> <p>The review concluded that pedometers had a moderate positive effect on physical activity of approximately 2,000 steps per day compared with comparator. There were greater effects in females and the intervention strategy of 10,000 steps/day as a goal. Given uncertain quality of the included studies and a lack of study detail, caution is required when interpreting the authors' conclusions</p> <p>Use of pedometers had a moderate positive effect on physical activity that equated to an average increase of 2,000 steps per day compared with comparator. There were greater effects in females and with an intervention strategy of 10,000 steps/day as a goal.</p> |
| 60. | <p>Keel PK, Haedt A. Evidence-based psychosocial treatments for eating problems and eating disorders. Journal of Clinical Child and Adolescent Psychology 2008; 37(1): 39-61</p> <p>This review found that the Maudsley model of family therapy was a promising treatment for adolescents with anorexia nervosa, but evidence for other forms of family therapy was limited and methodologically weak. The reporting and methodology used in this review make it difficult to assess the reliability of these conclusions.</p> <p>The evidence base for psychosocial treatments of eating disorders in children and adolescents was limited and due to methodological limitations it was not possible to recommend which treatments worked for whom in most cases. Family-based therapies were a promising future treatment avenue for adolescents with anorexia nervosa.</p> |
| 61. | <p>Kelly KP, Kirschenbaum DS. Immersion treatment of childhood and adolescent obesity: the first review of a promising intervention. Obesity Reviews 2011; 12(1): 37-49</p> <p>The authors appeared to conclude that, compared with a recent meta-analysis of out-patient treatments, immersion treatments produced an average of 191% greater reductions in overweight at post-treatment and 130% greater reduction at follow-up, with lower mean attrition rates. Risk of bias and methodological limitations of this review suggest that these conclusions should be interpreted with caution.</p> <p>The authors conclusions appeared to be that, compared with a recent meta-analysis of out-patient treatments, the immersion treatments produced an average of 191% greater reductions in overweight at post-treatment and 130% greater reduction at follow-up, with lower mean attrition rates.</p> |
| 62. | <p>Kelly S A, Mazurek Melnyk B. Systematic review of multicomponent interventions with overweight middle adolescents: implications for clinical practice and research. Worldviews on Evidence-Based Nursing 2008; 5(3): 113-135</p> <p>This review assessed multicomponent interventions for the treatment of obesity in middle adolescents. The authors concluded that structured programmes addressing nutrition, physical activity and behavioural skills appeared to be effective in reducing weight and cardiovascular risk factors. The synthesis and reporting of the review process were limited and this conclusion may not be justified or reliable.</p> <p>Structured programmes addressing nutrition, physical activity and behavioural skills appeared to be effective in reducing weight and cardiovascular risk factors.</p> |
| 63. | <p>Kesten JM et al. A systematic review to determine the effectiveness of interventions designed to prevent overweight and obesity in pre-adolescent girls. Obesity Reviews 2011; 12(12): 997-1021</p> <p>The authors concluded that there was potential for interventions aimed at pre-adolescent girls to reduce the risk factors associated with childhood overweight and obesity. The sustainability of intervention effects was unclear. The extent to which this conclusion can be relied upon is uncertain due to potential methodological weaknesses in the review process.</p> <p>There was potential for interventions aimed at pre-adolescent girls to reduce the risk factors associated with childhood overweight and obesity. The sustainability of intervention effects was unclear.</p> |

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| 64. | <p>Kitzman-Ulrich H et al. The integration of a family systems approach for understanding youth obesity, physical activity, and dietary programs. <i>Clinical Child and Family Psychology Review</i> 2010; 13(3): 231-253</p> <p>This review evaluated family systems-based interventions to improve weight loss, physical activity and diet in young people. The authors concluded that authoritative parenting styles, child management and family functioning can positively affect weight loss. Family system-based interventions can improve physical activity and dietary behaviours. Due to potential methodological limitations and limited reporting of results, the conclusions may not be reliable.</p> <p>Family-based programmes that incorporated training for authoritative parenting styles, parenting skills, child management and family functioning had positive effects on youth weight loss. Programmes to improve physical activity and diet that targeted the family system also demonstrated improvements in youth health behaviours, but the direct effect of parent-targeted programming was not clear.</p> |
| 65. | <p>Kramer CK et al. Efficacy and safety of topiramate on weight loss: a meta-analysis of randomized controlled trials. <i>Obesity Reviews</i> 2011; 12(501): e338-e347</p> <p>This generally well-conducted review found that topiramate may be a useful adjunctive treatment for obesity, and may play a role in the treatment of obesity in individuals with type 2 diabetes mellitus. The authors' conclusions are likely to be reliable.</p> <p>Topiramate may be a useful adjunctive treatment for obesity, and may play a role in the treatment of obesity in individuals with type 2 diabetes mellitus. Although warnings about some side effects were required for prescribing topiramate, the treatment was not associated with major harmful events.</p> |
| 66. | <p>LeBlanc ES et al. Effectiveness of primary care-relevant treatments for obesity in adults: a systematic evidence review for the US preventive services task force. <i>Annals of Internal Medicine</i> 2011; 155(7): 434-447</p> <p>This review concluded that behavioural interventions were safe and effective for weight loss and maintenance. The authors' conclusions reflect the evidence presented, but this evidence had limitations, such as poor reporting, high rates of withdrawal, and variability between studies, that should be borne in mind when interpreting the conclusions.</p> <p>Behavioural interventions were safe and effective for weight loss and maintenance.</p> |
| 67. | <p>Leichsenring F, Rabung S. Long-term psychodynamic psychotherapy in complex mental disorders: update of a meta-analysis. <i>British Journal of Psychiatry</i> 2011; 199(1): 15-22</p> <p>The review concluded that long-term psychodynamic psychotherapy was superior to less intensive forms of psychotherapy in patients with complex mental health disorders. Potential differences across the trials and the uncertain quality of the included trials make the reliability of the authors' conclusions uncertain.</p> <p>Long-term psychodynamic psychotherapy was superior to less intensive forms of psychotherapy in patients with complex mental health disorders.</p> |
