Self-help and guided self-help for eating disorders (Review)

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[Intervention Review]

Self-help and guided self-help for eating disorders

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ABSTRACT

Background

Anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED) and eating disorder not otherwise specified (EDNOS) are common and disabling disorders. Many patients experience difficulties accessing specialist psychological treatments. Pure self-help (PSH: self-help material only) or guided self-help (GSH: self-help material with therapist guidance), may bridge this gap.

Objectives

Main objective:

Evaluate evidence from randomised controlled trials (RCTs) / controlled clinical trials (CCTs) for the efficacy of PSH/GSH with respect to eating disorder symptoms, compared with waiting list or placebo/attention control, other psychological or pharmacological treatments (or combinations/augmentations) in people with eating disorders.

Secondary objective:

Evaluate evidence for the efficacy of PSH/GSH regarding comorbid symptomatology and costs.

Search methods

CCDANCTR-Studies and CCDANCTR-References were searched in November 2005, other electronic databases were searched, relevant journals and grey literature were checked, and personal approaches were made to authors.

Selection criteria

Published/unpublished RCTs/CCTs evaluating PSH/GSH for any eating disorder.

Data collection and analysis

Data was extracted using a customized spreadsheet. Relative Risks (RR) were calculated from dichotomous data and weighted/standardized mean differences (WMD/SMD) from continuous data, using a random effects model.

Main results

Twelve RCTs and three CCTs were identified, all focusing on BN, BED, EDNOS or combinations of these, in adults, using manual-based PSH/GSH across various settings.

Primary comparisons:

At end of treatment, PSH/GSH did not significantly differ from waiting list in abstinence from bingeing (RR 0.72, 95% CI 0.47 to 1.09), or purging (RR 0.86, 95% CI 0.68 to 1.08), although these treatments produced greater improvement on other eating disorder symptoms, psychiatric symptomatology and interpersonal functioning but not depression.

Compared to other formal psychological therapies, PSH/GSH did not differ significantly at end of treatment or follow-up in improvement on bingeing and purging (RR 0.99, 95% CI 0.75 to 1.31), other eating disorder symptoms, level of interpersonal functioning or depression. There were no significant differences in treatment dropout.

Secondary comparisons:

One small study in BED found that cognitive-behavioural GSH compared to a non-specific control treatment produced significantly greater improvements in abstinence from bingeing and other eating disorder symptoms. Studies comparing PSH with GSH found no significant differences between treatment groups at end of treatment or follow-up. Comparison between different types of PSH/GSH found significant differences on eating disorder symptoms but not on bingeing/purging abstinence rates.

Authors' conclusions

PSH/GSH may have some utility as a first step in treatment and may have potential as an alternative to formal therapist-delivered psychological therapy. Future research should focus on producing large well-conducted studies of self-help treatments in eating disorders including health economic evaluations, different types and modes of delivering self-help (e.g. computerised versus manual-based) and different populations and settings.

PLAIN LANGUAGE SUMMARY

Self-help and guided self-help for eating disorders

The eating disorders (anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED) and eating disorder not otherwise specified (EDNOS)) are disabling conditions and specialist treatment is not always easily accessible. Self-help may bridge the gap. This review aimed to evaluate pure self-help (PSH) and guided self-help (GSH) interventions for eating disorders for all ages and genders, compared to psychological, pharmacological or control treatments and waiting list. Fifteen trials were identified, all focused on BN, BED or EDNOS, using manual-based self-help. There is some evidence that PSH/GSH reduce eating disorder and other symptoms in comparison to waiting list or control treatment and may produce comparable outcomes to formal therapist-delivered psychological therapies. PSH/GSH may have some utility as a first step in treatment. In the future there need to be large well-conducted effectiveness studies of self-help treatments with or without guidance incorporating cost evaluations and investigation of different types of self-help in different populations and settings.

BACKGROUND

The eating disorders anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED) are common and disabling conditions with overlapping symptomatologies and aetiologies, affecting mainly young females. AN is characterized by raised mortality and all eating disorders have high levels of physical and psychological comorbidity. Thus, they have serious implications for sufferers' quality of life, work and social functioning.

The incidence of BN cases presenting to primary care for treatment has increased in recent years (Currin 2005a) and there has been a marked increase in the incidence of AN in younger cases (Lucas

1999). The life-time prevalences of AN and BN in young females are 2% to 4% respectively (Favaro 2003). The prevalence of BED is approximately 1-3% of the general population (Hay 1998; Kinzl 1999). People who do not neatly fit the diagnostic criteria of AN or BN (i.e. they are sub-threshold for these disorders or have mixtures of symptoms of both disorders) are given the label of "Eating Disorder Not Otherwise Specified" (EDNOS). EDNOS forms a sizeable proportion of cases encountered in the community and in clinical practice (Fairburn 2003; Favaro 2003).

Eating disorders typically begin in mid-adolescence or early adulthood. The first few years following the onset of eating disorder symptoms are recognized to be a critical period. During this time, the illness can have a marked influence on emotional, social and educational development, and physical health and development can be stunted. The consensus view among professionals is that early intervention is likely to prevent the disorder becoming chronic (Treasure 2005; Currin 2005b).

Psychological therapies are the treatment of choice for all eating disorders. In AN, whilst there is no leading evidence-based psychological therapy, specialist psychotherapies of different types seem to be more effective than non-specialist support or dietetic treatment (NCCMH 2004). In BN, Cognitive Behavioural Therapy (CBT) is the best evaluated form of psychotherapy and seems to be at least as effective or more effective than other forms of psychological treatment (for example, interpersonal therapy, behavioural therapy). A similar picture emerges in the treatment of BED (NCCMH 2004). One serious drawback of specialist psychological treatments is that they are time-consuming and costly and the increasing demand for treatment by far outstrips available resources. Many patients are unable to access specialist treatments or only with unacceptable delays, leading to unnecessary suffering and fostering the development of more chronic disorders. It is possible that self-help or guided self-help interventions, based on psychological treatments of proven efficacy, may be able to bridge this gap (Perkins 2005).

Self-help treatments aim to improve clinical outcome as well as provide information by teaching patients relevant skills to overcome and manage their health problem. They contain a longitudinal element and require the user to carry out tasks and then evaluate what has been achieved. Self-help treatments involve "the use of written materials or computer programmes or the listening/viewing of audio/video tapes for the purpose of gaining understanding or solving problems relevant to a person's developmental or therapeutic needs" (Marrs 1995). Guided self-help treatments use these self-help materials in conjunction with minimal guidance by a health professional or lay person "to monitor progress, to clarify procedures, to answer general questions, or to provide general support or encouragement" (Gould 1993). A further definition of self-help is "the delivery of materials that employ a media based format to treatment such as book, computer or video tape. However delivered, self-help materials aim to increase the users' knowledge about a particular problem, and also equip them with skills to better self-manage their difficulties" (Williams 2003). Self-help treatments can be used as a "stand-alone" treatment or in conjunction with other treatments (both psychological and pharmacological).

A number of potential advantages of using such self-help treatments have been identified (Williams 2001):

1.They allow treatments with proven efficacy to be accessed with minimum delay.

2.They are popular and acceptable to many patients.

3.The price can be low.

4.Such treatments respect patient privacy and avoid the stigma or embarrassment of formal psychotherapy. In particular, patients with BN and BED are often very ashamed of their disorder and find it hard to confide in a therapist about their symptoms.

5.They allow patients to work in their own time and at their own pace. This is potentially important in eating disorders as patients are often anxious and depressed which may interfere with their ability to focus during a session with a therapist.

6.They empower the patient and promote collaboration.

7.They reinforce and consolidate learning. This is important in eating disorders as starvation-related deficits in attention and concentration may impair a patient's ability to benefit from "one-off" therapeutic interventions.

8.They allow patients to renew or update treatment as often as they wish, and at no extra cost. Given that BED and BN have a relapsing course this may be important to deal with setbacks.

As eating disorders are common and disabling disorders, early intervention is important but lack of resources means this is not always possible. Self-help interventions are potentially cost effective, accessible and well suited to eating disorders. Currently (to the best of our knowledge) there are no systematic reviews with a main focus on self-help in this area. Hay et al.'s Cochrane Review (Hay 2004) "Psychotherapy for bulimia nervosa and bingeing" includes guided self-help and self-help as does the review carried out by the NICE guideline (NCCMH 2004) on eating disorders. However, the review does not cover other eating disorders, focuses mainly on binge eating as a key outcome, and is broader in its scope of therapy than this review intends. The recent NICE guideline also reviewed self-help treatments, but again is much broader in its scope than the present review.

The strategies for recruitment and settings from which patients are recruited for self-help treatments varies between studies and includes volunteers recruited through advertising, patients recruited from primary care or other non-specialist settings as well as patients attending specialist eating disorder services. The time and

duration of therapeutic guidance given and the degree of sophistication of the person giving the guidance (e.g. 'lay person', mental health professional, CBT therapist, Eating Disorder specialist, Psychotherapist) also varies. The present review includes studies from all these different settings including self-help with or without guidance.

The current review therefore aims to investigate the efficacy of PSH and GSH in all eating disorders as compared to a) no treatment, b) attention/placebo control, c) other specific interventions (psychological and pharmacological). As eating disorders generally develop during early adolescence and may last through adulthood, often recurring over the course of a lifetime (APA 1994), this review has incorporated trials of children, adolescents and adults.

OBJECTIVES

Main objective:

To evaluate the evidence from randomised (RCTs) and controlled clinical trials (CCTs) for the efficacy of pure self-help (PSH) and guided self-help (GSH) treatments with respect to eating disorder symptoms, compared to waiting list or placebo/attention control, other psychological or pharmacological treatments (or combinations/augmentations) in people with eating disorders.

Secondary objective:

To evaluate the evidence for the efficacy of PSH and GSH treatments with respect to depressive symptoms, general psychiatric symptoms and cost in people with eating disorders.

METHODS

Criteria for considering studies for this review

Types of studies

Published or unpublished, randomised controlled trials and controlled clinical trials that evaluate PSH or GSH for people with eating disorders. The latter were included as the number of studies in this area is not large.

Types of participants

People with:
(1) Diagnosis of AN or BN (DSM diagnostic criteria or equivalent diagnostic criteria, for example ICD).
(2) BED or EDNOS (DSM or ICD criteria).
Other criteria:
(1) People of either gender
(2) Children, adolescents and adults
(3) Recruited from the community or primary, secondary or tertiary clinical units
(4) Treated in community, primary, secondary or tertiary services

Types of interventions

(1) Self-help interventions:
(a) "Pure" self-help
For the purpose of this review, this is an intervention, which uses a clear model and structure of treatment, and itself includes all instructions on how the user can improve their skills to cope with and manage their difficulties. The material may be in any media i.e. book, CD-ROM, internet package etc; may be individual or group; psycho-education materials may be included depending on their goals i.e. to relieve symptoms vs. to improve knowledge.
(b) Guided self-help
For the purpose of this review, this refers to the above self-help definition, plus contact with a 'therapist' who may be a mental health professional or lay person. This does not include: prevention and purely educational material; pure support groups (as they do not have improved clinical outcome as a direct goal); groups which do not focus their sessions on a recognisable tool e.g. book, CD-ROM, video; sessions where the emphasis is on the therapist leading the sessions and being present for most of the 'action'. No upper limit will be set for the number of hours which constitute guidance.
The comparison interventions:
(1) Waiting list
(2) Placebo/attention control (e.g. therapist contact without self-help material or other advice or specific intervention)
(3) Other formal psychological therapies
(4) Pharmacotherapy
In addition specific comparisons were made between:
(1) PSH versus GSH
(2) PSH/GSH versus self-help based on different therapeutic models (for example, cognitive-behavioural or behavioural).
Treatment comparisons: the following treatment comparisons were made to test the review hypotheses:
(1) PSH/GSH versus waiting list
(2) PSH/GSH versus placebo/attention control
(3) PSH/GSH versus other formal psychological therapies
(4) PSH versus GSH
(5) PSH/GSH combined with placebo vs psychopharmacological intervention
(6) PSH/GSH combined with psychopharmacological intervention vs psychopharmacological intervention alone
(7) PSH/GSH alone versus PSH/GSH combined with psychopharmacological intervention
(8) PSH/GSH type I (cognitive-behavioural) vs PSH/GSH type II (self-assertion - Carter 2003; behavioural weight control - Grilo 2005b)

Comparisons 1 and 3 are the primary comparisons. Comparisons 2 and 4 to 8 are the secondary comparisons.

Types of outcome measures

A range of outcome measures is available for assessing the effectiveness of treatment for AN, BN and BED consisting of physical, psychological and social elements. These were assessed at end of treatment and follow-up.

Primary outcomes

(a) Abstinence from bingeing.
(b) Abstinence from purging.
(c) Weight (body mass index, BMI).

Secondary outcomes

(a) Eating disorder symptomatology from an eating disorders symptom rating scale, or other purpose developed instrument.
(b) Weight restoration (BMI) to within normal range.
(c) Proportion of non-completers or "dropouts" due to any reason, and those due to adverse events.
(d) Patient satisfaction (where assessed).
(e) Adherence to self-help (e.g. percentage of material read; percentage of homework tasks completed).
(f) Side effects or negative effects of therapy (where provided).
(g) Additional help seeking (e.g. treatment for eating disorder symptoms or weight loss).
(h) General psychiatric and mental state symptomatology (mean scores on any general psychiatric symptom rating scale).
(i) Improvement in interpersonal functioning (mean scores on scales measuring social and interpersonal functioning).
(j) Mean scores on any scale measuring depressive symptoms.
(k) Health care cost.

Search methods for identification of studies

1) Electronic Databases:

Relevant trials were identified by searching the following electronic databases:

a) The Cochrane Collaboration Depression, Anxiety & Neurosis Controlled Trials Registers) were searched using the following terms:

CCDANCTR-Studies - searched on 14-10-2005
Diagnosis = Bulimia or"Anorexia Nervosa" or "Eating Disorder*" "Binge Eating"
and
Free-text = (("self help" or self-help or "self change" or self-change or "self care" or self-care or "self directed" or self-directed or "minimal guidance" or "minimal contact" or bibliotherapy or manual* or computer* or internet or www or cd-rom or "cd rom" or cd or cdrom or online or dvd or floppy or audio* or video* or Virtual) and (therap* or interven* or treatment* or instruct*))
CCDANCTR-References - searched on 14-10-2005
Keyword = "Eating disorder*" or "Anorexia Nervosa" or Bulimia or "binge eating" or EDNOS)
and
Free text = ("self help" or self-help or "self change" or self-change or "self care" or self-care or "self directed" or self-directed or "minimal guidance" or "minimal contact" or bibliotherapy or manual* or computer* or internet or www or cd-rom or "cd rom" or cd or cdrom or online or dvd or floppy or audio* or video*) and (therap* or interven* or treatment* or instruct*)

c) The Cochrane Central register of Controlled Trials (CENTRAL) was searched using terms as in the CCDANCTR searches

c) MEDLINE 1966 - 2003 was searched according to the optimal strategy of the Cochrane Collaboration (refer to Cochrane Handbook) using terms as in the CCCTR and CCDANCTR search

d) EMBASE was searched according to the optimal strategy of the Cochrane Collaboration (refer to Cochrane Handbook) was searched using terms as in the CCDANCTR searches

e) PsycINFO was searched was searched using terms as in the CCDANCTR searches

f) LILACS was searched was searched using terms as in the CCDANCTR searches

2) Hand searching:

The following journal was hand searched by members of CCDAN:
The International Journal of Eating Disorders 1981 +
The following journals were also handsearched:
European Eating Disorders Review 1993 +
Eating Disorders: The Journal of Prevention and Treatment 1993 +
Eating and Weight Disorders: 1996 +

3) Grey Literature:

Grey literature including Conference Proceedings and databases of ongoing trials were searched. We have searched the conference proceedings of the Academy of Eating Disorders, the Eating Disorder Research Society and the London International Meeting on Eating Disorders for the past 10 years. Searches of ongoing trials databases were conducted by Hugh McGuire.

4) Reference searching

The reference lists of all papers selected were inspected for further relevant studies.
Social Sciences and Science Citation Index were searched for all included studies.

5) Personal contact

The first authors of all included studies and experts in the field were contacted for further information regarding published and unpublished trials (except Grilo 2005a; Grilo 2005b; Banasiak 2005).

Data collection and analysis

Selection of trials

Two reviewers (US and SP) independently selected articles that met criteria for the systematic review through scrutiny of all the abstracts of papers found by the searches and which met criteria for inclusion.

Assessment of methodological quality

Trials were assessed for their quality applying the 23-item quality rating scale from the Cochrane Collaboration Depression and Anxiety Group (Moncrieff 2001; see Table 1for an outline of these items). These items assess factors contributing to the quality of a study and include for example, sample size, reporting of power calculations, methods of allocation and blinding. Authorship was not concealed at the point of data collection. Trials were evaluated for quality by two reviewers (US and SP) and discrepancies discussed until a consensus was reached.

Each study was assessed and the strength of its internal validity and statistical power evaluated. Particular attention was given to the length and depth of follow-up studies to identify whether any benefits claimed are robust. Where detailed, any treatment accessed by study participants outside of and in addition to the study treatment during the treatment or follow-up period was recorded and analysed as an outcome.

Data Extraction

Two reviewers (US and SP) independently extracted data using a standardised data extraction form indicating the type and focus of the study, the sample size, outcome measures included in the study and results reported. Data was double-entered into the RevMan analysis program and any discrepancies discussed by the two reviewers.

Attempts were made to obtain data, which had not been included in published reports. The first authors were contacted via e-mail or letter explaining the purposes of the review and reasons for requesting the additional unreported data. In the event of no response within one month, a follow-up e-mail was sent.

Treatment outcomes

The main outcomes expected are changes in physical and psychological profiles. The main outcomes were changes in symptom levels as measured by rating scales and presented as either continuous (means and SDs) or dichotomous outcomes (abstinence from problematic behaviour or not). Data to be analyzed were both continuous and dichotomous as presented in candidate papers.

Statistical methods

Where a meta-analysis was appropriate on the basis of the studies available, the data was analysed using Review Manager 4.2.8 software. For continuous outcomes, weighted mean differences between the post-intervention values (end of treatment or follow-up) of the intervention and comparison groups were used to analyse the effect size of the interventions. Where results for continuous outcomes were presented on different scales, we used standardised mean differences. For dichotomous outcomes the effect sizes were expressed in terms of relative risk. Where possible we used an intention-to-treat analysis. All data were analysed with a random effects model.

Heterogeneity

Heterogeneity between trial results will be tested for using a standard chi-squared test. A significance level of alpha = 0.1 will be used for the test of heterogeneity. If heterogeneity is found, we will attempt to determine potential sources of heterogeneity with various subgroup and sensitivity analyses.

The following subgroup and sensitivity analyses were planned to determine potential sources of heterogeneity:

Sensitivity analyses

These are a series of analyses where the results of the meta-analysis are compared with trials included and excluded according to the following criteria:

(1) Size of trial - trials with < 20 subjects in total and/or <10 per group, will be removed.

(2) Allocation concealment gradings - sequential removal of trials graded 0 and 1.

(3) Unblinded trials removed sequentially.

(4) Trials which do not apply an intention-to-treat analysis will be removed.

(5) Trials which do not include a follow-up of a minimum of 6 months will be removed.

Subgroup analyses

(1) Type, intensity of guidance and duration of the self-help intervention.

(2) Degree of specialization of guider: lay person/specialist in mental health/specialist in eating disorders/specialist in CBT.

