

Eating disorders: recognition and management

Appendix M - Forest Plots

NICE Guideline

Methods, evidence and recommendations

December 2016

Draft for Consultation

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Health and Care Excellence*

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

2 Appendix M: Forest Plots

M.1.3 Clinical question: What are the utility, validity and reliability of the instruments, tools and methods used for case identification in eating disorders?

M.1.16 DAWBA

7 **Figure 1: Forest plots of sensitivity and specificity for Development and Well-Being**
8 **Assessment (Eating Disorders section) Interview for case identification –**
9 **case control studies**

DAWBA Interview for any ED

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Moya 2005	48	8	0	118	1.00 [0.93, 1.00]	0.94 [0.88, 0.97]		

DAWBA Interview for AN

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Moya 2005	48	0	0	126	1.00 [0.93, 1.00]	1.00 [0.97, 1.00]		

DAWBA Interview for BN

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Moya 2005	45	5	3	121	0.94 [0.83, 0.99]	0.96 [0.91, 0.99]		

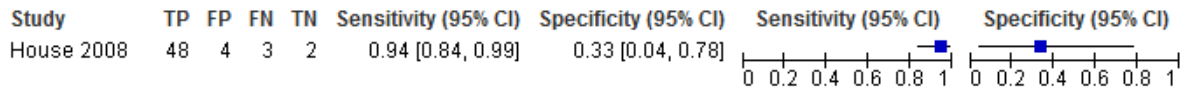
DAWBA Interview for EDNOS

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Moya 2005	34	6	14	120	0.71 [0.56, 0.83]	0.95 [0.90, 0.98]		

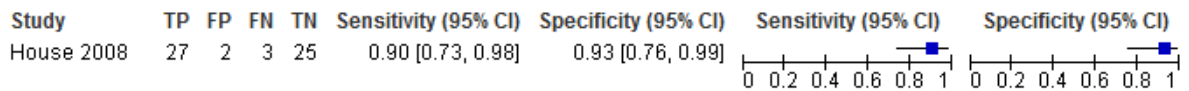
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1 **Figure 2: Forest plots of sensitivity and specificity for Development and Well-Being**
 2 **Assessment (Eating Disorders section) Online for case identification –**
 3 **cohort and cross-sectional studies**

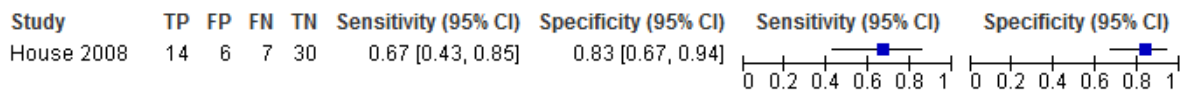
DAWBA Online for any ED



DAWBA Online for AN



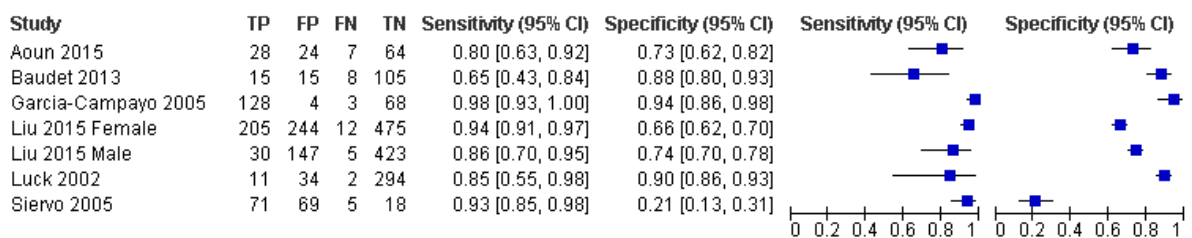
DAWBA Online for EDNOS



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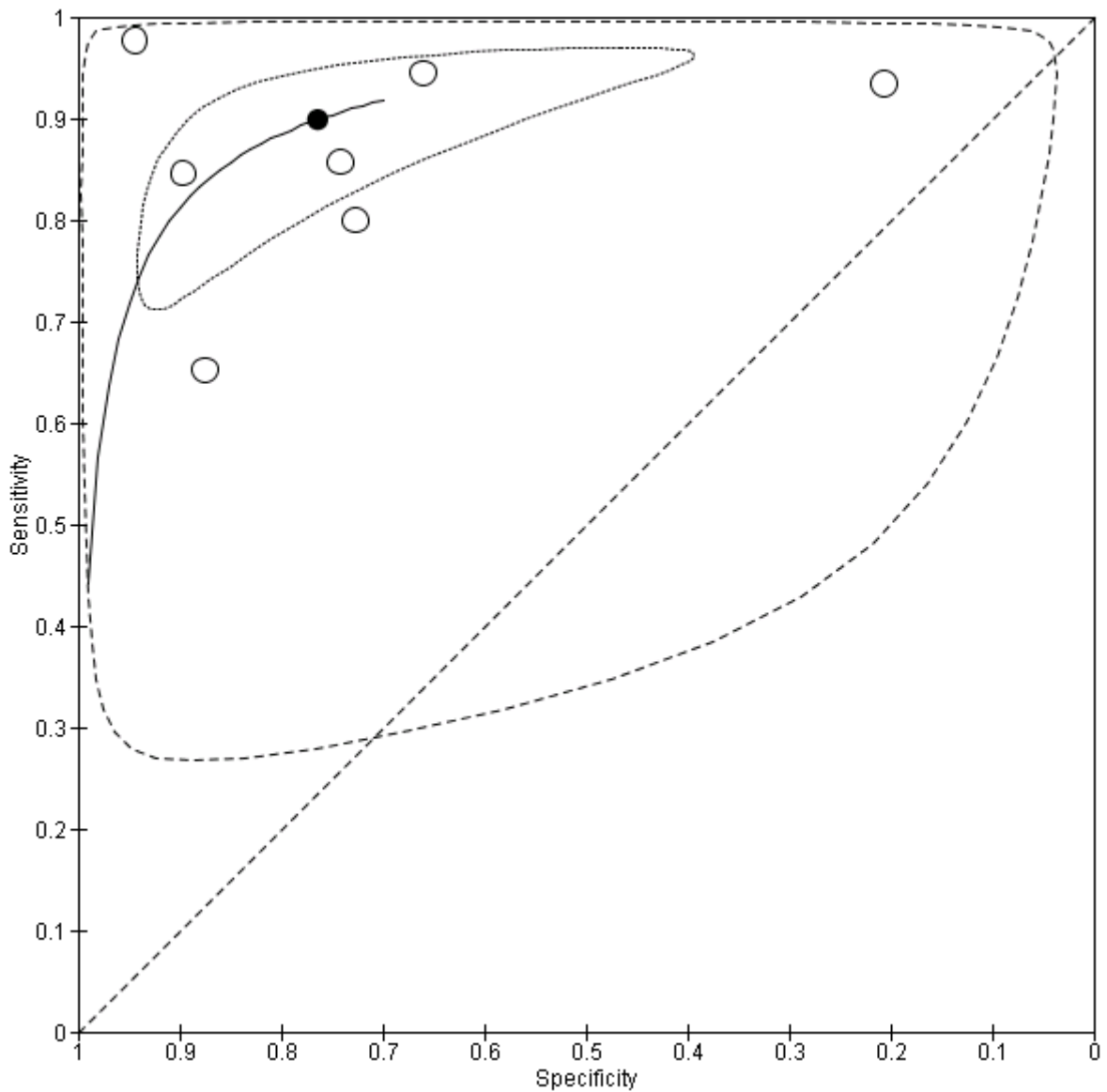
M.1.25 SCOFF

6 **Figure 3: Forest plots of sensitivity and specificity for SCOFF for case identification of**
 7 **any eating disorder at threshold of 2 or more – cohort and cross-sectional**
 8 **studies**



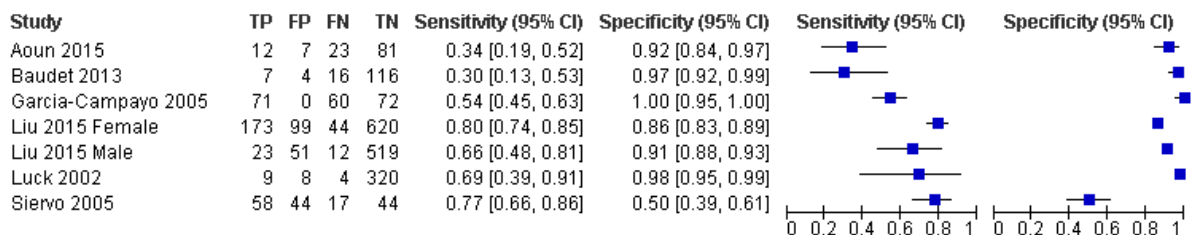
9

1 **Figure 4: Summary Receiving Operating Characteristic curve for SCOFF for case**
 2 **identification of any eating disorder at threshold of 2 or more – cohort and**
 3 **cross-sectional studies**



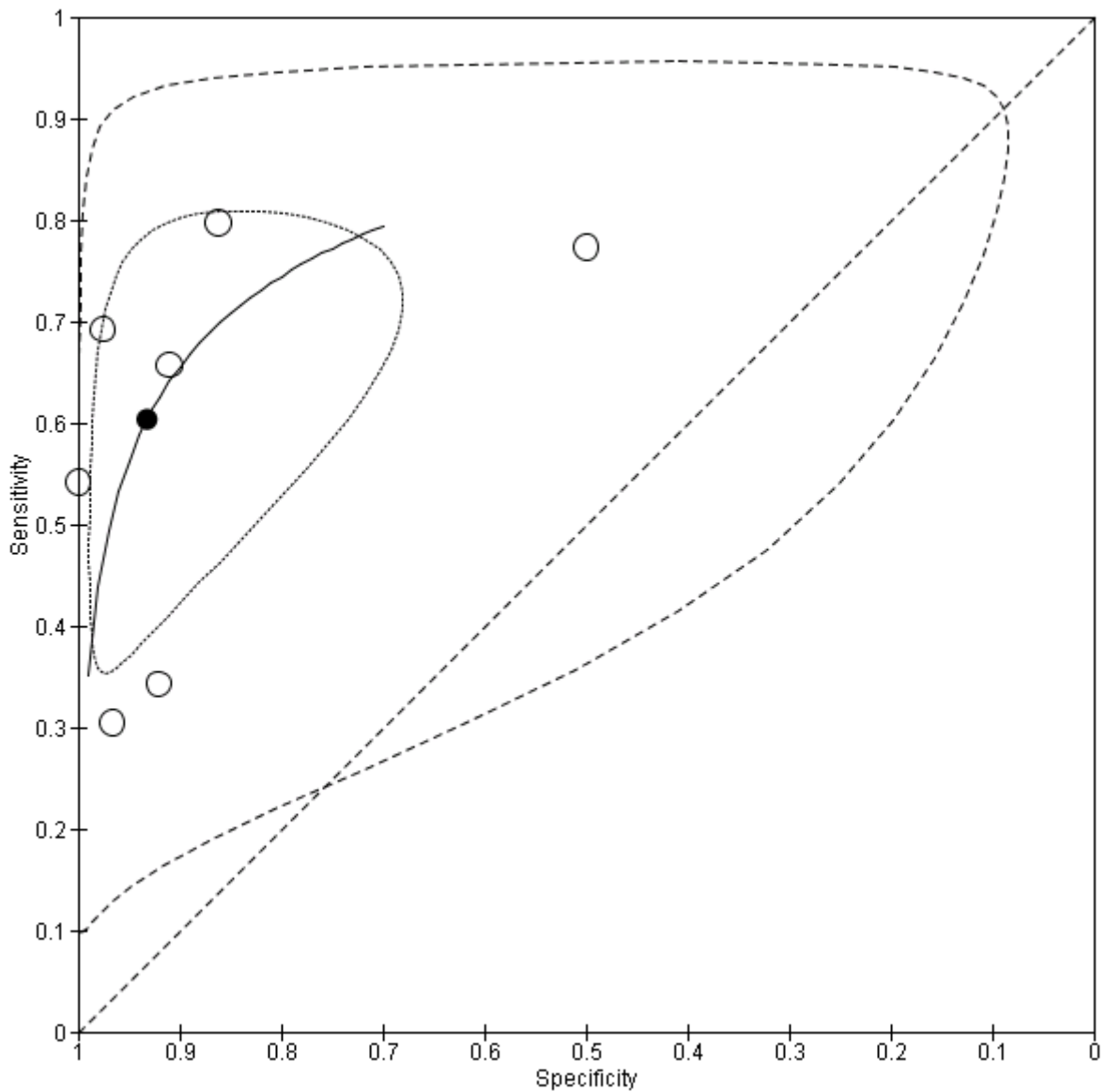
4

5 **Figure 5: Forest plots of sensitivity and specificity for SCOFF for case identification of**
 6 **any eating disorder at threshold of 3 or more – cohort and cross sectional**
 7 **studies**



8

1 **Figure 6: Summary Receiving Operating Characteristic curve for SCOFF for case**
 2 **identification of any eating disorder at threshold of 3 or more – cohort and**
 3 **cross-sectional studies**



4

5 **Figure 7: Forest plots of sensitivity and specificity for SCOFF at threshold of ≥ 2 and ≥ 3**
 6 **for case identification of any eating disorder in adult males – cohort and**
 7 **cross sectional studies**

SCOFF for Male ED ≥ 2

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Liu 2015 Male	30	147	5	423	0.86 [0.70, 0.95]	0.74 [0.70, 0.78]		

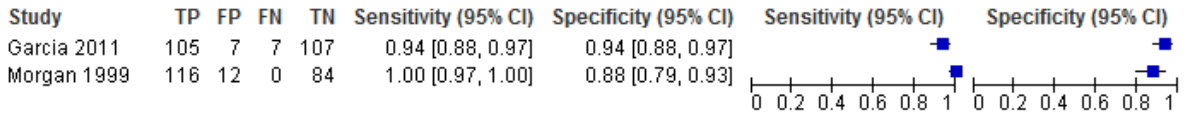
SCOFF for Male ED ≥ 3

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Liu 2015 Male	23	51	12	519	0.66 [0.48, 0.81]	0.91 [0.88, 0.93]		

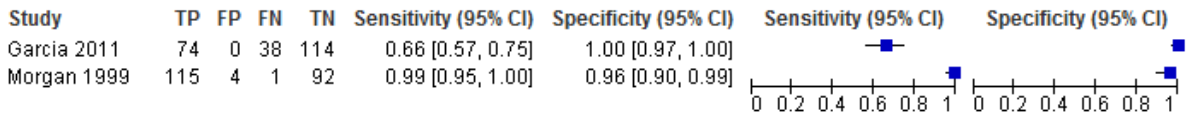
8

1 **Figure 8: Forest plots of sensitivity and specificity for SCOFF at threshold of ≥ 2 and ≥ 3**
 2 **for case identification of any eating disorder in adult females – case control**
 3 **studies**

SCOFF for ED ≥ 2 case control



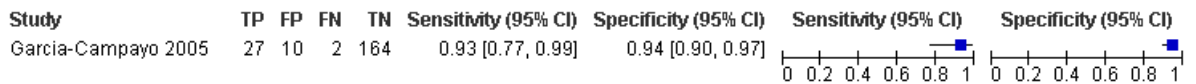
SCOFF for ED ≥ 3 case control



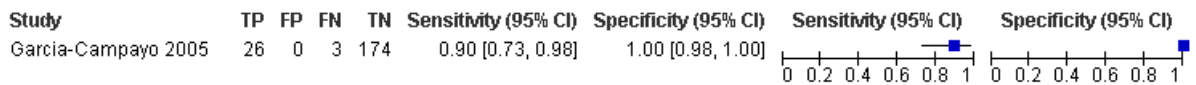
4

5 **Figure 9: Forest plots of sensitivity and specificity for SCOFF at threshold of ≥ 2 and ≥ 3**
 6 **for case identification of anorexia nervosa in adult females – cohort and**
 7 **cross-sectional studies**

SCOFF for female AN ≥ 2 - cohort/cross-sectional



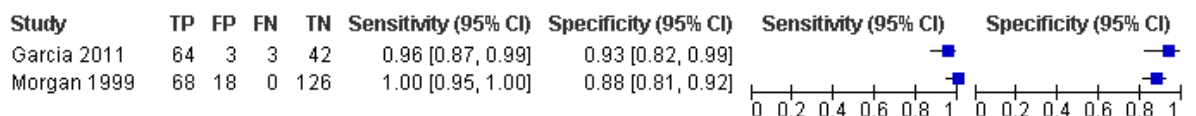
SCOFF for female AN ≥ 3 - cohort/cross-sectional



8

9 **Figure 10: Forest plots of sensitivity and specificity for SCOFF at threshold of ≥ 2 and**
 10 **≥ 3 for case identification of anorexia nervosa in adult females case control**
 11 **studies**

SCOFF for female AN ≥ 2 - case control



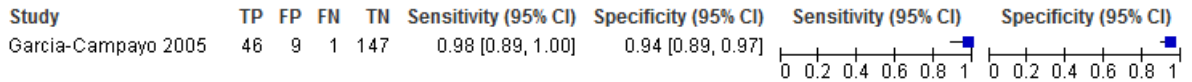
SCOFF for female AN ≥ 3 - case control



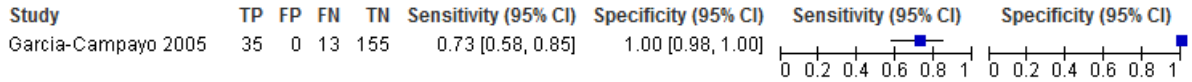
12

1 **Figure 11: Forest plots of sensitivity and specificity for SCOFF at threshold of ≥ 2 and**
 2 **≥ 3 for case identification of bulimia nervosa in adult females – cohort and**
 3 **cross-sectional studies**

SCOFF for female BN ≥ 2 - cohort/cross-sectional



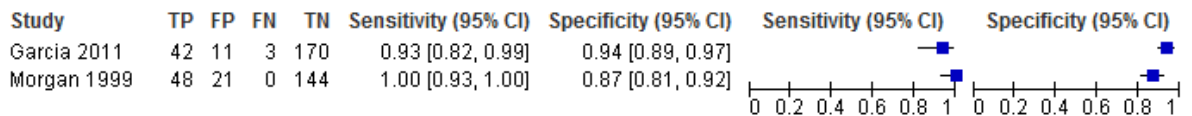
SCOFF for female BN ≥ 3 - cohort/cross-sectional



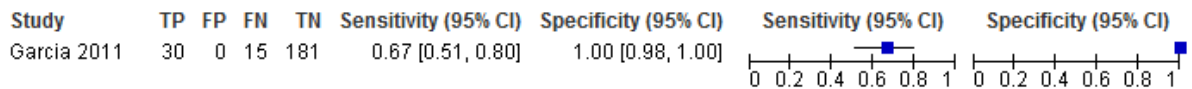
4

5 **Figure 12: Forest plots of sensitivity and specificity for SCOFF at threshold of ≥ 2 and**
 6 **≥ 3 for case identification of bulimia nervosa in adult females – case control**
 7 **studies**

SCOFF for Female BN ≥ 2 - case control



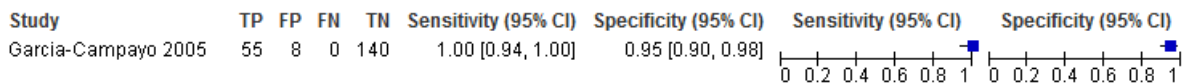
SCOFF for Female BN ≥ 3 - case control



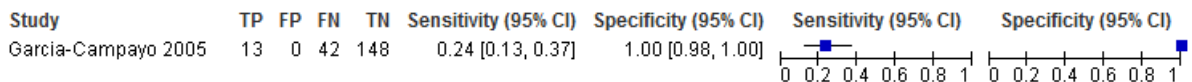
8

9 **Figure 13: Forest plots of sensitivity and specificity for SCOFF at threshold of ≥ 2 and**
 10 **≥ 3 for case identification of EDNOS in adult females – cohort and cross-**
 11 **sectional studies**

SCOFF for Female EDNOS ≥ 2 - cohort/cross-sectional



SCOFF for Female EDNOS ≥ 3 - cohort/cross-sectional

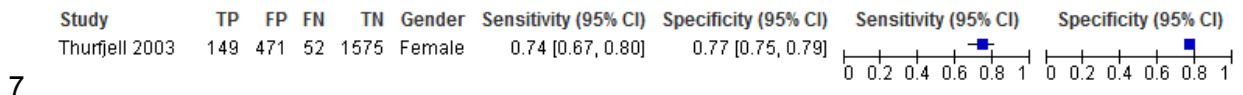


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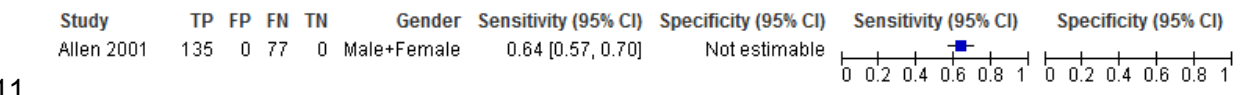
M.2.1 Clinical question: What is the validity and reliability of the instruments, tools and methods used to assess and monitor eating disorders?

M.2.14 Any eating disorder

5 Figure 14: Forest plots of sensitivity and specificity of tools for assessment of any eating disorder in children and young people – case control studies



8 Figure 15: Forest plots of sensitivity and specificity of tools for assessment of any eating disorder in children, young people and adults – cohort and cross-sectional studies

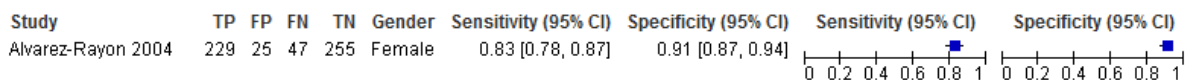


12 Figure 16: Forest plots of sensitivity and specificity of tools for assessment of any eating disorder in children, young people and adults – case control studies

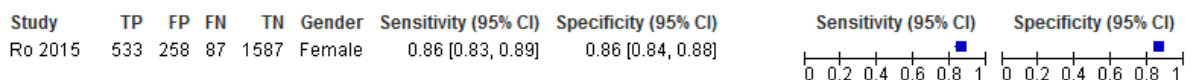
EAT-26 for Female ED



EAT-40 for Female ED ≥ 26



EDE-Q for DSM-IV ED (Cutoff)

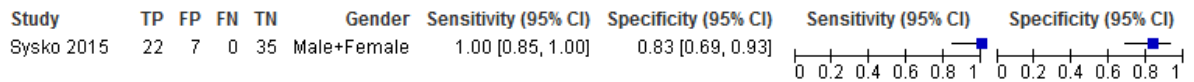


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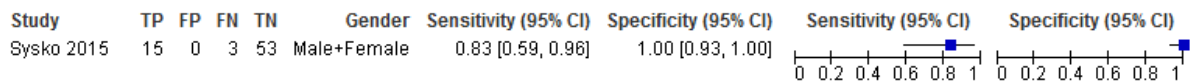
M.2.21 Anorexia nervosa

2 Figure 17: Forest plots of sensitivity and specificity of tools for assessment of 3 anorexia nervosa in adults – cohort and cross-sectional studies

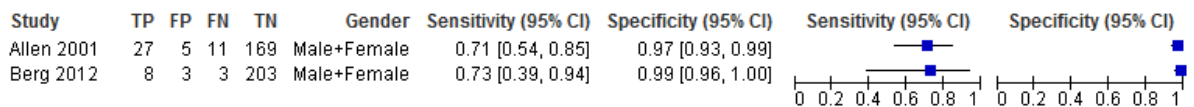
EDA-5 for AN



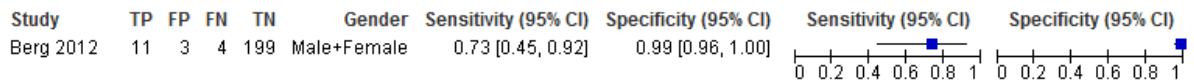
EDA-5 App for AN



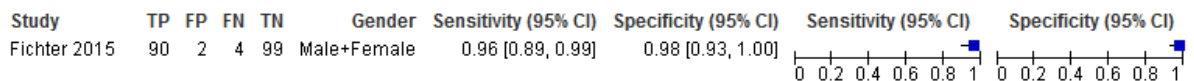
EDE-Q for DSM-IV AN



EDE-Q for DSM-V AN



Munich ED-Quest for AN



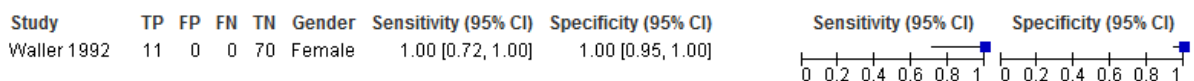
SIAB-EX for AN



4

5 Figure 18: Forest plots of sensitivity and specificity of tools for assessment of 6 anorexia nervosa in adults – case control studies

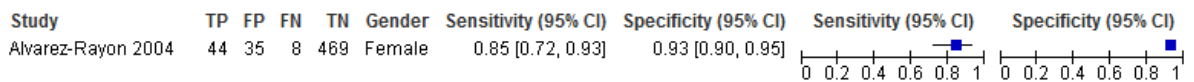
BITE for Female AN-R



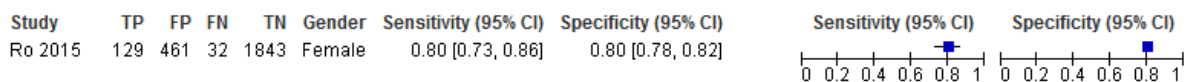
BITE for Female AN-BP



EAT-40 for Female AN>=28



EDE-Q for DSM-IV AN (Cutoff)



7

M.2.31 Bulimia nervosa

2 **Figure 19: Forest plots of sensitivity and specificity of tools for assessment of bulimia**
3 **nervosa in adults – cohort and cross-sectional studies**

EDA-5 for BN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Sysko 2015	12	2	5	45	Male+Female	0.71 [0.44, 0.90]	0.96 [0.85, 0.99]		

EDA-5 App for BN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Sysko 2015	25	1	1	44	Male+Female	0.96 [0.80, 1.00]	0.98 [0.88, 1.00]		

EDE-Q for DSM-IV BN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Allen 2001	47	14	42	107	Male+Female	0.53 [0.42, 0.63]	0.88 [0.81, 0.94]		
Berg 2012	29	16	10	162	Male+Female	0.74 [0.58, 0.87]	0.91 [0.86, 0.95]		

EDE-Q for DSM-V BN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Berg 2012	35	10	13	159	Male+Female	0.73 [0.58, 0.85]	0.94 [0.89, 0.97]		

Munich ED-Quest for BN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Fichter 2015	32	4	12	147	Male+Female	0.73 [0.57, 0.85]	0.97 [0.93, 0.99]		

SIAB-EX for BN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Fichter 2001	20	10	12	38	Male+Female	0.63 [0.44, 0.79]	0.79 [0.65, 0.90]		

4

5 **Figure 20: Forest plots of sensitivity and specificity of tools for assessment of bulimia**
6 **nervosa in adults – case control studies**

BITE for Female BN with history of AN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Waller 1992	19	0	4	58	Female	0.83 [0.61, 0.95]	1.00 [0.94, 1.00]		

BITE for Female BN with no history of AN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Waller 1992	9	0	1	71	Female	0.90 [0.55, 1.00]	1.00 [0.95, 1.00]		

EAT-40 for Female BN >=28

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Alvarez-Rayon 2004	89	32	13	422	Female	0.87 [0.79, 0.93]	0.93 [0.90, 0.95]		

EDE-Q for DSM-IV BN (Cutoff)

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Ro 2015	189	292	28	1956	Female	0.87 [0.82, 0.91]	0.87 [0.86, 0.88]		

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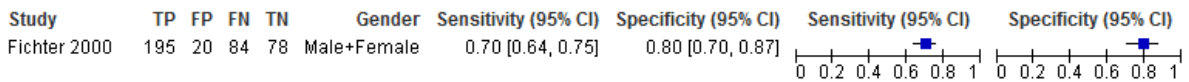
M.2.41 Anorexia nervosa and bulimia nervosa

2 **Figure 21: Forest plots of sensitivity and specificity of tools for assessment of**
3 **anorexia and bulimia nervosa in adults – cohort and cross-sectional studies**

SIAB-EX for AN and BN

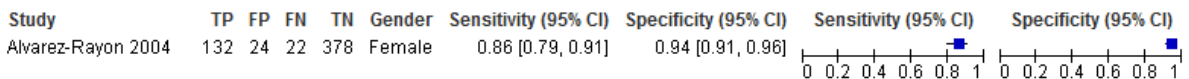


SIAB-S for AN or BN



4

5 **Figure 22: Forest plots of sensitivity and specificity of tools for assessment of**
6 **anorexia and bulimia nervosa in adults – case control studies**

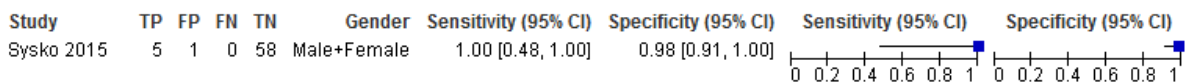


7

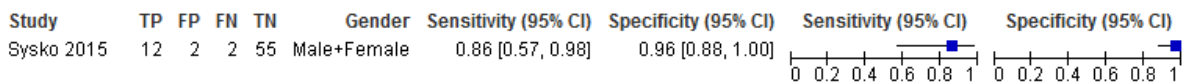
M.2.58 Binge eating disorder

9 **Figure 23: Forest plots of sensitivity and specificity of tools for assessment of binge**
10 **eating disorder in adults – cohort and cross-sectional studies**

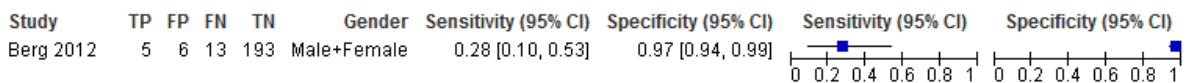
EDA-5 for BED



EDA-5 App for BED



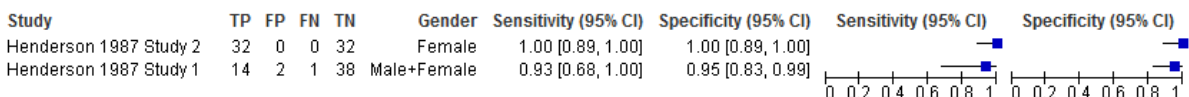
EDE-Q for DSM-IV BED



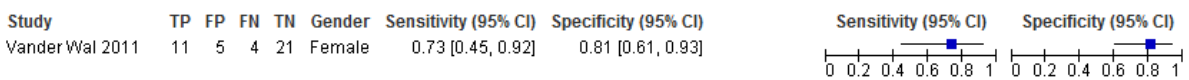
11

12 **Figure 24: Forest plots of sensitivity and specificity of tools for assessment of binge**
13 **eating disorder in adults – case control studies**

BITE for Binge Eating



EDE-Q for DSM-IV BED (Cutoff>=3.2)



14

M.2.61 EDNOS

2 Figure 25: Forest plots of sensitivity and specificity of tools for assessment of EDNOS 3 in adults – cohort and cross-sectional studies

EDA-5 for EDNOS or OSFED/USFED

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Sysko 2015	11	2	6	45	Male+Female	0.65 [0.38, 0.86]	0.96 [0.85, 0.99]		

EDA-5 App for OSFED/USFED

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Sysko 2015	8	6	3	54	Male+Female	0.73 [0.39, 0.94]	0.90 [0.79, 0.96]		

EDE-Q for DSM-IV EDNOS

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Berg 2012	113	24	21	59	Male+Female	0.84 [0.77, 0.90]	0.71 [0.60, 0.81]		
Allen 2001	61	47	24	80	Male+Female	0.72 [0.61, 0.81]	0.63 [0.54, 0.71]		

EDE-Q for DSM-V EDNOS

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Berg 2012	98	23	22	74	Male+Female	0.82 [0.74, 0.88]	0.76 [0.67, 0.84]		

4

5 Figure 26: Forest plots of sensitivity and specificity of tools for assessment of EDNOS 6 in adults – case control studies

EAT-40 for Female EDNOS>=22

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Alvarez-Rayon 2004	101	78	21	356	Female	0.83 [0.75, 0.89]	0.82 [0.78, 0.86]		

EDE-Q for DSM-IV EDNOS (Cutoff)

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Ro 2015	213	267	29	1956	Female	0.88 [0.83, 0.92]	0.88 [0.87, 0.89]		

7

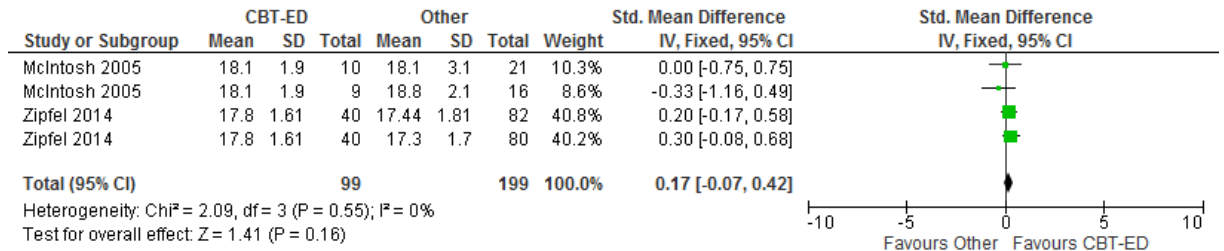
M.3.8 Clinical question: Does any group or individual 9 psychological intervention with or without a 10 pharmacological intervention produce benefits/harms in

1 **people with eating disorders compared with any other**
2 **intervention or controls?**

M.3.13 Individual therapy for anorexia nervosa

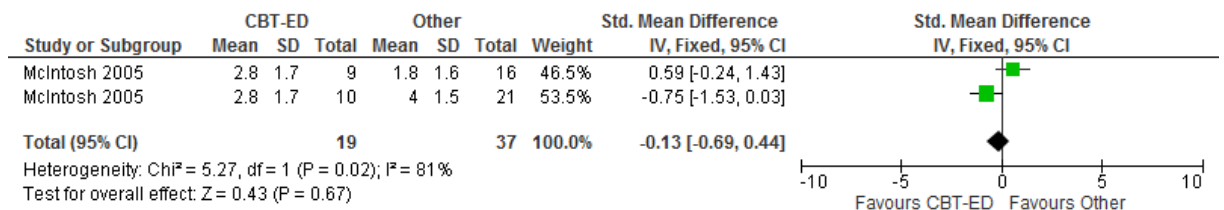
M.3.1.14 CBT-ED versus any other intervention in adults with anorexia nervosa at the end of
5 **treatment**

6 **Figure 27: Body mass index**



7

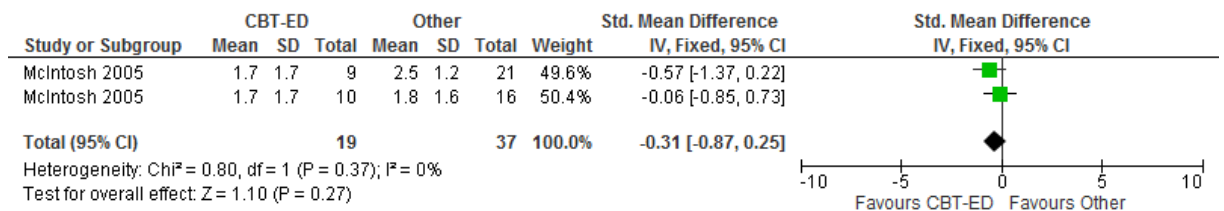
8 **Figure 28: EDE-restraint**



9

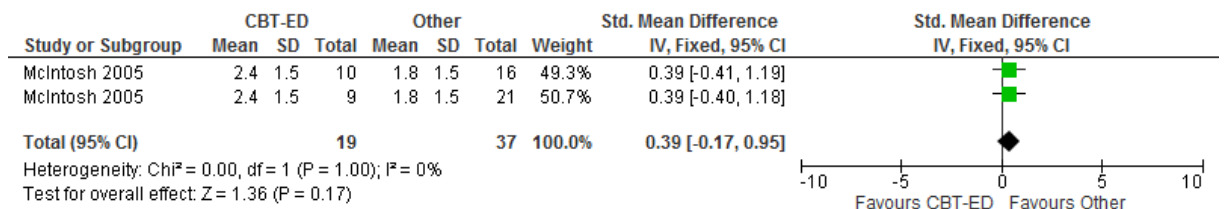
10 Heterogeneity was detected at I²=81%, however, this is a three-armed trial and the data was
11 separated into two entries from the same study so heterogeneity could not be explored.

12 **Figure 29: EDE-eating concern**



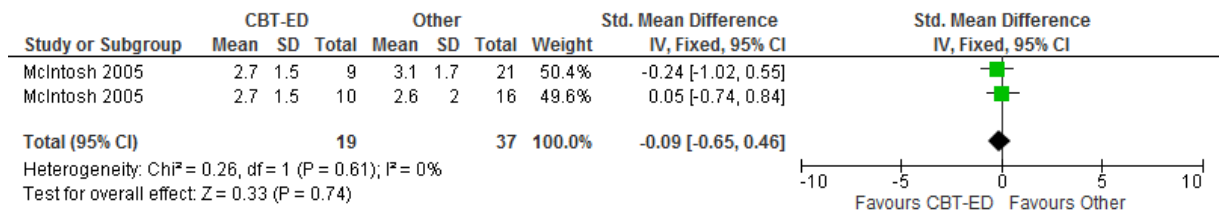
13

14 **Figure 30: EDE-weight concern**



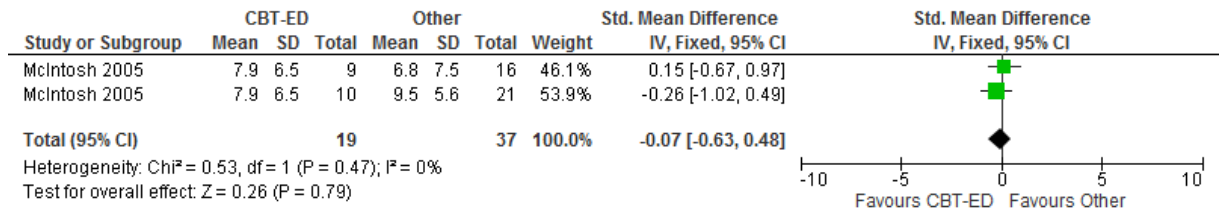
15

1 **Figure 31: EDE-shape concern**



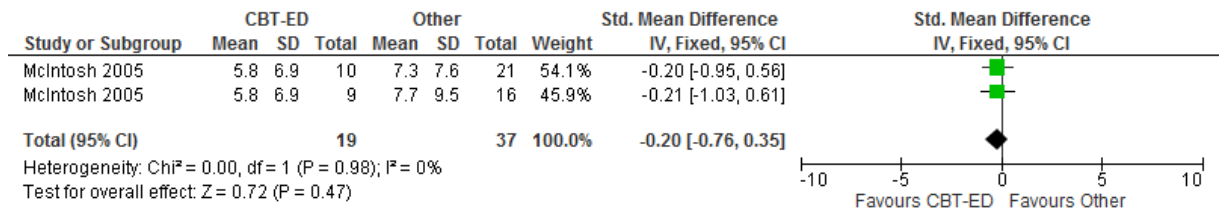
2

3 **Figure 32: EDI-drive for thinness**



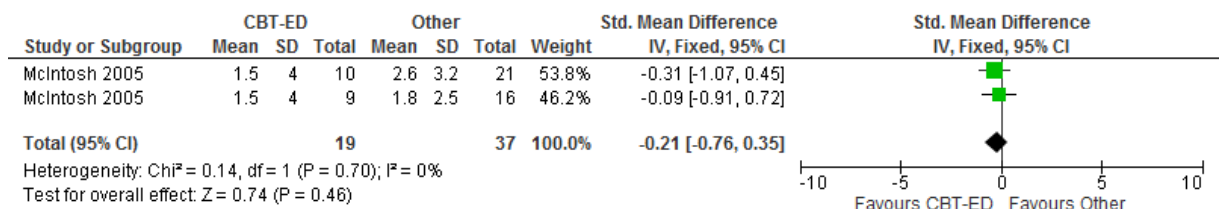
4

5 **Figure 33: EDI-body dissatisfaction**



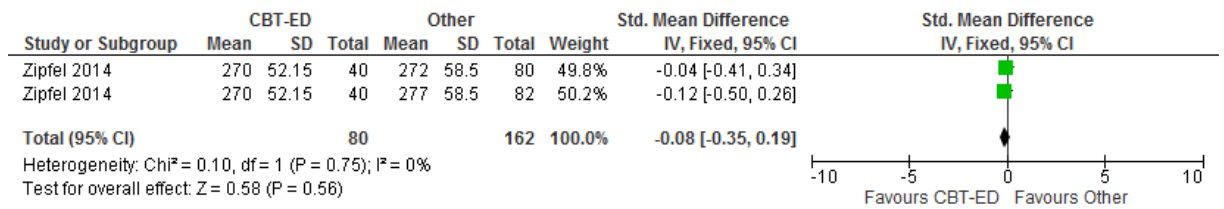
6

7 **Figure 34: EDI-bulimia**



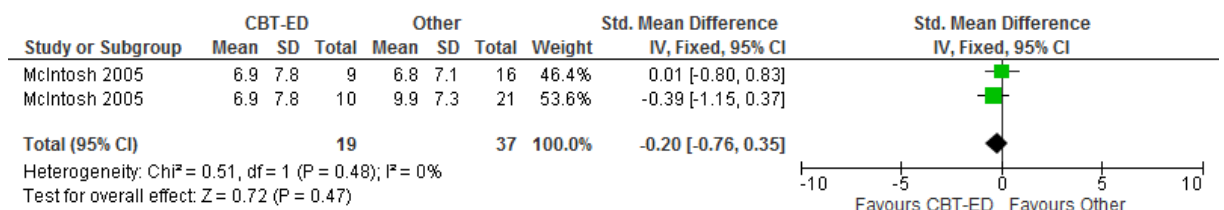
8

9 **Figure 35: EDI-total**



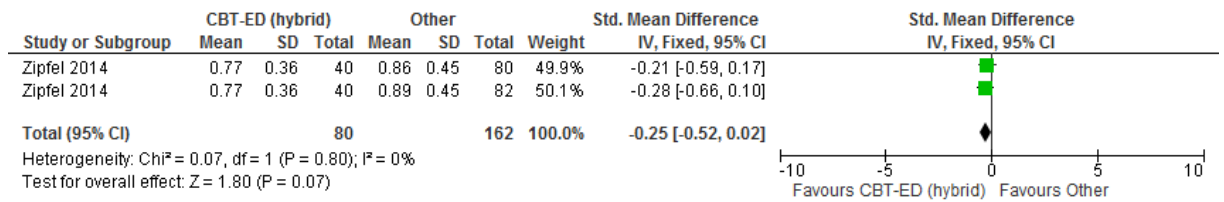
10

11 **Figure 36: Depression**



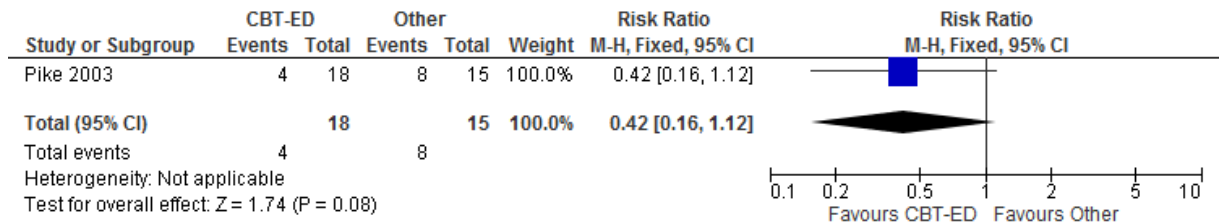
12

1 **Figure 37: General psychopathology**



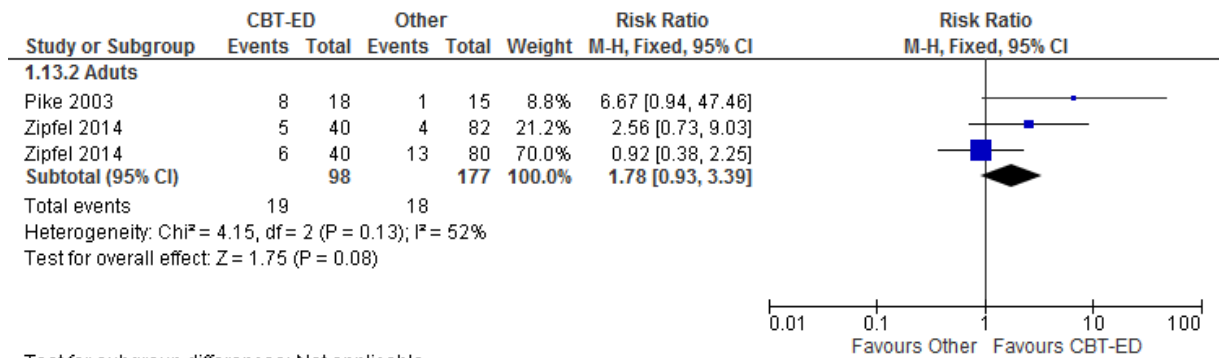
2

3 **Figure 38: Relapse**



4

5 **Figure 39: Remission**

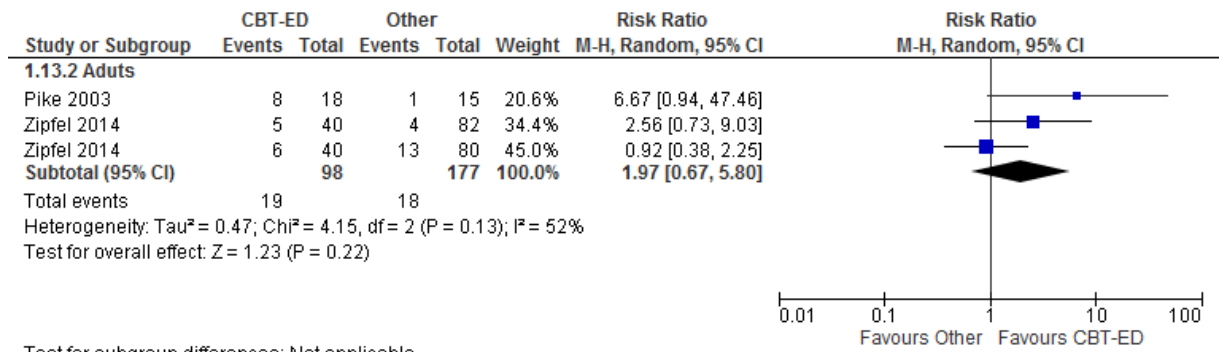


6

7 Heterogeneity was detected at I²=52%. Both Pike and Zipfel were considered to have a
8 high risk of bias. Pike included a population different to other studies where the participants
9 had just been discharged from hospital. Consequently, the aim of this study is different to
10 other studies, where the investigators aimed to maintain and consolidate on the gains
11 achieved in hospital. While the paper by Zipfel was downgraded for indirectness since a
12 number of participants received inpatient treatment during the study. If Pike is removed for
13 risk of bias, heterogeneity is reduced to acceptable levels (I²=41%). However this not a
14 legitimate sensitivity analysis because the software believes two studies are still remaining,
15 but in fact Zipfel is a 3-arm trial and is entered twice. The subgroups described in the
16 protocols to explore were either not different between the studies (duration: both >6 years of
17 AN and severity: Pike BMI 16 and Zipfel BMI 16.5) or not reported (comorbidities). In the
18 absence of a good explanation for the heterogeneity, random effects are reported.

19 **Figure 40: Remission (random effects)**

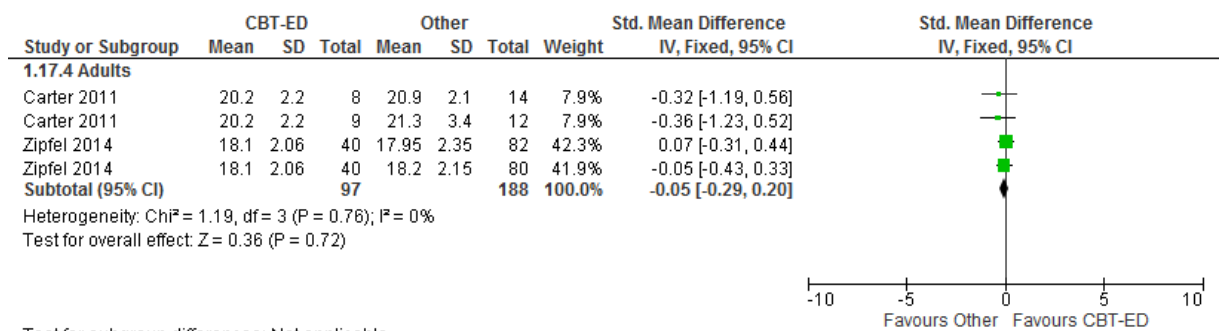
20



1 Test for subgroup differences: Not applicable

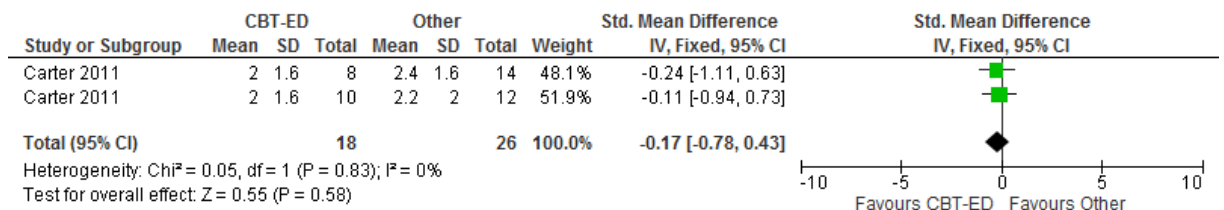
M.3.1.22 CBT-ED versus any other intervention in adults with anorexia nervosa at follow-up

3 Figure 41: Body mass index



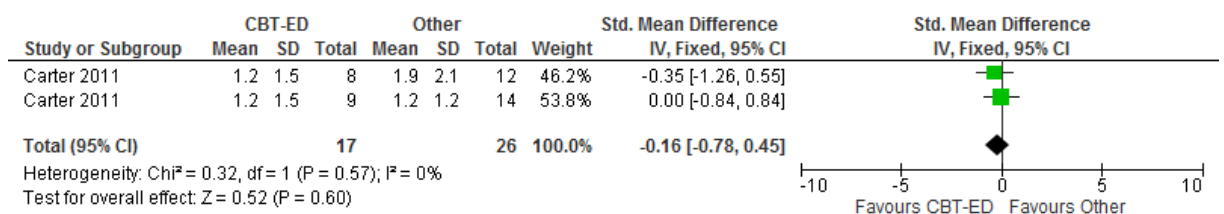
4 Test for subgroup differences: Not applicable

5 Figure 42: EDE-shape concern



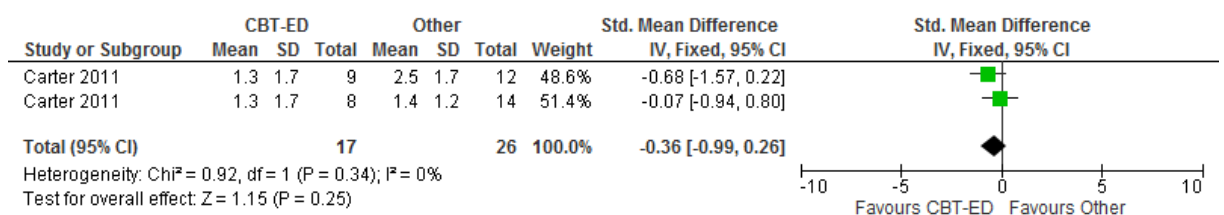
6

7 Figure 43: EDE-eating concern



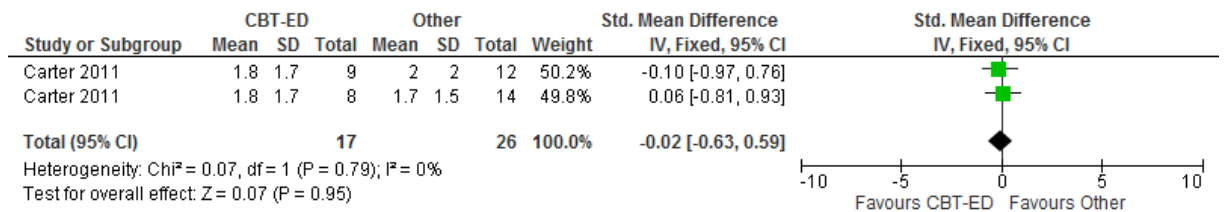
8

9 Figure 44: EDE-restraint



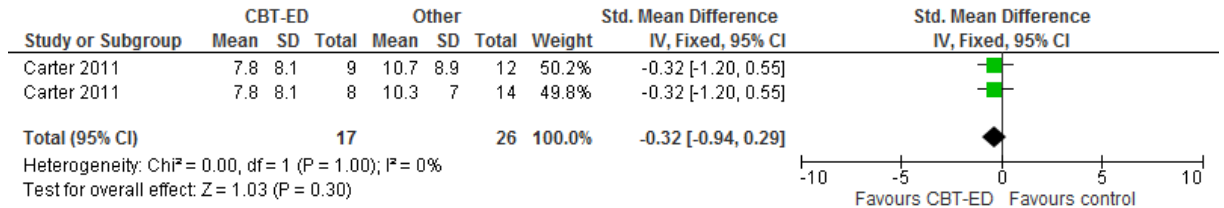
10

1 **Figure 45: EDE-weight concern**



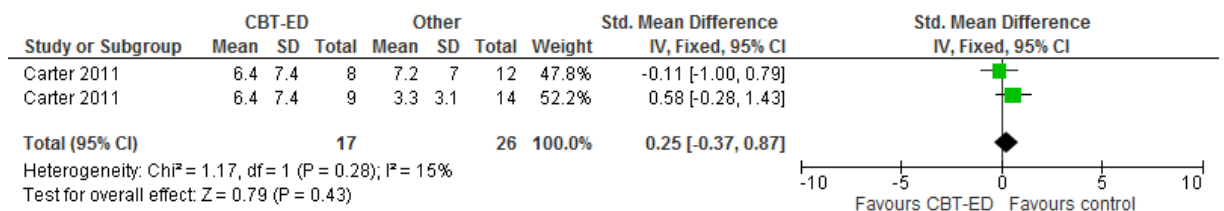
2

3 **Figure 46: EDI-body dissatisfaction**



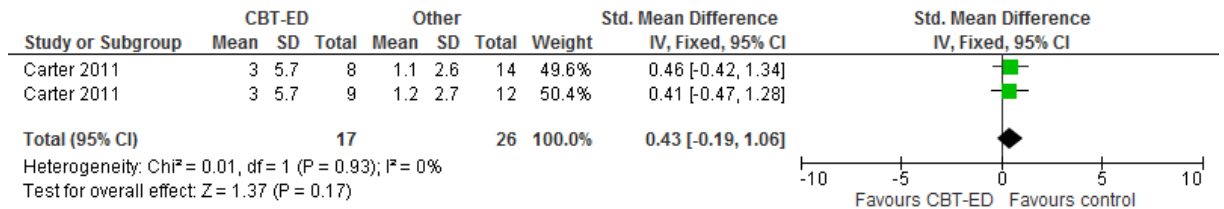
4

5 **Figure 47: EDI-drive for thinness**



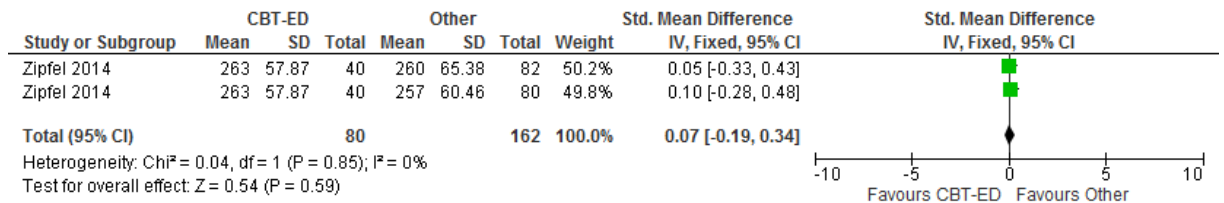
6

7 **Figure 48: EDI-bulimia**



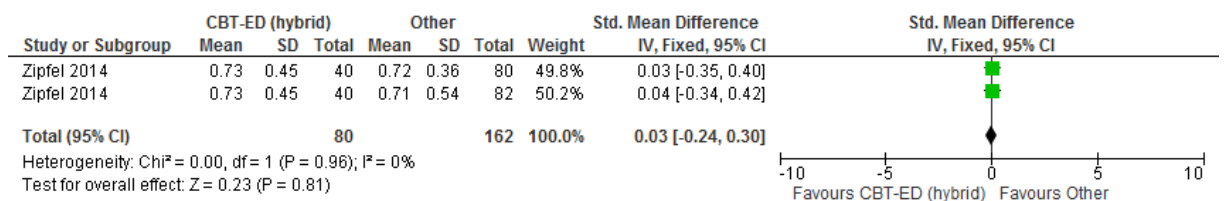
8

9 **Figure 49: EDI-total**



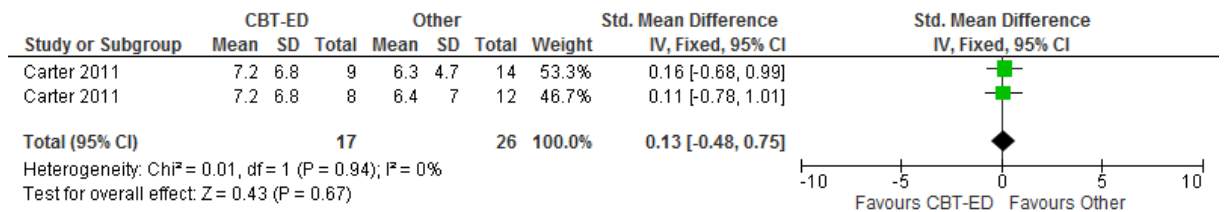
10

11 **Figure 50: General psychopathology**



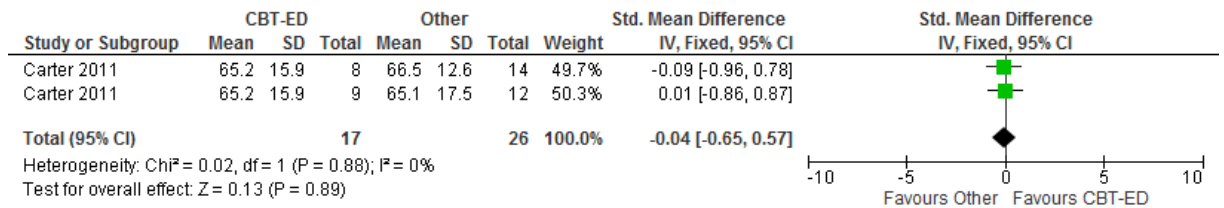
12

1 **Figure 51: Depression**



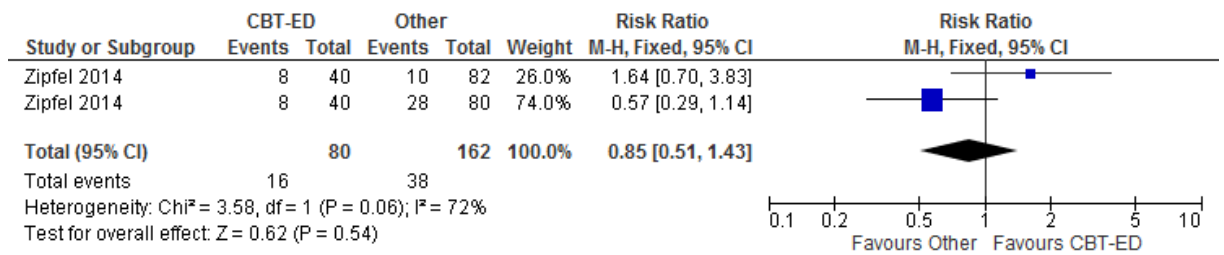
2

3 **Figure 52: General function**



4

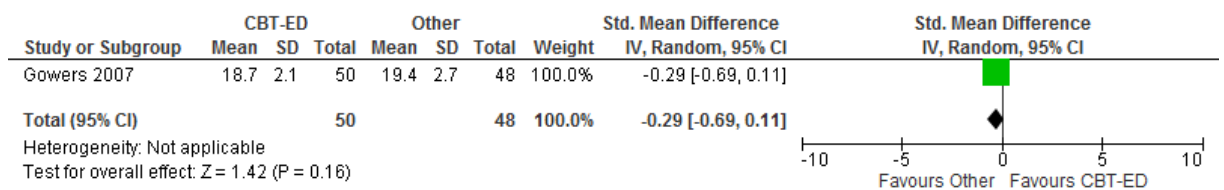
5 **Figure 53: Remission**



6

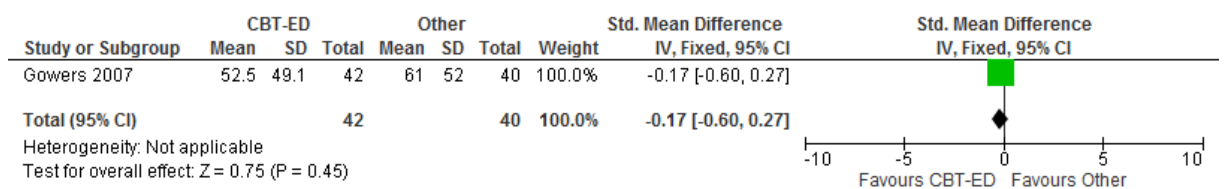
M.3.1.37 **CBT-ED versus any other intervention in young people with anorexia nervosa at follow-up**

9 **Figure 54: Body mass index**



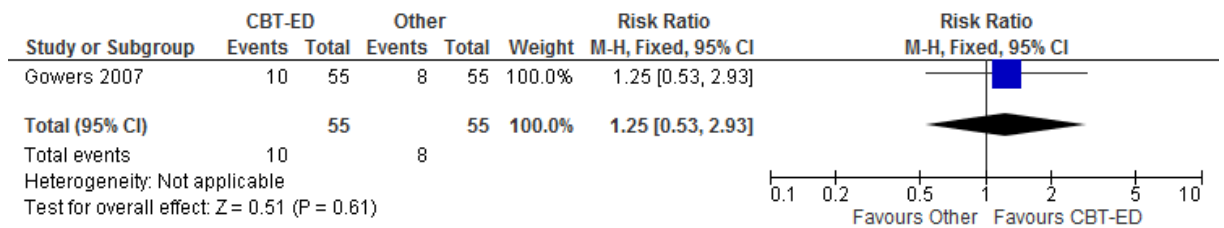
10

11 **Figure 55: EDI-total**



12

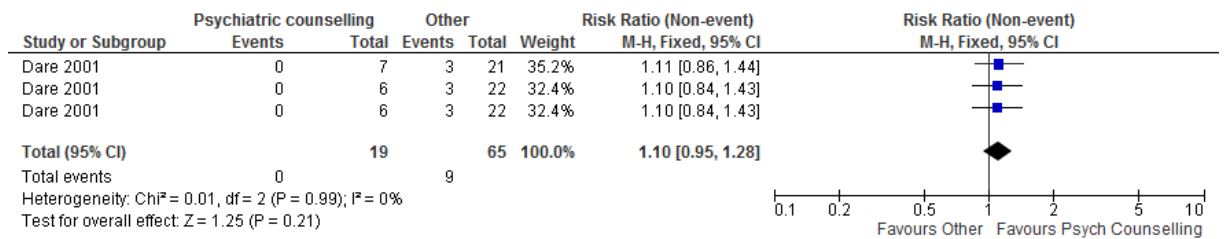
1 **Figure 56: Remission**



2

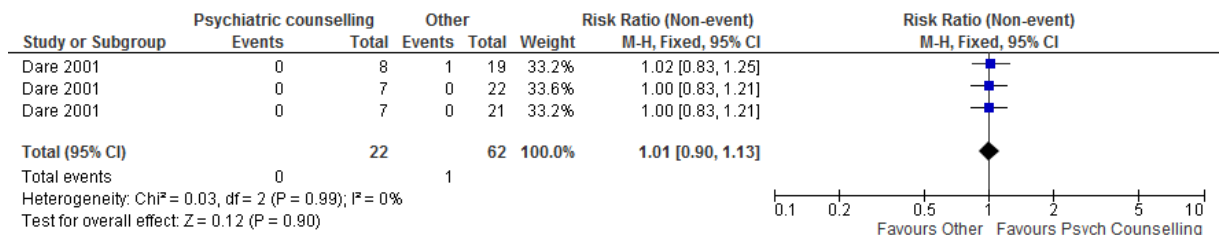
M.3.1.43 **Psychiatric counselling versus any other intervention in adults with anorexia nervosa at the end of treatment**

5 **Figure 57: Remission**



6

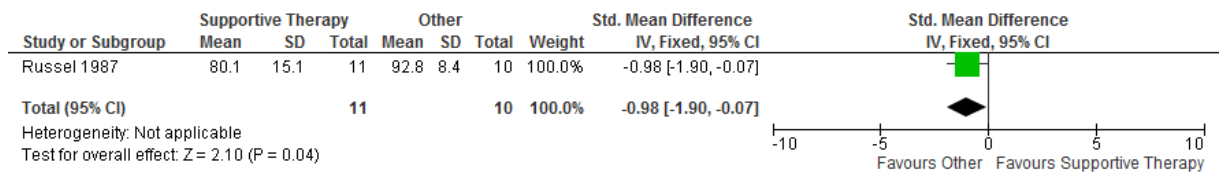
7 **Figure 58: All-cause mortality**



8

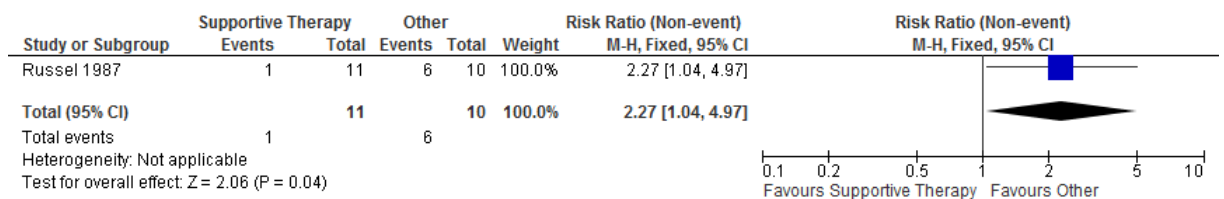
M.3.1.59 **Supportive therapy versus any other intervention in young people with anorexia nervosa at the end of treatment**

11 **Figure 59: Weight**



12

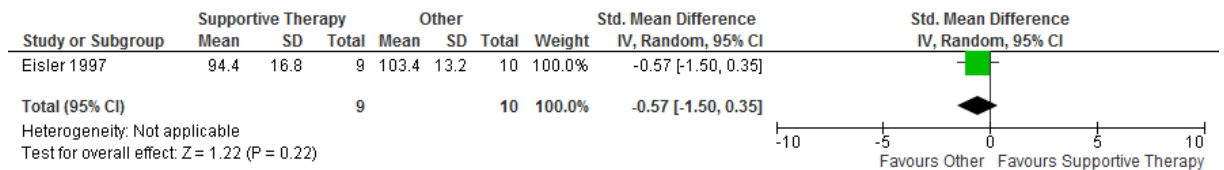
13 **Figure 60: Remission**



14

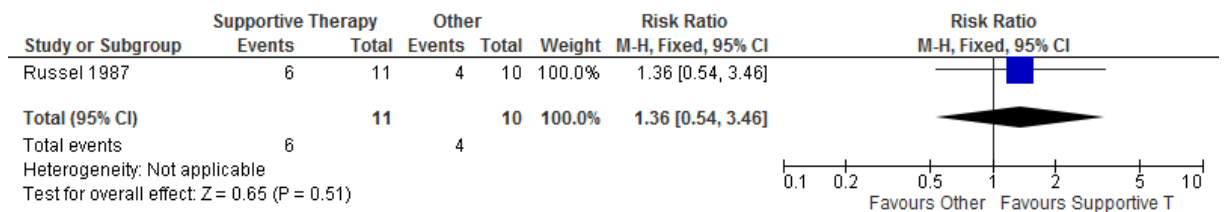
M.3.1.61 Supportive therapy versus any other intervention in young people with anorexia nervosa at follow-up

3 Figure 61: Body weight



4

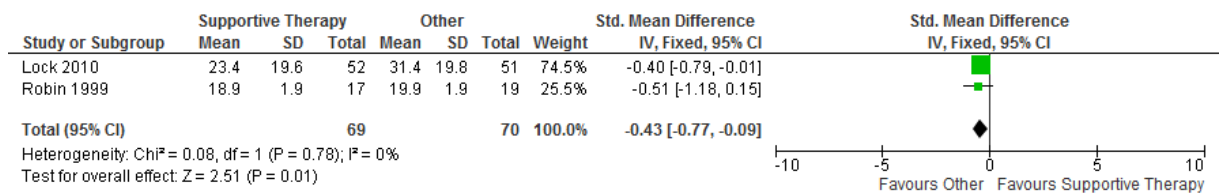
5 Figure 62: Remission



6

M.3.1.77 Adolescent-focused therapy versus any other intervention in young people with anorexia nervosa at the end of treatment

9 Figure 63: Body weight



10

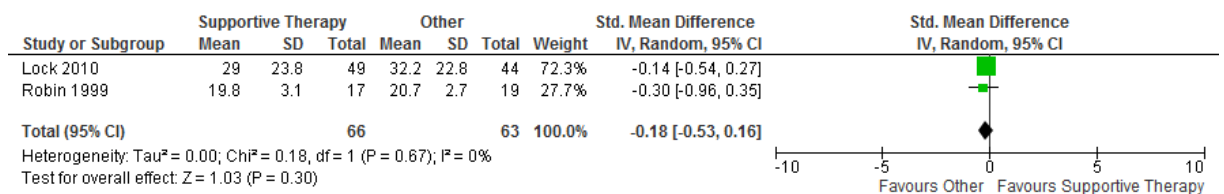
11 Figure 64: Remission



12

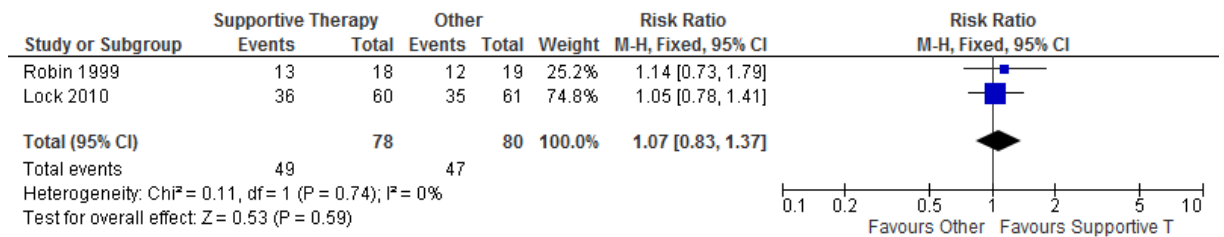
M.3.1.83 Adolescent-focused therapy versus any other intervention in young people with anorexia nervosa at follow-up

15 Figure 65: Body weight



16

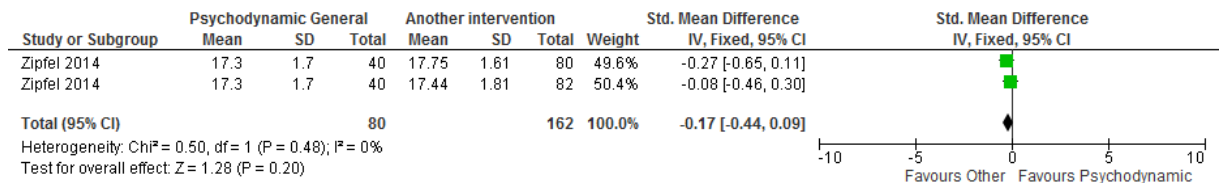
1 **Figure 66: Remission**



2

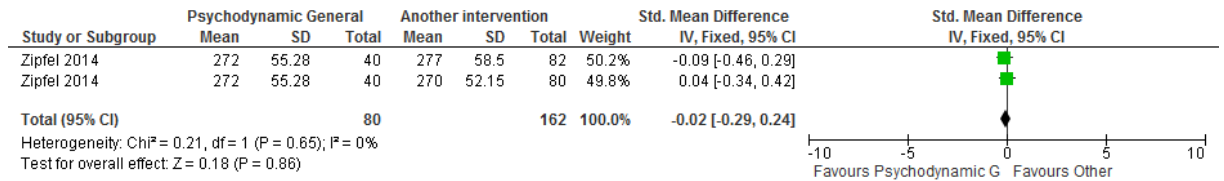
M.3.1.93 **Psychodynamic general versus any other intervention in adults with anorexia nervosa at the end of treatment**

