National Institute for Health and Care Excellence

Version 2.0

Eating Disorders: recognition and treatment

Appendix O - HE evidence checklists

NICE Guideline

Methods, evidence and recommendations

May 2017

Final

Developed by the National Guideline Alliance, hosted by the Royal College of Obstetricians and Gynaecologists

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Disclaimer

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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1 Appendices

Appendix O: Health economic evidence – completed health economic checklists

4 Abbreviations

AN anorexia nervosa
BMI body mass index
BN bulimia nervosa

CBT cognitive behavioral therapy
CCA cost-consequence analysis
DALY disability adjusted life year
EBW expected body weight

EDNoS eating disorder not otherwise specified

FTF face to face

HRQoL health-related quality of life

IBW ideal body weight LYS life years saved

MAEDS Multiaxial Assessment of Eating Disorders Symptoms Scale

MRAOS Morgan–Russell Average Outcome Scale

NA not applicable

NHS National Health Service NMA Network meta-analysis

PSA probabilistic sensitivity analysis

PSS personal social services QALY quality adjusted life year

QoL quality of life

RCT randomized controlled trial

SC standard care TAU treatment as usual

5

6

O.11 Coordinating care of eating disorders

O.1.12 Coordination of care

Study identification

Byford S, Barrett B, Roberts C, Clark A, Edwards V, Smethurst N, et al. Economic evaluation of a randomised controlled trial for anorexia nervosa in adolescents. British Journal of Psychiatry. 2007;191:436-40.

AND

Gowers SG, Clark AF, Roberts C, Byford S, Barrett B, Griffiths A, et al. A randomised controlled multicentre trial of treatments for adolescent anorexia nervosa including assessment of cost-effectiveness and patient acceptability - The TOuCAN trial. Health Technology Assessment. 2010;14:1-98.

Guidance topic: The setting (inpatient, outpatient or oth setting) and different ways of coordinating, transitioning integrating care for treating eating disorders	Review question no: 10	
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adolescents with AN
1.2 Are the interventions appropriate for the review question?	Yes	Inpatient psychiatric treatment; specialist outpatient treatment; general outpatient care
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (health, social care and education)
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	HRQoL not considered
1.6 Are all future costs and outcomes discounted appropriately?	Yes	Costs and outcomes at 3.5%
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure: MRAOS
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Directly applicable		

Other comments: even though QALYs were no estimated this was not a problem since the specialist outpatient treatment was found to be dominant.

Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis alongside RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 2 and 5 years
2.3 Are all important and relevant outcomes included?	Partly	Health outcome measure: MRAOS
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT

2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From RCT
2.8 Are the unit costs of resources from the best available source?	Yes	National sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses; deterministic and PSA
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Minor limitations		
Other comments:		
Study identification Herpertz-Dahlmann B, Schwarte R, Krei M, Egberts K, W patient treatment after short inpatient care versus continuadolescents with anorexia nervosa (ANDI): A multicentre inferiority trial. The Lancet. 2014;383:1222-29.	nued inpatient tr	eatment in
Guidance topic: The setting (inpatient, outpatient or othe setting) and different ways of coordinating, transitioning integrating care for treating eating disorders		Review question no: 10
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adolescent females (11-18 years) with AN
1.2 Are the interventions appropriate for the review question?	Yes	Day treatment, inpatient care
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	German study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Narrow health care provider
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	Hasn't considered wider ED symptoms and HRQoL outcomes
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 12 months
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure: BMI
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level	Yes/partly/no	Comments
of methodological quality)	/unclear/NA	

2.1 Does the model structure adequately reflect the nature

NA

Economic analysis

of the topic under evaluation?		alongside RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon: 12 months
2.3 Are all important and relevant outcomes included?	Partly	Hasn't considered wider ED symptoms and QoL outcomes
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From RCT
2.8 Are the unit costs of resources from the best available source?	No	Local sources (hospital tariffs)
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses conducted
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Minor limitations		

Other comments:

Study identification

Williamson DA, Thaw JM, Varnado-Sullivan PJ. Cost-effectiveness analysis of a hospital-based cognitive-behavioral treatment program for eating disorders. Behavior Therapy. 2001;32:459-77.