(3) Age (17 and younger, 18 and above).

(4) Treatment setting: primary, secondary, tertiary.

However, there were insufficient studies to perform these analyses at this stage.

Publication bias

It was also planned to assess the possibility of publication bias using the Funnel Plot technique. Again, insufficient number of studies did not permit this.

The review will be updated bi-annually.

RESULTS

Description of studies

See: Characteristics of included studies; Characteristics of excluded studies.

Thirteen relevant RCTs and three CCTs were identified out of a pool of 91 studies generated by the search. All studies focused on BN (Carter 2003; Bailer 2004; Durand 2003; Mitchell 2001), BED (Carter 1998; Grilo 2005a; Grilo 2005b) or combinations of these and EDNOS (Walsh 2004; Palmer 2002; Ghaderi 2003; Huon 1985; Loeb 2000; Treasure 1996; Thiels 1998; Banasiak 2005). All studies were done in adults.

All studies used manual-based self-help with manuals detailing CBT for BN or binge eating. Ten of these used the manual 'Overcoming binge eating' (Fairburn 1995), three used 'Getting Better Bite by Bite' (Schmidt 1993) and two used another manual. Two studies compared an eating disorder specific CBT self-help manual against a manual with a different therapeutic focus (self-assertion - Carter 2003; behavioural weight control - Grilo 2005b).

Six studies had at least one arm with PSH, the remainder evaluated GSH. The total amount of guidance ranged from 90 minutes to 8 hours with session duration ranging from 15 minutes to a full hour and number of sessions ranging from 4 to 18. People giving guidance included non-specialist facilitators without any clinical training (Carter 1998); psychology students (Ghaderi 2003); general nurses (Walsh 2004); junior psychiatrists (Bailer 2004); doctoral level psychologists and research clinicians (Grilo 2005a; Grilo 2005b); psychotherapists (Thiels 1998); specialist eating disorder therapists (Palmer et al., 2003), people fully or partially recovered from an eating disorder (Huon 1985), general practitioners (Durand 2003; Banasiak 2005).

Eight studies compared PSH/GSH to a waiting list or attention/placebo control group and seven studies compared PSH/GSH against another treatment.

Studies were conducted in a range of settings. Three studies were conducted in a primary care setting, one in a University setting, five in a secondary or tertiary eating disorder service, four recruited volunteers from the community and two did not describe their setting. Nine studies recruited all or some of their participants through advertisements from the community, one study recruited purely from primary care, the remainder recruited from specialist secondary or tertiary eating disorder services or used mixed recruitment strategies. Seven studies were from European countries, six from North America (USA or Canada) and two from Australia.

Risk of bias in included studies

Sample size

In thirteen studies, sample size was less than 50 participants per group and in two studies sample size was between 50-100 participants per group. No studies contained over 100 participants per group.

Details of power calculation

Thirteen studies did not report any a priori power calculation, one study mentioned this without providing details and only one provided a detailed power calculation.

Allocation concealment

Seven studies reported concealment of allocation code, the remainder did not report this.

Description of method of allocation

Twelve studies reported randomized allocation, with three studies reporting partial or quasi-randomisation with some bias possible (for example, Bailer 2004: randomisation by groups of 8 to 12 participants; Thiels 1998: alternate allocation; Huon 1985; page 576): ' randomly assigned, with some adjustments so that the groups were comparable').

Blind assessment

Outcome assessors were kept blind in six studies but no test of blind was done in any of these. The remaining studies did either not keep assessors blind (n=5 studies) or did not report this (n=4 studies).

Duration of follow-up

Four studies reported no follow-up data. The duration of follow-up in the remaining studies ranged from 3 months to 18 months.

Intention to treat analysis

This was done in twelve studies. In the three remaining studies this information was not available.

Total quality score

A total quality score on the 23-item quality checklist was calculated for each study. Denominators varied for psychotherapy and pharmacotherapy studies. Proportions of quality criteria met out of the total of possible criteria ranged from 0.38 to 0.83, with a median of 0.66.

Effects of interventions

Primary comparisons

Comparison 1: PSH/GSH versus waiting list (Table 2)

Four studies (Banasiak 2005; Carter 1998; Carter 2003; Palmer 2002) contributed to this set of comparisons.

(i) Primary outcomes

Abstinence rates from bingeing (end of treatment: RR 0.72, 95% CI 0.47 to 1.09) and purging (end of treatment: RR 0.86, 95% CI 0.68 to 1.08) separately and combined (end of treatment: RR 1.39, 95% CI 0.16 to 11.84; follow-up: RR 1.00, 95% CI 0.81 to 1.25) did not differ significantly between groups.

(ii) Secondary outcomes

Compared to waiting list, PSH or GSH produced greater improvement at the end of treatment on other eating disorder symptoms (SMD -0.71, 95% CI -1.01to -0.41), psychiatric symptomatology (WMD -0.32, 95% CI -0.51 to -0.13) and levels of interpersonal functioning (SMD -0.34, 95% CI -0.67 to -0.02).

Comparison 3: PSH/GSH versus other formal psychological therapies (Table 3)

Four studies, two RCTs (Durand 2003; Treasure 1996) and two CCTs (Bailer 2004; Thiels 1998) contributed to this set of comparisons. The comparison treatments included individual CBT (two studies), group CBT (one study) and CBT or interpersonal therapy (one study). Analyses of primary outcomes excluded the CCTs on account of the possibility of selection bias.

(i) Primary outcomes

In comparison with the other psychological therapies, PSH or GSH did not differ significantly in terms of abstinence from bingeing and purging combined (end of treatment: RR 0.99, 95% CI 0.75 to 1.31; follow-up: RR 1.02, 95% CI 0.68 to 1.53). Sec-

ondary analyses including CCTs, found PSH or GSH did not differ significantly from other psychological treatments on abstinence from bingeing (end of treatment: RR 1.48, 95% CI 0.58 to 3.75; follow-up: RR 0.93, 95% CI 0.76 to 1.13) and purging (end of treatment: RR 1.28, 95% CI 0.74 to 2.21; follow-up: RR 0.97, 95% CI 0.74 to 1.27).

(ii) Secondary outcomes

In comparison with the other psychological therapies, PSH or GSH did not differ significantly in terms of improvement on other eating disorder symptoms (end of treatment: SMD 0.03, 95% CI -0.54 to 0.60; follow-up: SMD 0.02, 95% CI -0.33 to 0.36), level of interpersonal functioning (end of treatment: WMD 0.00, 95% CI -0.24 to 0.24; follow-up: WMD 0.00, 95% CI -0.24 to 0.24) or depression (end of treatment: SMD -0.03, 95% CI 0.59 to 0.54; follow-up: SMD -0.13, 95% CI -0.42 to 0.16) or drop-out from treatment (RR 0.74, 95% CI 0.33 to 1.69).

One study (Treasure 1996) reported on additional treatment sought by study participants during the treatment or follow up period but found no significant differences between groups.

Secondary comparisons

(1) Comparison 2: PSH/GSH versus placebo/attention control (Table 4)

One small study in BED (Grilo 2005b), compared CBT GSH to a behavioural-weight control treatment and found significantly greater improvements in terms of abstinence from bingeing (RR 0.62, 95% CI 0.44 to 0.89) and other eating disorder symptoms (WMD -5.30, 95% CI -9.16 to -1.44) favouring GSH at the end of treatment. There were no significant differences between groups in BMI or mean depression scores at end of treatment.

(2) Comparison 4: PSH versus GSH (Table 5)

Five studies (four RCTs - Carter 1998; Ghaderi 2003; Loeb 2000; Palmer 2002; and one CCT - Huon 1985) comparing PSH with GSH found no significant differences between treatment groups on a broad range of outcome measures (excluding Huon 1985 from primary analyses), including: abstinence from bingeing (end of treatment: RR 1.08, 95% CI 0.84 to 1.39]; follow-up: RR 1.20, 95% CI 0.78 to 1.85) and purging (end of treatment: RR 1.49, 95% CI 0.60 to 3.70), bingeing and purging combined (end of treatment: RR 1.07, 95% CI 0.94 to 1.22), BMI (end of treatment: WMD -0.70, 95% CI -3.35 to 1.96; follow-up: WMD -1.20, 95% CI -4.20 to 1.80), eating disorder symptomatology, proportion of dropouts, psychiatric and mental state symptomatology, level of interpersonal functioning, depression) at end of treatment or follow-up. Secondary analyses of primary outcomes including Huon (1985) found no significant difference in regard to the combined abstinence from bingeing and purging outcome (end of treatment: RR 1.06, 95% CI 0.95 to 1.18; follow-up: RR 1.06, 95% CI 0.86 to 1.31).

One study (Carter 1998) found no significant difference between PSH and GSH in terms of participants' additional seeking of treatment for weight loss or eating disorders during study treatment or at follow-up. In terms of adherence to self-help, this study did find a significant difference between PSH and GSH in that a greater proportion of GSH participants followed the entire programme.

(3) Comparisons 5 to 7 (5: PSH/GSH combined with placebo versus psychopharmacological intervention; 6: PSH/GSH combined with psychopharmacological intervention versus psychopharmacological intervention alone; 7: PSH/GSH alone versus PSH/GSH combined with psychopharmacological intervention) (Table 6,Table 7, Table 8)

Two studies (Mitchell 2001; Grilo 2005b) were included here. These did not show any significant differences between treatment groups on any of the main eating disorder outcomes. One study which compared GSH alone with a combination of GSH and pharmacological therapy (orlistat) in BED found the combination of the two to be significantly more effective in reducing depression. A third study (Walsh 2004) only contributed to the drop-out analyses. No significant difference for comparisons of dropouts were found for the Walsh study.

(4) Comparison 8: PSH/GSH type I vs PSH/GSH type II (Table 9)

Two studies comparing different types of PSH (CBT for BN versus self-assertion, Carter 2003) or GSH (CBT for binge eating versus behavioural weight loss control; Grilo 2005b) failed to find any significant differences at end of treatment on abstinence rates from bingeing (RR 0.86, 95% CI 0.49 to 1.52) and purging (RR 1.13, 95% CI 0.92 to 1.38), depression (WMD 1.41, 95% CI -6.62 to 9.43) and BMI (WMD -1.40, 95% CI -4.76 to 1.96), but one study (Grilo 2005b) found significant differences on eating disorder symptoms favouring self-help with a focus on CBT for binge eating and the GSH type II (behavioural weight loss) intervention on interpersonal functioning.

DISCUSSION

The findings of this review suggest that self-help and guided self-help can be helpful in the treatment of eating disorders.

Compared to waiting list or attention/placebo treatment, PSH/GSH treatments for BN, BED and related disorders reduce eating disorder and some other symptoms (including psychiatric symptoms and interpersonal functioning) in the short-term; these effects are moderate but worthwhile, though do not extend to producing remission from key behavioural symptoms such as bingeing or vomiting.

No difference was found in outcome (abstinence from bingeing and purging, eating disorder symptomatology, levels of interpersonal functioning and depression) between GSH and formal therapist-delivered psychological therapy including individual CBT (two studies), group CBT (one study) and CBT or interpersonal therapy (one study). However, these analyses were likely to have been underpowered and all four studies included in this comparison were of moderate quality only and two studies were CCTs, po-

tentially involving selection bias. Further studies comparing PSH/GSH with formal psychological therapies are needed. In line with Lewis et al.'s (Lewis 2003) recommendations on research into self-help, there needs to be investigation of the effectiveness of PSH and GSH compared to the 'gold-standard' of CBT and in comparison to medication for BN and related disorders within adequately powered pragmatic trials in primary care and other non-specialist settings. Any such trial should include assessment of patients' views of and satisfaction with these treatments and a formal economic analysis, as these features have been missing from studies in this area.

No difference was found in outcome (eating disorder symptomatology, abstinence from bingeing and purging, BMI, proportion of dropouts, psychiatric and mental state symptomatology, level of interpersonal functioning, depression) between PSH and GSH. However, all studies included in this set of comparisons are small and almost certainly underpowered.

Only three small studies focused on comparisons of self-help with pharmacological interventions, studying different compounds and asking different questions. Thus, no conclusions can be drawn from these.

Finally, the two studies that compared self-help with a different therapeutic focus with eating disorder specific cognitive-behavioural self-help found some minor differences between them in terms of eating disorder symptomatology.

No study included a formal health economic analysis, with one study (Palmer 2002) giving limited information on total number of session attendances at the eating disorder service and three further studies addressing additional help-seeking during self-help treatment and follow-up (Carter 1998; Durand 2003; Treasure 1996).

No study assessed patient satisfaction with PSH/GSH compared to therapist-aided treatment. Very little is known about the characteristics of the people that are willing and able to follow and complete a course of self-help treatment. Different people might prefer different self-help media. Such information might enable clinicians to best predict which patients might have a better outcome with self-help treatment.

The mixed findings from the present review on PSH and GSH in eating disorders should be put into the context of what is known about use of PSH and GSH in other common mental disorders, such as anxiety and depression. The evidence base on self-help in these conditions is more substantial and includes a number of systematic reviews on manual-based and computerised self-help treatments. Depending on type of self-help treatments and comparison treatments used, populations studied and presence or absence of therapeutic guidance very different outcomes are achieved (Schmidt (in press)). Unsurprisingly opinion is still divided on what precisely the place is of self-help interventions in the treatment of these disorders. Likewise, in the field of eating disorders it is likely that a lot more evidence is needed to clarify the situation.

Methodological considerations

The fifteen studies included in this review have considerable heterogeneity in terms of the diagnostic mix of participants included and the source of recruitment of participants. Studies also differed markedly in terms of the amount of guidance given along-side a self-help manual, the expertise of the guide and the comparison interventions chosen. The sample size of the studies was typically small suggesting that many were underpowered. Only one study reported a power calculation in detail. Studies also differed markedly on all other indicators of quality. Of note, three studies were CCTs, vulnerable to selection bias.

Given the small number of studies in each comparison it was not possible to examine the source of the heterogeneity of studies further through the planned sensitivity or sub-group analyses as originally planned.Thus, any conclusions from this review have to be considered with caution.

AUTHORS' CONCLUSIONS

Implications for practice

Given that PSH/GSH treatments for BN, BED and related disorders compared to waiting list or attention control treatment reduce eating disorder and some other symptoms in the short-term, these treatments seem to have some utility as a first step in treatment. It remains uncertain whether and how much guidance is needed and from whom. Patients' preference and the availability of resources need to be taken into account here.

PSH/GSH interventions were not found to differ significantly from formal therapist-delivered psychological therapy on a number of outcomes, although these analyses are likely to be underpowered. However, there is some suggestion that self-help treatments could possibly be considered as an alternative to specialist therapist delivered therapies, again taking into account patient's preference and the availability of resources.

The relative efficacy of PSH/GSH compared to antidepressant or weight loss medication is as yet unclear.

Implications for research

A number of major gaps remain in our knowledge. Lewis and colleagues (Lewis 2003) in a review on self-help for common psychiatric disorders made a number of research recommendations most of which are relevant to the area of self-help in eating disorders:

1. At present randomised controlled trials on self-help in eating disorders are based on manual-based treatments. Other media for

delivering self-help need to be explored too. In particular, approaches using new technologies such as the internet, text messaging or CD-ROMs need to be researched further, as they are likely to be more interactive and hence may be more attractive to patients than manual-based approaches.

2. Nothing is as yet known about the use of self-help treatments in AN. Given that family-based approaches for the treatment of AN have successfully been translated into a manualised approach (Lock 2001) the development of self-help interventions for parents/families of young people with AN may also be fruitful.

3. None of the existing interventions have been developed for or studied in children and adolescents with eating disorders. Adolescents with BN and related disorders may well benefit from self-help treatment, either delivered by manual or the computer. However, it is likely that existing interventions need to be adapted to address the specific developmental needs of young people.

4. More research needs to be done into the extent and nature of guidance to support self-help, and the settings that might be best suited to ensure that self-help materials are effective.

5. More research needs to be done to address the question of what the "active" ingredients in self-help treatments are and whether self-help treatments based upon different therapeutic models are equally effective.

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REFERENCES

References to studies included in this review

Bailer 2004 *{published data only}*
Bailer U, de Zwaan M, Leisch F, Strnad A, Lennkh-Wolfsberg C, El-Giamal N, et al.Guided self-help versus cognitive-behavioural group therapy in the treatment of bulimia nervosa. *International Journal of Eating Disorders* 2004;**35**:522–37.

Banasiak 2005 *{published data only}*
Banasiak SJ, Paxton SJ, Hay P. Guided self-help for bulimia nervosa in primary care: a randomized controlled trial. *Psychological Medicine* 2005;**35**:1283–94.

Carter 1998 *{published data only}*
Carter JC, Fairburn CG. Cognitive-behavioural self-help for binge eating disorder: A controlled effectiveness study. *Journal of Consulting and Clinical Psychology* 1998;**66**(4): 616–23.

Carter 2003 *{published data only}*
Carter JC, Olmsted MP, Kaplan AS, McCabe RE, Mills JS, Aime A. Self-Help for bulimia nervosa: A randomized controlled trial. *American Journal of Psychiatry* 2003;**160**(5): 973–8.

Durand 2003 *{published data only}*
Durand MA, King M. Specialist treatment versus self-help for bulimia nervosa: a randomised controlled trial in general practice. *British Journal of General Practice* 2003;**53**:371–7.

Ghaderi 2003 *{published data only}*
Ghaderi A, Scott B. Pure and guided self-help for full and sub-threshold bulimia nervosa and binge eating disorder. *British Journal of Clinical Psychology* 2003;**42**:257–69.

Grilo 2005a *{published data only}*
Grilo CM, Masheb RM, Salant SL. Cognitive behavioural therapy guided self-help and Orlistat for the treatment of binge eating disorder: A randomized, double-blind, placebo-controlled trial. *Biological Psychiatry* 2005;**57**(10): 1193–201.

Grilo 2005b *{published data only}*
Grilo CM, Masheb RM. A randomized controlled comparison of guided self-help cognitive behavioural therapy and behavioural weight loss for binge eating disorder. *Behaviour Research and Therapy* 2005;**43**:1509–25.

Huon 1985 *{published data only}*
Huon GF. An initial validation of a self-help program for bulimia. *International Journal of Eating Disorders* 1985;**4**: 573–88.

Loeb 2000 *{published data only}*
Loeb KL, Wilson GT, Gilbert JS, Labouvie E. Guided and unguided self-help for binge eating. *Behaviour Research and Therapy* 2000;**38**:259–72.

Mitchell 2001 *{published and unpublished data}*
Mitchell JE, Fletcher L, Hanson K, Pederson Mussell M, Seim H, Crosby R, et al.The relative efficacy of fluoxetine and manual-based self-help in the treatment of outpatients with bulimia nervosa. *Journal of Clinical Psychopharmocology* 2001;**21**(3):298–304.

Palmer 2002 *{published data only}*
Palmer RL, Birchall H, McGrain L, Sullivan V. Self-help for bulimic disorders: randomised controlled trial comparing minimal guidance with face-to-face or telephone guidance. *British Journal of Psychiatry* 2002;**181**:230–5.

Thiels 1998 *{published data only}*
Thiels C, Schmidt U, Treasure J, Garthe R, Troop N. Guided self-change for bulimia nervosa incorporating use of a self-care manual. *American Journal of Psychiatry* 1998;**155** (7):947–53.

Treasure 1996 *{published data only}*
Treasure J, Schmidt U, Troop N, Tiller J, Todd G, Turnbull S. Sequential treatment for bulimia nervosa incorporating a self-care manual. *British Journal of Psychiatry* 1996;**168**: 94–8.