5 **Figure 67: Body mass index**



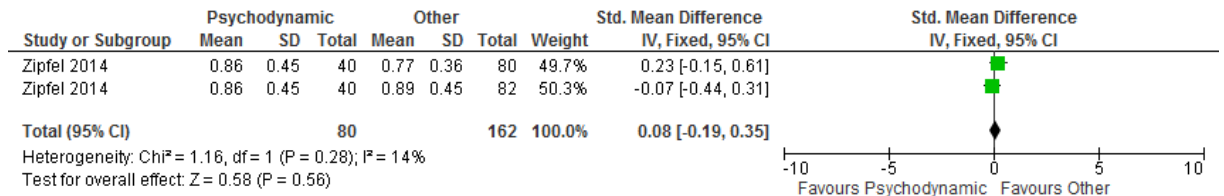
6

7 **Figure 68: EDI-total**



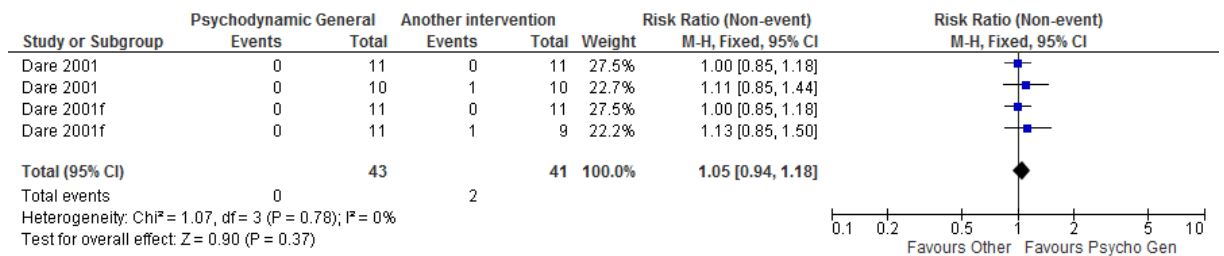
8

9 **Figure 69: General psychopathology**



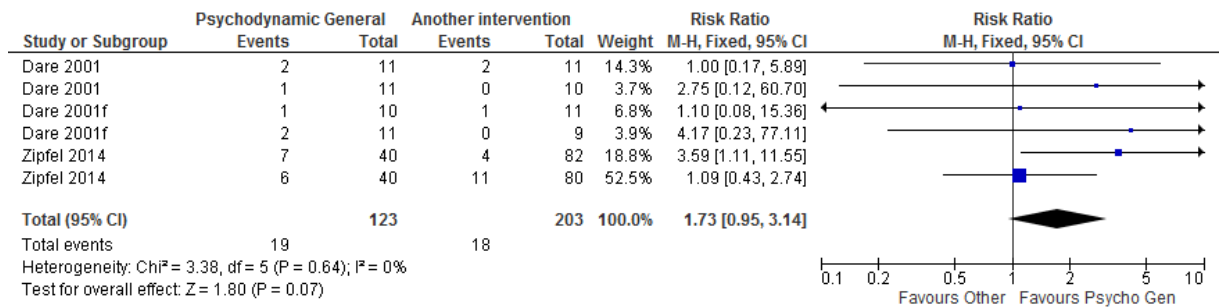
10

11 **Figure 70: All-cause mortality**



12

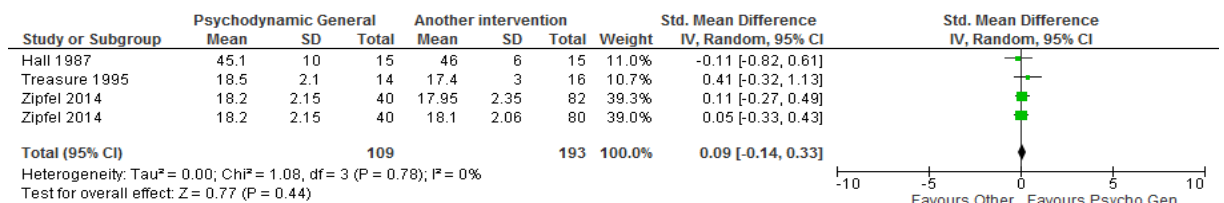
1 **Figure 71: Remission**



2

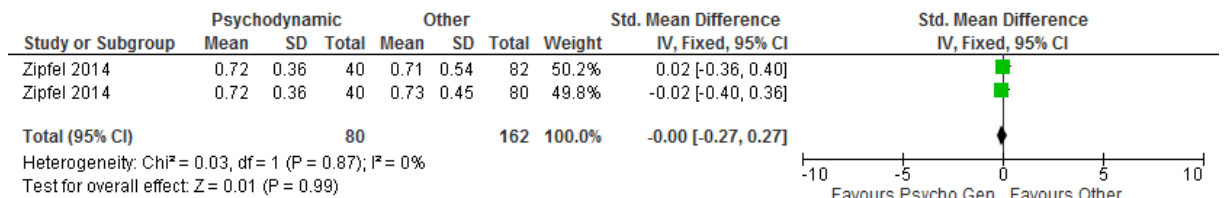
M.3.1.103 **Psychodynamic general versus any other intervention in adults with anorexia nervosa at follow-up**

5 **Figure 72: Body weight**



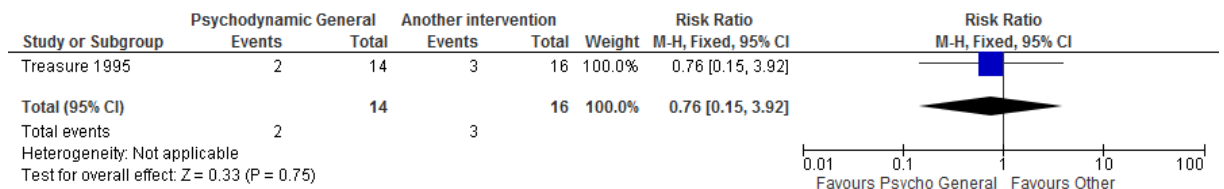
6

7 **Figure 73: General psychopathology**



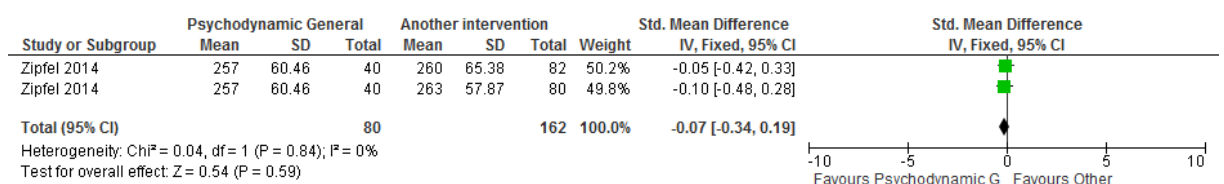
8

9 **Figure 74: EDE-Bulimia**



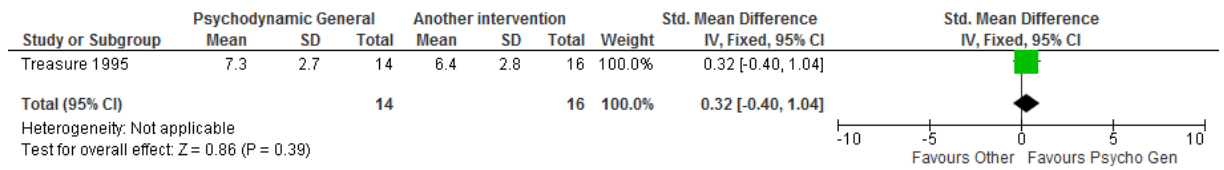
10

11 **Figure 75: EDI-total**



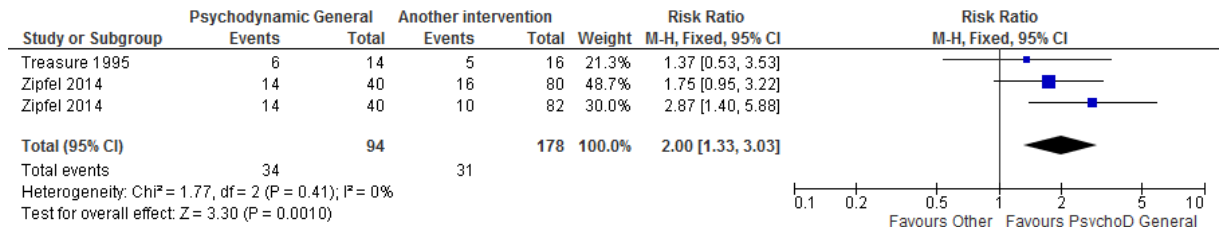
12

1 **Figure 76: Morgan-Russell**



2

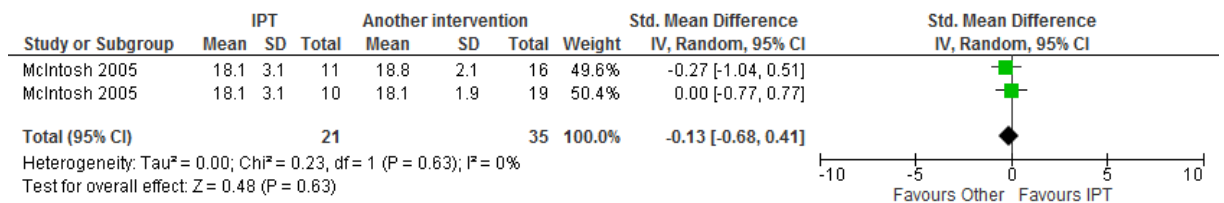
3 **Figure 77: Remission**



4

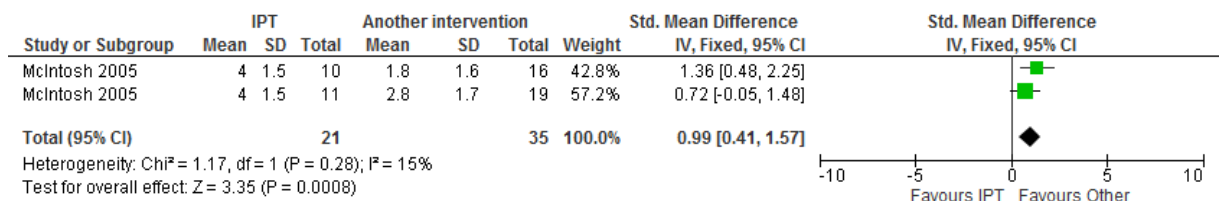
M.3.1.115 **Interpersonal therapy versus any other intervention in adults with anorexia nervosa at the end of treatment**

7 **Figure 78: Body mass index**



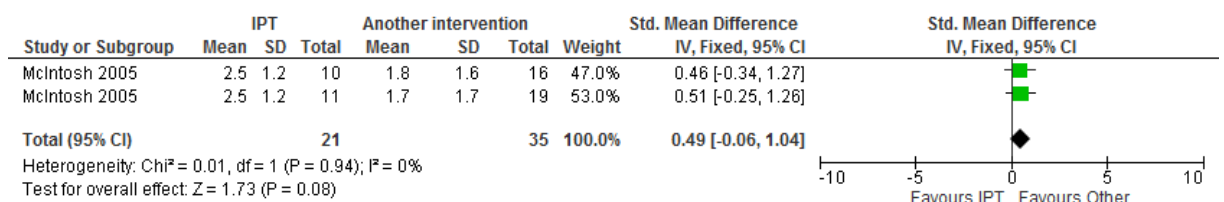
8

9 **Figure 79: EDE-restraint**



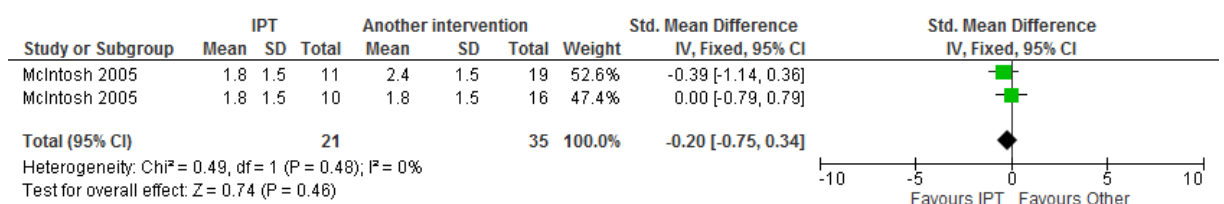
10

11 **Figure 80: EDE-eating concern**



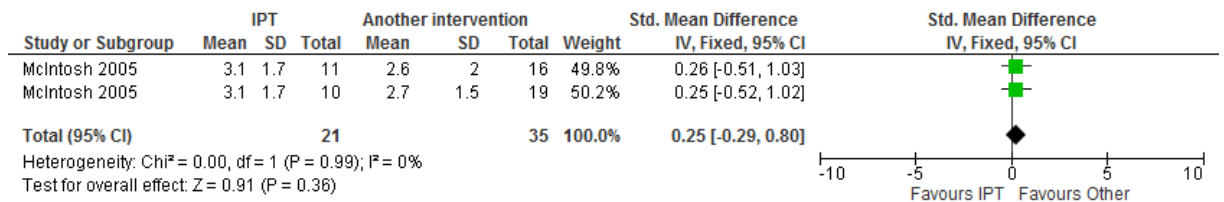
12

13 **Figure 81: EDE-weight concern**



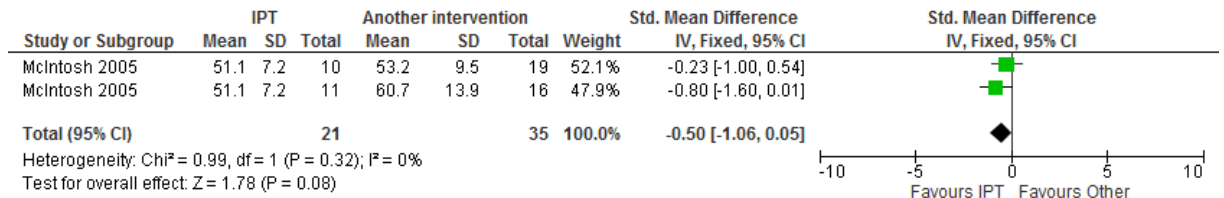
14

1 **Figure 82: EDE-shape concern**



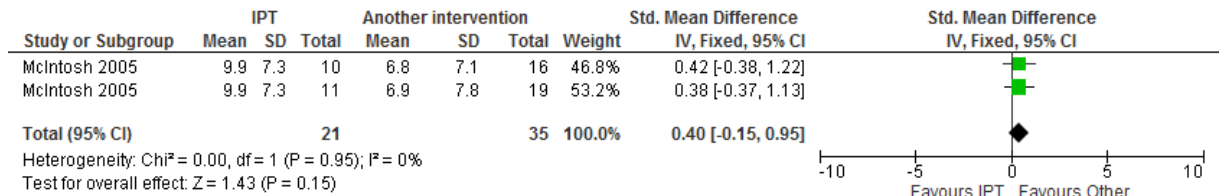
2

3 **Figure 83: General function**



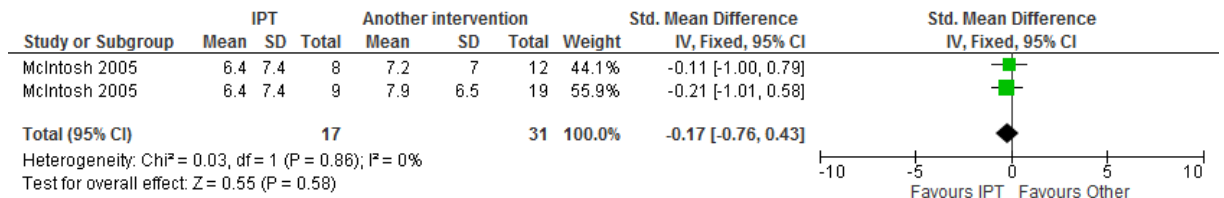
4

5 **Figure 84: Depression**



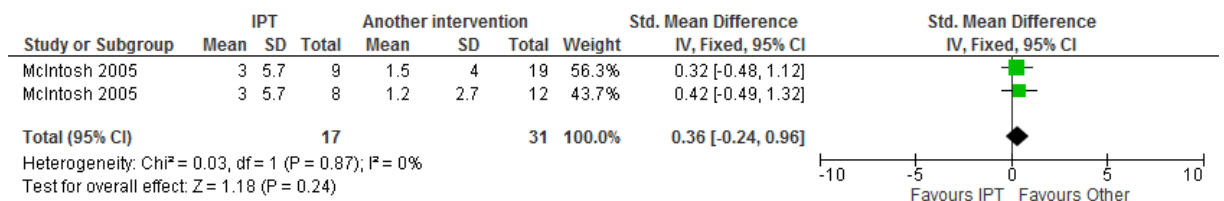
6

7 **Figure 85: EDI-drive for thinness**



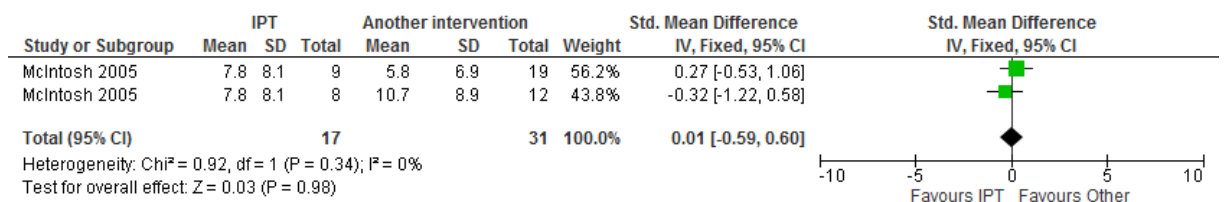
8

9 **Figure 86: EDI-bulimia**



10

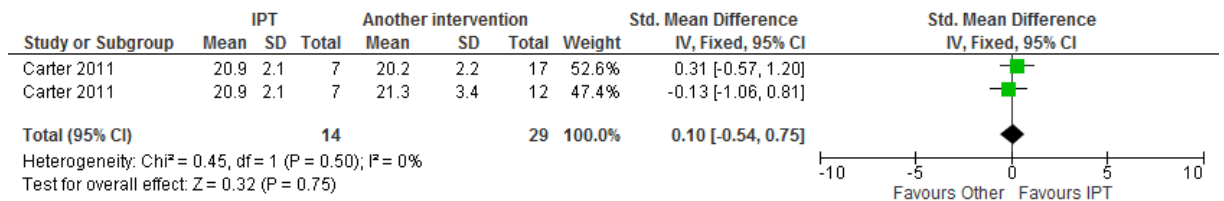
11 **Figure 87: EDI-body dissatisfaction**



12

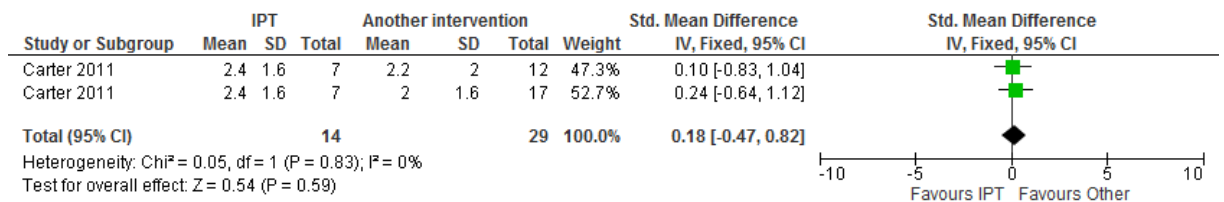
M.3.1.121 Interpersonal therapy versus any other intervention in adults with anorexia nervosa at 2 follow-up

3 Figure 88: Body mass index



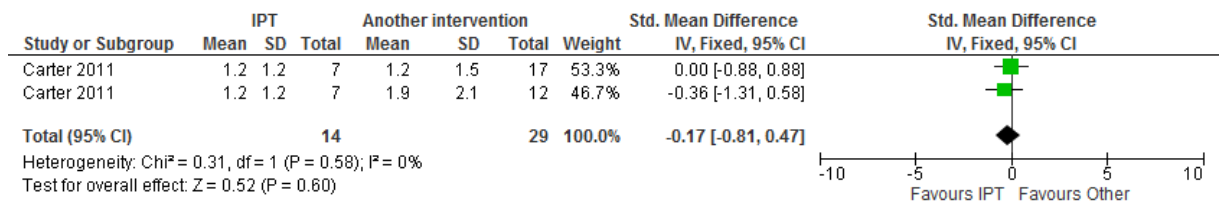
4

5 Figure 89: EDE-shape concern



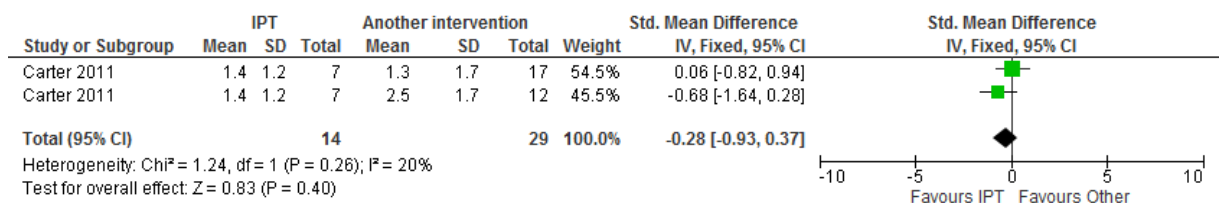
6

7 Figure 90: EDE-eating concern



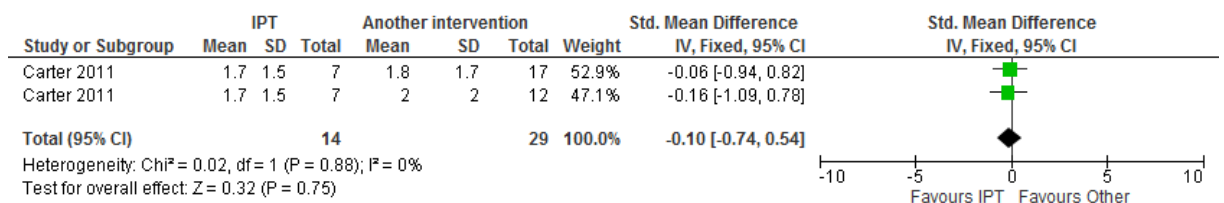
8

9 Figure 91: EDE-restraint



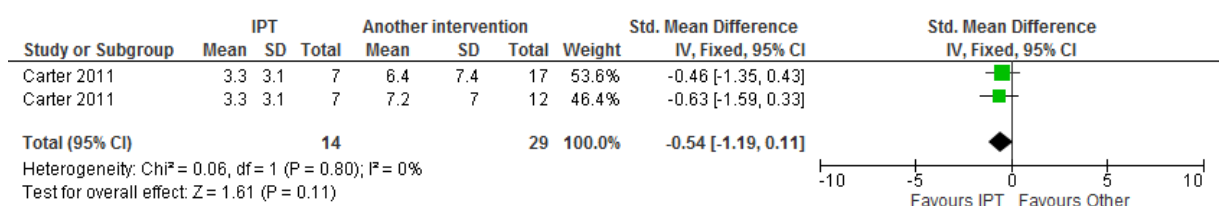
10

11 Figure 92: EDE-weight concern



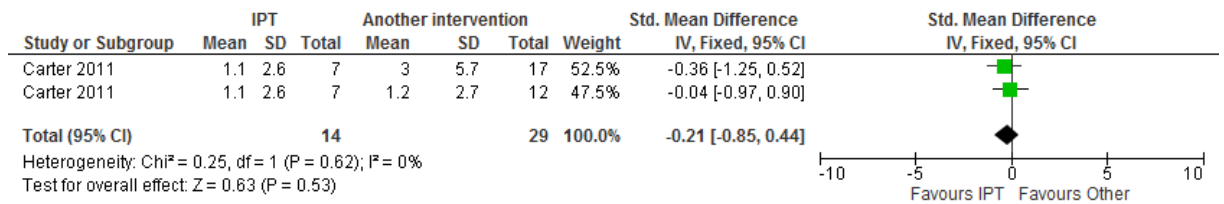
12

13 Figure 93: EDI-drive for thinness



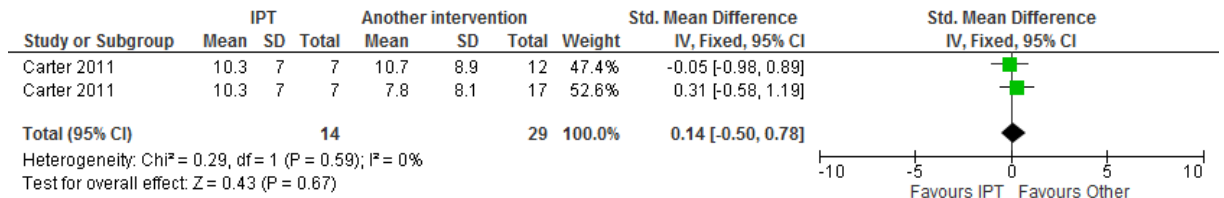
14

1 **Figure 94: EDI-bulimia**



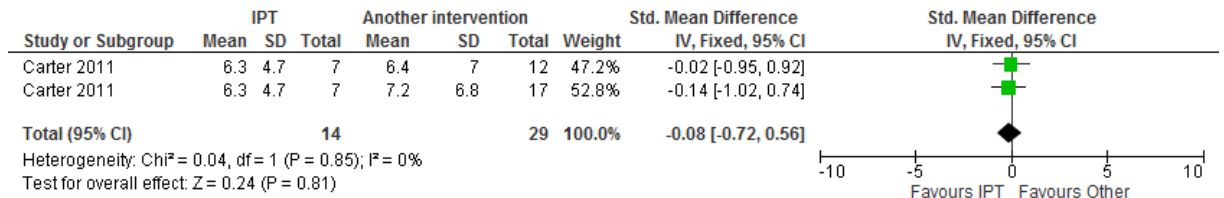
2

3 **Figure 95: EDI-body dissatisfaction**



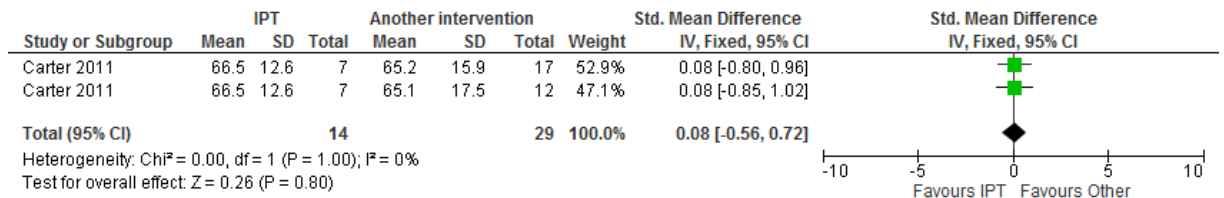
4

5 **Figure 96: Depression**



6

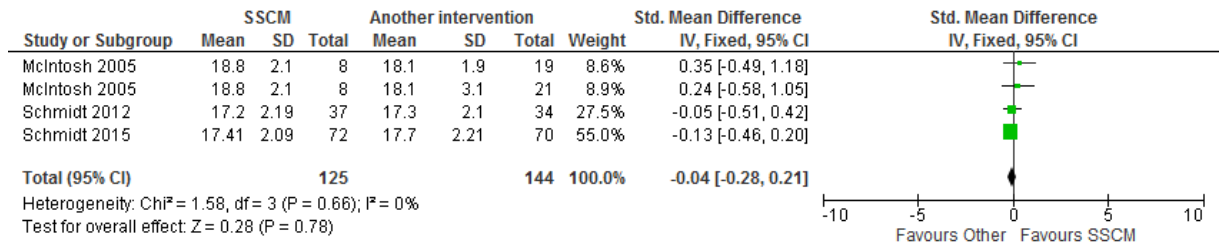
7 **Figure 97: General function**



8

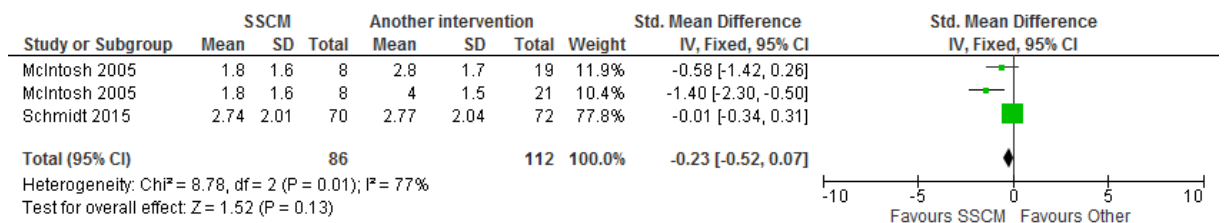
M.3.1.131 SSCM versus any other intervention in adults with anorexia nervosa at the end of treatment

3 Figure 98: Body mass index



4

5 Figure 99: EDE-restraint

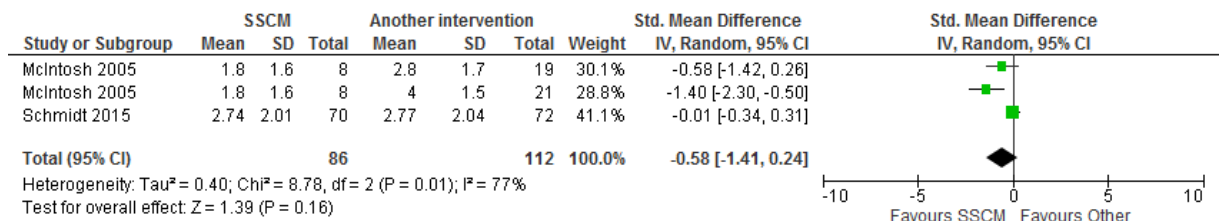


6

7 Heterogeneity was detected at I²=77%. It is difficult to do a sensitivity analysis when only two
8 studies are included. In McIntosh 2005, EDE-restraint was one of the few baseline
9 characteristics that were not matched at baseline. Of the 3 subgroups to explore, one
10 included comorbidities, however both studies included patients with comorbidities so the data
11 could not be separated based on this variable. In McIntosh, 19-61% of the participants in
12 each group had a lifetime history of bulimia nervosa and in Schmidt, 38% were currently on
13 antidepressant medication. The other subgroups included severity of illness, however, both
14 studies included a population with a similar BMI and duration of illness could not be explored
15 because McIntosh did not report duration of illness. As a result random effects are reported.

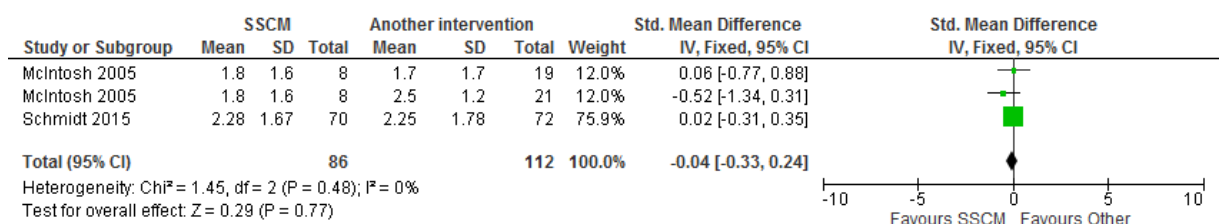
16

17 Figure 100: EDE-restraint (random effects)



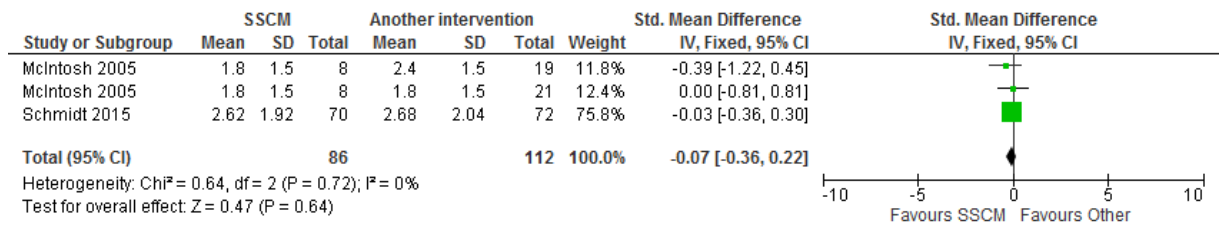
18

19 Figure 101: EDE-eating concern



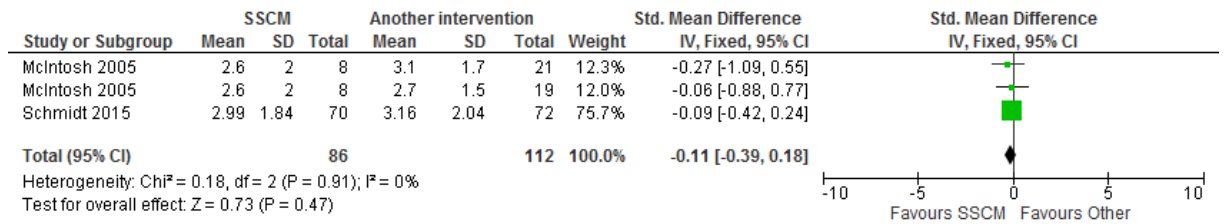
20

1 **Figure 102: EDE-weight concern**



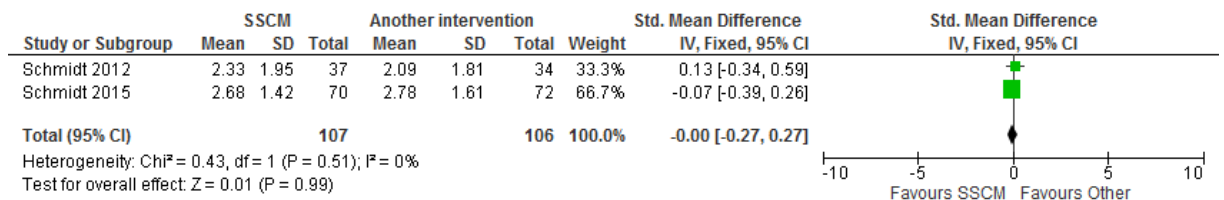
2

3 **Figure 103: EDE-shape concern**



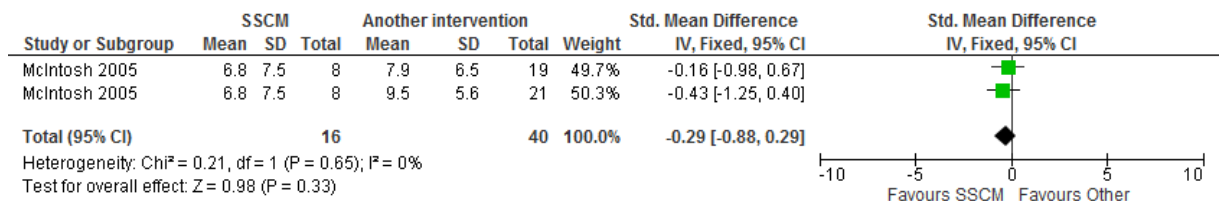
4

5 **Figure 104: EDE-global**



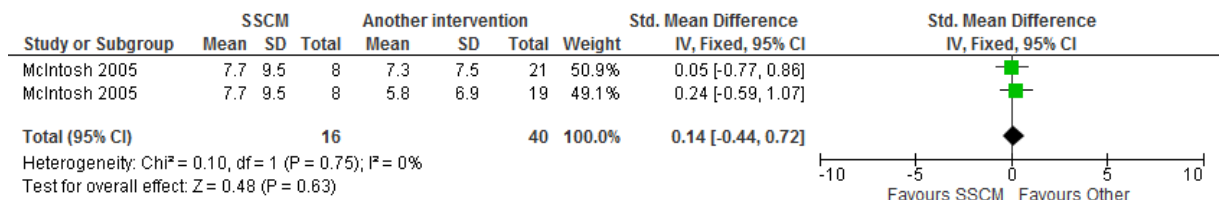
6

7 **Figure 105: EDI-drive for thinness**



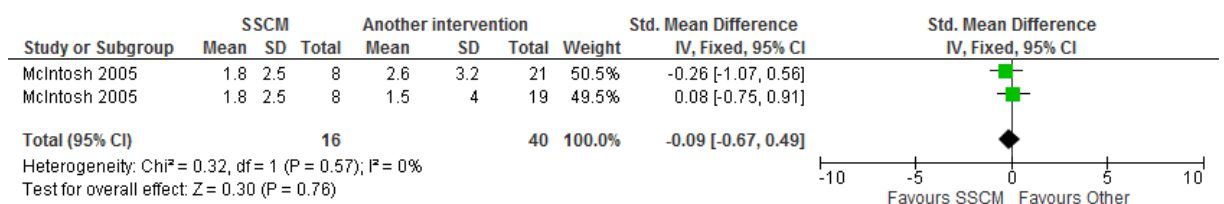
8

9 **Figure 106: EDI-body dissatisfaction**



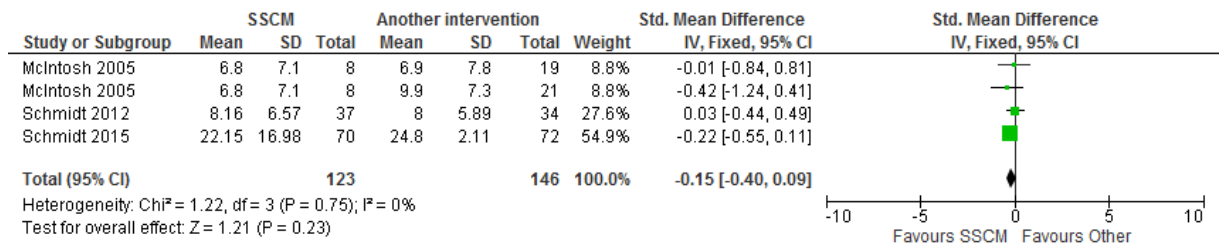
10

11 **Figure 107: EDI-bulimia**



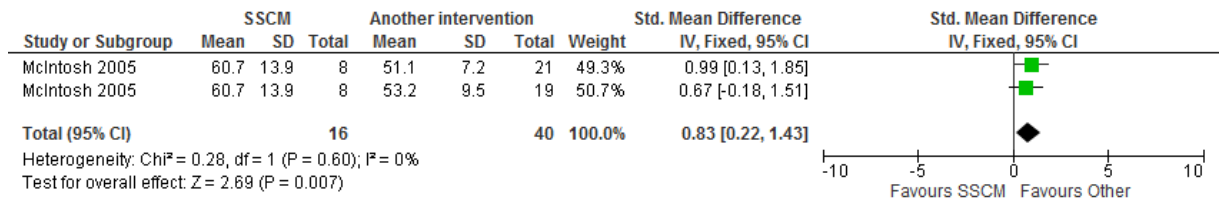
12

1 **Figure 108: Depression**



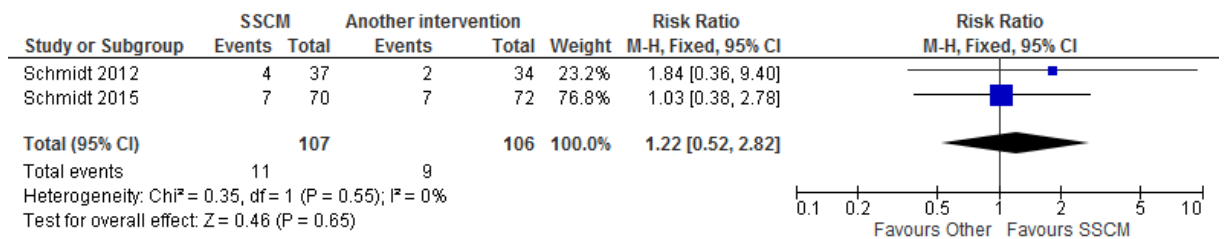
2

3 **Figure 109: General function**



4

5 **Figure 110: Remission**

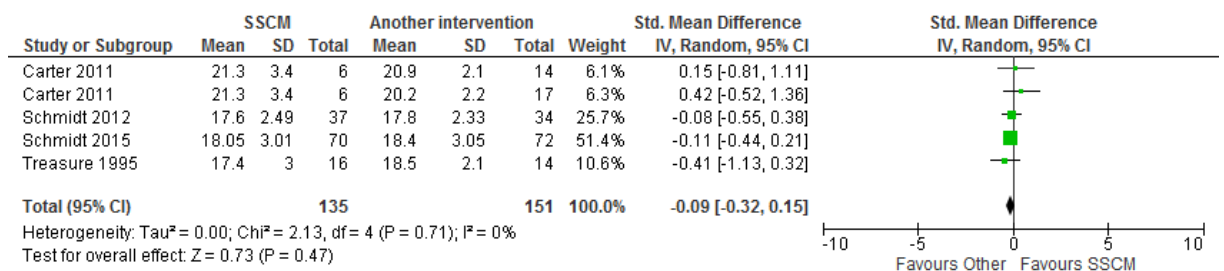


6

7

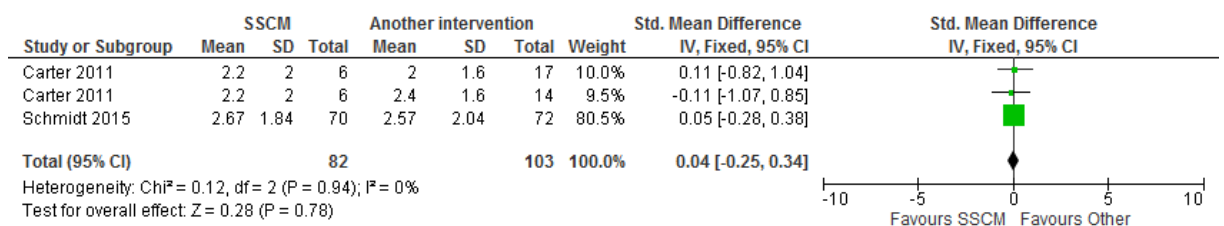
M.3.1.148 **SSCM versus any other intervention in adults with anorexia nervosa at follow-up**

9 **Figure 111: Body mass index**



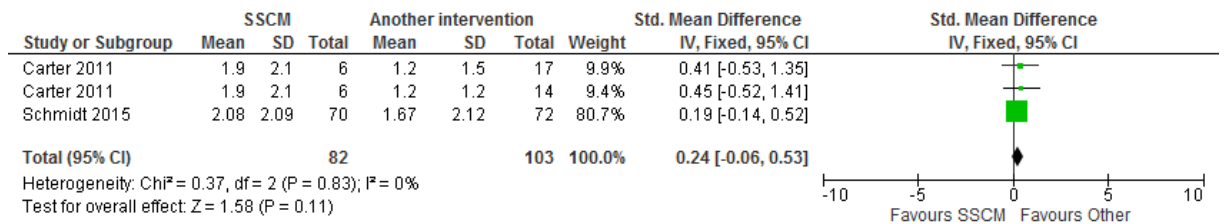
10

11 **Figure 112: EDE-shape concerns**



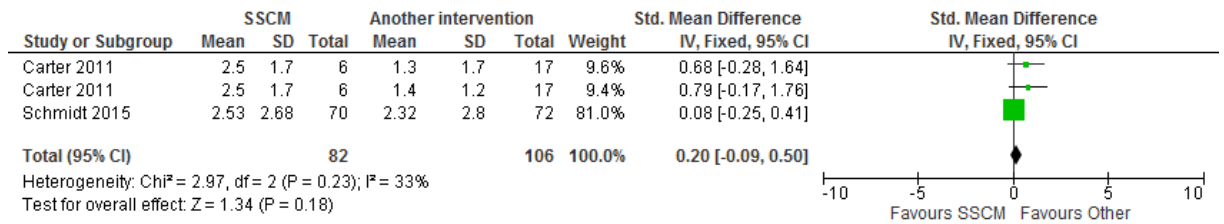
12

1 **Figure 113: EDE-eating concern**



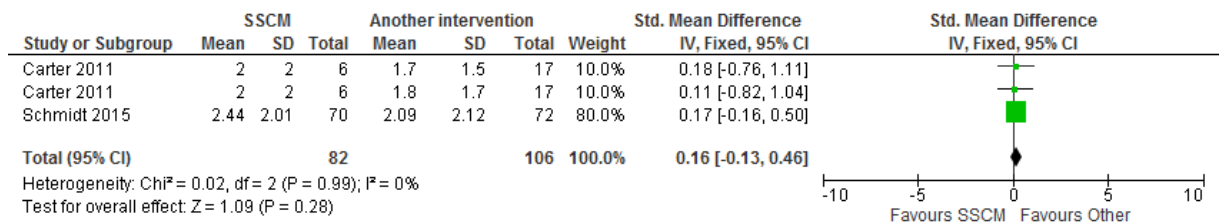
2

3 **Figure 114: EDE-restraint**



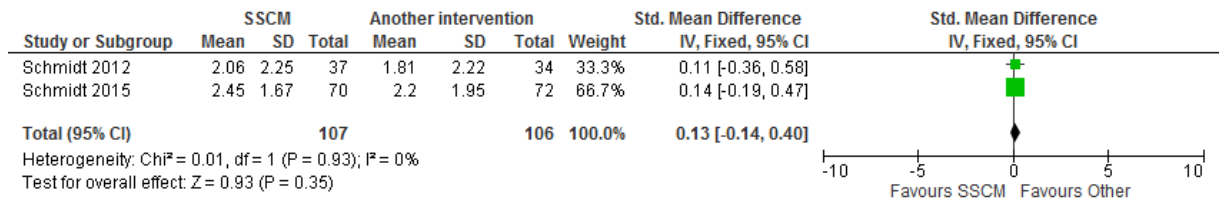
4

5 **Figure 115: EDE-weight concern**



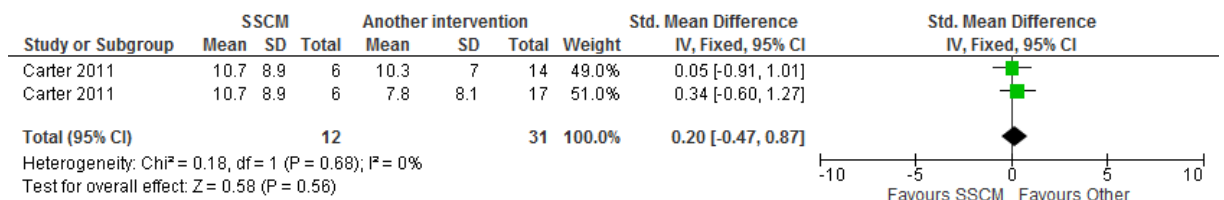
6

7 **Figure 116: EDE-global**



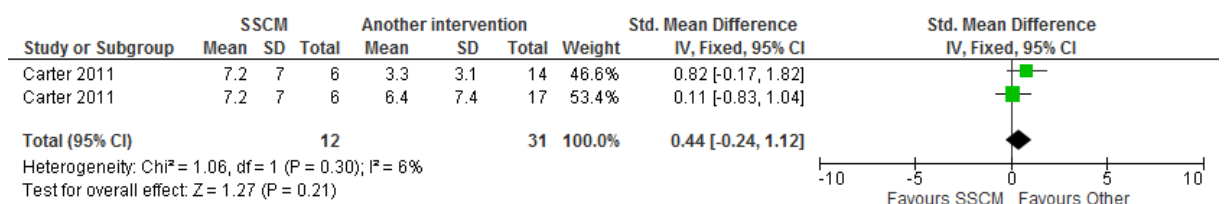
8

9 **Figure 117: EDI-body dissatisfaction**



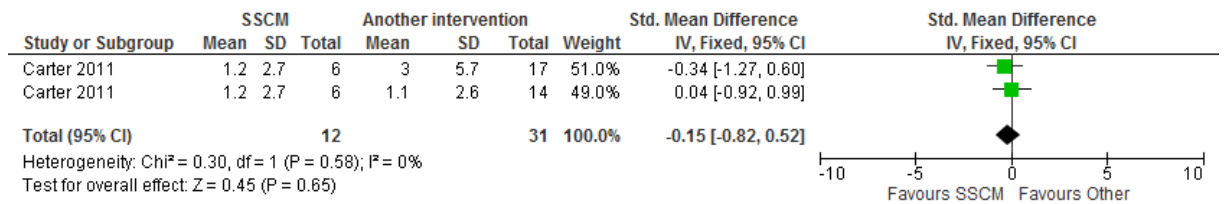
10

11 **Figure 118: EDI-drive for thinness**



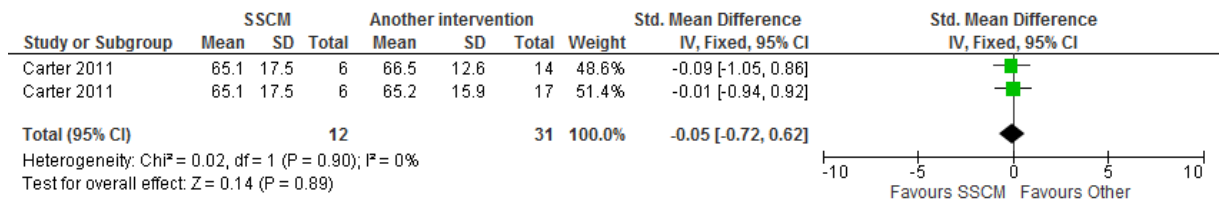
12

1 **Figure 119: EDI-bulimia**



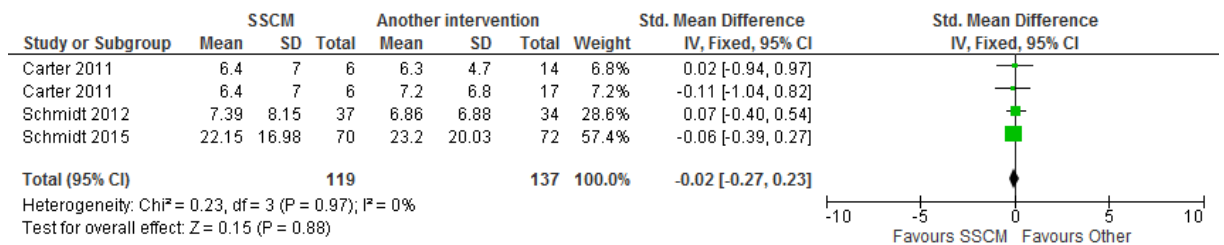
2

3 **Figure 120: General function**



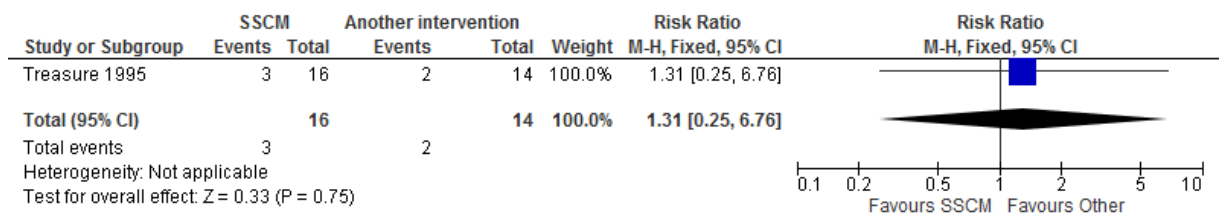
4

5 **Figure 121: Depression**



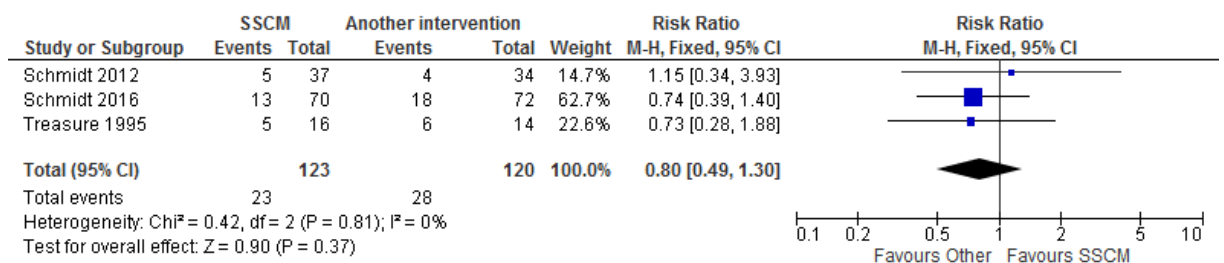
6

7 **Figure 122: Bulimia**



8

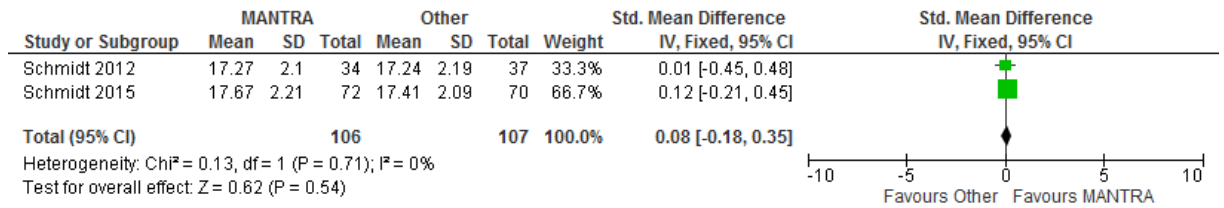
9 **Figure 123: Remission**



10

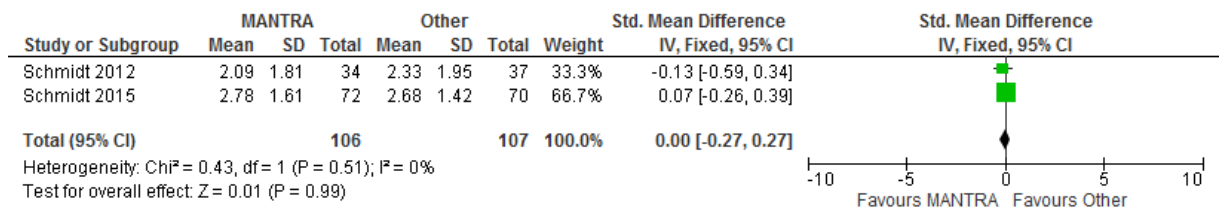
M.3.1.151 MANTRA versus any other intervention in adults with anorexia nervosa at the end of treatment

3 Figure 124: Body mass index



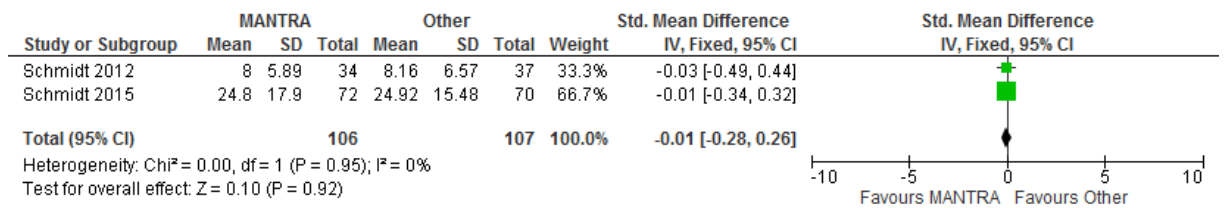
4

5 Figure 125: EDE-global



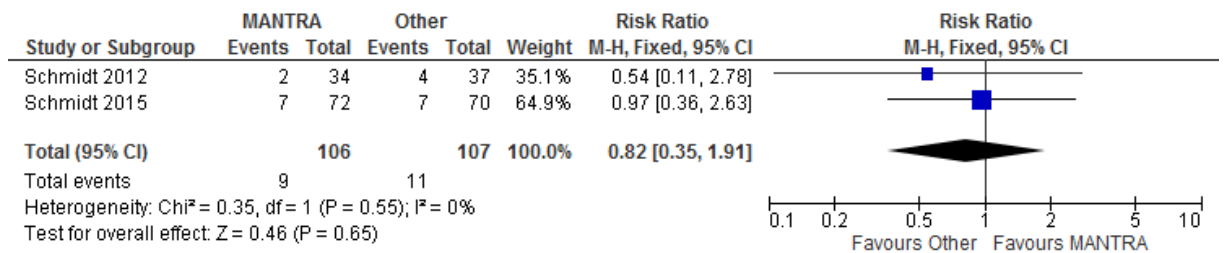
6

7 Figure 126: Depression



8

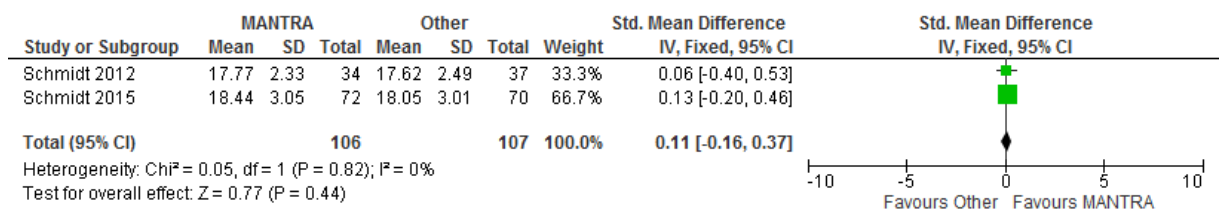
9 Figure 127: Remission



10

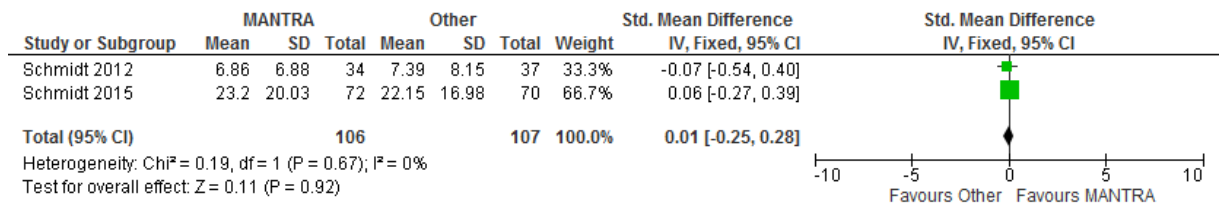
M.3.1.161 MANTRA versus any other intervention in adults with anorexia nervosa at follow-up

12 Figure 128: Body mass index



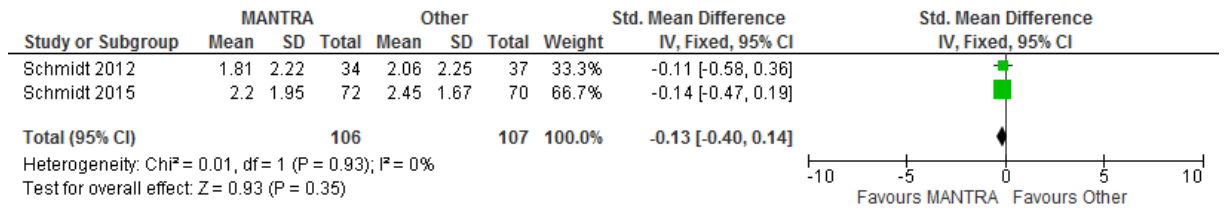
13

1 **Figure 129: Depression**



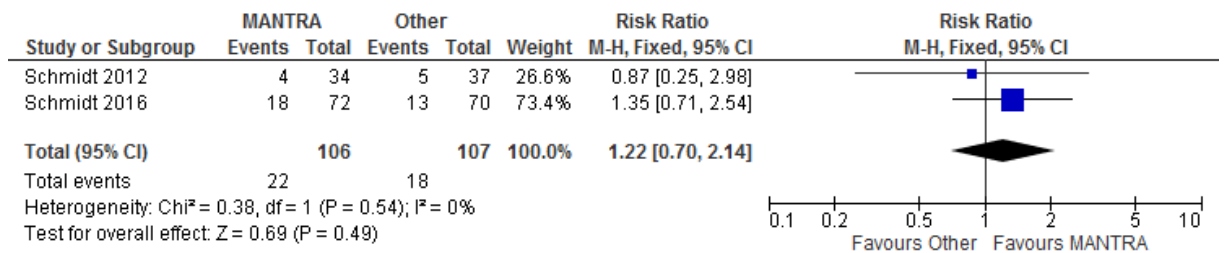
2

3 **Figure 130: EDE-global**



4

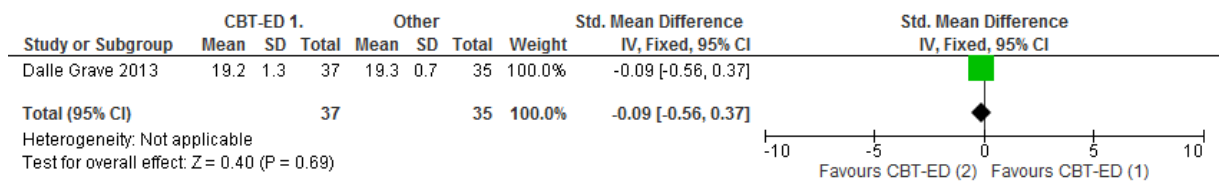
1 **Figure 131: Remission**



2

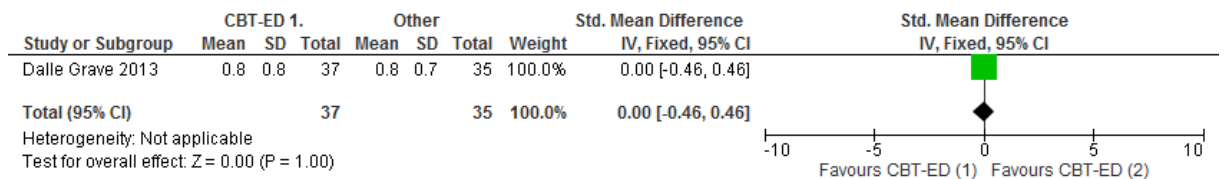
M.3.1.173 **Inpatient CBT-ED versus another inpatient CBT-ED intervention in adults with anorexia nervosa the end of treatment**

4 **Figure 132: Body mass index**



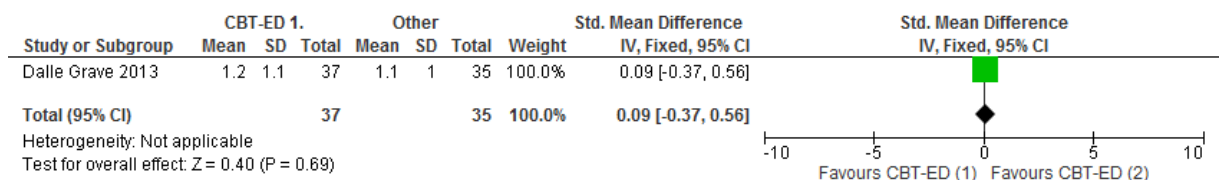
6

7 **Figure 133: EDE-restraint**



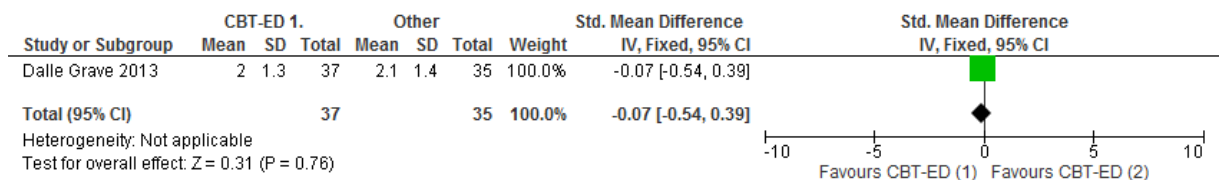
8

9 **Figure 134: EDE-eating concern**



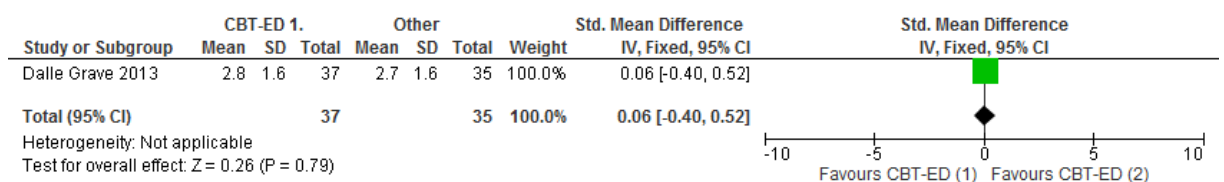
10

11 **Figure 135: EDE-weight concern**



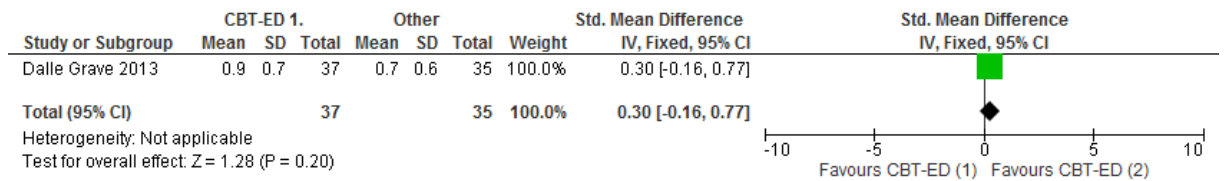
12

13 **Figure 136: EDE-shape concern**



14

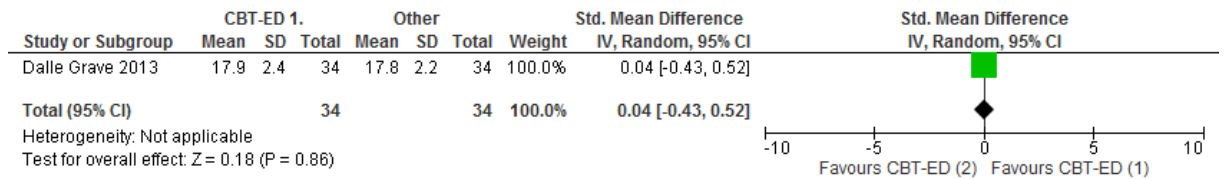
1 **Figure 137: General psychiatric feature**



2

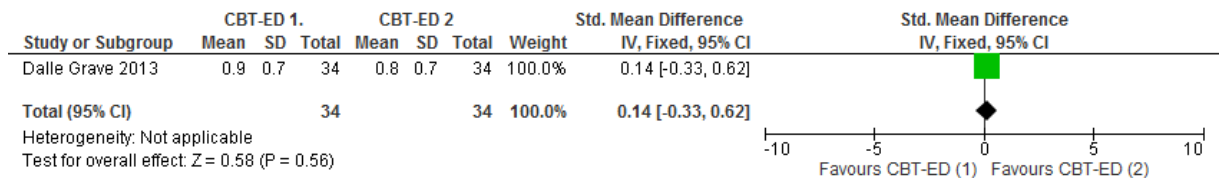
M.3.1.183 **Inpatient CBT-ED versus another inpatient CBT-ED intervention in adults with anorexia nervosa at follow-up**

5 **Figure 138: Body mass index**



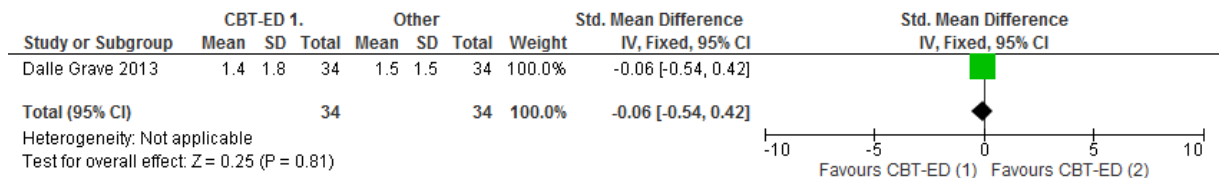
6

7 **Figure 139: General psychiatric features**



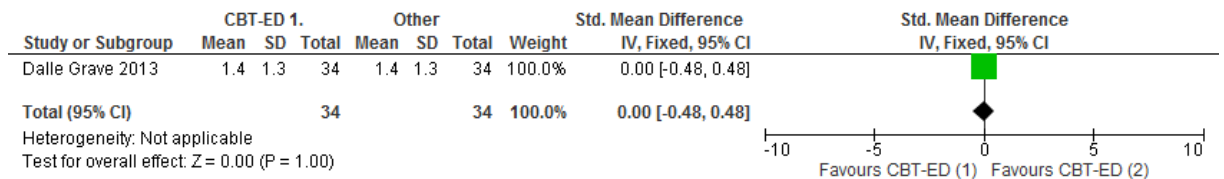
8

9 **Figure 140: EDE-restraint**



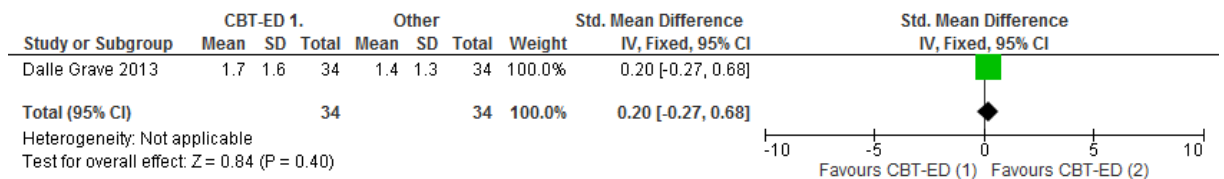
10

11 **Figure 141: EDE-eating concern**



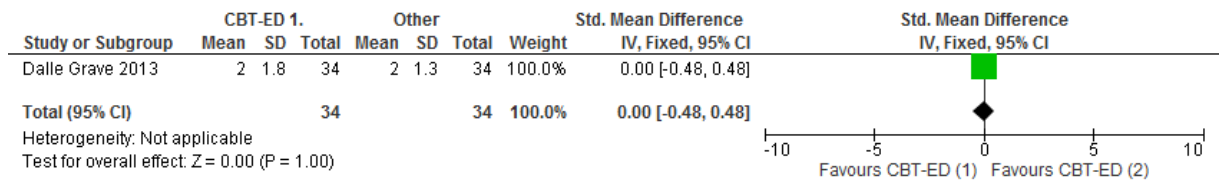
12

13 **Figure 142: EDE-weight concern**



14

1 **Figure 143: EDE-shape concern**

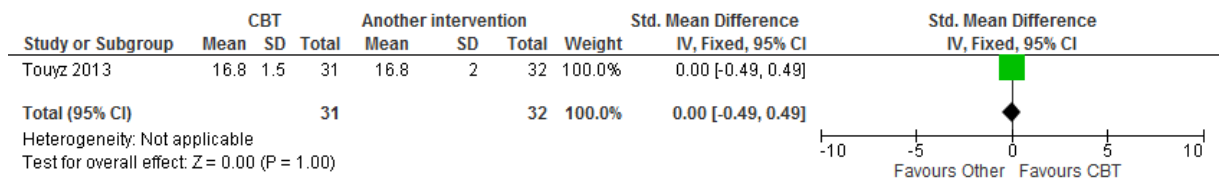


2

M.3.1.193 **CBT-ED versus any other intervention in adults with severe anorexia nervosa the end of treatment**

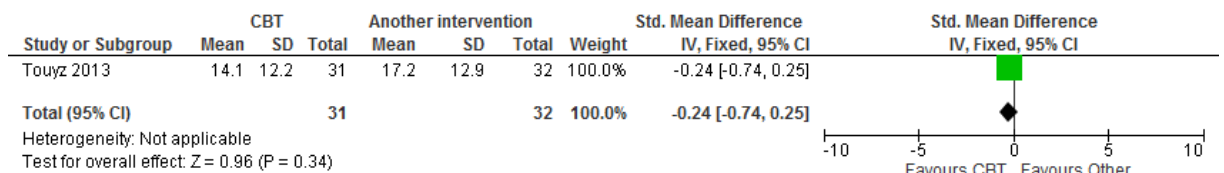
4

5 **Figure 144: Body mass index**



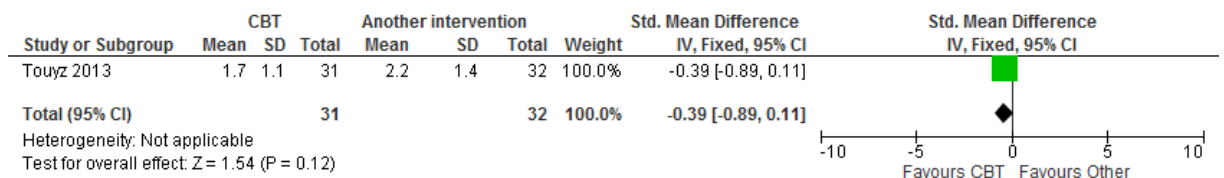
6

7 **Figure 145: Depression**



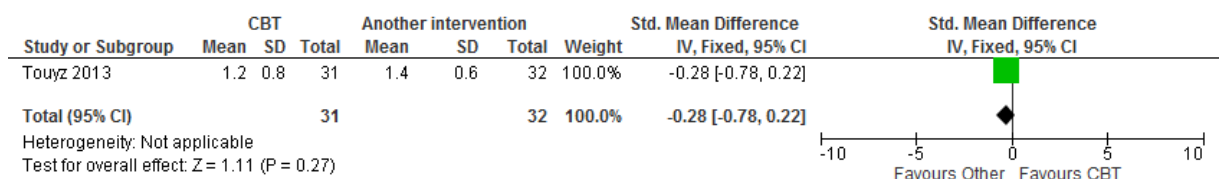
8

9 **Figure 146: EDE-global**



10

11 **Figure 147: Quality of life**

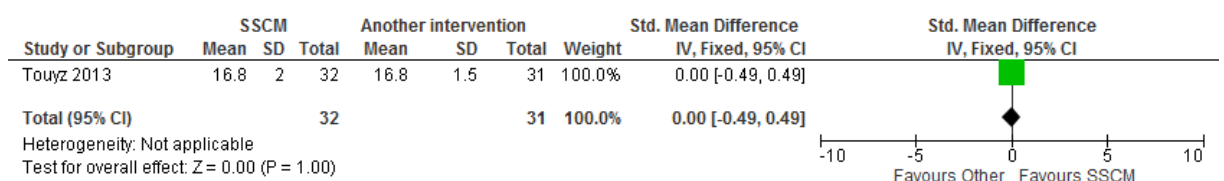


12

M.3.1.203 **CBT-ED versus any other intervention in adults with severe anorexia nervosa at follow-up**

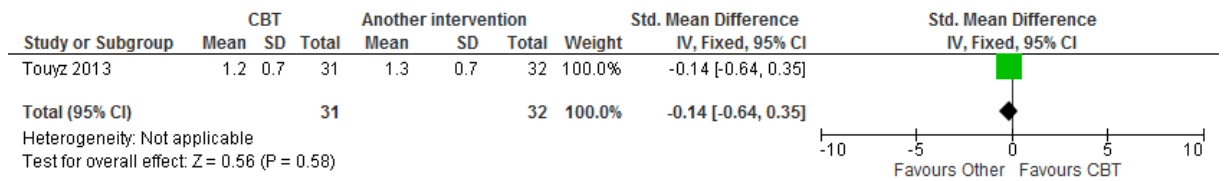
14

15 **Figure 148: Body mass index**



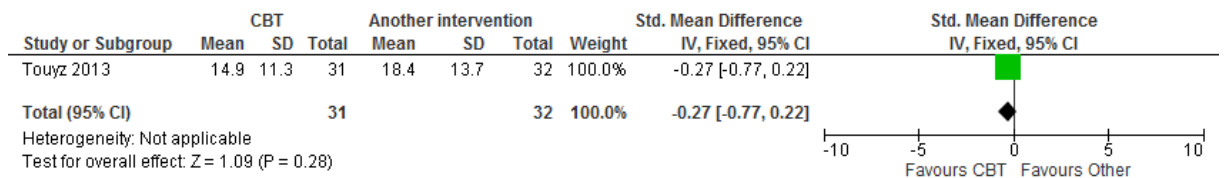
16

1 **Figure 149: Quality of life**



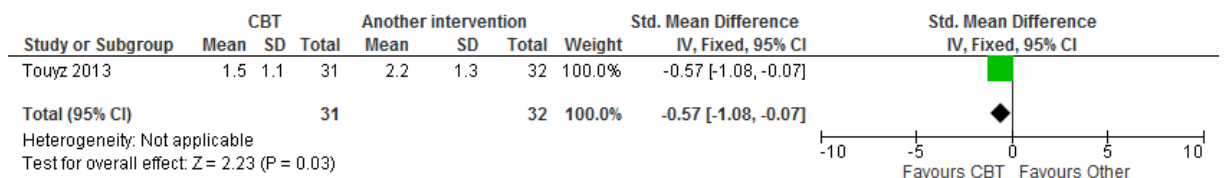
2

3 **Figure 150: Depression**



4

5 **Figure 151: EDE-global**

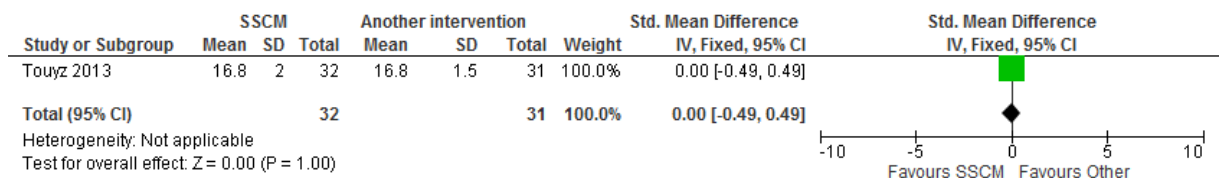


6

M.3.1.217 **SSCM versus any other intervention in adults with severe anorexia nervosa at the end of treatment**

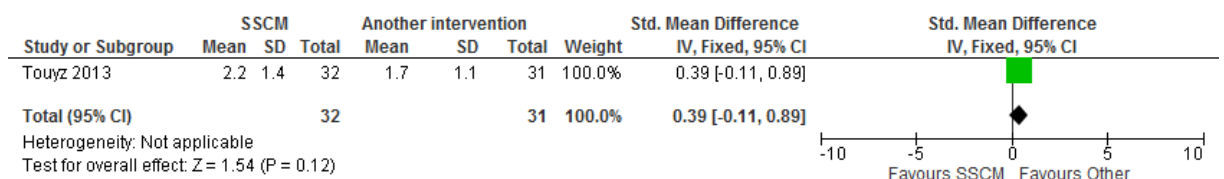
8

9 **Figure 152: Body mass index**



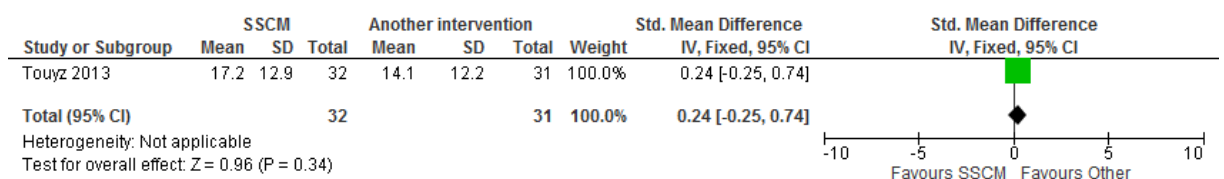
10

11 **Figure 153: EDE-global**



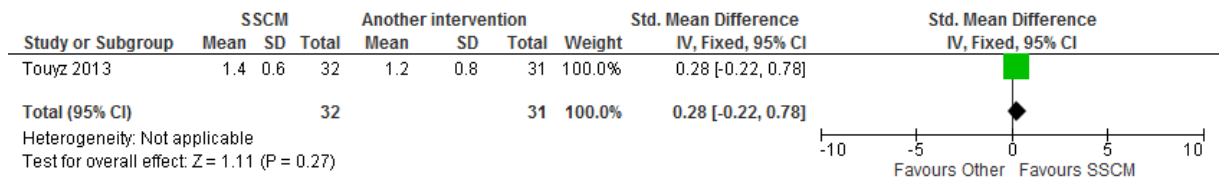
12

13 **Figure 154: Depression**



14

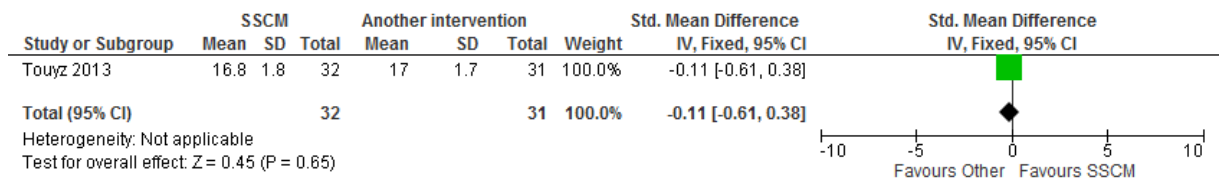
1 **Figure 155: Quality of life**



2

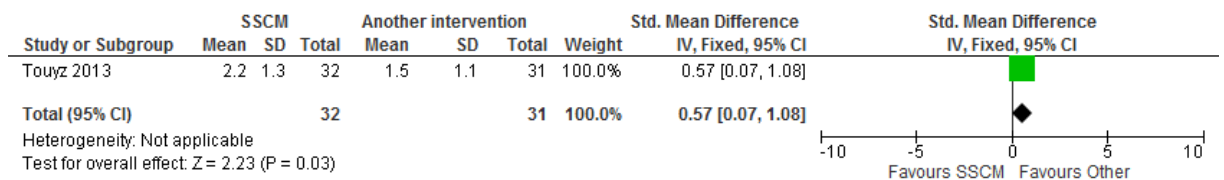
M.3.1.223 **SSCM versus any other intervention in adults with severe anorexia nervosa at follow-up**

5 **Figure 156: Body mass index**



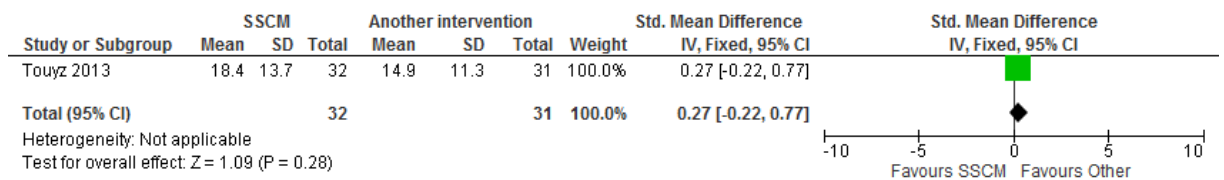
6

7 **Figure 157: EDE-global**



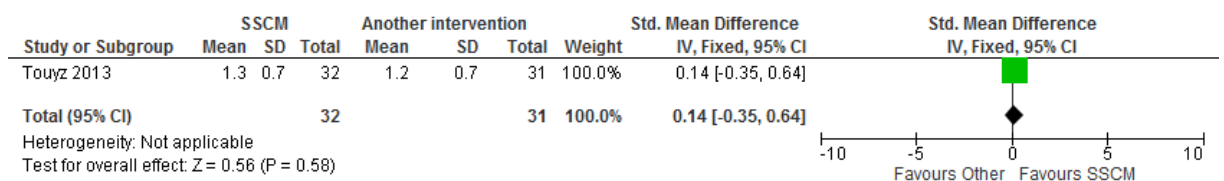
8

9 **Figure 158: Depression**



10

11 **Figure 159: Quality of life**

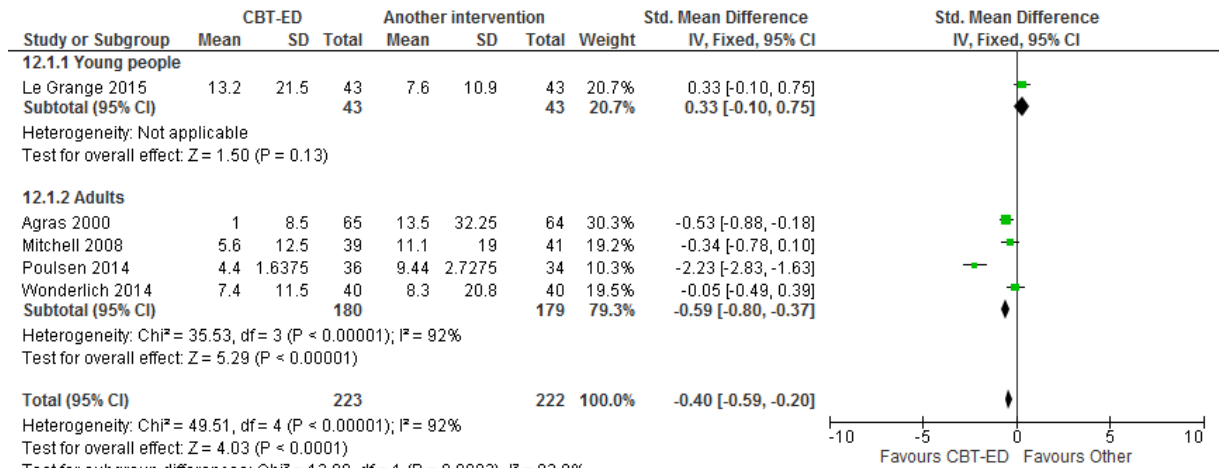


12

M.3.2.1 Individual therapy for bulimia nervosa

M.3.2.1.2 CBT-ED versus any other intervention in adults (unless otherwise stated) with bulimia nervosa at the end of treatment

4 Figure 160: Purges in young people and adults

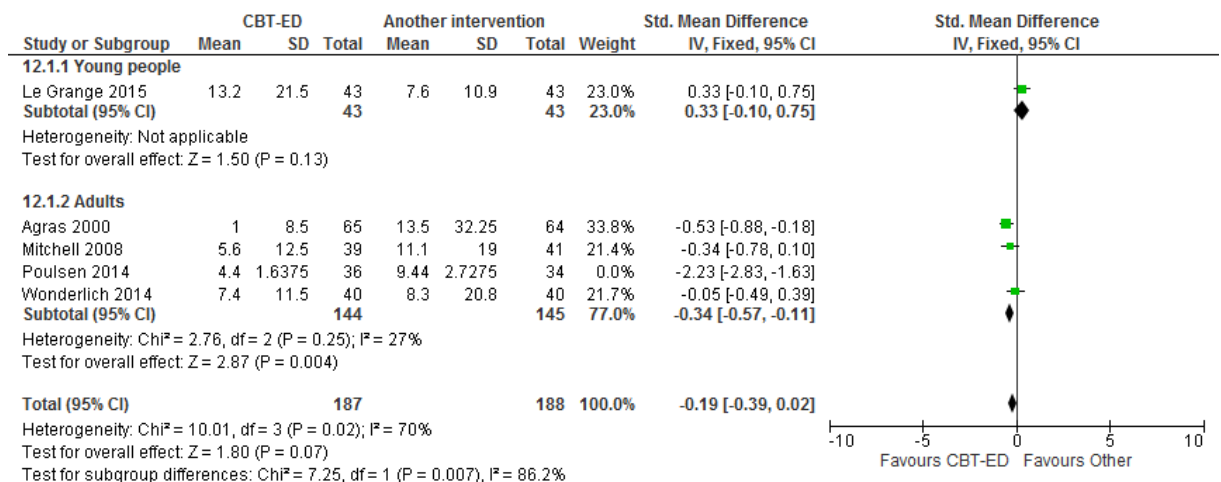


5

6 Heterogeneity was detected in adults at I²=92%. One paper by Poulsen 2014 carried a high
7 risk of bias given that the duration of the two treatments arms, CBT-ED and psychodynamic
8 therapy, were considerably different. CBT-ED was for 5 months while psychodynamic
9 therapy continued for 19 months thus making it difficult to compare end of treatment effects
10 and to account for inevitable improvements in people with an eating disorder that happen
11 over time. When a sensitivity analysis was performed and it was removed from the analysis,
12 heterogeneity was reduced to 27%.