| 68. | <p>Leichsenring F. Are psychodynamic and psychoanalytic therapies effective: a review of empirical data. <i>International Journal of Psycho-analysis</i> 2005; 86(Part 3): 841-868</p> <p>The author of the review concluded that there was evidence of benefit for psychodynamic psychotherapy for various specific psychiatric disorders. The poor reporting of review methods, no validity assessment of the included studies, and lack of results data mean that the reliability of the author's conclusion is unclear.</p> <p>There was evidence of the efficacy of psychodynamic psychotherapy from at least one RCT for depressive disorders, anxiety disorders, post-traumatic stress disorder, somatoform disorder, bulimia nervosa, anorexia nervosa, borderline personality disorder, cluster C personality disorder and substance-related disorders. Areas for further research were suggested.</p> |
| 69. | <p>Lewandowski L M et al. Meta-analysis of cognitive-behavioral treatment studies for bulimia. <i>Clinical Psychology Review</i> 1997; 17(7): 703-718</p> <p>The data suggested that the use of a cognitive-behavioural therapy in the treatment of bulimia will result in a substantial reduction of bulimic behaviours, and cognitive distortions or attitudes associated with bulimia.</p> <p>The authors stated their review question clearly. The literature review was limited to one database, and it was not reported whether non-English articles or unpublished data were included. These limitations may have introduced bias and additional relevant articles may have been missed. The inclusion and exclusion criteria were reported. The characteristics of the participants and the studies were listed in a table for the individual studies and summarised in the text.</p> <p>The authors did not report whether any quality assessment was conducted, and did not report who performed the selection, validation, or data extraction processes.</p> <p>The studies were pooled using effect sizes, which should be viewed with caution in this instance since the measurement instruments combined in the effect size calculations were not homogeneous. Heterogeneity between the studies was neither tested nor discussed. The authors' conclusions follow from the reported results, but should be viewed with caution because of the study's observed limitations</p> |

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| 70. | <p>Livhits M et al. Is social support associated with greater weight loss after bariatric surgery? A systematic review Obesity Reviews 2011; 12(2): 142-148</p> <p>The authors concluded that attending support groups after bariatric surgery was associated with a greater degree of weight loss, but the causal relationship was not clear. There was very limited and poor quality evidence to support this conclusion and its reliability is uncertain Attending support groups was associated with a greater degree of weight loss following bariatric surgery. The causal relationship was not clear.</p> |
| 71. | <p>Lovemen E et al. The clinical effectiveness and cost-effectiveness of long-term weight management schemes for adults: a systematic review. Health Technology Assessment 2011; 15(2): i-182</p> <p>The review concluded that long-term multicomponent weight management interventions were generally shown to promote weight loss in overweight or obese adults. Weight changes were small and weight regain was common. The review was well conducted and the authors' conclusions appear likely to be reliable. Long-term multicomponent weight management interventions were generally shown to promote weight loss in overweight or obese adults. Weight changes were small and weight regain was common. Interpretation of results was difficult as there were few similarities between studies.</p> |
| 72. | <p>Lundahl BW, Kunz C, Brownell C, Tollefson D, Burke BL. A meta-analysis of motivational interviewing: twenty-five years of empirical studies. Research on Social Work Practice 2010; 20(2): 137-160</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 73. | <p>Lynch FL et al. Cost-effectiveness of guided self-help treatment for recurrent binge eating . Journal of Consulting and Clinical Psychology 2010; 78(3): 322-333</p> <p>This is an economic evaluation that meets the criteria for inclusion on NHS EED. If you would like us to consider prioritising the writing of a critical abstract for this economic evaluation please e-mail: CRD-NHSEED@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 74. | <p>Macdonald P et al. The use of motivational interviewing in eating disorders: a systematic review. Psychiatry Research 2012: doi: 10.1016/j.psychres.2012.05.013</p> <p>This review concluded that there was potential for using motivational interviewing in the field of eating disorders, particularly for 'readiness for change'. This cautious conclusion reflects the results reported, but should be interpreted cautiously due to the possibility of missed studies and the lack of information on the review process and methodological quality of the included studies. The studies included in this review indicate the potential for using motivational interviewing in the field of eating disorders, particularly for 'readiness for change'</p> |
| 75. | <p>McElroy SL et al: Pharmacological management of binge eating disorder: current and emerging treatment options. Therapeutics and Clinical Risk Management 2012:8 219-24</p> <p>Vedi lavoro originale</p> |
| 76. | <p>Meads C et al. In-patient versus out-patient care for eating disorders. Birmingham: University of Birmingham, Department of Public Health and Epidemiology. West Midlands Development and Evaluation Service Report; 17. 1999</p> <p>To examine the costs and benefits of in-patient versus out-patient treatment for patients with eating disorders. The authors state that more research needs to be undertaken on both in-patient and out-patient care for people with eating disorders. The lack of sufficiently powered RCTs and of good quality case series of in-patients and out-patients suggests that this treatment area has not been sufficiently researched in the past. If more people are to be treated solely in an out-patient setting in the future, it is vital that the progress of these people is followed carefully in order to confirm the suggested trends from the available research.</p> |
| 77. | <p>Metcalfe C, Winter D, Viney L. The effectiveness of personal construct psychotherapy in clinical practice: a systematic review and meta-analysis. Psychotherapy Research 2007; 17(4): 431-442</p> <p>The authors concluded that clients benefited more from personal construct therapy than from no treatment or standard treatment. The size of benefit was comparable to that achieved with other approaches to psychotherapy. In light of the unclear quality of included studies and the potential for error and bias in the review process, the authors' conclusions should be treated with cautionThe authors concluded that clients benefited more from personal construct therapy than from no treatment or standard treatment. The size of benefit was comparable to that achieved with other approaches to psychotherapy. In light of the unclear quality of included studies and the potential for error and bias in the review process, the authors'</p> |