Walsh 2004 *{published data only}*
Walsh BT, Fairburn CG, Mickley D, Sysko R, Parides MK. Treatment of bulimia nervosa in a primary care setting. *American Journal of Psychiatry* 2004;**161**(3):556–61.

References to studies excluded from this review

Andrewes 1996 *{published data only}*
Andrewes DG, O'Connor P, Mulder C, McLennan J, Derham H, Weigall S, et al.Computerised psychoeducation for patients with eating disorders. Australian and New Zealand Journal of Psychiatry 1996; Vol. 30, issue 4:492–7.

Bara-Carril 2004 *{published data only}*
Bara-Carril N, Williams CJ, Pombo-Carril MG, Reid Y, Murray K, Aubin S, et al.A preliminary investigation into the feasibility and efficacy of a CD-ROM-based cognitive-behavioural self-help intervention for bulimia nervosa. *International Journal of Eating Disorders* 2004;**35**(4): 538–48.

Bell 2001 *{published data only}*
Bell L, Hodder L. An evaluation of a supervised self-help programme for bulimic disorders. *Clinical Psychology and Psychotherapy* 2001;**8**(4):252–62.

Bell 2002 *{published data only}*
Bell L, Newns K. What is multi-impulsive bulimia and can multi-impulsive patients benefit from supervised self-help?. *European Eating Disorders Review* 2002;**10**:413–27.

Cooper 1994 *{published data only}*
Cooper PJ, Coker S, Fleming C. Self-help for bulimia nervosa: A preliminary report. *International Journal of Eating Disorders* 1994;**16**(4):401–4.

Cooper 1996 *{published data only}*
Cooper PJ, Coker S, Fleming C. An evaluation of the efficacy of supervised cognitive behavioural self-help for bulimia nervosa. *Journal of Psychosomatic Research* 1996;**40** (3):281–7.

DalleGrave 1997 *{published data only}*
Dalle Grave R. Guided self-help of bulimia nervosa in a specialist setting. *Eating and Weight Disorders* 1997;**2**(3): 169–72.

Mitchell 1999 *{published data only}*
Mitchell JE, Fletcher L, Hanson K, Pederson-Mussell M, Seim H, Crosby R, et al.Manual-based self-help and fluoxetine in treating bulimia nervosa. *Current Opinion in Psychiatry* 1999;**12 Suppl 1**:128.

Peterson 1998 *{published data only}*
Peterson CB, Mitchell JE, Engbloom S, Nugent S, Pederson Mussell M, Miller JP. Group cognitive-behavioural treatment for binge eating disorder: a comparison of therapist-led versus self-help formats. *International Journal of Eating Disorders* 1998;**24**(2):125–36.

Peterson 2001 *{published data only}*
Peterson CB, Mitchell JE, Engbloom S, Nugent S, Pederson MM, Crow SJ, et al.Self-help versus therapist-led group cognitive-behavioural treatment of binge eating disorder at follow-up. *International Journal of Eating Disorders* 2001;**30** (4):363–74.

Pritchard 2004 *{published data only}*
Pritchard BJ, Bergin JL, Wade TD. A case series evaluation of guided self-help for bulimia nervosa using a cognitive manual. *International Journal of Eating Disorders* 2004;**36**: 144–56.

Rathner 1993 *{published data only}*
Rathner G, Bonsch C, Maurer G, Walter MH, Sollner W. The impact of a 'guided self-help group' on bulimic women: a prospective 15 month study of attenders and non-attenders. *Journal of Psychosomatic Research* 1993;**37** (4):389–96.

Thiels 1998b *{published data only}*
Thiels C, Schmidt U, Treasure J, Garthe R, Troop N. How effective and acceptable is a self-treatment manual with concomitant brief therapy in bulimia nervosa. *Nervenarzt* 1998;**69**(5):427–36.

Thiels 2001 *{published data only}*
Thiels C, Schmidt U, Troop N, Treasure J, Garthe R. Compliance with a self-care manual in guided self-change for Bulimia Nervosa. *European Eating Disorders Review* 2001;**9**(2):115–22.

Thiels 2003 *{published data only}*
Thiels C, Schmidt U, Treasure J, Garthe R. Four-year follow-up of guided self-change for bulimia nervosa. *Eating and Weight Disorders* 2003;**8**(3):212–7.

Treasure 1994 *{published data only}*
Treasure J, Schmidt U, Troop N, Tiller J, Todd G, Keilen M, et al.First step in managing bulimia nervosa: controlled trial of therapeutic manual. *BMJ* 1994;**308**:686–9.

Troop 1996 *{published data only}*
Troop N, Schmidt U, TIller J, Todd G, Keilen M, Treasure J. Compliance with a self-care manual for bulimia nervosa: Predictors and outcome. *British Journal of Clinical Psychology* 1996;**35**(3):435–8.

Turnbull 1997 *{published data only}*
Turnbull SJ, Schmidt U, Troop NA, Tiller J, Todd G, Treasure JL. Predictors of outcome for two treatments for bulimia nervosa: Short and long term. *International Journal of Eating Disorders* 1997;**21**(1):17–22.

Wells 1997 *{published data only}*
Wells AM, Garvin V, Dohm FA, Striegel-Moore R. Telephone-based guided self-help for binge eating disorder: A feasibility study. *International Journal of Eating Disorders* 1997;**21**:341–6.

References to ongoing studies

Coker *{published data only}*
Coker S. A randomised controlled trial of the psychological treatment of bulimia nervosa in primary care and a specialist clinic. National Research Register, 1998.

King *{published data only}*

King MB. Treatment of bulimia nervosa: a controlled comparison of minimal intervention in general practice with specialist clinic area. National Research Register.

Pieri *{published data only}*

Pieri L. Self-help treatment in bulimia nervosa: a controlled prospective study. National Research Register.

Schmidt a *{published data only}*

Schmidt U. A randomised controlled trial of the efficacy of cognitive-behavioural guided self-care versus family therapy for adolescents with bulimia nervosa in a catchment-based area. Personal Communication.

Schmidt b *{published data only}*

Schmidt U. A preliminary randomised controlled trial of the efficacy of a CD-ROM based cognitive-behavioural self-help intervention for bulimia nervosa. National Research Register.

Young *{published data only}*

Young M. Clinical effectiveness of a brief psycho-educational group approach to the treatment of bulimia nervosa: does guided self-help work in a group setting?. National Research Register.

Additional references

APA 1994

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders (DSM-IV)*. 4th Edition. Washington, DC: American Psychiatric Association, 1994.

Currin 2005a

Currin L, Schmidt U, Treasure J, Jick H. Time trends in eating disorder incidence. *British Journal of Psychiatry* 2005; **186**:132–5.

Currin 2005b

Currin L, Schmidt U. A critical analysis of the utility of an early intervention approach in the eating disorders. Journal of Mental Health In Press.

Fairburn 1995

Fairburn CG. *Overcoming Binge Eating*. New York, NY: Guildford Publications, 1995.

Fairburn 2003

Fairburn CG, Harrison PJ. Eating disorders. *Lancet* 2003; **361**:407–16.

Favaro 2003

Favaro A, Ferrara S, Santonastaso P. The spectrum of eating disorders in young women: A prevalence study in a general population sample. *Psychosomatic Medicine* 2003;**65**:701–8.

Gould 1993

Gould RA, Clum GA. A meta-analysis of self-help treatment approaches. *Clinical Psychology Review* 1993;**13**:169–86.

Hay 1998

Hay P. The epidemiology of eating disorder behaviors: an Australian community-based survey. *International Journal of Eating Disorders* 1998;**23**:371–82.

Hay 2004

Hay PJ, Bacaltchuk J, Stefano S. Psychotherapy for bulimia nervosa and binging. *Cochrane Database Systematic Review* 2004, Issue 2.

Kinzl 1999

Kinzl JF, Traweger C, Trefalt E, Mangweth B, Biebl W. Binge eating disorder in males: a population-based investigation. *Eating and Weight Disorders* 1999;**4**(4):169–74.

Lewis 2003

Lewis G, Anderson L, Araya R, Elgie R, Harrison G, Proudfoot J, et al.Self-help interventions for mental health problems. Unpublished expert report for UK Department of Health.

Lock 2001

Lock J, Le Grange D, Agras WS, Dare C. *Treatment manual for anorexia nervosa. A family-based approach.*. London: The Guildford Press, 2001.

Lucas 1999

Lucas AR, Crowson CS, O'Fallon WM, Melton LJ. The ups and downs of anorexia nervosa. *International Journal of Eating Disorders* 1999;**26**(4):397–405.

Marrs 1995

Marrs R. A meta-analysis of bibliotherapy studies. *American Journal of Community Psychology* 1995;**23**:843–70.

Moncrieff 2001

Moncrieff J, Churchill R, Drummond DC, McGuire H. Development of a quality assessment instrument for trials of treatments for depression and neurosis. *International Journal of Methods in Psychiatric Research* 2001;**10**:126–33.

NCCMH 2004

National Collaborating Centre for Mental Health. Eating Disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. *National Centre for Clinical Excellence Guidelines*. Leicester and London, UK: British Psychological Society and Gaskell, 2004.

Perkins 2005

Perkins S, Schmidt U. Self-help for eating disorders. *Eating Disorders Review* 2005;**1**:87–104.

Schmidt (in press)

Schmidt U, Sanchez-Ortiz V. Self-help and healing narratives. Minding the Body.

Schmidt 1993

Schmidt U, Treasure J. *Getting better bite by bite: survival kit for sufferers of Bulimia Nervosa and Binge Eating Disorders*. London: Lawrence Erlbaum Associates, 1993.

Treasure 2005

Treasure J, Schmidt U. Editorial. Journal of Mental Health In Press.

Williams 2001

Williams C, Whitfield G. Written and computer-based self-help treatments for depression. *British Medical Bulletin* 2001;**57**:133–44.

Williams 2003

Williams C. New technologies in self-help: another effective way to get better? (editorial). *European Eating Disorders Review* 2003;**11**:170–82.

* *Indicates the major publication for the study*

CHARACTERISTICS OF STUDIES

Characteristics of included studies *[ordered by study ID]*

Bailer 2004

Methods	Follow-up 12 months after end of treatment; power calculation not reported; partial randomisation; blinding not reported; ITT analysis
Participants	DSM-IV diagnosis for BN
Interventions	Guided Self-help (18 weekly visits of up to 20 minutes) vs Cognitive Behavioural Therapy (18 weekly sessions of 90 minutes)
Outcomes	4-week binge eating and purging frequency assessed by self-rating instrument, EDQ
Notes	

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	No	C - Inadequate

Banasiak 2005

Methods	Follow-ups at 3,6,12 months after end of treatment; power calculation not reported; randomised allocation; blinding done but no test; ITT analysis
Participants	DSM-IV diagnosis for BN (including EDNOS as DSM criteria modified, with minumum threshold frequency for bingeing and purging episodes once a week)
Interventions	Guided Self-help (1 session of 30-60 minutes and 9 sessions of 20-30 minutes) vs Delayed Treatment Control
Outcomes	Primary outcomes measures of eating pathology derived from EDE assessment in preceding 28 days
Notes	

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Carter 1998

Methods	Follow-up 6 months after end treatment; power calculation not detailed; randomised allocation; blinding done but no test; ITT analysis
Participants	DSM-IV diagnosis for BED
Interventions	Pure Self-help vs Guided Self-help (6-8 25 minute sessions) vs WL
Outcomes	Frequency of binge eating and other diagnostic features assessed by EDE
Notes	

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Carter 2003

Methods	No follow-up; power calculation not reported; randomised allocation; blinding done but no test; ITT analysis
Participants	DSM-IV diagnosis for BN (including EDNOS as DSM criteria modified with threshold for bingeing and compensatory behviours of once a week)
Interventions	Pure Self-help with BN specific self-help book vs self-help with non-specific manual. Treatment phase lasted 2 months
Outcomes	Frequency of objective binge episodes, compensatory behaviours and eating related pathology assessed by EDE interview
Notes	

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Durand 2003

Methods	Follow-up 9 months after end of treatment; power calculation detailed; randomised allocation; blinding not detailed/assessed; ITT analysis
Participants	DSM-IV diagnosis for BN.
Interventions	Guided Self-help vs specialist clinic treatment

Durand 2003 (*Continued*)

Outcomes	Self-report score on Bulimic Investogatory Test Edinburgh	
Notes		
Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	A - Adequate

Ghaderi 2003

Methods	Follow-up 6 months after end of treatment; power calculation not detailed; randomised allocation; blinding done but no test; ITT analysis	
Participants	DSM-IV diagnosis for BN, BED or EDNOS	
Interventions	Pure Self-help vs Guided Self-help	
Outcomes	Reduction in behavioural symptoms on EDE scales	
Notes		
Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	D - Not used

Grilo 2005a

Methods	Follow-up 3 months after end of treatment; power calculation not reported; randomised allocation; blinding but no test; ITT analysis	
Participants	DSM-IV diagnosis for BED	
Interventions	Guided Self-care and orlistat vs Guided Self-care and placebo Guided Self-care involved 6 15-20 minute sessions.	
Outcomes	"Remission" from bingeing (zero binges for past month) based on EDE interview; 5% weight loss from baseline	
Notes		
Risk of bias		
Item	**Authors' judgement**	**Description**

Grilo 2005a (*Continued*)

Allocation concealment?	Yes	A - Adequate

Grilo 2005b

Methods	No follow-up; power calculation not reported; randomised allocation; blinding done but no test; ITT analysis
Participants	DSM-IV diagnosis for BED
Interventions	Guided Self-help CBT vs Guided Self-help Behavioural Weight Loss vs Control (non-specific sessions and self-monitoring). All participants received 6 15-20 minute sessions
Outcomes	Primary outcome measures of eating pathology derived from EDE assessment in preceding 28 days
Notes	

Risk of bias

Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	A - Adequate

Huon 1985

Methods	Follow-ups 6 months after end treatment; power calculation not detailed; partial randomisation; blinding not done; ITT analysis
Participants	DSM-III diagnosis for BN (including EDNOS as bingeing and purging threshold set at once per week)
Interventions	Self-help and support from recovered bulimic vs Self-help and support from improved bulimic vs Pure Self-help only vs WL
Outcomes	Binge eating frequency, Body Cathexis and Self-Cathexis
Notes	

Risk of bias

Item	**Authors' judgement**	**Description**
Allocation concealment?	No	C - Inadequate

Loeb 2000

Methods	Follow-up 6 months after end treatment; power calculation not detailed; randomisation not detailed; blinding not done/not reported;
Participants	DSM-IV BN and EDNOS
Interventions	Guided Self-help (6 30 minute sessions) vs unguided self-help (pure self-help)
Outcomes	Objective and subjective binge episodes, objective over eating, purging and non-purging compensatory behaviours assessed by EDE
Notes	

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Mitchell 2001

Methods	No follow-up; power calculation not reported; randomised allocation; blinding not done/not detailed
Participants	DSM-IV diagnosis for BN
Interventions	Fluoxetine and Pure Self-help vs fluoxetine only vs placebo only vs placebo and Pure Self-help
Outcomes	Binge eating and vomiting frequency, self-report.
Notes	

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Palmer 2002

Methods	Follow-up 8 months after end treatment; power calculation not detailed; randomised allocation; blinding not done/not reported; ITT analysis
Participants	DSM-IV full or partial BN or BED
Interventions	Self-help manual and minimal one-off guidance vs Self-help manual and telephone guidance (4 30minute sessions) vs Self-help manual and face to face guidance (4 30minute sessions) vs WL
Outcomes	Frequencies of bingeing and vomiting assessed by abbreviated EDE and EDE-Q

Palmer 2002 (*Continued*)

Notes		
Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	A - Adequate

Thiels 1998

Methods	power calculation not detailed; partial randomisation; blinding not done; ITT analysis	
Participants	DSM-II-R diagnosis for BN (includes sub-threshold cases)	
Interventions	Guided Self-care manual vs CBT	
Outcomes	Overeating, vomiting, dietary restraint, shape and weight concern assessed by EDE	
Notes		
Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	No	C - Inadequate

Treasure 1996

Methods	Follow-up 18 months after end of treatment; power calculation not reported; randomised allocation; blinding not done	
Participants	ICD BN and EDNOS	
Interventions	Guided Self-care (sequential- 8 weeks SC, 8 weeks CBT) vs CBT (16 sessions)	
Outcomes	Rating of bulimic symptoms (bingeing, vomiting, laxative abuse, intense exercising) on investigator-based rating scale	
Notes		
Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	B - Unclear

Walsh 2004

Methods	No follow-up; power calculation not reported; randomised allocation; randomisation concealment not reported; blinding done but no test
Participants	DSM-IV diagnosis for BN.
Interventions	Placebo only vs fluoxetine only vs Guided Self-help and placebo vs Guided Self-help and fluoxetine. All participants recieved 4 monthly sessions of 15 minutes with physicians. GSH involved 6-8 30 minute sessions
Outcomes	Frequency of binge eating and vomiting assessed by EDE interview and EDE questionnaire
Notes	

Risk of bias

Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	B - Unclear

Characteristics of excluded studies *[ordered by study ID]*

Study	Reason for exclusion
Andrewes 1996	Content of self-help used in this study does not the meet specifications of self-help matieral in this review
Bara-Carril 2004	Not a randomised controlled trial
Bell 2001	Not a randomised controlled trial
Bell 2002	Not a randomised controlled trial
Cooper 1994	Not a randomised controlled trial
Cooper 1996	Not a randomised controlled trial
DalleGrave 1997	Not a randomised controlled trial (pilot study with no control group)
Mitchell 1999	Not a randomised controlled trial
Peterson 1998	Content of self-help used in this study does not the meet specifications of self-help matieral in this review
Peterson 2001	Content of self-help used in this study does not the meet specifications of self-help matieral in this review
Pritchard 2004	Not a randomised controlled trial
Rathner 1993	Not a randomised controlled trial

(*Continued*)

Thiels 1998b	Outcome assessments reported only within one group
Thiels 2001	Outcome assessments reported only within one group
Thiels 2003	Long-term follow-up of Thiels (1998) ; the number of subjects is very low
Treasure 1994	The data reported in this paper have been taken from the main paper (Treasure 1996)
Troop 1996	The data reported in this paper have been taken from the main paper (Treasure 1996)
Turnbull 1997	The data reported in this paper have been taken from the main paper (Treasure 1996)
Wells 1997	Not a randomised controlled trial (feasibility study of a GSH program with no control group)