13 Figure 161: Purges in young people and adults (sensitivity analysis)

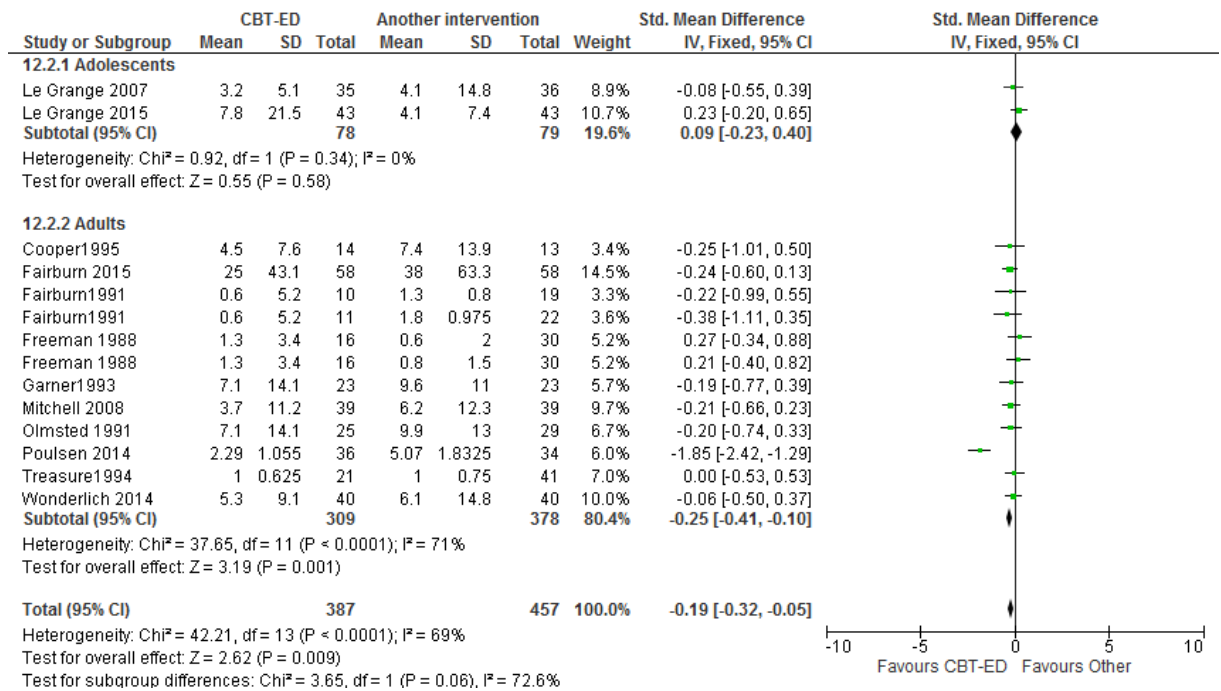
14



15

16

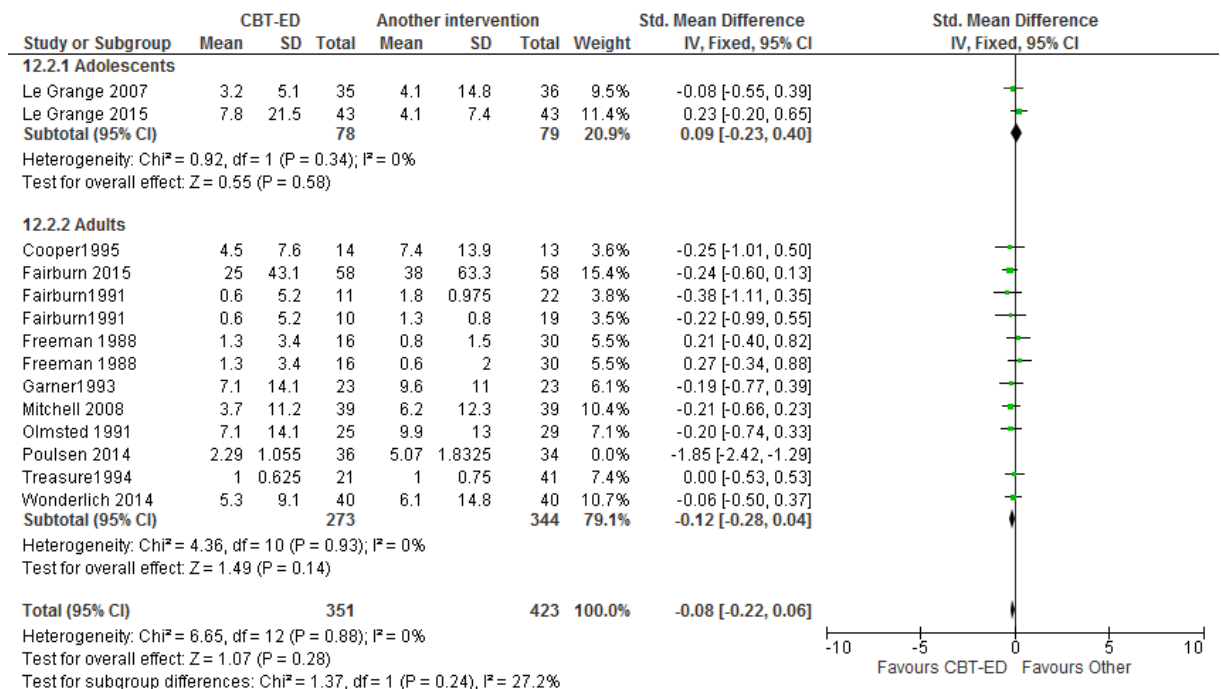
1 **Figure 162: Binges in young people and adults**



2

3 Heterogeneity was detected in adults at I²=71%. One paper by Poulsen 2014 carried a high
4 risk of bias given that the duration of the two treatments arms, CBT-ED and psychodynamic
5 therapy, were considerably different. CBT-ED was for 5 months while psychodynamic
6 therapy continued for 19 months thus making it difficult to compare end of treatment effects
7 and to account for inevitable improvements in people with an eating disorder that happen
8 over time. If Poulsen is removed from the analysis heterogeneity is reduced to 0%.

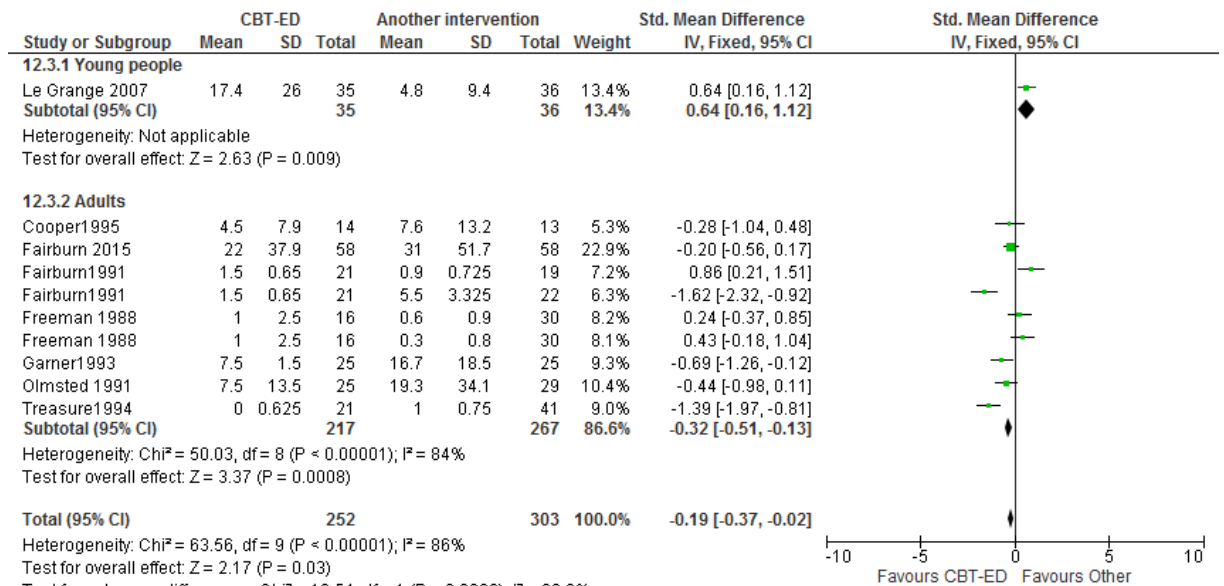
9 **Figure 163: Binges in young people and adults (sensitivity analysis)**



10

11

1 **Figure 164: Vomiting in young people and adults**

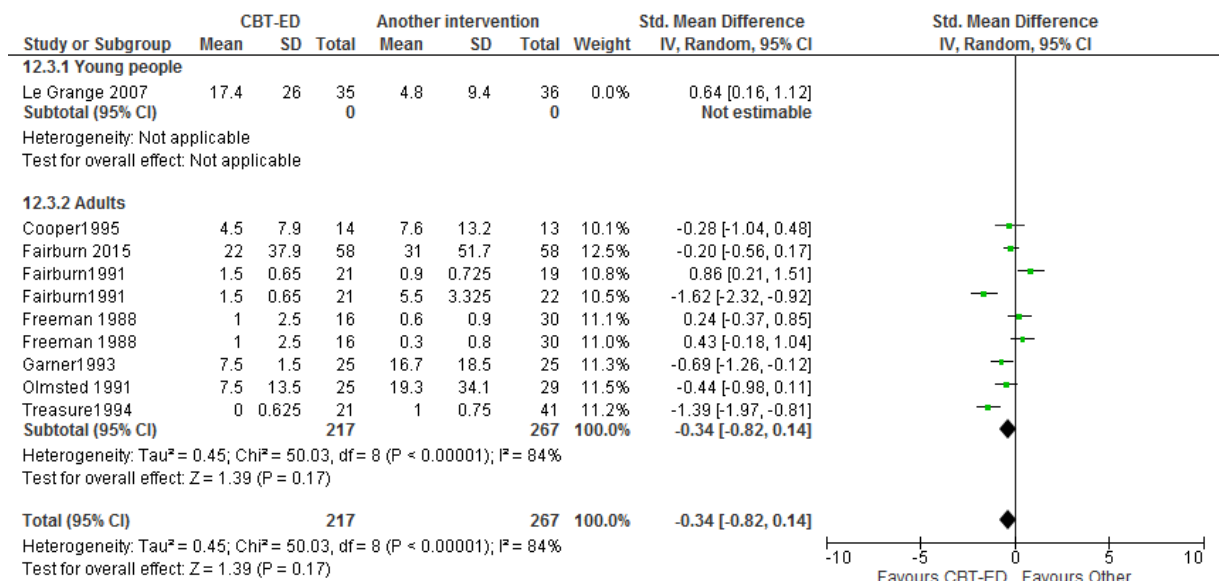


2 Test for subgroup differences: Chi² = 13.54, df = 1 (P = 0.0002), I² = 92.6%

3 Heterogeneity was detected at 86%. Risk of bias did not account for any variability, nor did
4 stage of illness, severity or comorbidity. A random effects analysis was presented instead.

5 **Figure 165: Vomiting in young people and adults (random effects)**

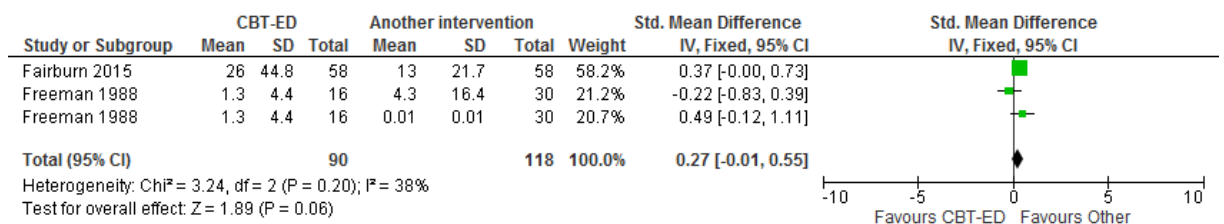
6



7 Test for subgroup differences: Not applicable

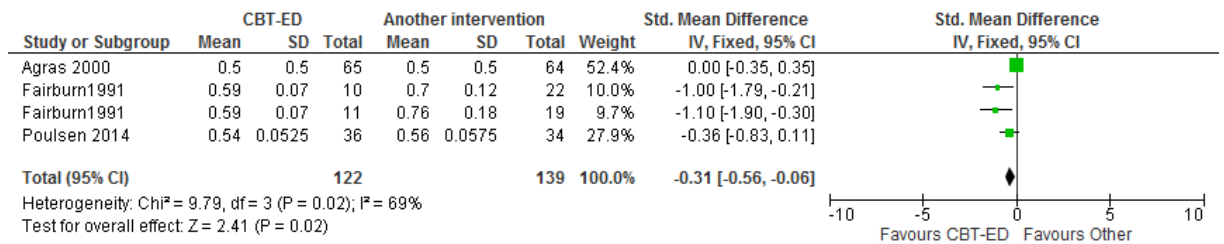
8

9 **Figure 166: Laxative use**



10

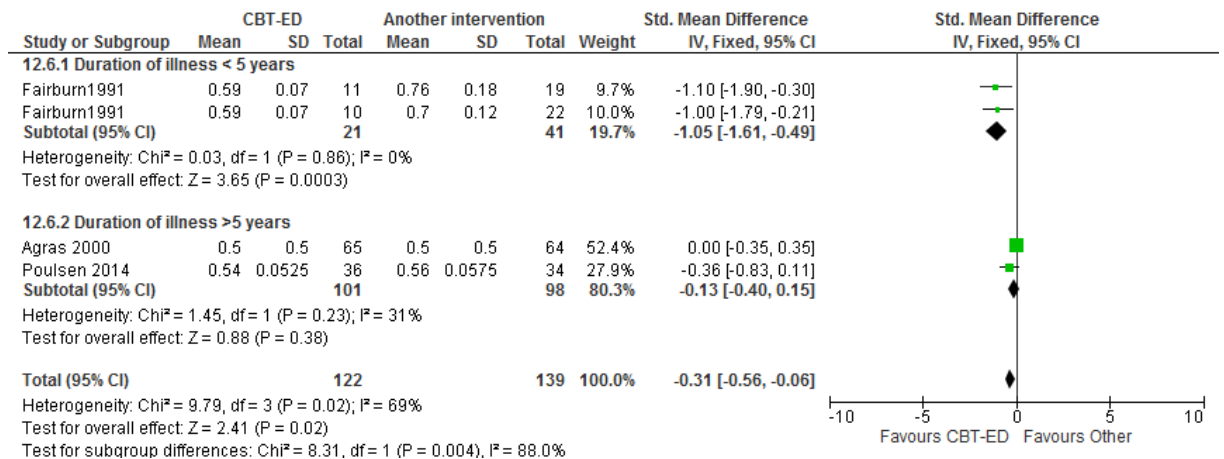
1 **Figure 167: Symptom check-list (SCL-90-R)**



2

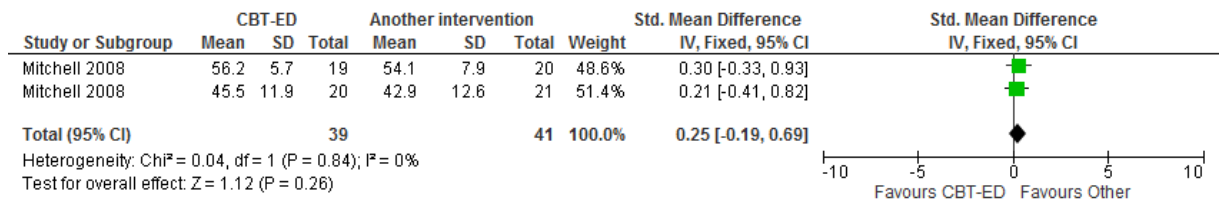
3 Heterogeneity was detected at I²=69%. Removing Poulsen the study that carried a risk of
4 bias because of different durations of treatment did not reduce the heterogeneity. However,
5 an exploration of the other variables showed that duration of illness may explain the
6 heterogeneity. A shorter duration of illness (<5 years) showed a better response to CBT-ED
7 treatment compared with those who had endured a longer duration of illness (>5 years).
8 Severity of illness was not different based on the number of binges per month was not
9 different and the populations included all had comorbidities of varying degrees.

10 **Figure 168: Symptom check-list (SCL-90-R) with sub-group analysis for duration of**
11 **illness**



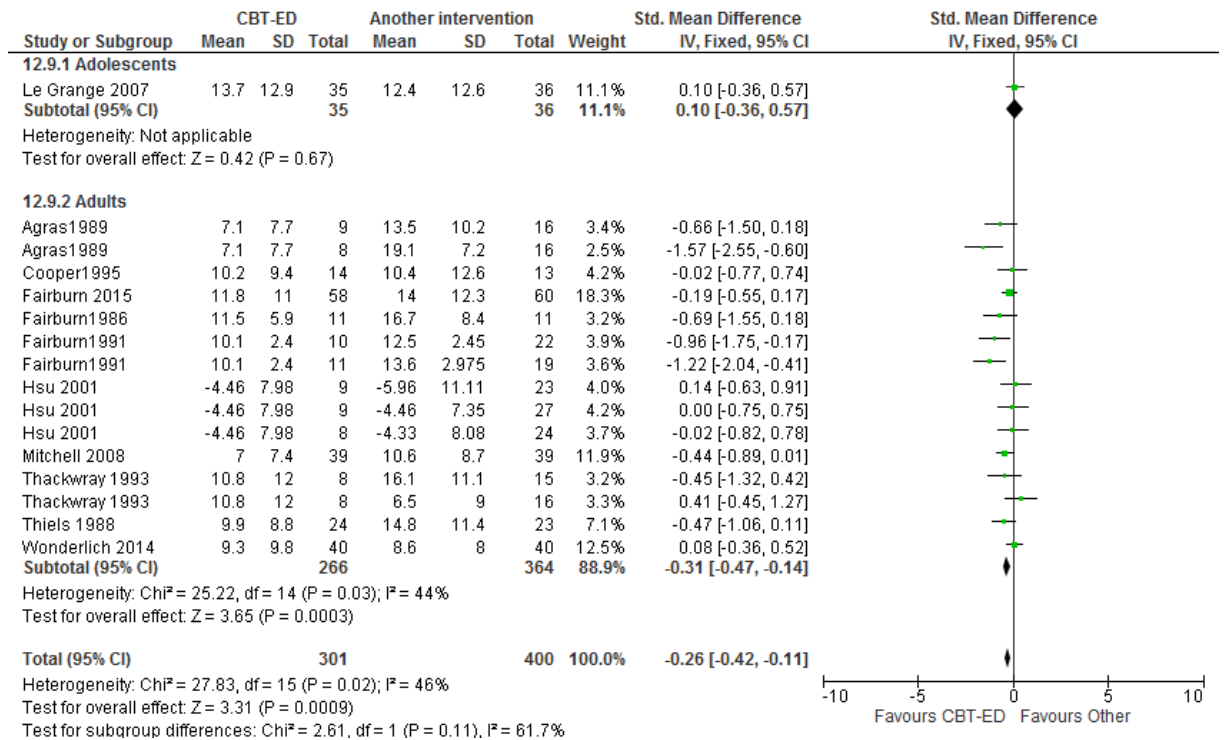
12

1 **Figure 169: Quality of life**



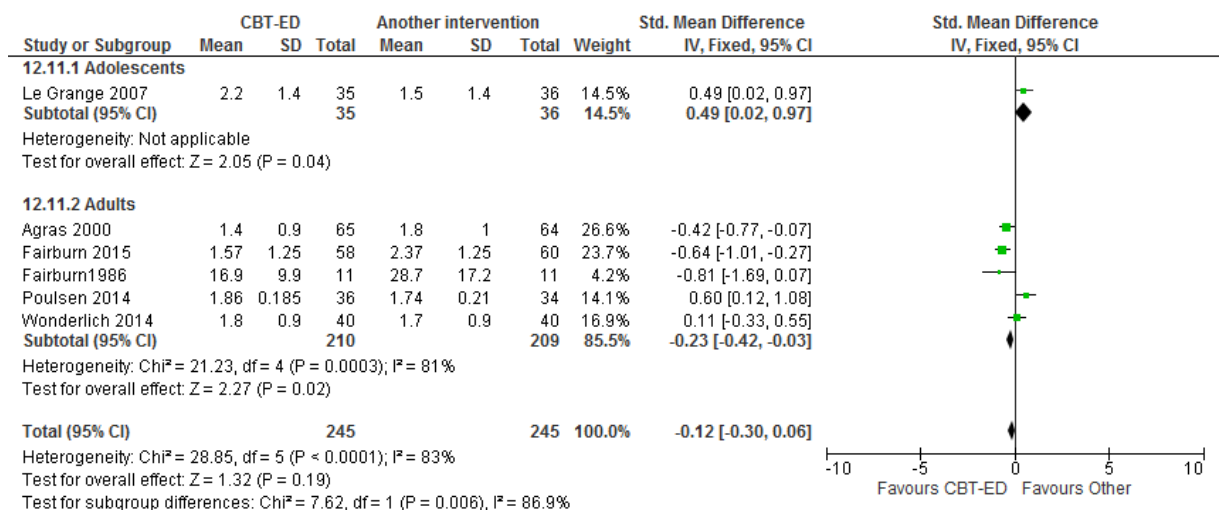
2

3 **Figure 170: Depression in young people and adults**



4

5 **Figure 171: EDE-total in young people and adults**



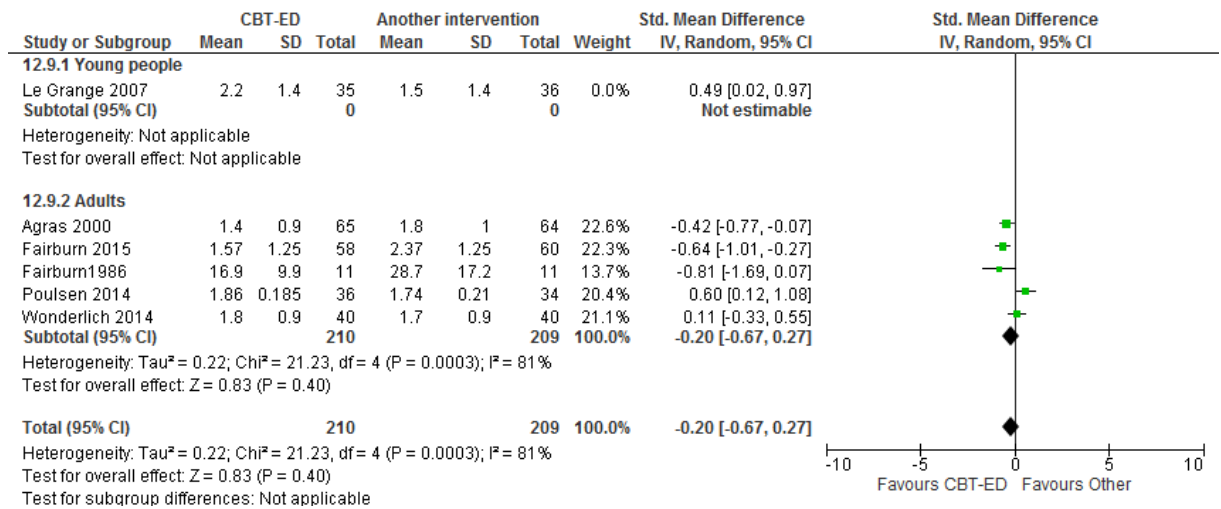
6

7 Heterogeneity was detected in adults at I²=81%. Removing Poulsen the study that carried a
 8 risk of bias because of different durations of treatment significantly reduced the heterogeneity
 9 to 60% but not to acceptable levels. All of the studies included a population with mental
 10 health comorbidities, such as depression and anxiety, so this could not explain any

1 variability. Duration of illness could not explain the variability, because of the studies that
2 reported this, it was not significantly different. Severity of illness was difficult to gauge. One
3 study, Fairburn 1986 reported the participants had a high EAT score and could be
4 considered having a severe illness but a sensitivity analysis showed it did not explain the
5 heterogeneity. Another study by Fairburn 2015 appeared to include people with a lower
6 severity of illness given the baseline number of binges was a median of 14 per month, whilst
7 the other studies had a mean of 20-25 or a median of 25 binges per month. However, this
8 did not explain the heterogeneity. In the absence of a good explanation of heterogeneity
9 random effects are presented.

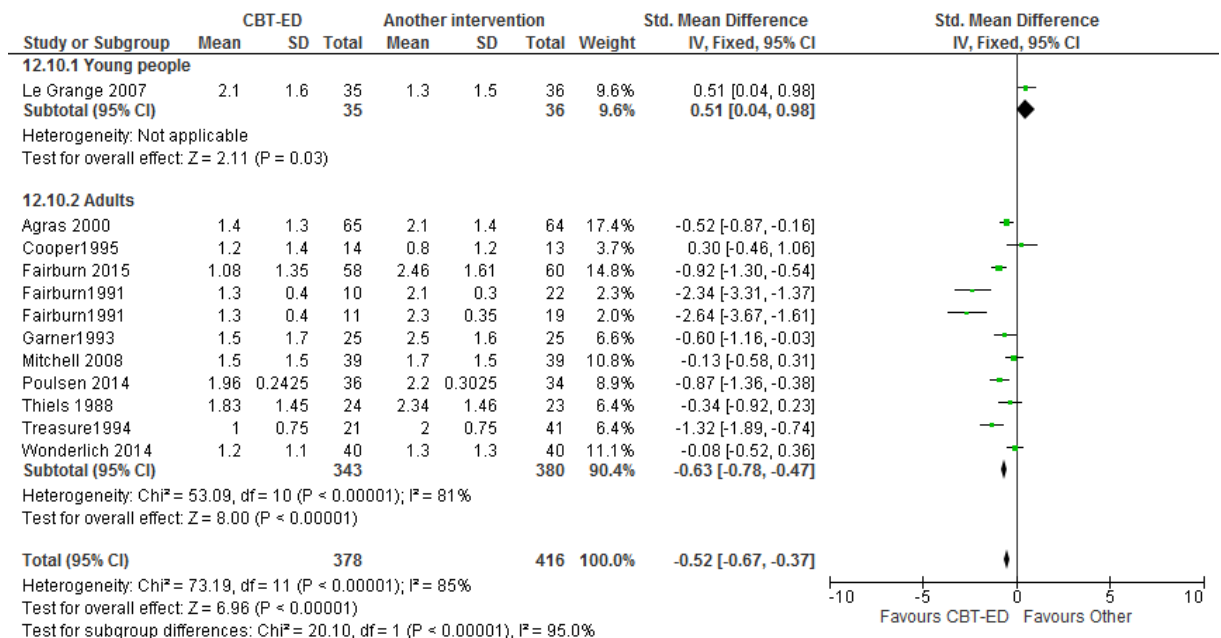
10 **Figure 172: EDE-total in adults with random effects**

11



12

13 **Figure 173: EDE-dietary restraint**

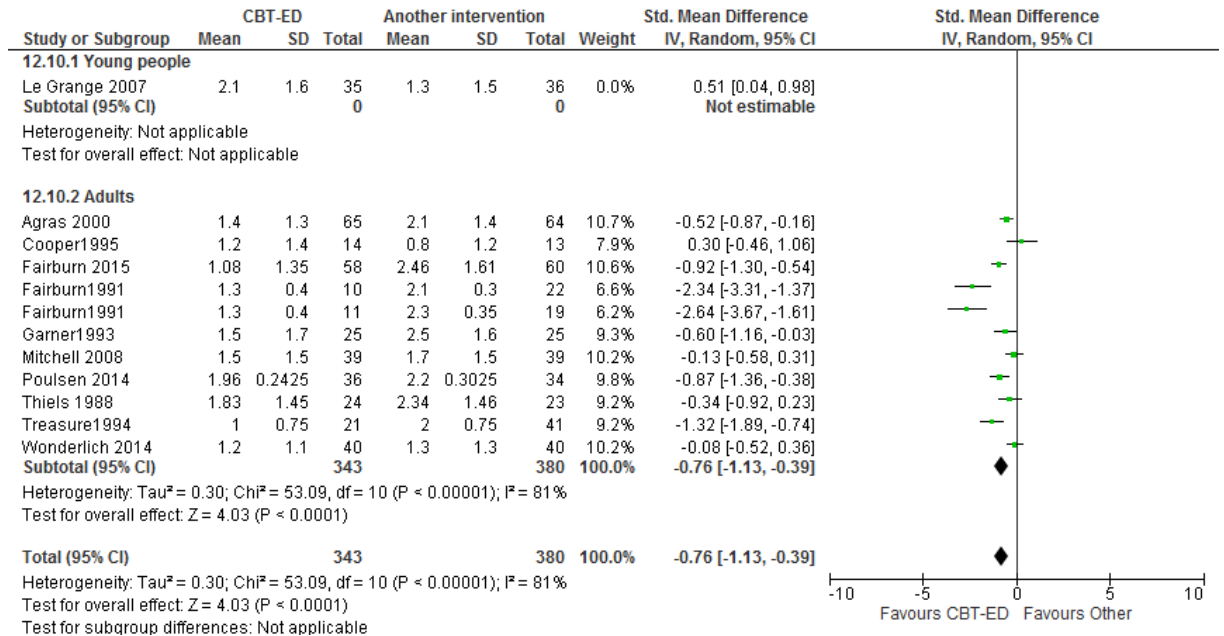


14

15 Heterogeneity was detected in adults at I²=81%. Removing Poulsen the study that carried a
16 risk of bias because of different durations of treatment had no effect on heterogeneity. All of
17 the studies included a population with mental health comorbidities, such as depression and
18 anxiety, so this could not explain any variability. Duration of illness could not explain the
19 variability: one study by Fairburn 1991 appeared to have a population that had been ill for
20 less than 5 years and a sub-group analysis showed heterogeneity was not reduced. Nor did

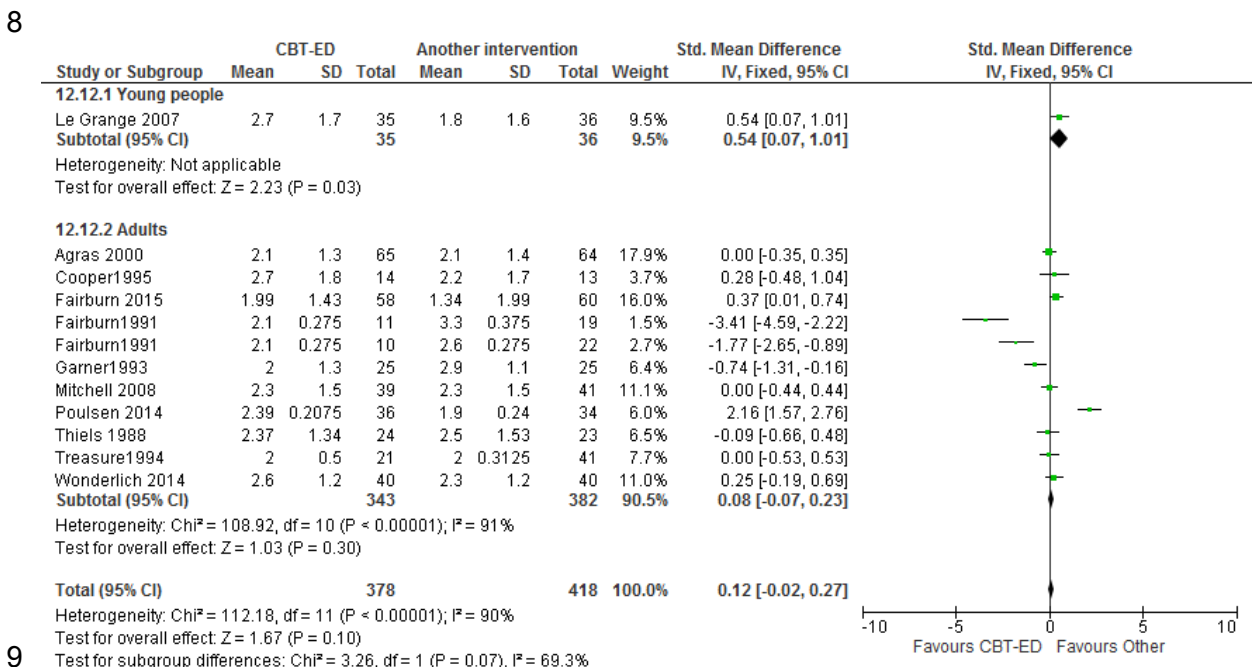
1 severity of illness appear to explain the heterogeneity. When studies with a number of
2 binges of less than 18 per month were separated from those with more than 18 per month,
3 heterogeneity was still detected in one of the subgroups. In the absence of a good
4 explanation of heterogeneity random effects are presented.

5 **Figure 174: EDE-dietary restraint with random effects**



6

7 **Figure 175: EDE-shape concern**

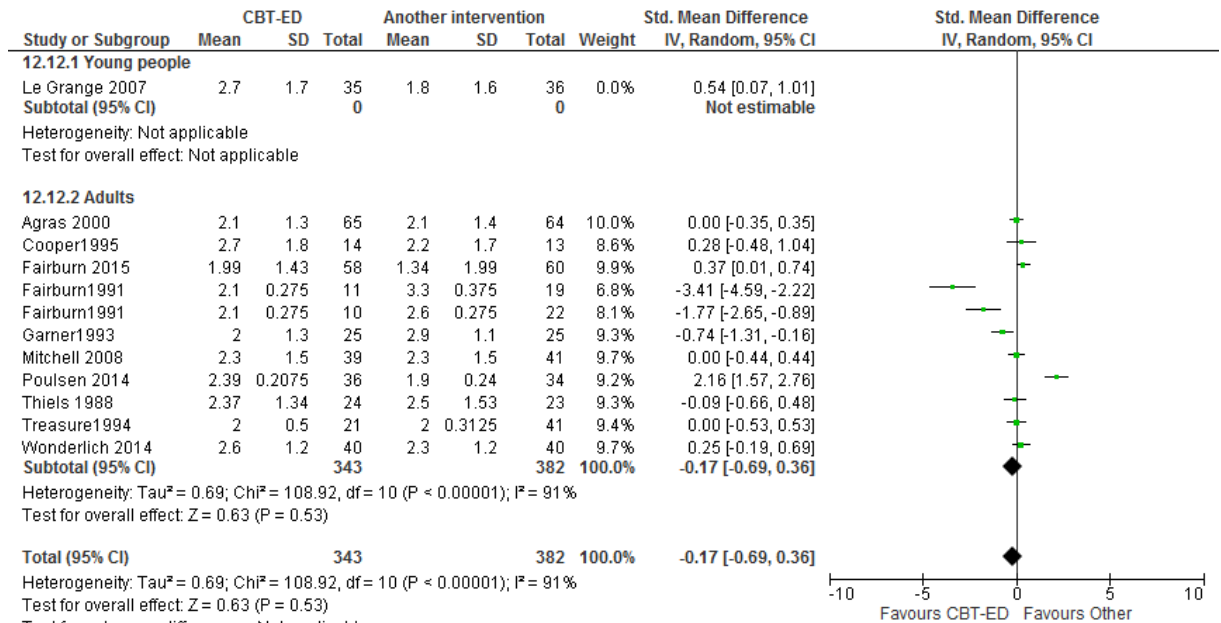


9

10 Heterogeneity was detected in adults at I²=91%. Removing Poulsen the study that carried a
11 risk of bias because of different durations of treatment had no effect on heterogeneity. All of
12 the studies included a population with mental health comorbidities, such as depression and
13 anxiety, so this could not explain any variability. Duration of illness could not explain the
14 variability: only one study by Fairburn 1991 appeared to have a population that had been ill
15 for less than 5 years and a sub-group analysis showed heterogeneity was not reduced. Nor
16 did severity of illness appear to explain the heterogeneity. When studies with a number of

- 1 binges of less than 18 per month were separated from those with more than 18 per month,
- 2 heterogeneity was still detected in one of the subgroups. In the absence of a good
- 3 explanation of heterogeneity random effects are presented.

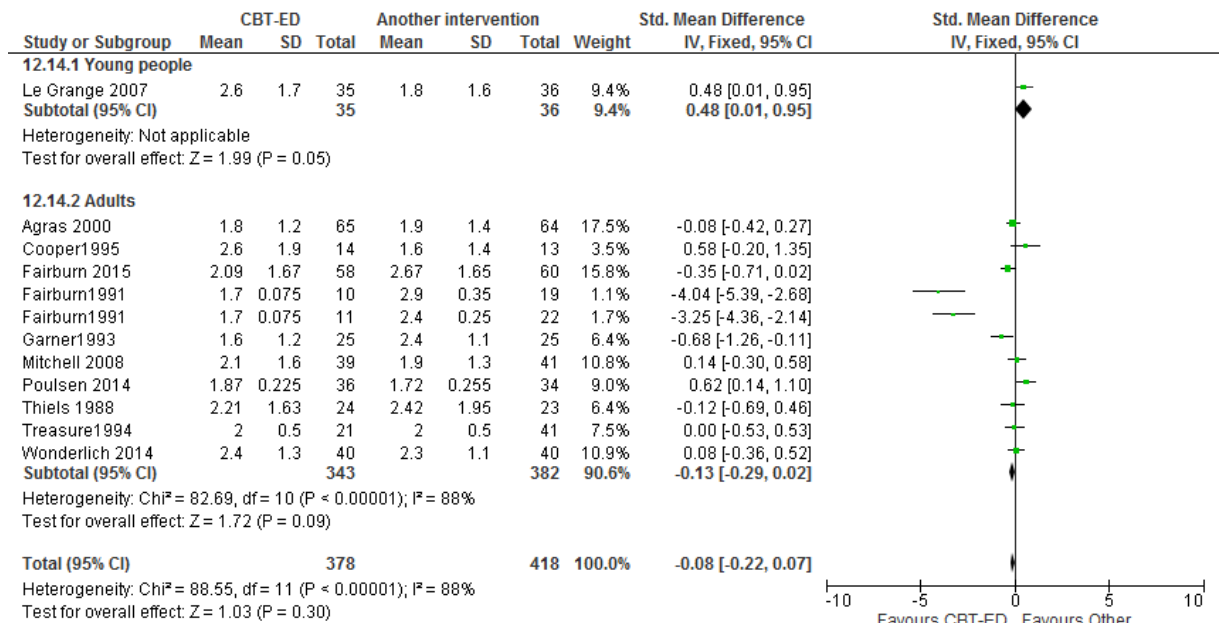
4 **Figure 176: EDE-shape concern with random effects**



- 5 Test for subgroup differences: Not applicable

6 **Figure 177: EDE-weight concern**

7

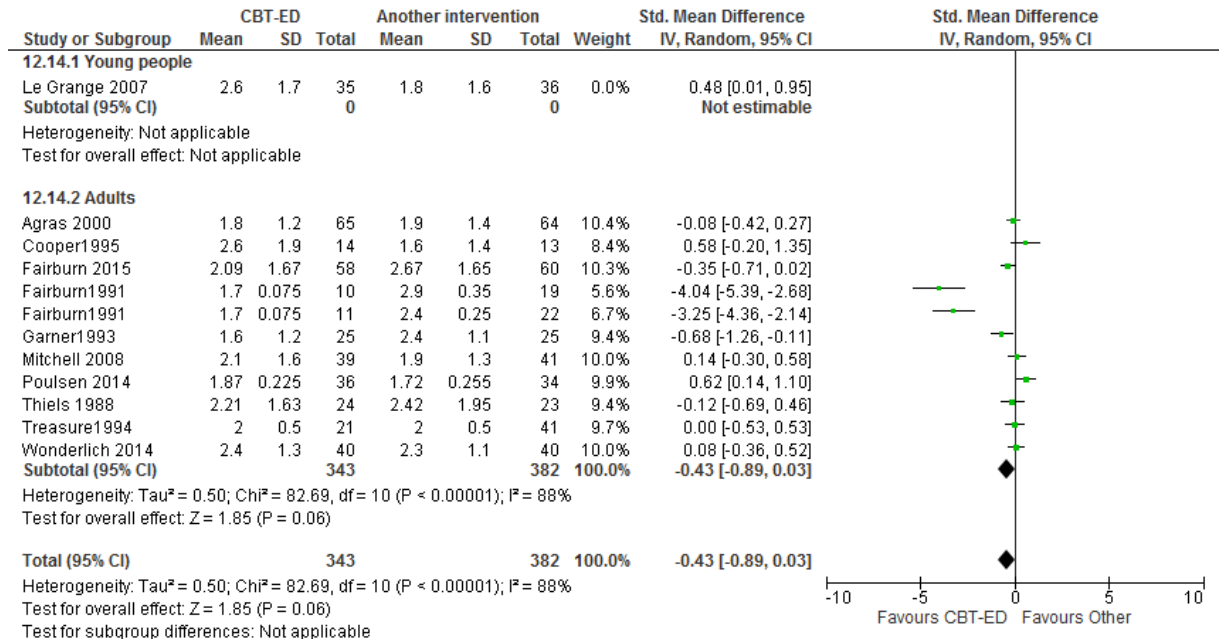


- 8 Test for subgroup differences: Chi² = 5.86, df = 1 (P = 0.02), I² = 82.9%

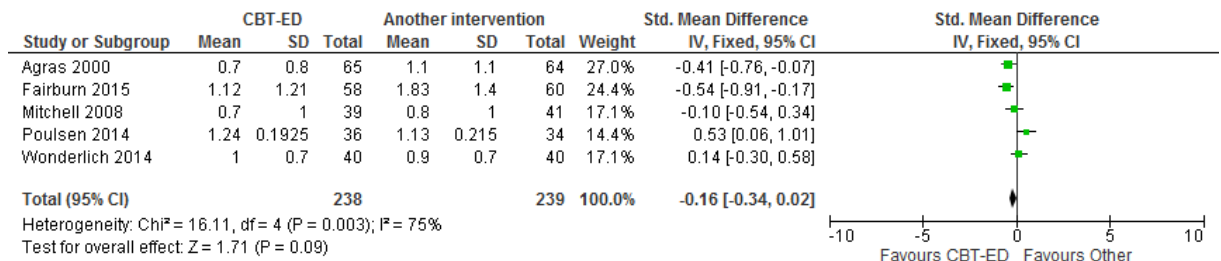
- 9 Heterogeneity was detected in adults at I²=88%. Removing Poulsen the study that carried a
- 10 risk of bias because of different durations of treatment had no effect on heterogeneity. All of
- 11 the studies included a population with mental health comorbidities, such as depression and
- 12 anxiety, so this could not explain any variability. Duration of illness could not explain the
- 13 variability: only one study by Fairburn 1991 appeared to have a population that had been ill
- 14 for less than 5 years and a sub-group analysis showed heterogeneity was not reduced. Nor
- 15 did severity of illness appear to explain the heterogeneity. When studies with a number of

- 1 binges of less than 18 per month were separated from those with more than 18 per month,
- 2 heterogeneity was still detected in one of the subgroups. In the absence of a good
- 3 explanation of heterogeneity random effects are presented.

4 **Figure 178: EDE-weight concern with random effects**



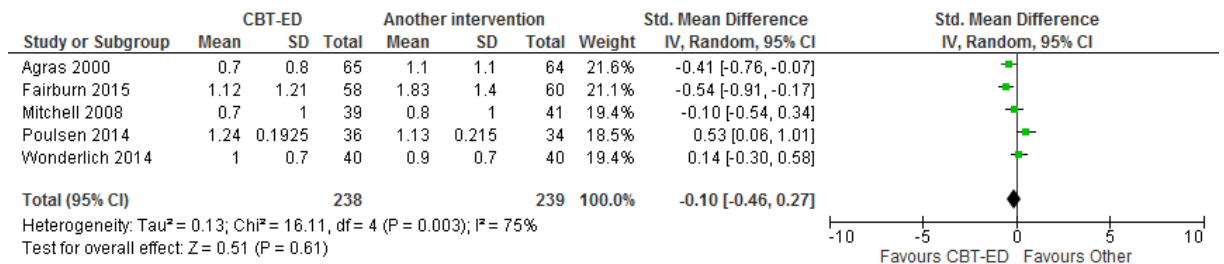
6 **Figure 179: EDE-eating concern**



- 7
- 8 Heterogeneity was detected in adults at I²=75%. Removing Poulsen the study that carried a
- 9 risk of bias because of different durations of treatment had no effect on heterogeneity. All of
- 10 the studies included a population with mental health comorbidities, such as depression and
- 11 anxiety, so this could not explain any variability. Duration of illness could not explain the
- 12 variability since they all had the illness for more than 5 years (except it was unclear in
- 13 Wonderlich 2014). Nor did severity of illness appear to explain the heterogeneity. When
- 14 studies with a number of binges of less than 18 per month were separated from those with
- 15 more than 18 per month, heterogeneity was still detected in one of the subgroups. In the
- 16 absence of a good explanation of heterogeneity random effects are presented.

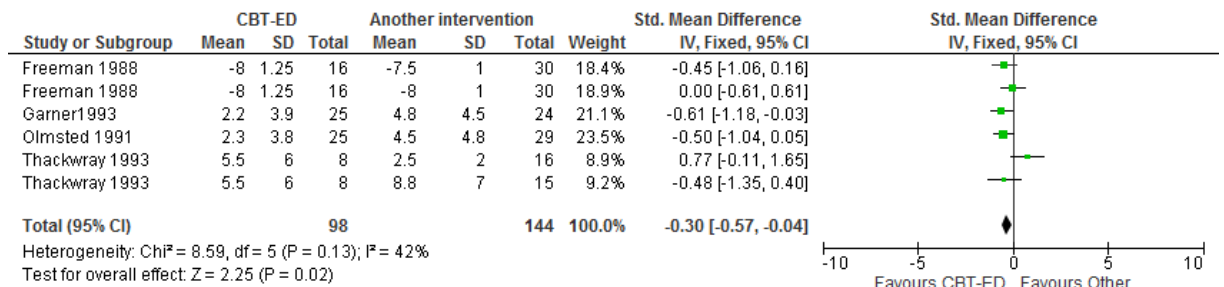
17

1 **Figure 180: EDE-eating concern with random effects**



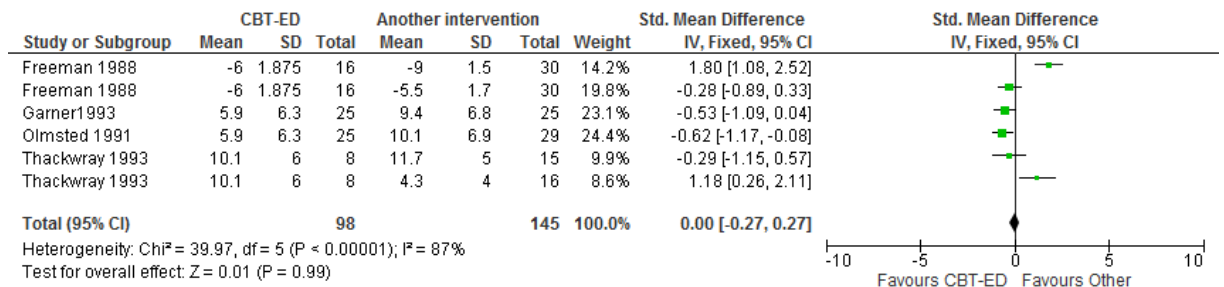
2

3 **Figure 181: EDI-bulimia**



4

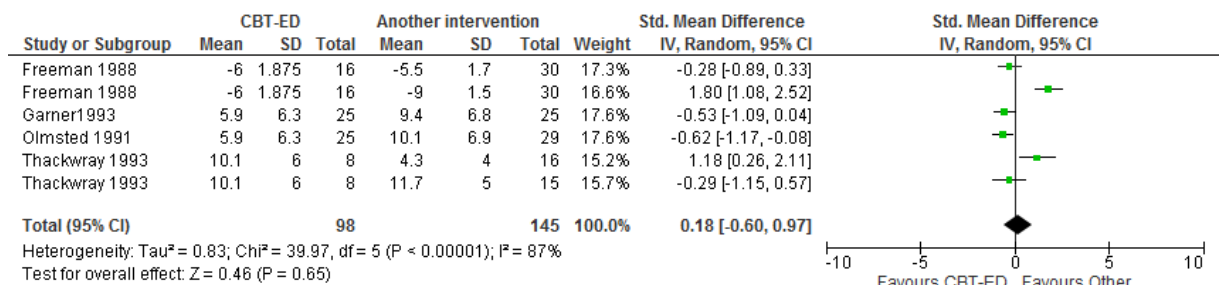
5 **Figure 182: EDI-drive for thinness**



6

7 Heterogeneity was detected at I² = 87%. All the studies appeared to have a similar duration
8 of illness and severity of illness based on the number of binges per month, in addition to
9 having comorbidities. Thus, no variable appeared to explain the heterogeneity and random
10 effects were presented.

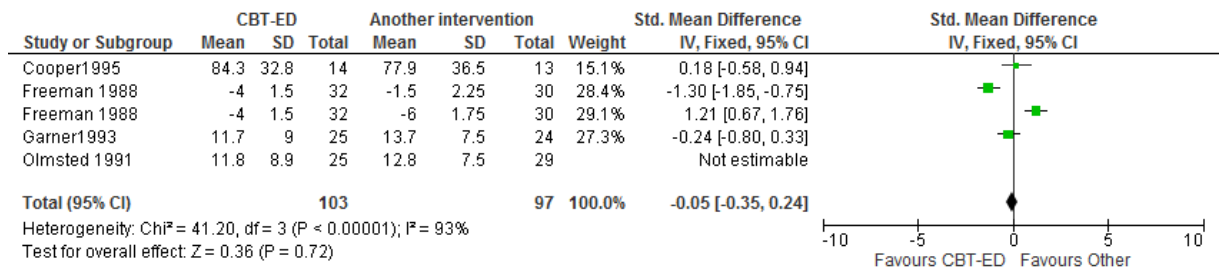
11 **Figure 183: EDI-drive for thinness with random effects**



12

1

2 **Figure 184: EDI-body dissatisfaction**

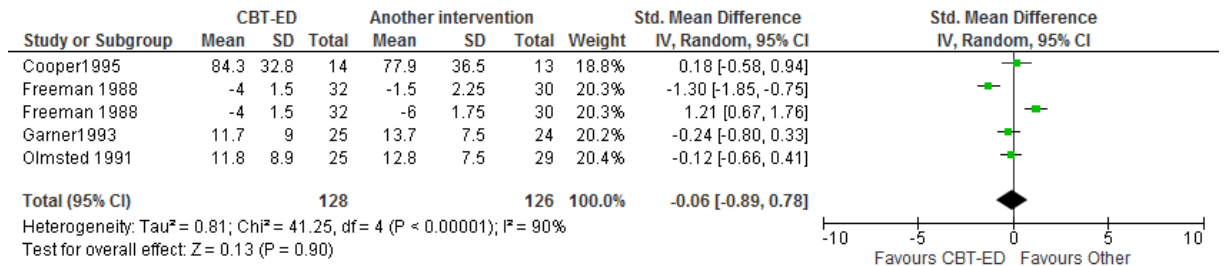


3

4 Heterogeneity was detected at I² = 93%. All the studies appeared to have a similar duration
5 of illness and severity of illness based on the number of binges per month, in addition to
6 having comorbidities. Thus, no variable appeared to explain the heterogeneity and random
7 effects were presented.

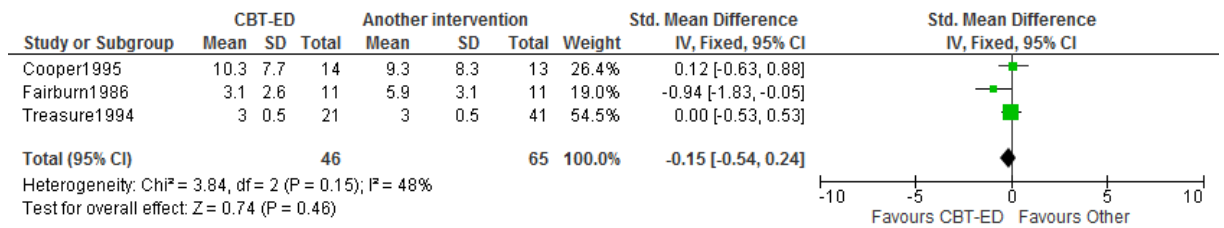
8 **Figure 185: EDI-body dissatisfaction with random effects**

9



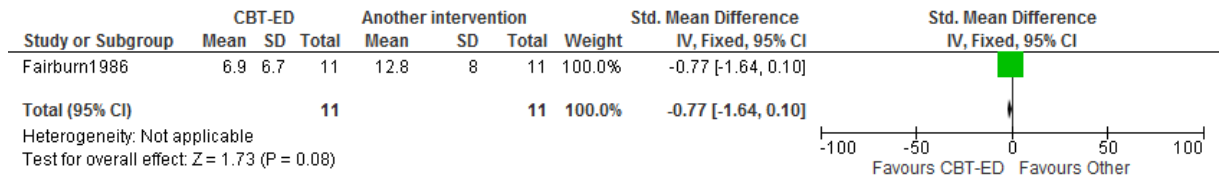
10

1 **Figure 186: Global clinical score**



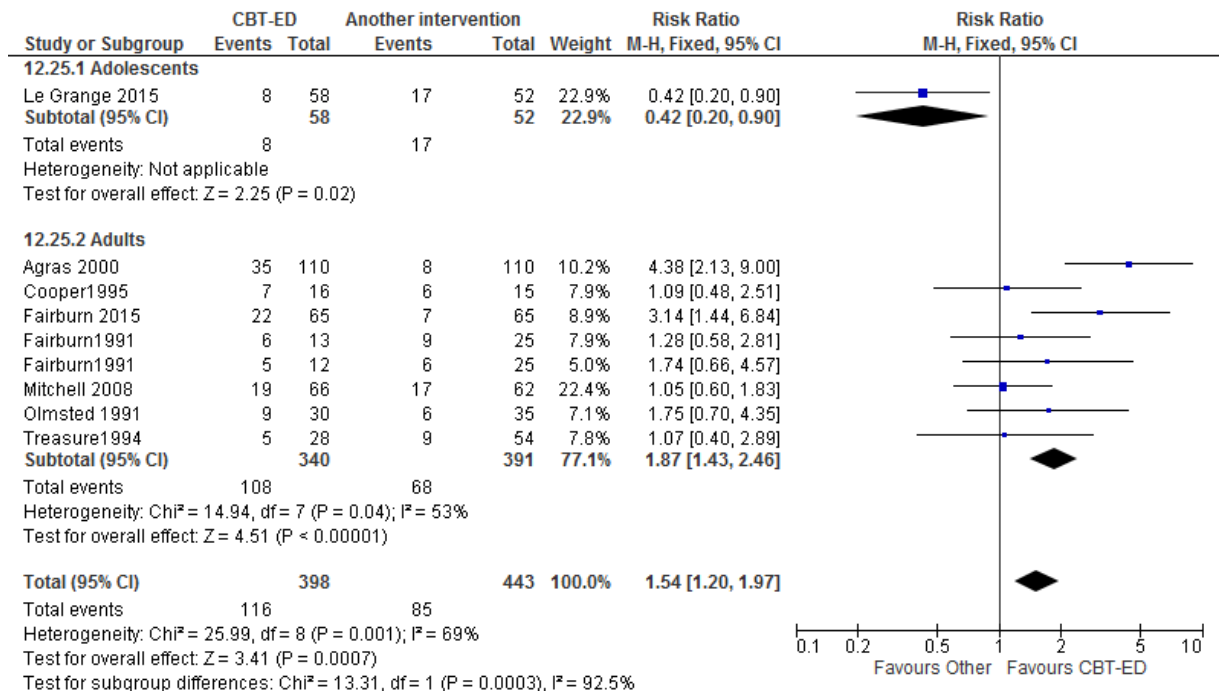
2

3 **Figure 187: General psychopathology**



4

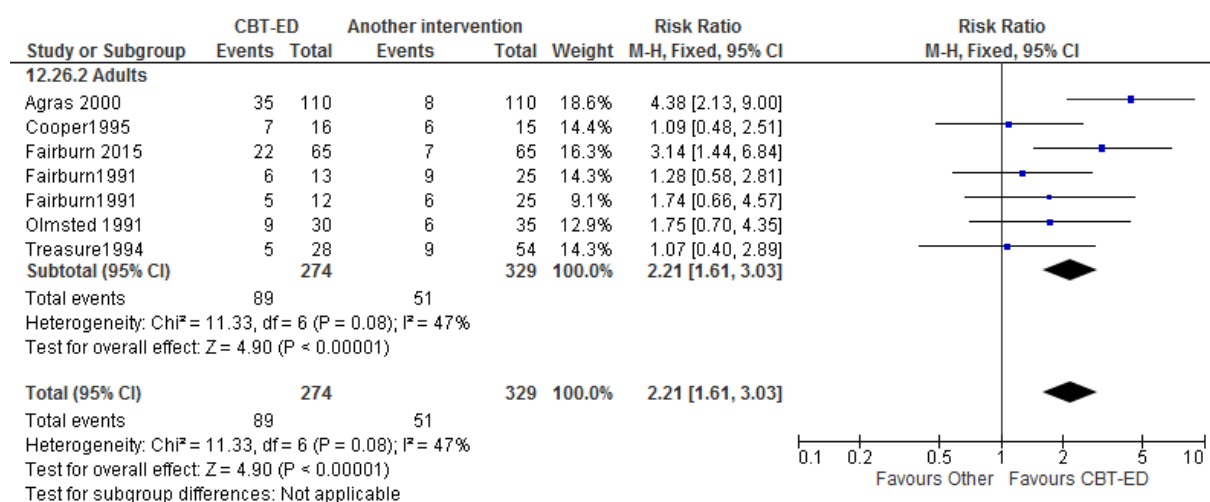
5 **Figure 188: Remission for young people and adults with bulimia nervosa**



7 Heterogeneity was detected $I^2=53\%$ for remission at the end of treatment. It is not clear what
8 explains the variability in the result. A sensitivity analysis showed that Mitchell 2008 that
9 included a mixed population of binge eating and ENDOS significantly contributed to the
10 heterogeneity because when it was removed from analysis, heterogeneity was reduced.

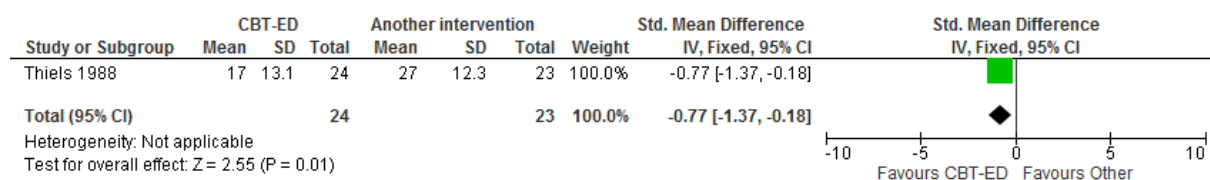
11 **Figure 189: Remission for adults with bulimia nervosa with sensitivity analysis**

12



1

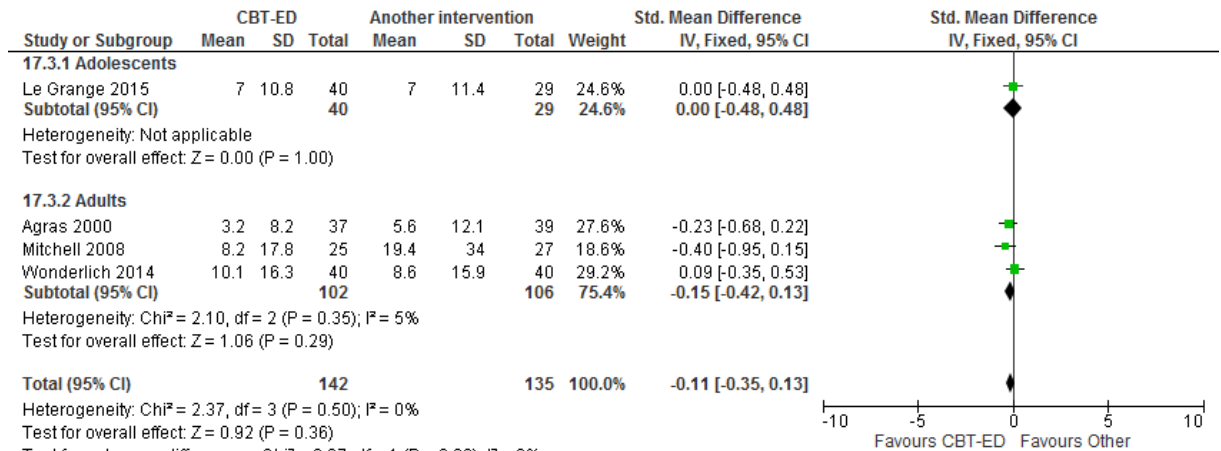
2 Figure 190: Bulimic inventory test



3

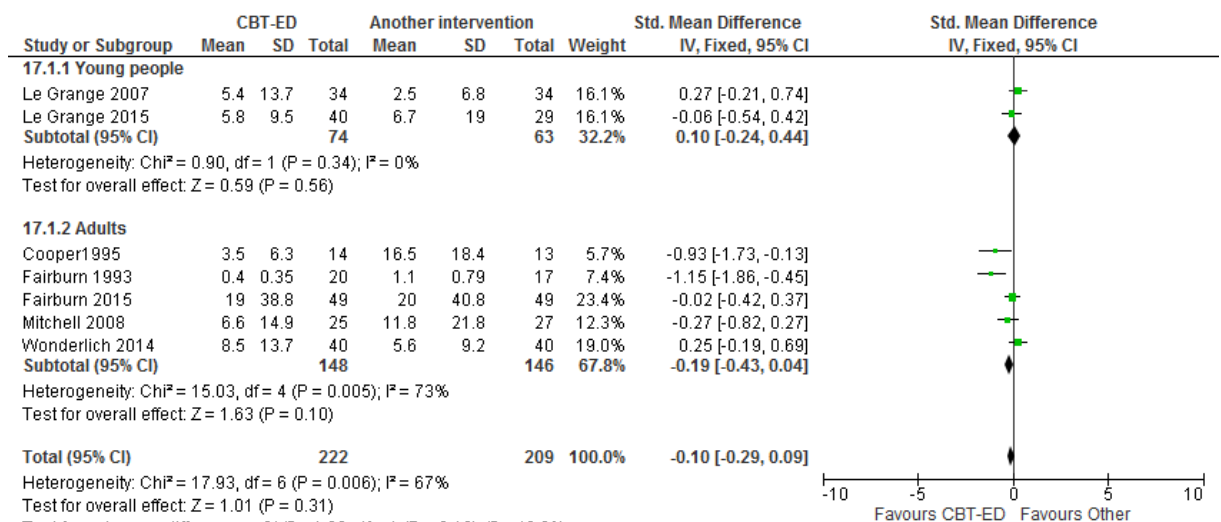
M.3.2.21 CBT-ED versus any other intervention in adults (unless otherwise stated) with bulimia nervosa at follow-up

3 Figure 191: Purges for young people and adults



4 Test for subgroup differences: Chi² = 0.27, df = 1 (P = 0.60), I² = 0%

5 Figure 192: Binges for young people and adults

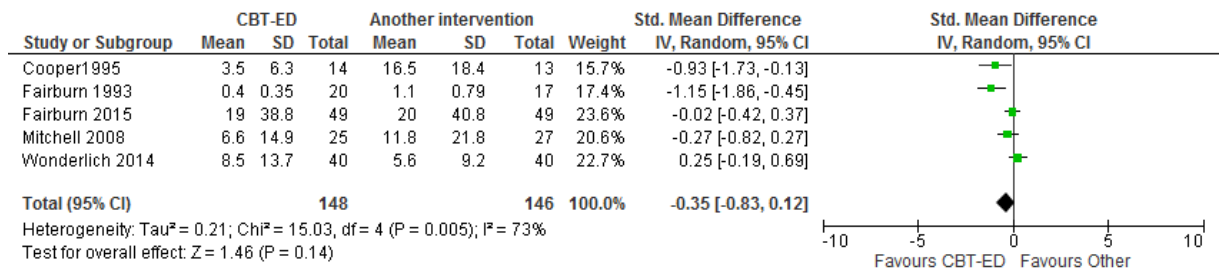


6 Test for subgroup differences: Chi² = 1.99, df = 1 (P = 0.16), I² = 49.8%

7 Heterogeneity was detected in adults at I²=73%. No studies clearly showed a risk of bias,
 8 duration of illness was not reported in all studies and severity of illness based on number of
 9 binges per month was difficult to separate when one study reported median versus mean
 10 and the remainder were not largely different: Cooper: 21-30 binges/mo; Fairburn 1993 17-18
 11 binges/mo; Fairburn 2015 reported median 14/mo; Wonderlich 22-23 binges/ mo. All studies
 12 included a population with comorbidities. In the absence of an explanation for the
 13 heterogeneity the result was presented as a random effects.