Guidance topic: The setting (inpatient, outpatient or other specific	Review question
setting) and different ways of coordinating, transitioning and	no: 10
integrating care for treating eating disorders	

Checklist completed by: Eric Slade

Checklist completed by: Eric Slade				
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments		
1.1 Is the study population appropriate for the review question?	Yes	Adults with AN or sub-threshold AN or BN or sub-threshold BN		
1.2 Are the interventions appropriate for the review question?	Yes	Inpatient care, partial day hospital		
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study		
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Narrow health care provider (treatment and admission costs only)		
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	NA	Cost analysis		
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 12 months		
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA			

1.8 Are costs and outcomes from other sectors fully and	NA	
appropriately measured and valued?		
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Cost analysis
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon: 12 months
2.3 Are all important and relevant outcomes included?	NA	Cost analysis
2.4 Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5 Are the estimates of relative intervention effects from the best available source?	NA	Cost analysis
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From a small observational cohort study
2.8 Are the unit costs of resources from the best available source?	No	Local sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses conducted
2.11 Is there any potential conflict of interest?	No	
z. The there arry peterman commet or interest.	140	
2.12 Overall assessment: Potentially serious limitations	110	
	110	
2.12 Overall assessment: Potentially serious limitations		
2.12 Overall assessment: Potentially serious limitations Other comments:		nent. International
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexis	a Nervosa Treatr	nent. International Review question no: 11
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexia Journal of Eating Disorders. 2004;35:155-60. Guidance topic: Ways of coordinating care for people w	a Nervosa Treatr	Review question
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexis Journal of Eating Disorders. 2004;35:155-60. Guidance topic: Ways of coordinating care for people widisorders	a Nervosa Treatr	Review question
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexis Journal of Eating Disorders. 2004;35:155-60. Guidance topic: Ways of coordinating care for people w disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described	a Nervosa Treatr rith eating Yes/partly/no	Review question no: 11
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexis Journal of Eating Disorders. 2004;35:155-60. Guidance topic: Ways of coordinating care for people w disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review	a Nervosa Treatr with eating Yes/partly/no /unclear/NA	Review question no: 11 Comments
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexis Journal of Eating Disorders. 2004;35:155-60. Guidance topic: Ways of coordinating care for people we disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review	a Nervosa Treatr rith eating Yes/partly/no /unclear/NA Yes	Review question no: 11 Comments People with AN Adequate care model (inpatient care, psychotherapy, medication
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexis Journal of Eating Disorders. 2004;35:155-60. Guidance topic: Ways of coordinating care for people we disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question?	a Nervosa Treatrith eating Yes/partly/no/unclear/NA Yes Yes	Review question no: 11 Comments People with AN Adequate care model (inpatient care, psychotherapy, medication management)
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexis Journal of Eating Disorders. 2004;35:155-60. Guidance topic: Ways of coordinating care for people with disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they	a Nervosa Treatroith eating Yes/partly/no/unclear/NA Yes Yes	Review question no: 11 Comments People with AN Adequate care model (inpatient care, psychotherapy, medication management) US study Narrow health care
2.12 Overall assessment: Potentially serious limitations Other comments: Study identification Crow SJ, Nyman JA. The Cost-Effectiveness of Anorexis Journal of Eating Disorders. 2004;35:155-60. Guidance topic: Ways of coordinating care for people with disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all	a Nervosa Treatroith eating Yes/partly/no/unclear/NA Yes Yes Partly Partly	Review question no: 11 Comments People with AN Adequate care model (inpatient care, psychotherapy, medication management) US study Narrow health care provider HRQoL not

1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure: LYS
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon: life time
2.3 Are all important and relevant outcomes included?	Partly	Hasn't considered QoL outcomes
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	Published studies and authors' assumptions
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	Published studies and authors' assumptions
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	No	Local data on charges for services
2.8 Are the unit costs of resources from the best available source?	Partly	Local sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations		
Other comments:		
Study identification		
Deloitte Access Economic. Investing in need. The cost of disorders. Melbourne: The Butterfly Foundation, 2012.	effective interver	itions for eating
Guidance topic: Ways of coordinating care for people w disorders	vith eating	Review question no: 11
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	People with AN, BN, BED and EDNOS
1.2 Are the interventions appropriate for the review question?	Yes	Best practice model
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	Australian study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Societal

other effects included where they are material?		
1.6 Are all future costs and outcomes discounted appropriately?	No	7% for both costs and DALYs
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure was DALYs and monetised DALYs
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	