DATA AND ANALYSES

Comparison 1. PSH / GSH vs waiting list

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	2	202	Std. Mean Difference (IV, Random, 95% CI)	-0.71 [-1.01, -0.41]
1.1 Binge eating in past 28 days	1	93	Std. Mean Difference (IV, Random, 95% CI)	-0.66 [-1.13, -0.18]
1.2 EDE global score	1	109	Std. Mean Difference (IV, Random, 95% CI)	-0.74 [-1.13, -0.36]
2 Number not abstinent from bingeing (end of treatment)	3	287	Risk Ratio (M-H, Random, 95% CI)	0.72 [0.47, 1.09]
3 Number not abstinent from purging (end of treatment)	2	178	Risk Ratio (M-H, Random, 95% CI)	0.86 [0.68, 1.08]
4 BMI (end of treatment)	2	202	Mean Difference (IV, Random, 95% CI)	-0.75 [-2.05, 0.55]
5 Proportion of non-completers for any reason (end of treatment)	4	408	Risk Ratio (M-H, Random, 95% CI)	0.97 [0.67, 1.40]
6 General psychiatric and mental state symptomatology (end of treatment)	2	202	Mean Difference (IV, Random, 95% CI)	-0.32 [-0.51, -0.13]
6.1 Brief Symptom Inventory	2	202	Mean Difference (IV, Random, 95% CI)	-0.32 [-0.51, -0.13]
7 Improvement in interpersonal functioning (end of treatment)	2	194	Std. Mean Difference (IV, Random, 95% CI)	-0.34 [-0.67, -0.02]
7.1 Inventory of Interpersonal Problems	1	85	Std. Mean Difference (IV, Random, 95% CI)	-0.16 [-0.61, 0.29]
7.2 Social Adjustment Scale (global)	1	109	Std. Mean Difference (IV, Random, 95% CI)	-0.49 [-0.87, -0.11]
8 Mean scores on any scale measuring depressive symptoms (end of treatment)	2	194	Mean Difference (IV, Random, 95% CI)	-1.06 [-8.92, 6.80]
8.1 Beck Depression Inventory	2	194	Mean Difference (IV, Random, 95% CI)	-1.06 [-8.92, 6.80]
9 Number not abstinent from bingeing and purging (end of treatment)	2	223	Risk Ratio (M-H, Random, 95% CI)	1.39 [0.23, 8.30]
10 Number not abstinent from bingeing and purging (follow-up)	1	121	Odds Ratio (M-H, Fixed, 95% CI)	1.02 [0.38, 2.71]

Comparison 2. PSH / GSH vs placebo/attention control

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	1	52	Mean Difference (IV, Fixed, 95% CI)	-5.3 [-9.16, -1.44]
1.1 Binge episodes per month	1	52	Mean Difference (IV, Fixed, 95% CI)	-5.3 [-9.16, -1.44]
2 Number not abstinent from bingeing (end of treatment)	1	52	Risk Ratio (M-H, Fixed, 95% CI)	0.62 [0.44, 0.89]
3 BMI (end of treatment)	1	52	Mean Difference (IV, Fixed, 95% CI)	-2.70 [-6.71, 1.31]
4 Proportion of non-completers for any reason (end of treatment)	1	52	Risk Ratio (M-H, Fixed, 95% CI)	1.01 [0.22, 4.66]
5 Mean scores on any scale measuring depressive symptoms (end of treatment)	1	52	Mean Difference (IV, Fixed, 95% CI)	-1.90 [-7.16, 3.36]
5.1 Beck Depression Inventory	1	52	Mean Difference (IV, Fixed, 95% CI)	-1.90 [-7.16, 3.36]

Comparison 3. PSH / GSH vs other formal psychotherapy

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	3	211	Std. Mean Difference (IV, Random, 95% CI)	0.03 [-0.54, 0.60]
1.1 Scores on BITE	1	68	Std. Mean Difference (IV, Random, 95% CI)	0.07 [-0.41, 0.54]
1.2 Binge Frequency	1	81	Std. Mean Difference (IV, Random, 95% CI)	-0.48 [-0.92, -0.03]
1.3 EDE score (Overeating)	1	62	Std. Mean Difference (IV, Random, 95% CI)	0.53 [0.02, 1.03]
2 Number not abstinent from bingeing (end of treatment)	2	143	Risk Ratio (M-H, Random, 95% CI)	1.48 [0.58, 3.75]
3 Number not abstinent from purging (end of treatment)	2	143	Risk Ratio (M-H, Random, 95% CI)	1.28 [0.74, 2.21]
4 BMI (end of treatment)	1	81	Mean Difference (IV, Fixed, 95% CI)	0.99 [0.01, 1.97]
5 Proportion of non-completers for any reason (end of treatment)	4	321	Risk Ratio (M-H, Random, 95% CI)	0.74 [0.33, 1.69]
6 Improvement in interpersonal functioning (end of treatment)	1	68	Mean Difference (IV, Fixed, 95% CI)	Not estimable
6.1 Social Adjustment Scale	1	68	Mean Difference (IV, Fixed, 95% CI)	Not estimable
7 Mean scores on any scale measuring depressive symptoms (end of treatment)	3	186	Std. Mean Difference (IV, Random, 95% CI)	-0.03 [-0.59, 0.54]

7.1 Beck Depression Inventory	3	186	Std. Mean Difference (IV, Random, 95% CI)	-0.03 [-0.59, 0.54]
8 Number not abstinent from bingeing and purging (end of treatment)	1	86	Risk Ratio (M-H, Fixed, 95% CI)	0.99 [0.75, 1.31]
9 Additional treatment sought during study period: counsellor (end of treatment)	1	68	Risk Ratio (M-H, Fixed, 95% CI)	1.0 [0.27, 3.68]
10 Additional treatment sought during study period: therapist (end of treatment)	1	68	Risk Ratio (M-H, Fixed, 95% CI)	0.25 [0.03, 2.12]
11 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (follow-up)	2	130	Mean Difference (IV, Fixed, 95% CI)	0.09 [-0.62, 0.80]
11.1 BITE score	1	68	Mean Difference (IV, Fixed, 95% CI)	-0.40 [-6.06, 5.26]
11.2 EDE score (overeating)	1	62	Mean Difference (IV, Fixed, 95% CI)	0.10 [-0.61, 0.81]
12 Number not abstinent from bingeing (follow-up)	2	143	Risk Ratio (M-H, Random, 95% CI)	0.93 [0.76, 1.13]
13 Number not abstinent from purging (follow-up)	2	143	Risk Ratio (M-H, Random, 95% CI)	0.97 [0.74, 1.27]
14 BMI (follow-up)	1	81	Mean Difference (IV, Fixed, 95% CI)	1.55 [0.41, 2.69]
15 Improvement in interpersonal functioning (follow-up)	1	68	Mean Difference (IV, Fixed, 95% CI)	Not estimable
15.1 Social Adjustment Scale	1	68	Mean Difference (IV, Fixed, 95% CI)	Not estimable
16 Mean scores on any scales measuring depressive symptoms (follow-up)	3	185	Std. Mean Difference (IV, Random, 95% CI)	-0.13 [-0.42, 0.16]
16.1 Beck Depression Inventory	3	185	Std. Mean Difference (IV, Random, 95% CI)	-0.13 [-0.42, 0.16]
17 Number not abstinent from bingeing and purging (follow-up)	1	64	Risk Ratio (M-H, Fixed, 95% CI)	1.02 [0.68, 1.53]
18 Additional treatment sought post study treatment period (follow-up)	1	49	Risk Ratio (M-H, Fixed, 95% CI)	2.21 [0.80, 6.10]

Comparison 4. PSH vs GSH

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 ED symptomatology from an ED symptom scale or other purpose developed instrument (end of treatment)	3	140	Std. Mean Difference (IV, Random, 95% CI)	0.34 [-0.04, 0.71]
1.1 Binge eating in past 28 days	1	69	Std. Mean Difference (IV, Random, 95% CI)	0.50 [0.02, 0.98]
1.2 EDE global score	1	31	Std. Mean Difference (IV, Random, 95% CI)	-0.14 [-0.85, 0.56]

1.3 EDE objective binges	1	40	Std. Mean Difference (IV, Random, 95% CI)	0.49 [-0.14, 1.12]
2 Number not abstinent from bingeing (end of treatment)	3	140	Risk Ratio (M-H, Random, 95% CI)	1.08 [0.84, 1.39]
3 Number not abstinent from purging (end of treatment)	1	31	Risk Ratio (M-H, Fixed, 95% CI)	1.49 [0.60, 3.70]
4 BMI (end of treatment)	2	109	Mean Difference (IV, Random, 95% CI)	-0.70 [-3.35, 1.96]
5 Proportion of non-completers for any reason (end of treatment)	4	230	Risk Ratio (M-H, Random, 95% CI)	0.86 [0.45, 1.63]
6 General psychiatric and mental state symptomatology (end of treatment)	2	109	Mean Difference (IV, Random, 95% CI)	0.11 [-0.13, 0.35]
6.1 Brief Symptom Inventory	2	109	Mean Difference (IV, Random, 95% CI)	0.11 [-0.13, 0.35]
7 Improvement in interpersonal functioning (end of treatment)	1	31	Mean Difference (IV, Fixed, 95% CI)	-0.30 [-0.59, -0.01]
7.1 Social Adjustment Score	1	31	Mean Difference (IV, Fixed, 95% CI)	-0.30 [-0.59, -0.01]
8 Mean scores on any scale measuring depressive symptoms (end of treatment)	2	71	Mean Difference (IV, Random, 95% CI)	-1.32 [-8.44, 5.81]
8.1 Beck Depression Inventory	2	71	Mean Difference (IV, Random, 95% CI)	-1.32 [-8.44, 5.81]
9 Number not abstinent from bingeing and purging (end of treatment)	2	180	Risk Ratio (M-H, Random, 95% CI)	1.06 [0.95, 1.18]
10 Patient adherence to SH (proportion not reading full SH material) (end of treatment)	1	69	Risk Ratio (M-H, Fixed, 95% CI)	1.89 [1.33, 2.66]
11 Additional treatment for weight loss (end of treatment)	1	69	Risk Ratio (M-H, Fixed, 95% CI)	10.69 [0.61, 186.26]
12 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (follow-up)	1	69	Mean Difference (IV, Fixed, 95% CI)	1.0 [-0.94, 2.94]
12.1 Binge eating in past 28 days	1	69	Mean Difference (IV, Fixed, 95% CI)	1.0 [-0.94, 2.94]
13 Number not abstinent from bingeing (follow-up)	1	69	Risk Ratio (M-H, Fixed, 95% CI)	1.2 [0.78, 1.85]
14 BMI (follow-up)	1	69	Mean Difference (IV, Fixed, 95% CI)	-1.20 [-4.20, 1.80]
15 General psychiatric and mental state symptomatology (follow-up)	1	69	Mean Difference (IV, Fixed, 95% CI)	0.30 [-0.38, 0.98]
15.1 Brief Symptom Inventory	1	69	Mean Difference (IV, Fixed, 95% CI)	0.30 [-0.38, 0.98]
16 Number not abstinent from bingeing and purging (follow-up)	1	90	Risk Ratio (M-H, Fixed, 95% CI)	1.06 [0.86, 1.31]
17 Additional treatment for eating disorder symptoms (follow-up)	1	69	Risk Ratio (M-H, Fixed, 95% CI)	1.94 [0.18, 20.45]

Comparison 5. PSH / GSH and placebo vs pharmacological treatment

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Number not abstinent from bingeing (end of treatment)	1	48	Risk Ratio (M-H, Fixed, 95% CI)	0.91 [0.69, 1.21]
2 Number not abstinent from purging (end of treatment)	1	48	Risk Ratio (M-H, Fixed, 95% CI)	0.91 [0.69, 1.21]
3 Proportion of non-completers for any reason (end of treatment)	2	93	Risk Ratio (M-H, Random, 95% CI)	1.26 [0.91, 1.73]
4 Non-completers due to adverse events (end of treatment)	1	48	Risk Ratio (M-H, Fixed, 95% CI)	Not estimable
5 Mean scores on any scale measuring depressive symptoms (end of treatment)	1	48	Mean Difference (IV, Fixed, 95% CI)	-1.6 [-5.34, 2.14]
5.1 HAM-D	1	48	Mean Difference (IV, Fixed, 95% CI)	-1.6 [-5.34, 2.14]

Comparison 6. PSH / GSH and pharmacological treatment vs pharmacological treatment

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Number not abstinent from binges (end of treatment)	1	47	Risk Ratio (M-H, Fixed, 95% CI)	0.90 [0.67, 1.20]
2 Number not abstinent from purging (end of treatment)	1	47	Risk Ratio (M-H, Fixed, 95% CI)	0.90 [0.67, 1.20]
3 Proportion of non-completers for any reason (end of treatment)	2	91	Risk Ratio (M-H, Random, 95% CI)	0.81 [0.50, 1.32]
4 Non-completers due to adverse events (end of treatment)	1	47	Risk Ratio (M-H, Fixed, 95% CI)	Not estimable
5 Mean scores on any scale measuring depressive symptoms (end of treatment)	1	47	Mean Difference (IV, Fixed, 95% CI)	-1.4 [-4.85, 2.05]
5.1 HAM-D	1	47	Mean Difference (IV, Fixed, 95% CI)	-1.4 [-4.85, 2.05]

Comparison 7. GSH vs GSH and pharmacological treatment

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	1	50	Mean Difference (IV, Fixed, 95% CI)	0.30 [-0.18, 0.78]
1.1 EDE global score	1	50	Mean Difference (IV, Fixed, 95% CI)	0.30 [-0.18, 0.78]
2 Number not abstinent from bingeing (end of treatment)	1	50	Risk Ratio (M-H, Fixed, 95% CI)	0.56 [0.31, 1.02]
3 Proportion of non-completers for any reason (end of treatment)	1	50	Risk Ratio (M-H, Fixed, 95% CI)	0.83 [0.29, 2.38]
4 Non-completers due to adverse events (end of treatment)	1	50	Risk Ratio (M-H, Fixed, 95% CI)	0.2 [0.01, 3.97]
5 Side effects or negative effects of therapy (where provided) (end of treatment)	1	50	Risk Ratio (M-H, Fixed, 95% CI)	0.2 [0.01, 3.97]
6 Mean scores on any scale measuring depressive symptoms (end of treatment)	1	50	Mean Difference (IV, Fixed, 95% CI)	4.6 [-0.04, 9.24]
6.1 Beck Depression Inventory	1	50	Mean Difference (IV, Fixed, 95% CI)	4.6 [-0.04, 9.24]
7 Number not abstinent from bingeing (follow-up)	1	50	Risk Ratio (M-H, Fixed, 95% CI)	1.0 [0.56, 1.78]
8 Mean scores on any scale measuring depressive symptoms (follow-up)	1	50	Mean Difference (IV, Fixed, 95% CI)	4.70 [-0.74, 10.14]
8.1 Beck Depression Inventory	1	50	Mean Difference (IV, Fixed, 95% CI)	4.70 [-0.74, 10.14]

Comparison 8. PSH / GSH type 1 vs PSH / GSH type 2

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	1	75	Mean Difference (IV, Fixed, 95% CI)	-3.90 [-6.93, -0.87]
1.1 Binge episodes per month	1	75	Mean Difference (IV, Fixed, 95% CI)	-3.90 [-6.93, -0.87]
2 Number not abstinent from bingeing (end of treatment)	2	131	Risk Ratio (M-H, Random, 95% CI)	0.86 [0.49, 1.52]
3 Number not abstinent from purging (end of treatment)	1	56	Risk Ratio (M-H, Fixed, 95% CI)	1.13 [0.92, 1.38]
4 BMI (end of treatment)	1	75	Mean Difference (IV, Fixed, 95% CI)	-1.40 [-4.76, 1.96]

5 Proportion of non-completers for any reason (end of treatment)	2	131	Risk Ratio (M-H, Random, 95% CI)	0.52 [0.26, 1.03]
6 Improvement in interpersonal functioning (end of treatment)	1	56	Mean Difference (IV, Fixed, 95% CI)	0.40 [0.06, 0.74]
6.1 Inventory of Interpersonal Problems	1	56	Mean Difference (IV, Fixed, 95% CI)	0.40 [0.06, 0.74]
7 Mean scores on any scale measuring depressive symptoms (end of treatment)	2	131	Mean Difference (IV, Random, 95% CI)	1.41 [-6.62, 9.43]
7.1 Beck Depression Inventory	2	131	Mean Difference (IV, Random, 95% CI)	1.41 [-6.62, 9.43]
8 Adherence to self-help (end of treatment)	1	56	Risk Ratio (M-H, Fixed, 95% CI)	1.33 [0.53, 3.35]

Analysis 1.1. Comparison 1 PSH / GSH vs waiting list, Outcome 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Std. Mean Difference IV,Random,95% CI	Weight	Std. Mean Difference IV,Random,95% CI
1 Binge eating in past 28 days							
Carter 1998	69	6.84 (9.97)	24	13.5 (10.3)		40.2 %	-0.66 [-1.13, -0.18]
Subtotal (95% CI)	**69**		**24**			**40.2 %**	**-0.66 [-1.13, -0.18]**
Heterogeneity: not applicable							
Test for overall effect: Z = 2.71 (P = 0.0066)							
2 EDE global score							
Banasiak 2005	54	2.46 (1.49)	55	3.49 (1.25)		59.8 %	-0.74 [-1.13, -0.36]
Subtotal (95% CI)	**54**		**55**			**59.8 %**	**-0.74 [-1.13, -0.36]**
Heterogeneity: not applicable							
Test for overall effect: Z = 3.75 (P = 0.00017)							
Total (95% CI)	**123**		**79**			**100.0 %**	**-0.71 [-1.01, -0.41]**
Heterogeneity: Tau² = 0.0; Chi² = 0.08, df = 1 (P = 0.78); I² =0.0%							
Test for overall effect: Z = 4.62 (P < 0.00001)							

Analysis 1.2. Comparison 1 PSH / GSH vs waiting list, Outcome 2 Number not abstinent from bingeing (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 2 Number not abstinent from bingeing (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Banasiak 2005	29/54	48/55		32.1 %	0.62 [0.47, 0.80]
Carter 1998	37/69	22/24		32.6 %	0.58 [0.46, 0.75]
Carter 2003	50/56	26/29		35.3 %	1.00 [0.85, 1.16]
Total (95% CI)	**179**	**108**		**100.0 %**	**0.72 [0.47, 1.09]**
Total events: 116 (Treatment), 96 (Control)					
Heterogeneity: $Tau^2 = 0.12$; $Chi^2 = 21.10$, df = 2 (P = 0.00003); $I^2 = 91\%$					
Test for overall effect: Z = 1.57 (P = 0.12)					

Analysis 1.3. Comparison 1 PSH / GSH vs waiting list, Outcome 3 Number not abstinent from purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 3 Number not abstinent from purging (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Banasiak 2005	30/45	42/48		42.1 %	0.76 [0.60, 0.96]
Carter 2003	49/56	27/29		57.9 %	0.94 [0.82, 1.08]
Total (95% CI)	**101**	**77**		**100.0 %**	**0.86 [0.68, 1.08]**
Total events: 79 (Treatment), 69 (Control)					
Heterogeneity: $Tau^2 = 0.02$; $Chi^2 = 2.98$, df = 1 (P = 0.08); $I^2 = 66\%$					
Test for overall effect: Z = 1.28 (P = 0.20)					

Analysis 1.4. Comparison 1 PSH / GSH vs waiting list, Outcome 4 BMI (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 4 BMI (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Random,95% CI	Weight	Mean Difference IV,Random,95% CI
Banasiak 2005	54	22.34 (3.7)	55	23.1 (3.81)		84.7 %	-0.76 [-2.17, 0.65]
Carter 1998	69	31.19 (6.36)	24	31.9 (7.4)		15.3 %	-0.71 [-4.03, 2.61]
Total (95% CI)	**123**		**79**			**100.0 %**	**-0.75 [-2.05, 0.55]**

Heterogeneity: $Tau^2 = 0.0$; $Chi^2 = 0.00$, df = 1 (P = 0.98); $I^2 = 0.0\%$

Test for overall effect: Z = 1.14 (P = 0.26)

Analysis 1.5. Comparison 1 PSH / GSH vs waiting list, Outcome 5 Proportion of non-completers for any reason (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