14

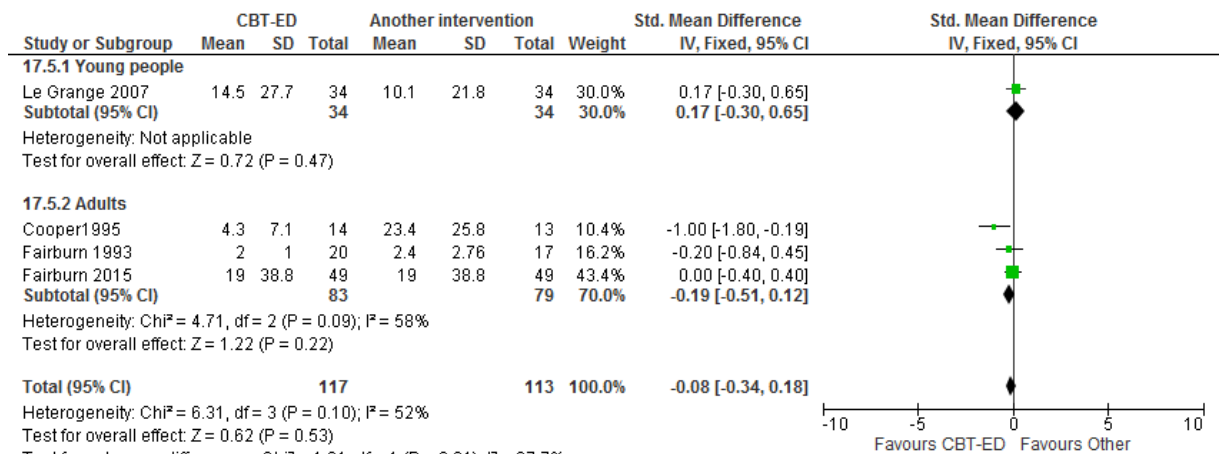
1 **Figure 193: Binges for adults with random effects**



2

3 **Figure 194: Vomiting**

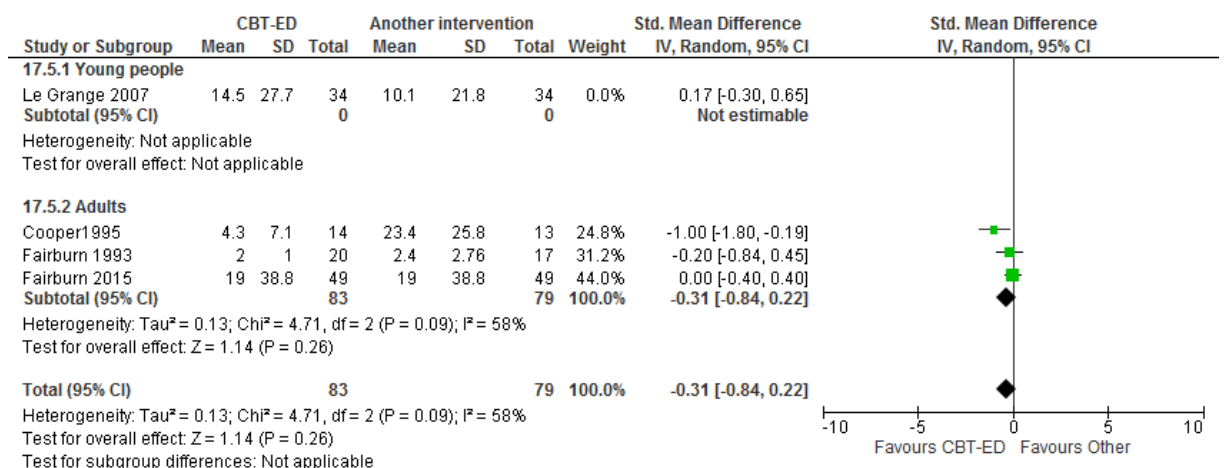
4



5

6 Heterogeneity was detected in adults at I²=58%. Cooper was a significant outlier that when it
7 was removed from the analysis heterogeneity was reduced to 0% but there was no real
8 justification for removing or separating this study based on risk of bias or a difference in
9 comorbidities, duration or severity of illness. In the absence of an explanation, random
10 effects were presented

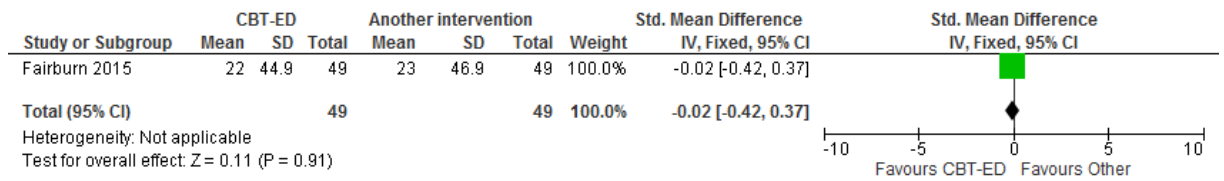
11 **Figure 195: Vomiting with random effects for adults**



12

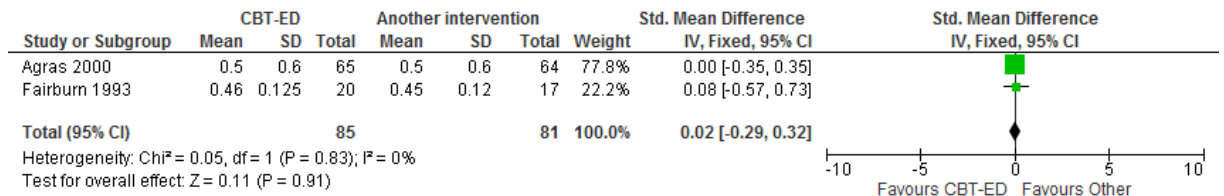
13

1 **Figure 196: Laxative use**



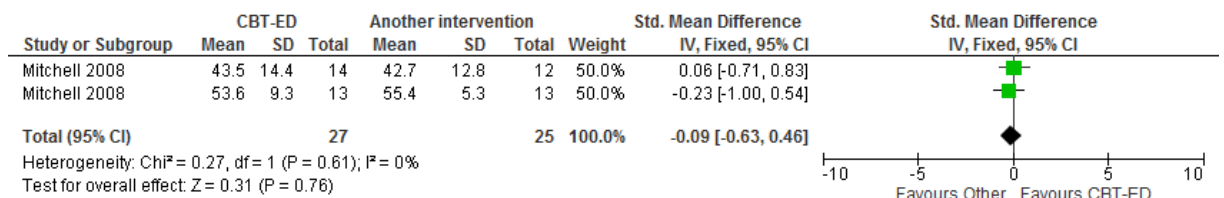
2

3 **Figure 197: Symptom check-list (SCL-90-R)**



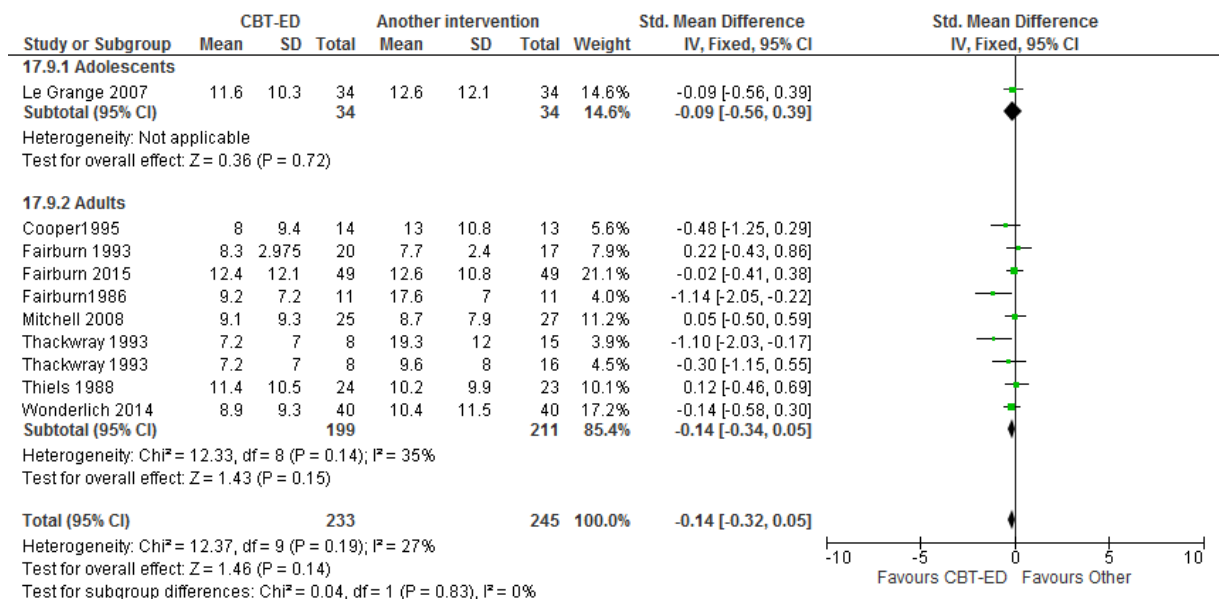
4

5 **Figure 198: Quality of life**



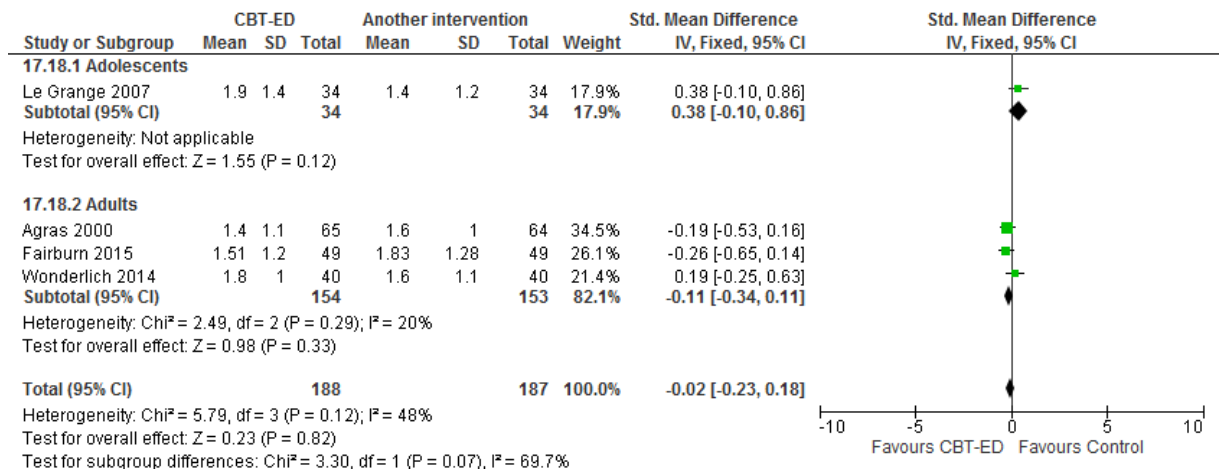
6

7 **Figure 199: Depression in young people and adults**

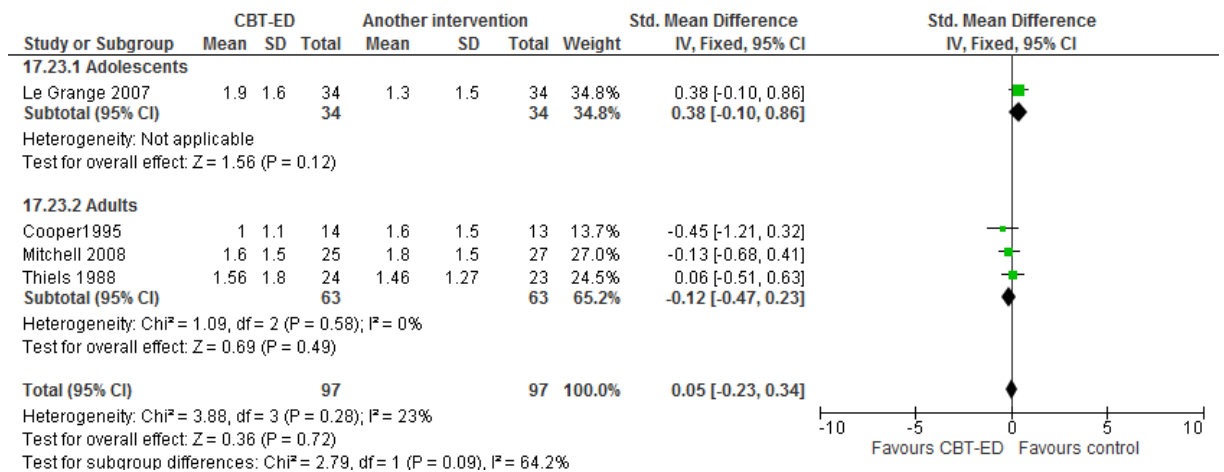


8

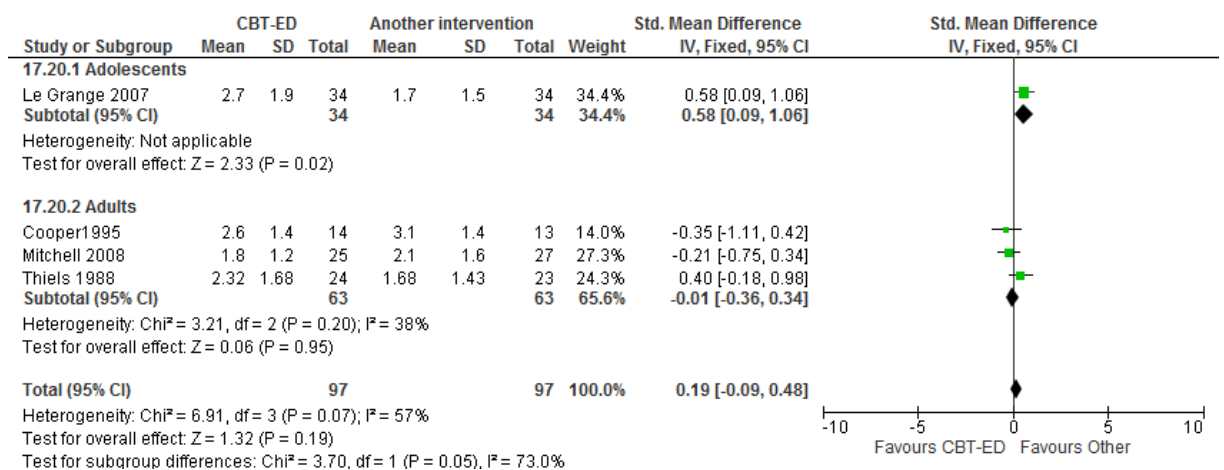
1 **Figure 200: EDE-total**



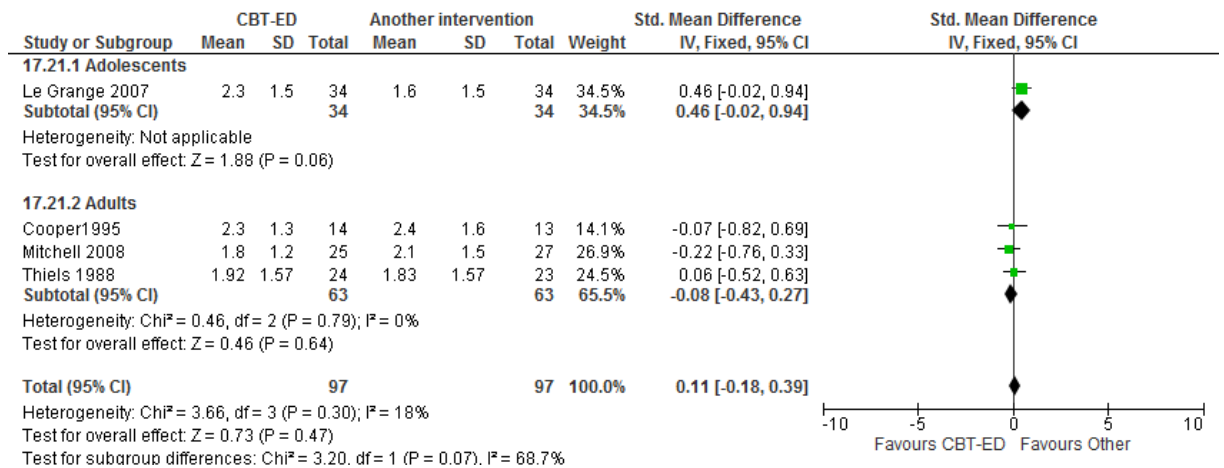
3 **Figure 201: EDE-dietary restraint in young people and adults**



5 **Figure 202: EDE-shape concern in young people and adults**

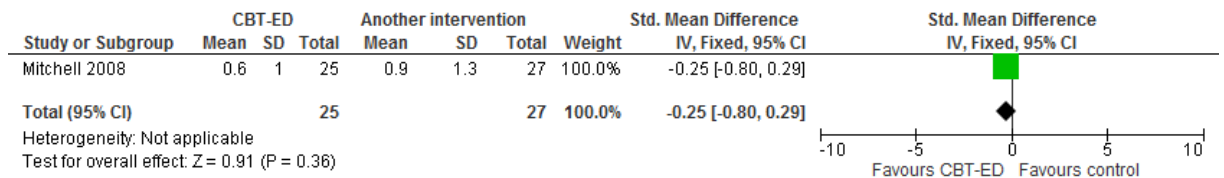


1 **Figure 203: EDE-weight concern in young people and adults**



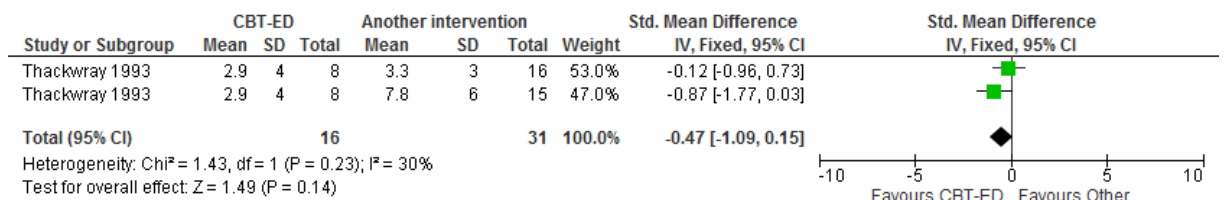
2

3 **Figure 204: EDE-eating concern**



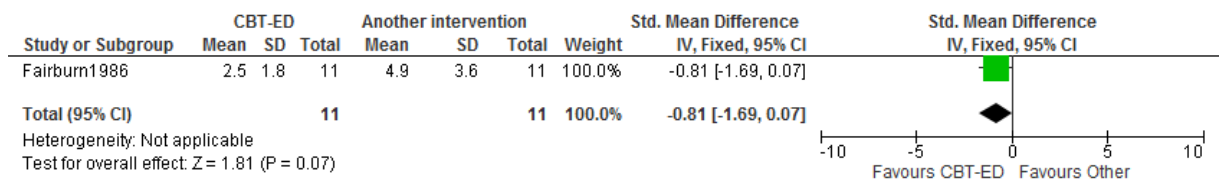
4

5 **Figure 205: EDI-bulimia**



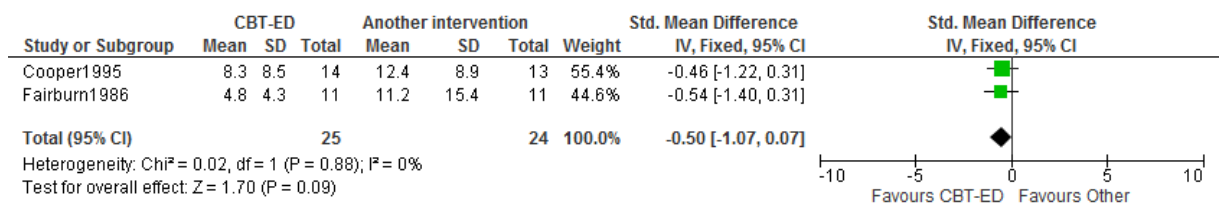
6

7 **Figure 206: Global clinical score**



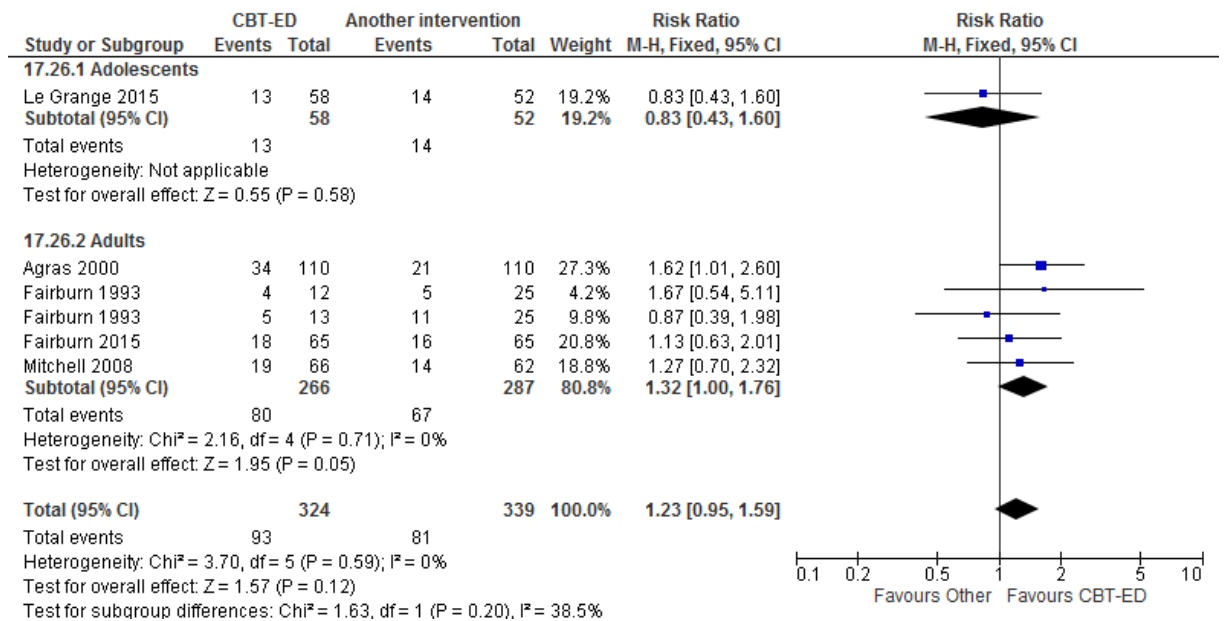
8

9 **Figure 207: General psychopathology**



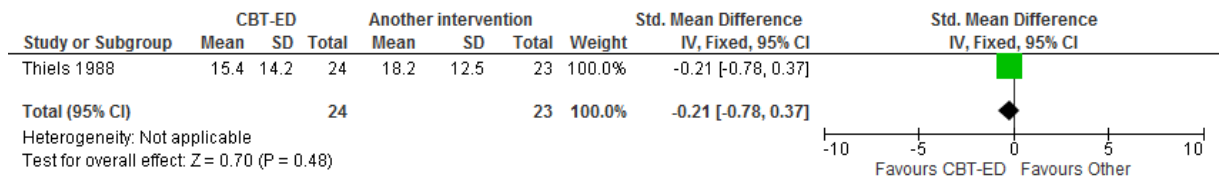
10

1 **Figure 208: Remission in young people and adults**



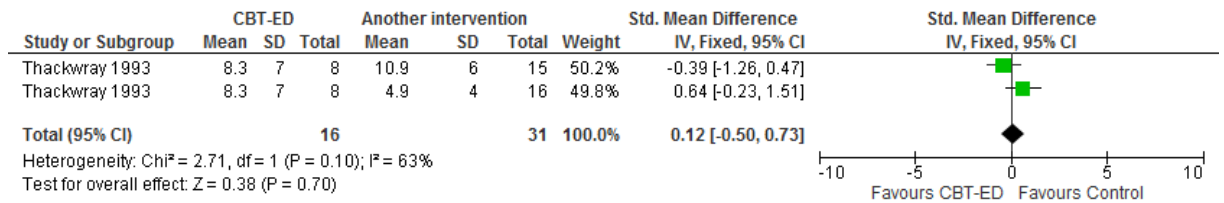
2

3 **Figure 209: Bulimic inventory test**



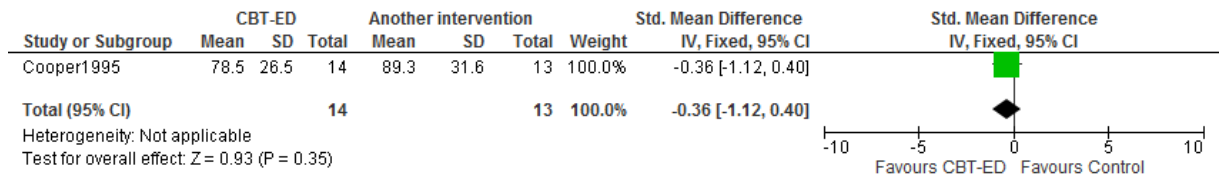
4

5 **Figure 210: EDI-drive for thinness**



6

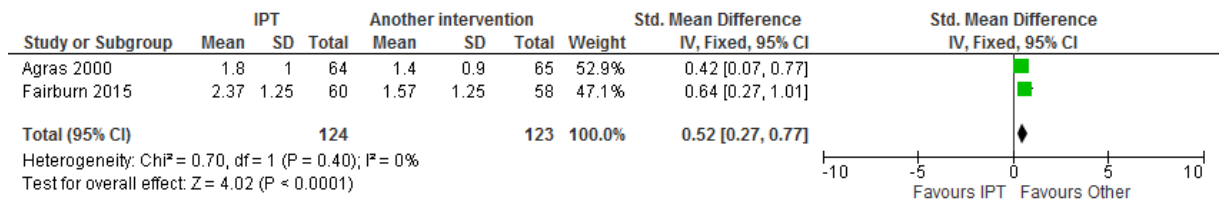
7 **Figure 211: EDI-body dissatisfaction**



8

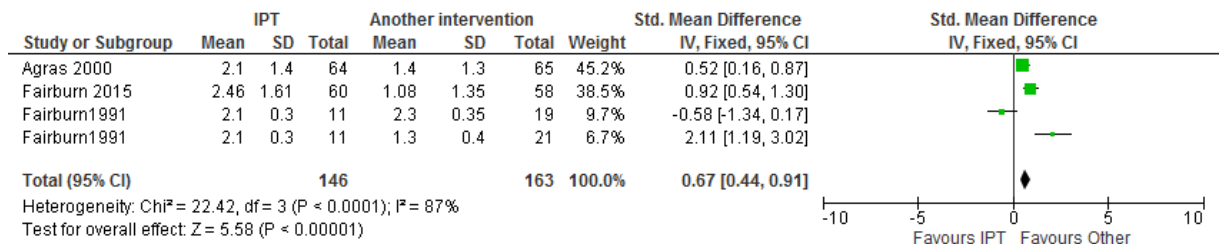
**M.3.2.31 Interpersonal therapy versus any other intervention in adults (unless otherwise stated)
2 with bulimia nervosa at the end of treatment**

3 Figure 212: EDE-total



4

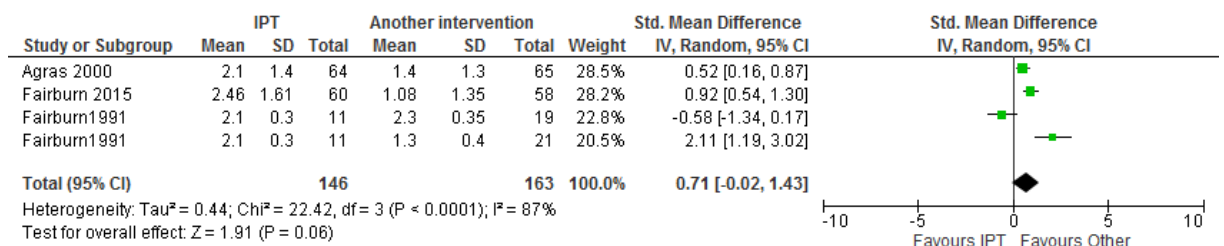
5 Figure 213: EDE-restraint



6

7 Heterogeneity was detected at $I^2=87\%$. One study by Fairburn 1991 carried a risk of bias for
8 a preference for CBT-ED over any other intervention (it was one of the “other interventions”).
9 However, removing this from the analysis did not explain the heterogeneity. Also, separating
10 it because it had a population with a lower duration of illness <5 years compared with the
11 other studies that had >5 years, did not explain it either. The studies all included a
12 population with comorbidities and the severity of illness could not be explored because of
13 different ways of reporting bingeing. In the absence of an explanation, the results were
14 presented as random effects.

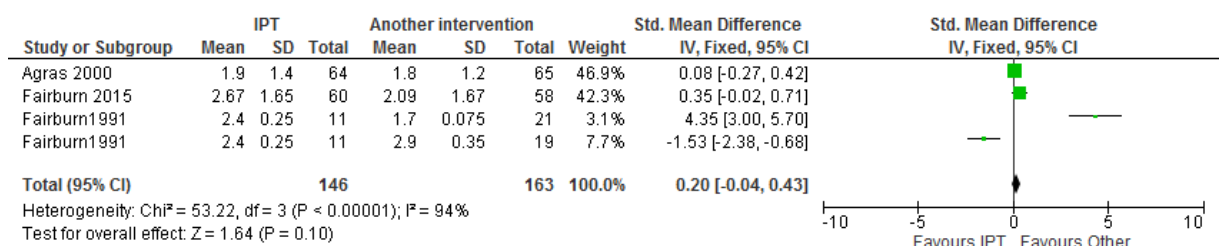
15 Figure 214: EDE-restraint with random effects



16

17

18 Figure 215: EDE-weight concern

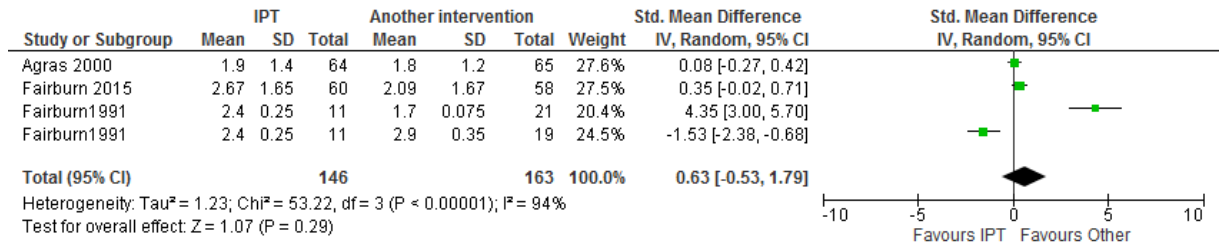


19

20 Heterogeneity was detected at $I^2=94\%$. One study by Fairburn 1991 carried a risk of bias for
21 a preference for CBT-ED over any other intervention. However, removing this from the
22 analysis did not explain the heterogeneity. Also, separating it because it had a population

1 with a lower duration of illness <5 years compared with the other studies that had >5 years,
2 did not explain it either. The studies all included a population with comorbidities and the
3 severity of illness could not be explored because of different ways of reporting bingeing. In
4 the absence of an explanation, the results were presented as random effects.

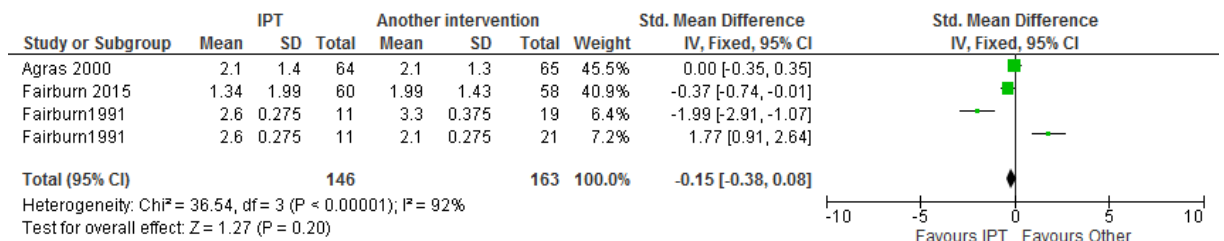
5 **Figure 216: EDE-weight concern with random effects**



6

7

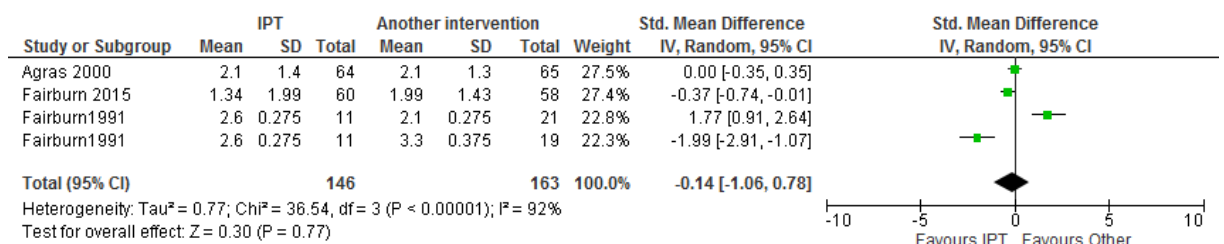
8 **Figure 217: EDE-shape concern**



9

10 Heterogeneity was detected at I²=92%. One study by Fairburn 1991 carried a risk of bias for
11 a preference for CBT-ED over any other intervention. However, removing this from the
12 analysis did not explain the heterogeneity. Also, separating it because it had a population
13 with a lower duration of illness <5 years compared with the other studies that had >5 years,
14 did not explain it either. The studies all included a population with comorbidities and the
15 severity of illness could not be explored because of different ways of reporting bingeing. In
16 the absence of an explanation, the results were presented as random effects.

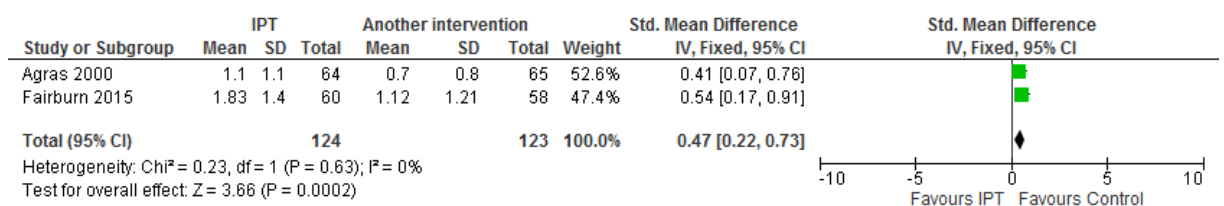
17 **Figure 218: EDE-shape concern with random effects**



18

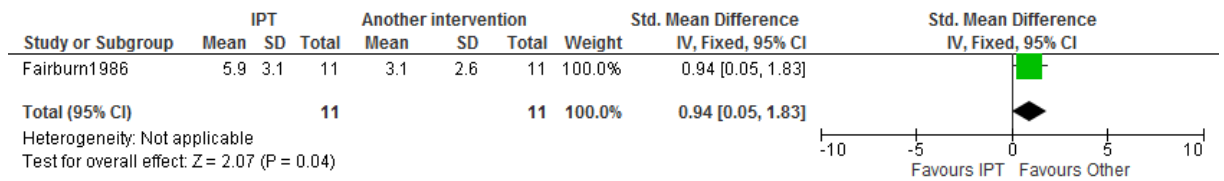
19

20 **Figure 219: EDE-eating concern**



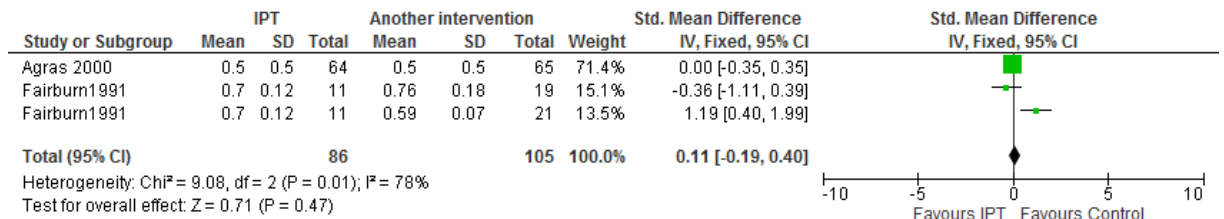
21

1 **Figure 220: General clinical score**



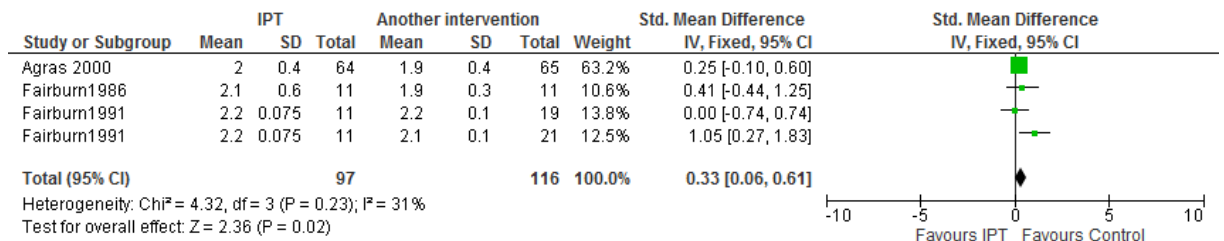
2

3 **Figure 221: Symptom check-list**



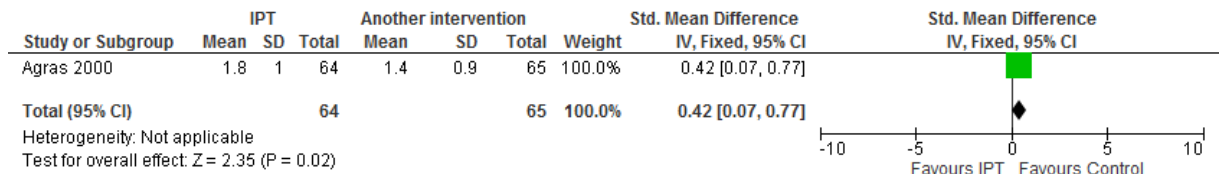
4

5 **Figure 222: Social adjustment score**



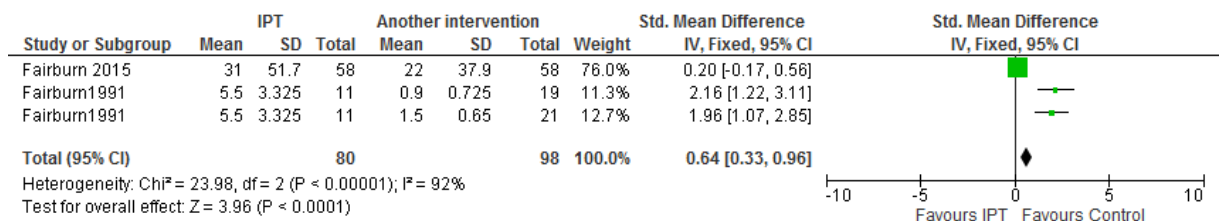
6

7 **Figure 223: Purges**



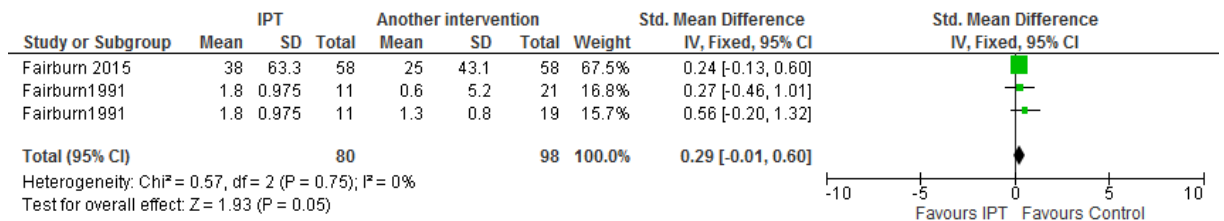
8

9 **Figure 224: Vomiting**



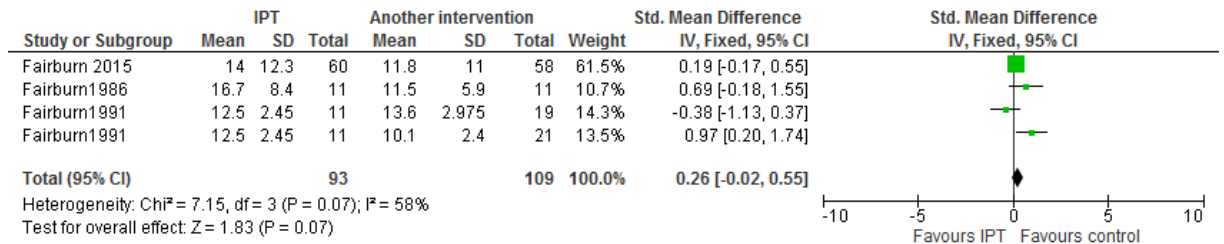
10

1 **Figure 225: Binges**



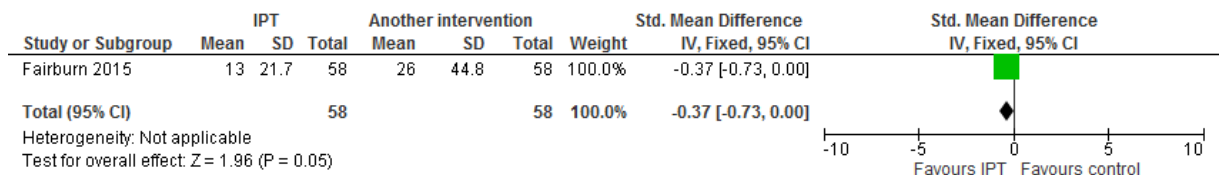
2

3 **Figure 226: Depression**



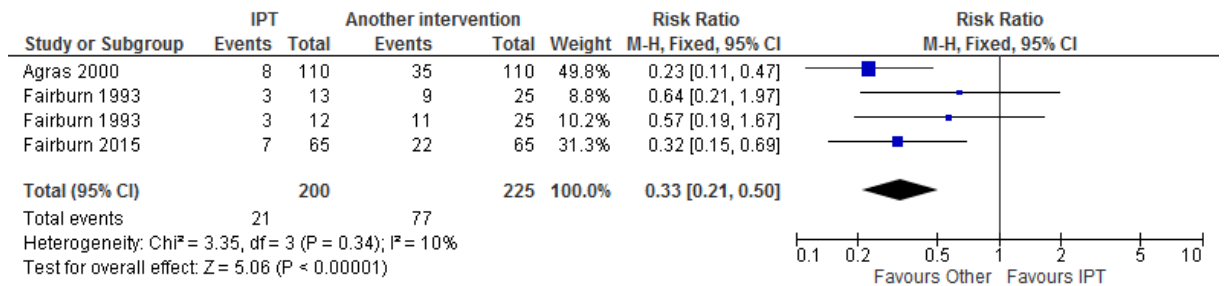
4

5 **Figure 227: Laxative use**



6

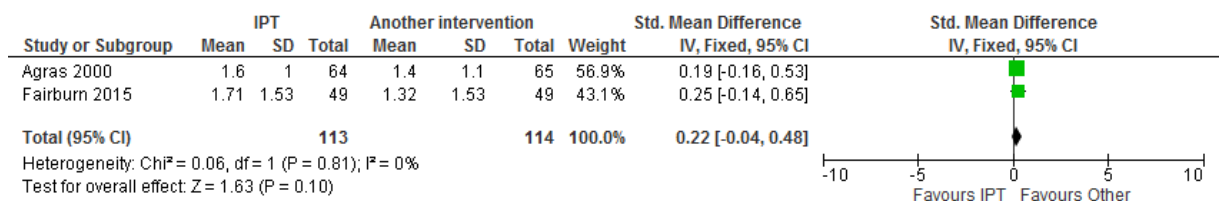
7 **Figure 228: Remission**



8

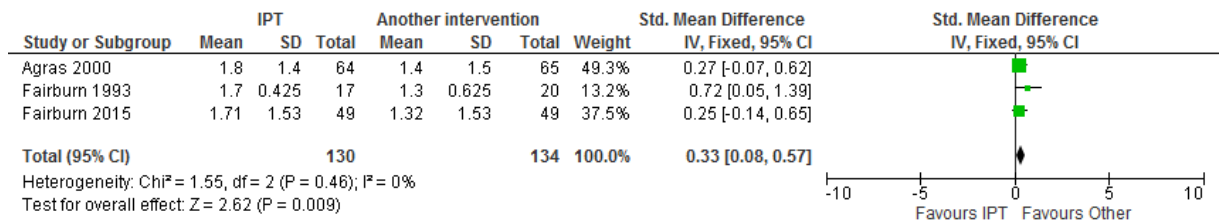
M.3.2.49 **Interpersonal therapy versus any other intervention in adults (unless otherwise stated) with bulimia nervosa at follow-up**

11 **Figure 229: EDE-total**



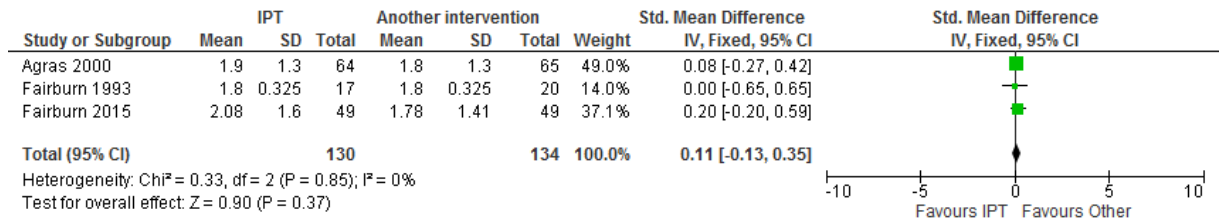
12

1 **Figure 230: EDE-restraint**



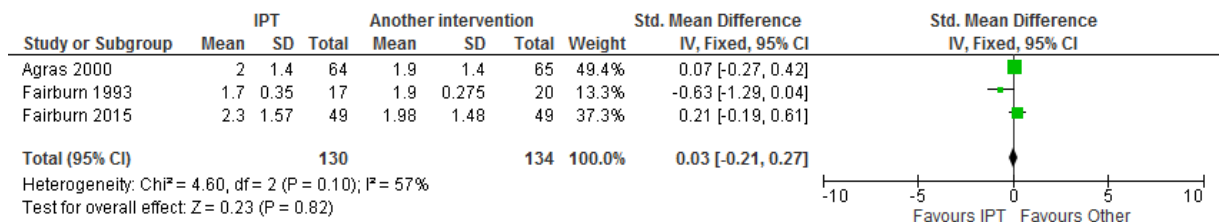
2

3 **Figure 231: EDE-weight concern**



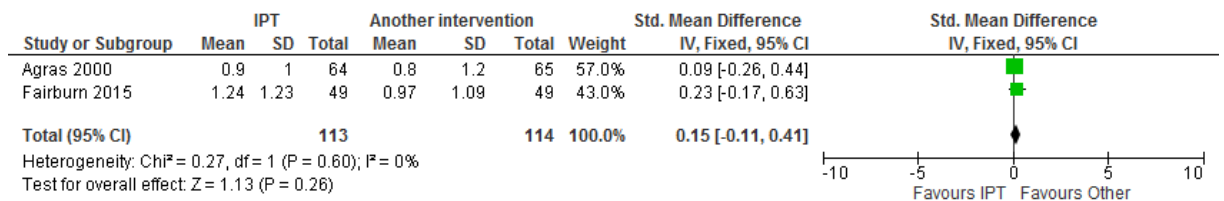
4

5 **Figure 232: EDE-shape concern**



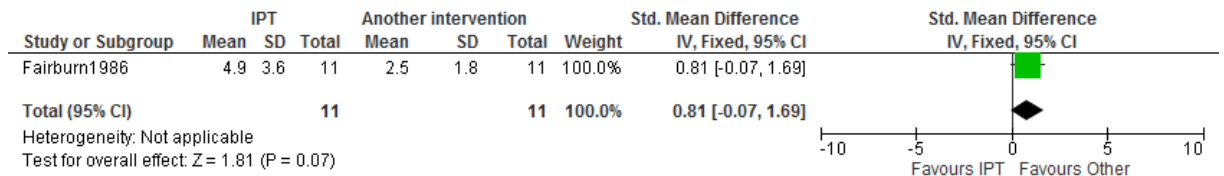
6

7 **Figure 233: EDE-eating concern**



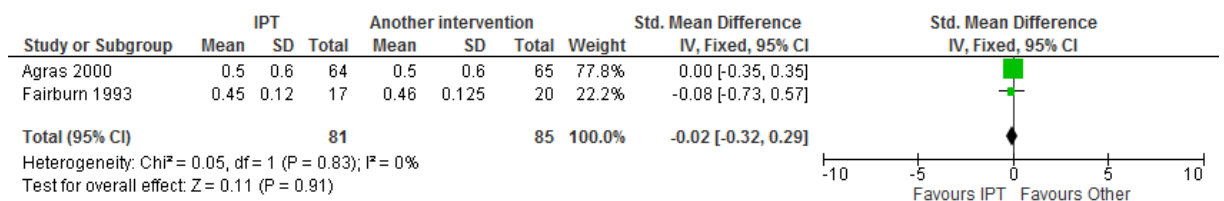
8

9 **Figure 234: General clinical score**



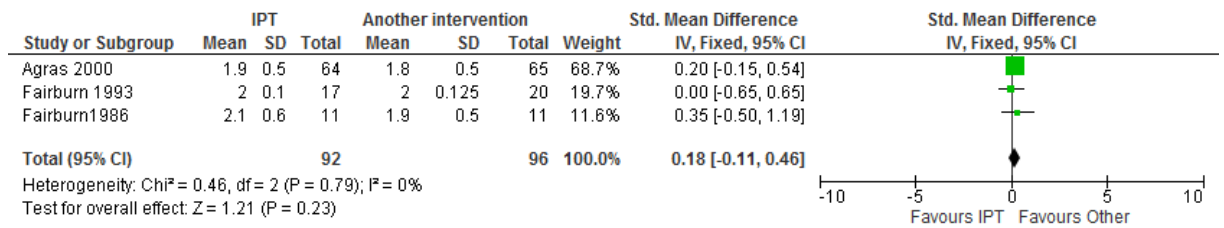
10

11 **Figure 235: Symptom check-list**



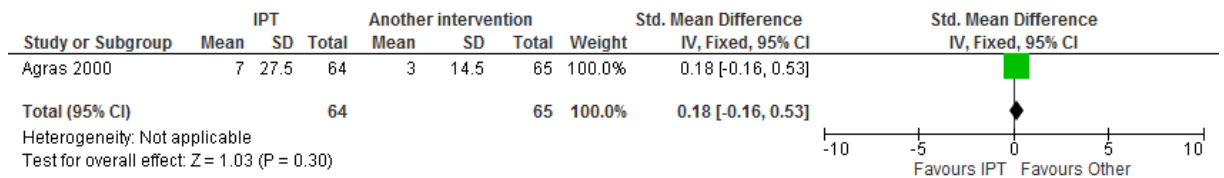
12

1 **Figure 236: Social adjustment score**



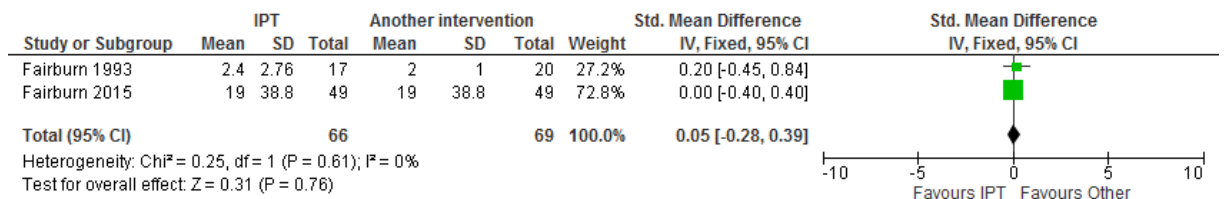
2

3 **Figure 237: Purges**



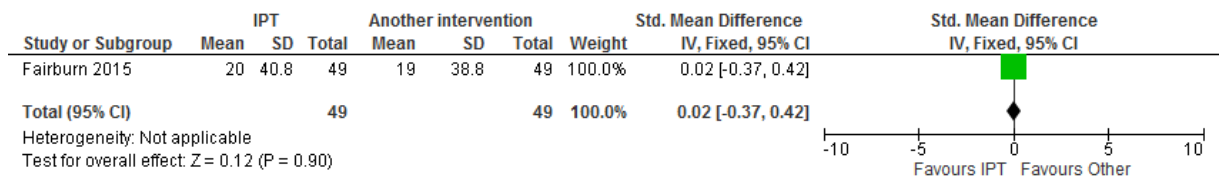
4

5 **Figure 238: Vomiting**



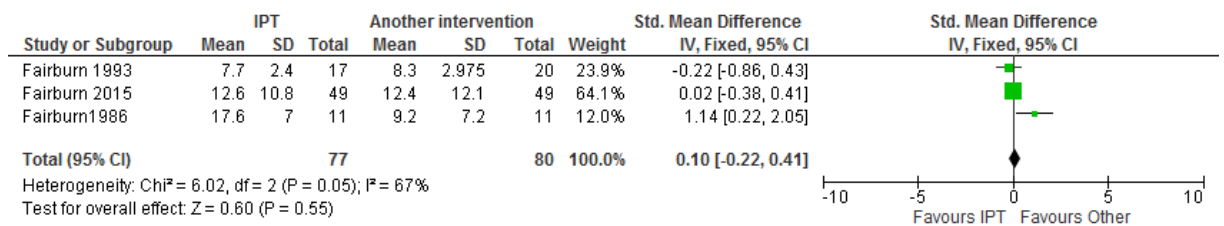
6

7 **Figure 239: Binges**



8

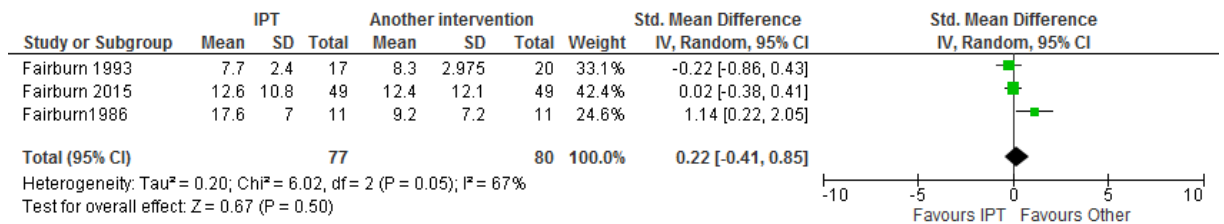
9 **Figure 240: Depression**



10

11 Heterogeneity was detected at $I^2=67\%$. Fairburn 1986 was an outlier and appeared to
 12 explain the heterogeneity but the population was not remarkably different to the other studies
 13 nor did it carry a higher risk of bias to justify its exclusion in a sensitivity analysis. Subgroup
 14 analysis based on number of duration was not possible because either the data was not
 15 available, nor severity of illness because the units of measure were different and
 16 comorbidities because all populations had a comorbidity to some degree. Since
 17 heterogeneity could not be explained random effects were used.

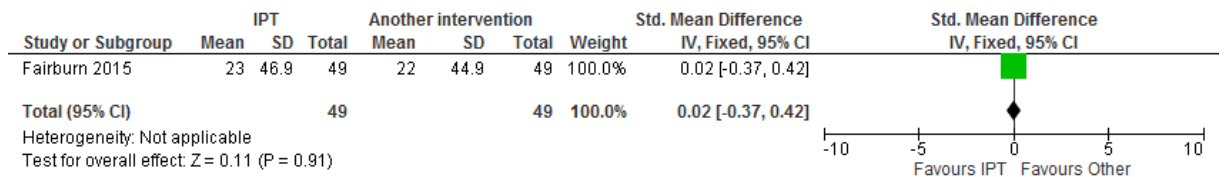
1 **Figure 241: Depression random effects**



2

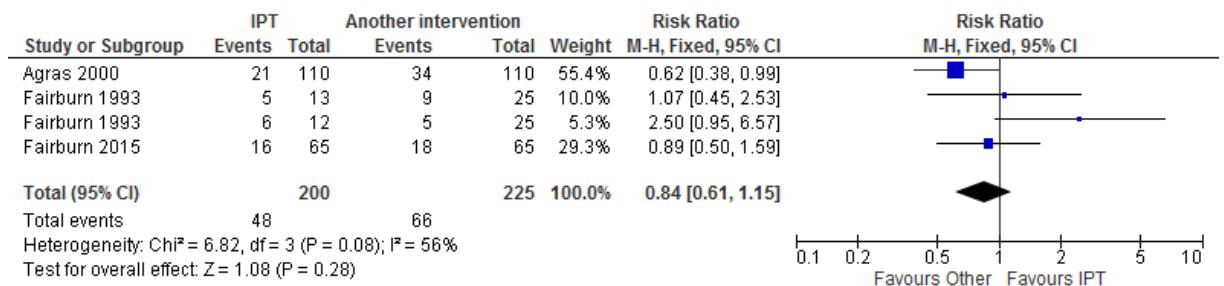
3

4 **Figure 242: Laxative use**



5

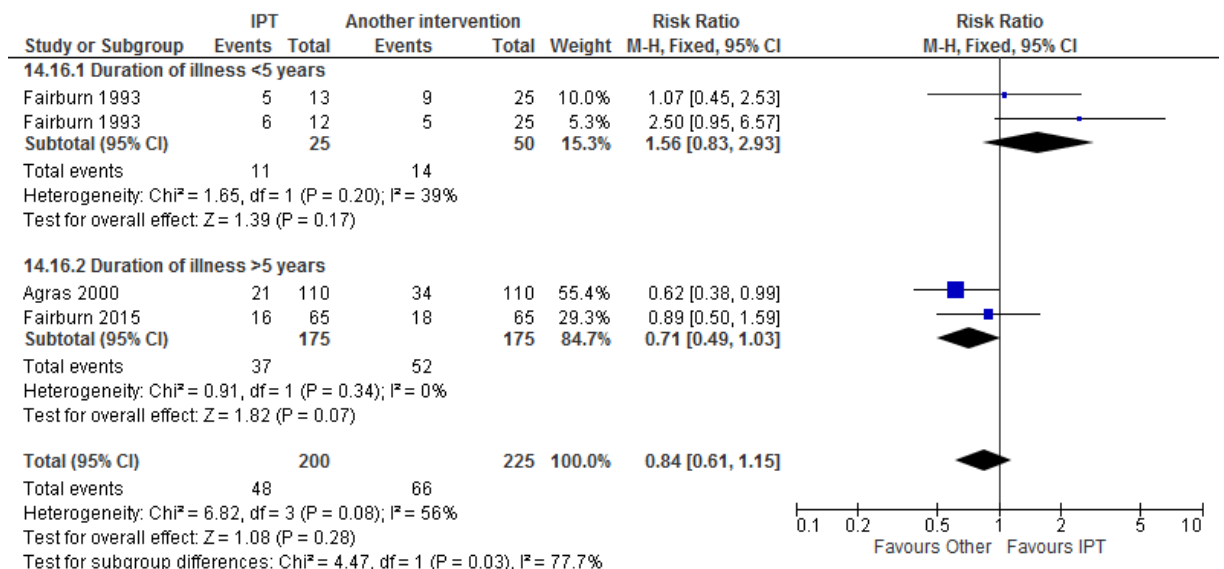
6 **Figure 243: Remission**



7

8 Heterogeneity was detected at I²=67%. No study showed a particularly high risk of bias. All
9 studies included people with comorbidities and severity of illness was difficult to separate out
10 because of different units of measure. Separating the data based on duration of illness may
11 explain the heterogeneity. Suggesting those who have a shorter duration of illness may be
12 more responsive to interpersonal therapy.

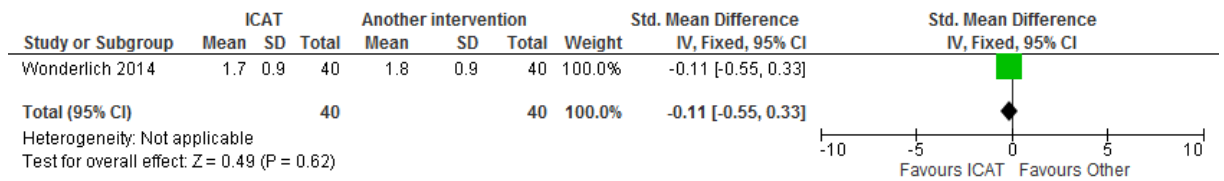
13 **Figure 244: Remission – subgroup analysis based on duration of illness**



14

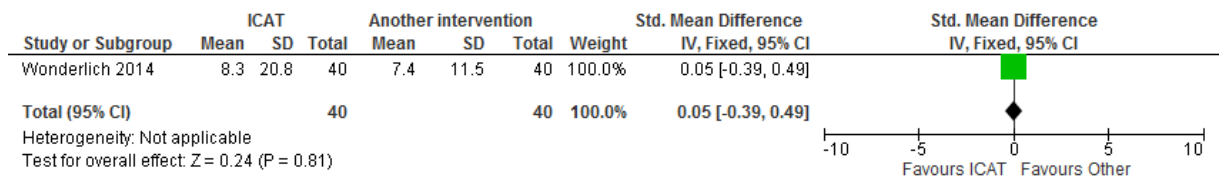
M.3.2.51 Integrative cognitive-affective therapy (ICAT) versus any other intervention in adults with bulimia nervosa at the end of treatment

3 Figure 245: EDE-total



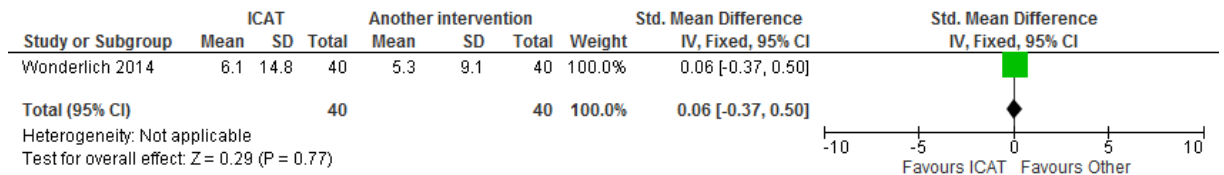
4

5 Figure 246: Purges



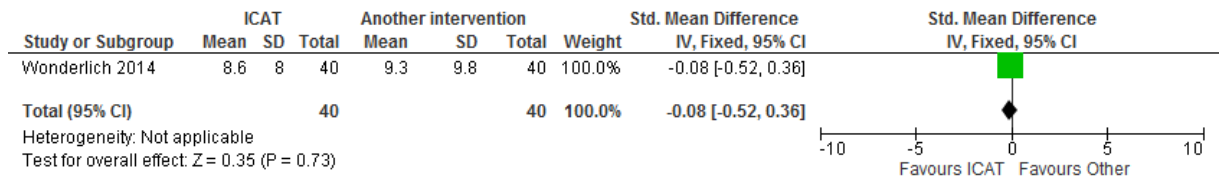
6

7 Figure 247: Binges



8

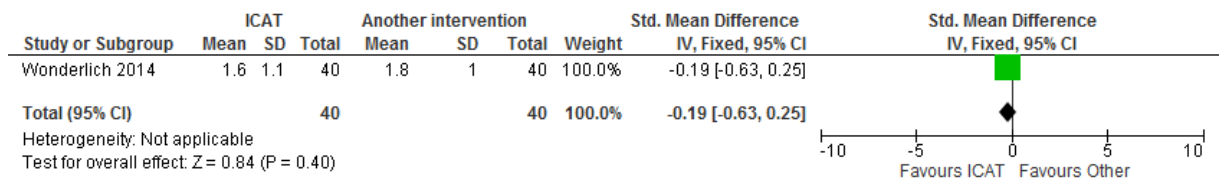
9 Figure 248: Depression



10

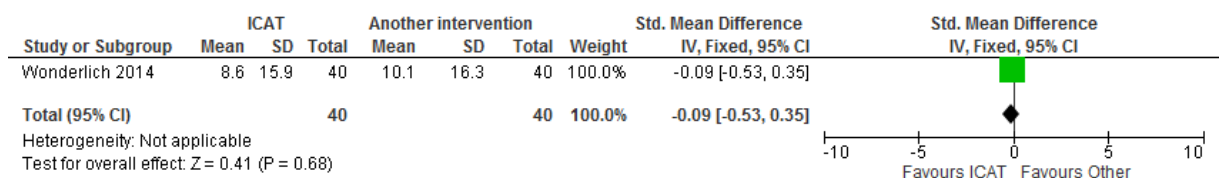
M.3.2.61 Integrative cognitive-affective therapy (ICAT) versus any other intervention in adults with bulimia nervosa at follow-up

13 Figure 249: EDE-total



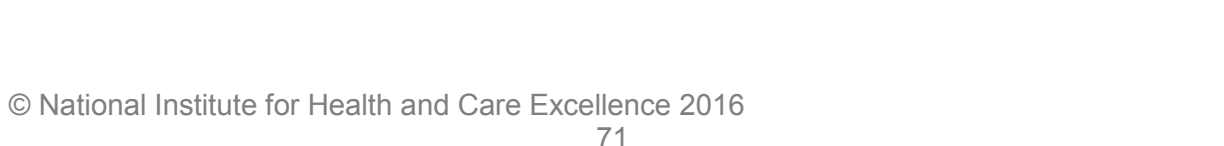
14

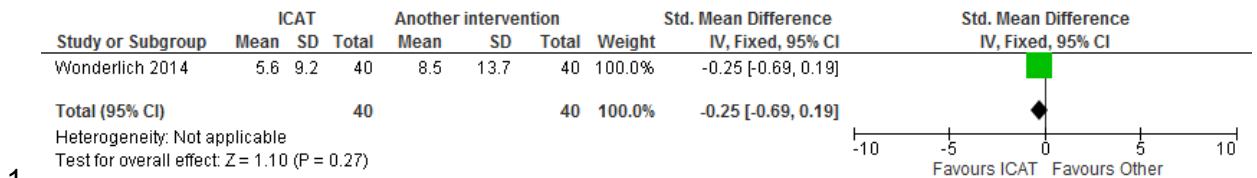
15 Figure 250: Purges



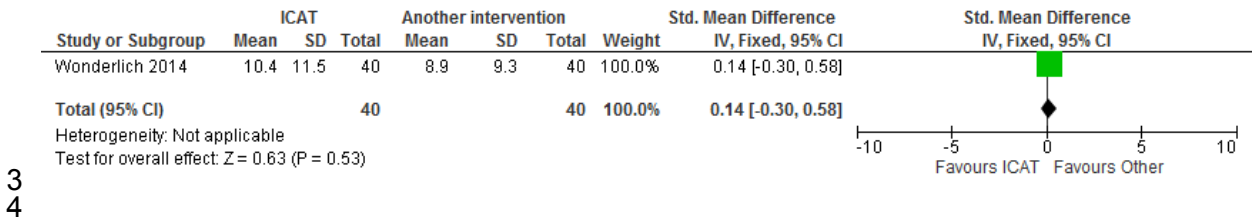
16

17 Figure 251: Binges



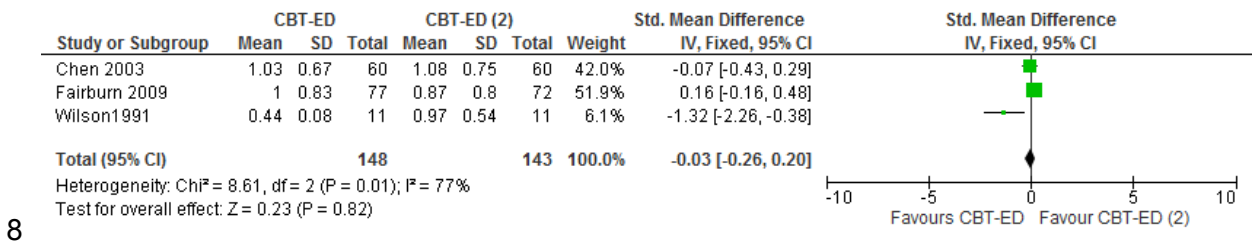


2 **Figure 252: Depression**

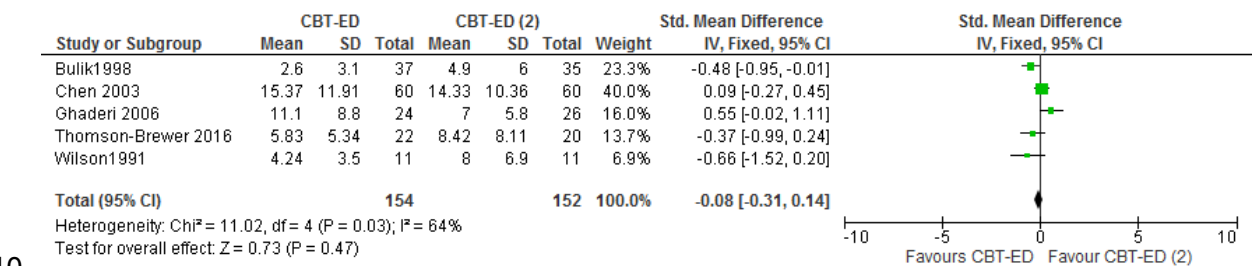


M.3.2.75 **CBT-ED versus another CBT-ED (2) intervention in adults with bulimia nervosa at the end of treatment**

7 **Figure 253: Symptom check-list**

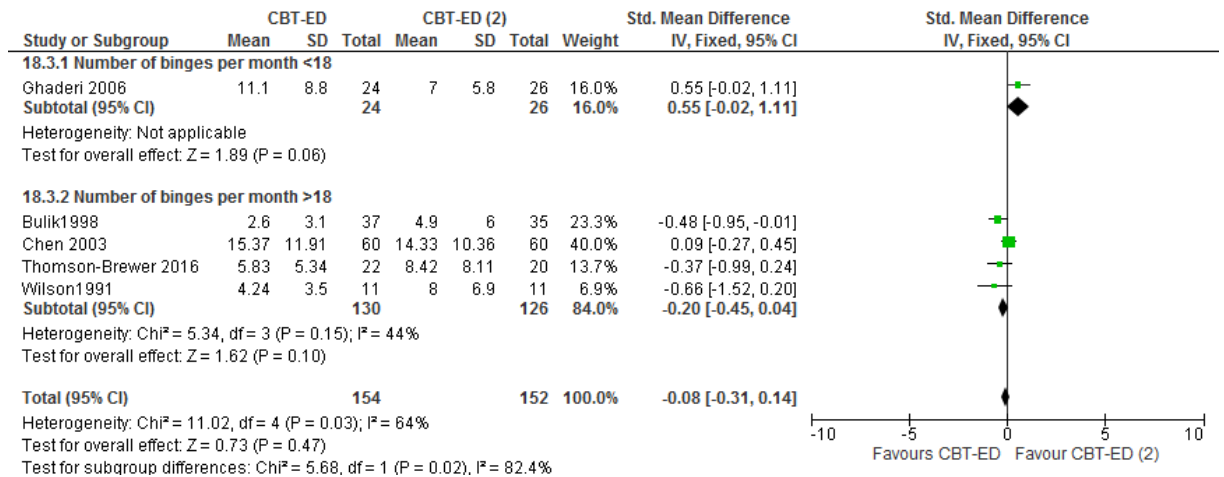


9 **Figure 254: Depression**

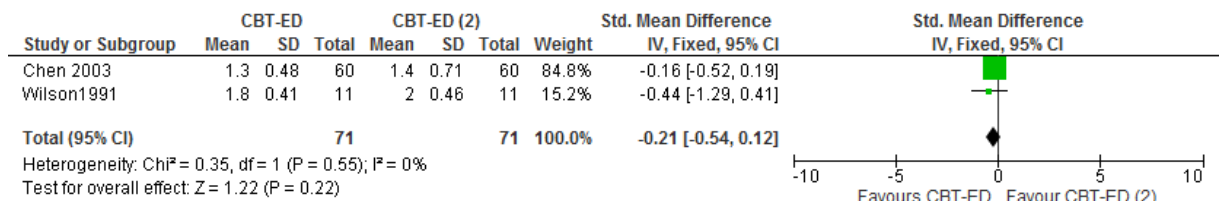


11 Heterogeneity was detected at I²=64%. No study showed a risk of bias to justify exclusion in
12 a sensitivity analysis. Duration of illness and comorbidities were not always reported.
13 However, the heterogeneity may be explained by the severity of illness defined by the
14 number of binges per month being on average less than 18 versus more than 18.