1.9 Overall judgement: Partially applicable

Other comments: Best practice model (focus on early intervention, a range of delivery options, from general practitioners and online self-help, through intensive outpatient and residential programs, to full inpatient hospitalisation; a "stepped care" approach, realising that service users might need to progress both up and down [sometimes repeatedly] through delivery levels; and long-term follow up, to prevent relapse).

Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon: 10 years
2.3 Are all important and relevant outcomes included?	Yes	Outcome measure was DALYs
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	Published studies
2.5 Are the estimates of relative intervention effects from the best available source?	Yes	Published studies and authors' assumptions
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From published studies
2.8 Are the unit costs of resources from the best available source?	Unclear	
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations		
Other comments:		

O.1.21 Stepped care

Study identification

Crow SJ, Agras WS, Halmi KA, Fairburn CG, Mitchell JE, Nyman JA. A cost effectiveness analysis of stepped care treatment for bulimia nervosa. International Journal of Eating Disorders. 2013;46:302-07.

Guidance topic: Ways of coordinating care for people with eating disorders		Review question no: 11
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review	Yes	Adult women with

Checklist completed by: Eric Slade			
Guidance topic: Ways of coordinating care for people w disorders	ith eating	Review question no: 11	
treatment of bulimia nervosa. International Journal of Eating Disorders. 2010;43:596-602.			
Pohjolainen V, Rasanen P, Roine RP, Sintonen H, Wahlb	eck K, Karlsson	H. Cost-utility of	
Study identification			
2.12 Overall assessment: Minor limitations Other comments:			
2.11 Is there any potential conflict of interest?	No		
uncertain subjected to appropriate sensitivity analysis?		deterministic sensitivity analysis	
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?2.10 Are all important parameters whose values are	Yes	Statistical analyses,	
2.8 Are the unit costs of resources from the best available source?	Partly	From national sources and data from published studies	
2.7 Are the estimates of resource use from the best available source?	Partly	From RCT	
2.6 Are all important and relevant costs included?	Yes		
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT	
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT	
2.3 Are all important and relevant outcomes included?	Partly	Hasn't considered HRQoL outcomes	
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon: 12 months	
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis alongside RCT	
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments	
Other comments:			
1.9 Overall judgement: Partially applicable			
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA		
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure: abstinence	
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 12 months	
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	Hasn't considered HRQoL outcomes	
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Narrow health care provider	
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study	
1.2 Are the interventions appropriate for the review question?	Yes	Stepped care model, high intensity CBT	
question?		purging or non- purging BN	

Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Females with BN
1.2 Are the interventions appropriate for the review question?	Partly	Stepped care model
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	Finnish study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Narrow health care provider
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6 Are all future costs and outcomes discounted appropriately?	Partly	Sensitivity analysis: 3% and 5% for outcomes
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	Partly	HRQoL measured using 15D instrument and valued by Finnish general population
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Observational study and modelling
2.1 Does the model structure adequately reflect the nature	Yes Partly	
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?2.2 Is the time horizon sufficiently long to reflect all		and modelling Time horizon: 10 years for outcomes and 6 months for
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	and modelling Time horizon: 10 years for outcomes and 6 months for costs
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?2.3 Are all important and relevant outcomes included?2.4 Are the estimates of baseline outcomes from the best	Partly	and modelling Time horizon: 10 years for outcomes and 6 months for costs QALYs From an observational cohort
 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from 	Partly Yes Partly	and modelling Time horizon: 10 years for outcomes and 6 months for costs QALYs From an observational cohort study From observational cohort study, published studies and authors'
 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 	Partly Yes Partly Partly	and modelling Time horizon: 10 years for outcomes and 6 months for costs QALYs From an observational cohort study From observational cohort study, published studies and authors'
 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best 	Partly Yes Partly Partly Yes	and modelling Time horizon: 10 years for outcomes and 6 months for costs QALYs From an observational cohort study From observational cohort study, published studies and authors' assumptions From an observational cohort
 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available 	Partly Yes Partly Partly Yes Partly	and modelling Time horizon: 10 years for outcomes and 6 months for costs QALYs From an observational cohort study From observational cohort study, published studies and authors' assumptions From an observational cohort study
 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or 	Partly Yes Partly Partly Yes Partly No	and modelling Time horizon: 10 years for outcomes and 6 months for costs QALYs From an observational cohort study From observational cohort study, published studies and authors' assumptions From an observational cohort study
 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are 	Partly Yes Partly Partly Yes Partly Yes Partly	and modelling Time horizon: 10 years for outcomes and 6 months for costs QALYs From an observational cohort study From observational cohort study, published studies and authors' assumptions From an observational cohort study Local sources