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| | <p>conclusions should be treated with caution Clients benefited more from personal construct therapy than from no treatment or standard treatment. The size of benefit was comparable to that achieved with other approaches to psychotherapy</p> |
| 78. | <p>Middleton KM et al. The impact of extended care on the long-term maintenance of weight loss: a systematic review and meta-analysis. Obesity Reviews 2012; 13(6): 509-517</p> |
| | <p>This review evaluated the impact of extended care on long-term maintenance of weight loss and concluded that extended care was a viable and efficacious solution to addressing long-term maintenance of lost weight. The conclusion was unlikely to be reliable due to poor quality primary studies, variation between interventions, a lack of ethnic diversity and potential for other biases. The findings suggested that extended care was a viable and efficacious solution to addressing long-term maintenance of lost weight. Given the chronic disease nature of obesity, extended care may be necessary for long-term health benefits.</p> |
| 79. | <p>Moore BA et al. Computer-based interventions for drug use disorders: a systematic review. Journal of Substance Abuse Treatment 2011; 40(3): 215-223</p> |
| | <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 80. | <p>National Institute for Clinical Excellence. Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. London: National Institute for Clinical Excellence (NICE) 2004: 35</p> |
| | <p>This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database. Anorexia nervosa - Most people with anorexia nervosa should be managed on an outpatient basis with psychological treatment provided by a service that is competent in giving that treatment and assessing the physical risk of people with eating disorders. - People with anorexia nervosa requiring inpatient treatment should be admitted to a setting that can provide the skilled implementation of refeeding with careful physical monitoring (particularly in the first few days of refeeding) in combination with psychosocial interventions. - Family interventions that directly address the eating disorder should be offered to children and adolescents with anorexia nervosa. Atypical eating disorders - In the absence of evidence to guide the management of atypical eating disorders (eating disorders not otherwise specified) other than binge eating disorder, it is recommended that the clinician considers following the guidance on the treatment of the eating problem that most closely resembles the individual patients eating disorder. - Cognitive behaviour therapy for binge eating disorder (CBT-BED), a specifically adapted form of CBT, should be offered to adults with binge eating disorder For all eating disorders - Family members including siblings should normally be included in the treatment of children and adolescents with eating disorders. Interventions may include sharing of information, advice on behavioural management and facilitating communication.</p> |
| 81. | <p>Neumark-Sztainer D (2009). The interface between the eating disorders and obesity fields: moving toward a model of shared knowledge and collaboration. Eat Weight Disord 14: 51-58.</p> |
| | <p>Vedi lavoro originale</p> |
| 82. | <p>Neve M et al. Effectiveness of web-based interventions in achieving weight loss and weight loss maintenance in overweight and obese adults: a systematic review with meta-analysis. Obesity Reviews 2010; 11(4): 306-321</p> |
| | <p>This review concluded that effectiveness of web-based interventions for weight loss or maintenance was unclear due to the small number of comparable studies. Higher usage of website features may have been associated with positive weight change, but it was unclear which features improved this effect. This was a robustly performed review and the authors' conclusions are likely to be reliable. It was not possible to determine the effectiveness of web-based interventions in achieving weight loss or maintenance due to the small number of comparable studies. Higher usage of website features may have been associated with positive weight change, but it was unclear which features improved this effect or reduced attrition.</p> |
| 83. | <p>Nguyen B et al. A review of electronic interventions for prevention and treatment of overweight and obesity in young people. Obesity Reviews 2011; 12(501): e298-e314</p> <p>The authors concluded that electronic interventions appeared promising for prevention and treatment of obesity in children and adolescents, but the results should be viewed with caution due to the poor quality of studies. The review was generally well conducted. The authors' conclusions are suitably cautious and appropriately acknowledge the limitations in the evidence base Electronic intervention appeared to be a promising approach for prevention and treatment of obesity in children and adolescents, but the results should be viewed with cautions due to the poor quality of studies.</p> |

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| 84. | <p>Nixon CA et al. Identifying effective behavioural models and behaviour change strategies underpinning preschool- and school-based obesity prevention interventions aimed at 4-6-year-olds: a systematic review. <i>Obesity Reviews</i> 2012; 13(Supplement 1): 106-117</p> <p>The most effective pre-school- and school-based interventions to prevent obesity in children aged four to six years were based on social cognitive theory or social learning theory, combined high parental involvement with interactive school-based learning, targeted physical activity and dietary change, and had long-term follow-up. These conclusions should be interpreted with caution. Interventions that were based on SCT/SLT, that combined high levels of parental involvement with interactive school-based learning, that targeted physical activity and dietary change, and that had long-term follow-up, were most effective.</p> |
| 85. | <p>Olmstead T et al. Cost and cost-effectiveness of three strategies for training clinicians in motivational interviewing. <i>Drug and Alcohol Dependence</i> 2011; 116(1-3): 195-202</p> <p>This is an economic evaluation that meets the criteria for inclusion on NHS EED. If you would like us to consider prioritising the writing of a critical abstract for this economic evaluation please e-mail: CRD-NHSEED@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 86. | <p>Onakpoya IJ et al. Efficacy of calcium supplementation for management of overweight and obesity: systematic review of randomized clinical trials. <i>Nutrition Reviews</i> 2011; 69(6): 335-343</p> <p>This review found evidence to suggest that calcium supplementation led to a small statistically significant reduction in weight in overweight/obese individuals, but the clinical relevance of this effect was unclear. These findings should be interpreted with caution (this was acknowledged by the authors) given the methodological limitations of the studies and their potentially limited generalisability to male populations. Evidence suggested that calcium supplementation resulted in a small, statistically significant weight loss in overweight and obese individuals, but the clinical relevance of this effect was unclear.</p> |