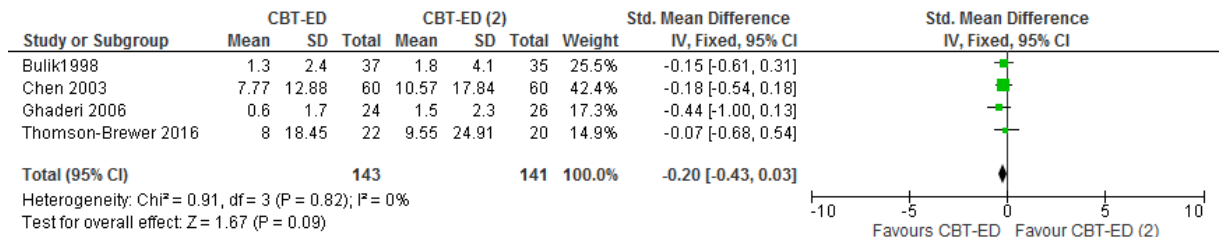
15 **Figure 255: Depression subgroup analysis based on severity of illness**



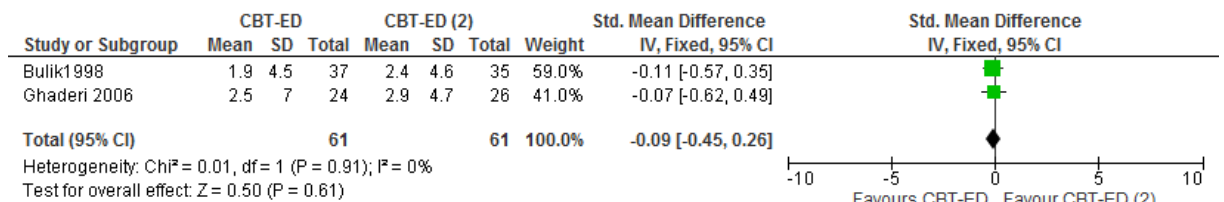
1
2 **Figure 256: Social adjustment score**



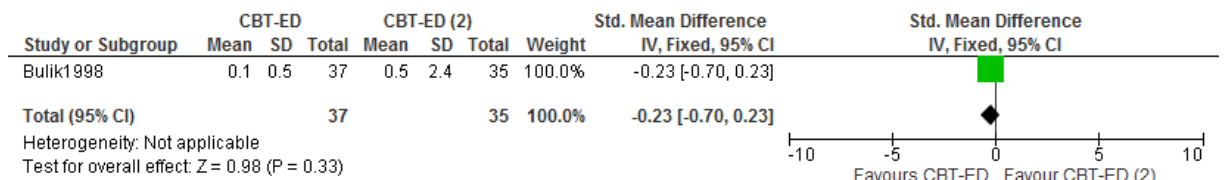
3
4 **Figure 257: Bingeing**



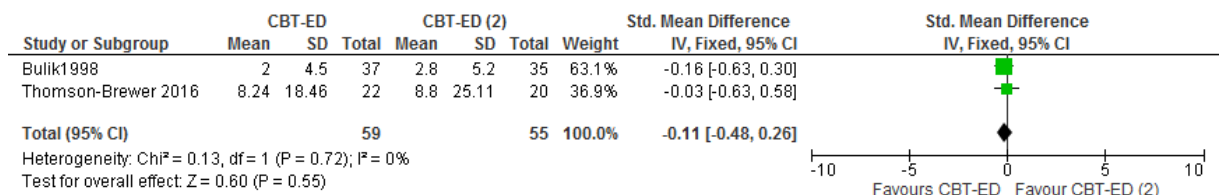
5
6 **Figure 258: Vomiting**



7
8 **Figure 259: Laxative use**

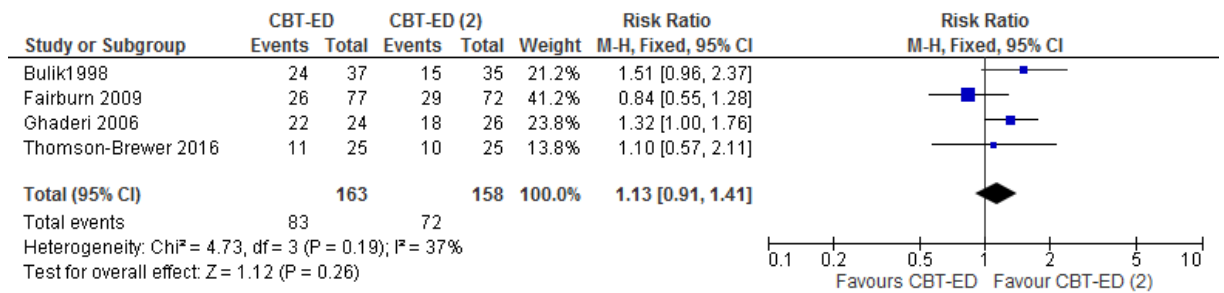


9
10 **Figure 260: Purging**



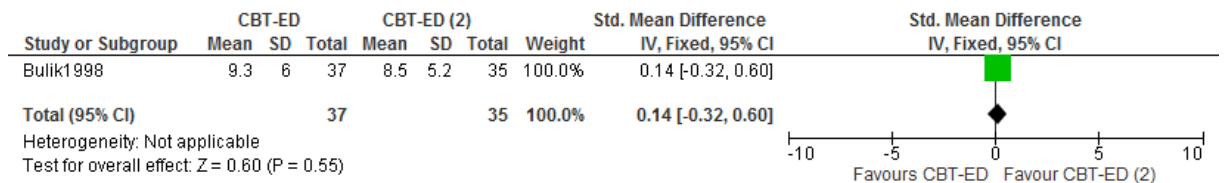
11

1 **Figure 261: Remission**



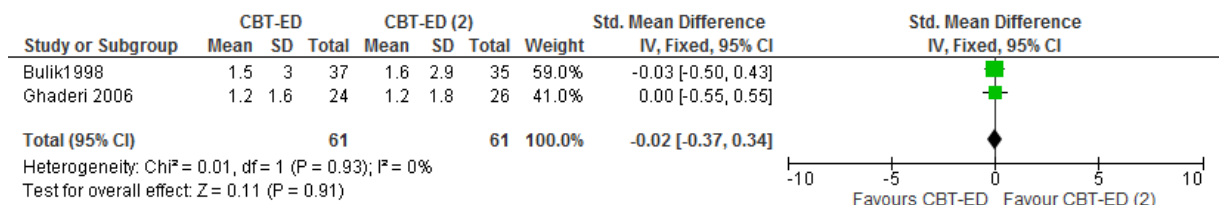
2

3 **Figure 262: EDI-drive for thinness**



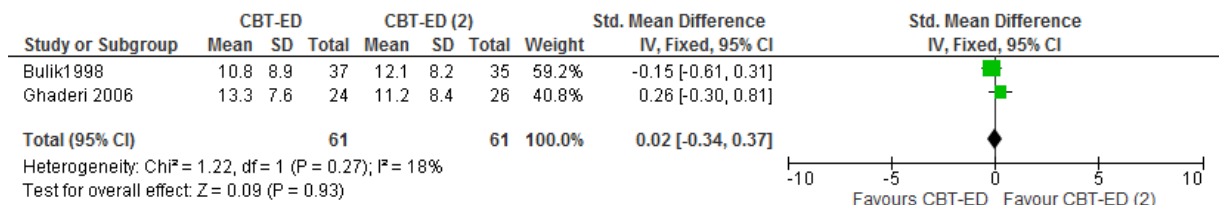
4

5 **Figure 263: EDI-bulimia**



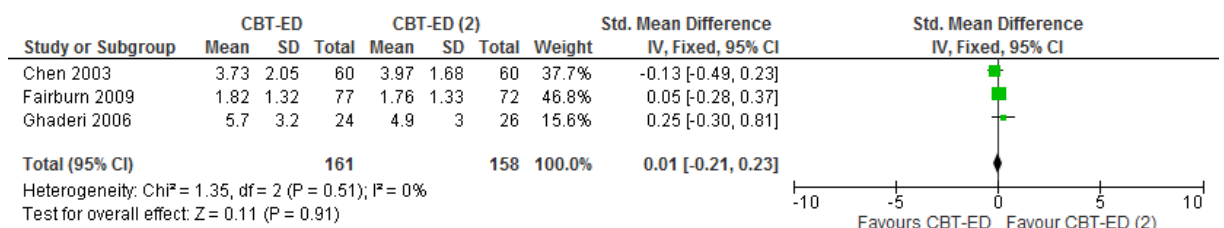
6

7 **Figure 264: EDI-body dissatisfaction**



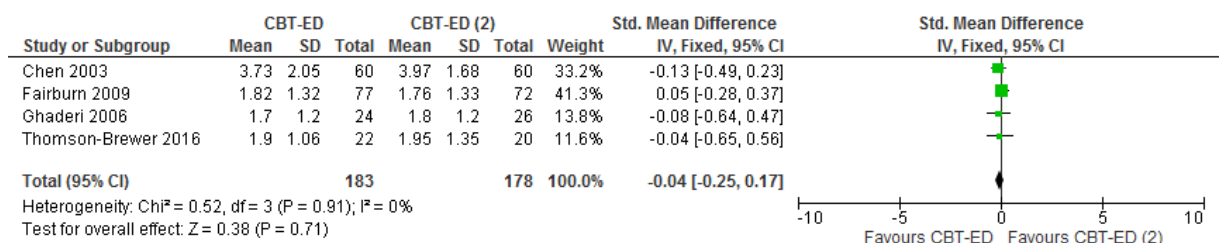
8

9 **Figure 265: EDI-total**



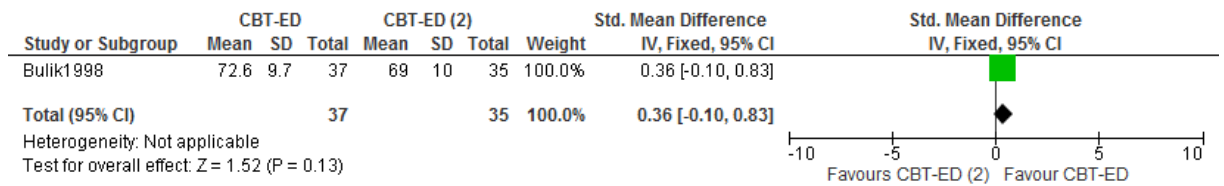
10

11 **Figure 266: EDE-total**



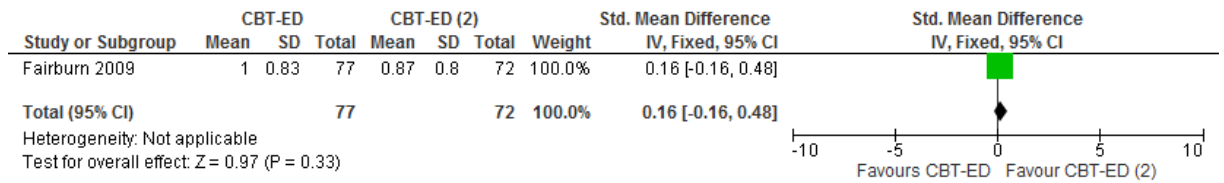
12

1 **Figure 267: Global function**



2

3 **Figure 268: General psychiatric features**



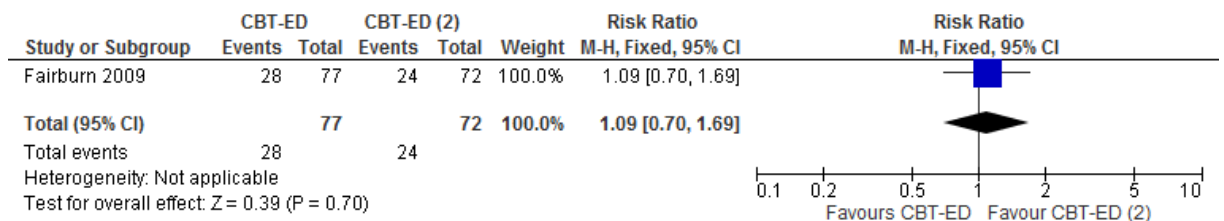
4

5 **Figure 269: Bulimic episodes**



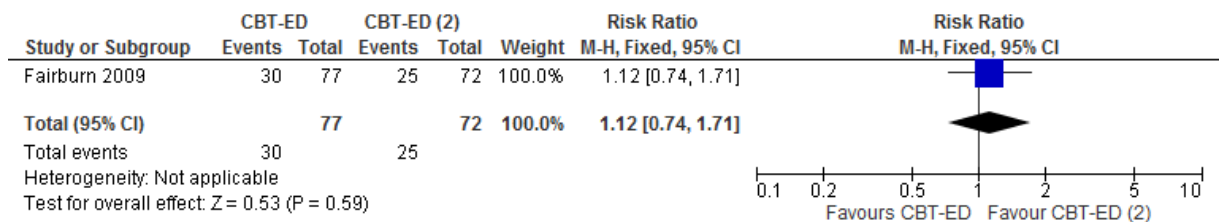
6

7 **Figure 270: Vomiting episodes**



8

9 **Figure 271: Purging**



10

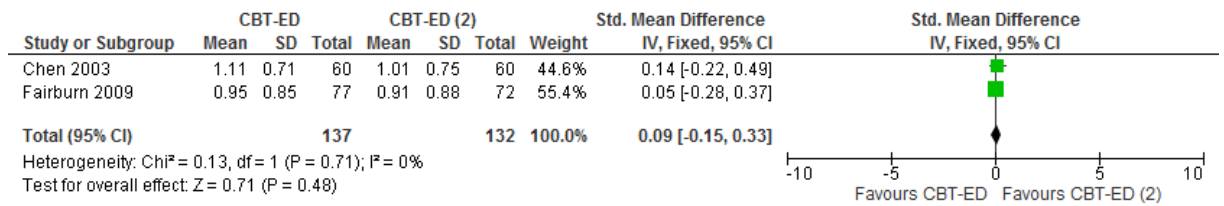
11 **Figure 272: Laxative misuse**



12

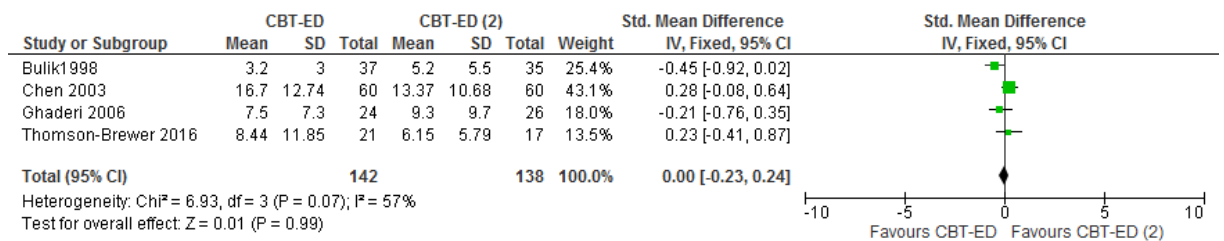
M.3.2.81 CBT-ED versus another CBT-ED (2) intervention in adults with bulimia nervosa at 2 follow-up

3 Figure 273: Symptom check-list



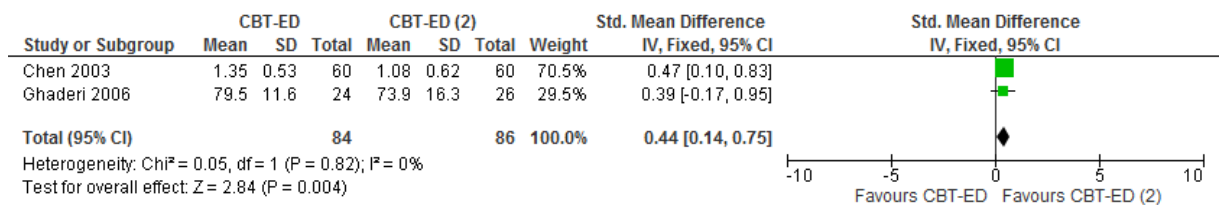
4

5 Figure 274: Depression



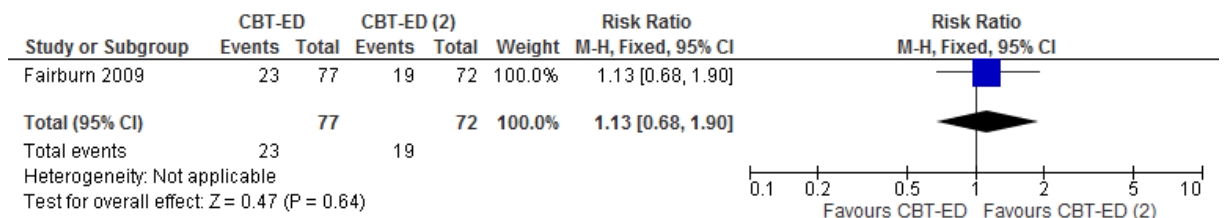
6

7 Figure 275: Social adjustment score



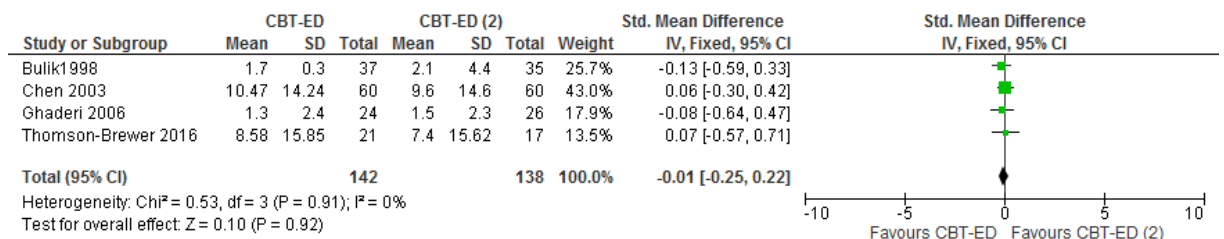
8

9 Figure 276: Bingeing (dichotomous outcome)



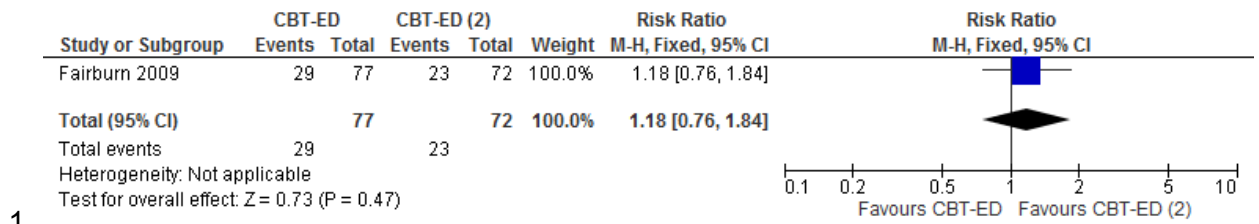
10

11 Figure 277: Bingeing

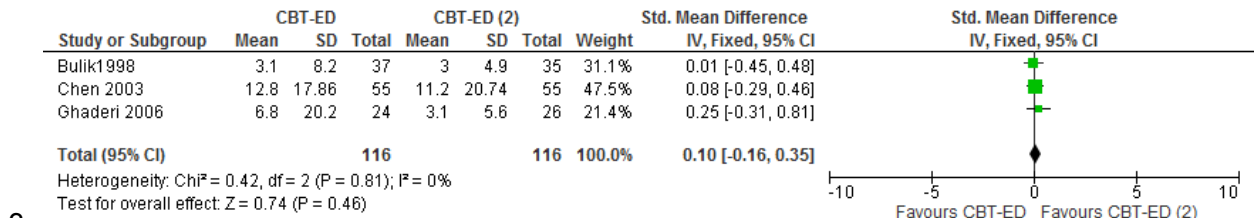


12

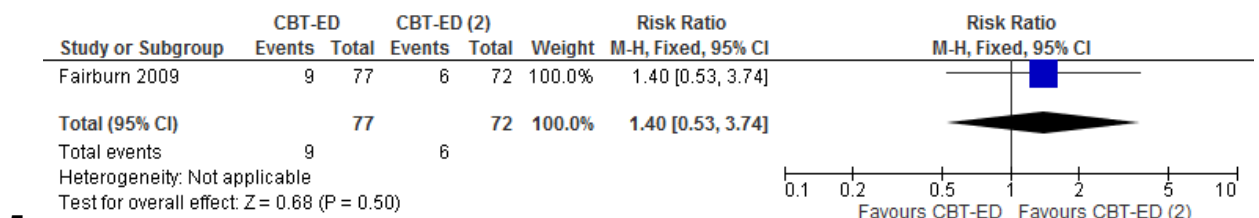
13 Figure 278: Vomiting (dichotomous outcome)



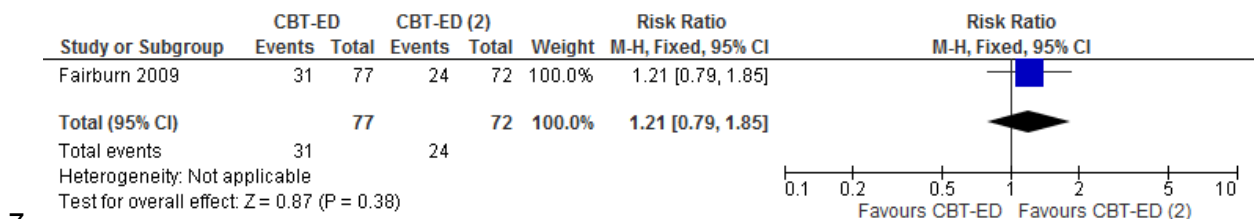
2 **Figure 279: Vomiting**



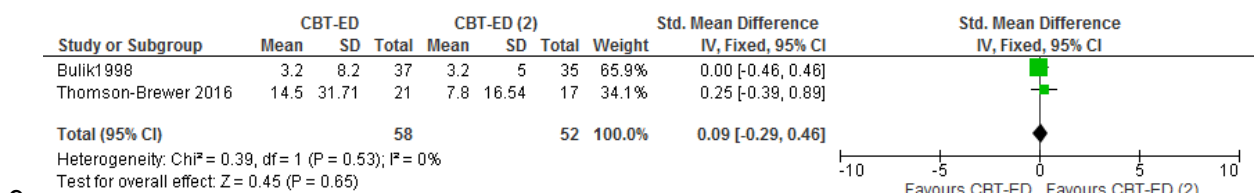
4 **Figure 280: Laxative use**



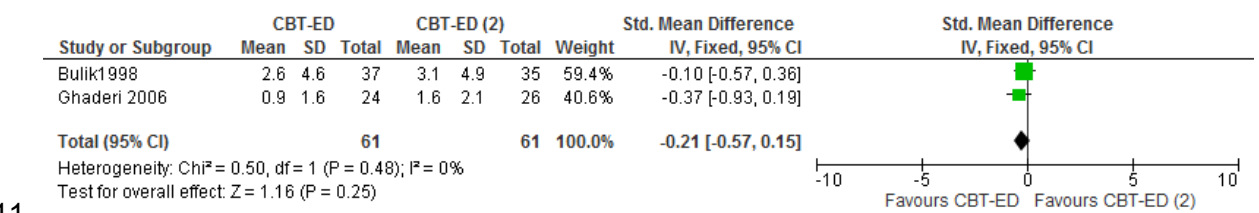
6 **Figure 281: Purging (dichotomous outcome)**



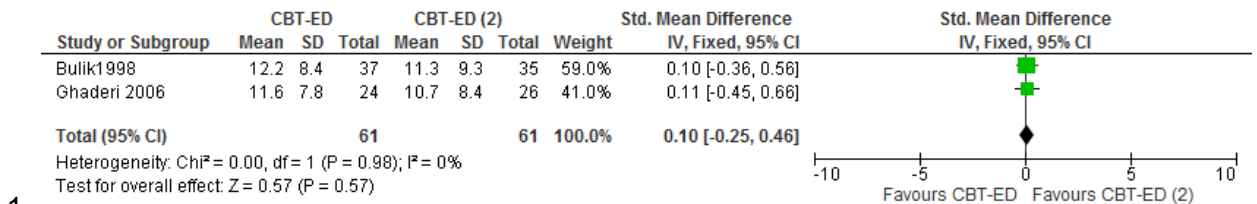
8 **Figure 282: Purging**



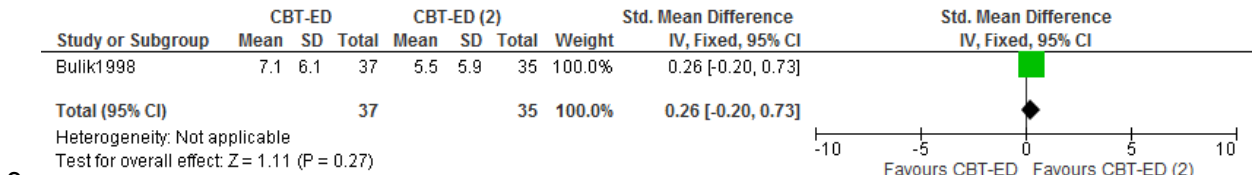
10 **Figure 283: EDI-bulimia**



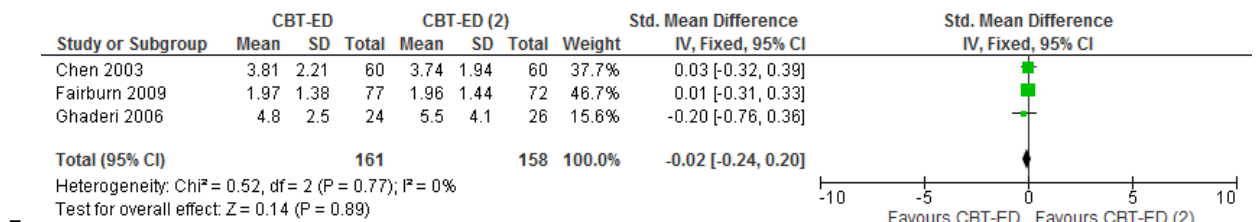
12 **Figure 284: EDI-body dissatisfaction**



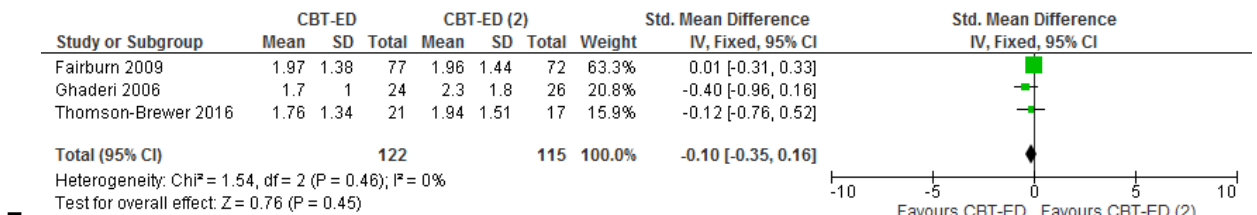
2 **Figure 285: EDI-drive for thinness**



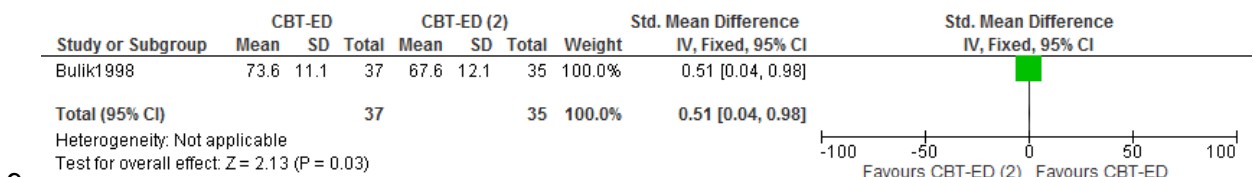
4 **Figure 286: EDI-total**



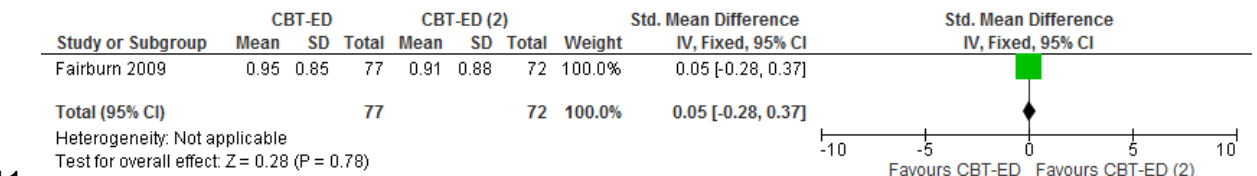
6 **Figure 287: EDE-total**



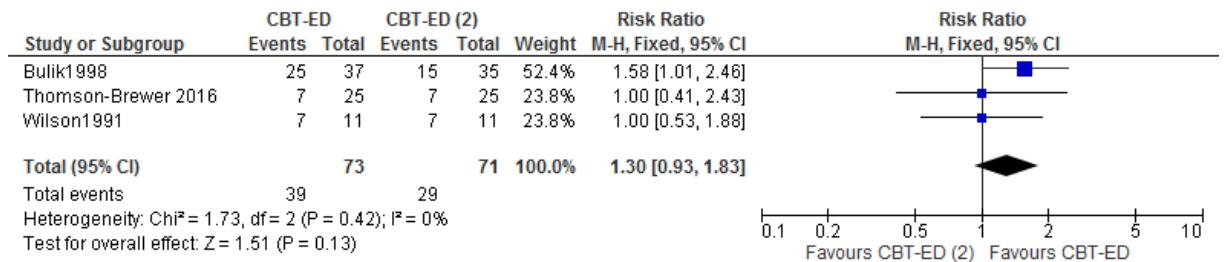
8 **Figure 288: Global function**



10 **Figure 289: General psychiatric features**



12 **Figure 290: Remission**

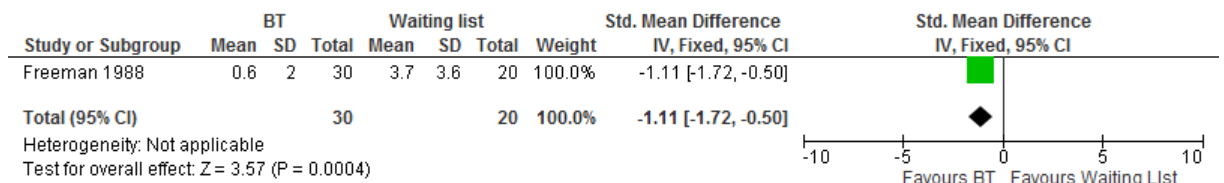


1

M.3.2.92 Behavioural therapy versus wait list controls in adults with bulimia nervosa at the end of treatment

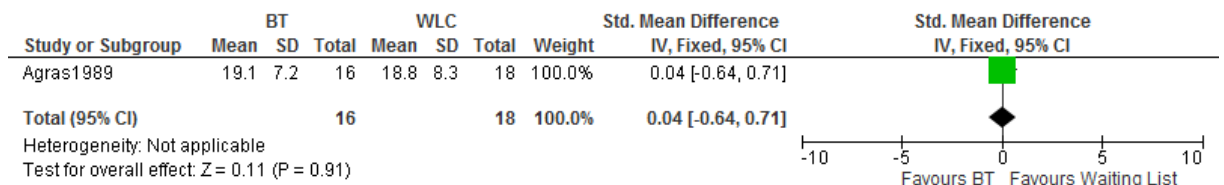
3

4 Figure 291: Bingeing



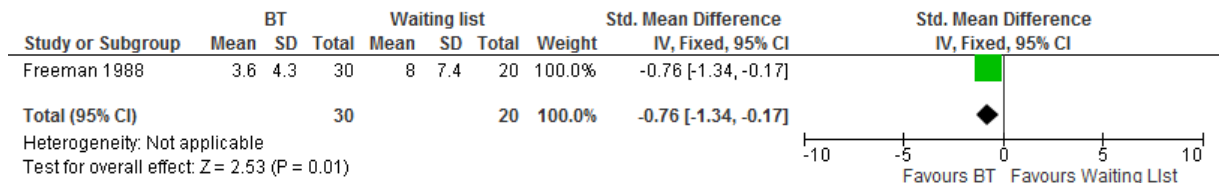
5

6 Figure 292: Depression



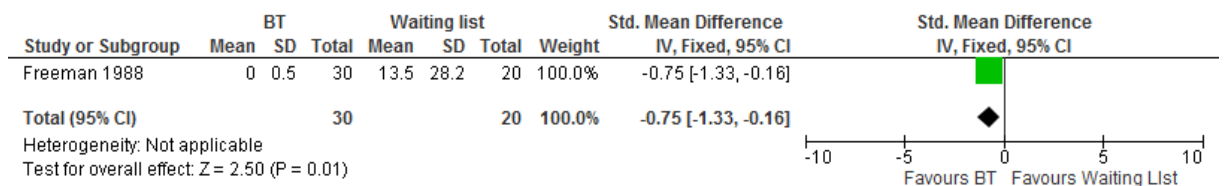
7

8 Figure 293: Vomiting



9

10 Figure 294: Laxative use

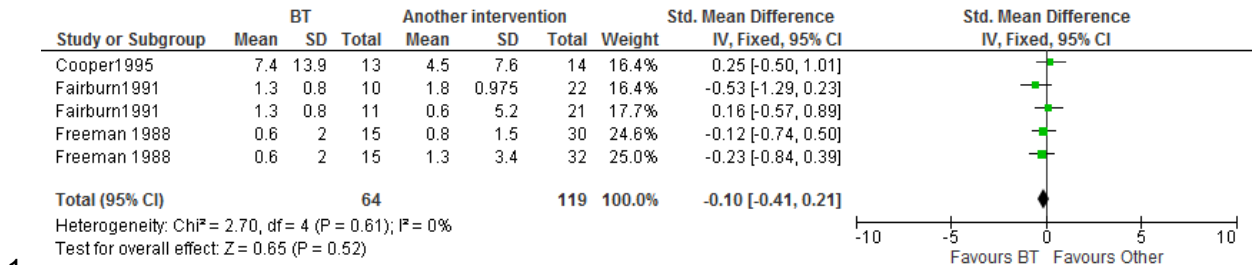


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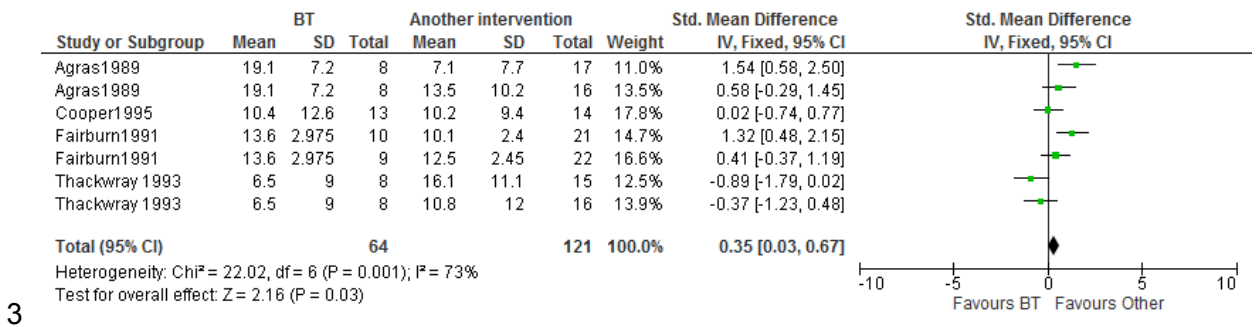
M.3.2.102 Behavioural therapy versus another intervention in adults with bulimia nervosa at the end of treatment

13

14 Figure 295: Bingeing

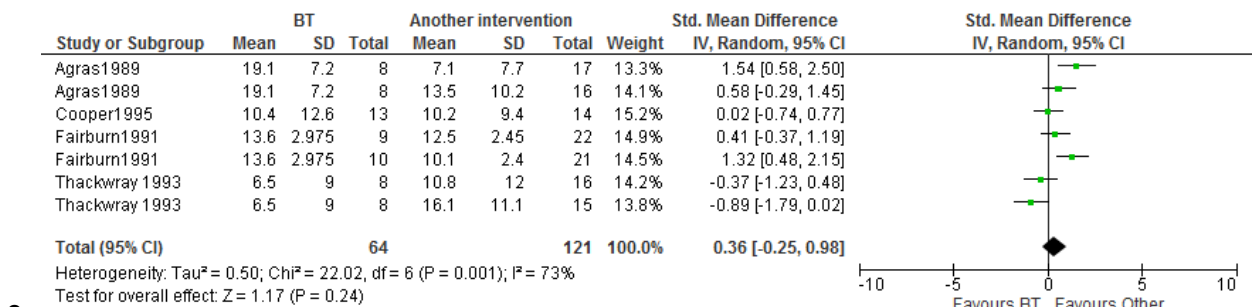


2 **Figure 296: Depression**

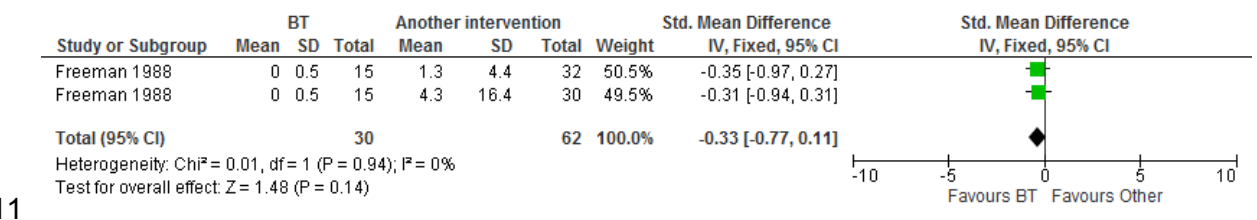


4 Heterogeneity was detected at I²=73%. This could not be explained by a risk of bias,
5 duration of illness, comorbidities or severity of illness. For this reason the results are
6 presented as random effects

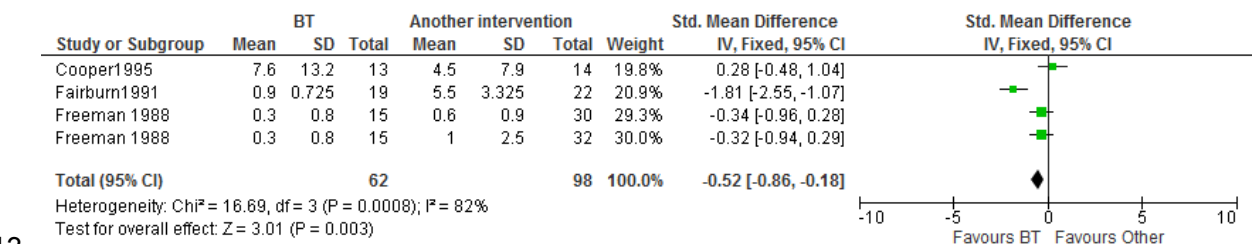
7 **Figure 297: Depression with random effects**



10 **Figure 298: Laxative use**

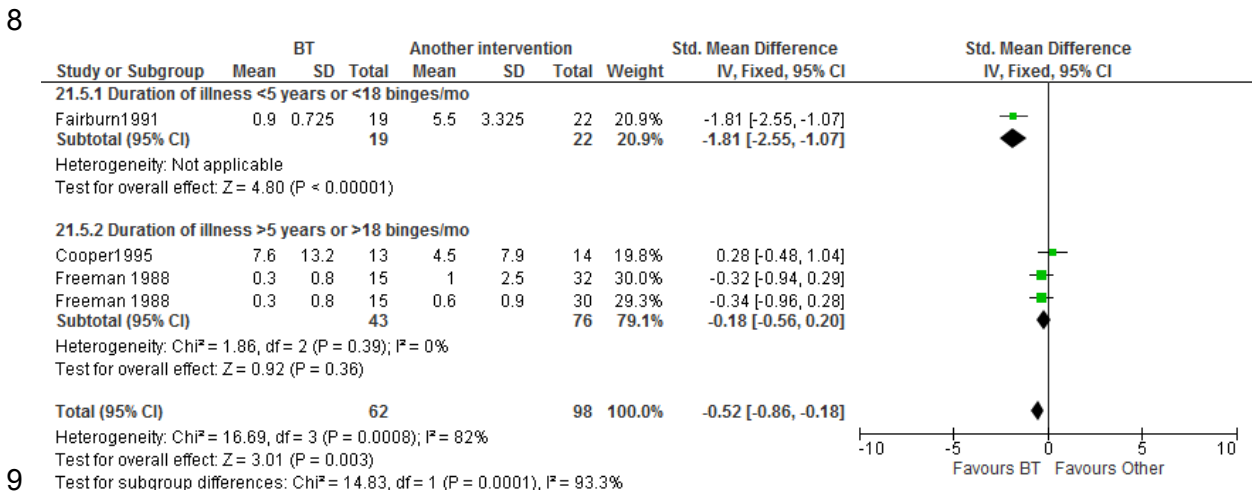


12 **Figure 299: Vomiting**

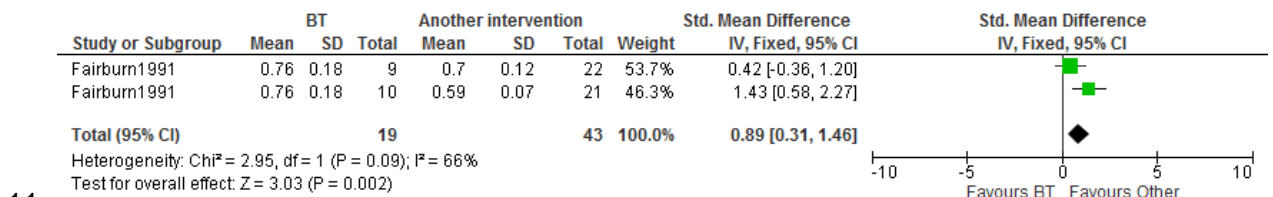


1 Heterogeneity was detected at $I^2=82\%$. No studies had a higher risk of bias to justify
 2 excluding in a sensitivity analysis. However, it may be explained by the participants having a
 3 shorter duration of illness in the Fairburn study compared with the other studies, or a less
 4 severe case of bulimia nervosa. Comorbidities could were not always reported thus could
 5 not be explored.

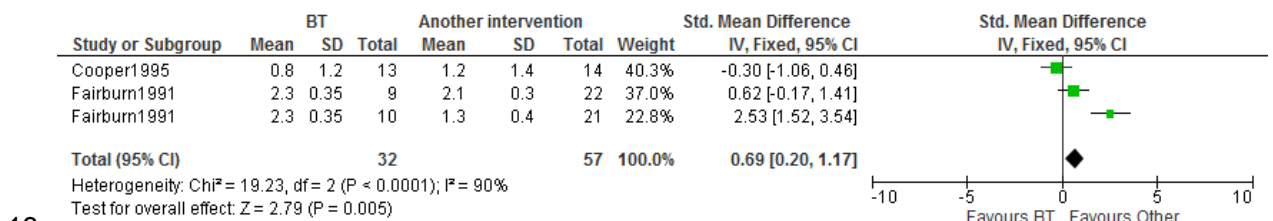
6 **Figure 300: Vomiting subgroup analysis based on duration of illness or severity of**
 7 **illness**



10 **Figure 301: Symptom check-list**

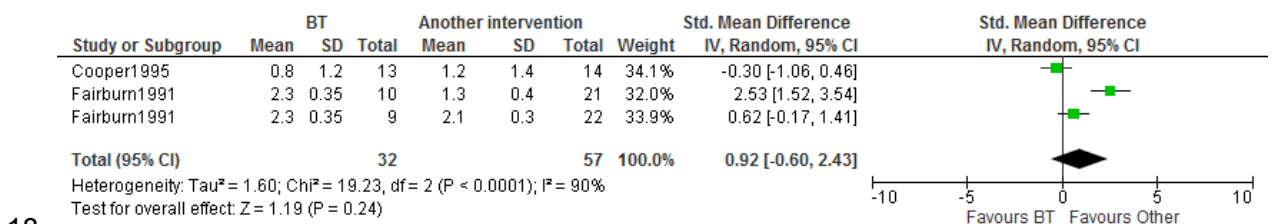


12 **Figure 302: EDE-restraint**

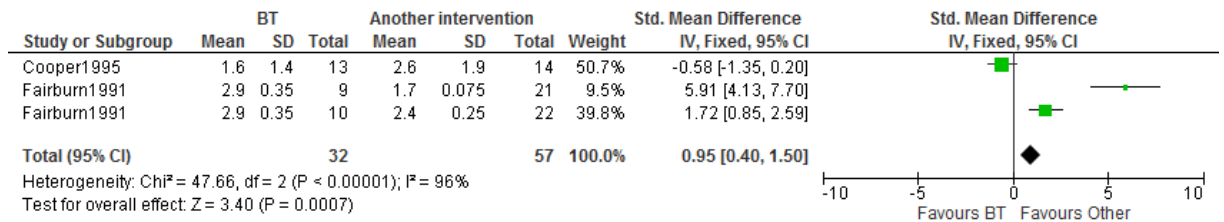


14 Heterogeneity was detected at $I^2=90\%$. This could not be explained by a risk of bias,
 15 duration of illness, comorbidities or severity of illness. For this reason random effects were
 16 presented.

17 **Figure 303: EDE-restraint with random effects**



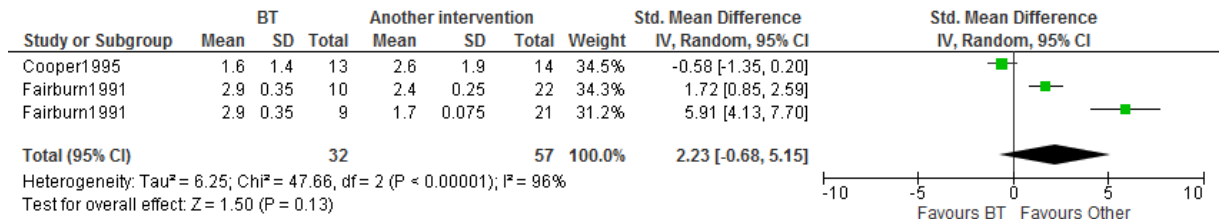
19 **Figure 304: EDE-weight concern**



1

2 Heterogeneity was detected at I²=96%. This could not be explained by a risk of bias, duration
3 of illness, comorbidities or severity of illness. For this reason random effects were presented.

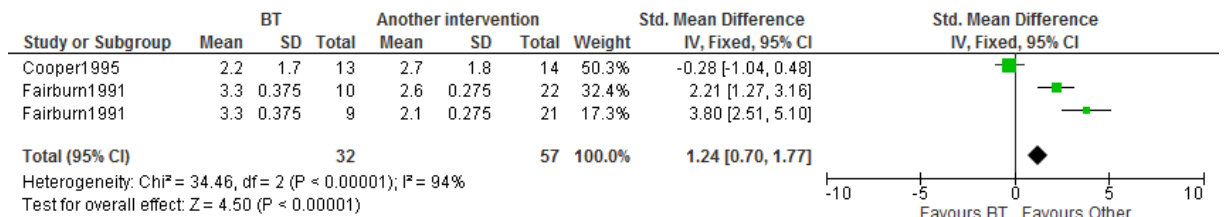
4 **Figure 305: EDE-weight concern with random effects**



5

6

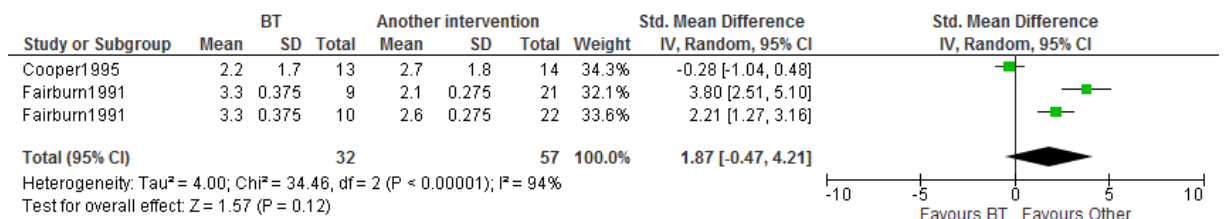
7 **Figure 306: EDE-shape concern**



8

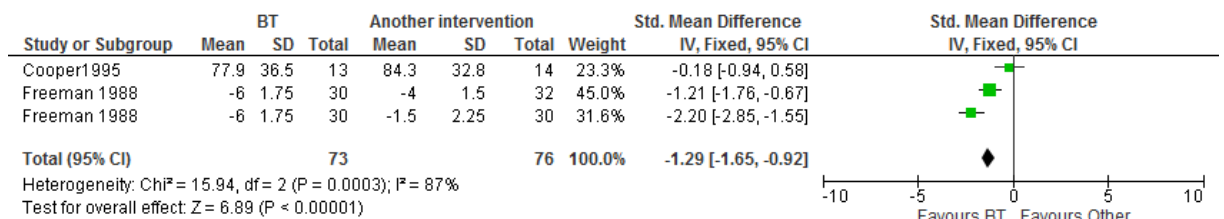
9 Heterogeneity was detected at I²=94%. This could not be explained by a risk of bias, duration
10 of illness, comorbidities or severity of illness. For this reason random effects were presented.

11 **Figure 307: EDE-shape concern with random effects**



12

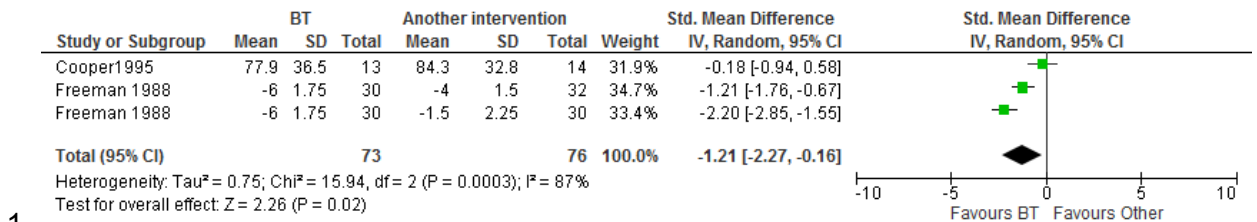
13 **Figure 308: EDI-body dissatisfaction**



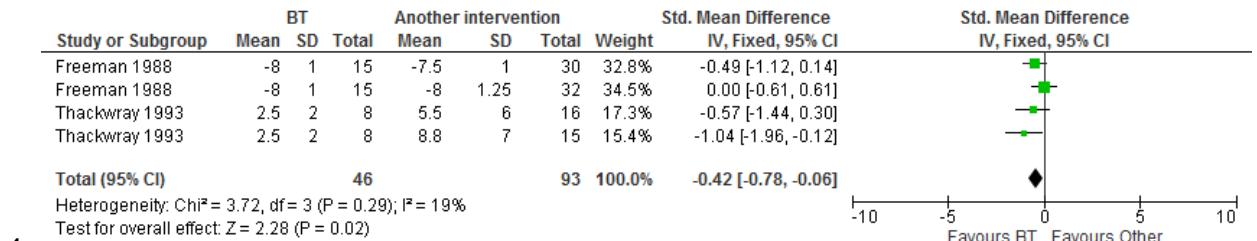
14

15 Heterogeneity was detected at I²=87%. This could not be explained by a risk of bias, duration
16 of illness, comorbidities or severity of illness. For this reason random effects were presented.

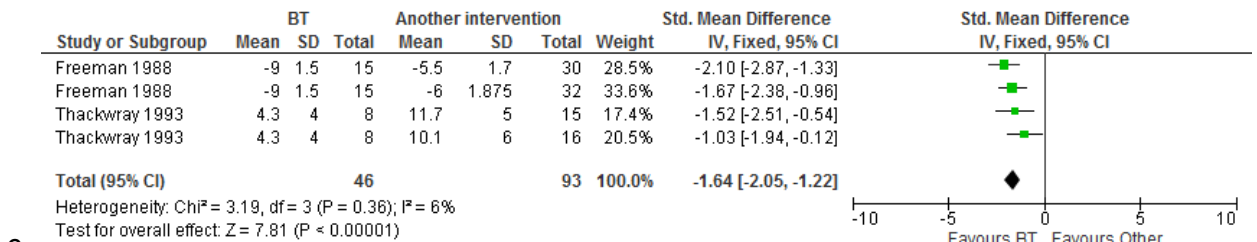
17 **Figure 309: EDI-body dissatisfaction with random effects**



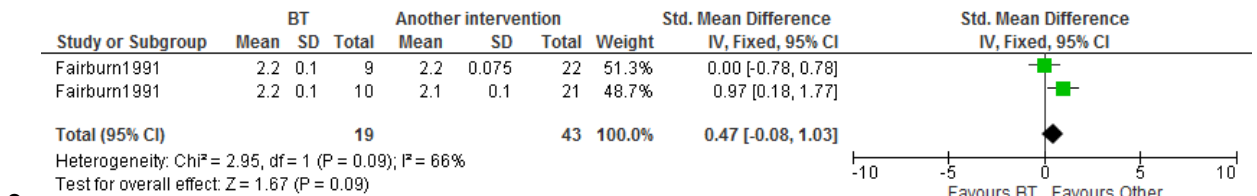
3 **Figure 310: EDI-bulimia**



5 **Figure 311: EDI-drive for thinness**

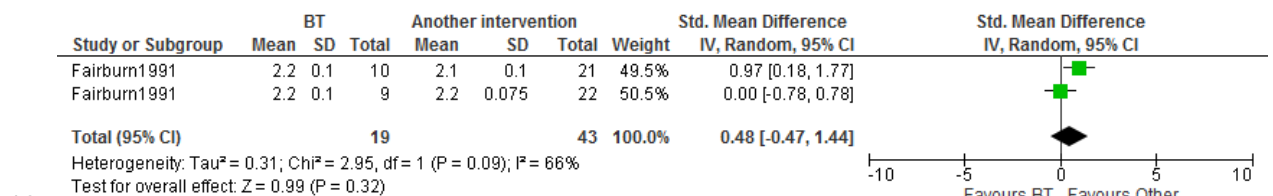


7 **Figure 312: Social adjustment score**

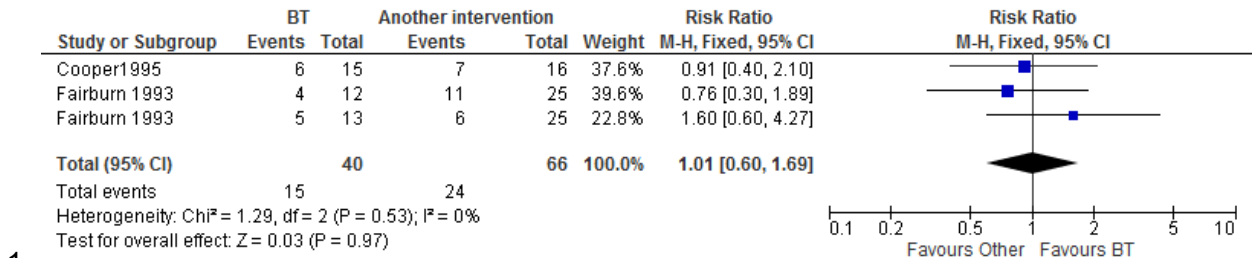


9 Heterogeneity was detected at I²=66%. This could not be explored given that the data is
10 from the study same study but it was a 3-armed trial and the data was entered in separately.
11 For this reason the data was presented as random effects

12 **Figure 313: Social adjustment score random effects**

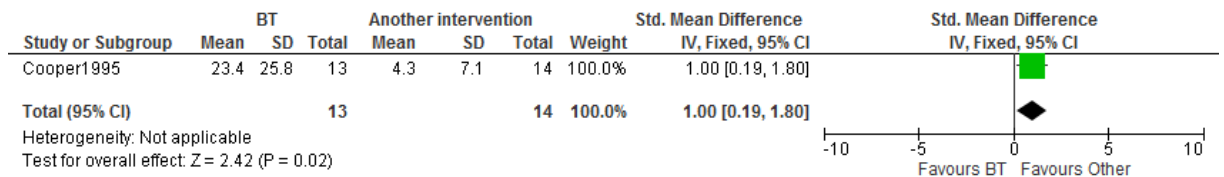


15 **Figure 314: Remission**

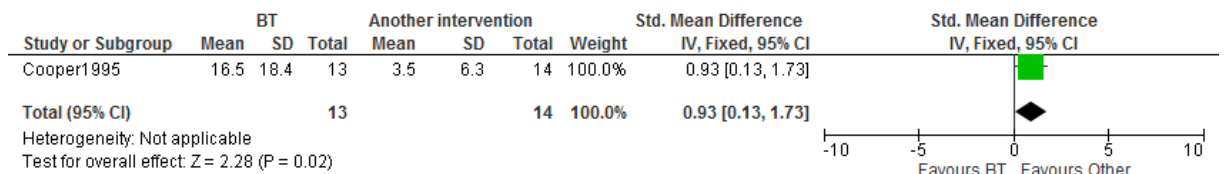


M.3.2.112 Behavioural therapy versus another intervention in adults with bulimia nervosa at follow-up

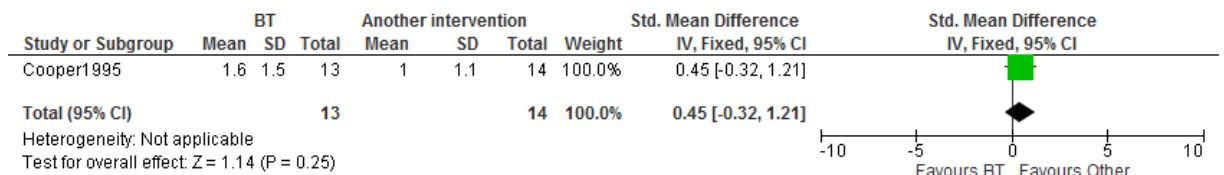
4 Figure 315: Vomiting



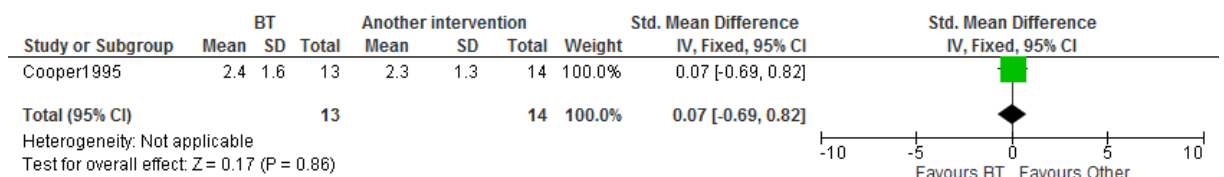
6 Figure 316: Bingeing



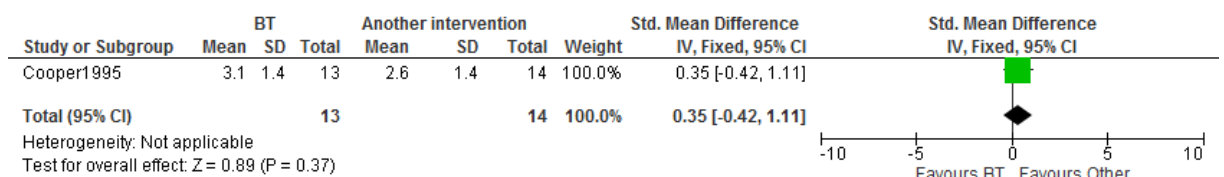
8 Figure 317: EDE-restraint



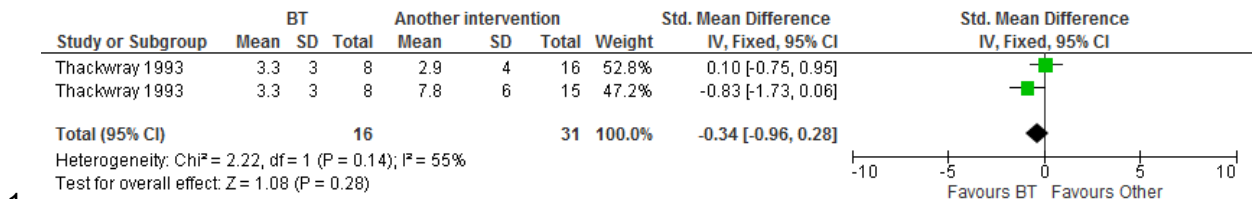
10 Figure 318: EDE-weight concern



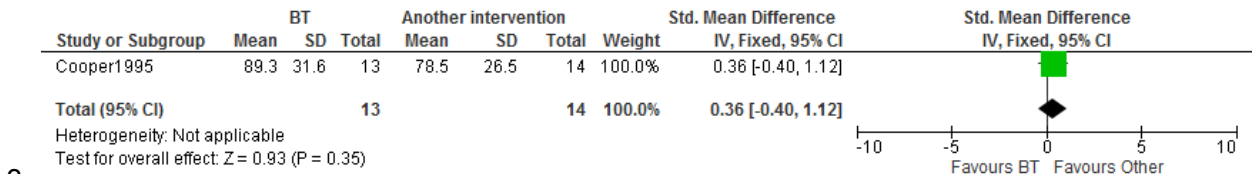
12 Figure 319: EDE-shape concern



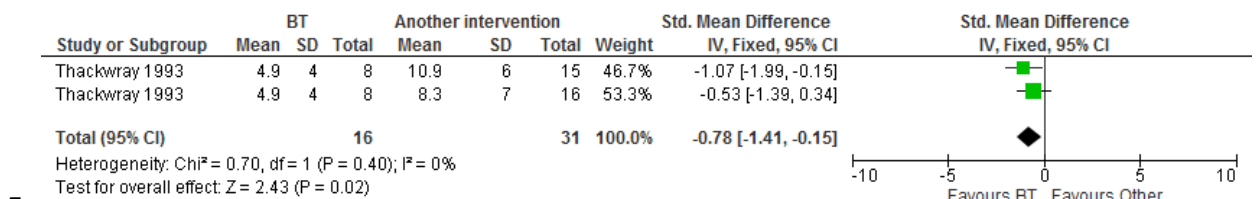
14 Figure 320: EDI-bulimia



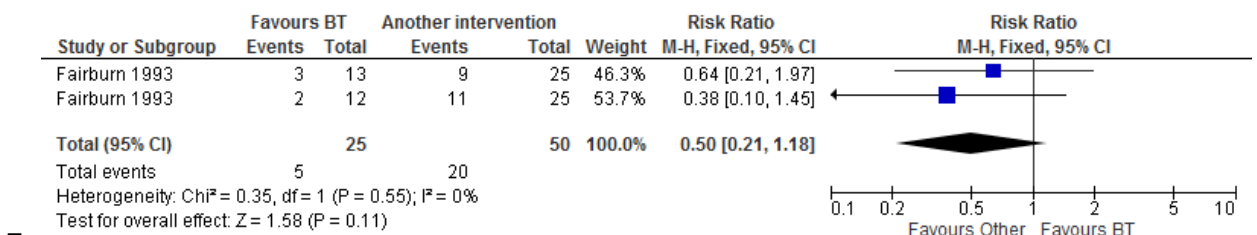
2 **Figure 321: EDI-body dissatisfaction**



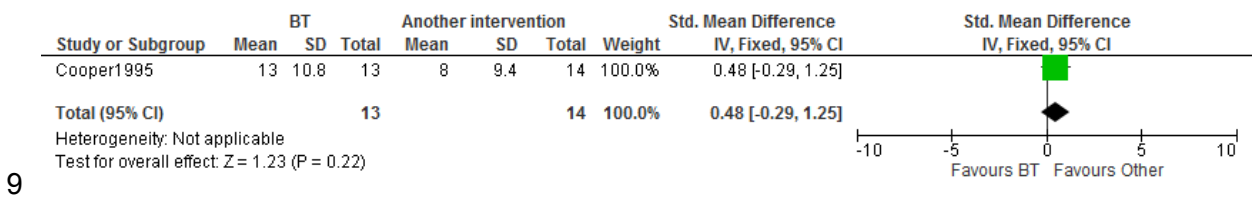
4 **Figure 322: EDI-drive for thinness**



6 **Figure 323: Remission**

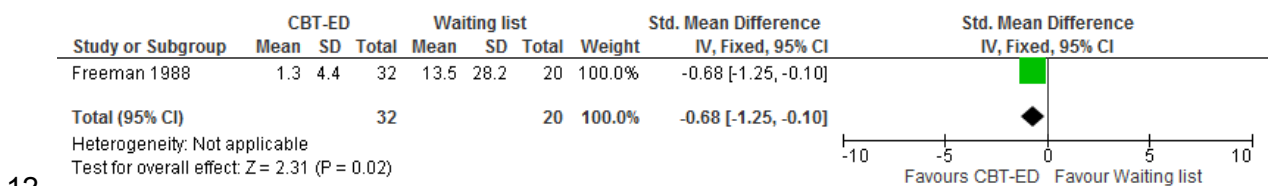


8 **Figure 324: Depression**

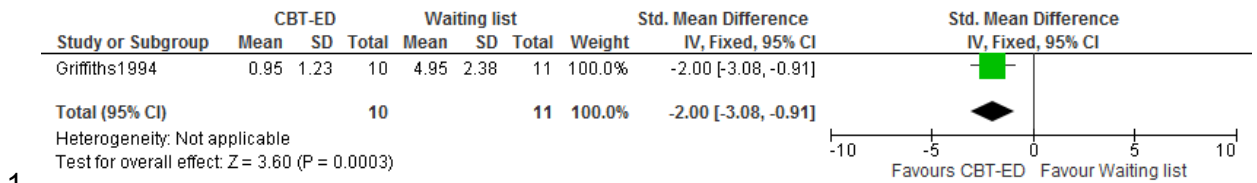


M.3.2.120 CBT-ED versus wait list controls in adults with bulimia nervosa at end of treatment

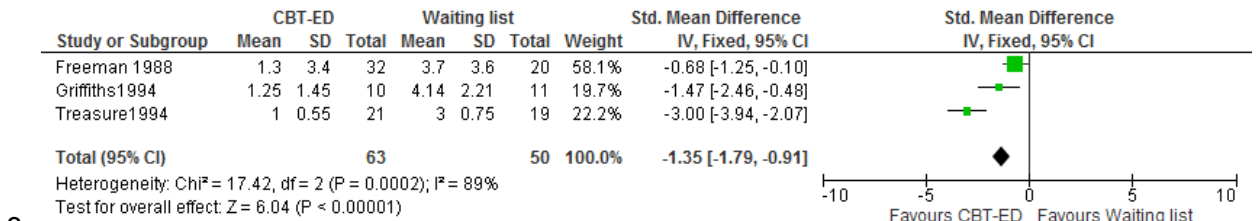
11 **Figure 325: Laxative use**



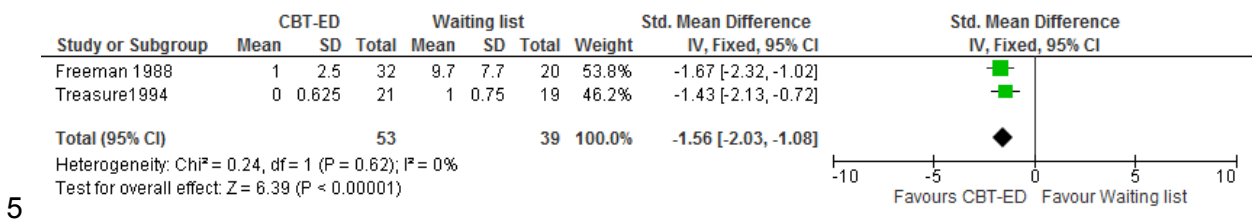
13 **Figure 326: Purging**



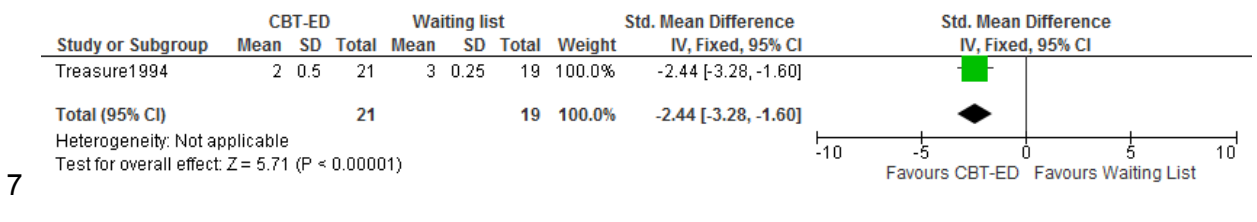
2 **Figure 327: Bingeing**



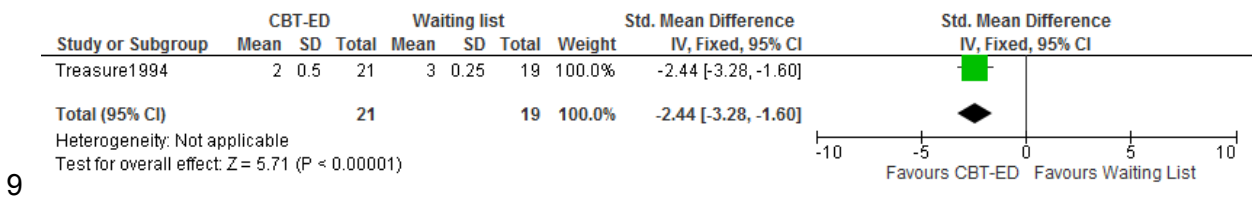
4 **Figure 328: Vomiting**



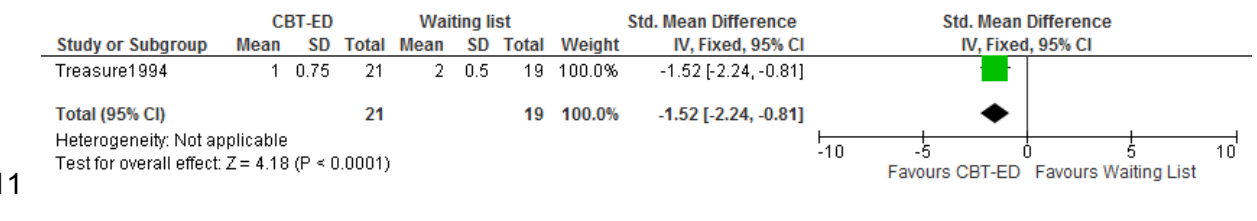
6 **Figure 329: EDE-shape concern**



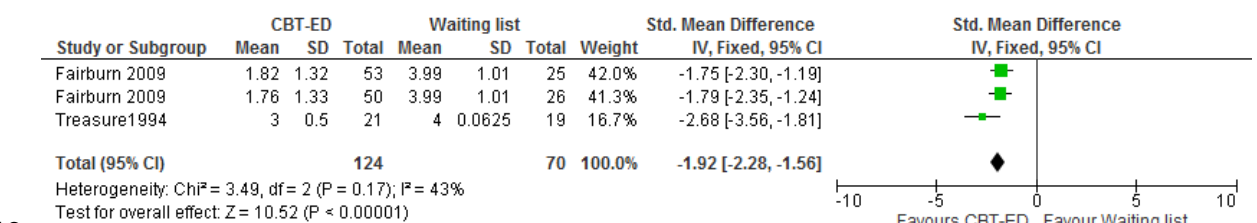
8 **Figure 330: EDE-weight concern**



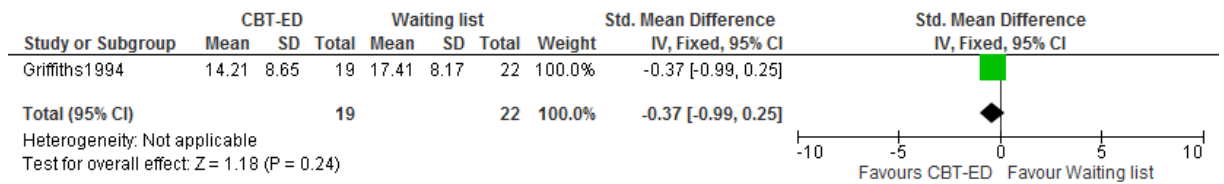
10 **Figure 331: EDE-restraint**



12 **Figure 332: Overall severity**

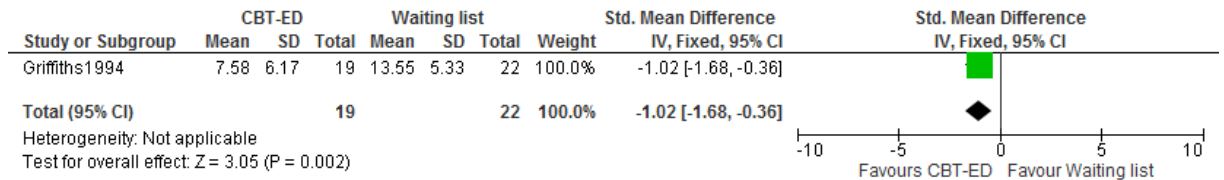


1 **Figure 333: EDI-body dissatisfaction**



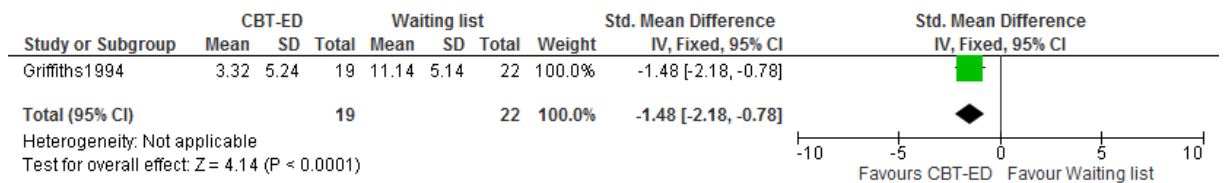
2

3 **Figure 334: EDI-drive for thinness**



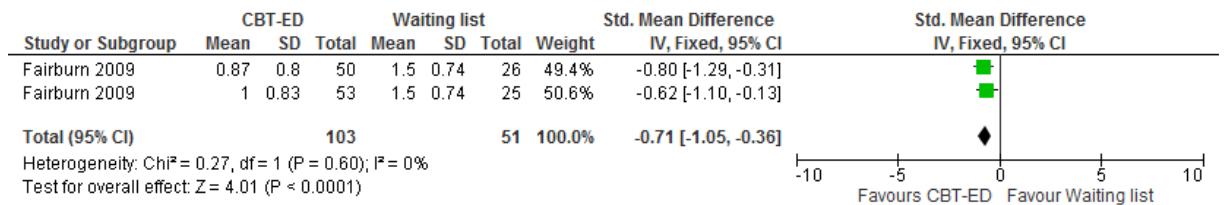
4

5 **Figure 335: EDI-bulimia**



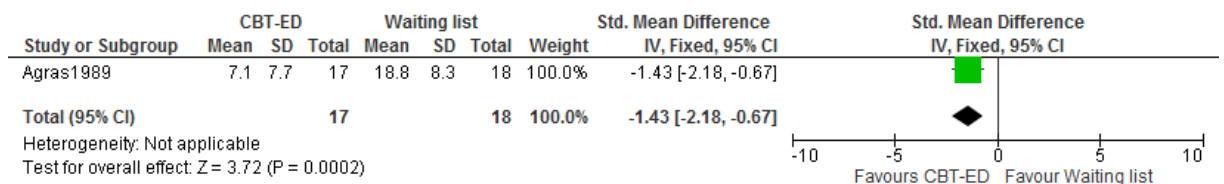
6

7 **Figure 336: Symptom checklist**



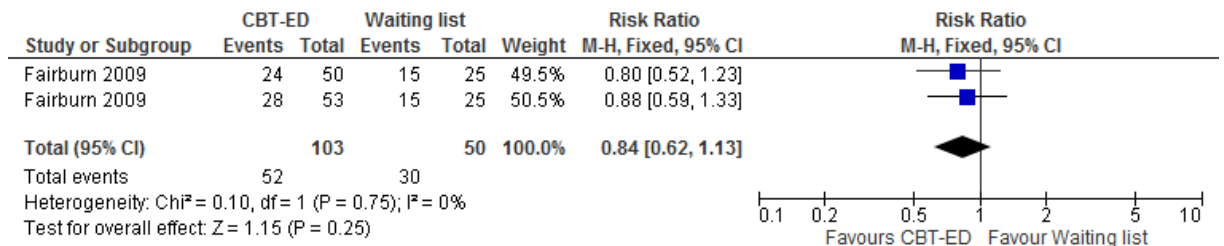
8

9 **Figure 337: Depression**



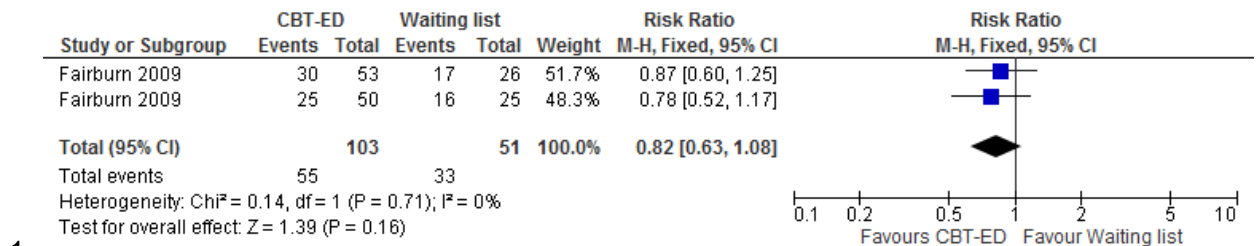
10

11 **Figure 338: Vomiting**

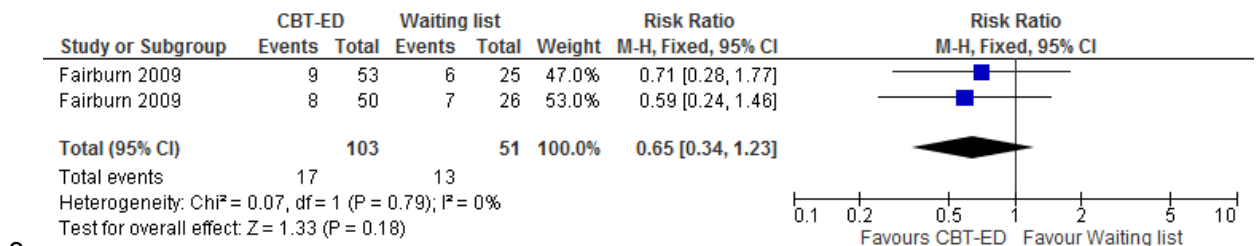


12

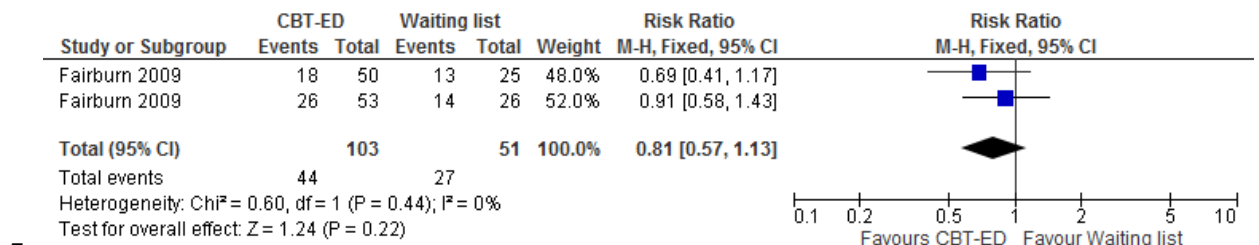
13 **Figure 339: Purging**



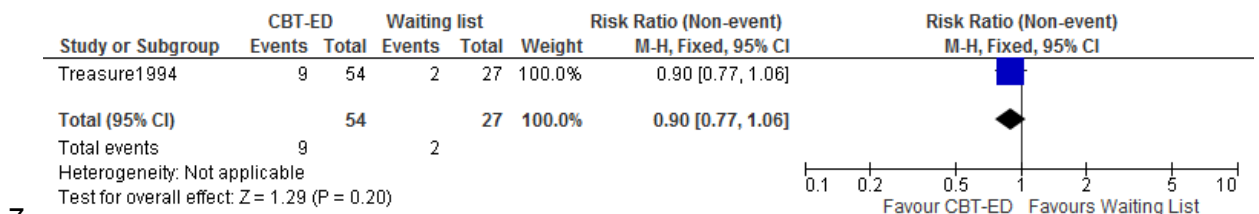
2 **Figure 340: Laxative use**



4 **Figure 341: Bulimic episodes**

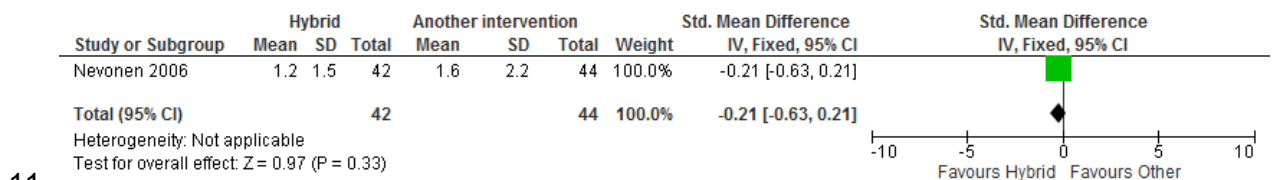


6 **Figure 342: Remission**

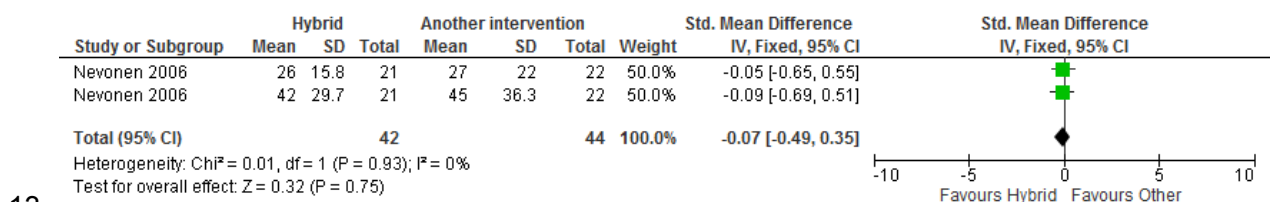


M.3.2.138 **Hybrid versus any other intervention in adults with bulimia nervosa at end of treatment**

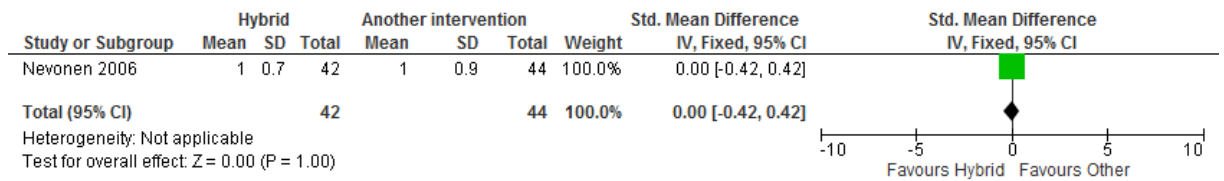
10 **Figure 343: Bingeing**



12 **Figure 344: EDI-symptoms**

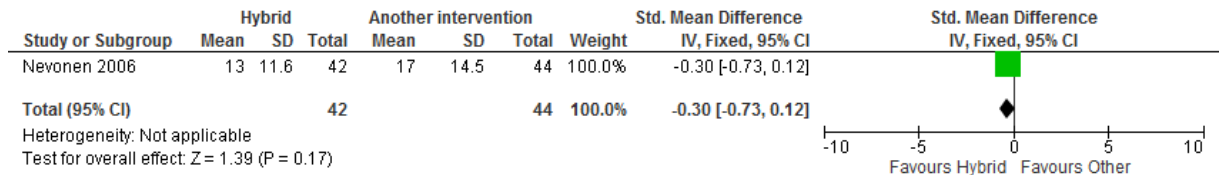


1 **Figure 345: Symptom checklist**



2

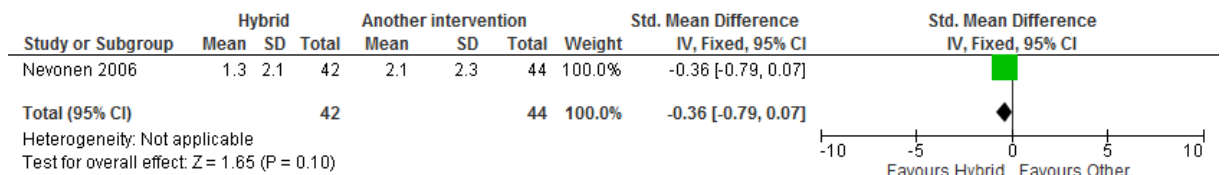
3 **Figure 346: Depression**



4

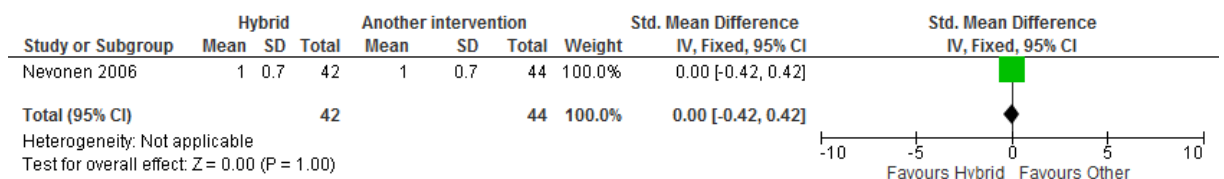
M.3.2.145 Hybrid versus any other intervention in adults with bulimia nervosa at follow-up

6 **Figure 347: Bingeing**



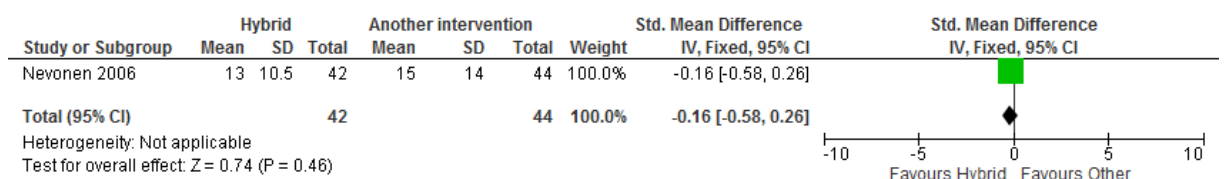
7

8 **Figure 348: Symptom checklist**



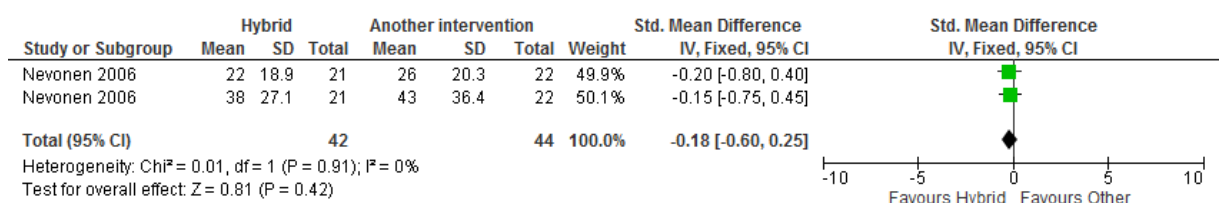
9

10 **Figure 349: Depression**



11

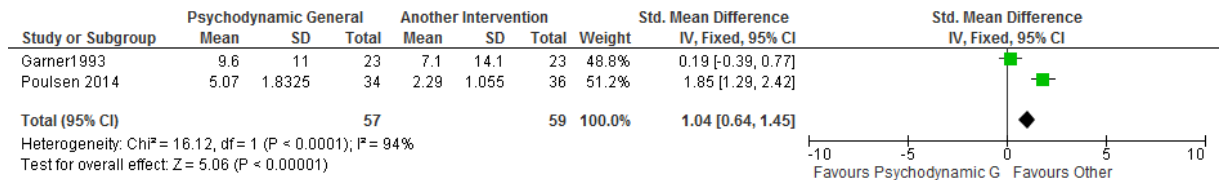
12 **Figure 350: EDI-symptoms**



13

M.3.2.154 Psychodynamic general versus any other intervention in adults with bulimia nervosa at end of treatment

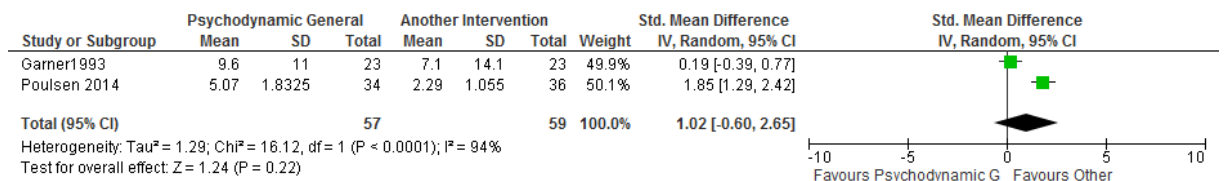
16 **Figure 351: Bingeing**



1

2 Heterogeneity was detected at I²=94%. This may be explained by the high risk of bias in the
3 study by Poulsen 2014 where the duration of treatment were remarkably different.
4 Psychodynamic treatment was for 19 months, compared with CBT-ED treatment for 14
5 weeks. Since removing this study in a sensitivity analysis only leaves us with 1 study, the
6 results are presented as random effects.