2.12 Overall assessment: Potentially serious limitations

Other comments: The authors assumed in the base case cost-utility analysis that in untreated service users, their HRQoL improves linearly in 10 years to the same level as in the treated service users had after 6 months of treatment. For those treated, the authors assumed that the HRQoL gain by 6 months would persist until 10 years. Haven't considered costs beyond 6 months (assumed that these would be the same in both groups).

1

O.22 Treatment and management of anorexia nervosa

O.2.13 Psychological interventions

O		4	4.5
Study	, ide	ntiti	cation
Otaa	, ,,,,,	,,,,,,,,	Cution

Egger N, Wild B, Zipfel S, Junne F, Konnopka A, Schmidt U, et al. Cost-effectiveness of focal psychodynamic therapy and enhanced cognitive-behavioural therapy in out-patients with anorexia nervosa. Psychological medicine. 2016;46:3291-301.

anorexia nervosa. Psychological medicine. 2016;46:3291-301.			
Guidance topic: Psychological interventions in people v disorders	Review question no: 3		
Checklist completed by: Eric Slade			
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments	
1.1 Is the study population appropriate for the review question?	Yes	Adults with AN	
1.2 Are the interventions appropriate for the review question?	Yes	CBT-ED, psychodynamic, TAU	
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	German study	
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Healthcare payer; societal	
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Yes		
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 22 months	
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	Yes	EQ-5D-3L	
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA		
1.9 Overall judgement: Partially applicable			
Other comments:			
Section 2: Study limitations (the level	Yes/partly/no /unclear/NA	Comments	

Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis alongside RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon: 22 months
2.3 Are all important and relevant outcomes included?	Yes	QALYs
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT

2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From RCT
2.8 Are the unit costs of resources from the best available source?	Yes	National sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Minor limitations		
Other comments: There were differences in the baseline costs and covariates, however regression		

1

O.2.22 Interventions to help parents or carers of children or young people

was conducted on the net benefit to adjust for these differences.

Study identification			
Agras WS, Lock J, Brandt H, Bryson SW, Dodge E, Halmi KA, et al. Comparison of 2 family therapies for adolescent anorexia nervosa: a randomized parallel trial. JAMA Psychiatry. 2014;71:1279-86.			
Guidance topic: Psychological interventions in people v disorders	vith eating	Review question no: 3	
Checklist completed by: Eric Slade			
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments	
1.1 Is the study population appropriate for the review question?	Yes	Adolescents with AN	
1.2 Are the interventions appropriate for the review question?	Yes	Family therapy	
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study	
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Narrow health care provider	
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	Hasn't considered HRQoL outcomes	
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: end of intervention (36 weeks) and 1 year	
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure: remission rate defined as ≥95% of IBW	
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA		
1.9 Overall judgement: Partially applicable			
Other comments:			
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments	
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis alongside RCT	
2.2 Is the time horizon sufficiently long to reflect all	Partly	Time horizon: end of	

important differences in costs and outcomes?		intervention (36 weeks) and 1 year
2.3 Are all important and relevant outcomes included?	Partly	Hasn't considered HRQoL outcomes
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From RCT
2.8 Are the unit costs of resources from the best available source?	Partly	Local and national sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partly	Statistical analyses conducted on outcomes only
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations		
Other comments:		