| 87. | <p>Osei-Assibey G et al. Pharmacotherapy for overweight/obesity in ethnic minorities and White Caucasians: a systematic review and meta-analysis. <i>Diabetes Obesity and Metabolism</i> 2011; 13(5): 385-393</p> <p>The review concluded that there were few studies of weight loss pharmacotherapy for comparisons of ethnic groups. The data appeared to show positive weight management results with orlistat and sibutramine; weight loss with sibutramine was significantly lower in ethnic minorities versus Caucasians. The review was generally well conducted. The authors' conclusions were suitably cautious and appear appropriate. There were few studies of weight loss pharmacotherapy for comparisons of ethnic groups. The data appeared to show positive weight management results with orlistat and sibutramine; weight loss with sibutramine was significantly lower in ethnic minorities compared with Caucasians.</p> |
| 88. | <p>Ost, L G. Efficacy of the third wave of behavioral therapies: a systematic review and meta-analysis. <i>Behaviour Research and Therapy</i> 2008; 46(3) : 296-321</p> <p>This review concluded that acceptance and commitment therapy and dialectical behaviour therapy showed moderate effects for the primary treatment of psychiatric disorders. The review had a number of methodological problems, including potential for bias, so the authors' conclusions should be interpreted with some caution. Third wave treatment with ACT and DBT showed moderate treatment effects, but studies did not fulfill criteria for empirically supported treatments.</p> |
| 89. | <p>Oude Luttikhuis Hiltje et al. Interventions for treating obesity in children. <i>Cochrane Database of Systematic Reviews</i>: Reviews 2009; Issue 1</p> <p>To assess the efficacy of lifestyle, drug and surgical interventions for treating obesity in childhood. SEARCH METHODS: We searched CENTRAL on The Cochrane Library Issue 2 2008, MEDLINE, EMBASE, CINAHL, PsycINFO, ISI Web of Science, DARE and NHS EED. Searches were undertaken from 1985 to May 2008. References were checked. No language restrictions were applied. Child and adolescent obesity is increasingly prevalent, and can be associated with significant short- and long-term health consequences. While there is limited quality data to recommend one treatment program to be favoured over another, this review shows that combined behavioural lifestyle interventions compared to standard care or self-help can produce a significant and clinically meaningful reduction in overweight in children and adolescents. In obese adolescents, consideration should be given to the use of either orlistat or sibutramine, as an adjunct to lifestyle interventions, although this approach needs to be carefully weighed up against the potential for adverse effects. Furthermore, high quality research that considers psychosocial determinants for behaviour change, strategies to improve clinician-family interaction, and cost-effective programs for primary and community care is required. TREATING OBESITY IN CHILDREN: Childhood obesity affects both the physical and psychosocial health of children and may put them at risk of ill health as adults. More information is needed about the best way to treat obesity in children and adolescents. In this review, 64 studies were examined including 54 studies on lifestyle treatments (with a focus on diet, physical activity or behaviour change) and 10 studies on drug treatment to help overweight and obese children and their families with weight control. No surgical treatment studies were suitable to include in this review. This review showed that lifestyle programs can reduce the level of overweight in child and adolescent obesity 6 and 12 months after the beginning of the program. In moderate to severely obese adolescents, a reduction in</p> |

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| | <p>overweight was found when either the drug orlistat, or the drug sibutramine were given in addition to a lifestyle program, although a range of adverse effects was also noted. Information on the long-term outcome of obesity treatment in children and adolescents was limited and needs to be examined in some high quality studies.</p> |
| 90. | <p>Paul-Ebhohimhen V, Avenell A. Systematic review of the use of financial incentives in treatments for obesity and overweight. Obesity Reviews 2008; 9(4): 355-367</p> |
| | <p>This review concluded that financial incentives in behavioural treatments for obese and overweight adults had no significant effect on weight loss or maintenance. This was a reasonably well-conducted review, but the poor quality of included trials and concerns regarding applicability outside North America should be borne in mind when interpreting the results.</p> |
| 91. | <p>There was no significant effect of the use of financial incentives on weight loss or maintenance Pichon Riviere A et al. Physical activity for the treatment of morbid obesity. Buenos Aires: Institute for Clinical Effectiveness and Health Policy (IECS). Informe de Respuesta Rapida No.187. 2009</p> |
| | <p>This is a publication undertaken by a member of INAHTA. For further information please contact the agency using the contact details in the Correspondence Address field.</p> |
| 92. | <p>Pittock A, Mair E. Are psychotherapies effective in the treatment of Anorexia Nervosa? - A systematic review Journal of Indian Association for Child and Adolescent Mental Health 2010; 6(3): 55-71</p> |
| | <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 93. | <p>Pohjolainen V et al. Cost-utility of treatment of bulimia nervosa. International Journal of Eating Disorders 2010; 43(7): 596-602</p> |
| | <p>This is an economic evaluation that meets the criteria for inclusion on NHS EED. If you would like us to consider prioritising the writing of a critical abstract for this economic evaluation please e-mail: CRD-NHSEED@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 94. | <p>Pontioli AE, Morabito A. Long-term prevention of mortality in morbid obesity through bariatric surgery: a systematic review and meta-analysis of trials performed with gastric banding and gastric bypass. Annals of Surgery 2011; 253(3): 484-487</p> |
| | <p>The authors concluded that compared to no surgery, bariatric surgery (both gastric banding and gastric by-pass) reduced the risk of global mortality, non-cardiovascular mortality and cardiovascular mortality in obese patients. This was a generally well-conducted review, but the low quality and variability of the evidence suggests the authors' conclusions should be interpreted with caution. Compared to no surgery, bariatric surgery (both gastric banding and gastric by-pass) reduced the risk of global mortality, non-cardiovascular mortality and cardiovascular mortality in obese patients. Risk reduction seemed lower in large compared to small trials and tended to be greater in more obese patients.</p> |
| 95. | <p>Poylin V et al. Obesity and bariatric surgery: A systematic review of associations with defecatory dysfunction. Colorectal Disease 2011; 13(6): e92-e103</p> |