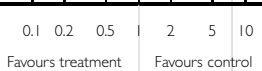
Outcome: 5 Proportion of non-completers for any reason (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Banasiak 2005	18/54	16/55		43.4 %	1.15 [0.66, 2.00]
Carter 1998	8/69	1/24		3.3 %	2.78 [0.37, 21.11]
Carter 2003	12/56	8/29		22.6 %	0.78 [0.36, 1.68]
Palmer 2002	21/90	9/31		30.6 %	0.80 [0.41, 1.56]
Total (95% CI)	**269**	**139**		**100.0 %**	**0.97 [0.67, 1.40]**

Total events: 59 (Treatment), 34 (Control)

Heterogeneity: $Tau^2 = 0.0$; $Chi^2 = 2.03$, df = 3 (P = 0.57); $I^2 = 0.0\%$

Test for overall effect: Z = 0.17 (P = 0.87)



Analysis 1.6. Comparison 1 PSH / GSH vs waiting list, Outcome 6 General psychiatric and mental state symptomatology (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 6 General psychiatric and mental state symptomatology (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Random,95% CI	Weight	Mean Difference IV,Random,95% CI
1 Brief Symptom Inventory							
Banasiak 2005	54	0.76 (0.58)	55	1.01 (0.64)		64.9 %	-0.25 [-0.48, -0.02]
Carter 1998	69	0.75 (0.6)	24	1.2 (0.7)		35.1 %	-0.45 [-0.76, -0.14]
Total (95% CI)	**123**		**79**			**100.0 %**	**-0.32 [-0.51, -0.13]**

Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 1.02$, df = 1 (P = 0.31); $I^2 = 2\%$

Test for overall effect: Z = 3.35 (P = 0.00080)

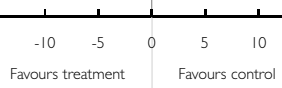
Analysis 1.7. Comparison 1 PSH / GSH vs waiting list, Outcome 7 Improvement in interpersonal functioning (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 7 Improvement in interpersonal functioning (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Std. Mean Difference IV,Random,95% CI	Weight	Std. Mean Difference IV,Random,95% CI
1 Inventory of Interpersonal Problems							
Carter 2003	56	1.8 (0.65)	29	1.9 (0.6)		43.3 %	-0.16 [-0.61, 0.29]
Subtotal (95% CI)	**56**		**29**			**43.3 %**	**-0.16 [-0.61, 0.29]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.68 (P = 0.49)							
2 Social Adjustment Scale (global)							
Banasiak 2005	54	2.18 (0.53)	55	2.44 (0.53)		56.7 %	-0.49 [-0.87, -0.11]
Subtotal (95% CI)	**54**		**55**			**56.7 %**	**-0.49 [-0.87, -0.11]**
Heterogeneity: not applicable							
Test for overall effect: Z = 2.50 (P = 0.012)							
Total (95% CI)	**110**		**84**			**100.0 %**	**-0.34 [-0.67, -0.02]**
Heterogeneity: Tau^2 = 0.01; Chi^2 = 1.21, df = 1 (P = 0.27); I^2 =17%							
Test for overall effect: Z = 2.10 (P = 0.036)							



Analysis 1.8. Comparison 1 PSH / GSH vs waiting list, Outcome 8 Mean scores on any scale measuring depressive symptoms (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 8 Mean scores on any scale measuring depressive symptoms (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Random,95% CI	Weight	Mean Difference IV,Random,95% CI
1 Beck Depression Inventory							
Banasiak 2005	54	14.92 (13.17)	55	19.8 (12.26)		52.5 %	-4.88 [-9.66, -0.10]
Carter 2003	56	24.05 (10.8)	29	20.9 (14.3)		47.5 %	3.15 [-2.77, 9.07]
Total (95% CI)	**110**		**84**			**100.0 %**	**-1.06 [-8.92, 6.80]**

Heterogeneity: $Tau^2 = 24.70$; $Chi^2 = 4.28$, df = 1 (P = 0.04); $I^2 = 77\%$

Test for overall effect: Z = 0.27 (P = 0.79)

Analysis 1.9. Comparison 1 PSH / GSH vs waiting list, Outcome 9 Number not abstinent from bingeing and purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 9 Number not abstinent from bingeing and purging (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Banasiak 2005	15/54	6/48		47.1 %	2.22 [0.94, 5.27]
Palmer 2002	81/90	31/31		52.9 %	0.91 [0.84, 0.99]
Total (95% CI)	**144**	**79**		**100.0 %**	**1.39 [0.23, 8.30]**

Total events: 96 (Treatment), 37 (Control)

Heterogeneity: $Tau^2 = 1.58$; $Chi^2 = 17.11$, df = 1 (P = 0.00004); $I^2 = 94\%$

Test for overall effect: Z = 0.36 (P = 0.72)

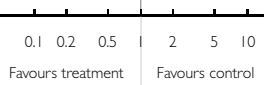
Analysis 1.10. Comparison 1 PSH / GSH vs waiting list, Outcome 10 Number not abstinent from bingeing and purging (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 1 PSH / GSH vs waiting list

Outcome: 10 Number not abstinent from bingeing and purging (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Odds Ratio M-H,Fixed,95% CI	Weight	Odds Ratio M-H,Fixed,95% CI
Palmer 2002	70/90	24/31		100.0 %	1.02 [0.38, 2.71]
Total (95% CI)	**90**	**31**		**100.0 %**	**1.02 [0.38, 2.71]**
Total events: 70 (Treatment), 24 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.04 (P = 0.97)					



Analysis 2.1. Comparison 2 PSH / GSH vs placebo/attention control, Outcome 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 2 PSH / GSH vs placebo/attention control

Outcome: 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Binge episodes per month							
Grilo 2005b	37	2.8 (5.1)	15	8.1 (6.9)		100.0 %	-5.30 [-9.16, -1.44]
Total (95% CI)	**37**		**15**			**100.0 %**	**-5.30 [-9.16, -1.44]**
Heterogeneity: not applicable							
Test for overall effect: Z = 2.69 (P = 0.0071)							
Test for subgroup differences: Not applicable							

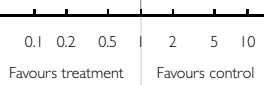
Analysis 2.2. Comparison 2 PSH / GSH vs placebo/attention control, Outcome 2 Number not abstinent from bingeing (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 2 PSH / GSH vs placebo/attention control

Outcome: 2 Number not abstinent from bingeing (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Grilo 2005b	20/37	13/15		100.0 %	0.62 [0.44, 0.89]
Total (95% CI)	**37**	**15**		**100.0 %**	**0.62 [0.44, 0.89]**
Total events: 20 (Treatment), 13 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 2.59 (P = 0.0096)					



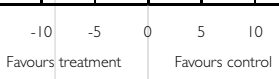
Analysis 2.3. Comparison 2 PSH / GSH vs placebo/attention control, Outcome 3 BMI (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 2 PSH / GSH vs placebo/attention control

Outcome: 3 BMI (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
Grilo 2005b	37	33.1 (5.8)	15	35.8 (7)		100.0 %	-2.70 [-6.71, 1.31]
Total (95% CI)	**37**		**15**			**100.0 %**	**-2.70 [-6.71, 1.31]**
Heterogeneity: not applicable							
Test for overall effect: Z = 1.32 (P = 0.19)							
Test for subgroup differences: Not applicable							



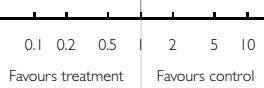
Analysis 2.4. Comparison 2 PSH / GSH vs placebo/attention control, Outcome 4 Proportion of non-completers for any reason (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 2 PSH / GSH vs placebo/attention control

Outcome: 4 Proportion of non-completers for any reason (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Grilo 2005b	5/37	2/15		100.0 %	1.01 [0.22, 4.66]
Total (95% CI)	**37**	**15**		**100.0 %**	**1.01 [0.22, 4.66]**
Total events: 5 (Treatment), 2 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.02 (P = 0.99)					



Analysis 2.5. Comparison 2 PSH / GSH vs placebo/attention control, Outcome 5 Mean scores on any scale measuring depressive symptoms (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 2 PSH / GSH vs placebo/attention control

Outcome: 5 Mean scores on any scale measuring depressive symptoms (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Beck Depression Inventory							
Grilo 2005b	37	9.5 (9.4)	15	11.4 (8.5)		100.0 %	-1.90 [-7.16, 3.36]
Total (95% CI)	**37**		**15**			**100.0 %**	**-1.90 [-7.16, 3.36]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.71 (P = 0.48)							
Test for subgroup differences: Not applicable							

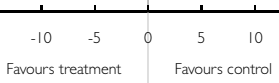
Analysis 3.1. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Std. Mean Difference IV,Random,95% CI	Weight	Std. Mean Difference IV,Random,95% CI
1 Scores on BITE							
Durand 2003	34	28.9 (11.3)	34	28.2 (9.9)		33.3 %	0.07 [-0.41, 0.54]
Subtotal (95% CI)	**34**		**34**			**33.3 %**	**0.07 [-0.41, 0.54]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.27 (P = 0.79)							
2 Binge Frequency							
Bailer 2004	40	7.67 (9.06)	41	16.31 (23.65)		34.4 %	-0.48 [-0.92, -0.03]
Subtotal (95% CI)	**40**		**41**			**34.4 %**	**-0.48 [-0.92, -0.03]**
Heterogeneity: not applicable							
Test for overall effect: Z = 2.11 (P = 0.035)							
3 EDE score (Overeating)							
Thiels 1998	31	2.27 (1.21)	31	1.53 (1.55)		32.3 %	0.53 [0.02, 1.03]
Subtotal (95% CI)	**31**		**31**			**32.3 %**	**0.53 [0.02, 1.03]**
Heterogeneity: not applicable							
Test for overall effect: Z = 2.03 (P = 0.042)							
Total (95% CI)	**105**		**106**			**100.0 %**	**0.03 [-0.54, 0.60]**
Heterogeneity: Tau² = 0.19; Chi² = 8.65, df = 2 (P = 0.01); I² =77%							
Test for overall effect: Z = 0.10 (P = 0.92)							



Analysis 3.2. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 2 Number not abstinent from bingeing (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 2 Number not abstinent from bingeing (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Bailer 2004	37/40	36/41		52.9 %	1.05 [0.91, 1.22]
Thiels 1998	26/31	12/31		47.1 %	2.17 [1.36, 3.46]
Total (95% CI)	**71**	**72**		**100.0 %**	**1.48 [0.58, 3.75]**

Total events: 63 (Treatment), 48 (Control)

Heterogeneity: $Tau^2 = 0.42$; $Chi^2 = 14.42$, df = 1 (P = 0.00015); $I^2 = 93\%$

Test for overall effect: Z = 0.83 (P = 0.41)

Analysis 3.3. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 3 Number not abstinent from purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

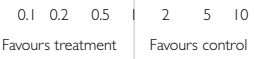
Outcome: 3 Number not abstinent from purging (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Bailer 2004	37/40	36/41		57.0 %	1.05 [0.91, 1.22]
Thiels 1998	23/31	14/31		43.0 %	1.64 [1.06, 2.55]
Total (95% CI)	**71**	**72**		**100.0 %**	**1.28 [0.74, 2.21]**

Total events: 60 (Treatment), 50 (Control)

Heterogeneity: $Tau^2 = 0.13$; $Chi^2 = 5.73$, df = 1 (P = 0.02); $I^2 = 83\%$

Test for overall effect: Z = 0.87 (P = 0.39)



Analysis 3.4. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 4 BMI (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 4 BMI (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
Bailer 2004	40	21.73 (2.28)	41	20.74 (2.23)		100.0 %	0.99 [0.01, 1.97]
Total (95% CI)	**40**		**41**			**100.0 %**	**0.99 [0.01, 1.97]**

Heterogeneity: not applicable

Test for overall effect: Z = 1.98 (P = 0.048)

Test for subgroup differences: Not applicable

Analysis 3.5. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 5 Proportion of non-completers for any reason (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 5 Proportion of non-completers for any reason (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Bailer 2004	10/40	15/41		34.5 %	0.68 [0.35, 1.34]
Durand 2003	0/34	8/34		7.1 %	0.06 [0.00, 0.98]
Thiels 1998	9/31	4/31		25.5 %	2.25 [0.77, 6.54]
Treasure 1996	9/55	15/55		32.9 %	0.60 [0.29, 1.25]
Total (95% CI)	**160**	**161**		**100.0 %**	**0.74 [0.33, 1.69]**

Total events: 28 (Treatment), 42 (Control)

Heterogeneity: $Tau^2 = 0.39$; $Chi^2 = 7.87$, df = 3 (P = 0.05); $I^2 = 62\%$

Test for overall effect: Z = 0.71 (P = 0.48)

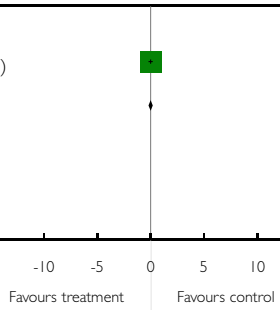
Analysis 3.6. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 6 Improvement in interpersonal functioning (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 6 Improvement in interpersonal functioning (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Social Adjustment Scale							
Durand 2003	34	2.3 (0.5)	34	2.3 (0.5)		100.0 %	0.0 [-0.24, 0.24]
Total (95% CI)	**34**		**34**			**100.0 %**	**0.0 [-0.24, 0.24]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.0 (P = 1.0)							
Test for subgroup differences: Not applicable							



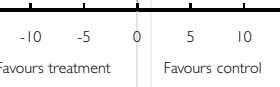
Analysis 3.7. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 7 Mean scores on any scale measuring depressive symptoms (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 7 Mean scores on any scale measuring depressive symptoms (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Std. Mean Difference IV,Random,95% CI	Weight	Std. Mean Difference IV,Random,95% CI
1 Beck Depression Inventory							
Bailer 2004	30	8.27 (8.33)	26	13.83 (11.48)		32.3 %	-0.55 [-1.09, -0.02]
Durand 2003	34	17.8 (11.7)	34	18.1 (10.6)		34.4 %	-0.03 [-0.50, 0.45]
Thiels 1998	31	14.8 (11.4)	31	9.9 (8.8)		33.3 %	0.48 [-0.03, 0.98]
Total (95% CI)	**95**		**91**			**100.0 %**	**-0.03 [-0.59, 0.54]**
Heterogeneity: Tau² = 0.18; Chi² = 7.49, df = 2 (P = 0.02); I² =73%							
Test for overall effect: Z = 0.10 (P = 0.92)							



Analysis 3.8. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 8 Number not abstinent from bingeing and purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 8 Number not abstinent from bingeing and purging (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Treasure 1996	32/46	28/40		100.0 %	0.99 [0.75, 1.31]
Total (95% CI)	**46**	**40**		**100.0 %**	**0.99 [0.75, 1.31]**
Total events: 32 (Treatment), 28 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.04 (P = 0.97)					

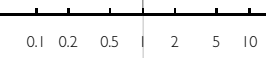
Analysis 3.9. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 9 Additional treatment sought during study period: counsellor (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 9 Additional treatment sought during study period: counsellor (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Durand 2003	4/34	4/34		100.0 %	1.00 [0.27, 3.68]
Total (95% CI)	**34**	**34**		**100.0 %**	**1.00 [0.27, 3.68]**
Total events: 4 (Treatment), 4 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.0 (P = 1.0)					



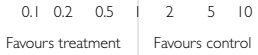
Analysis 3.10. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 10 Additional treatment sought during study period: therapist (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 10 Additional treatment sought during study period: therapist (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Durand 2003	1/34	4/34		100.0 %	0.25 [0.03, 2.12]
Total (95% CI)	**34**	**34**		**100.0 %**	**0.25 [0.03, 2.12]**
Total events: 1 (Treatment), 4 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 1.27 (P = 0.20)					



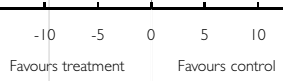
Analysis 3.11. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 11 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 11 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (follow-up)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 BITE score							
Durand 2003	34	26.2 (12.4)	34	26.6 (11.4)		1.6 %	-0.40 [-6.06, 5.26]
Subtotal (95% CI)	**34**		**34**			**1.6 %**	**-0.40 [-6.06, 5.26]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.14 (P = 0.89)							
2 EDE score (overeating)							
Thiels 1998	31	1.17 (1.23)	31	1.07 (1.61)		98.4 %	0.10 [-0.61, 0.81]
Subtotal (95% CI)	**31**		**31**			**98.4 %**	**0.10 [-0.61, 0.81]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.27 (P = 0.78)							



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Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
Total (95% CI)	**65**		**65**			**100.0 %**	**0.09 [-0.62, 0.80]**
Heterogeneity: Chi^2 = 0.03, df = 1 (P = 0.86); I^2 =0.0%							
Test for overall effect: Z = 0.26 (P = 0.80)							
Test for subgroup differences: Chi^2 = 0.03, df = 1 (P = 0.86), I^2 =0.0%							

Analysis 3.12. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 12 Number not abstinent from bingeing (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 12 Number not abstinent from bingeing (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Bailer 2004	31/40	35/41		86.5 %	0.91 [0.74, 1.12]
Thiels 1998	15/31	14/31		13.5 %	1.07 [0.63, 1.82]
Total (95% CI)	**71**	**72**		**100.0 %**	**0.93 [0.76, 1.13]**
Total events: 46 (Treatment), 49 (Control)					
Heterogeneity: Tau^2 = 0.0; Chi^2 = 0.40, df = 1 (P = 0.53); I^2 =0.0%					
Test for overall effect: Z = 0.75 (P = 0.45)					

Analysis 3.13. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 13 Number not abstinent from purging (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 13 Number not abstinent from purging (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Bailer 2004	31/40	35/41		76.1 %	0.91 [0.74, 1.12]
Thiels 1998	17/31	14/31		23.9 %	1.21 [0.73, 2.01]
Total (95% CI)	**71**	**72**		**100.0 %**	**0.97 [0.74, 1.27]**

Total events: 48 (Treatment), 49 (Control)

Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 1.35$, df = 1 (P = 0.25); I^2 =26%

Test for overall effect: Z = 0.20 (P = 0.84)

Analysis 3.14. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 14 BMI (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 14 BMI (follow-up)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
Bailer 2004	40	22 (2.25)	41	20.45 (2.94)		100.0 %	1.55 [0.41, 2.69]
Total (95% CI)	**40**		**41**			**100.0 %**	**1.55 [0.41, 2.69]**

Heterogeneity: not applicable

Test for overall effect: Z = 2.67 (P = 0.0076)

Test for subgroup differences: Not applicable

Analysis 3.15. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 15 Improvement in interpersonal functioning (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

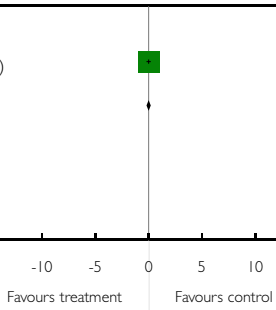
Outcome: 15 Improvement in interpersonal functioning (follow-up)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Social Adjustment Scale							
Durand 2003	34	2.2 (0.4)	34	2.2 (0.6)		100.0 %	0.0 [-0.24, 0.24]
Total (95% CI)	**34**		**34**			**100.0 %**	**0.0 [-0.24, 0.24]**

Heterogeneity: not applicable

Test for overall effect: Z = 0.0 (P = 1.0)

Test for subgroup differences: Not applicable



Analysis 3.16. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 16 Mean scores on any scales measuring depressive symptoms (follow-up).