O.31 Treatment and management of bulimia nervosa

0.3.12 Psychological interventions

Study identification

Crow SJ, Mitchell JE, Crosby RD, Swanson SA, Wonderlich S, Lancanster K. The cost
effectiveness of cognitive behavioral therapy for bulimia nervosa delivered via telemedicine
versus face-to-face. Behaviour Research and Therapy. 2009;47:451-53

Guidance topic: Psychological interventions in people with eating Review question disorders no: 3 Checklist completed by: Eric Slade Comments Section 1: Applicability (relevance to specific review Yes/partly/no questions and the NICE reference case as described /unclear/NA in section 7.5) Yes Adults with BN, 1.1 Is the study population appropriate for the review question? **EDNoS** CBT-ED individual 1.2 Are the interventions appropriate for the review Yes question? and guided self-help ED 1.3 Is the system in which the study was conducted Partly US study sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they Partly Intervention provider appropriate for the review question? plus travel costs 1.5 Are all direct effects on individuals included, and are all Partly HRQoL not other effects included where they are material? measured 1.6 Are all future costs and outcomes discounted NA Time horizon 1 year appropriately? 1.7 Is QALY used as an outcome, and was it derived using No Outcome measure: NICE's preferred methods? If not, describe rationale and abstinence from outcomes used in line with analytical perspectives taken binge eating and (item 1.4 above). purging

1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued? 1.9 Overall judgement. Partially applicable Other comments: Section 2: Study limitations (the level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of relative intervention effects from the best available source? 2.8 Are the estimates of resource use from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? 2.12 Overall assessment: Minor limitations Other comments: Study identification Guideline economic analysis Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review questions and the NICE reference case as described in section 7.5) 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all direct effects on individuals included, and are all other effects included where they are material? 1.7 Is QALY used as an outcome sidesounted and combination of the propen			
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source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? 2.12 Overall assessment: Minor limitations Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with eating disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all future costs and outcomes discounted appropriated? 1.7 Is QALY used as an outcome, and was it derived using Yes Statistical analysis conducted Yes Statistical analysis conducted Yes Adults with eating Review question no: 3 Checklist completed by: Eric Slade Review question Yes/partly/no /unclear/NA Ino: 3 Comments Yes Adults with BN Psychological, pharmacological, and combination therapies UK study UK study UK study Ves NHS Time horizon: 1 year and 4 months Outcome measures:		Partly	From RCT
can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? 2.12 Overall assessment: Minor limitations Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with eating disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all future costs and outcomes discounted appropriately? 1.7 Is QALY used as an outcome, and was it derived using Yes Statistical analysis conducted Yes Statistical analysis conducted Yes Statistical analysis conducted Yes Statistical analysis conducted Yes Comments Review question no: 3 Checklist completed by: Eric Slade Yes/partly/no /unclear/NA Comments /unclear/NA Inclear/NA UK study UK study UK study Ves QALYs Time horizon: 1 year and 4 months NA Time horizon: 1 year and 4 months		Yes	National sources
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2.12 Overall assessment: Minor limitations Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with eating disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all future costs and outcomes discounted appropriately? 1.7 Is QALY used as an outcome, and was it derived using Yes Outcome measures:		Yes	
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Guidance topic: Psychological interventions in people with eating disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all future costs and outcomes discounted appropriately? 1.7 Is QALY used as an outcome, and was it derived using Yes Comments Comments Yes/partly/no /unclear/NA Yes Adults with BN Yes Psychological, pharmacological, and combination therapies UK study UK study Yes QALYs Time horizon: 1 year and 4 months Outcome measures:	2.12 Overall assessment: Minor limitations		
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questions and the NICE reference case as described in section 7.5)/unclear/NA1.1 Is the study population appropriate for the review question?YesAdults with BN1.2 Are the interventions appropriate for the review question?YesPsychological, pharmacological, and combination therapies1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?YesUK study1.4 Are the perspectives clearly stated and are they appropriate for the review question?YesNHS1.5 Are all direct effects on individuals included, and are all other effects included where they are material?YesQALYs1.6 Are all future costs and outcomes discounted appropriately?NATime horizon: 1 year and 4 months1.7 Is QALY used as an outcome, and was it derived usingYesOutcome measures:	Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people w	vith eating	-
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question? pharmacological, and combination therapies 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all future costs and outcomes discounted appropriately? 1.7 Is QALY used as an outcome, and was it derived using Yes pharmacological, and combination therapies UK study NHS Pes NHS QALYS Time horizon: 1 year and 4 months Outcome measures:	Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described	Yes/partly/no	no: 3
sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all future costs and outcomes discounted appropriately? 1.7 Is QALY used as an outcome, and was it derived using Yes NHS QALYs Time horizon: 1 year and 4 months Outcome measures:	Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review	Yes/partly/no /unclear/NA	no: 3 Comments
appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all future costs and outcomes discounted appropriately? 1.7 Is QALY used as an outcome, and was it derived using Yes Outcome measures:	Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review	Yes/partly/no /unclear/NA Yes	no: 3 Comments Adults with BN Psychological, pharmacological, and combination
other effects included where they are material? 1.6 Are all future costs and outcomes discounted appropriately? 1.7 Is QALY used as an outcome, and was it derived using Yes Outcome measures:	Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted	Yes/partly/no /unclear/NA Yes Yes	no: 3 Comments Adults with BN Psychological, pharmacological, and combination therapies
appropriately? and 4 months 1.7 Is QALY used as an outcome, and was it derived using Yes Outcome measures:	Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they	Yes/partly/no /unclear/NA Yes Yes	no: 3 Comments Adults with BN Psychological, pharmacological, and combination therapies UK study
	Other comments: Study identification Guideline economic analysis Guidance topic: Psychological interventions in people with disorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all	Yes/partly/no /unclear/NA Yes Yes Yes Yes	no: 3 Comments Adults with BN Psychological, pharmacological, and combination therapies UK study NHS
	Study identification Guideline economic analysis Guidance topic: Psychological interventions in people widisorders Checklist completed by: Eric Slade Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5) 1.1 Is the study population appropriate for the review question? 1.2 Are the interventions appropriate for the review question? 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context? 1.4 Are the perspectives clearly stated and are they appropriate for the review question? 1.5 Are all direct effects on individuals included, and are all other effects included where they are material? 1.6 Are all future costs and outcomes discounted	Yes/partly/no/unclear/NA Yes Yes Yes Yes Yes	no: 3 Comments Adults with BN Psychological, pharmacological, and combination therapies UK study NHS QALYs Time horizon: 1 year