| | <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 96. | <p>Quinlivan JA et al. Antenatal dietary interventions in obese pregnant women to restrict gestational weight gain to Institute of Medicine recommendations: a meta-analysis. Obstetrics and Gynecology 2011; 118(6): 1395-1401</p> |
| | <p>The authors concluded that antenatal dietary interventions in overweight and obese pregnant women could reduce maternal weight gain during pregnancy without an effect on newborn birth weight. Potential biases in the review process, together with uncertain quality of the included trials, means that the reliability of this conclusion is unclear. Antenatal dietary interventions in overweight or obese pregnant women could reduce maternal weight gain in pregnancy without an effect on newborn birth weight.</p> |
| 97. | <p>Reas DL, Grilo CM. Review and meta-analysis of pharmacotherapy for binge-eating disorder. Obesity 2008; 16(9): 2024-2038</p> |
| | <p>The review evaluated the effectiveness of pharmacotherapy for binge-eating disorder and found some pharmacotherapies reduced short-term binge-eating and gave a limited weight loss. Combination of antiepileptic or anti-obesity drugs with cognitive or behavioural therapy did not reduce binge-</p> |

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| 98. | <p>eating, but modestly enhanced weight loss. Limited evidence for individual drugs and review process limitations make the reliability of the authors' conclusions unclear.</p> <p>Some pharmacotherapies may reduce binge-eating in the short term and increase weight loss to a limited extent. Combining medication with cognitive or behavioural treatment was unlikely to reduce binge-eating, but specific medication with topiramate or orlistat may modestly increase weight loss</p> |
| 99. | <p>Reed VA et al. The effect of computers for weight loss: a systematic review and meta-analysis of randomized trials. <i>Journal of General Internal Medicine</i> 2012; 27(1): 99-108</p> <p>Addition of computer-based interventions to a standard weight reduction programme had a small but significant positive effect on weight. A computer modality was significantly less effective than a standard tool. The unclear quality of the evidence due to substantial gaps in the reporting of the studies and some weaknesses in the analysis of this otherwise well-conducted review mean that the reliability of the conclusions is unclear.</p> <p>Addition of computer-based interventions to a standard weight loss programme had a significant positive effect on weight. However, this small effect was unlikely to be clinically significant and its sustainability was questionable. Use of computer-based technology instead of a standard mode of delivery led to significantly less weight loss.</p> |
| 100. | <p>Reilly JJ et al. Accuracy of simple clinical and epidemiological definitions of childhood obesity: systematic review and evidence appraisal. <i>Obesity Reviews</i> 2010; 11(9): 645-655</p> <p>The review concluded that evidence was lacking for either large waist circumference or body mass index (BMI) using the International Obesity Task Force approach in preference to national BMI percentiles for identifying children and adolescents with excess fatness and cardiometabolic risk factors. Poor reporting of the review process and included study results mean these conclusions should be viewed with caution.</p> <p>The present review provided no compelling evidence for use of either high waist circumference or BMI interpreted using the International Obesity Task Force approach in preference to the use of national BMI percentiles for the identification of children and adolescents with excess fatness and adverse cardiometabolic risk profile.</p> |
| 101. | <p>Robinson L et al. A systematic review of the effectiveness of advance care planning interventions for people with cognitive impairment and dementia. <i>Age and Ageing</i> 2012; 41(2): 263-269</p> <p>The authors concluded that there was limited evidence for the effectiveness of advance care planning in people with cognitive impairment or dementia and that nursing home settings may be too late for people with dementia to discuss advance care planning. The authors' conclusions appear to be a fair reflection of the limited evidence available and are likely to be reliable</p> <p>There was limited evidence of variable quality for the effectiveness of advance care planning in people with cognitive impairment or dementia in relation to advance care planning documentation and healthcare use. At the point of entry to a nursing home, the capacity of people with dementia might be too diminished for them to discuss advance care planning.</p> |
| 102. | <p>Ronnberg AK, Nilsson K. Interventions during pregnancy to reduce excessive gestational weight gain: a systematic review assessing current clinical evidence using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) system <i>BJOG. An International Journal of Obstetrics and Gynaecology</i> 2010; 117(11): 1327-1334</p> <p>The authors concluded that there was insufficient good quality evidence to make recommendations about clinical interventions to reduce excessive weight gain during pregnancy. Although some of the review methods were poorly reported, the authors' conclusions reflect limited evidence from a small number of diverse trials and seem appropriate.</p> <p>The results of published intervention trials were of insufficient quality to enable evidence-based recommendations to be made for clinical practice in antenatal care.</p> |
| 103. | <p>Saunders EF, Silk KR. Personality trait dimensions and the pharmacological treatment of borderline personality disorder. <i>Journal of Clinical Psychopharmacology</i> 2009; 29(5): 461-467</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| | <p>Schmidt U et al. A randomized controlled trial of family therapy and cognitive behavior therapy guided self-care for adolescents with bulimia nervosa and related disorders. <i>American Journal of Psychiatry</i> 2007; 164(4): 591-598</p> <p>Health technology</p> <p>The study assessed the treatment of adolescents with bulimia nervosa using family therapy compared with cognitive behaviour therapy (CBT)-guided self-care. Family therapy consisted of up to 13 one-hour sessions with close others, and two individual sessions over a 6-month period. CBT-guided self-care consisted of 10 one-hour weekly sessions, three monthly follow-up sessions, and two optional sessions with a close other.</p> <p>In adolescents with bulimia nervosa or eating disorder not otherwise specified, guided self-care had a slight advantage over family therapy in terms</p> |