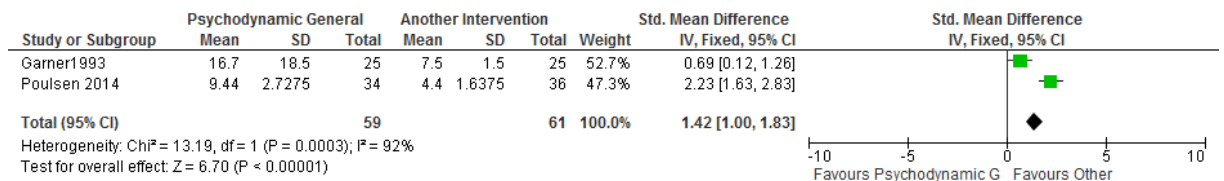
7 **Figure 352: Bingeing with random effects**



8

9

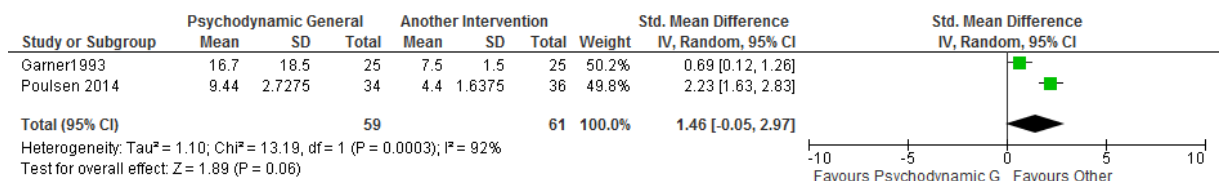
10 **Figure 353: Vomiting/purging**



11

12 Heterogeneity was detected at I²=92%. This may be explained by the high risk of bias in the
13 study by Poulsen 2014 where the duration of treatment were remarkably different.
14 Psychodynamic treatment was for 19 months, compared with CBT-ED treatment for 14
15 weeks. Since removing this study in a sensitivity analysis only leaves us with 1 study, the
16 results are presented as random effects.

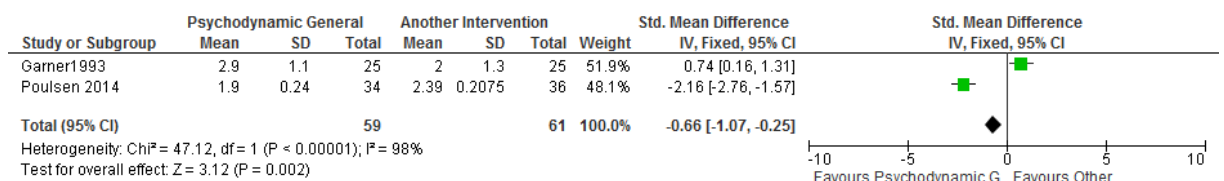
17 **Figure 354: Vomiting/purging with random effects**



18

19

20 **Figure 355: EDE-shape concern**

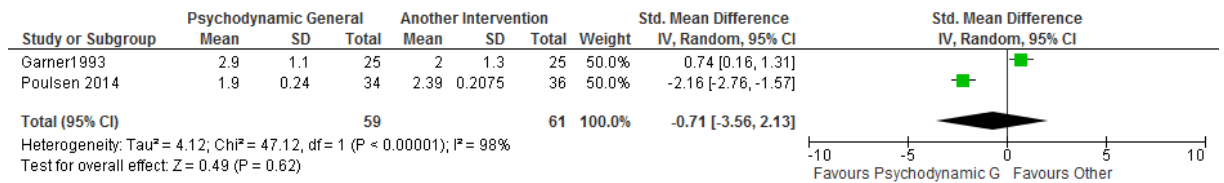


21

22 Heterogeneity was detected at I²=98%. This may be explained by the high risk of bias in the
23 study by Poulsen 2014 where the duration of treatment were remarkably different.
24 Psychodynamic treatment was for 19 months, compared with CBT-ED treatment for 14

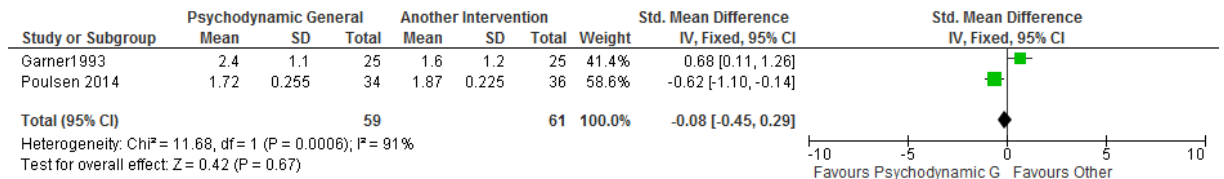
1 weeks. Since removing this study in a sensitivity analysis only leaves us with 1 study, the
2 results are presented as random effects.

3 **Figure 356: EDE-shape concern with random effects**



4

5 **Figure 357: EDE-weight concern**

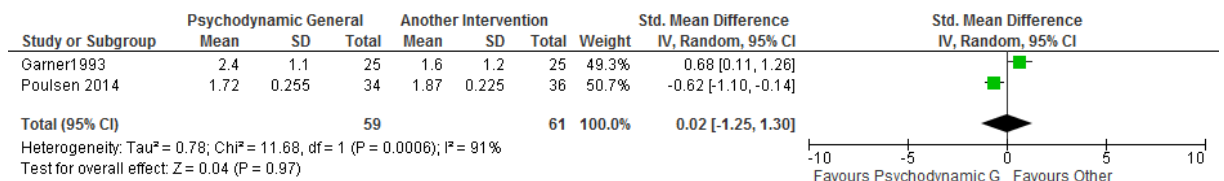


6

7 Heterogeneity was detected at I²=91%. This may be explained by the high risk of bias in the
8 study by Poulsen 2014 where the duration of treatment were remarkably different.
9 Psychodynamic treatment was for 19 months, compared with CBT-ED treatment for 14
10 weeks.

11 **Figure 358: EDE-weight concern with random effects**

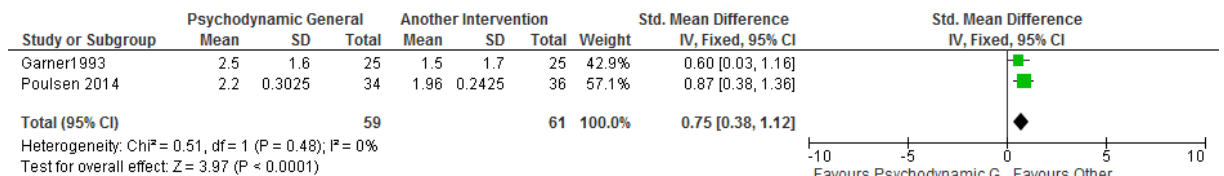
12



13

14 **Figure 359: EDE-restraint**

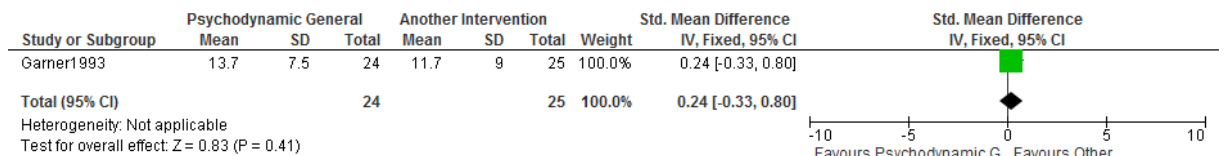
15



16

16 **Figure 360: EDI-body dissatisfaction**

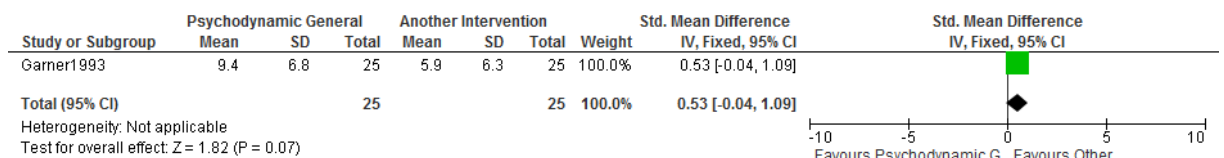
17



18

18 **Figure 361: EDI-drive for thinness**

19



20

20 **Figure 362: EDI-bulimia**

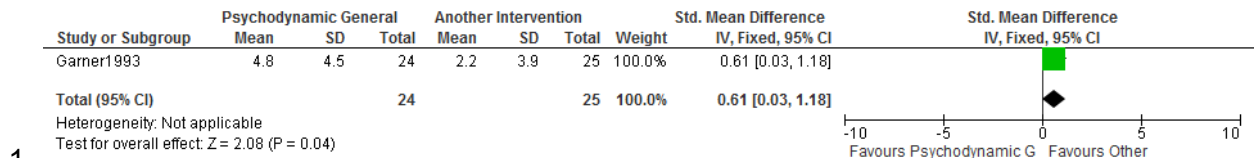


Figure 363: General psychopathology

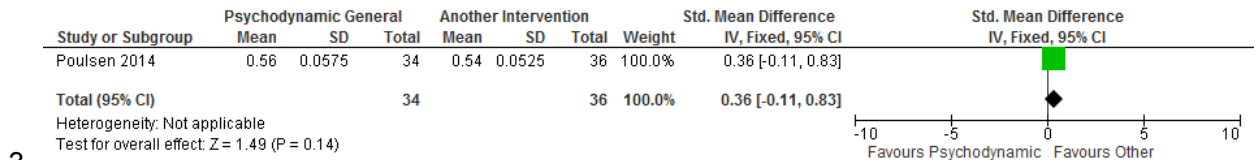
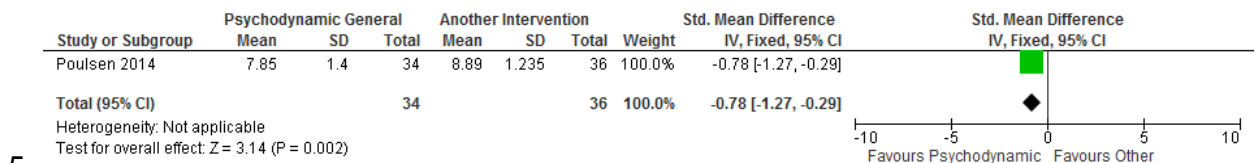


Figure 364: Depression



M.3.36 Binge eating disorder individual therapy

M.3.3.17 Hybrid versus another hybrid in adults with binge eating disorder at end of treatment

8 Figure 365: Global clinical score

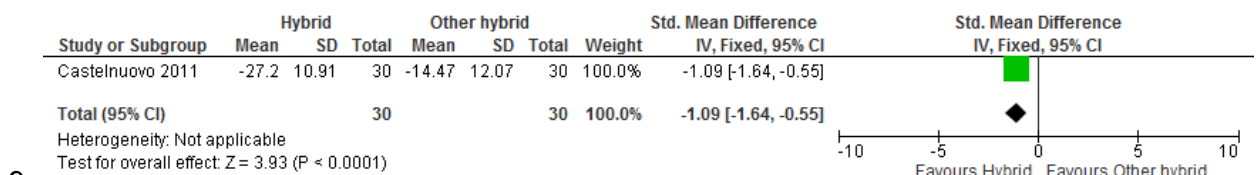
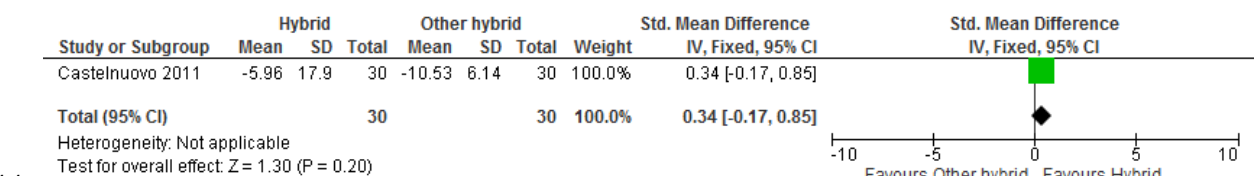


Figure 366: Percentage weight loss



M.3.3.22 Dialectical behaviour therapy (DBT) versus wait list control (WLC) in adults with binge eating disorder at end of treatment

14 Figure 367: Bingeing

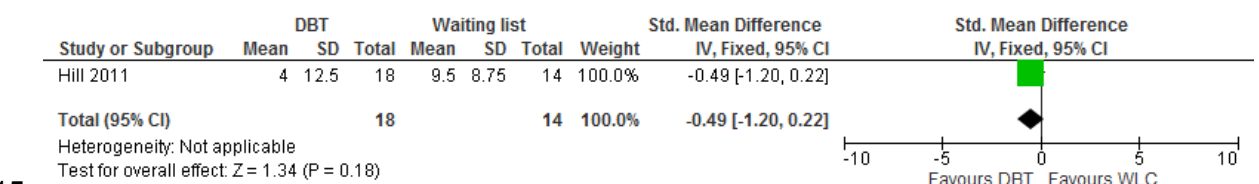
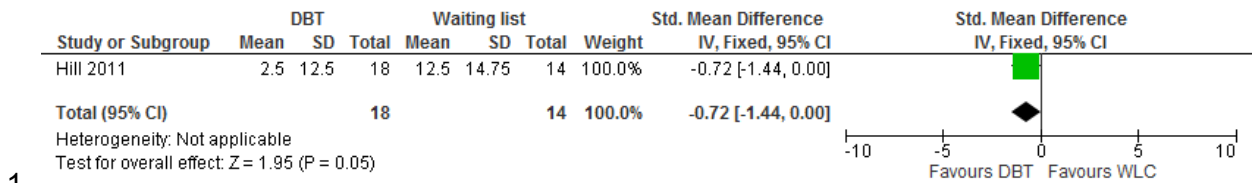
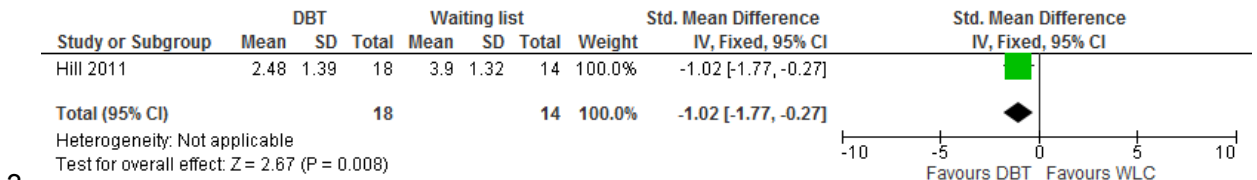


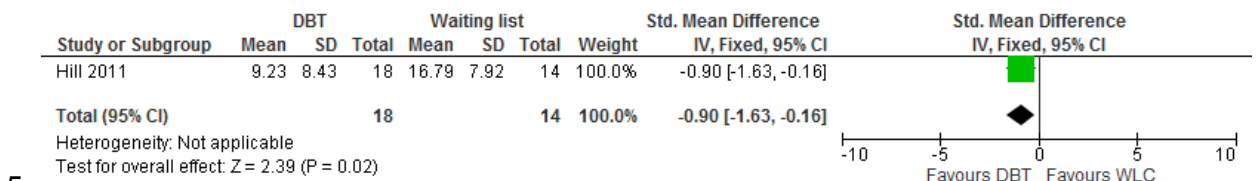
Figure 368: Vomiting



2 **Figure 369: EDE-global**

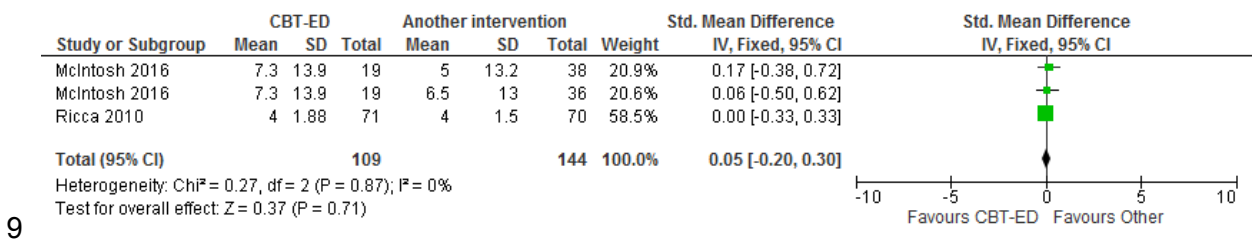


4 **Figure 370: Depression**

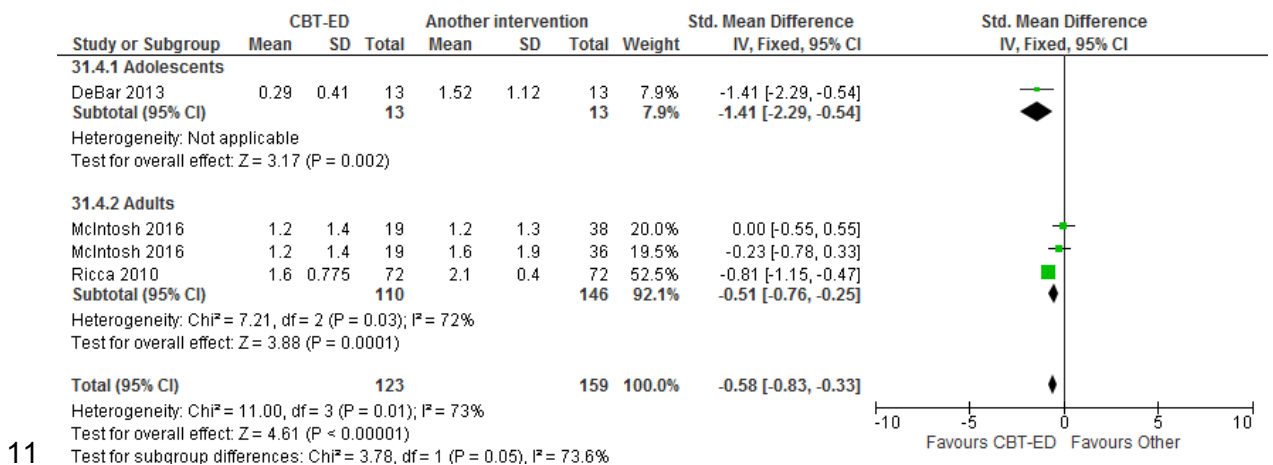


M.3.3.36 **CBT-ED versus another intervention in adults (unless otherwise stated) with binge eating disorder at end of treatment**

7 **Figure 371: Bingeing**

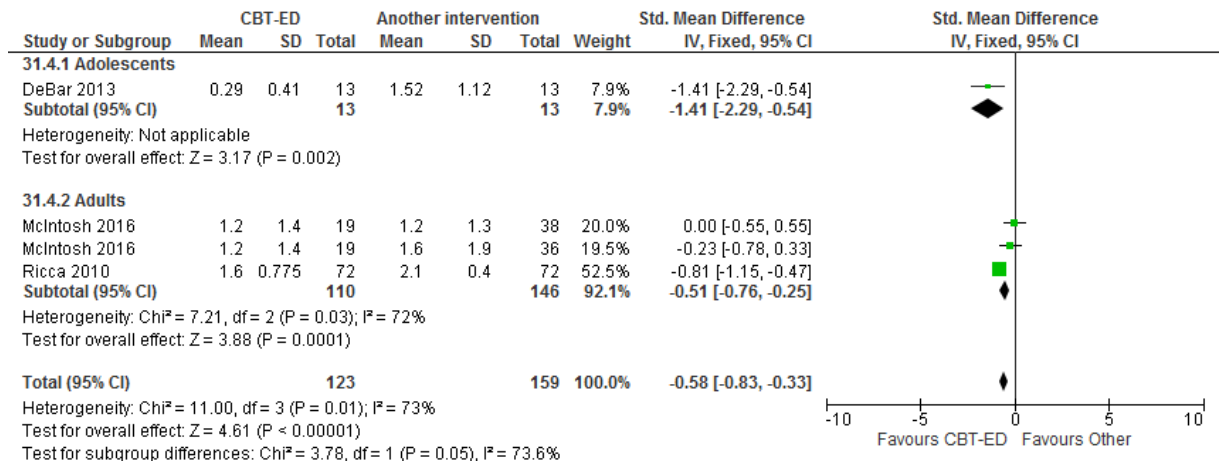


10 **Figure 372: EDE-eating concern in young people and adults**



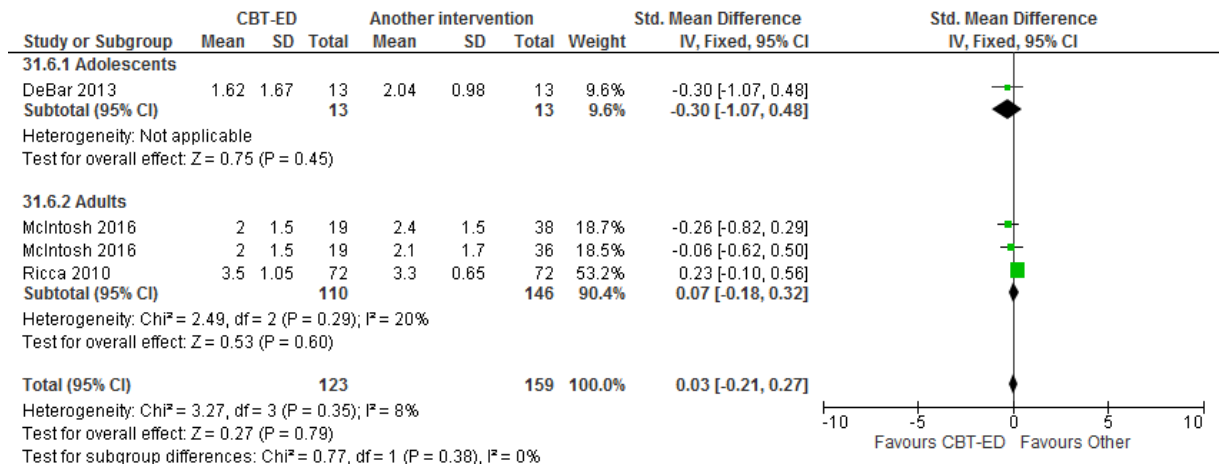
12 **Figure 373: EDE-shape concern in young people and adults**

1



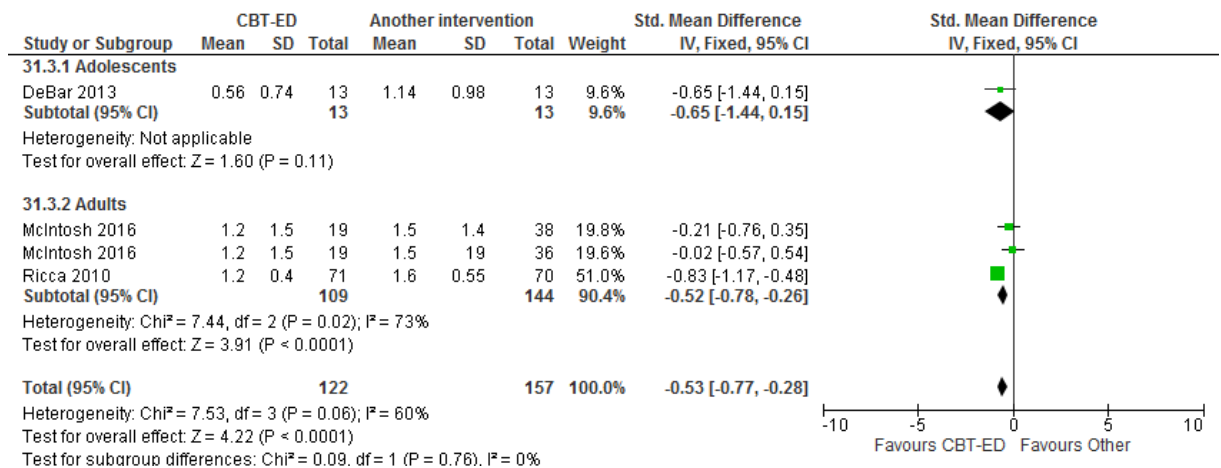
2

3 **Figure 374: EDE-weight concern in young people and adults**



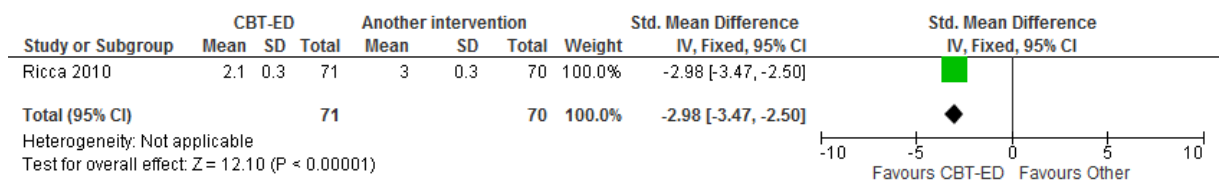
4

5 **Figure 375: EDE-restraint in young people and adults**



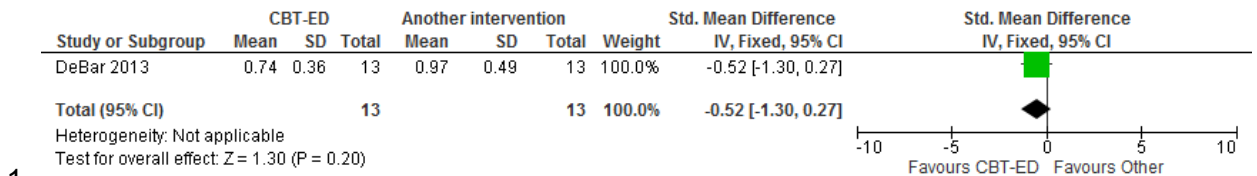
6

7 **Figure 376: EDE-global**



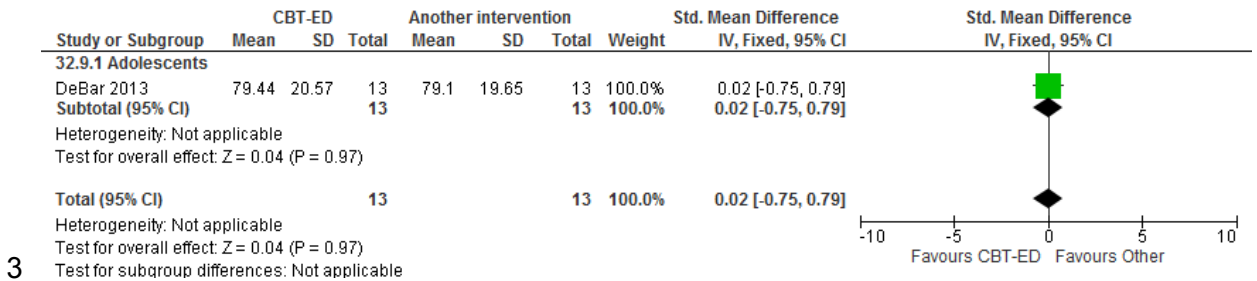
8

9 **Figure 377: Social adjustment**



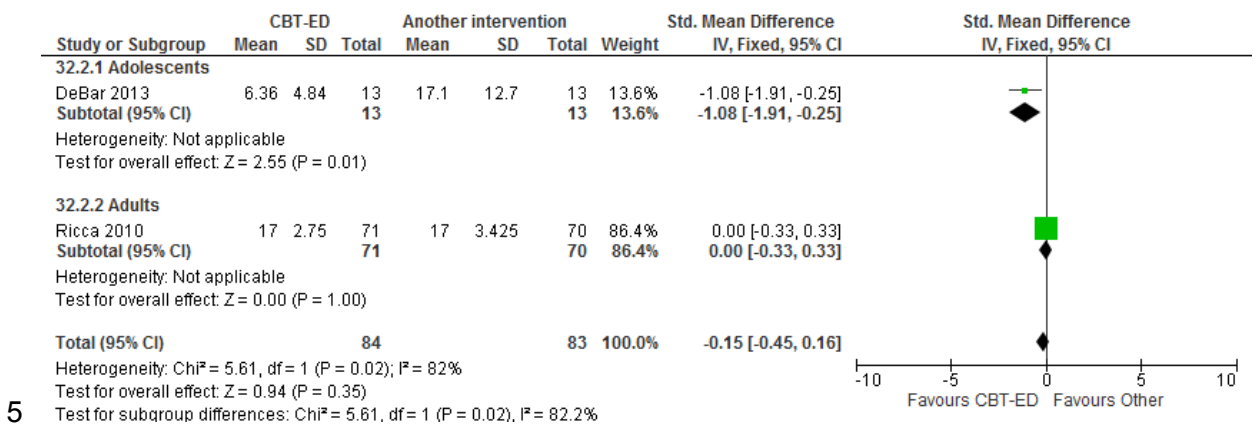
1

2 **Figure 378: Body mass index in young people**



3

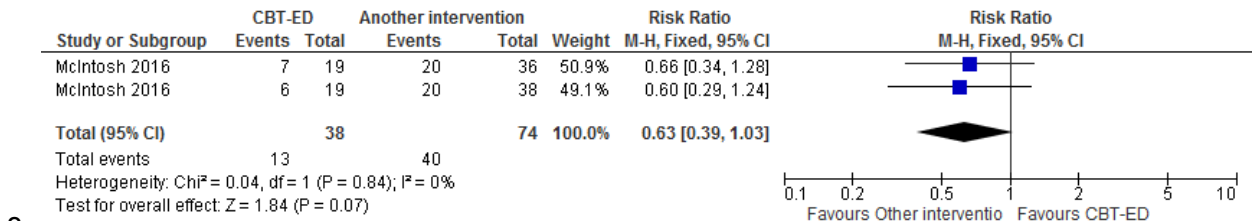
4 **Figure 379: Depression**



5

6 **Figure 380: Remission**

7

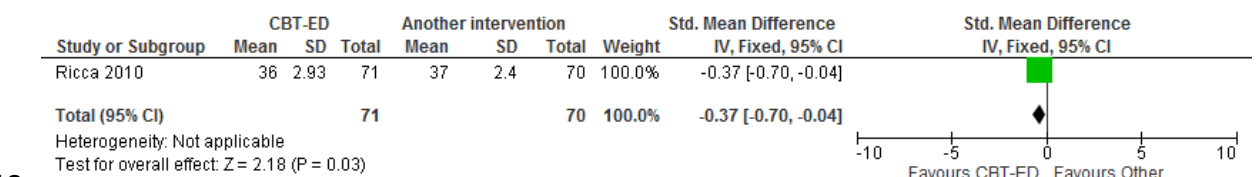


8

M.3.3.49 **CBT-ED versus another intervention in adults (unless otherwise stated) with binge eating disorder at follow-up**

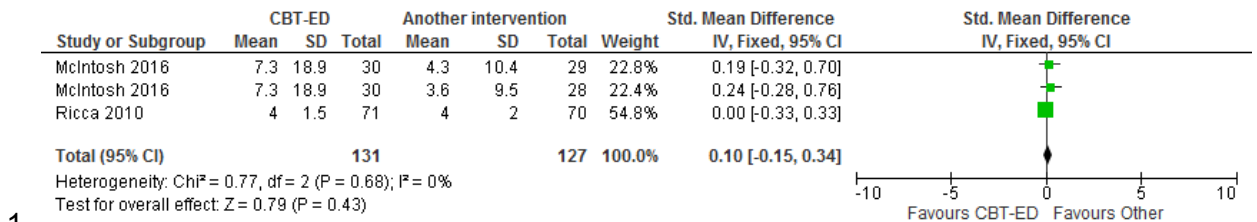
10

11 **Figure 381: Body mass index**

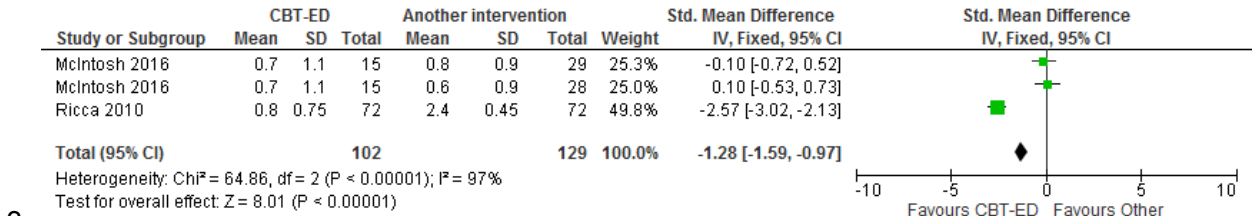


12

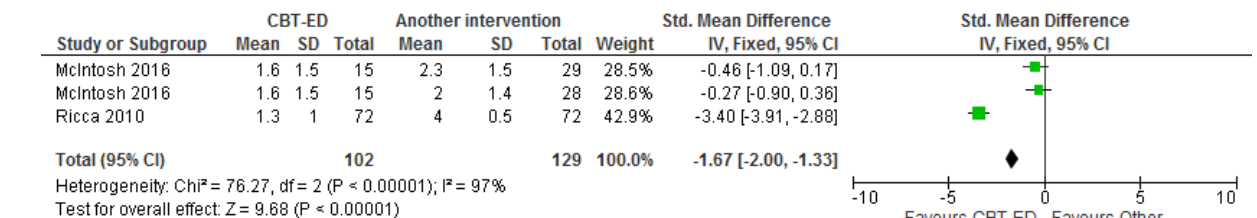
13 **Figure 382: Bingeing**



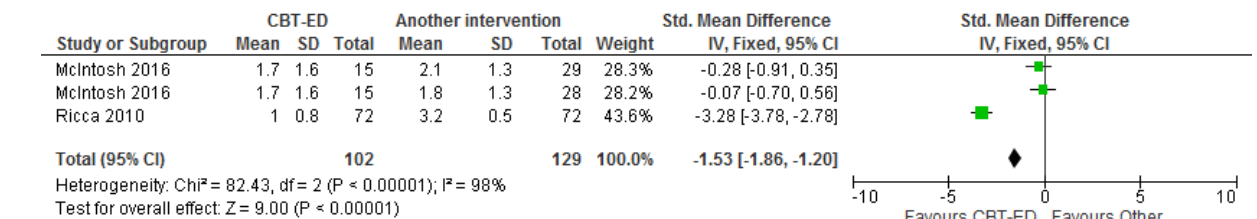
2 **Figure 383: EDE-eating concern**



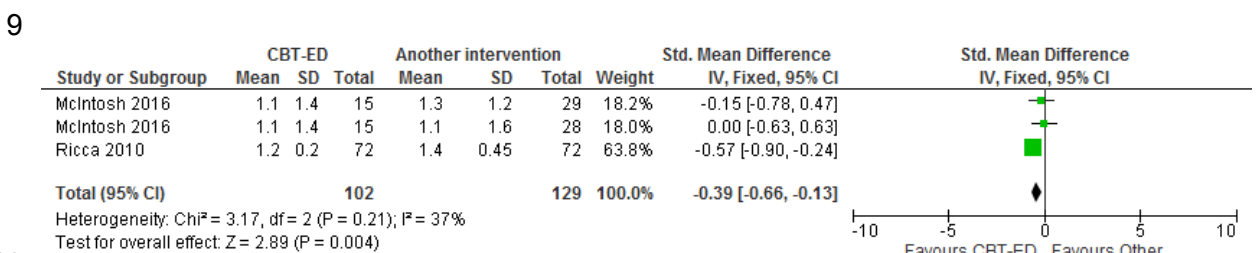
4 **Figure 384: EDE-shape concern**



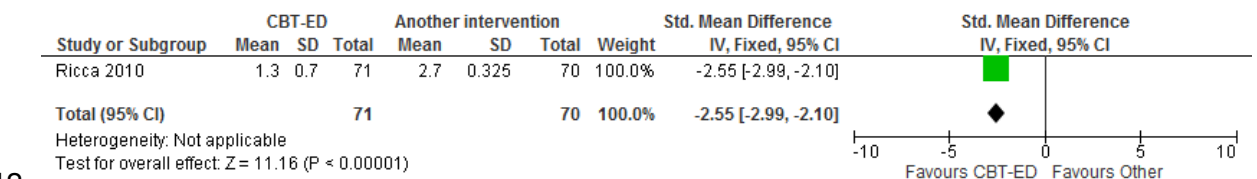
6 **Figure 385: EDE-weight concern**



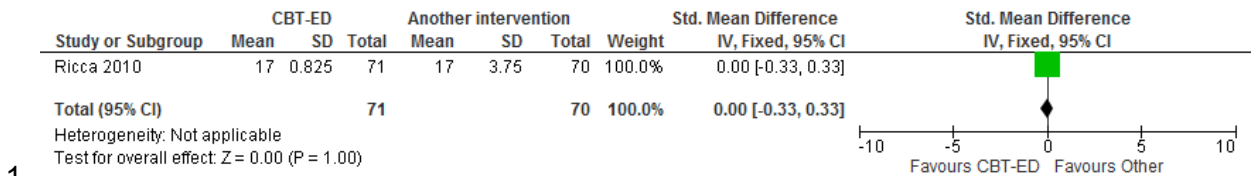
8 **Figure 386: EDE-restraint**



10 **Figure 387: EDE-global**



12 **Figure 388: Depression**



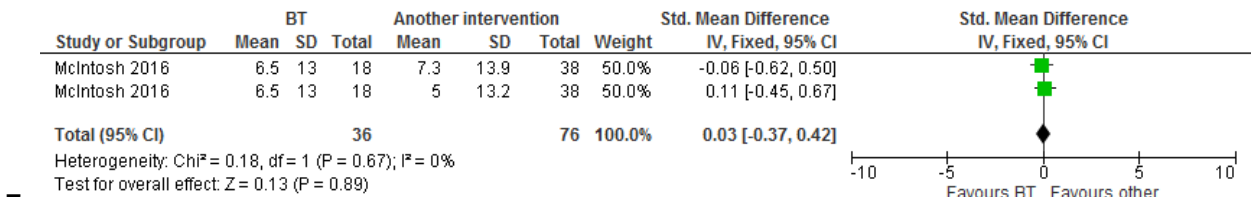
2 **Figure 389: Remission**

M.3.3.53 **Behavioural therapy versus another intervention in adults (unless otherwise stated) with binge eating disorder at end of treatment**

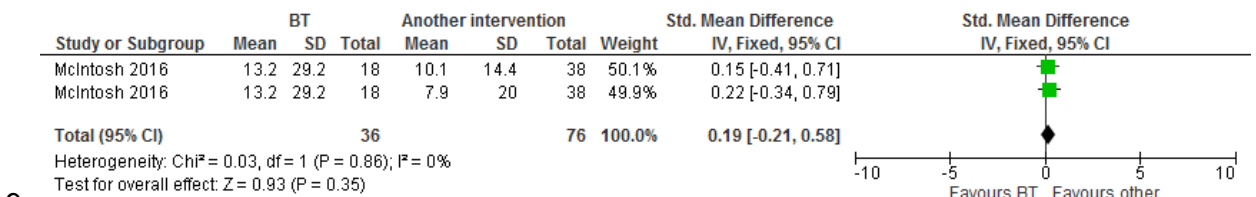
4

5

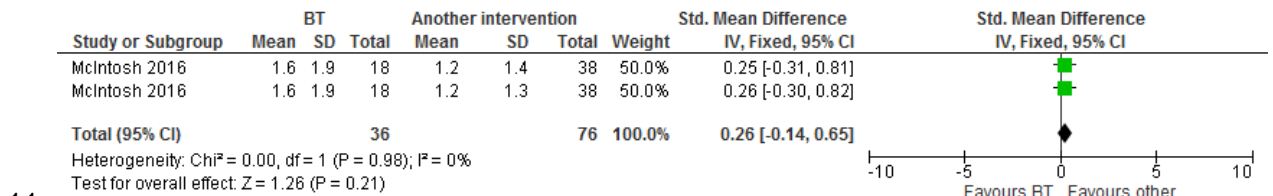
6 **Figure 390: Bingeing**



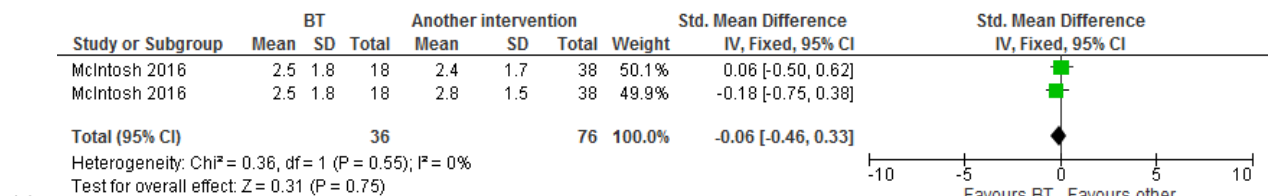
8 **Figure 391: Purging**



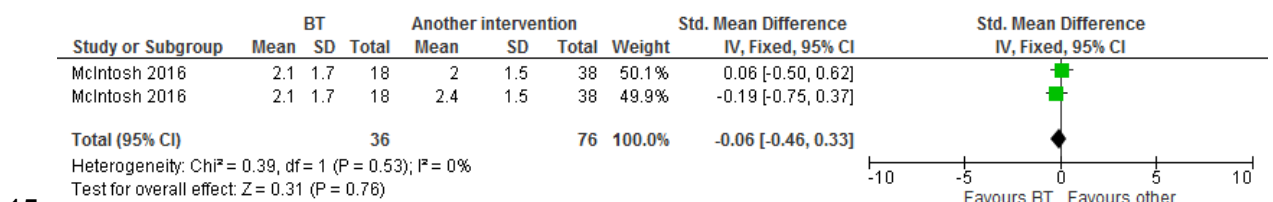
10 **Figure 392: EDE-eating concern**



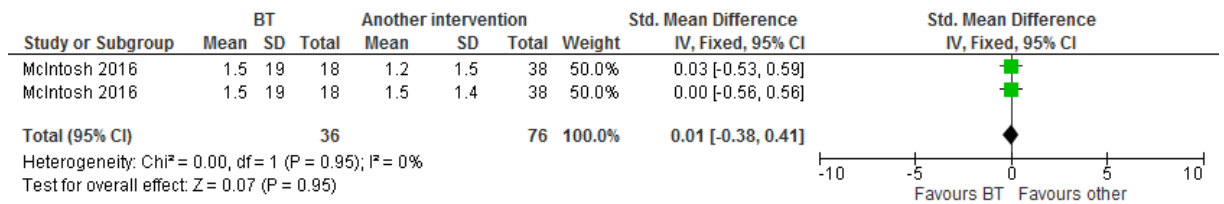
12 **Figure 393: EDE-shape concern**



14 **Figure 394: EDE-weight concern**

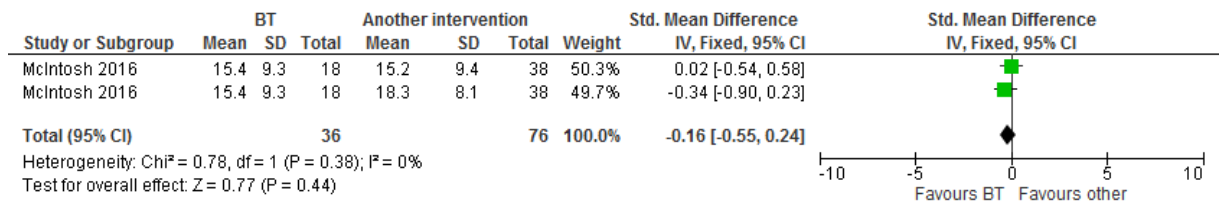


1 **Figure 395: EDE-restraint**



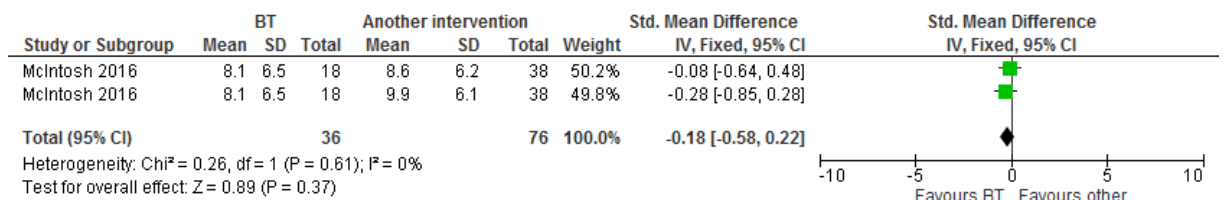
2

3 **Figure 396: EDI-body dissatisfaction**



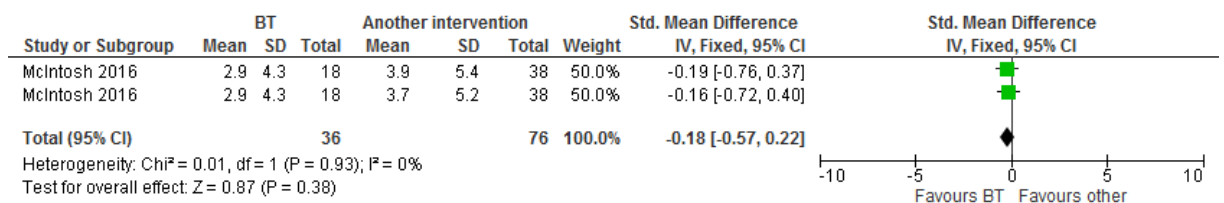
4

5 **Figure 397: EDI-drive for thinness**



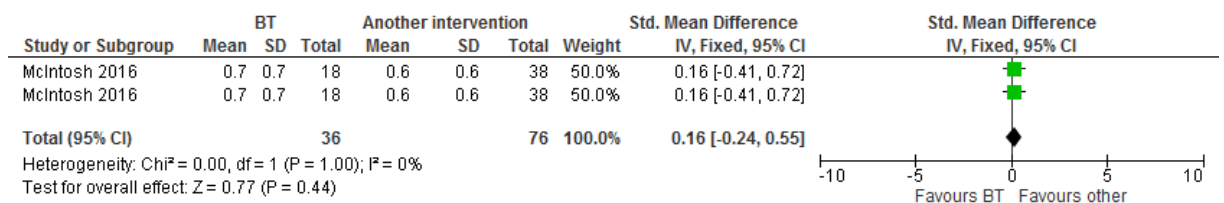
6

7 **Figure 398: EDI-bulimia**



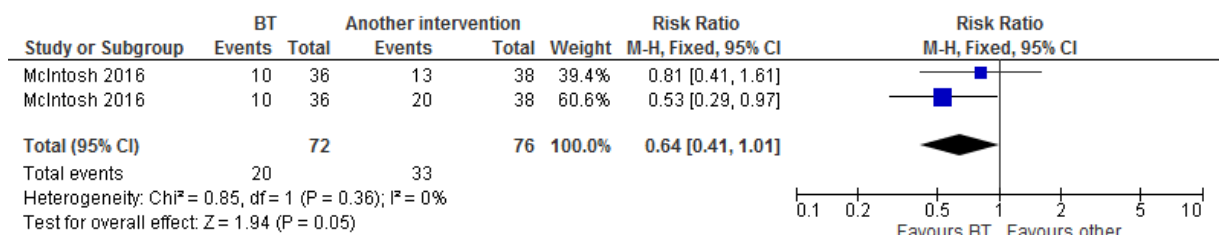
8

9 **Figure 399: Symptom checklist**



10

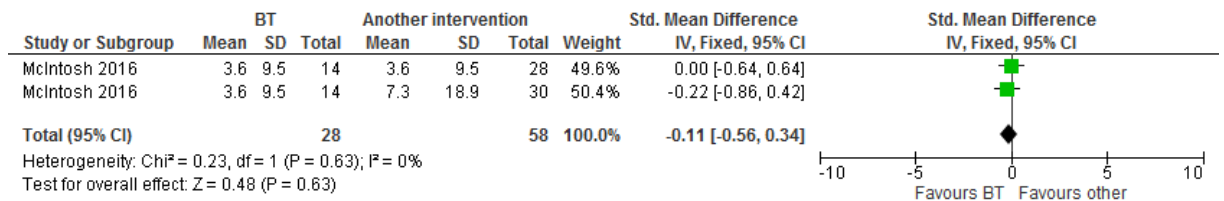
11 **Figure 400: Remission**



12

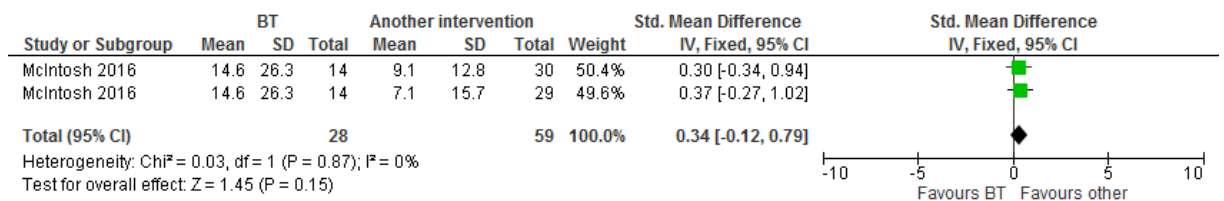
**M.3.3.61 Behavioural therapy versus another intervention in adults (unless otherwise stated)
2 with binge eating disorder at follow-up**

3 Figure 401: Bingeing



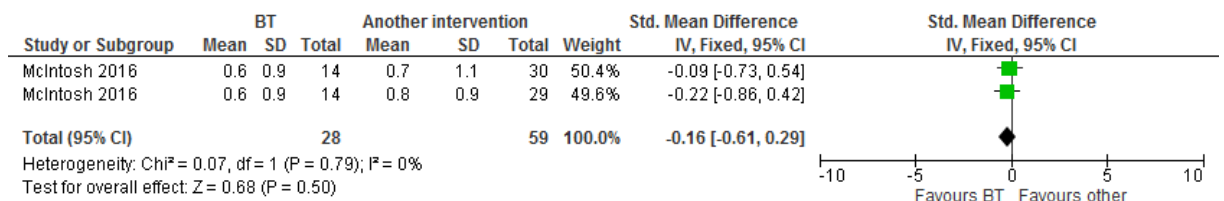
4

5 Figure 402: Purging



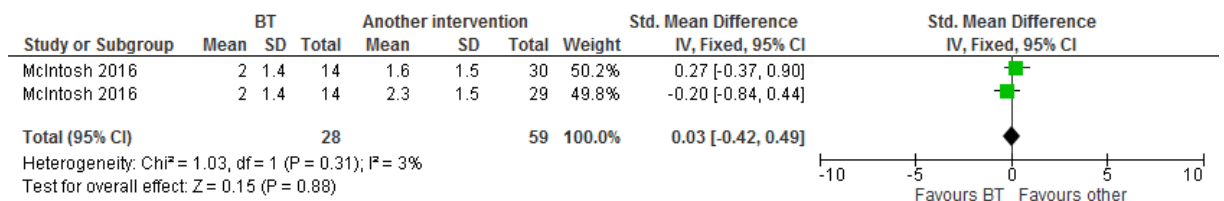
6

7 Figure 403: EDE-eating concern



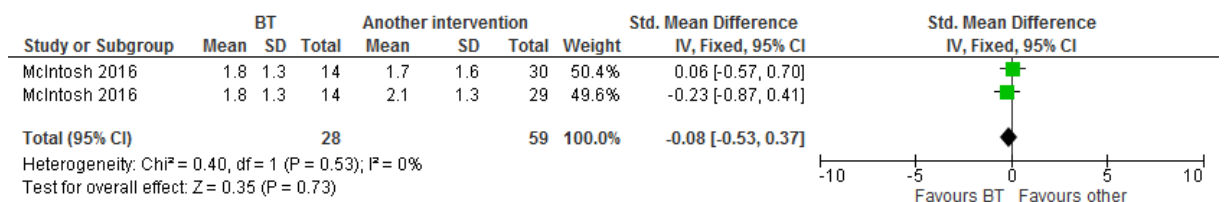
8

9 Figure 404: EDE-shape concern



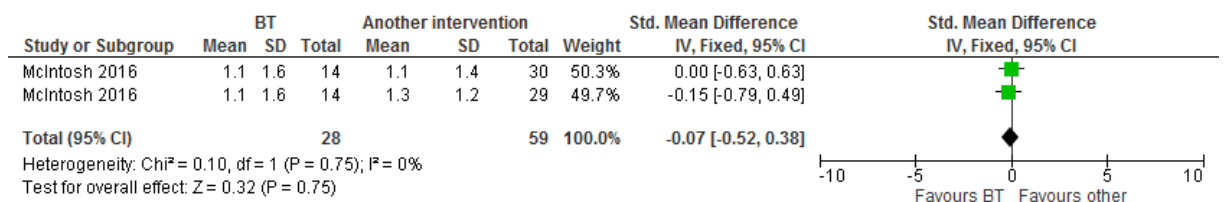
10

11 Figure 405: EDE-weight concern



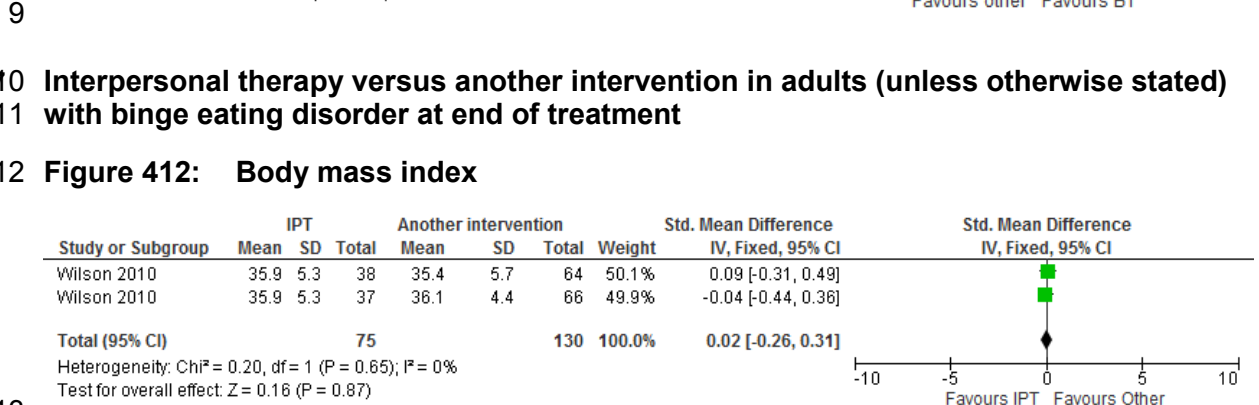
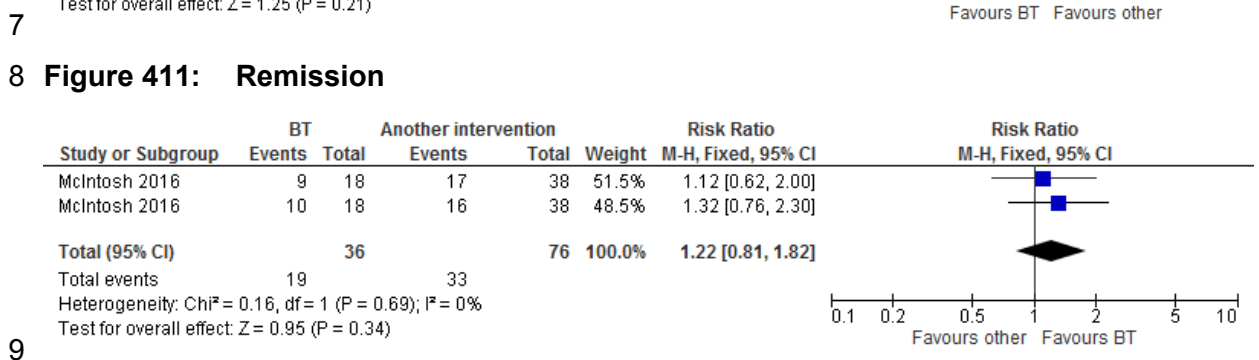
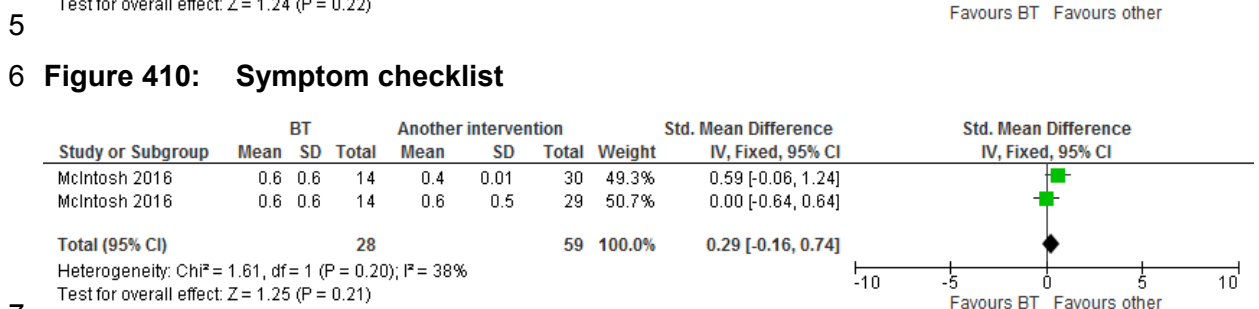
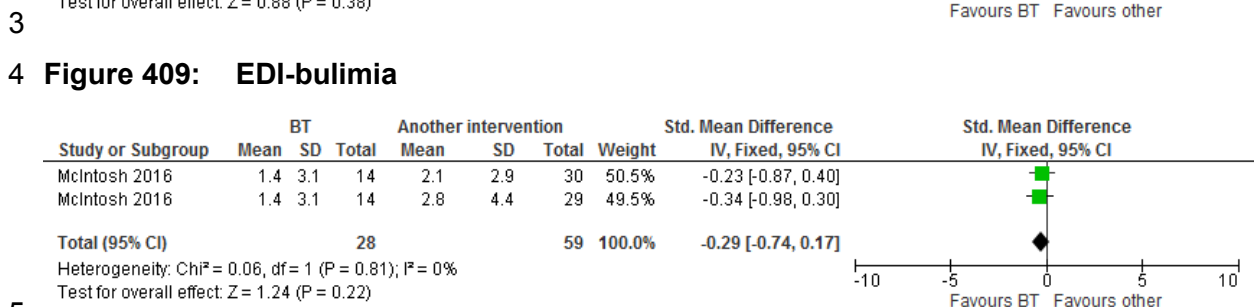
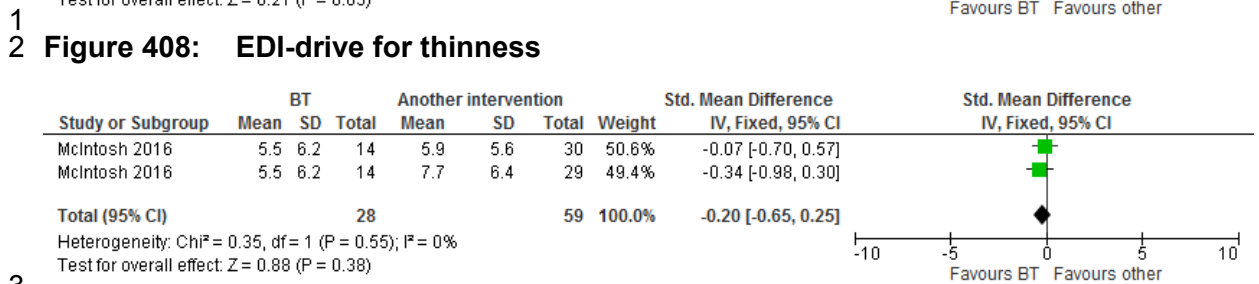
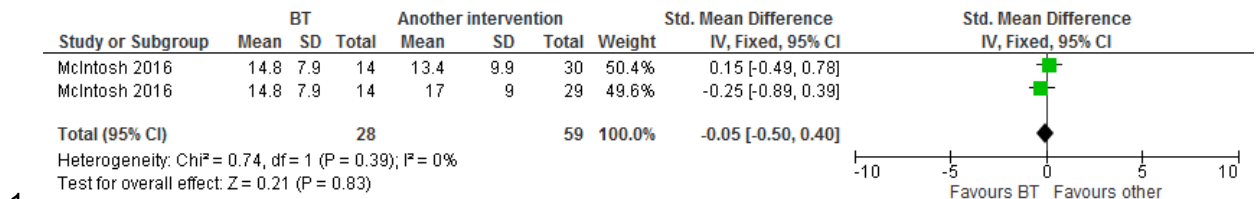
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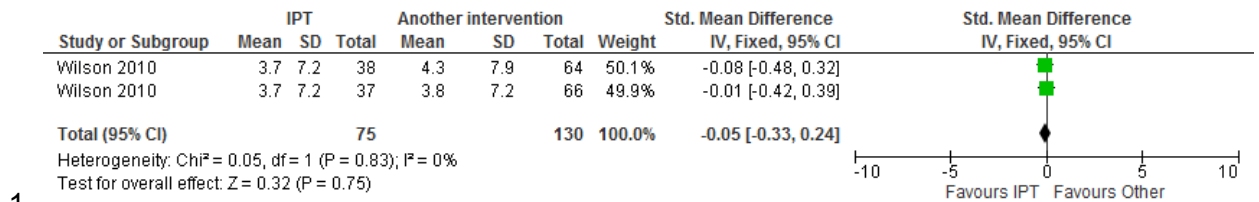
13 Figure 406: EDE-restraint



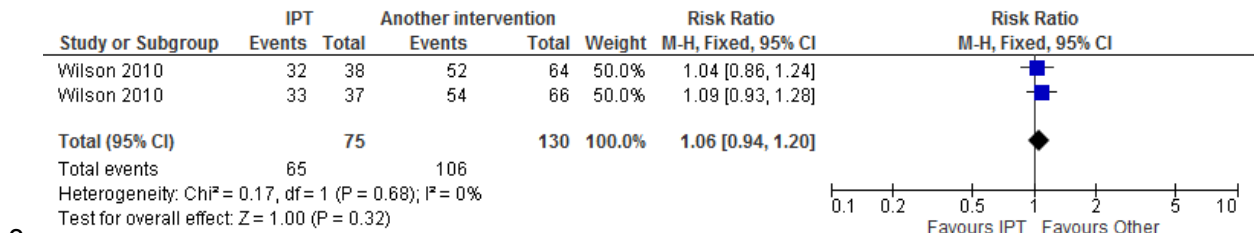
14

15 Figure 407: EDI-body dissatisfaction



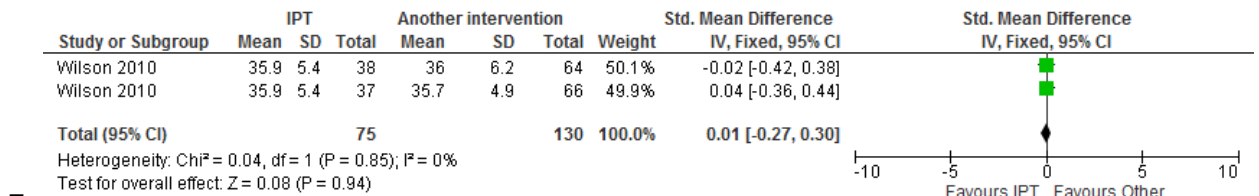


1
2 **Figure 414: Remission**

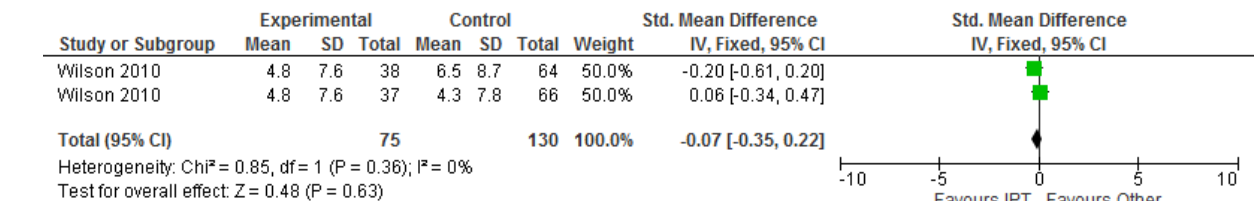


3
M.3.3.84 **Interpersonal therapy versus another intervention in adults (unless otherwise stated) with binge eating disorder at follow-up**