1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued? 1.9 Overall judgement: Directly applicable Other comments: Section 2: Study limitations (the level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resource use from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No Other comments:	outcomes used in line with analytical perspectives taken (item 1.4 above).		measure mapped onto EQ-5D with valuations from UK general population using TTO
Other comments: Section 2: Study limitations (the level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No Comments Yes/partly/no /unclear/NA Yes Decision analytical model Yes Partly Time horizon: 1 year and 4 months Yes From a naturalistic cohort study Yes From NMA of RCTs From NMA of RCTs Partly RCTs included in the guideline systematic review and GC expert opinion Yes National sources Deterministic and PSA		NA	
Section 2: Study limitations (the level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No Decision analytical model Yes Partly Time horizon: 1 year and 4 months Yes From a naturalistic cohort study Yes From NMA of RCTs From NMA of RCTs Partly RCTs included in the guideline systematic review and GC expert opinion Yes National sources Deterministic and PSA	1.9 Overall judgement: Directly applicable		
of methodological quality) 2.1 Does the model structure adequately reflect the nature of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No Decision analytical model Yes Decision analytical model Yes Partly Time horizon: 1 year and 4 months Yes From a naturalistic cohort study Yes From NMA of RCTs Partly RCTs included in the guideline systematic review and GC expert opinion Yes National sources Partly Yes Deterministic and PSA	Other comments:		
of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No Time horizon: 1 year and 4 months From NMA of RCTs From Anaturalistic cohort study Yes 2.1 Are the estimates of resource strom the best available source? Yes Deterministic and PSA	`		Comments
important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No and 4 months Yes From a naturalistic cohort study Yes From NMA of RCTs From NMA of RCTs From NMA of RCTs Partly RCTs included in the guideline systematic review and GC expert opinion Yes National sources Deterministic and PSA		Yes	
2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No Prom a naturalistic cohort study Yes From a naturalistic cohort study Yes From NMA of RCTs		Partly	•
available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No 2.12 Overall assessment: Potentially serious limitations	2.3 Are all important and relevant outcomes included?	Yes	
the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? Partly RCTs included in the guideline systematic review and GC expert opinion 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No 2.12 Overall assessment: Potentially serious limitations		Yes	
2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No 2.12 Overall assessment: Potentially serious limitations		Yes	From NMA of RCTs
available source? guideline systematic review and GC expert opinion 2.8 Are the unit costs of resources from the best available yes National sources 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No 2.12 Overall assessment: Potentially serious limitations	2.6 Are all important and relevant costs included?	Yes	
source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? No 2.12 Overall assessment: Potentially serious limitations		Partly	guideline systematic review and GC
can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? 2.12 Overall assessment: Potentially serious limitations		Yes	National sources
uncertain subjected to appropriate sensitivity analysis? 2.11 Is there any potential conflict of interest? 2.12 Overall assessment: Potentially serious limitations		Yes	
2.12 Overall assessment: Potentially serious limitations		Yes	
·	2.11 Is there any potential conflict of interest?	No	
Other comments:	2.12 Overall assessment: Potentially serious limitations		
	Other comments:		