Review: Self-help and guided self-help for eating disorders

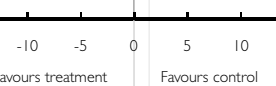
Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 16 Mean scores on any scales measuring depressive symptoms (follow-up)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Std. Mean Difference IV,Random,95% CI	Weight	Std. Mean Difference IV,Random,95% CI
1 Beck Depression Inventory							
Bailer 2004	25	7.61 (6.3)	30	11.7 (12.99)		29.2 %	-0.38 [-0.92, 0.15]
Durand 2003	34	16.2 (9.9)	34	15.5 (10.8)		37.1 %	0.07 [-0.41, 0.54]
Thiels 1998	31	10.2 (9.9)	31	11.4 (10.5)		33.8 %	-0.12 [-0.61, 0.38]
Total (95% CI)	**90**		**95**			**100.0 %**	**-0.13 [-0.42, 0.16]**

Heterogeneity: $Tau^2 = 0.0$; $Chi^2 = 1.52$, df = 2 (P = 0.47); $I^2 = 0.0\%$

Test for overall effect: Z = 0.86 (P = 0.39)



Analysis 3.17. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 17 Number not abstinent from bingeing and purging (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 17 Number not abstinent from bingeing and purging (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Treasure 1996	18/30	20/34		100.0 %	1.02 [0.68, 1.53]
Total (95% CI)	**30**	**34**		**100.0 %**	**1.02 [0.68, 1.53]**
Total events: 18 (Treatment), 20 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.10 (P = 0.92)					

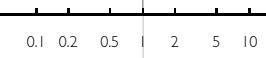
Analysis 3.18. Comparison 3 PSH / GSH vs other formal psychotherapy, Outcome 18 Additional treatment sought post study treatment period (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 3 PSH / GSH vs other formal psychotherapy

Outcome: 18 Additional treatment sought post study treatment period (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Treasure 1996	10/26	4/23		100.0 %	2.21 [0.80, 6.10]
Total (95% CI)	**26**	**23**		**100.0 %**	**2.21 [0.80, 6.10]**
Total events: 10 (Treatment), 4 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 1.53 (P = 0.13)					



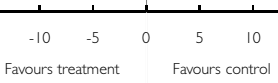
Analysis 4.1. Comparison 4 PSH vs GSH, Outcome 1 ED symptomatology from an ED symptom scale or other purpose developed instrument (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 1 ED symptomatology from an ED symptom scale or other purpose developed instrument (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Std. Mean Difference IV,Random,95% CI	Weight	Std. Mean Difference IV,Random,95% CI
1 Binge eating in past 28 days							
Carter 1998	35	9.3 (11.7)	34	4.3 (7.8)		45.8 %	0.50 [0.02, 0.98]
Subtotal (95% CI)	**35**		**34**			**45.8 %**	**0.50 [0.02, 0.98]**
Heterogeneity: not applicable							
Test for overall effect: Z = 2.03 (P = 0.043)							
2 EDE global score							
Ghaderi 2003	15	2.7 (1.5)	16	2.9 (1.2)		24.5 %	-0.14 [-0.85, 0.56]
Subtotal (95% CI)	**15**		**16**			**24.5 %**	**-0.14 [-0.85, 0.56]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.40 (P = 0.69)							
3 EDE objective binges							
Loeb 2000	20	10.4 (12.97)	20	5.1 (7.38)		29.7 %	0.49 [-0.14, 1.12]
Subtotal (95% CI)	**20**		**20**			**29.7 %**	**0.49 [-0.14, 1.12]**
Heterogeneity: not applicable							
Test for overall effect: Z = 1.53 (P = 0.13)							
Total (95% CI)	**70**		**70**			**100.0 %**	**0.34 [-0.04, 0.71]**
Heterogeneity: Tau² = 0.02; Chi² = 2.43, df = 2 (P = 0.30); I² =18%							
Test for overall effect: Z = 1.76 (P = 0.078)							

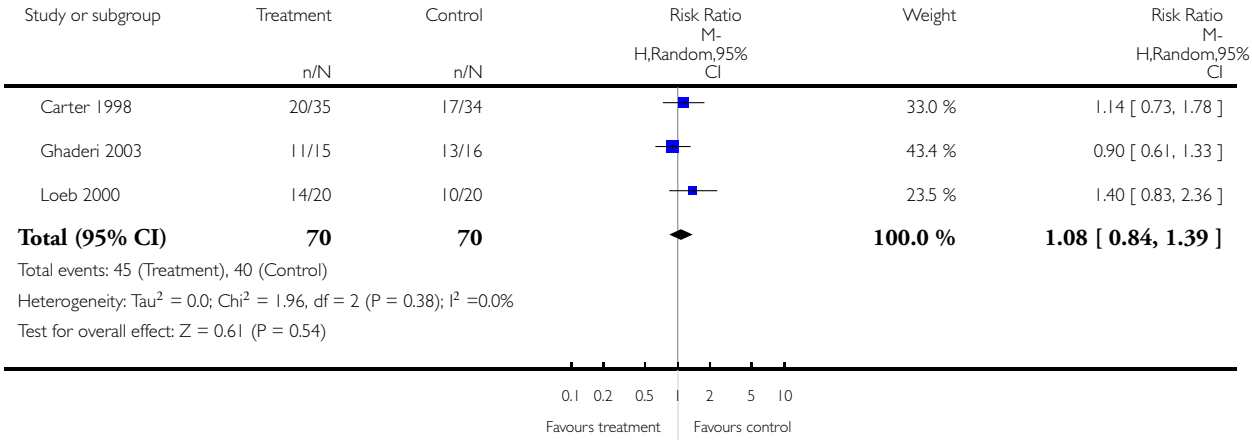


Analysis 4.2. Comparison 4 PSH vs GSH, Outcome 2 Number not abstinent from bingeing (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 2 Number not abstinent from bingeing (end of treatment)

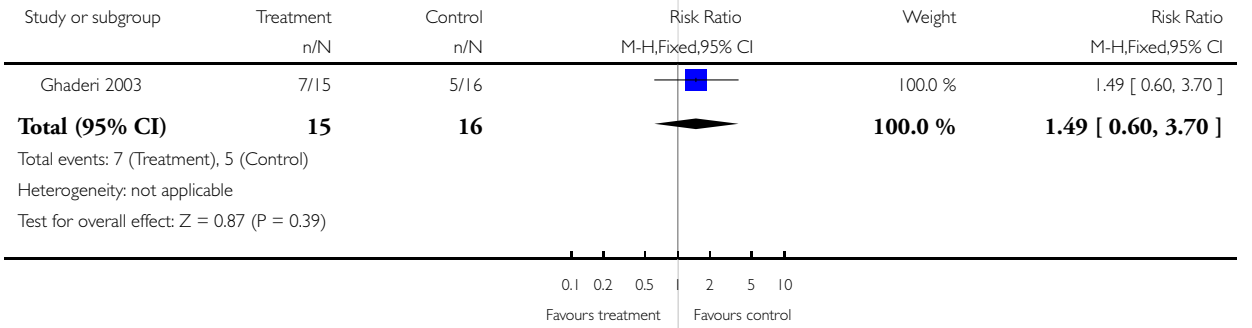


Analysis 4.3. Comparison 4 PSH vs GSH, Outcome 3 Number not abstinent from purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 3 Number not abstinent from purging (end of treatment)

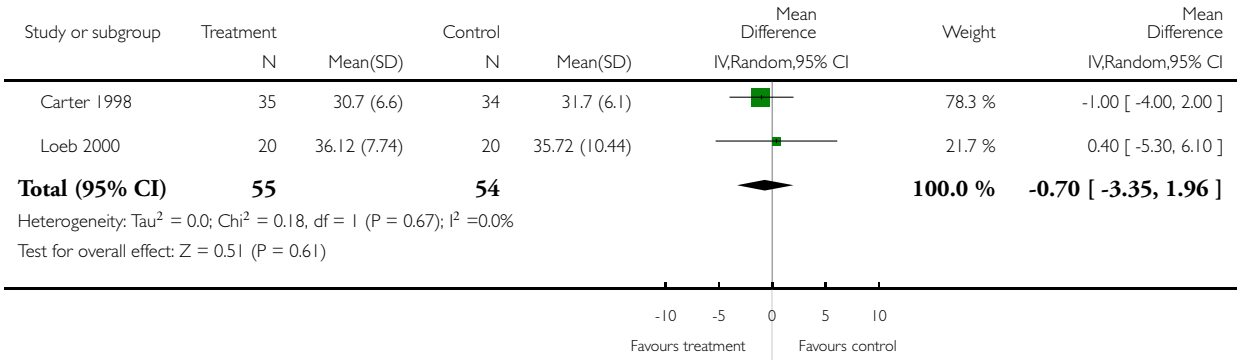


Analysis 4.4. Comparison 4 PSH vs GSH, Outcome 4 BMI (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 4 BMI (end of treatment)

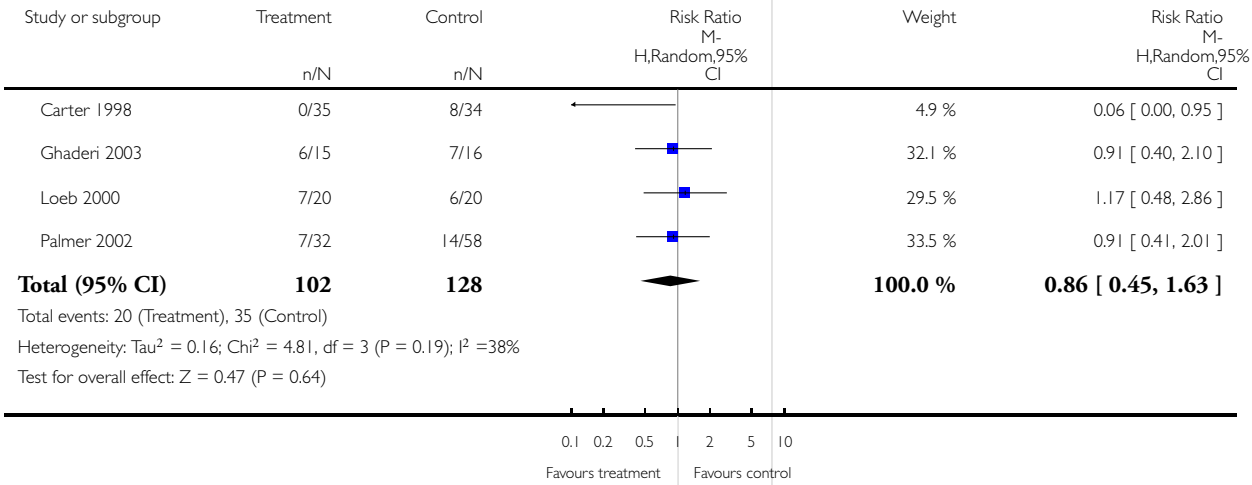


Analysis 4.5. Comparison 4 PSH vs GSH, Outcome 5 Proportion of non-completers for any reason (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 5 Proportion of non-completers for any reason (end of treatment)



Analysis 4.6. Comparison 4 PSH vs GSH, Outcome 6 General psychiatric and mental state symptomatology (end of treatment).

Review: Self-help and guided self-help for eating disorders

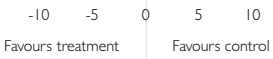
Comparison: 4 PSH vs GSH

Outcome: 6 General psychiatric and mental state symptomatology (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Random,95% CI	Weight	Mean Difference IV,Random,95% CI
1 Brief Symptom Inventory							
Carter 1998	35	0.8 (0.6)	34	0.7 (0.6)		70.1 %	0.10 [-0.18, 0.38]
Loeb 2000	20	0.92 (0.69)	20	0.78 (0.71)		29.9 %	0.14 [-0.29, 0.57]
Total (95% CI)	**55**		**54**			**100.0 %**	**0.11 [-0.13, 0.35]**

Heterogeneity: $Tau^2 = 0.0$; $Chi^2 = 0.02$, df = 1 (P = 0.88); $I^2 = 0.0\%$

Test for overall effect: Z = 0.93 (P = 0.35)



Analysis 4.7. Comparison 4 PSH vs GSH, Outcome 7 Improvement in interpersonal functioning (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

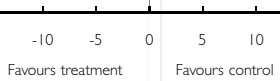
Outcome: 7 Improvement in interpersonal functioning (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Social Adjustment Score							
Ghaderi 2003	15	2.1 (0.3)	16	2.4 (0.5)		100.0 %	-0.30 [-0.59, -0.01]
Total (95% CI)	**15**		**16**			**100.0 %**	**-0.30 [-0.59, -0.01]**

Heterogeneity: not applicable

Test for overall effect: Z = 2.04 (P = 0.041)

Test for subgroup differences: Not applicable

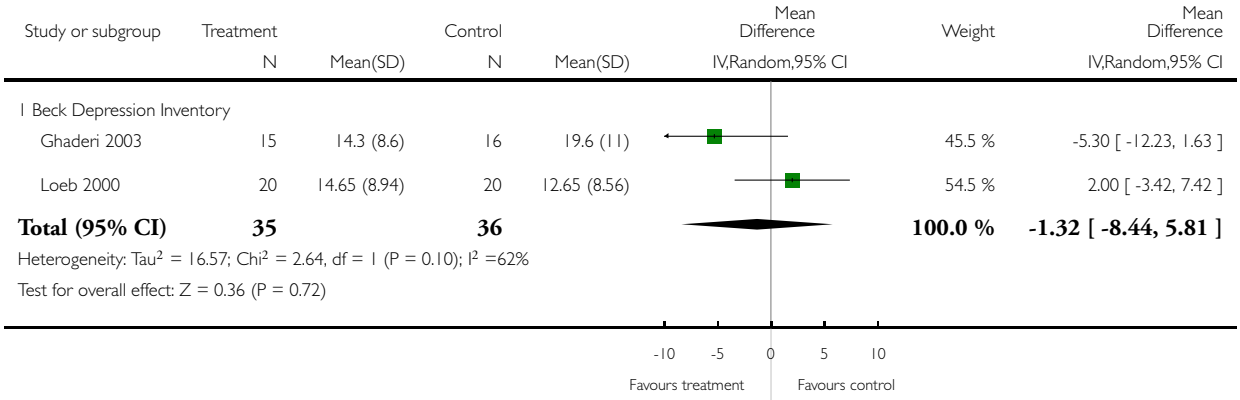


Analysis 4.8. Comparison 4 PSH vs GSH, Outcome 8 Mean scores on any scale measuring depressive symptoms (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 8 Mean scores on any scale measuring depressive symptoms (end of treatment)

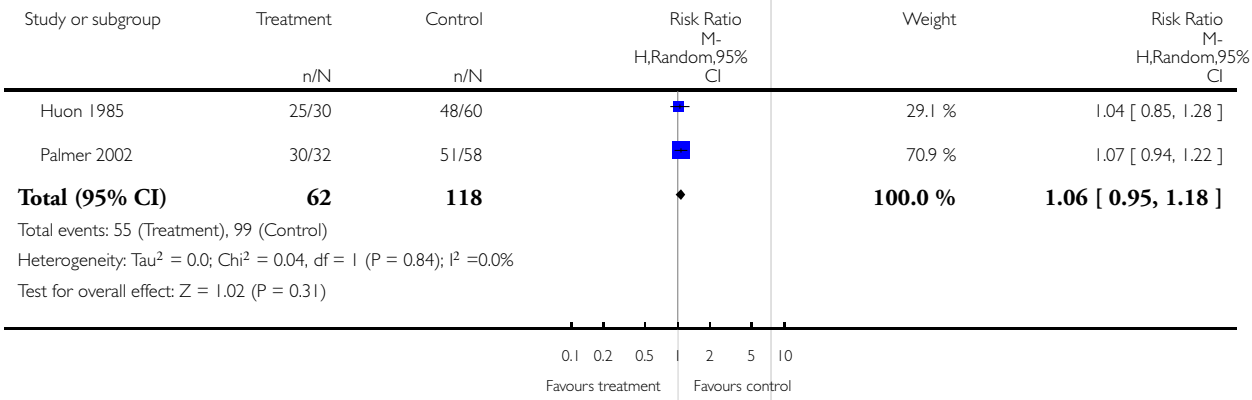


Analysis 4.9. Comparison 4 PSH vs GSH, Outcome 9 Number not abstinent from bingeing and purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 9 Number not abstinent from bingeing and purging (end of treatment)



Analysis 4.10. Comparison 4 PSH vs GSH, Outcome 10 Patient adherence to SH (proportion not reading full SH material) (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 10 Patient adherence to SH (proportion not reading full SH material) (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Carter 1998	33/35	17/34		100.0 %	1.89 [1.33, 2.66]
Total (95% CI)	**35**	**34**		**100.0 %**	**1.89 [1.33, 2.66]**
Total events: 33 (Treatment), 17 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 3.59 (P = 0.00033)					

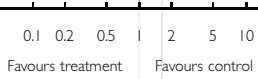
Analysis 4.11. Comparison 4 PSH vs GSH, Outcome 11 Additional treatment for weight loss (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 11 Additional treatment for weight loss (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Carter 1998	5/35	0/34		100.0 %	10.69 [0.61, 186.26]
Total (95% CI)	**35**	**34**		**100.0 %**	**10.69 [0.61, 186.26]**
Total events: 5 (Treatment), 0 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 1.63 (P = 0.10)					



Analysis 4.12. Comparison 4 PSH vs GSH, Outcome 12 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 12 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (follow-up)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Binge eating in past 28 days							
Carter 1998	35	4.7 (4)	34	3.7 (4.2)		100.0 %	1.00 [-0.94, 2.94]
Total (95% CI)	**35**		**34**			**100.0 %**	**1.00 [-0.94, 2.94]**
Heterogeneity: not applicable							
Test for overall effect: Z = 1.01 (P = 0.31)							
Test for subgroup differences: Not applicable							

Analysis 4.13. Comparison 4 PSH vs GSH, Outcome 13 Number not abstinent from bingeing (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 13 Number not abstinent from bingeing (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Carter 1998	21/35	17/34		100.0 %	1.20 [0.78, 1.85]
Total (95% CI)	**35**	**34**		**100.0 %**	**1.20 [0.78, 1.85]**
Total events: 21 (Treatment), 17 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.83 (P = 0.41)					

Analysis 4.14. Comparison 4 PSH vs GSH, Outcome 14 BMI (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 14 BMI (follow-up)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
Carter 1998	35	30.4 (6.5)	34	31.6 (6.2)		100.0 %	-1.20 [-4.20, 1.80]
Total (95% CI)	**35**		**34**			**100.0 %**	**-1.20 [-4.20, 1.80]**

Heterogeneity: not applicable

Test for overall effect: Z = 0.78 (P = 0.43)

Test for subgroup differences: Not applicable

Analysis 4.15. Comparison 4 PSH vs GSH, Outcome 15 General psychiatric and mental state symptomatology (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

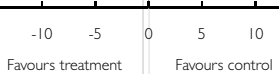
Outcome: 15 General psychiatric and mental state symptomatology (follow-up)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Brief Symptom Inventory							
Carter 1998	35	1.8 (1.5)	34	1.5 (1.4)		100.0 %	0.30 [-0.38, 0.98]
Total (95% CI)	**35**		**34**			**100.0 %**	**0.30 [-0.38, 0.98]**

Heterogeneity: not applicable

Test for overall effect: Z = 0.86 (P = 0.39)