6 **Figure 415: Body mass index**

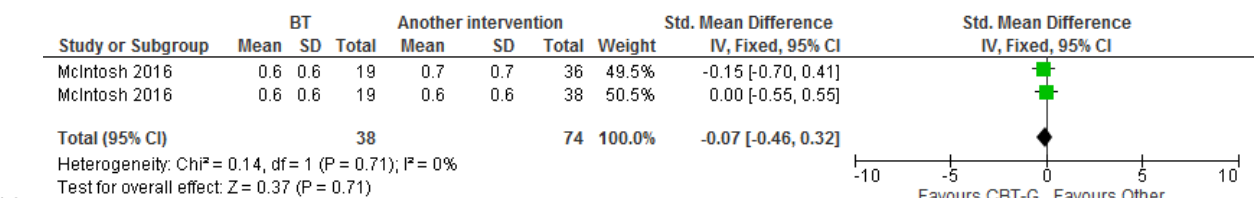


7
8 **Figure 416: Bingeing**

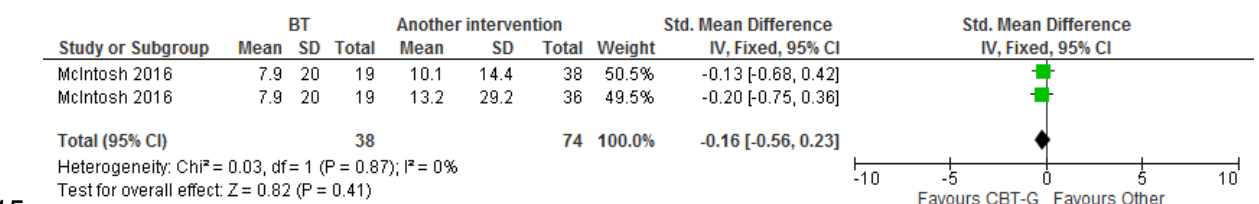


9
M.3.3.90 **CBT-general versus any other intervention in adults with binge eating disorder at end of treatment**

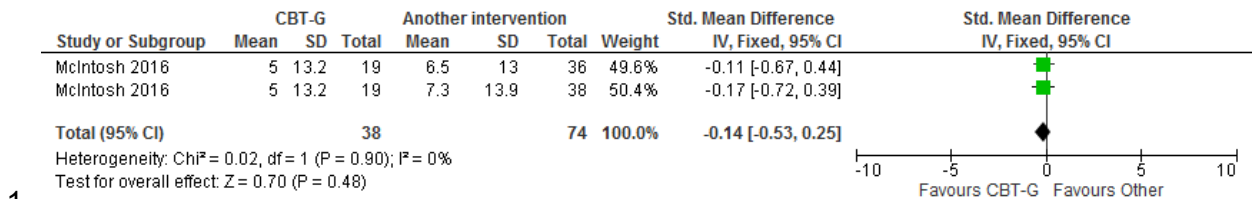
12 **Figure 417: Symptom checklist**



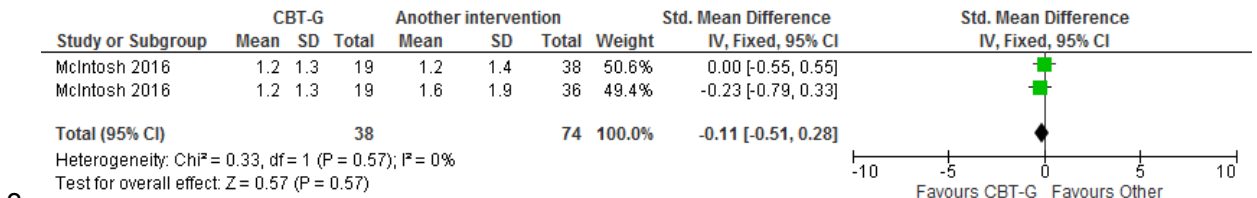
13
14 **Figure 418: Purging**



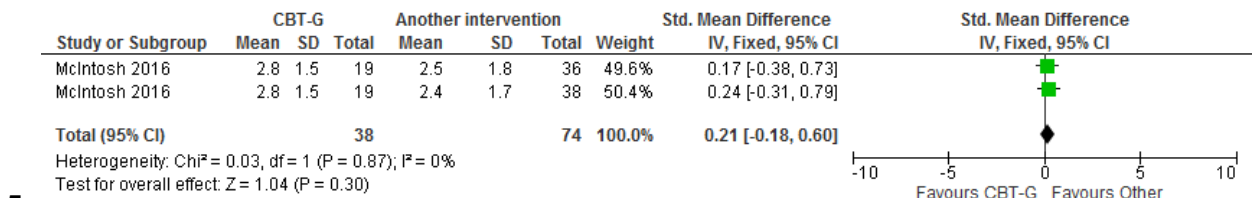
15
16 **Figure 419: Bingeing**



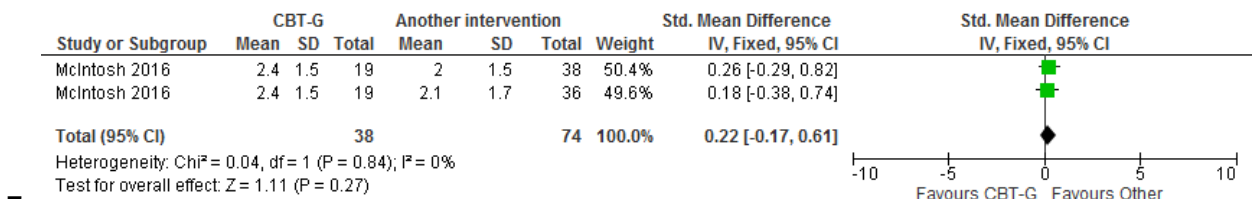
2 **Figure 420: EDE-eating concern**



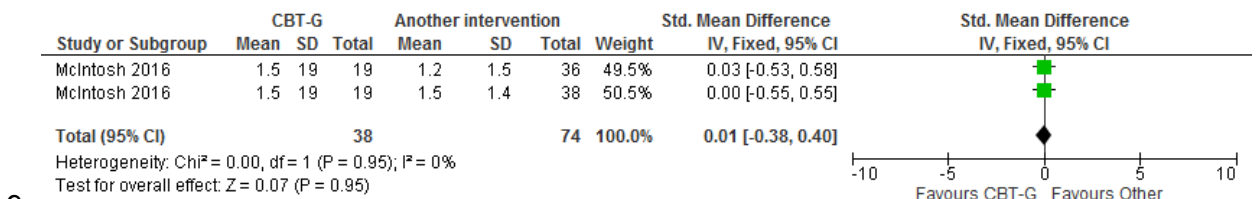
4 **Figure 421: EDE-shape concern**



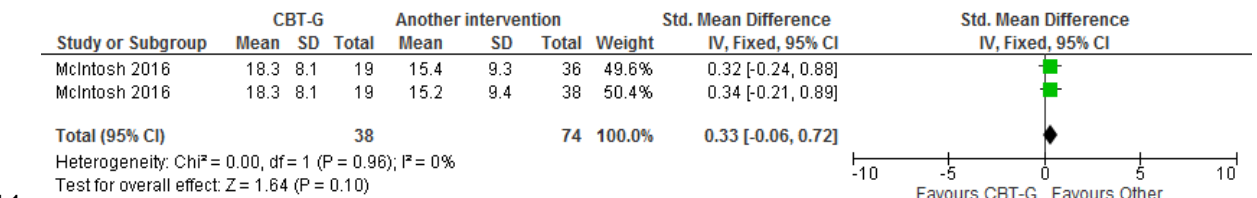
6 **Figure 422: EDE-weight concern**



8 **Figure 423: EDE-restraint**



10 **Figure 424: EDI-body dissatisfaction**



12 **Figure 425: EDI-drive for thinness**

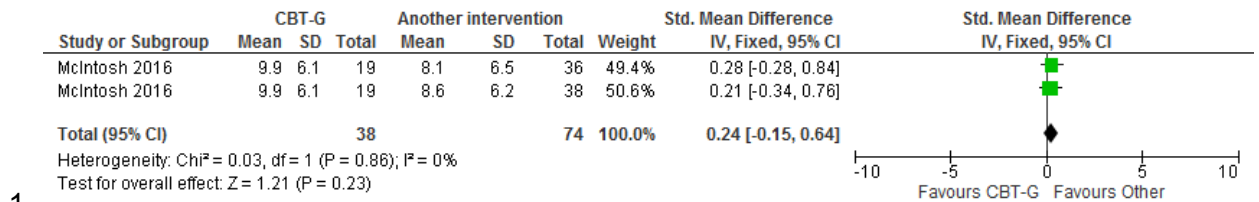
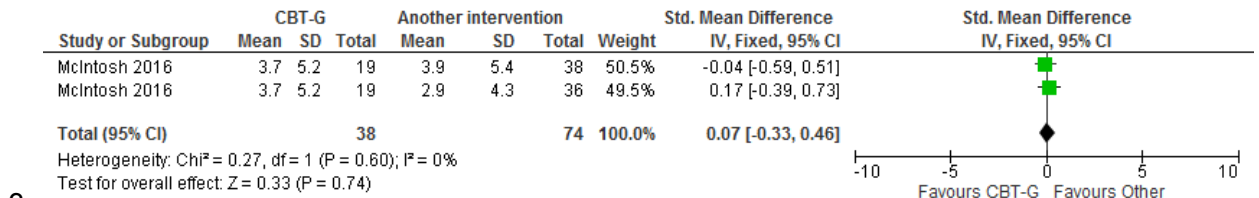
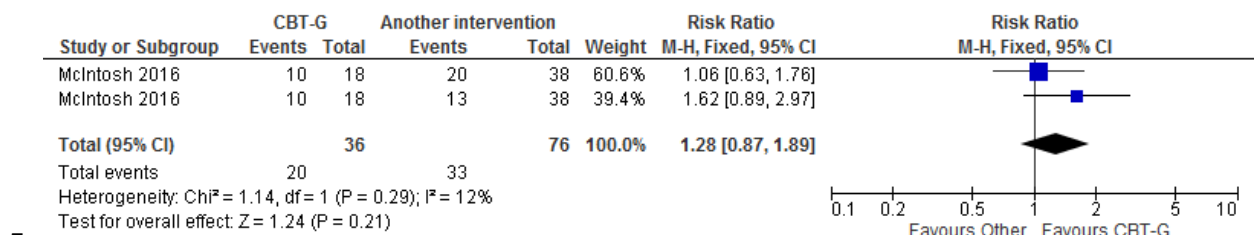


Figure 426: EDI-bulimia

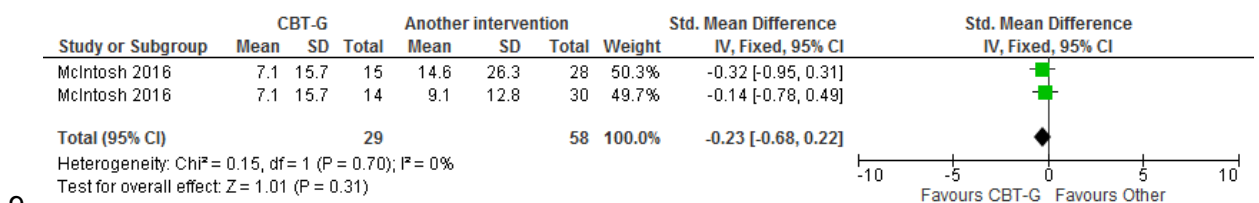


4 Figure 427: Remission

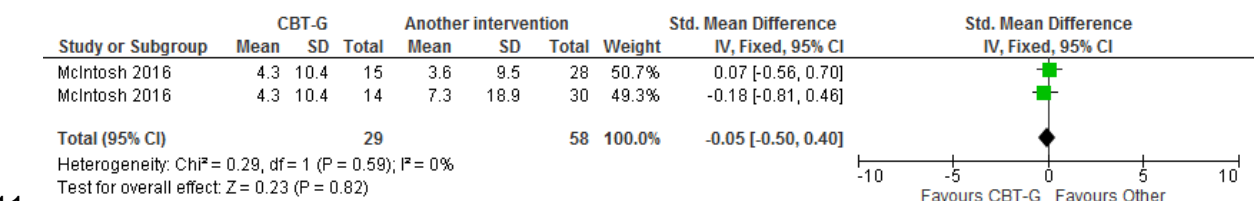


M.3.3.106 CBT-general versus any other intervention in adults with binge eating disorder at follow-up

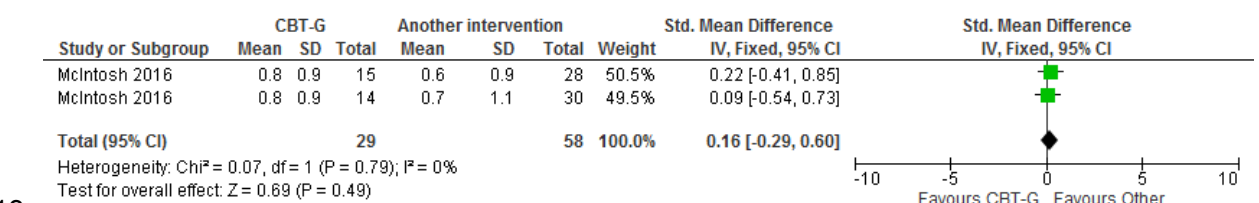
8 Figure 428: Purging



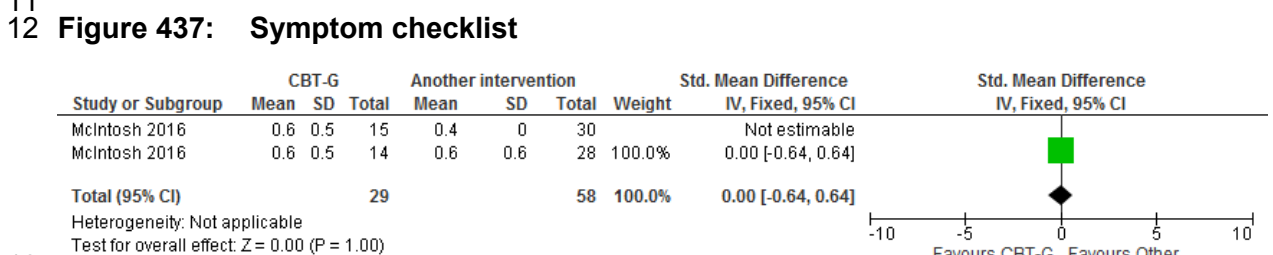
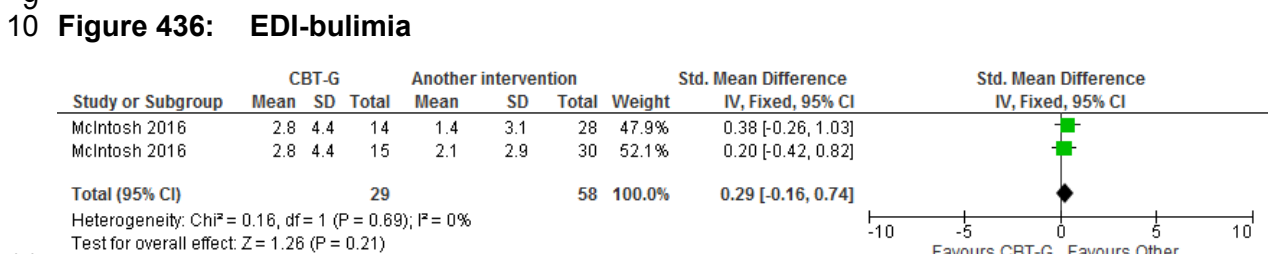
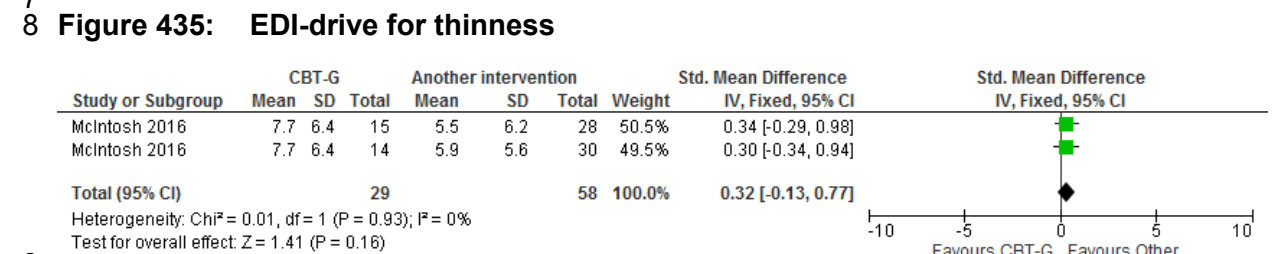
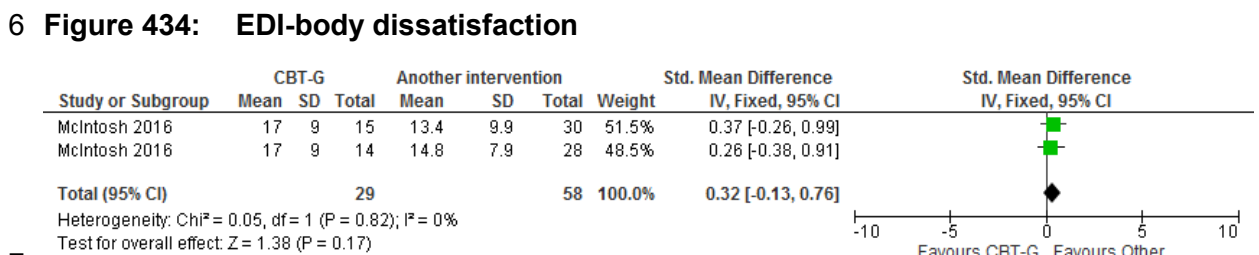
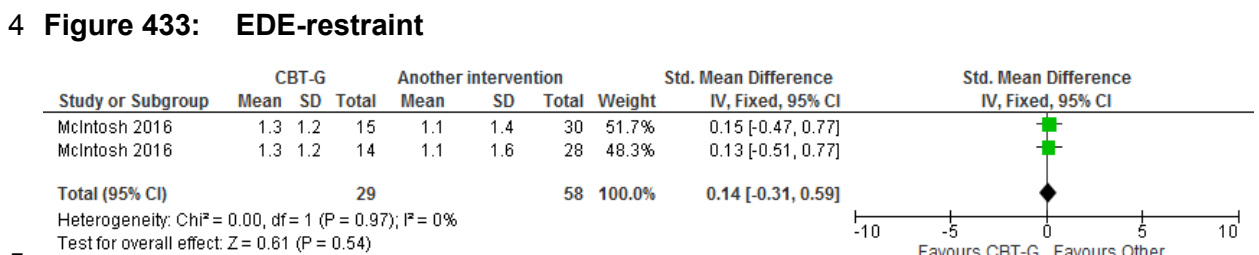
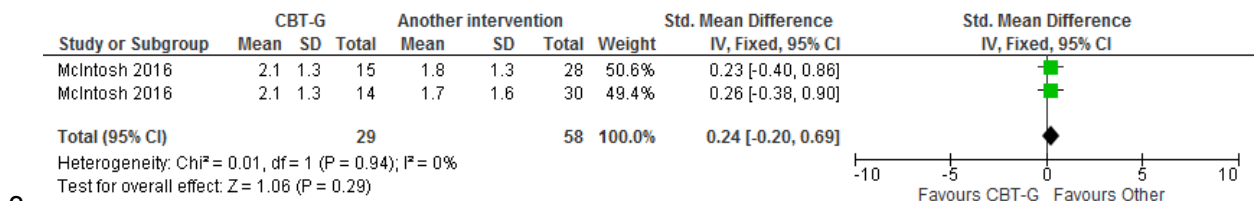
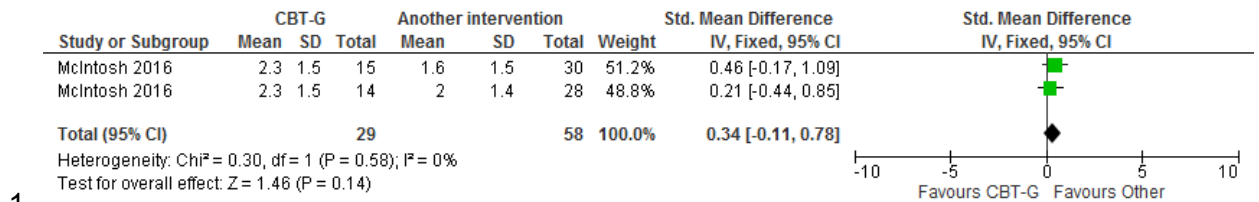
10 Figure 429: Bulimic episodes

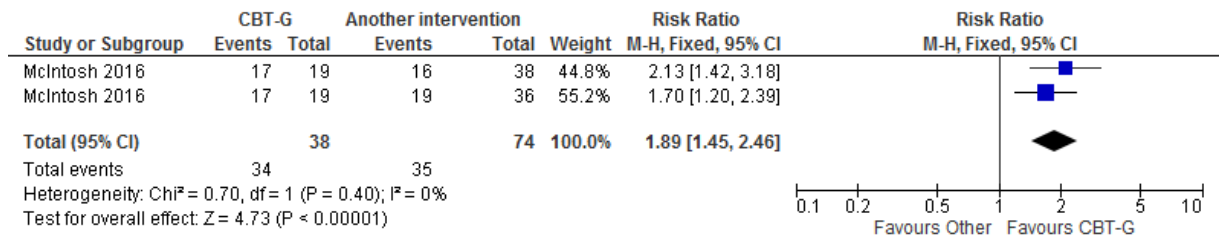


12 Figure 430: EDE-eating concern



14 Figure 431: EDE-shape concern



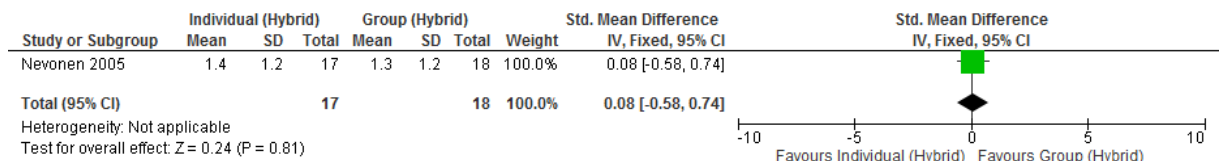


1

M.3.4.2 EDNOS individual therapy

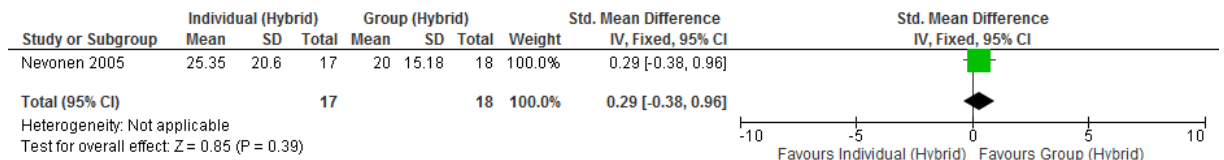
M.3.4.13 Interpersonal hybrid versus group hybrid in adults with EDNOS at end of treatment

4 Figure 439: EDE-restraint



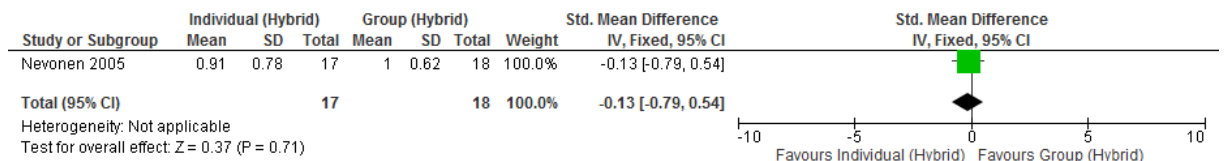
5

6 Figure 440: EDI-total



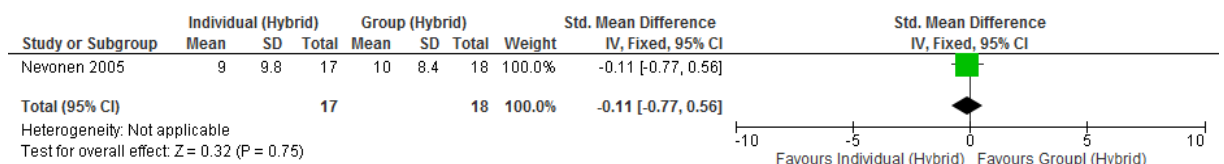
7

8 Figure 441: General psychopathology



9

10 Figure 442: Depression



11

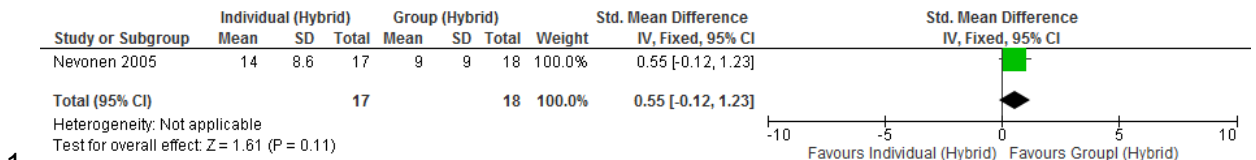
12 Figure 443: Remission



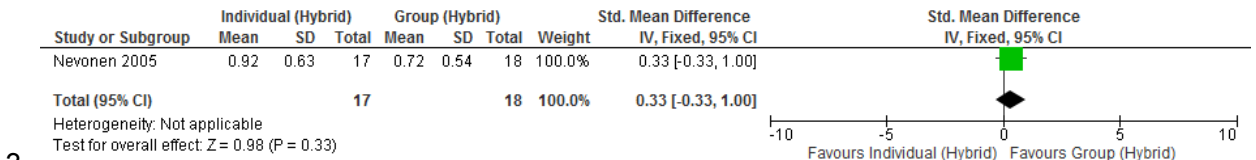
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M.3.4.24 Interpersonal hybrid versus group hybrid in adults with EDNOS at follow-up

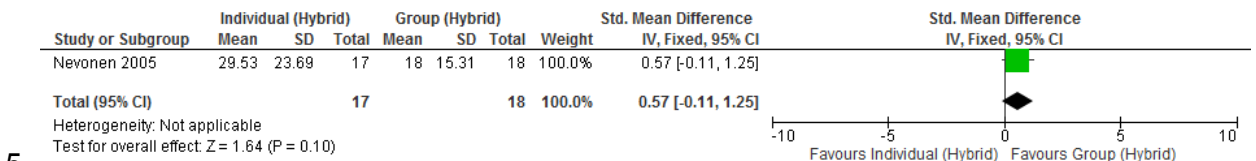
15 Figure 444: Depression



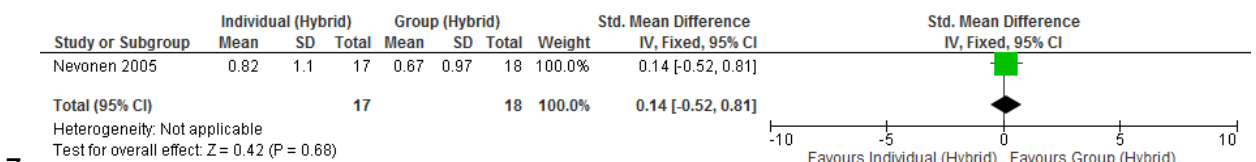
2 **Figure 445: General psychopathology**



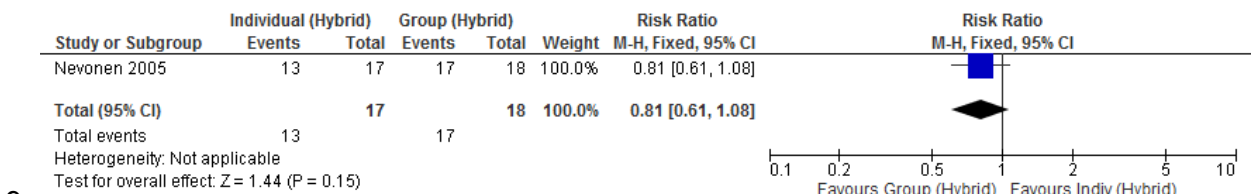
4 **Figure 446: EDI-total**



6 **Figure 447: EDE-restraint**



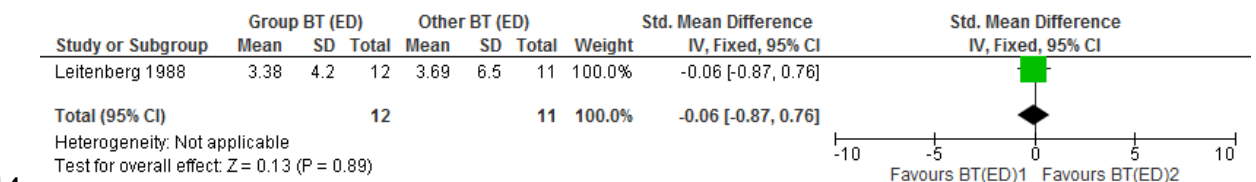
8 **Figure 448: Remission**



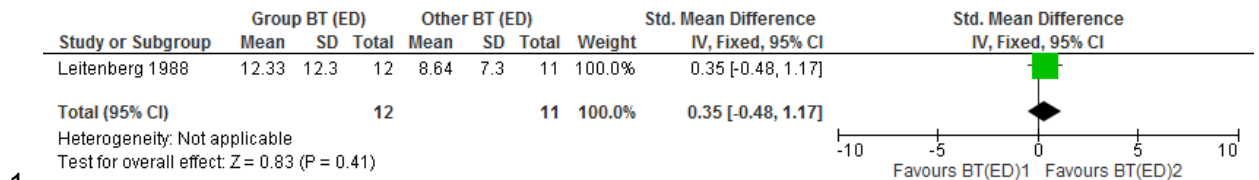
M.3.50 Bulimia nervosa group therapy

M.3.5.11 Group behavioural therapy (BT) compared with another behavioural therapy (BT) in adults with bulimia nervosa at the end of treatment

13 **Figure 449: Vomiting**

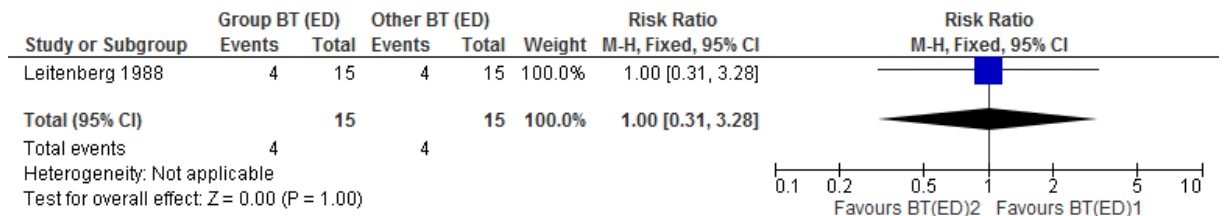


15 **Figure 450: Depression**



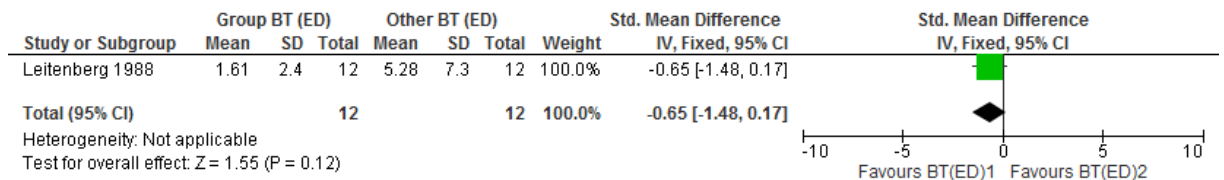
3
4

Figure 451: Remission

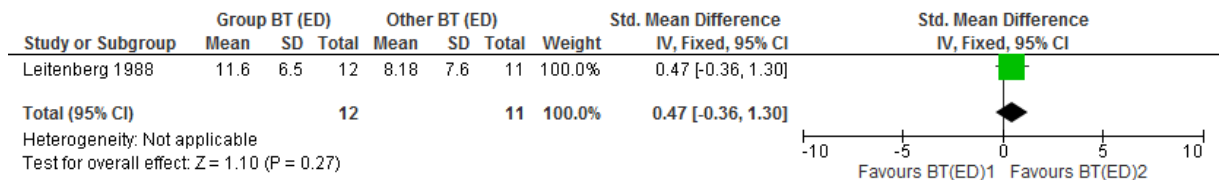


6 M.3.5.25 Group behavioural therapy compared with another behavioural therapy in adults with bulimia nervosa at follow-up

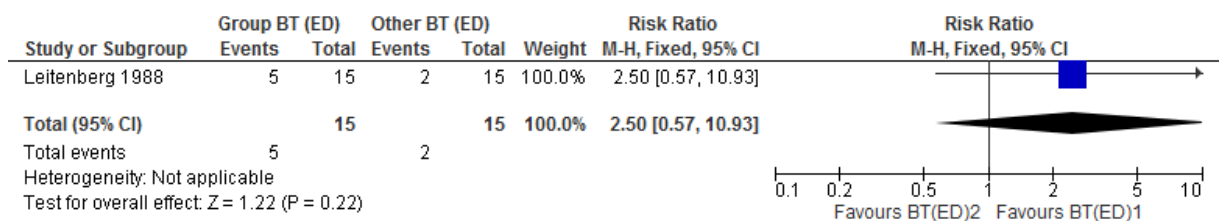
7 Figure 452: Vomiting



8
9 Figure 453: Depression

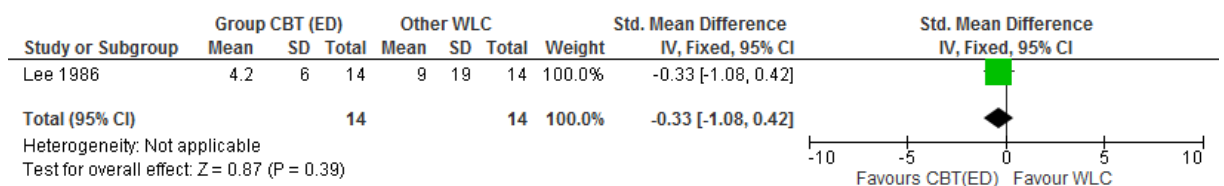


10
11 Figure 454: Remission

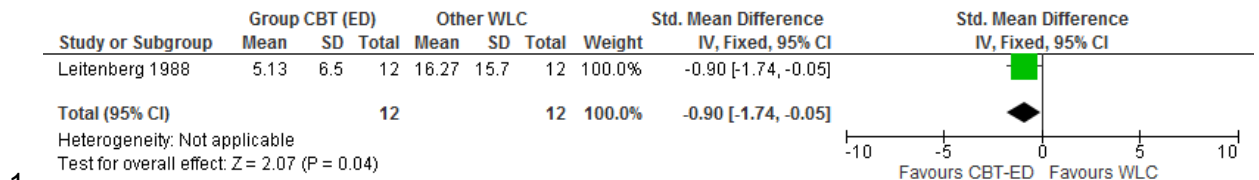


14 M.3.5.33 Group CBT-ED compared with wait list controls (WLC) in adults with bulimia nervosa at end of treatment

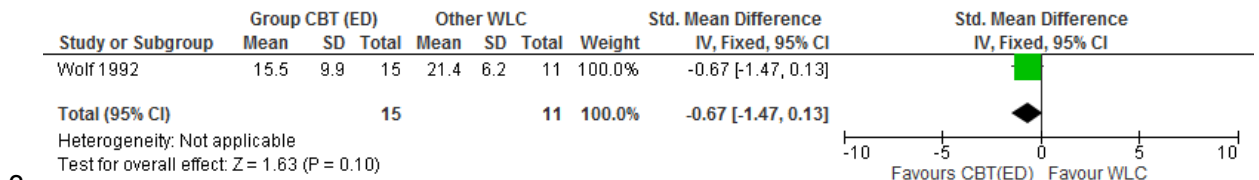
15 Figure 455: Purging



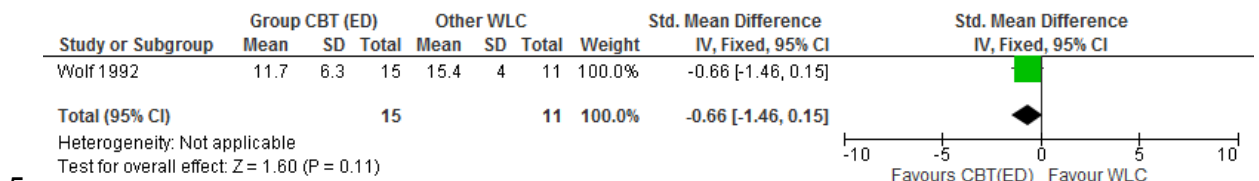
16
17 Figure 456: Vomiting



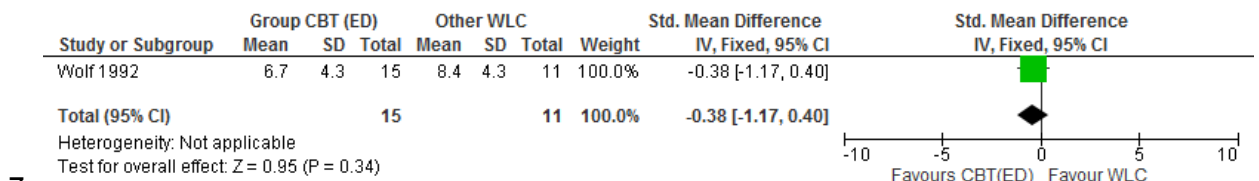
2 **Figure 457: EDI-body dissatisfaction**



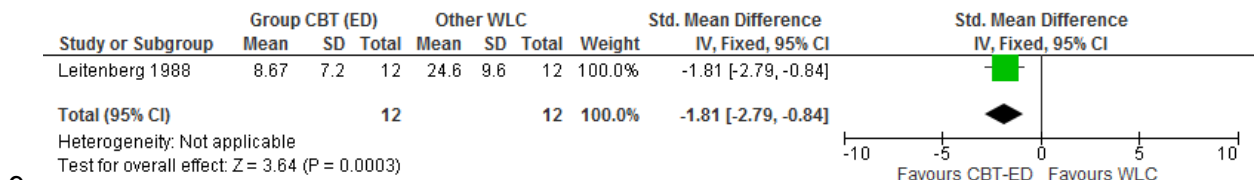
4 **Figure 458: EDI-drive for thinness**



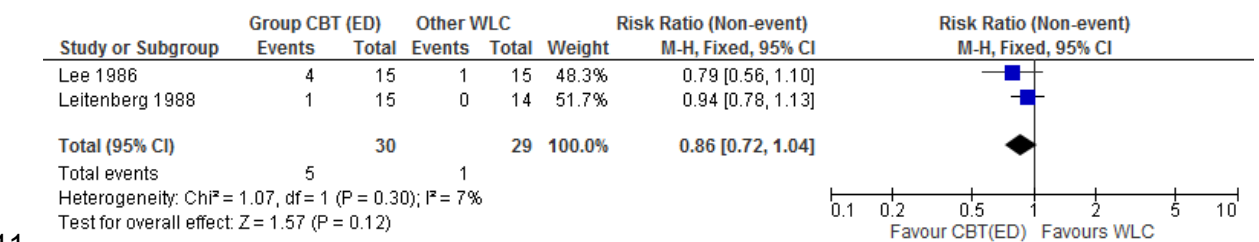
6 **Figure 459: EDI-bulimia**



8 **Figure 460: Depression**

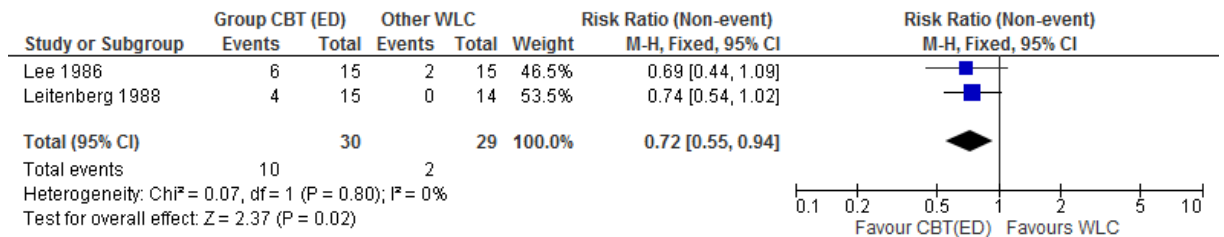


10 **Figure 461: Remission**



M.3.5.42 **Group CBT-ED compared with wait list controls in adults with bulimia nervosa at follow-up**

14
15 **Figure 462: Remission**

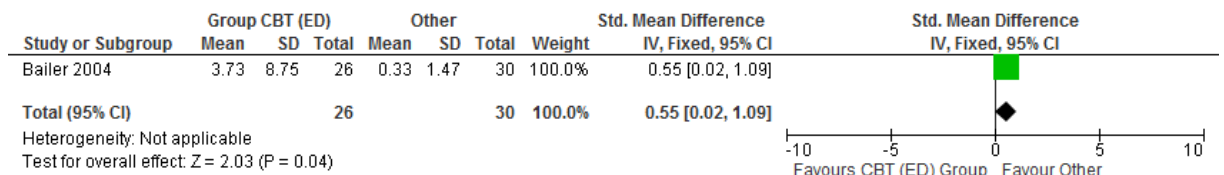


1

M.3.5.52 Group CBT-ED compared with another intervention in adults with bulimia nervosa at the end of treatment

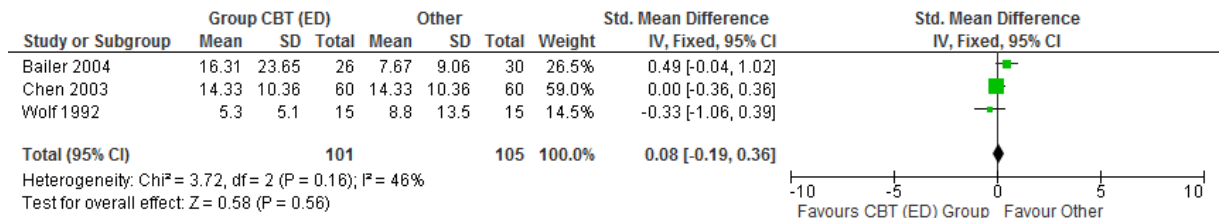
3

4 Figure 463: Laxative use



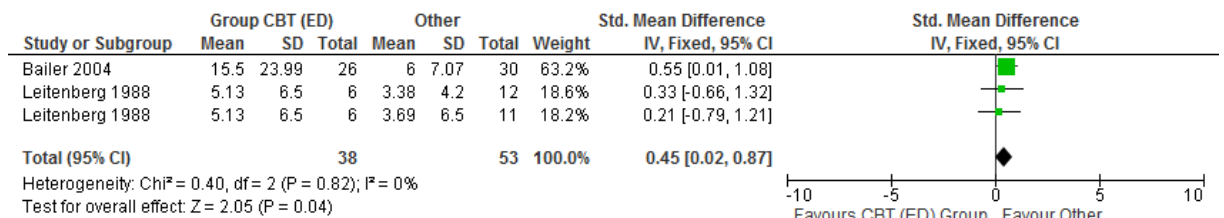
5

6 Figure 464: Bingeing



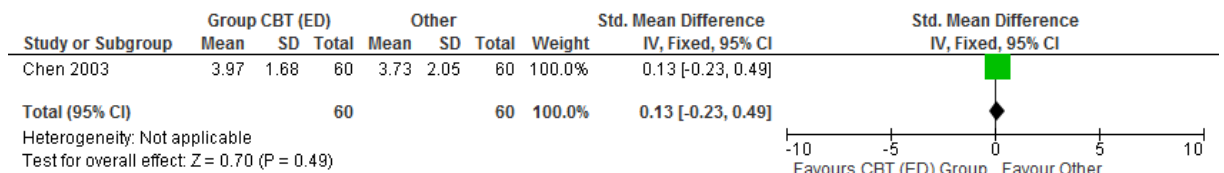
7

8 Figure 465: Vomiting



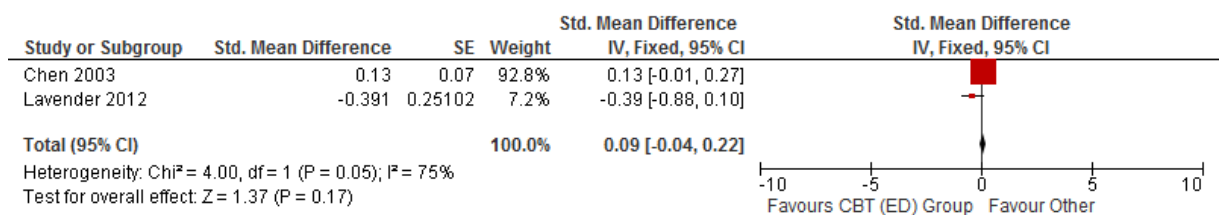
9

10 Figure 466: EDE-total



11

12 Figure 467: EDI-total

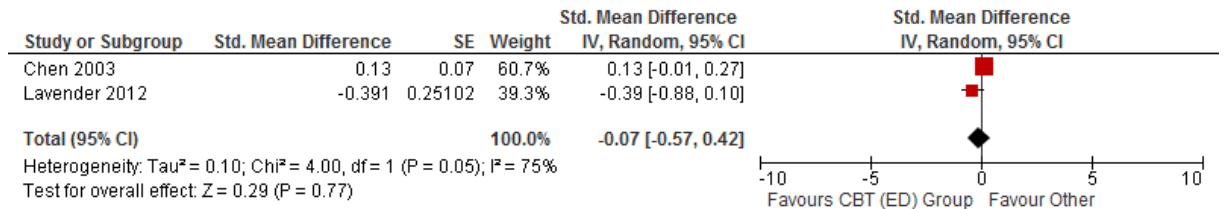


13

14 Heterogeneity was detected at I²=75%. There was no obvious risk of bias, or no difference
15 in the severity of illness, duration of treatment or presence of comorbidities. However, Chen

1 2003 did compare group CBT-ED to individual CBT-ED, the latter is a very effective therapy,
2 whilst Lavender compared group CBT-ED to a less effective treatment of emotional and
3 social training. This may explain why Chen 2003 had a smaller difference at the end of
4 treatment compare with Lavender 2012. Since there were only two studies and risk of bias
5 may explain the results, the data is presented as random effects.

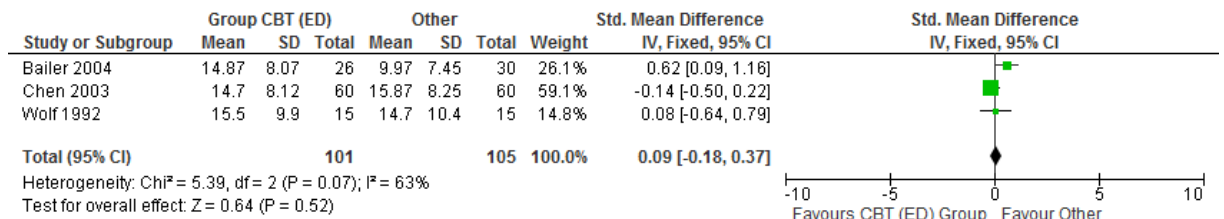
6 **Figure 468: EDI-total with random effects**



7

8

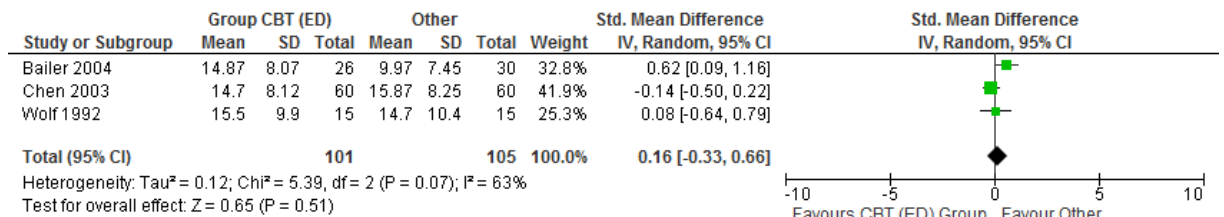
9 **Figure 469: EDI-body dissatisfaction**



10

11 Heterogeneity was detected at I²=63%. There was no obvious risk of bias, or no difference
12 in the severity of illness, duration of treatment or presence of comorbidities. However, Chen
13 2003 did compare group CBT-ED to individual CBT-ED, the latter is a very effective therapy,
14 the other studies also used effective comparator arms, group behavioural therapy and guided
15 self-help. So the reasons for heterogeneity were not clear and a random effects analysis is
16 presented.

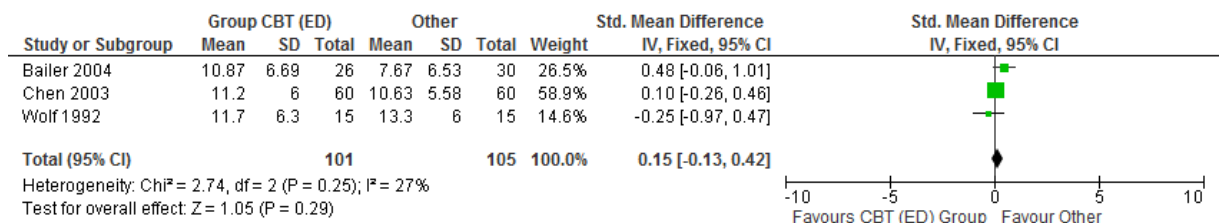
17 **Figure 470: EDI-body dissatisfaction with random effects**



18

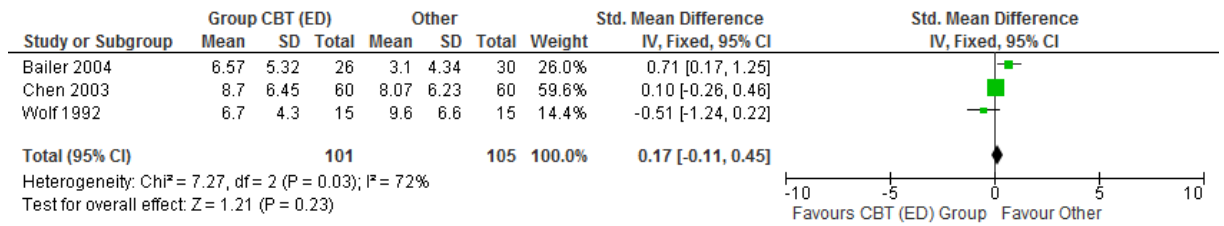
19

20 **Figure 471: EDI-drive for thinness**



21

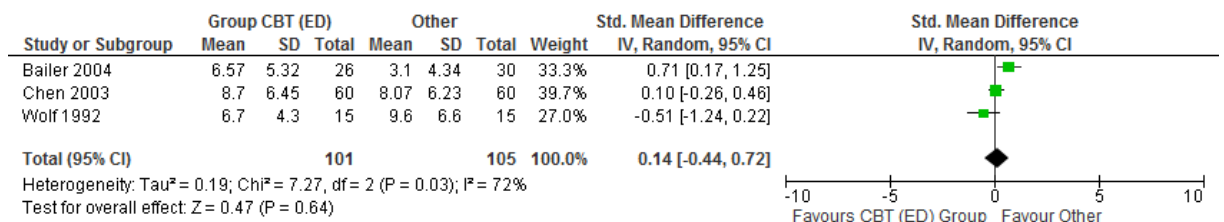
22 **Figure 472: EDI-bulimia**



1

2 Heterogeneity was detected at I²=72%. There was no obvious risk of bias, or no difference
3 in the severity of illness, duration of treatment or presence of comorbidities. However, Chen
4 2003 did compare group CBT-ED to individual CBT-ED, the latter is a very effective therapy,
5 the other studies also used effective comparator arms, group behavioural therapy and guided
6 self-help. So the reasons for heterogeneity were not clear and a random effects analysis is
7 presented.

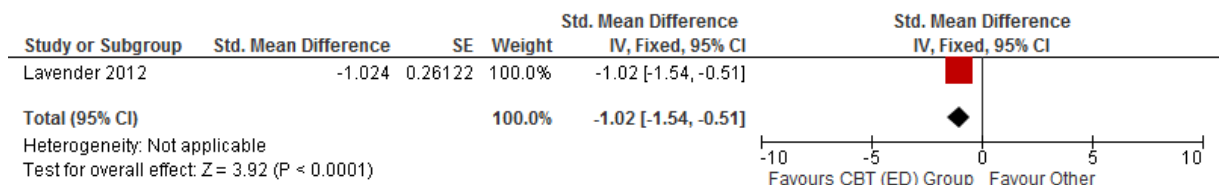
8 **Figure 473: EDI-bulimia with random effects**



9

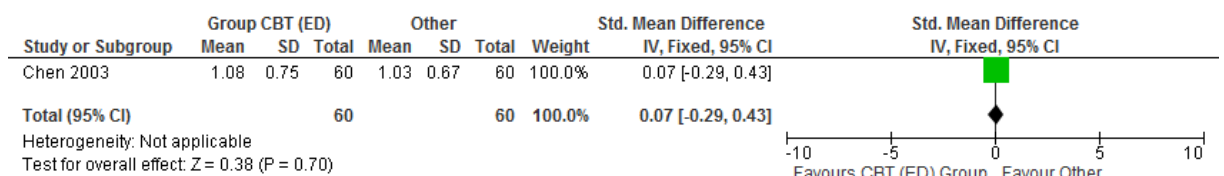
10

11 **Figure 474: Clinical impairment**



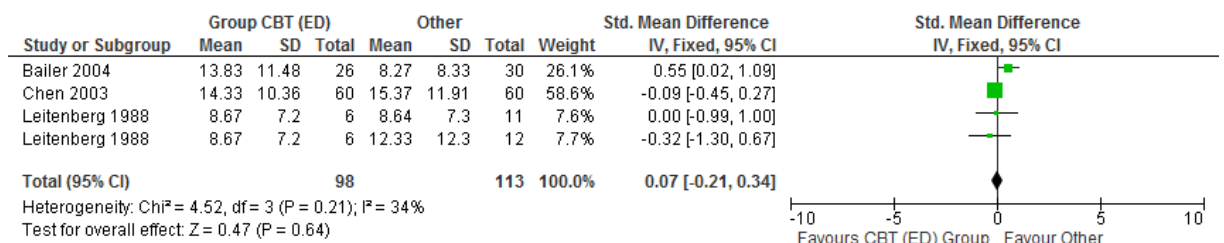
12

13 **Figure 475: Symptom checklist**



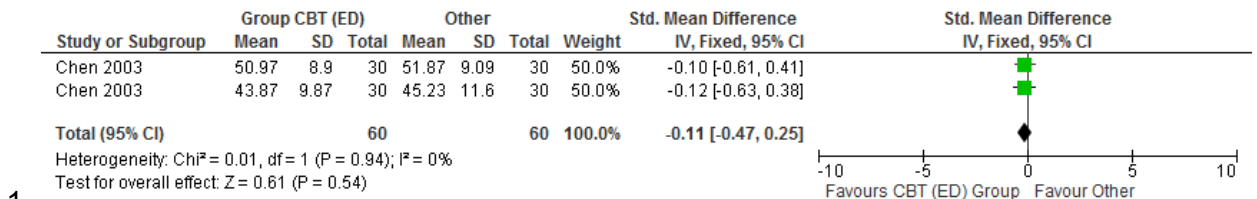
14

15 **Figure 476: Depression**



16

17 **Figure 477: Anxiety**

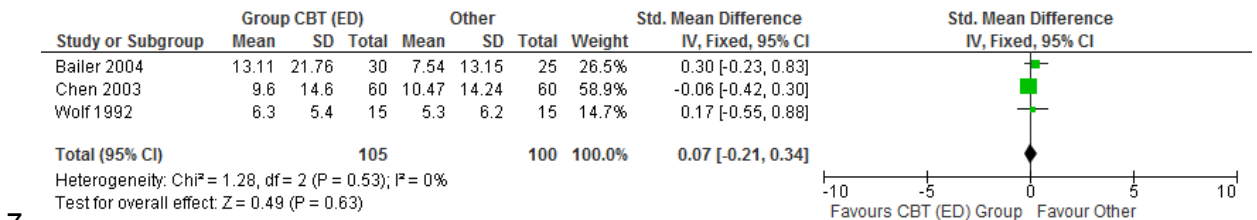


2 **Figure 478: Remission**

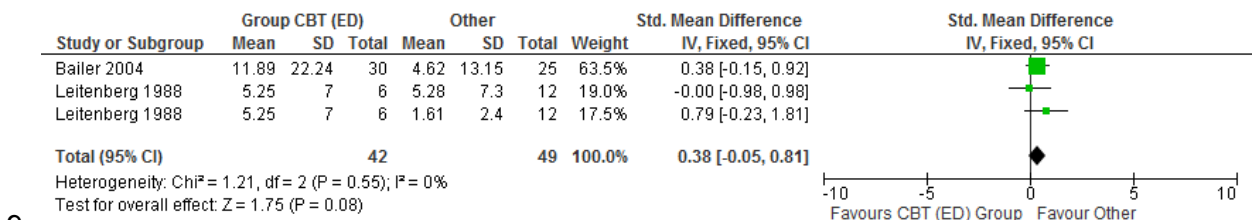


M.3.5.64 **Group CBT-ED compared with another intervention in adults with bulimia nervosa at 5 follow-up**

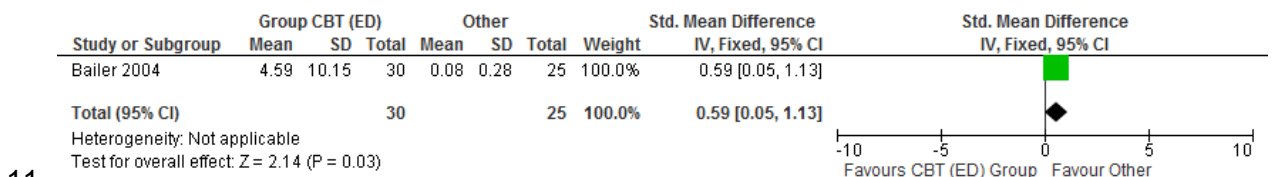
6 **Figure 479: Bingeing**



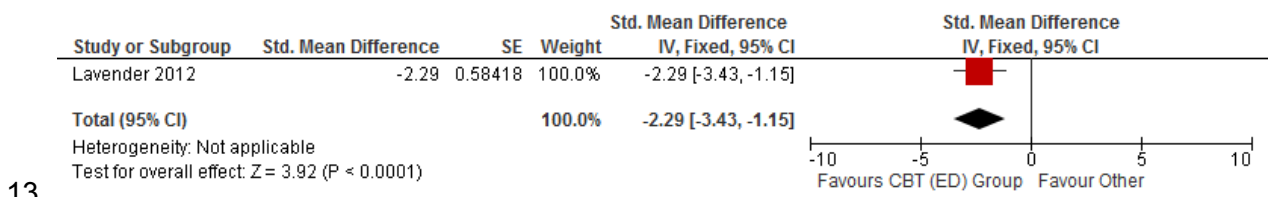
8 **Figure 480: Vomiting**



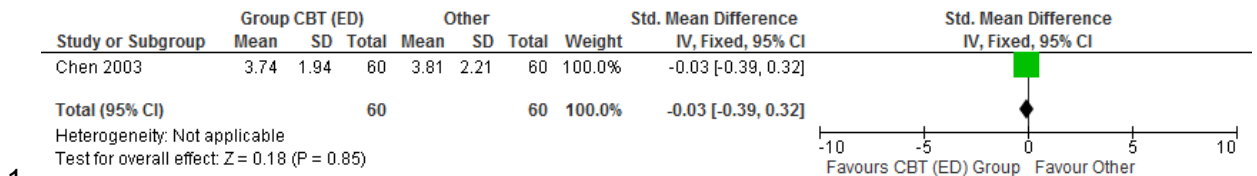
10 **Figure 481: Laxative use**



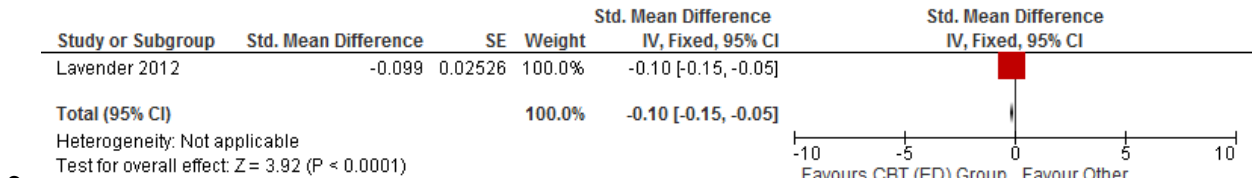
12 **Figure 482: Clinical impairment**



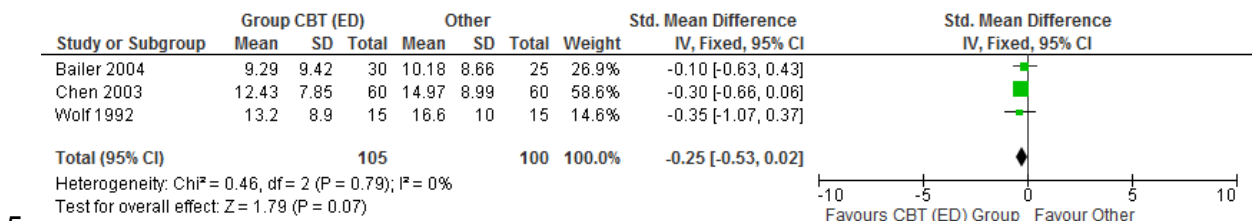
14 **Figure 483: EDE-total**



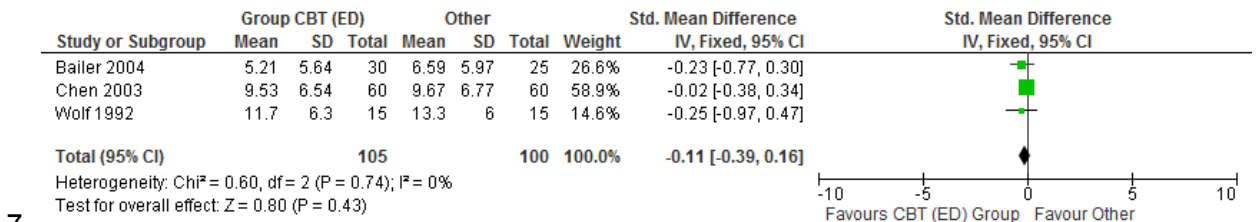
2 **Figure 484: EDI-total**



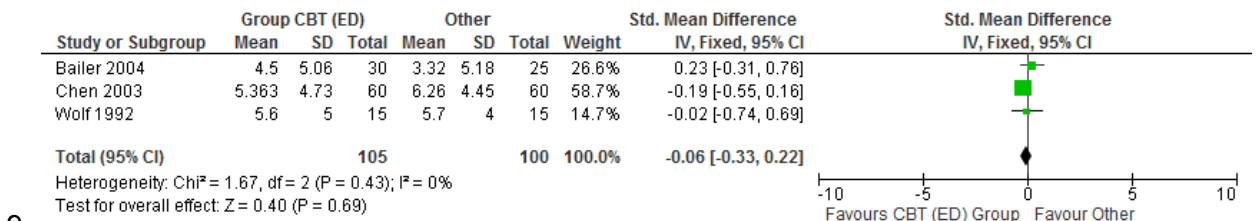
4 **Figure 485: EDI-body dissatisfaction**



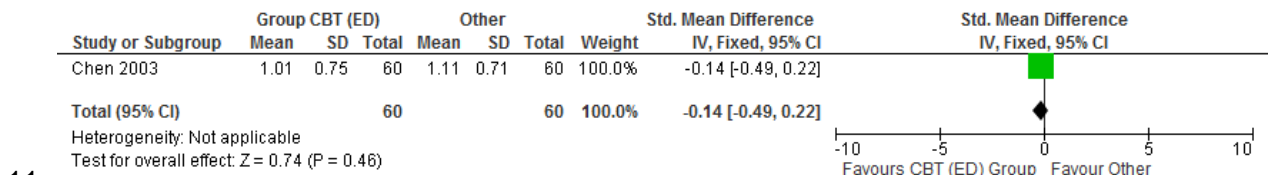
6 **Figure 486: EDI-drive for thinness**



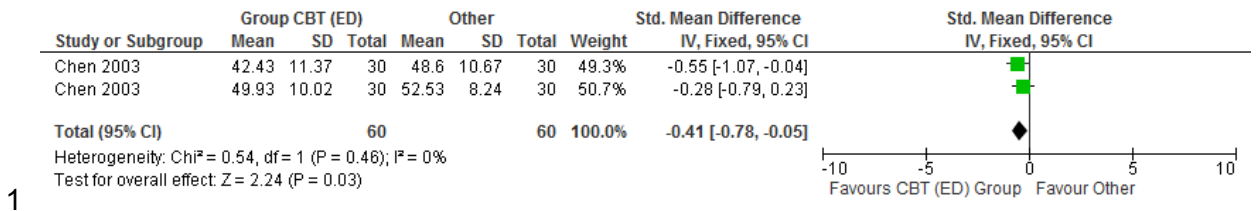
8 **Figure 487: EDI-bulimia**



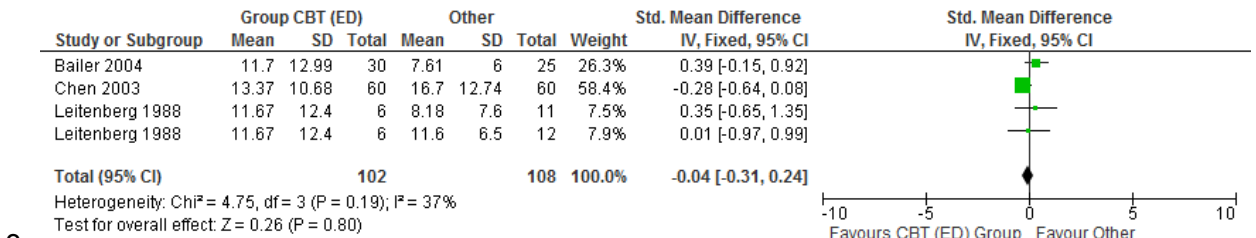
10 **Figure 488: Symptom checklist**



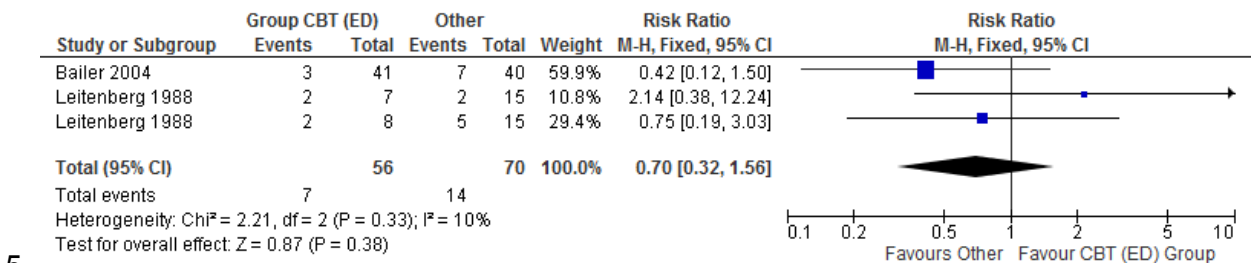
12 **Figure 489: Anxiety**



2 **Figure 490: Depression**

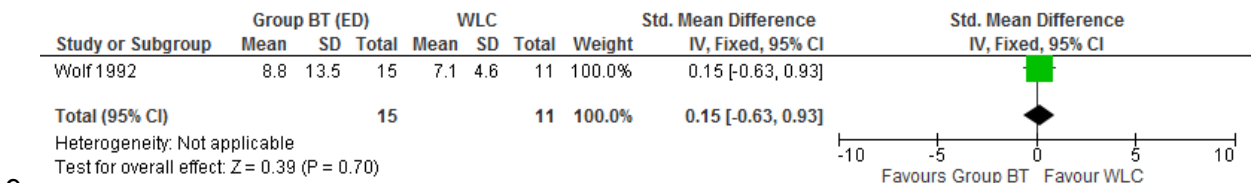


3
4 **Figure 491: Remission**

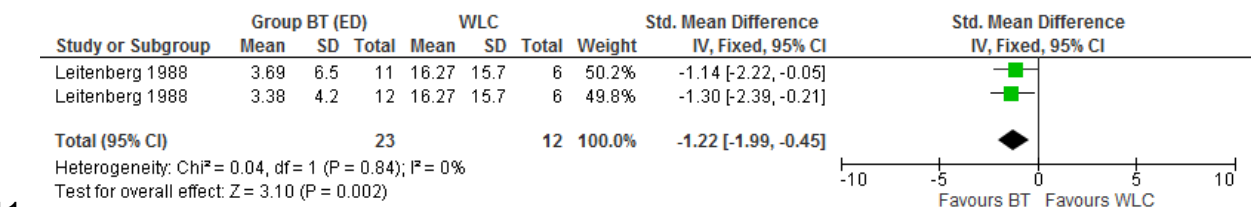


5
M.3.5.76 **Group behavioural therapy compared with wait list control (WLC) in adults with bulimia nervosa at end of treatment**

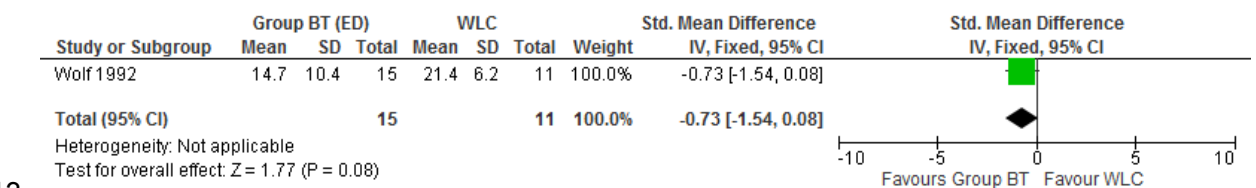
7 **Figure 492: Bingeing**



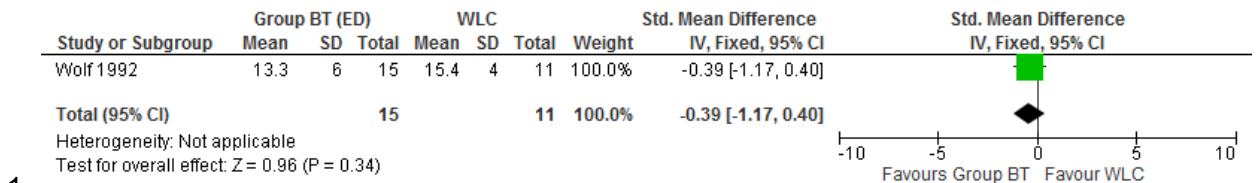
9
10 **Figure 493: Vomiting**



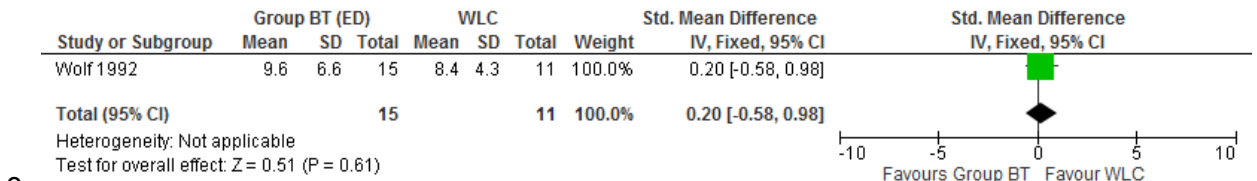
11
12 **Figure 494: EDI-body dissatisfaction**



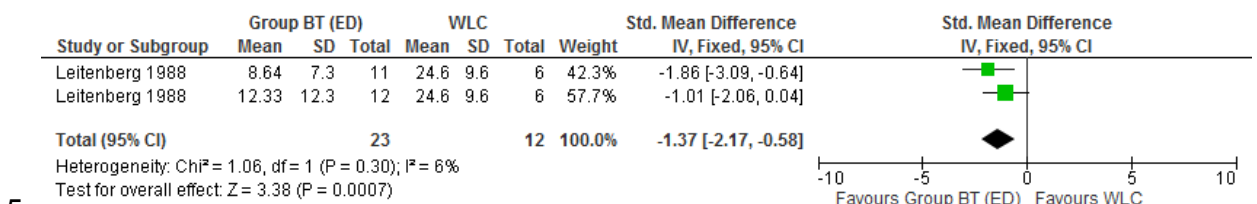
13
14 **Figure 495: EDI-drive for thinness**



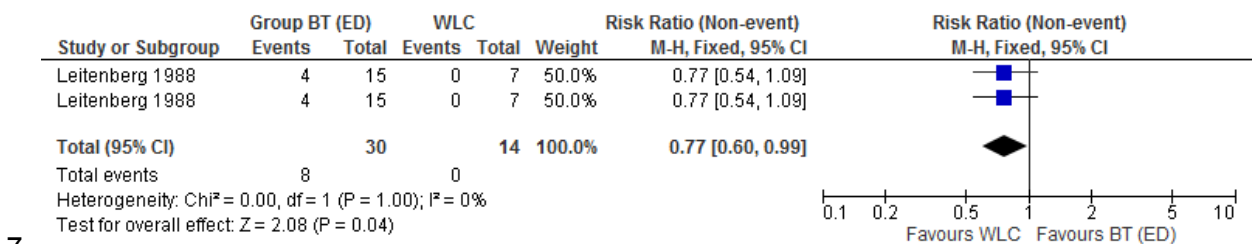
2 **Figure 496: EDI-bulimia**



4 **Figure 497: Depression**

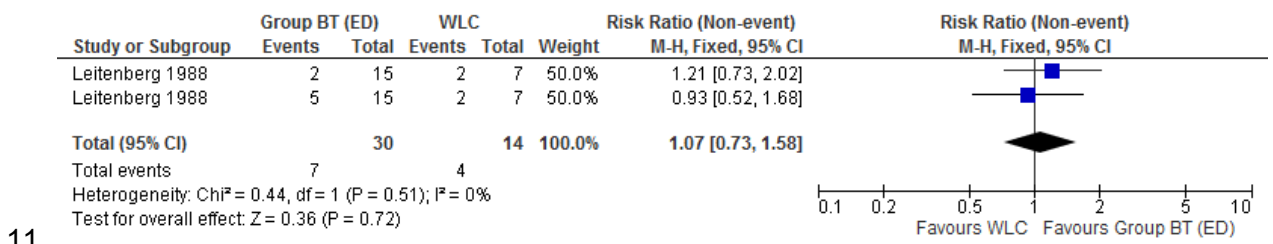


6 **Figure 498: Remission**



M.3.5.88 **Group behavioural therapy compared with wait list control in adults with bulimia nervosa at follow-up**

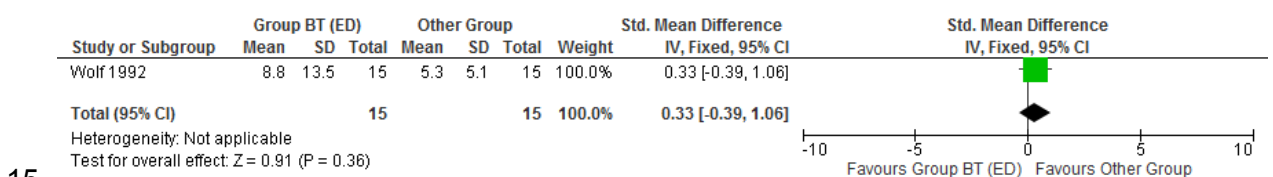
9 **Figure 499: Remission**



11

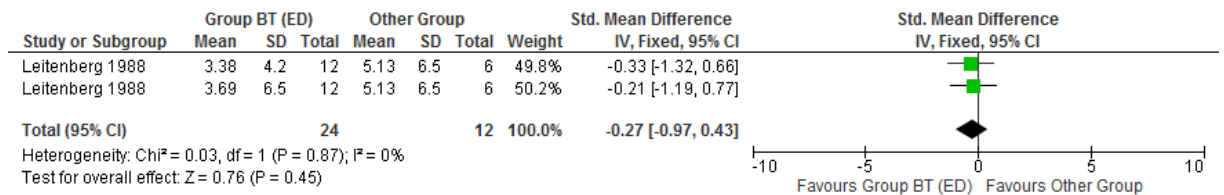
M.3.5.92 **Group behavioural therapy compared with another group intervention in adults with bulimia nervosa at end of treatment**