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| 104. | <p>of acceptability, outcome and treatment cost. Overall, the "cost and outcome findings suggest a cost-effectiveness advantage to guided self-care". In adolescents with bulimia nervosa or eating disorder not otherwise specified, guided self-care had a slight advantage over family therapy in terms of acceptability, outcome and treatment cost. Overall, the "cost and outcome findings suggest a cost-effectiveness advantage to guided self-care".</p> <p>Shepherd J et al. Young people and healthy eating: a systematic review of research on barriers and facilitators. London: University of London, Institute of Education, Social Science Research Unit, EPPI-Centre. 2002</p> <p>To evaluate the effectiveness of healthy eating interventions aimed at young people. The following abstract focuses on this evaluation. In the same report, the authors explored intervention processes, and the views and experiences of young people in the UK on this topic. The evaluations were subsequently combined in a cross-study synthesis.</p> <p>There is a lack of good-quality, UK-based evaluations of healthy eating interventions. Some benefits were evident for increased healthy eating behaviour, particularly amongst young women. There is currently no clear message about what specific intervention factors are successful for different groups of young people.</p> |
| 105. | <p>Shikany JM et al. Meta-analysis of studies of a specific delivery mode for a modified-carbohydrate diet. Journal of Human Nutrition and Dietetics 2011; 24(6): 525-535</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 106. | <p>Silveira JA et al. Effectiveness of school-based nutrition education interventions to prevent and reduce excessive weight gain in children and adolescents: a systematic review. Jornal de Pediatria 2011; 87(5): 382-392</p> <p>The authors concluded that school-based interventions were effective in reducing the rates of overweight and obesity, and increasing fruit and vegetable consumption. This was a well-conducted review and the evidence reflects the authors' conclusions. However, interpretation should bear in mind that the most direct measure (body mass index) did not indicate significant changes.</p> <p>Evidence from RCTs show that school-based interventions were effective in reduced rates of overweight and obesity, and increased fruit and vegetable consumption.</p> |
| 107. | <p>Stefano S C et al. Antidepressants in short-term treatment of binge eating disorder: systematic review and meta-analysis. Eating Behaviors 2008; 9(2): 129-136</p> <p>The authors concluded that there was insufficient evidence to recommend antidepressants as the sole first-line treatment for patients with binge-eating disorders. This was generally a well-conducted review and the authors' conclusions are likely to be reliable.</p> <p>There was insufficient evidence to recommend antidepressants as the sole first-line treatment for patients with binge eating disorders.</p> |
| 108. | <p>Stehr MD, von Lengerke T. Preventing weight gain through exercise and physical activity in the elderly: a systematic review. Maturitas 2012; 72(1): 13-22</p> <p>The review concluded that exercise and physical activity could effectively prevent weight gain in older adults and postmenopausal women for either weight loss or weight maintenance. There was considerable variation in the interventions used, some inconsistency in the results of observational studies and the quality of the evidence was uncertain, so the authors' conclusions may not be reliable.</p> <p>Exercise and physical activity could effectively prevent weight gain in older adults and postmenopausal women for either weight loss or weight maintenance.</p> |
| 109. | <p>Streuling I et al. Can gestational weight gain be modified by increasing physical activity and diet counseling? A meta-analysis of interventional trials American Journal of Clinical Nutrition 2010; 92(4): 678-687</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 110. | <p>Striegel-Moore RH et al (2011). Development an Evidence Based Classification of Eating Disorders. Scientific Findings for DSM-5. APA.</p> |
| 111. | <p>Vedi lavoro originale</p> <p>Sysko R, Walsh BT. A critical evaluation of the efficacy of self-help interventions for the treatment of bulimia nervosa and binge-eating disorder. International Journal of Eating Disorders 2008; 41(2): 97-112</p> |
| | <p>This review concluded there was some limited evidence that pure and guided self-help interventions based on cognitive behavioural therapy (CBT) may</p> |

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| | <p>provide some benefit to individuals with bulimia nervosa or binge-eating disorder. The conclusions take into account the limitations of the data, but may not be reliable given concerns about the review methods.</p> <p>There was some limited evidence to suggest that self-help and guided self-help interventions based on the principles of CBT provided some benefit to individuals with bulimia nervosa and binge-eating disorder.</p> |
| 112. | <p>Tanentsapf I et al. Systematic review of clinical trials on dietary interventions to prevent excessive weight gain during pregnancy among normal weight, overweight and obese women. BMC Pregnancy and Childbirth 2011; 11(81)</p> <p>The authors concluded that dietary advice during pregnancy appeared to be effective in decreasing total gestational weight gain and long-term postpartum weight retention. There was limited evidence for further benefits on infant and maternal health. With a small caveat regarding the unclear process of study selection, the conclusion and recommendations for research seem justified.</p> <p>Dietary advice during pregnancy appeared to be effective in decreasing total gestational weight gain and long-term postpartum weight retention. There was limited evidence for further benefits on infant and maternal health.</p> |
| 113. | <p>Tang DW et al: Food and drug cues activate similar brain regions: a meta-analysis of functional MRI studies. Physiol Behav. 2012 106:317-24.</p> <p>Vedi lavoro originale</p> |
| 114. | <p>Thomson CA, Ravia J. A systematic review of behavioral interventions to promote intake of fruit and vegetables. Journal of the American Dietetic Association 2011; 111(10): 1523-1535</p> <p>This review concluded that behaviour-based interventions modestly increased the intake of fruit and vegetables across the target population, but increases were small compared to the recommended level of intake. These conclusions should be interpreted with caution because of uncertainty on study quality and limitations in review methods.</p> <p>Behaviour-based interventions modestly increased the intake of fruit and vegetables across the target population, but increases were small compared to the recommended level of intake</p> |
| 115. | <p>Tierney S, Wyatt K. What works for adolescents with AN: a systematic review of psychosocial interventions. Eating and Weight Disorders 2005; 10(2): 66-75</p> <p>The aim of this review was to carry out an assessment of randomised controlled trials in order to determine the effectiveness of psychosocial interventions for adolescents with anorexia nervosa. The authors were unable to make any clear recommendations, owing to the paucity of data and the methodological inadequacies of the primary studies.</p> <p>Owing to the paucity and methodological inadequacies of the primary studies, no clear recommendations could be made.</p> |