Test for subgroup differences: Not applicable



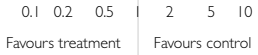
Analysis 4.16. Comparison 4 PSH vs GSH, Outcome 16 Number not abstinent from bingeing and purging (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 16 Number not abstinent from bingeing and purging (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Huon 1985	25/30	47/60		100.0 %	1.06 [0.86, 1.31]
Total (95% CI)	**30**	**60**		**100.0 %**	**1.06 [0.86, 1.31]**
Total events: 25 (Treatment), 47 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.58 (P = 0.56)					



Analysis 4.17. Comparison 4 PSH vs GSH, Outcome 17 Additional treatment for eating disorder symptoms (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 4 PSH vs GSH

Outcome: 17 Additional treatment for eating disorder symptoms (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Carter 1998	2/35	1/34		100.0 %	1.94 [0.18, 20.45]
Total (95% CI)	**35**	**34**		**100.0 %**	**1.94 [0.18, 20.45]**
Total events: 2 (Treatment), 1 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.55 (P = 0.58)					

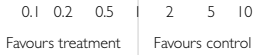
Analysis 5.1. Comparison 5 PSH / GSH and placebo vs pharmacological treatment, Outcome 1 Number not abstinent from bingeing (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 5 PSH / GSH and placebo vs pharmacological treatment

Outcome: 1 Number not abstinent from bingeing (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Mitchell 2001	17/22	22/26		100.0 %	0.91 [0.69, 1.21]
Total (95% CI)	**22**	**26**		**100.0 %**	**0.91 [0.69, 1.21]**
Total events: 17 (Treatment), 22 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.64 (P = 0.52)					



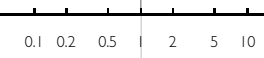
Analysis 5.2. Comparison 5 PSH / GSH and placebo vs pharmacological treatment, Outcome 2 Number not abstinent from purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 5 PSH / GSH and placebo vs pharmacological treatment

Outcome: 2 Number not abstinent from purging (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Mitchell 2001	17/22	22/26		100.0 %	0.91 [0.69, 1.21]
Total (95% CI)	**22**	**26**		**100.0 %**	**0.91 [0.69, 1.21]**
Total events: 17 (Treatment), 22 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.64 (P = 0.52)					



Analysis 5.3. Comparison 5 PSH / GSH and placebo vs pharmacological treatment, Outcome 3 Proportion of non-completers for any reason (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 5 PSH / GSH and placebo vs pharmacological treatment

Outcome: 3 Proportion of non-completers for any reason (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Mitchell 2001	1/22	1/26		1.4 %	1.18 [0.08, 17.82]
Walsh 2004	22/25	14/20		98.6 %	1.26 [0.91, 1.73]
Total (95% CI)	**47**	**46**		**100.0 %**	**1.26 [0.91, 1.73]**

Total events: 23 (Treatment), 15 (Control)

Heterogeneity: $Tau^2 = 0.0$; $Chi^2 = 0.00$, df = 1 (P = 0.96); $I^2 = 0.0\%$

Test for overall effect: Z = 1.40 (P = 0.16)

Analysis 5.4. Comparison 5 PSH / GSH and placebo vs pharmacological treatment, Outcome 4 Non-completers due to adverse events (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 5 PSH / GSH and placebo vs pharmacological treatment

Outcome: 4 Non-completers due to adverse events (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Risk Ratio M-H,Fixed,95% CI
Mitchell 2001	0/22	0/26		0.0 [0.0, 0.0]
Total (95% CI)	**22**	**26**		**0.0 [0.0, 0.0]**

Total events: 0 (Treatment), 0 (Control)

Heterogeneity: not applicable

Test for overall effect: Z = 0.0 (P < 0.00001)

Analysis 5.5. Comparison 5 PSH / GSH and placebo vs pharmacological treatment, Outcome 5 Mean scores on any scale measuring depressive symptoms (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 5 PSH / GSH and placebo vs pharmacological treatment

Outcome: 5 Mean scores on any scale measuring depressive symptoms (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 HAM-D							
Mitchell 2001	22	3.73 (4.8)	26	5.33 (8.2)		100.0 %	-1.60 [-5.34, 2.14]
Total (95% CI)	**22**		**26**			**100.0 %**	**-1.60 [-5.34, 2.14]**

Heterogeneity: not applicable

Test for overall effect: Z = 0.84 (P = 0.40)

Test for subgroup differences: Not applicable

Analysis 6.1. Comparison 6 PSH / GSH and pharmacological treatment vs pharmacological treatment, Outcome 1 Number not abstinent from binges (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 6 PSH / GSH and pharmacological treatment vs pharmacological treatment

Outcome: 1 Number not abstinent from binges (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Mitchell 2001	16/21	22/26		100.0 %	0.90 [0.67, 1.20]
Total (95% CI)	**21**	**26**		**100.0 %**	**0.90 [0.67, 1.20]**

Total events: 16 (Treatment), 22 (Control)

Heterogeneity: not applicable

Test for overall effect: Z = 0.71 (P = 0.48)

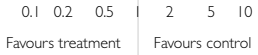
Analysis 6.2. Comparison 6 PSH / GSH and pharmacological treatment vs pharmacological treatment, Outcome 2 Number not abstinent from purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 6 PSH / GSH and pharmacological treatment vs pharmacological treatment

Outcome: 2 Number not abstinent from purging (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Mitchell 2001	16/21	22/26		100.0 %	0.90 [0.67, 1.20]
Total (95% CI)	**21**	**26**		**100.0 %**	**0.90 [0.67, 1.20]**
Total events: 16 (Treatment), 22 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.71 (P = 0.48)					



Analysis 6.3. Comparison 6 PSH / GSH and pharmacological treatment vs pharmacological treatment, Outcome 3 Proportion of non-completers for any reason (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 6 PSH / GSH and pharmacological treatment vs pharmacological treatment

Outcome: 3 Proportion of non-completers for any reason (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Mitchell 2001	2/21	1/26		4.3 %	2.48 [0.24, 25.46]
Walsh 2004	13/24	14/20		95.7 %	0.77 [0.49, 1.23]
Total (95% CI)	**45**	**46**		**100.0 %**	**0.81 [0.50, 1.32]**
Total events: 15 (Treatment), 15 (Control)					
Heterogeneity: Tau^2 = 0.01; Chi^2 = 1.01, df = 1 (P = 0.31); I^2 =1%					
Test for overall effect: Z = 0.84 (P = 0.40)					

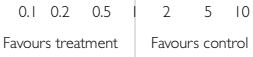
Analysis 6.4. Comparison 6 PSH / GSH and pharmacological treatment vs pharmacological treatment, Outcome 4 Non-completers due to adverse events (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 6 PSH / GSH and pharmacological treatment vs pharmacological treatment

Outcome: 4 Non-completers due to adverse events (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Risk Ratio M-H,Fixed,95% CI
Mitchell 2001	0/21	0/26		0.0 [0.0, 0.0]
Total (95% CI)	**21**	**26**		**0.0 [0.0, 0.0]**
Total events: 0 (Treatment), 0 (Control)				
Heterogeneity: not applicable				
Test for overall effect: Z = 0.0 (P < 0.00001)				



Analysis 6.5. Comparison 6 PSH / GSH and pharmacological treatment vs pharmacological treatment, Outcome 5 Mean scores on any scale measuring depressive symptoms (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 6 PSH / GSH and pharmacological treatment vs pharmacological treatment

Outcome: 5 Mean scores on any scale measuring depressive symptoms (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 HAM-D							
Mitchell 2001	21	3.93 (3.3)	26	5.33 (8.2)		100.0 %	-1.40 [-4.85, 2.05]
Total (95% CI)	**21**		**26**			**100.0 %**	**-1.40 [-4.85, 2.05]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.79 (P = 0.43)							
Test for subgroup differences: Not applicable							

Analysis 7.1. Comparison 7 GSH vs GSH and pharmacological treatment, Outcome 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 7 GSH vs GSH and pharmacological treatment

Outcome: 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 EDE global score							
Grilo 2005a	25	2.4 (0.7)	25	2.1 (1)		100.0 %	0.30 [-0.18, 0.78]
Total (95% CI)	**25**		**25**			**100.0 %**	**0.30 [-0.18, 0.78]**
Heterogeneity: not applicable							
Test for overall effect: Z = 1.23 (P = 0.22)							
Test for subgroup differences: Not applicable							

Analysis 7.2. Comparison 7 GSH vs GSH and pharmacological treatment, Outcome 2 Number not abstinent from bingeing (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 7 GSH vs GSH and pharmacological treatment

Outcome: 2 Number not abstinent from bingeing (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Grilo 2005a	9/25	16/25		100.0 %	0.56 [0.31, 1.02]
Total (95% CI)	**25**	**25**		**100.0 %**	**0.56 [0.31, 1.02]**
Total events: 9 (Treatment), 16 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 1.88 (P = 0.060)					

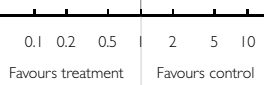
Analysis 7.3. Comparison 7 GSH vs GSH and pharmacological treatment, Outcome 3 Proportion of non-completers for any reason (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 7 GSH vs GSH and pharmacological treatment

Outcome: 3 Proportion of non-completers for any reason (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Grilo 2005a	5/25	6/25		100.0 %	0.83 [0.29, 2.38]
Total (95% CI)	**25**	**25**		**100.0 %**	**0.83 [0.29, 2.38]**
Total events: 5 (Treatment), 6 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.34 (P = 0.73)					



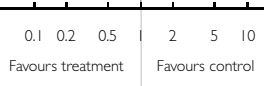
Analysis 7.4. Comparison 7 GSH vs GSH and pharmacological treatment, Outcome 4 Non-completers due to adverse events (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 7 GSH vs GSH and pharmacological treatment

Outcome: 4 Non-completers due to adverse events (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Grilo 2005a	0/25	2/25		100.0 %	0.20 [0.01, 3.97]
Total (95% CI)	**25**	**25**		**100.0 %**	**0.20 [0.01, 3.97]**
Total events: 0 (Treatment), 2 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 1.06 (P = 0.29)					



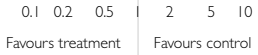
Analysis 7.5. Comparison 7 GSH vs GSH and pharmacological treatment, Outcome 5 Side effects or negative effects of therapy (where provided) (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 7 GSH vs GSH and pharmacological treatment

Outcome: 5 Side effects or negative effects of therapy (where provided) (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Grilo 2005a	0/25	2/25		100.0 %	0.20 [0.01, 3.97]
Total (95% CI)	**25**	**25**		**100.0 %**	**0.20 [0.01, 3.97]**
Total events: 0 (Treatment), 2 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 1.06 (P = 0.29)					



Analysis 7.6. Comparison 7 GSH vs GSH and pharmacological treatment, Outcome 6 Mean scores on any scale measuring depressive symptoms (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 7 GSH vs GSH and pharmacological treatment

Outcome: 6 Mean scores on any scale measuring depressive symptoms (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Beck Depression Inventory							
Grilo 2005a	25	14.7 (9)	25	10.1 (7.7)		100.0 %	4.60 [-0.04, 9.24]
Total (95% CI)	**25**		**25**			**100.0 %**	**4.60 [-0.04, 9.24]**
Heterogeneity: not applicable							
Test for overall effect: Z = 1.94 (P = 0.052)							
Test for subgroup differences: Not applicable							

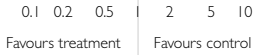
Analysis 7.7. Comparison 7 GSH vs GSH and pharmacological treatment, Outcome 7 Number not abstinent from bingeing (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 7 GSH vs GSH and pharmacological treatment

Outcome: 7 Number not abstinent from bingeing (follow-up)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Grilo 2005a	12/25	12/25		100.0 %	1.00 [0.56, 1.78]
Total (95% CI)	**25**	**25**		**100.0 %**	**1.00 [0.56, 1.78]**
Total events: 12 (Treatment), 12 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 0.0 (P = 1.0)					



Analysis 7.8. Comparison 7 GSH vs GSH and pharmacological treatment, Outcome 8 Mean scores on any scale measuring depressive symptoms (follow-up).

Review: Self-help and guided self-help for eating disorders

Comparison: 7 GSH vs GSH and pharmacological treatment

Outcome: 8 Mean scores on any scale measuring depressive symptoms (follow-up)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Beck Depression Inventory							
Grilo 2005a	25	14.6 (10.9)	25	9.9 (8.6)		100.0 %	4.70 [-0.74, 10.14]
Total (95% CI)	**25**		**25**			**100.0 %**	**4.70 [-0.74, 10.14]**
Heterogeneity: not applicable							
Test for overall effect: Z = 1.69 (P = 0.091)							
Test for subgroup differences: Not applicable							

Analysis 8.1. Comparison 8 PSH / GSH type 1 vs PSH / GSH type 2, Outcome 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 8 PSH / GSH type 1 vs PSH / GSH type 2

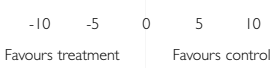
Outcome: 1 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Binge episodes per month							
Grilo 2005b	37	2.8 (5.1)	38	6.7 (8)		100.0 %	-3.90 [-6.93, -0.87]
Total (95% CI)	**37**		**38**			**100.0 %**	**-3.90 [-6.93, -0.87]**

Heterogeneity: not applicable

Test for overall effect: Z = 2.52 (P = 0.012)

Test for subgroup differences: Not applicable



Analysis 8.2. Comparison 8 PSH / GSH type 1 vs PSH / GSH type 2, Outcome 2 Number not abstinent from bingeing (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 8 PSH / GSH type 1 vs PSH / GSH type 2

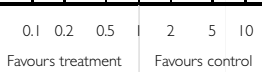
Outcome: 2 Number not abstinent from bingeing (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Carter 2003	26/28	24/28		53.0 %	1.08 [0.90, 1.30]
Grilo 2005b	20/37	31/38		47.0 %	0.66 [0.47, 0.92]
Total (95% CI)	**65**	**66**		**100.0 %**	**0.86 [0.49, 1.52]**

Total events: 46 (Treatment), 55 (Control)

Heterogeneity: $Tau^2 = 0.15$; $Chi^2 = 9.02$, df = 1 (P = 0.003); $I^2 = 89\%$

Test for overall effect: Z = 0.52 (P = 0.60)



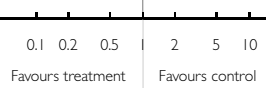
Analysis 8.3. Comparison 8 PSH / GSH type 1 vs PSH / GSH type 2, Outcome 3 Number not abstinent from purging (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 8 PSH / GSH type 1 vs PSH / GSH type 2

Outcome: 3 Number not abstinent from purging (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Carter 2003	26/28	23/28		100.0 %	1.13 [0.92, 1.38]
Total (95% CI)	**28**	**28**		**100.0 %**	**1.13 [0.92, 1.38]**
Total events: 26 (Treatment), 23 (Control)					
Heterogeneity: not applicable					
Test for overall effect: Z = 1.20 (P = 0.23)					



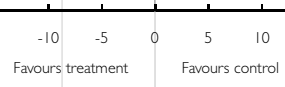
Analysis 8.4. Comparison 8 PSH / GSH type 1 vs PSH / GSH type 2, Outcome 4 BMI (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 8 PSH / GSH type 1 vs PSH / GSH type 2

Outcome: 4 BMI (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
Grilo 2005b	37	33.1 (5.8)	38	34.5 (8.8)		100.0 %	-1.40 [-4.76, 1.96]
Total (95% CI)	**37**		**38**			**100.0 %**	**-1.40 [-4.76, 1.96]**
Heterogeneity: not applicable							
Test for overall effect: Z = 0.82 (P = 0.41)							
Test for subgroup differences: Not applicable							



Analysis 8.5. Comparison 8 PSH / GSH type 1 vs PSH / GSH type 2, Outcome 5 Proportion of non-completers for any reason (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 8 PSH / GSH type 1 vs PSH / GSH type 2

Outcome: 5 Proportion of non-completers for any reason (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Random,95% CI	Weight	Risk Ratio M-H,Random,95% CI
Carter 2003	5/28	7/28		45.2 %	0.71 [0.26, 1.98]
Grilo 2005b	5/37	13/38		54.8 %	0.40 [0.16, 1.00]
Total (95% CI)	**65**	**66**		**100.0 %**	**0.52 [0.26, 1.03]**

Total events: 10 (Treatment), 20 (Control)

Heterogeneity: $Tau^2 = 0.0$; $Chi^2 = 0.71$, df = 1 (P = 0.40); $I^2 = 0.0\%$

Test for overall effect: Z = 1.89 (P = 0.059)

Analysis 8.6. Comparison 8 PSH / GSH type 1 vs PSH / GSH type 2, Outcome 6 Improvement in interpersonal functioning (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 8 PSH / GSH type 1 vs PSH / GSH type 2

Outcome: 6 Improvement in interpersonal functioning (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Fixed,95% CI	Weight	Mean Difference IV,Fixed,95% CI
1 Inventory of Interpersonal Problems							
Carter 2003	28	2 (0.7)	28	1.6 (0.6)		100.0 %	0.40 [0.06, 0.74]
Total (95% CI)	**28**		**28**			**100.0 %**	**0.40 [0.06, 0.74]**

Heterogeneity: not applicable

Test for overall effect: Z = 2.30 (P = 0.022)

Test for subgroup differences: Not applicable

Analysis 8.7. Comparison 8 PSH / GSH type 1 vs PSH / GSH type 2, Outcome 7 Mean scores on any scale measuring depressive symptoms (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 8 PSH / GSH type 1 vs PSH / GSH type 2

Outcome: 7 Mean scores on any scale measuring depressive symptoms (end of treatment)

Study or subgroup	Treatment N	Mean(SD)	Control N	Mean(SD)	Mean Difference IV,Random,95% CI	Weight	Mean Difference IV,Random,95% CI
1 Beck Depression Inventory							
Carter 2003	28	26.9 (10.5)	28	21.2 (11.1)		47.7 %	5.70 [0.04, 11.36]
Grilo 2005b	37	9.5 (9.4)	38	12 (10.3)		52.3 %	-2.50 [-6.96, 1.96]
Total (95% CI)	**65**		**66**			**100.0 %**	**1.41 [-6.62, 9.43]**

Heterogeneity: Tau^2 = 26.86; Chi^2 = 4.97, df = 1 (P = 0.03); I^2 =80%

Test for overall effect: Z = 0.34 (P = 0.73)

Analysis 8.8. Comparison 8 PSH / GSH type 1 vs PSH / GSH type 2, Outcome 8 Adherence to self-help (end of treatment).

Review: Self-help and guided self-help for eating disorders

Comparison: 8 PSH / GSH type 1 vs PSH / GSH type 2

Outcome: 8 Adherence to self-help (end of treatment)

Study or subgroup	Treatment n/N	Control n/N	Risk Ratio M-H,Fixed,95% CI	Weight	Risk Ratio M-H,Fixed,95% CI
Carter 2003	8/28	6/28		100.0 %	1.33 [0.53, 3.35]
Total (95% CI)	**28**	**28**		**100.0 %**	**1.33 [0.53, 3.35]**

Total events: 8 (Treatment), 6 (Control)

Heterogeneity: not applicable

Test for overall effect: Z = 0.61 (P = 0.54)

ADDITIONAL TABLES

Table 1. Items on the Quality Rating Scale

QRS criteria number	QRS definition
1	Objectives and specification of main outcomes a priori: 0=unclear 1=objectives clear but main outcomes not specified a priori 2=objectives clear with a priori specification of main method of assessment of outcome
2	Sample size per group: 0=inadequate (<50) 1=moderate (50-100) 2=large or specified by power calculation (>100)
3	Planned duration of trial including follow-up: 0=too short (<3 months) 1=reasonable length (>3 To <6 months) 2=long enough for assessment of long term outcomes (>6 months)
4	Power calculation: 0=not reported 1=mentioned without details 2=details of calculations provided
5	Methods of allocation: 0=unrandomised and likely to be biased 1=partial or quasi randomised with some bias possible 2=randomized allocation
6	The concealment of randomisation: 0=not done or not reported 2=concealment of allocation code detailed
7	Clear description of treatment (including drug dosages and adjunctive treatment): 0=main treatments not clearly described 1=inadequate details of main or adjunctive treatments 2=full details of main and adjunctive treatments
8	Blinding - the quality of blinding will be rated according to the following scale: 0=blinding not done 1=done but no test of blind 2=done and integrity of blind tested
9	Source of subjects described and representative sample recruitment that meets the aims of the trial: 0=source of subjects not described 1=source of subjects given but no information on sampling or use of unrepresentative sample (for example, volunteers) 2=source of subjects described plus representative sample taken (for example, all consecutive admissions or referrals, or random sample taken.)