1

O.3.22 Interventions for parents or carers of children or young people

Study identification

Schmidt U, Lee S, Beecham J, Perkins S, Treasure J, Yi I, et al. A randomized controlled trial of family therapy and cognitive behavior therapy guided self-care for adolescents with bulimia nervosa and related disorders. American Journal of Psychiatry. 2007;164:591-98.

Guidance topic: Psychological interventions for parents or carers		Review question no: 4
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adolescents with BN or EDNOS
1.2 Are the interventions appropriate for the review question?	Yes	Family therapy, CBT-ED
1.3 Is the system in which the study was conducted	Yes	UK study

sufficiently similar to the current UK context?		
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Societal; NHS & PSS
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	HRQoL not considered
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: end of treatment (6 months) and 12 months
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure: abstinence from binge-eating and vomiting
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature	NA	Economic analysis
of the topic under evaluation?		alongside RCT
	Partly	
of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all		alongside RCT Time horizon: end of treatment (6 months)
of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	alongside RCT Time horizon: end of treatment (6 months) and 12 months Hasn't considered wider ED symptoms
of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best	Partly Partly	alongside RCT Time horizon: end of treatment (6 months) and 12 months Hasn't considered wider ED symptoms and QoL outcomes
of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from	Partly Partly Partly	alongside RCT Time horizon: end of treatment (6 months) and 12 months Hasn't considered wider ED symptoms and QoL outcomes From RCT
of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source?	Partly Partly Partly Partly	alongside RCT Time horizon: end of treatment (6 months) and 12 months Hasn't considered wider ED symptoms and QoL outcomes From RCT
of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best	Partly Partly Partly Partly Yes	alongside RCT Time horizon: end of treatment (6 months) and 12 months Hasn't considered wider ED symptoms and QoL outcomes From RCT From a single RCT
of the topic under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available	Partly Partly Partly Partly Yes Partly	alongside RCT Time horizon: end of treatment (6 months) and 12 months Hasn't considered wider ED symptoms and QoL outcomes From RCT From a single RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant outcomes included? 2.4 Are the estimates of baseline outcomes from the best available source? 2.5 Are the estimates of relative intervention effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resources from the best available source? 2.9 Is an appropriate incremental analysis presented or	Partly Partly Partly Partly Yes Partly Yes	alongside RCT Time horizon: end of treatment (6 months) and 12 months Hasn't considered wider ED symptoms and QoL outcomes From RCT From a single RCT

Other comments: Statistical analyses are not reported for costs from NHS & PSS perspective

2.12 Overall assessment: Minor limitations

O.41 Treatment and management of binge eating disorder

O.4.12 Psychological interventions

Study identification

Lynch FL, Striegel-Moore RH, Dickerson JF, Perrin N, DeBar L, Wilson GT, et al. Cost-Effectiveness of Guided Self-Help Treatment for Recurrent Binge Eating. Journal of Consulting and Clinical Psychology. 2010;78:322-33.