| 116. | <p>Tolin DF. Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review Clinical Psychology Review 2010; 30(6): 710-720</p> <p>The authors found that cognitive behaviour therapy was more effective than alternative therapies, particularly psychodynamic therapy, for some outcomes up to one year after treatment in patients with anxiety and depressive disorders. The authors acknowledged some limitations of the analyses, but bias could not be excluded and the conclusions should be considered tentative.</p> <p>The authors' conclusions appeared to be that CBT was more effective than alternative therapies, particularly psychodynamic therapy, for some outcomes up to one year after treatment in patients with anxiety and depressive disorders.</p> |
| 117. | <p>van Asselt A D et al. Out-patient psychotherapy for borderline personality disorder: cost-effectiveness of schema-focused therapy v transference-focused psychotherapy. British Journal of Psychiatry 2008; 192: 450-457</p> <p>This is an economic evaluation that meets the criteria for inclusion on NHS EED. If you would like us to consider prioritising the writing of a critical abstract for this economic evaluation please e-mail: CRD-NHSEED@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 118. | <p>Van Wijnen LG et al. The impact of school-based prevention of overweight on psychosocial well-being of children. Obesity Reviews 2009; 10(3): 298-31</p> <p>This review concluded that there was insufficient evidence to assess the effects of school-based obesity prevention programmes on the psychosocial well-being of children; interventions integrated into the standard school curriculum appeared to show most promise. Based on the quality and quantity of the data, and despite limitations in the review methods, the authors' cautious conclusions appear valid.</p> <p>There was insufficient evidence to assess the effects of school-based obesity prevention programmes on the psychosocial well-being of children; however, interventions integrated into the standard school curriculum appeared to show most promise.</p> |
| 119. | <p>Vancampfort D et al. The importance of movement-directed interventions in the multidisciplinary treatment of binge eating disorder: an overview. Tijdschrift voor Psychiatrie 2012; 54(8): 719-730</p> |

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| | <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |
| 120. | <p>Viner RM et al. Efficacy and safety of anti-obesity drugs in children and adolescents: systematic review and meta-analysis. Obesity Reviews 2010; 11(8): 593-602</p> <p>This review concluded that sibutramine produced clinically meaningful reductions in body mass index for overweight and obese children and adolescents and was well tolerated. Orlistat modestly reduced body mass index with frequent gastrointestinal adverse effects. This review was generally well conducted and the authors' conclusions are likely to be reliable. Sibutramine produced clinically meaningful reductions in body mass index for overweight and obese children and adolescents and was well tolerated. Orlistat modestly reduced body mass index with frequent gastrointestinal adverse effects.</p> |
| 121. | <p>Wall J, Murchu C N, Blakely T, Rodgers A, Wilton J. Effectiveness of monetary incentives in modifying dietary behavior: a review of randomized, controlled trials. Nutrition Reviews 2006; 64(12): 518-53</p> <p>The authors concluded that monetary incentives show potential for changing dietary behaviour but further research is required. Review methods were inadequately reported but, overall, the authors' cautious conclusion appears to follow from the results presented <u>Monetary incentives show potential for changing dietary behaviour but further research is required.</u></p> |
| 122. | <p>Wallier J et al. Dropout from inpatient treatment for anorexia nervosa: critical review of the literature. International Journal of Eating Disorders 2009; 42(7): 636-647</p> <p>This poorly reported review appears to have evaluated the incidence of, and factors leading to, drop out from in-patient anorexia nervosa treatment. The authors concluded that the results were limited, conflicting, and based on methodologically diverse studies. The absence of reporting of a quality assessment and details of the review process means that the reliability of this conclusion is unclear. <u>The results were limited and conflicting and they were based on studies with diverse methods.</u></p> |
| 123. | <p>Weinheimer EM et al. A systematic review of the separate and combined effects of energy restriction and exercise on fat-free mass in middle-aged and older adults: implications for sarcopenic obesity. Nutrition Reviews 2010; 68(7): 375-388</p> <p>The review concluded that exercise was an effective tool to help men and postmenopausal women aged 50 years or above with a body mass index greater than 25 preserve their fat-free mass after moderate energy restriction-induced weight loss. Some methodological problems and data limitations limited the reliability of the authors' conclusions. <u>Exercise was an effective tool to help men and postmenopausal women aged 50 years or above with a BMI greater than 25 preserve their fat-free mass after a moderate energy restriction-induced weight loss programme (important for combating sarcopenic obesity).</u></p> |
| 124. | <p>Whitlock EP et al. Effectiveness of primary care interventions for weight management in children and adolescents: an updated, targeted systematic review for the USPSTF. Rockville, MD, USA: Agency for Healthcare Research and Quality. Evidence Synthesis; 76. 2010</p> <p>This review examined benefits and harms of behavioural and pharmacological weight-management interventions for overweight and obese children and concluded that medium to high intensity behavioural interventions appeared to be beneficial. Potential for language bias and clinical variation and methodological weaknesses in the included studies mean that caution is required when judging the reliability of the authors' conclusions. The research suggested that behavioural interventions can be effective in managing weight in obese children and adolescents; combined behavioural-pharmacological interventions may be useful in very obese adolescents.</p> |
| 125. | <p>Williams DM, Matthews CE, Rutt C, Napolitano MA, Marcus BH. Interventions to increase walking behavior. Medicine and Science in Sports and Exercise 2008; 40(7 Supplement): S567-S573</p> <p>This review assessed walking promotion interventions to increase walking behaviour and concluded that theory-driven, mediated physical activity promotion programmes might be effective for increasing walking behaviour for public health. The limited search for trials, variation between them, limited synthesis, and poor reporting of the review process, suggest that these conclusions should be interpreted with caution <u>Theory-driven, mediated physical activity promotion programmes might be effective for increasing walking behaviour for public health.</u></p> |
| 126. | <p>Wilson GT.: Treatment of binge eating disorder. Psychiatr Clin North Am. 2011 34(4):773-83.</p> <p>Vedi lavoro originale</p> |
| 127. | <p>Witham MD, Avenell A. Interventions to achieve long-term weight loss in obese older people: a systematic review and meta-analysis. Age and Ageing 2010; 39(2): 176-18</p> |