Table 1. Items on the Quality Rating Scale (*Continued*)

10	Use of diagnostic criteria (or clear specification of inclusion criteria): 0=none 1=diagnostic criteria or clear inclusion criteria 2=diagnostic criteria and specification of severity
11	Record of exclusion criteria and number of exclusions and refusals reported: 0=criteria and number not reported 1=criteria or number of exclusions and refusals not reported 2=criteria and number of exclusions and refusals reported
12	Description of sample demographics: 0=little / no info (only age/sex) 1=basic details (e.g. marital status/ethnicity) 2=full description (e.g. socio-economic status/clinical history)
13	Blinding of assessor: 0=not done 1=done but no test of blind 2=done and integrity of blind tested
14	Assessment of compliance with experimental treatments (including attendance for therapy): 0=not assessed 1=assessed for some experimental treatments 2=assessed for all experimental treatments
15	Details on side effects: 0=inadequate details 1=recorded by group but details inadequate 2=full side effect profiles by group
16	Record of number and reasons for withdrawal by group: 0=no info on withdrawals by group 1=withdrawals by group reported without reason 2=withdrawals and reason by group
17	Outcome measures described clearly (and therefore replicable) or use of validated (or referenced) instruments: 0=main outcomes not described clearly 1=some of main outcomes not clearly described 2=main outcomes clearly described or valid and reliable instruments used
18	Information on comparability and adjustment for differences in analysis: 0= no info on comparability 0.5=some info on comparability without appropriate adjustment 1=some info on comparability with appropriate adjustment 2=sufficient comparability info with appropriate adjustment

Table 1. Items on the Quality Rating Scale (*Continued*)

19	Inclusion of all subjects in analyses ('intention to treat' analysis): 0=less than 95% of subjects included 2=95% or more included
20	Presentation of results with inclusion of data for re-analysis of main outcomes: 0=little information presented 1=adequate information 2=comprehensive
21	Appropriate statistical analysis (including correction for multiple tests where applicable): 0=inadequate 1=adequate 2=appropriate and comprehensive
22	Conclusions justified: 0=no 1=partially 2=yes
23	Declaration of interests (e.g. source of funding; trial conducted by people who developed the self-help material): 0=no 1=yes

Table 2. Comparison 1: PSH / GSH vs waiting list

Outcome title	No.of studies	No.of participants	Statistical method	Effect size
01 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	2	202	Statistical Mean Difference (Random) 95% CI	-0.71 [-1.01, -0.41]
02 Number not abstinent from bingeing (end of treatment)	3	287	Relative Risk (Random) 95% CI	0.72 [0.47, 1.09]
03 Number not abstinent from purging (end of treatment)	2	178	Relative Risk (Random) 95% CI	0.86 [0.68, 1.08]
04 BMI (end of treatment)	2	202	Weighted Mean Difference (Random) 95% CI	-0.75 [-2.05, 0.55]
05 Proportion of non-completers for any rea-	4	408	Relative Risk (Random) 95% CI	0.97 [0.67, 1.40]

Table 2. Comparison 1: PSH / GSH vs waiting list (*Continued*)

son (end of treatment)				
06 General psychiatric and mental state symptomatology (mean scores on any general psychiatric symtpom rating scale) (end of treatment)	2	202	Weighted Mean Difference (Random) 95% CI	-0.32 [-0.51, -0.13]
07 Improvement in interper- sonal functioning (mean score on scales measuring social and interpersonal function (end of treatment)	2	194	Standardised Mean Difference (Random) 95% CI	-0.34 [-0.67, -0.02]
08 Mean scores on any scale measuring depressive symptoms (end of treatment)	2	194	Weighted Mean Difference (Random) 95% CI	-1.06 [-8.92, 6.80]
09 Number not abstinent from bingeing and purging (end of treatment)	2	223	Relative Risk (Random) 95% CI	1.39 [0.16, 11.84]
10 Number not abstinent from bingeing and purging (follow-up)	1	121	Relative Risk (Fixed) 95% CI	1.00 [0.81, 1.25]

Table 3. Comparison 3: PSH / GSH vs other formal psychotherapy

Outcome title	**No.of studies**	No. of participants	**Statistical method**	**Effect size**
01 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	3	211	Standardised Mean Difference (Random) 95% CI	0.03 [-0.54, 0.60]
02 Number not abstinent from bingeing (end of treatment)	2	143	Relative Risk (Random) 95% CI	1.48 [0.58, 3.75]
03 Number not abstinent from purging (end of treatment)	2	143	Relative Risk (Random) 95% CI	1.28 [0.74, 2.21]

Table 3. Comparison 3: PSH / GSH vs other formal psychotherapy (*Continued*)

04 BMI (end of treatment)	1	81	Weighted Mean Difference (Fixed) 95% CI	0.99 [0.01, 1.97]
05 Proportion of non-completers for any reason (end of treatment)	4	321	Relative Risk (Random) 95% CI	0.74 [0.33, 1.69]
06 Improvement in interpersonal functioning (mean scores on any scale measuring social and interpersonal functioning) (end of treatment)	1	68	Weighted Mean Difference (Fixed) 95% CI	0.00 [-0.24, 0.24]
07 Mean scores on any scale measuring depressive symptoms (end of treatment)	3	186	Standardised Mean Difference (Random) 95% CI	-0.03 [-0.59, 0.54]
08 Number not abstinent from bingeing and purging (end of treatment)	1	86	Relative Risk (Fixed) 95% CI	0.99 [0.75, 1.31]
09 Additional treatment sought during study period from a counsellor (end of treatment)	1	68	Relative Risk (Fixed) 95% CI	1.00 [0.27, 3.68]
10 Additional treatment sought during study period from a therapist (end of treatment)	1	68	Relative Risk (Fixed) 95% CI	0.25 [0.03, 2.12]
01 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (follow-up)	2	130	Standardised Mean Difference (Random) 95% CI	0.02 [-0.33, 0.36]
02 Number not abstinent from bingeing (follow-up)	2	143	Relative Risk (Random) 95% CI	0.93 [0.76, 1.13]
03 Number not abstinent from purging (follow-up)	2	143	Relative Risk (Random) 95% CI	0.97 [0.74, 1.27]

Table 3. Comparison 3: PSH / GSH vs other formal psychotherapy (*Continued*)

04 BMI (follow-up)	1	81	Weighted Mean Difference (Fixed) 95% CI	1.55 [0.41, 2.69]
05 Improvement in interpersonal functioning (mean scores on scales measuring social and interpersonal functioning) (follow-up)	1	68	Weighted Mean Difference (Fixed) 95% CI	0.00 [-0.24, 0.24]
06 Mean scores on any scale measuring depressive symptoms (follow-up)	3	185	Standardised Mean Difference (Random) 95% CI	-0.13 [-0.42 to 0.16]
07 Number not abstinent from bingeing and purging (follow-up)	1	64	Relative Risk (Fixed) 95% CI	1.02 [0.68, 1.53]
08 Additional treatment sought post-study treatment period (follow-up)	1	49	Relative Risk (Fixed) 95% CI	2.21 [0.80, 6.10]

Table 4. Comparison 2: PSH / GSH v placebo/attention control

Outcome title	No. of studies	No. of participants	**Statistical Method**	**Effect size**
01 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	1	52	Weighted Mean Difference (Fixed) 95% CI	-5.30 [-9.16,-1.44
02 Number not abstinent from bingeing (end of treatment)	1	52	Relative Risk (Fixed) 95% CI	0.62 [0.44, 0.89]
03 BMI (end of treatment)	1	52	(Weighted Mean Difference (Fixed) 95% CI	-2.70 [-6.71,1.31]
04 Proportion of non-completers for any reason (end of treatment)	1	52	Relative Risk (Fixed) 95% CI	1.01 [0.22, 4.66]
05 Mean scores on any scale measuring depressive symptoms (end of	1	52	Weighted Mean Difference (Fixed) 95% CI	-1.90 [-7.16, 3.36]

Table 4. Comparison 2: PSH / GSH v placebo/attention control (*Continued*)

treatment)				

Table 5. Comparison 4: PSH vs GSH

Outcome title	No. of studies	No. of participants	**Statistical method**	**Effect size**
01 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	4	142	Standardised Mean Difference (Random) 95% CI	0.34 [-0.04, 0.71]
02 Number not abstinent from bingeing (end of treatment)	3	140	Relative Risk (Random) 95% CI	1.08 [0.84, 1.39]
03 Number not abstinent from purging (end of treatment)	1	31	Relative Risk (Fixed) 95% CI	1.49 [0.60, 3.70]
04 BMI (end of treatment)	2	109	Weighted Mean Difference (Random) 95% CI	-0.70 [-3.35, 1.96]
05 Proportion of non-completers (end of treatment)	4	230	Relative Risk (Random) 95% CI	0.86 [0.45, 1.63]
06 General psychiatric and mental state symptomatology (mean scores on any general psychiatric rating scale) (end of treatment)	2	109	Weighted Mean Difference (Random) 95% CI	0.11 [-0.13, 0.35]
07 Improvement in interpersonal functioning (mean scores on scales measuring social and interpersonal functioning) (end of treatment)	1	31	Weighted Mean Difference (Fixed) 95% CI	-0.30 [-0.59, -0.01]
08 Mean scores on any scale measuring depressive symptoms (end of treatment)	2	71	Weighted Mean Difference (Random) 95% CI	-1.32 [-8.44, 5.81]

Table 5. Comparison 4: PSH vs GSH (*Continued*)

09 Number not abstinent from bingeing and purging (end of treatment)	2	180	Relative Risk (Random) 95% CI	1.06 [0.95, 1.18]
10 Patient adherence to SH (proportion not reading full SH material) (end of treatment)	1	69	Relative Risk (Fixed) 95% CI	1.89 [1.33, 2.66]
11 Additional treatment for weight loss (end of treatment)	1	69	Relative Risk (Fixed) 95% CI	10.69 [0.61, 186.26]
01 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (follow-up)	1	69	Weighted Mean Difference (Fixed) 95% CI	1.00 [-0.94, 2.94]
02 Number not abstinent from bingeing (follow-up)	1	69	Relative Risk (Fixed) 95% CI	1.20 [0.78, 1.85]
03 BMI (follow-up)	1	69	Weighted Mean Difference (Fixed) 95% CI	-1.20 [-4.20, 1.80]
04 General psychiatric and mental state symptomatology (mean scores on any general psychiatric rating scale) (follow-up)	1	69	Weighted Mean Difference (Fixed) 95% CI	0.30 [-0.38, 0.98]
05 Number not abstinent from bingeing and purging (follow-up)	1	90	Relative Risk (Fixed) 95% CI	1.06 [0.86, 1.31]
06 Additional treatment for eating disorder symptoms (follow-up)	1	69	Relative Risk (Fixed) 95% CI	1.94 [0.18, 20.45]

Table 6. Comparison 5: PSH / GSH and placebo vs pharmacological treatment

Outcome title	No.of studies	No.of participants	Statistical method	Effect size
01 Number not abstinent from bingeing (end of treatment)	1	48	Relative Risk (Fixed) 95% CI	0.91 [0.69, 1.21]
02 Number not abstinent from purging (end of treatment)	1	48	Relative Risk (Fixed) 95% CI	0.91 [0.69, 1.21]
03 Proportion of non-completers for any reason (end of treatment)	2	93	Relative Risk (Random) 95% CI	1.26 [0.91, 1.73]
04 Non-completers due to adverse events (end of treatment)	1	48	Relative Risk (Fixed) 95% CI	Not estimable
05 Mean scores on any scale measuring depressive symptoms (end of treatment)	1	48	Weighted Mean Difference (Fixed) 95% CI	-1.60 [-5.34, 2.14]

Table 7. Comparison 6: PSH / GSH and pharmacology vs pharmacology

Outcome title	No. of studies	No. of participants	Statistical method	Effect size
01 Number not abstinent from bingeing (end of treatment)	1	47	Relative Risk (Fixed) 95% CI	0.90 [0.67, 1.20]
02 Number not abstinent from purging (end of treatment)	1	47	Relative Risk (Fixed) 95% CI	0.90 [0.67, 1.20]
03 Proportion of non-completers for any reason (end of treatment)	2	91	Relative Risk (Random) 95% CI	0.81 [0.50, 1.32]
04 Non-completers due to adverse events (end of treatment)	1	47	Relative Risk (Fixed) 95% CI	Not estimable
05 Mean scores on any scale measuring depressive symptoms (end of treatment)	1	47	Weighted Mean Difference (Fixed) 95% CI	-1.40 [-4.85, 2.05]

Table 8. Comparison 7: PSH / GSH vs PSH / GSH and pharmacological treatment

Outcome title	No. of studies	No.of participants	Statistical method	Effect size
01 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	1	50	Weighted Mean Difference (Fixed) 95% CI	0.30 [-0.18, 0.78]
02 Number not abstinent from bingeing (end of treatment)	1	50	Relative Risk (Fixed) 95% CI	0.56 [0.31, 1.02]
03 Proportion of non-completers for any reason (end of treatment)	1	50	Relative Risk (Fixed) 95% CI	0.83 [0.29, 2.38]
04 Non-completers due to adverse effects (end of treatment)	1	50	Relative Risk (Fixed) 95% CI	0.20 [0.01, 3.97]
05 Side effects or negative effects of therapy (end of treatment)	1	50	Relative Risk (Fixed) 95% CI	0.20 [0.01, 3.97]
06 Mean scores on any scale measuring depressive symptoms (end of treatment)	1	50	Weighted Mean Difference (Fixed) 95% CI	4.60 [-0.04, 9.24]
01 Number not abstinent from bingeing (follow-up)	1	50	Relative Risk (Fixed) 95% CI	1.00 [0.56, 1.78]
02 Mean scores on any scale measuring depressive symptoms (follow-up)	1	50	Weighted Mean Difference (Fixed) 95% CI	4.70 [-0.74, 10.14]

Table 9. Comparison 8: PSH / GSH type 1 vs PSH / GSH type 2

Outcome title	No. of studies	No.of participants	Statistical method	Effect size
01 ED symptomatology from an ED symptom rating scale or other purpose developed instrument (end of treatment)	1	75	Weighted Mean Difference (Fixed) 95% CI	-3.90 [-6.93, -0.87]

Table 9. Comparison 8: PSH / GSH type 1 vs PSH / GSH type 2 (*Continued*)

02 Number not abstinent from bingeing (end of treatment)	2	131	Relative Risk (Random) 95% CI	0.86 [0.49, 1.52]
03 Number not abstinent rfrom purging (end of treatment)	1	56	Relative Risk (Fixed) 95% CI	1.13 [0.92, 1.38]
04 BMI (end of treatment)	1	75	Weighted Mean Difference (Fixed) 95% CI	-0.40 [-4.76, 1.96]
05 Proportion of non-completers for any reason (end of treatment)	2	131	Relative Risk (Random) 95% CI	0.52 [0.26, 1.03]
06 Improvement in interpersonal functioning (mean scores on scales measuring social and interpersonal functioning) (end of treatment)	1	56	Weighted Mean Difference (Fixed) 95% CI	0.40 [0.06, 0.74]
07 Mean scores on any scale measuring depressive symptoms (end of treatment)	2	131	Weighted Mean Difference (Random) 95% CI	1.41 [-6.62, 9.43]
08 Adherence to self-help (end of treatment)	1	56	Relative Risk (Fixed) 95% CI	1.33 [0.53, 3.35]

FEEDBACK

search filter used to identify studies

Summary

The search filter used to identify studies of self-help is similar to the one we used in a protocol of media-based behavioural and cognitive behavioural therapy for anxiety disorders and in a review of media-based behavioural treatments for behavioural problems in children. Our additional searches for the review about anxiety disorders suggested that this filter may have excluded relevant RCTs involving self-help. To maintain sensitivity, we decided to remove the filter and check all RCTs about anxiety disorders indexed by CCDAN.
The review by Perkins and colleagues included other methods to identify relevant RCTs that are likely to have captured the vast majority of studies of self-help for eating disorders. We are not familiar with the eating disorders literature and we acknowledge that this filter may have captured all relevant RCTs. Nonetheless, our experience suggests that authors should consider the trade-off between sensitivity and specificity when using electronic filters to identify studies of self-help.

Reply

We are grateful for your feed-back on our systematic review. We agree with your comment that there is a risk of studies being excluded where electronic filters are used.

However, we believe that there are important differences between your reviews and the one conducted by ourselves in terms of topic-area and scope that justify our use of a different search strategy to yours.

In terms of the topic area, self-help in eating disorders is a very recent phenomenon and interventions are all manualised, whereas this is not always the case in anxiety disorders. Generally, if an intervention is manualised it will be given a name which can then be indexed or used in the text.

There are also differences in the scope of your and our reviews. In our review the definition of self-help was quite specific and narrow. In contrast, your protocol is looking at all instances of self-help including any form of therapy where the client is giving reading material, making it harder to identify references. For instance, if a client is given 16 sessions of CBT, it will be identified in the paper and indexed as CBT or Cognitive Therapy even though it may include some sessions of exposure, some sessions of relaxation, some sessions of cognitive restructuring and some take-home reading material.

Thus, whilst on the face of it, your and our reviews cover near identical interventions, albeit in different disorders, and therefore it might seem as if the same caveats ought to apply vis-à-vis use of an electronic filter, we are reasonably confident for the reasons cited above, and as experts in the field, that we have identified all trials that ought to be included. In contrast, given the differences in topic areas and broader scope of your review, you have to be more sensitive in your search strategy.

Contributors

Evan Mayo-Wilson and Paul Montgomery

Submitter agrees with default conflict of interest statement:

I certify that I have no affiliations with or involvement in any organization or entity with a financial interest in the subject matter of my feedback.

WHAT'S NEW

Last assessed as up-to-date: 23 May 2006.

Date	Event	Description
6 November 2008	Amended	Converted to new review format.

HISTORY

Protocol first published: Issue 4, 2002

Review first published: Issue 3, 2006

Date	Event	Description
24 May 2006	New citation required and conclusions have changed	Substantive amendment

CONTRIBUTIONS OF AUTHORS

US, SP: co-authors of review

CW: consultation

RM: development of protocol

DECLARATIONS OF INTEREST

US has authored a self-help book for eating disorders.

CW has authored several self-help books, a CD Rom and online treatment package for bulimia.

INDEX TERMS

Medical Subject Headings (MeSH)

Anorexia Nervosa [*therapy]; Bulimia Nervosa [*therapy]; Controlled Clinical Trials as Topic; Randomized Controlled Trials as Topic; Self Care [*methods]

MeSH check words

Humans