Guidance topic: Psychological interventions in people with eating disorders

Review question no: 3

Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adults with recurrent BED
1.2 Are the interventions appropriate for the review question?	Yes	CBT guided self help
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Health care, social care plus out of pocket expenses; health care and social care only
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	ED symptoms, and QALYs
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 1 year
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	Partly	Outcome measures: QALYs and binge free days. However, QoL weights derived from three expert physicians.
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis alongside RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon: 1 year
2.3 Are all important and relevant outcomes included?	Yes	
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From RCT
2.8 Are the unit costs of resources from the best available source?	Partly	Published studies, local sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	Statistical analyses; deterministic and PSA
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Minor limitations		

Study identification		
Guideline economic analysis		
Guidance topic: Psychological interventions in people with eating disorders		Review question no: 3
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adults with BED
1.2 Are the interventions appropriate for the review question?	Yes	Psychological group therapies
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	NHS
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	QALYs
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 1 year and 4 months
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	Yes	Outcome measures: QALYs. SF-36 measure mapped onto EQ-5D with valuations from UK general population using TTO. SF-36 scores were obtained from people with EDNoS.
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Directly applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Decision analytical model
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon: 1 year and 4 months
2.3 Are all important and relevant outcomes included?	Yes	
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From a single RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Yes	From NMA of RCTs
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	RCTs included in the guideline systematic review and GC expert opinion
2.8 Are the unit costs of resources from the best available source?	Yes	National sources
2.9 Is an appropriate incremental analysis presented or	Yes	

and the coloulated form the data O		
can it be calculated from the data?		5
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic and PSA
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations		
Other comments:		
Study identification		
Guideline economic analysis		
Guidance topic: Psychological interventions in people w disorders	rith eating	Review question no: 3
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adults with BED
1.2 Are the interventions appropriate for the review question?	Yes	Psychological individual therapies
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	NHS
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	QALYs
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 1 year and 4 months
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	Yes	Outcome measures: QALYs. SF-36 measure mapped onto EQ-5D with valuations from UK general population using TTO. SF-36 scores were obtained from people with EDNoS.
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Directly applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Decision analytical model
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon: 1 year and 4 months
2.3 Are all important and relevant outcomes included?	Yes	
2.4 Are the estimates of baseline outcomes from the best available source?	Yes	From a naturalistic cohort study
2.5 Are the estimates of relative intervention effects from the best available source?	Yes	From NMA of RCTs
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best	Partly	RCTs included in the

available source?		guideline systematic review and GC expert opinion
2.8 Are the unit costs of resources from the best available source?	Yes	National sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic and PSA
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations		
Other comments:		

1

O.4.22

Pharmacological interventions		
Study identification		
Ágh T, Pawaskar M, Nagy B, Lachaine J, Vokó Z. The Cost Effectiveness of Lisdexamfetamine Dimesylate for the Treatment of Binge Eating Disorder in the USA. Clinical drug investigation. 2016 Apr 1;36(4):305-12.		
Guidance topic: Pharmacological interventions in people disorders	e with eating	Review question no: 5
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adults with BED
1.2 Are the interventions appropriate for the review question?	Yes	Lisdexamfetamine dimesylate
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Health care payer
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 52 weeks
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	Yes	EQ-5D-5L using US population norms
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level	Yes/partly/no	Comments
of methodological quality)	/unclear/NA	
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Markov model
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon: 52 weeks
2.3 Are all important and relevant outcomes included?	Yes	QALYs

2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From 2 RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Yes	From 2 RCTs
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Yes	From survey
2.8 Are the unit costs of resources from the best available source?	Yes	National sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic and PSA
2.11 Is there any potential conflict of interest?	Yes	Funded by manufacturer; 1 author employee and stock holder of manufacturer
2.12 Overall assessment: Minor limitations		
Other comments:		