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| | <p>The authors concluded that although reductions in weight were found for weight loss interventions in older people, there was a lack of high-quality evidence to support their efficacy. Although there were limitations in the review, overall the authors' conclusions appeared to reflect the evidence and are likely to be reliable.</p> |
| 128. | <p><u>Reductions in weight were found, but there was lack of high-quality evidence to support the efficacy of weight loss interventions in older people.</u> Wyatt Kaminski J et al. A meta-analytic review of components associated with parent training program effectiveness. Journal of Abnormal Child Psychology 2008; 36(4): 567-589</p> <p>This review investigated the efficacy of parent training programmes in the prevention and alleviation of early childhood behaviour problems. It concluded that programmes associated with the greatest effect sizes were positive parent-child interactions/emotional communication skills, teaching parents to use time out and the importance of parenting consistency. The conclusions appear appropriate, but shortcomings in review processes make their reliability unclear. Parent training programmes were effective in changing parenting behaviour and in preventing or ameliorating early child behaviour problems. Increasing positive parent-child interactions and emotional communication, teaching time out and the importance of parenting consistency, and requiring parents to practice new skills with their children were found to have the greatest impact on outcomes.</p> |
| 129. | <p>Yildirim M et al. Energy-Consortium. For whom and under what circumstances do school-based energy balance behavior interventions work? Systematic review on moderators International Journal of Pediatric Obesity 2011; 6(2-2): e46-57</p> <p>The review concluded school-based interventions aimed at increasing fruit and vegetable intake, physical activity or multiple energy balance-related behaviour were generally associated with significant effects. Moderator analysis indicated that girls appeared to respond best but results were not conclusive. The review was generally well conducted. The authors' conclusions were suitably cautious and seem appropriate. The authors appeared to conclude that school-based interventions aimed at increasing fruit and vegetable intake, physical activity or multiple energy balance-related behaviour were generally associated with significant effects. Moderator analysis indicated that girls appeared to respond best but results were not conclusive.</p> |
| 130. | <p>Young MD et al. Effectiveness of male-only weight loss and weight loss maintenance interventions: a systematic review with meta-analysis. Obesity Reviews 2012; 13(5): 393-408</p> <p>This is a systematic review that meets the criteria for inclusion on DARE. If you would like us to consider prioritising the writing of a critical abstract for this review please e-mail CRD-DARE@york.ac.uk quoting the Accession Number of this record. Please note that priority is given to fast track requests from the UK National Health Service.</p> |



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Gruppi di Lavoro con riferimento a Melchionda: Bibliografia
(*) Revisioni Sistematiche, () Lavori di riferimento 2010 – 2012**

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Sezione 4. Farmaci e Sostanze Psico-attive nei DAO

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| | 10.4.c. Convergenza tra DAO e Uso-Abuso di Sostanze Baker JH et al: Eating disorder symptomatology and substance use disorders: prevalence and shared risk in a population based twin sample. <i>Int J Eat Disord.</i> 2010 43(7):648-58. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2972646/pdf/eat0043-0648.pdf Cohen LR et al: Survey of Eating Disorder Symptoms among Women in Treatment for Substance Abuse <i>Am J Addict.</i> 2010 19(3): 245-251. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882625/?tool=pubmed Courbasson C, Brunshaw JM.: The relationship between concurrent substance use disorders and eating disorders with personality disorders. <i>J Eat Disord.</i> 2010 43(7):648-58. 10.4.c. Convergenza tra DAO e Uso-Abuso di Sostanze Baker JH et al: Eating disorder symptomatology and substance use disorders: prevalence and shared risk in a population based twin sample. <i>Int J Eat Disord.</i> 2010 43(7):648-58. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2972646/pdf/eat0043-0648.pdf Cohen LR et al: Survey of Eating Disorder Symptoms among Women in Treatment for Substance Abuse <i>Am J Addict.</i> 2010 19(3): 245-251. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882625/?tool=pubmed Courbasson C. Brunshaw JM.: The relationship between concurrent substance use disorders and eating disorders with personality disorders. <i>J</i> |
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| Melchionda Bellomo Luxardi Zannini | <p>23.7.a. La questione della "Food Addiction"</p> <p>Barry D et al: Obesity and Its Relationship to Addictions: Is Overeating a Form of Addictive Behavior? Am J Addict. 2009 18(6): 439-451. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2910406/?tool=pubmed</p> <p>Carr K et al: Reinforcement Pathology and Obesità. Curr Drug Abuse Rev. 2011 4(3): 190-196. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3405539/</p> <p>Davis C et al: Evidence that 'food addiction' is a valid phenotype of obesità Appetite. 2011 57(3):711-7. http://www.ncbi.nlm.nih.gov/pubmed/21907742</p> <p>Davis C, Carter JC: Compulsive overeating as an addiction disorder. A review of theory and evidence. Appetite. 2009 53 :1-8.</p> <p>Goldstein BI et al: The burden of obesity among adults with bipolar disorder in the United States. Bipolar Disord. 2011 13(4):387-95. doi: 10.1111/j.1399-5618.2011.00932.x. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3157038/?tool=pubmed</p> <p>Grilo CM et al: Eating disorders with and without substance use disorders: a comparative study of inpatients Compr Psychiatry. 1995 36(4):312-7</p> <p>Grosshans M et al: Implications from addiction research towards the understanding and treatment of obesity. Addict Biol. 2011 Apr;16(2):189-98.</p> <p>Liu Y et al: Food addiction and obesity: evidence from bench to bedside. J Psychoactive Drugs. 2010 42(2):133-45.</p> <p>Meule A, Kübler A: The Translation of Substance Dependence Criteria to Food-Related Behaviors: Different Views and Interpretations Front Psychiatry. 2012; 3: 64. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3382827/</p> <p>Tang DW et al: Food and drug cues activate similar brain regions: a meta-analysis of functional MRI studies. Physiol Behav. 2012 106:317-24.</p> <p>Taylor VH et al: The obesity epidemic: the role of addiction. CMAJ, 2010, 182: 327-328 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2831667/?tool=pubmed</p> <p>VanBuskirk KA et al: The Treatment of Obesity and Its Co-occurrence with Substance Use Disorders J Addict Med. 2010 4(1): 1-10. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835148/</p> <p>Wilson GT: Eating Disorders Obesity and Addiction Eat. Disorders Rev. 18 (2010) 341-351)</p> |

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