12 **Figure 500: Bingeing**



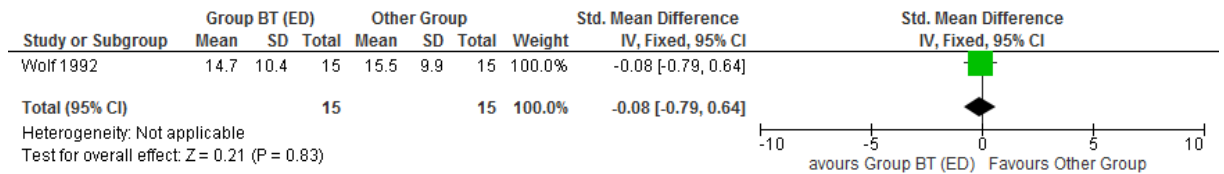
14

1 **Figure 501: Vomiting**



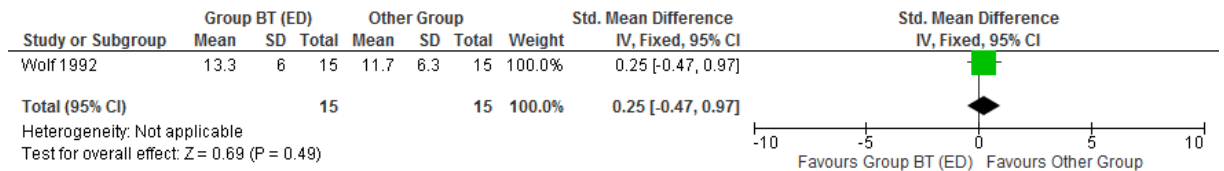
2

3 **Figure 502: EDI-body dissatisfaction**



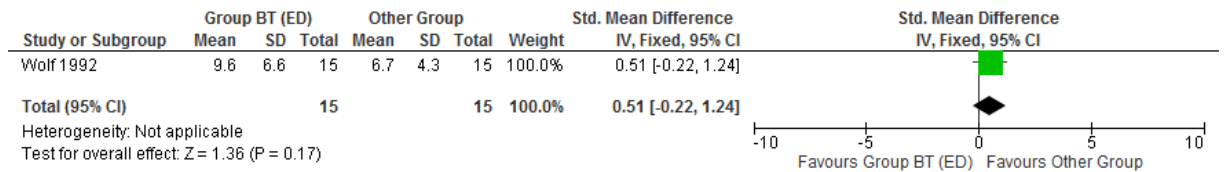
4

5 **Figure 503: EDI-drive for thinness**



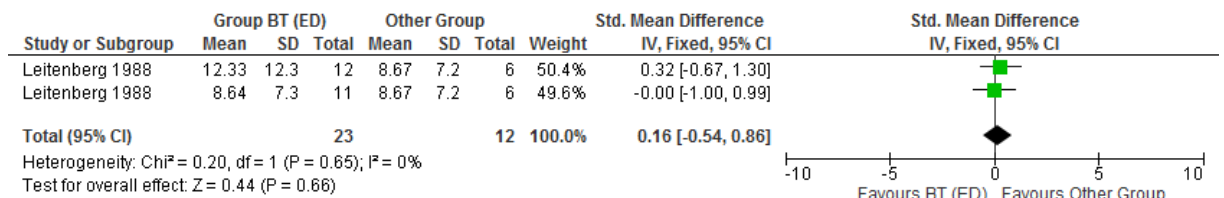
6

7 **Figure 504: EDI-bulimia**



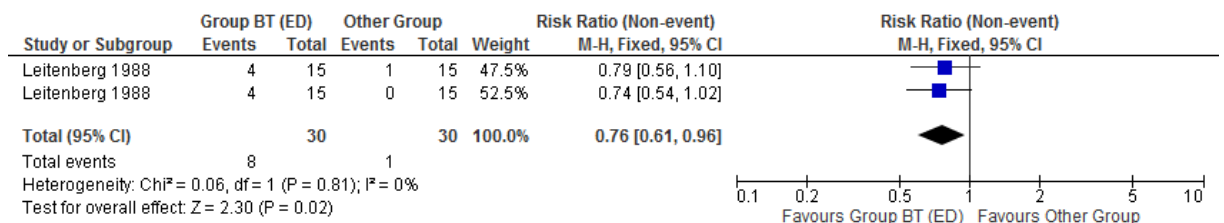
8

9 **Figure 505: Depression**



10

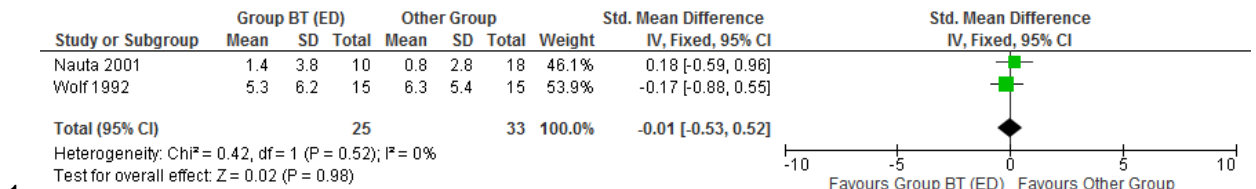
11 **Figure 506: Remission**



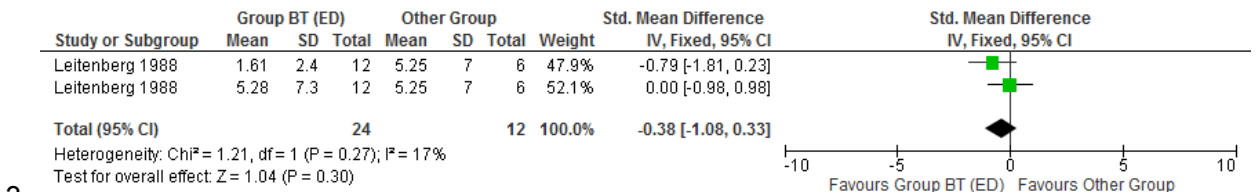
12

M.3.5.103 **Group behavioural therapy compared with any other intervention in adults with bulimia nervosa at follow-up**

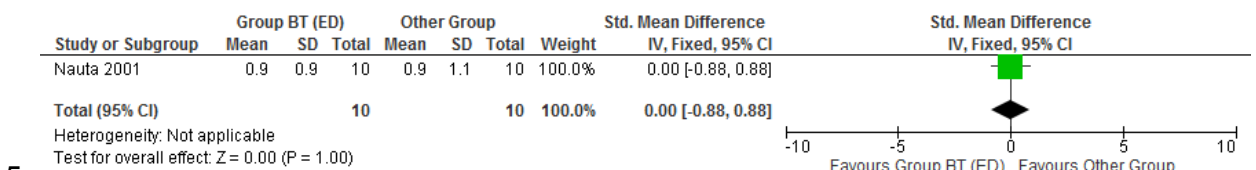
15 **Figure 507: Bingeing**



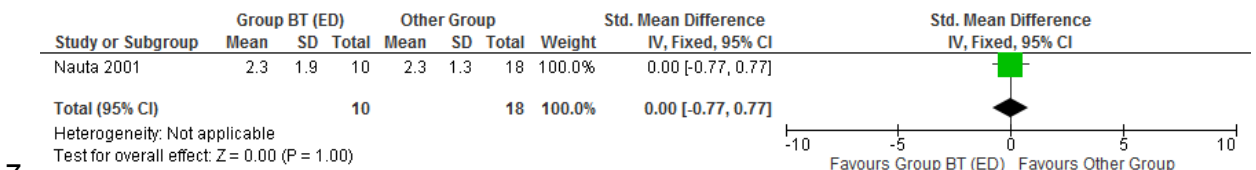
2 **Figure 508: Vomiting**



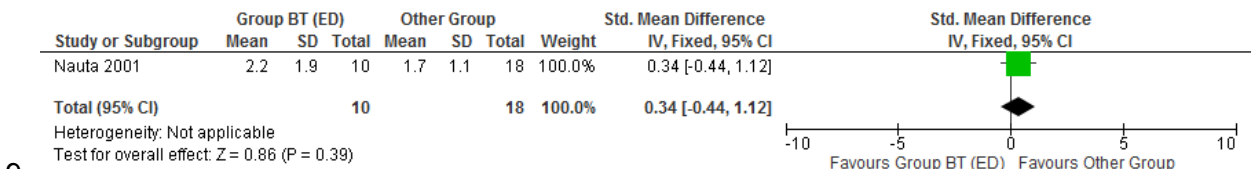
4 **Figure 509: EDE-eating concern**



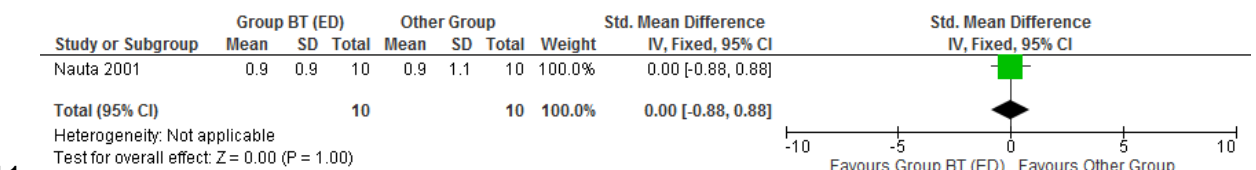
6 **Figure 510: EDE-shape concern**



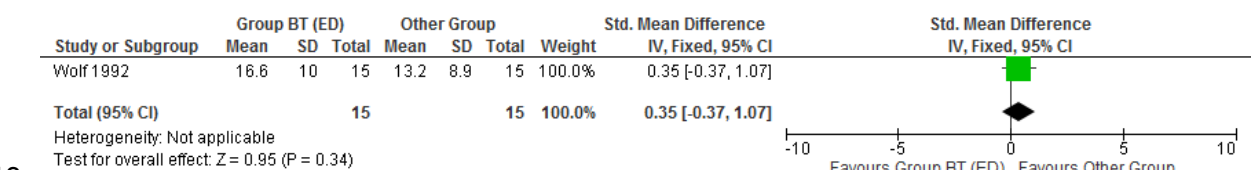
8 **Figure 511: EDE-weight concern**



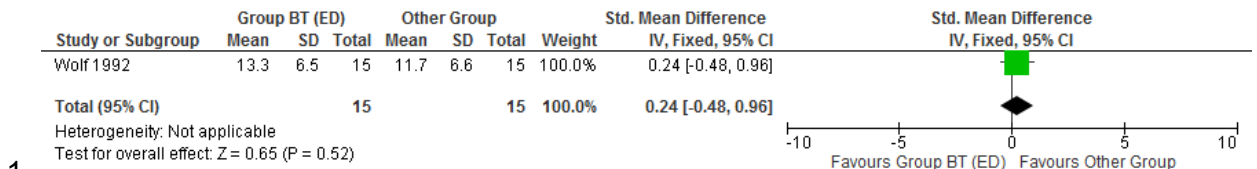
10 **Figure 512: EDE-restraint**



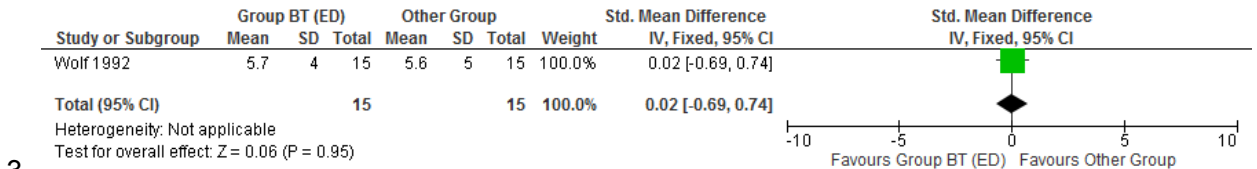
12 **Figure 513: EDI-body dissatisfaction**



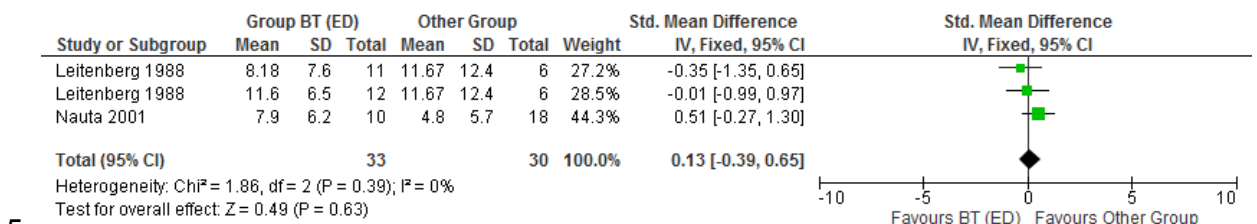
14 **Figure 514: EDI-drive for thinness**



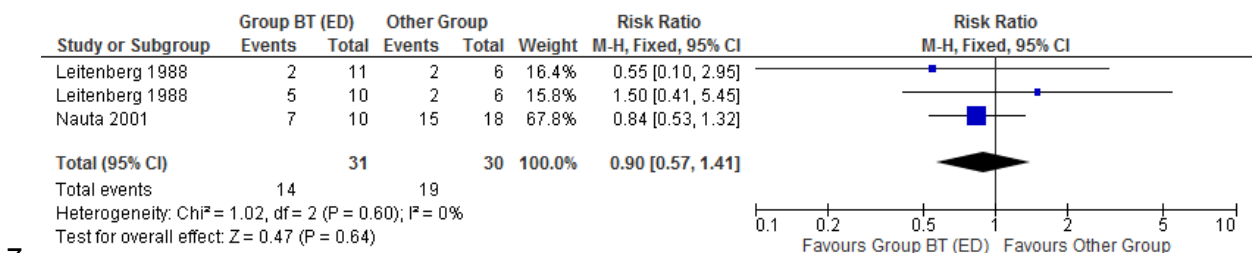
2 **Figure 515: EDI-bulimia**



4 **Figure 516: Depression**

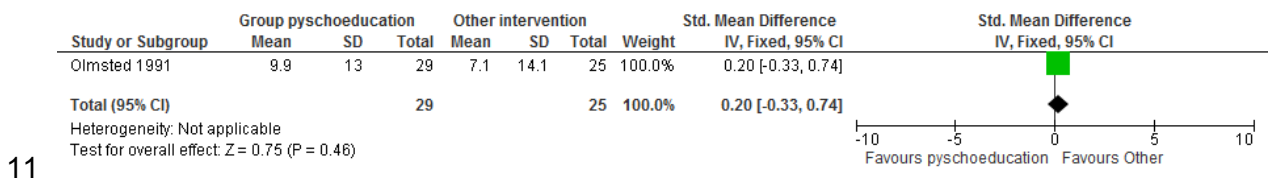


6 **Figure 517: Remission**

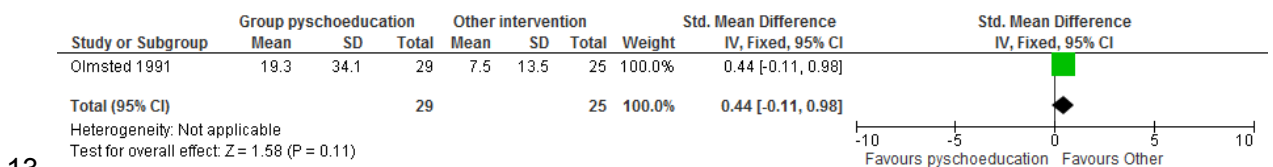


M.3.5.118 **Group psychoeducation compared with any other intervention in adults with bulimia nervosa at end of treatment**

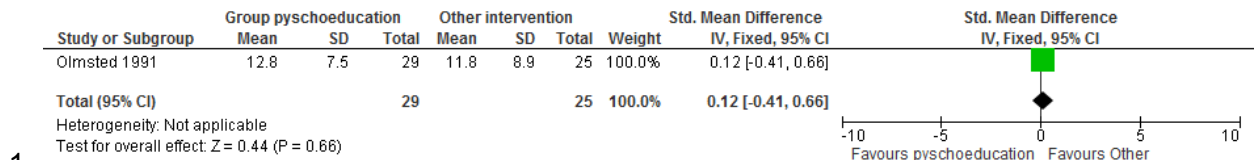
10 **Figure 518: Bingeing**



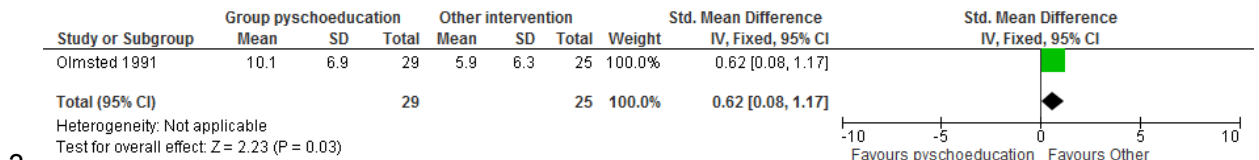
12 **Figure 519: Vomiting**



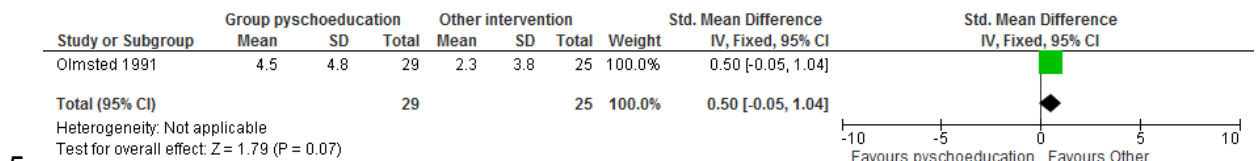
14 **Figure 520: EDI-body dissatisfaction**



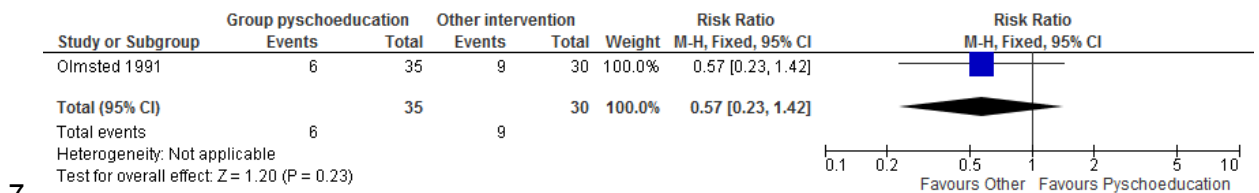
3
4 **Figure 521: EDI-drive for thinness**



5
6 **Figure 522: EDI-bulimia**

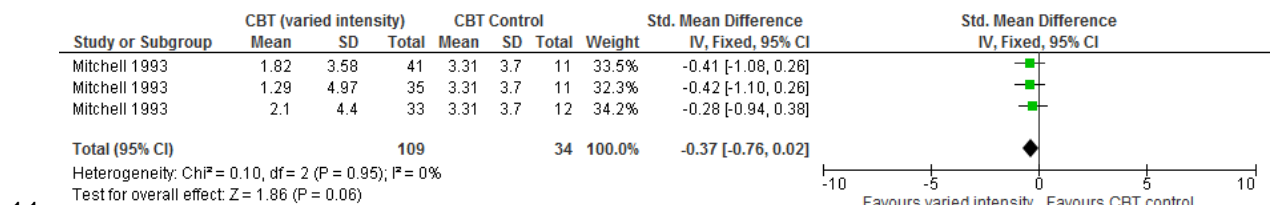


7
8 **Figure 523: Remission**



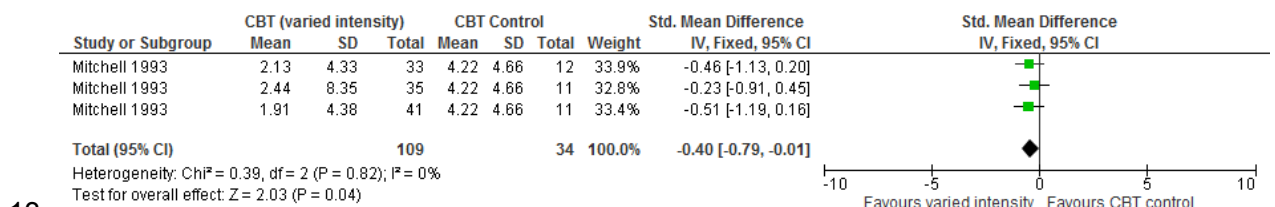
9 **M.3.5.128 Group CBT (varied intensity and focus) compared CBT (control low intensity) in adults with bulimia nervosa at end of treatment**

10 **Figure 524: Bingeing**



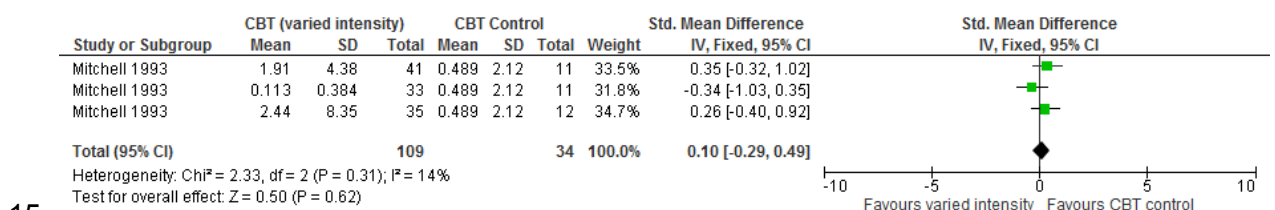
11

12 **Figure 525: Vomiting**



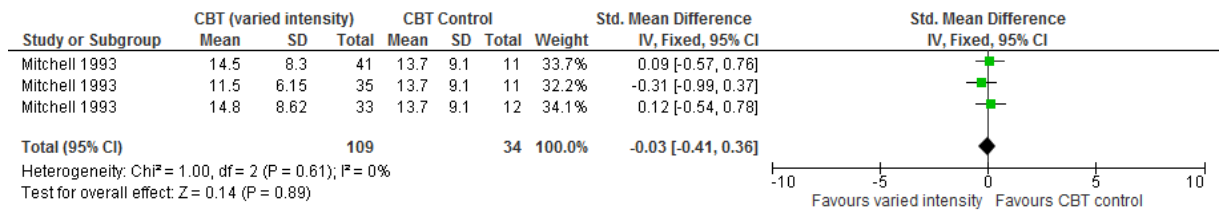
13

14 **Figure 526: Laxative use**

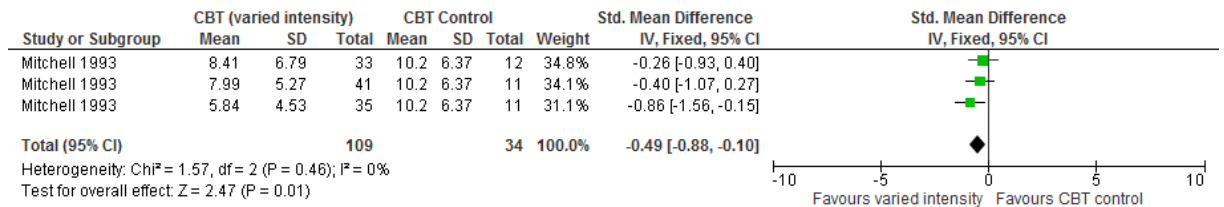


15

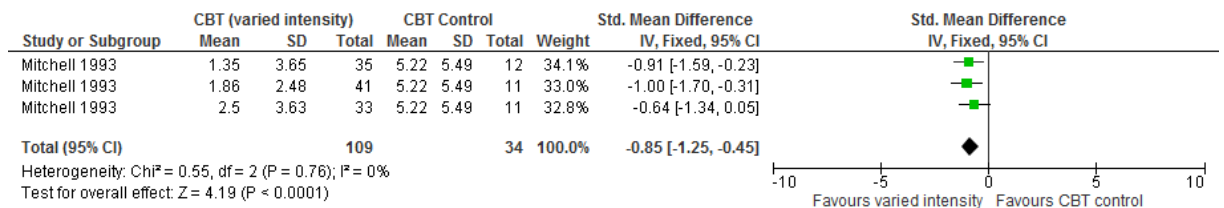
1 **Figure 527: EDI-body dissatisfaction**



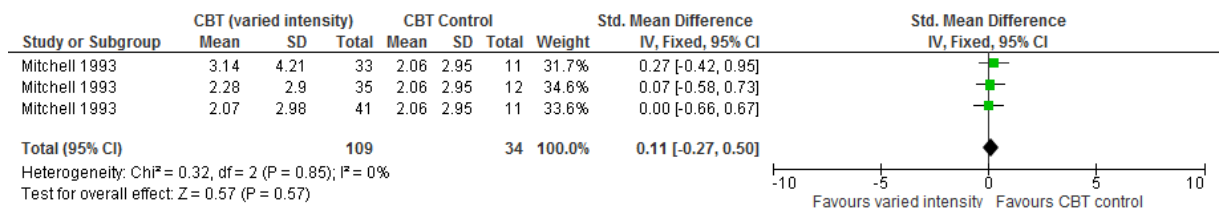
2
3 **Figure 528: EDI-drive for thinness**



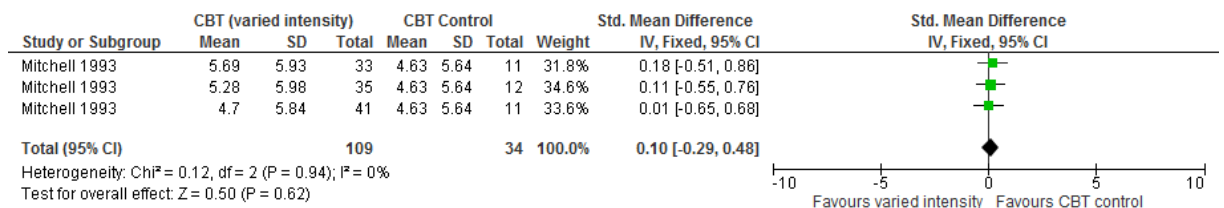
4
5 **Figure 529: EDI-bulimia**



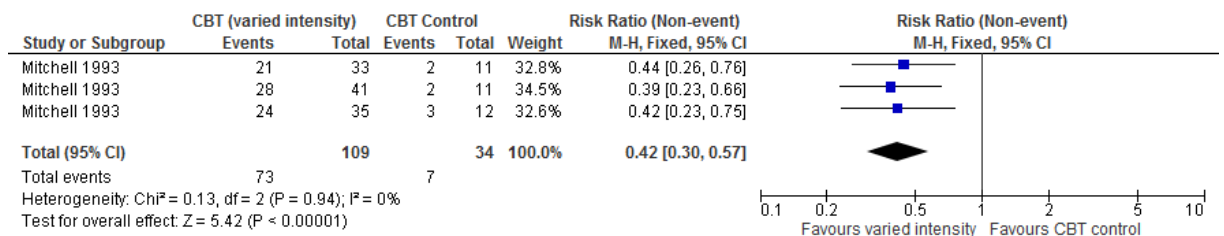
6
7 **Figure 530: Anxiety**



8
9 **Figure 531: Depression**

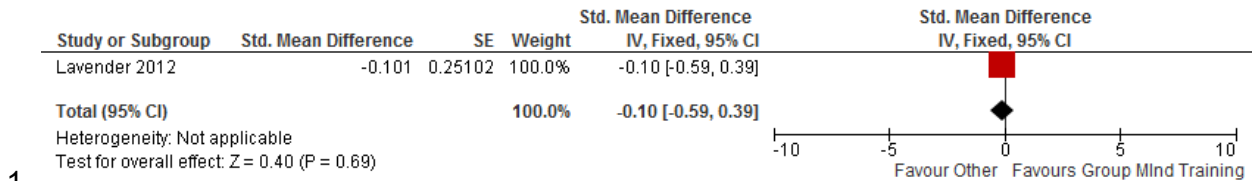


10
11 **Figure 532: Remission**

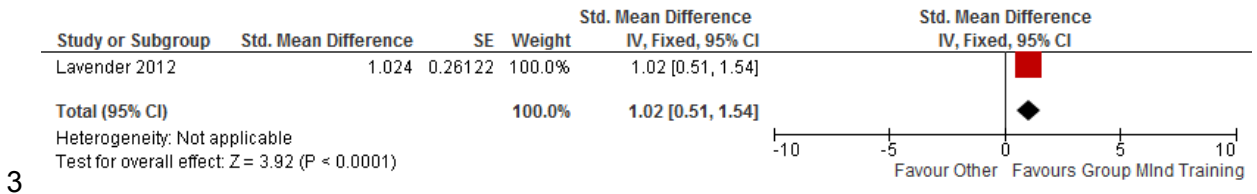


12
M.3.5.133 **Group emotional and mind training compared with any other treatment in adults with bulimia nervosa at end of treatment**

15 **Figure 533: EDE-total**

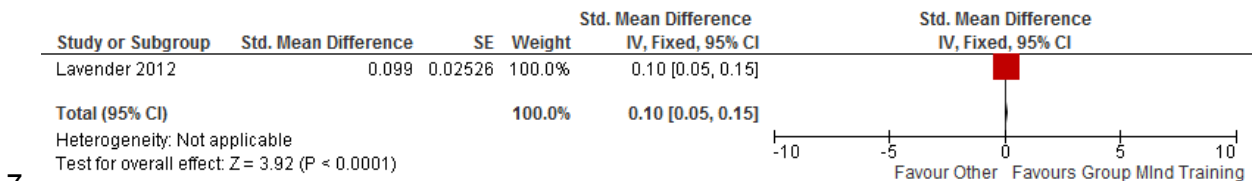


2 **Figure 534: Clinical impairment**

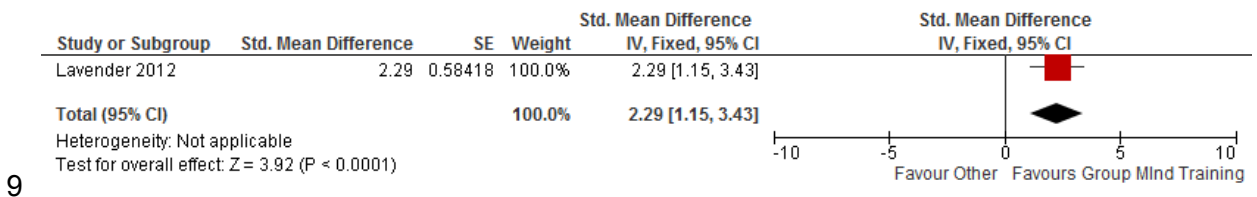


M.3.5.144 **Group emotional and mind training compared with any other treatment in adults with bulimia nervosa at follow-up**

6 **Figure 535: EDE-total**

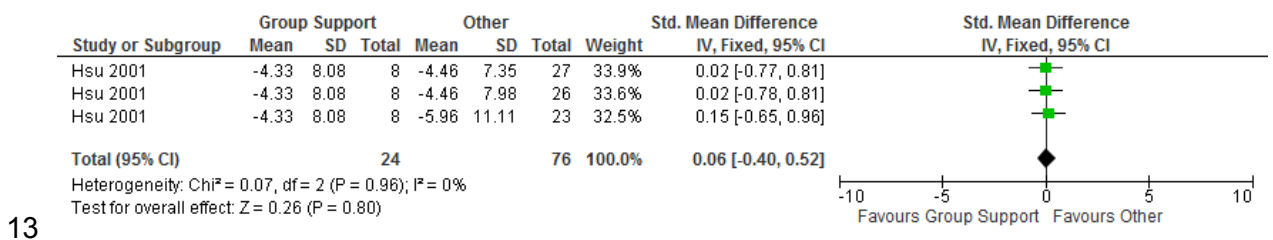


8 **Figure 536: Clinical impairment**



M.3.5.150 **Group support compared with any other treatment in adults with bulimia nervosa at end of treatment**

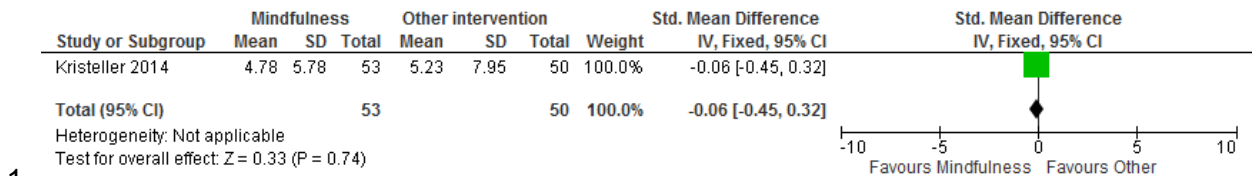
12 **Figure 537: Change in depression scores**



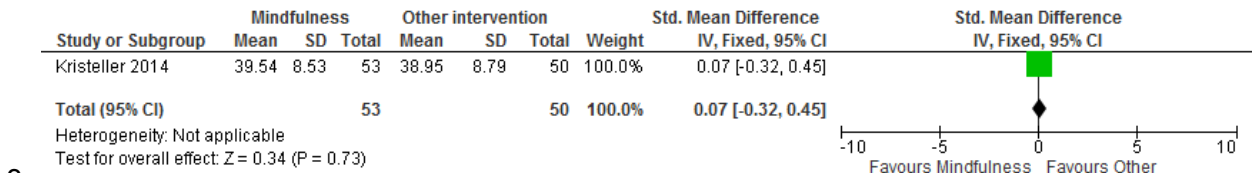
M.3.64 **Group therapy for binge eating disorder**

M.3.6.15 **Group mindfulness compared with any other treatment in adults with binge eating disorder at end of treatment**

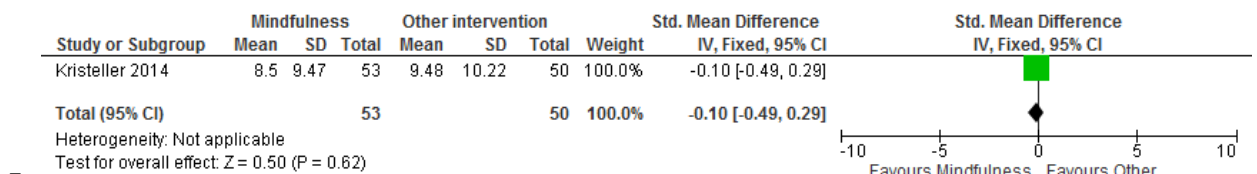
17 **Figure 538: Bingeing**



2 **Figure 539: BMI**

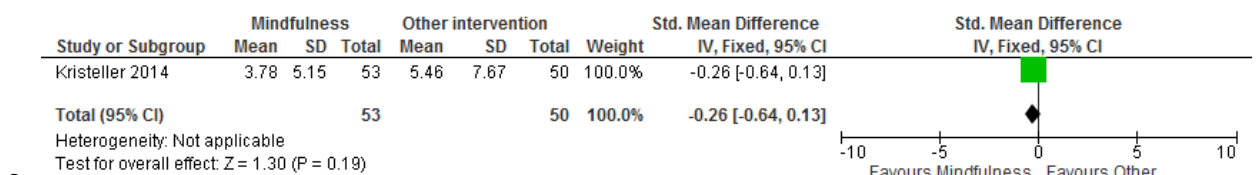


4 **Figure 540: Depression**

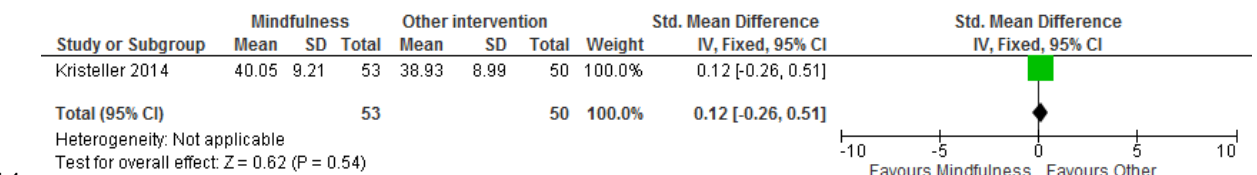


M.3.6.26 **Group mindfulness compared with any other treatment in adults with binge eating disorder at follow-up**

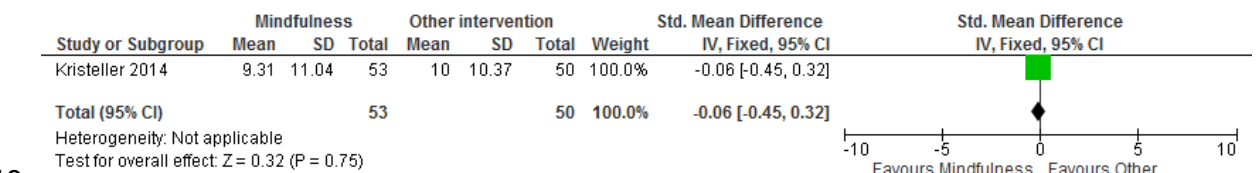
8 **Figure 541: Bingeing**



10 **Figure 542: BMI**

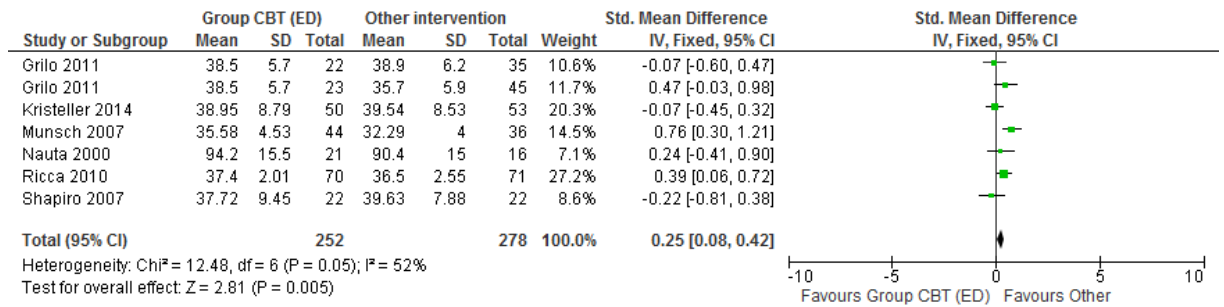


12 **Figure 543: Depression**



M.3.6.34 **Group CBT-ED compared with any other treatment in adults with binge eating disorder at end of treatment**

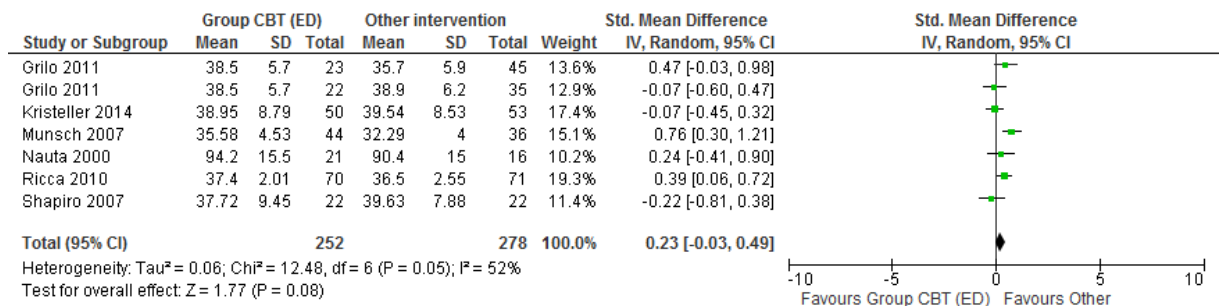
16 **Figure 544: Weight**



1

- 2 Heterogeneity was detected at I² = 52% There were no obvious risks of bias to account for.
- 3 Insufficient detail was provided across studies to explore comorbidities and stage of illness.
- 4 However, Ricca 2010 had a much lower average number of binges per month (8 binges per
- 5 month compared with either 12-18 days per month), however separating this study did not
- 6 explain the heterogeneity. In the absence of an explanation, a random effects analysis was
- 7 presented.

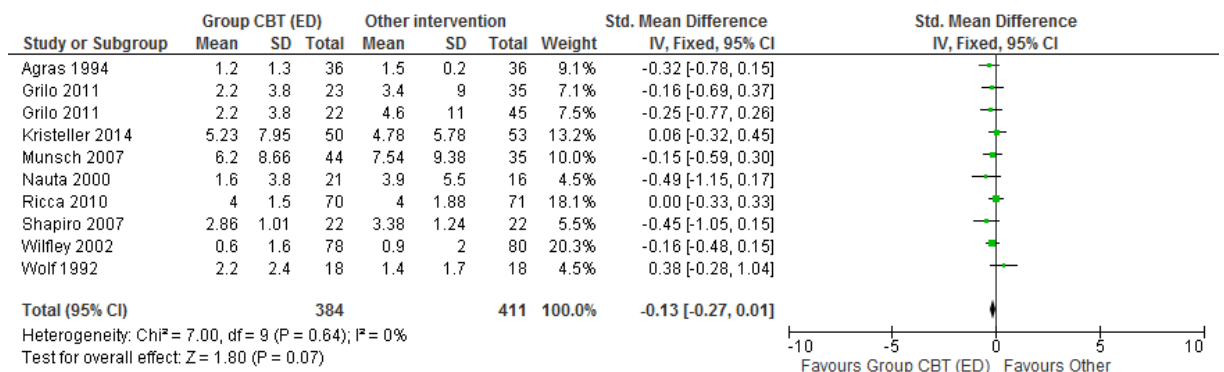
8 **Figure 545: Weight with random effects**



9

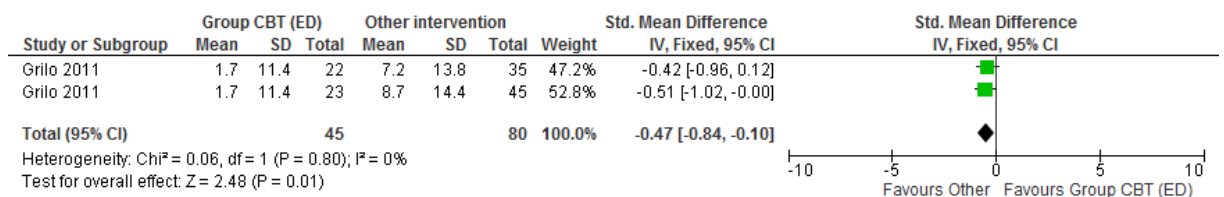
10

11 **Figure 546: Bingeing**



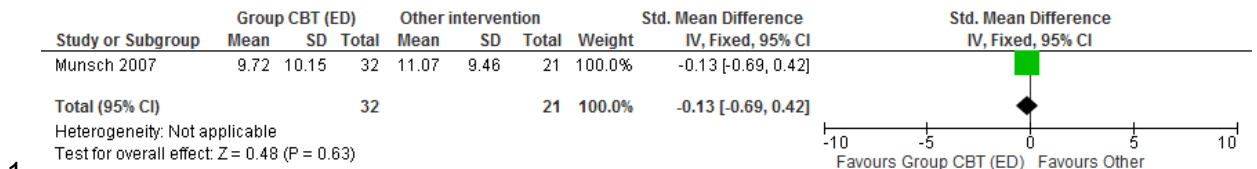
12

13 **Figure 547: Weight loss**

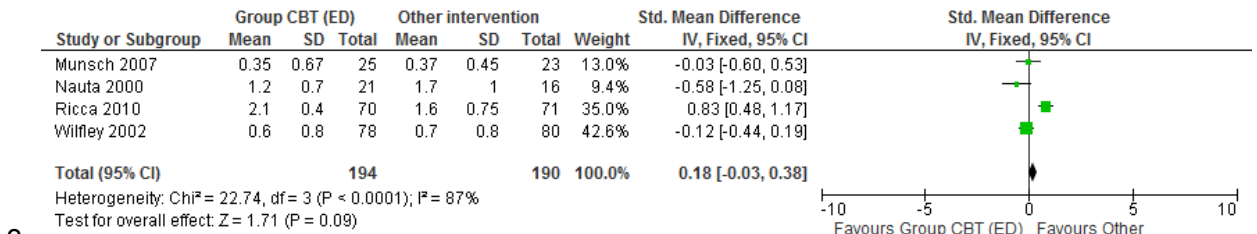


14

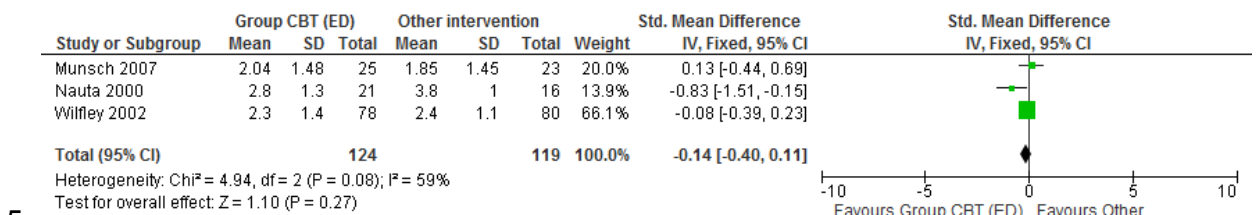
15 **Figure 548: Anxiety**



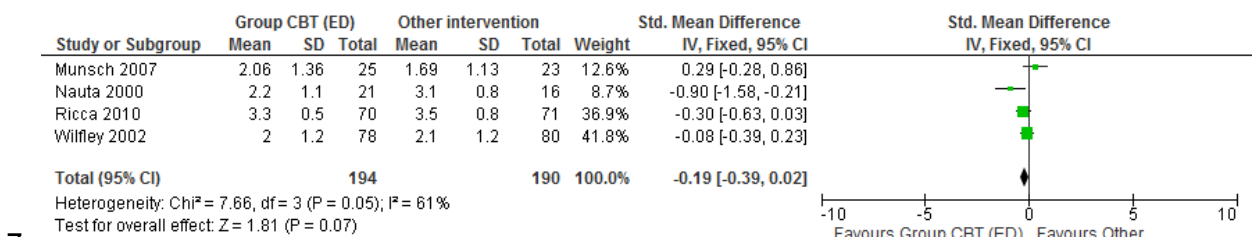
2 **Figure 549: EDE-eating concern**



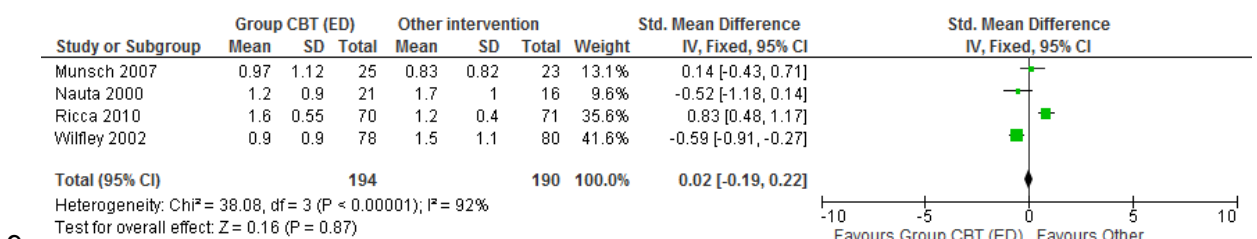
4 **Figure 550: EDE-shape concern**



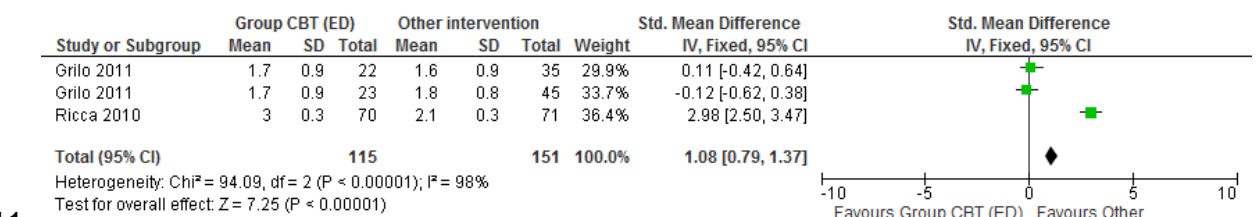
6 **Figure 551: EDE-weight concern**



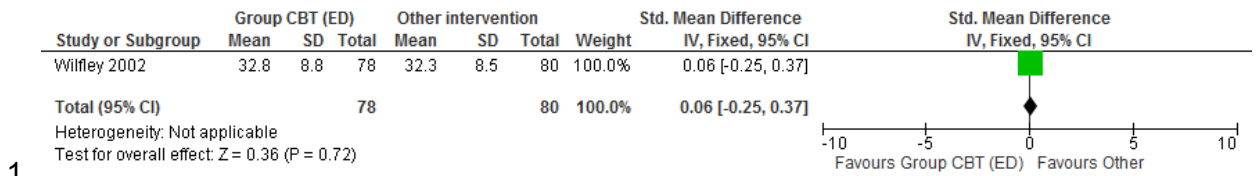
8 **Figure 552: EDE-restraint**



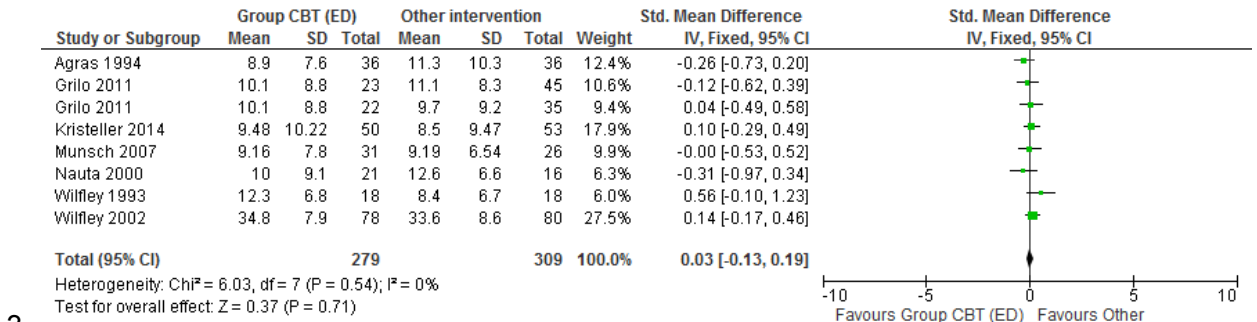
10 **Figure 553: EDE-total**



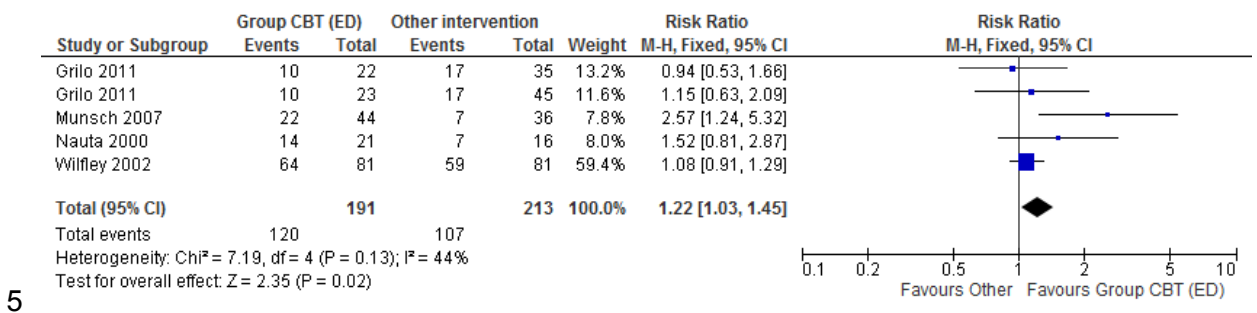
12 **Figure 554: Global symptom checklist**



2 **Figure 555: Depression**

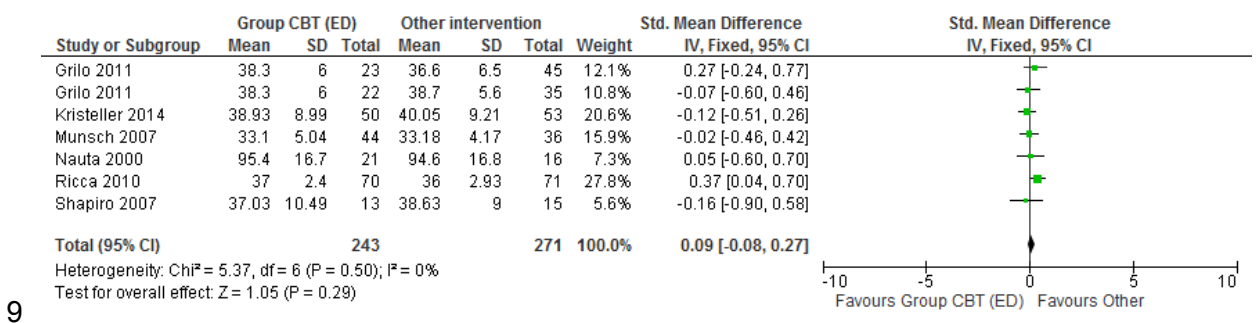


4 **Figure 556: Remission**

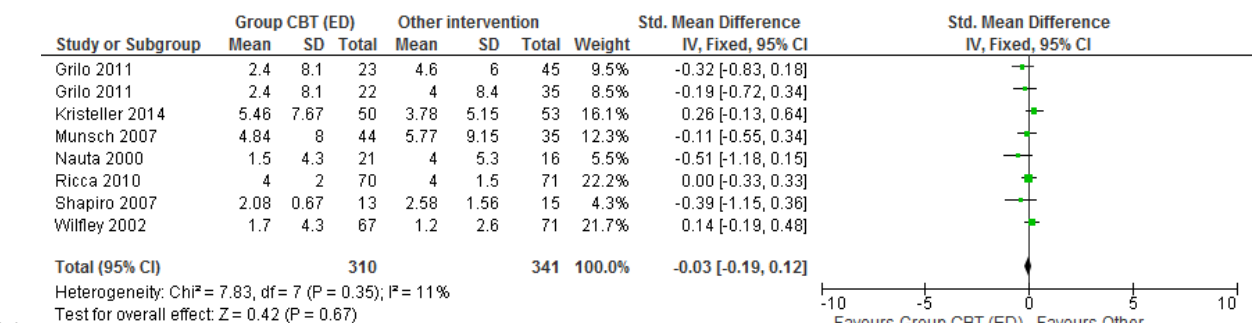


M.3.6.46 **Group CBT-ED compared with any other treatment in adults with binge eating disorder at follow-up**

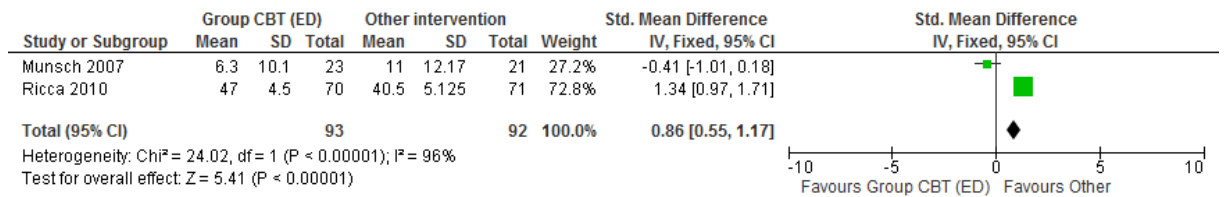
8 **Figure 557: Weight**



10 **Figure 558: Bingeing**

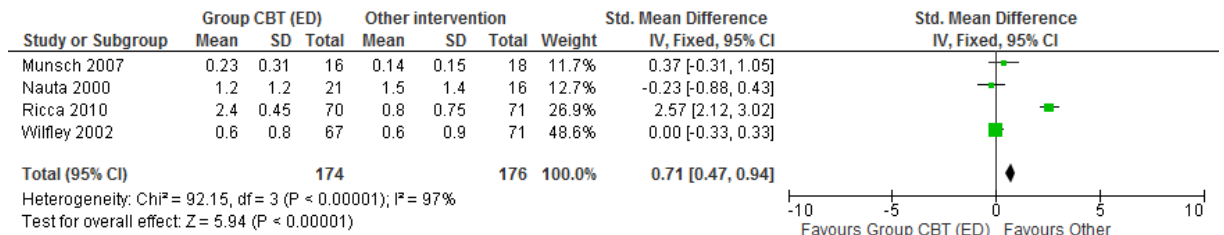


1 **Figure 559: Anxiety**



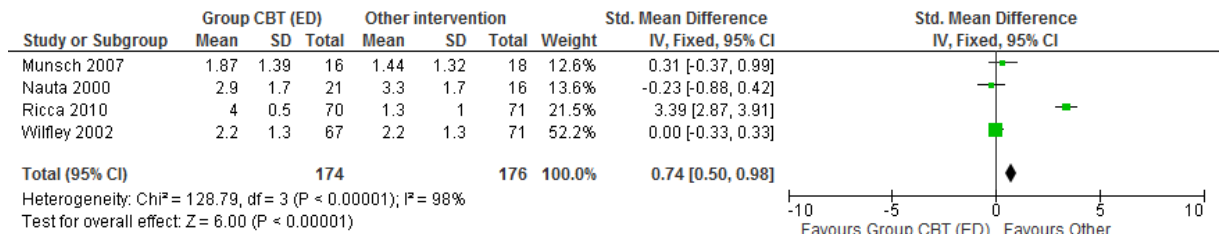
2

3 **Figure 560: EDE-eating concern**



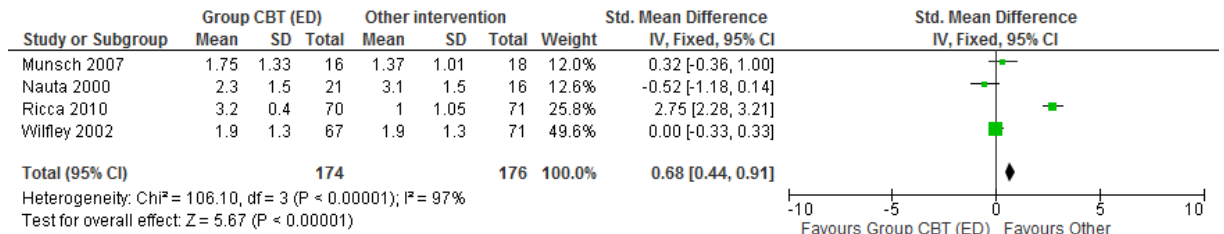
4

5 **Figure 561: EDE-shape concern**



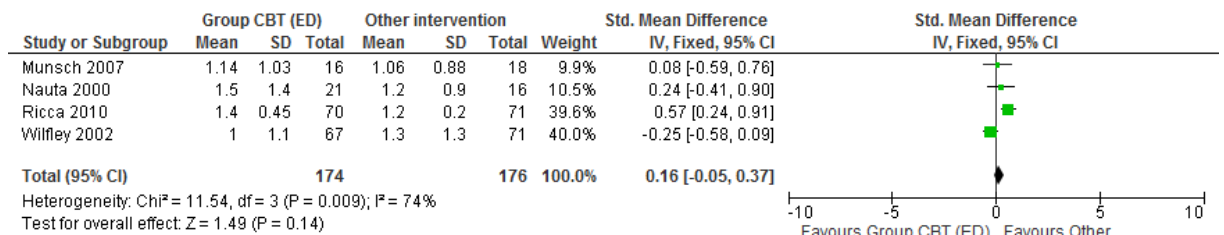
6

7 **Figure 562: EDE-weight concern**



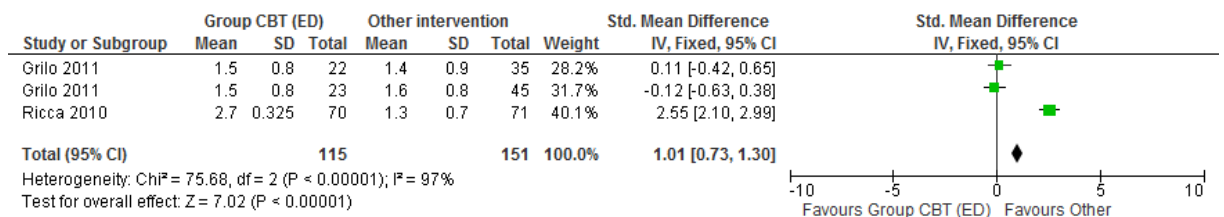
8

9 **Figure 563: EDE-restraint**



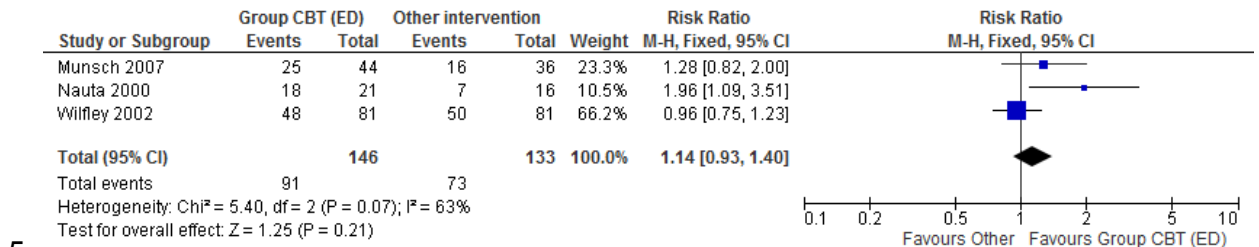
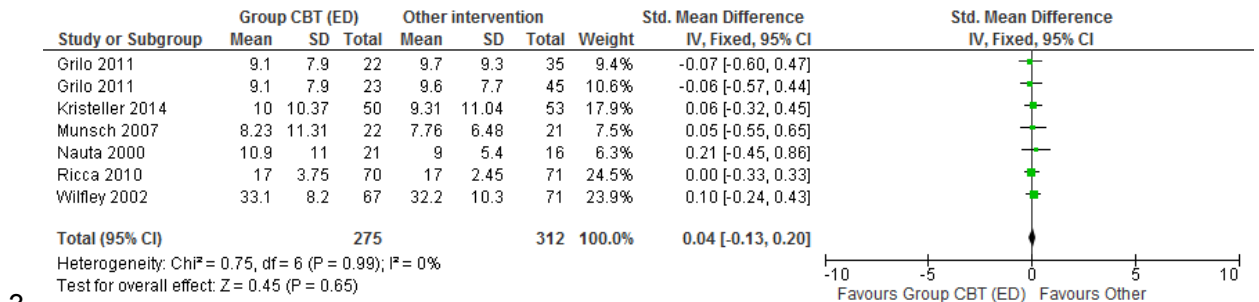
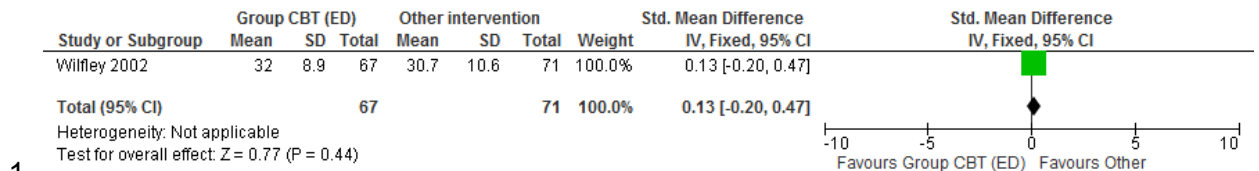
10

11 **Figure 564: EDE-total**



12

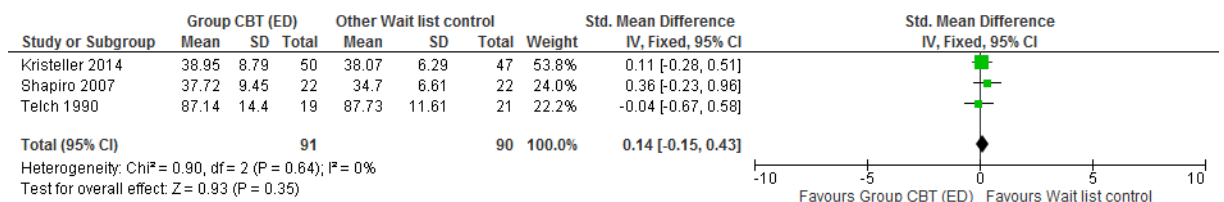
13 **Figure 565: Global symptom checklist**

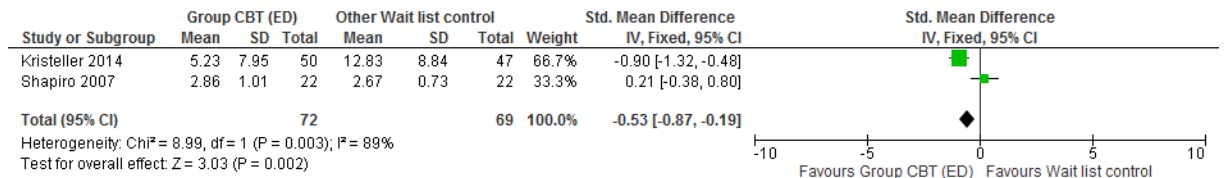


11

M.3.6.52 Group CBT-ED compared with wait list controls in adults with binge eating disorder at end of treatment

14 **Figure 569: Weight or BMI**

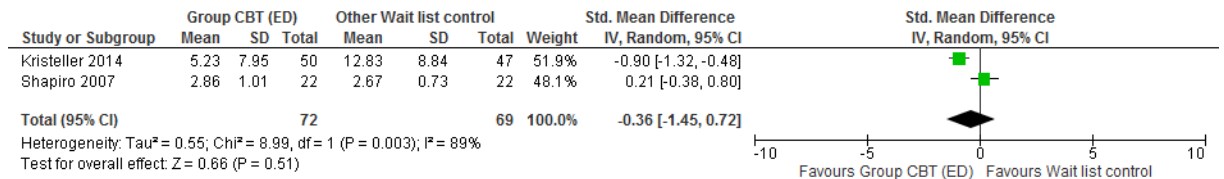




1

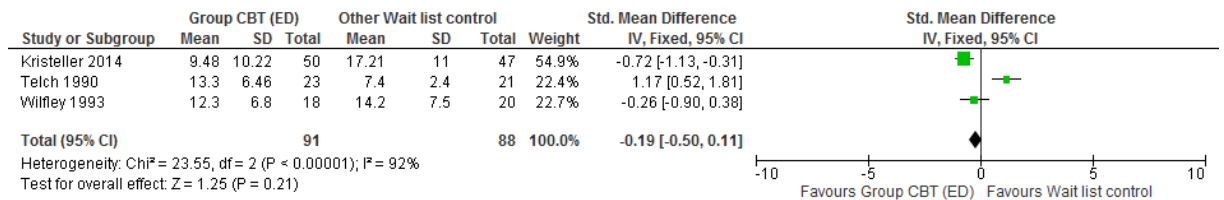
2 Heterogeneity was detected at I²=89%. Insufficient detail was provided in one or the other
3 study to be explore any of the subgroups including stage of illness or comorbidities. Both
4 studies had a similar average number of binges per month <18. In the absence of an
5 explanation random effects are presented

6 **Figure 571: Bingeing with random effects**



7

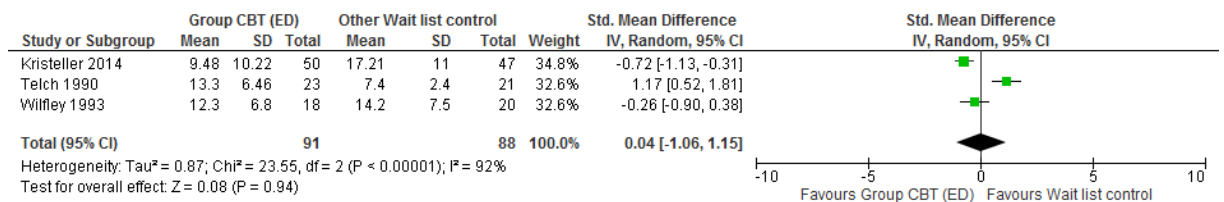
8 **Figure 572: Depression**



9

10 Heterogeneity was detected at I²=92% Insufficient detail was provided in one or the other
11 study to be explore the role of comorbidities. All three studies had a similar duration of illness
12 >20 years and < 18 days of bingeing per month. In the absence of an explanation random
13 effects are presented

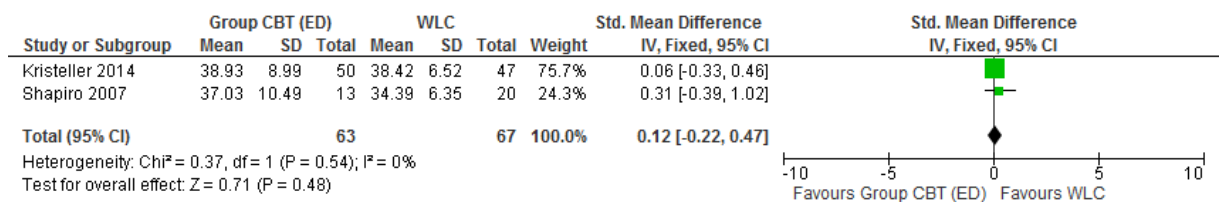
14 **Figure 573: Depression with random effects**



15

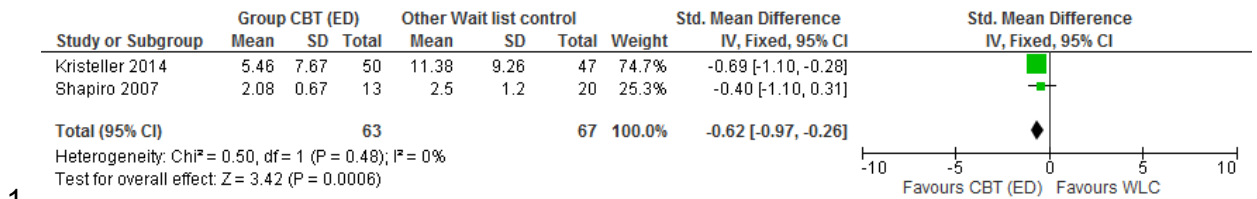
M.3.6.66 **Group CBT-ED compared with wait list controls (WLC) in adults with binge eating
17 disorder at follow-up**

18 **Figure 574: BMI**

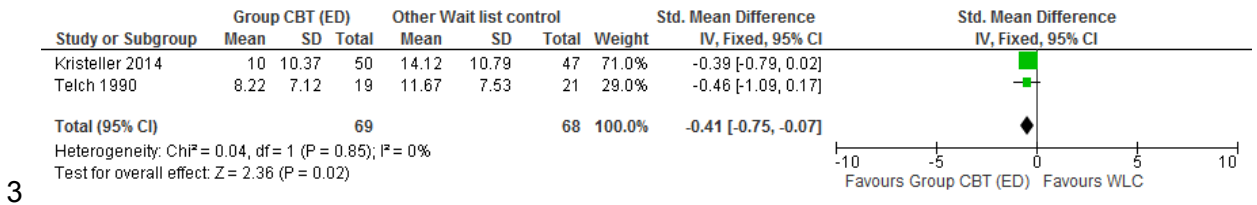


19

20 **Figure 575: Bingeing**

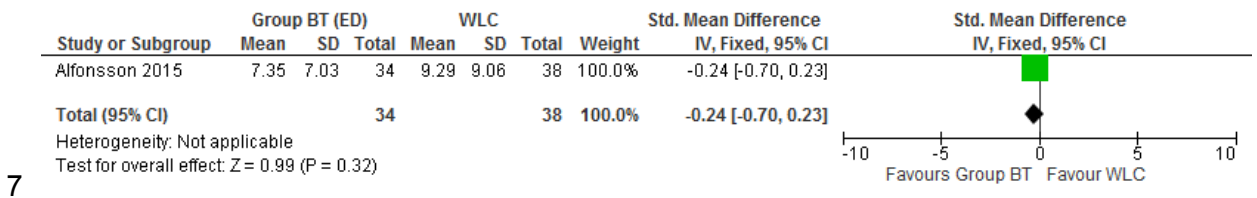


2 **Figure 576: Depression**

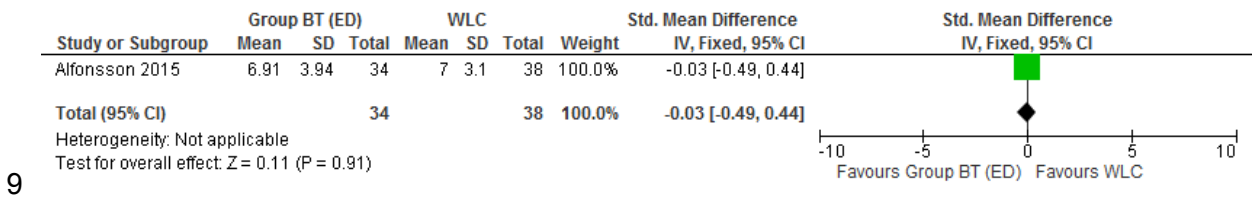


M.3.6.74 **Group BT-ED compared with wait list controls in adults with binge eating disorder at end of treatment**

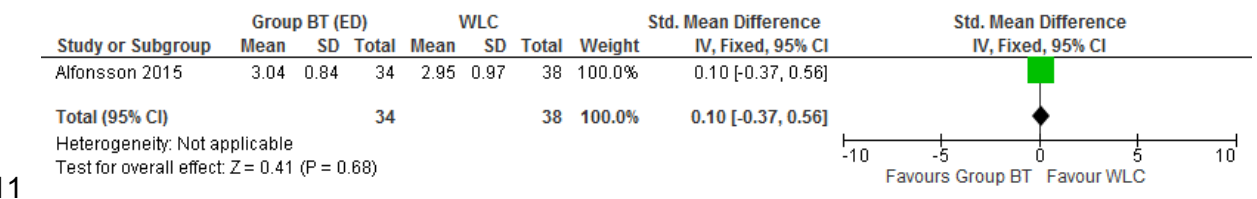
6 **Figure 577: Bingeing**



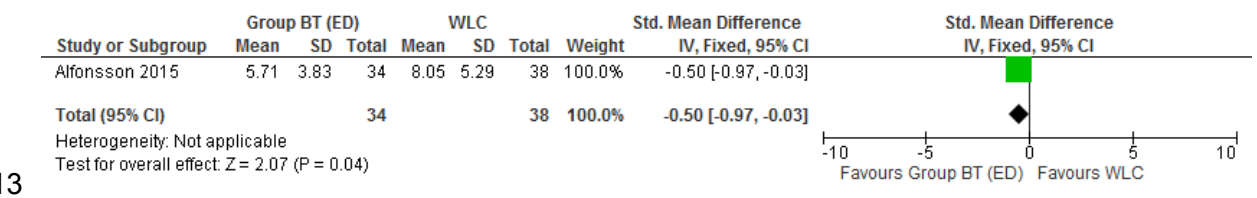
8 **Figure 578: Anxiety**



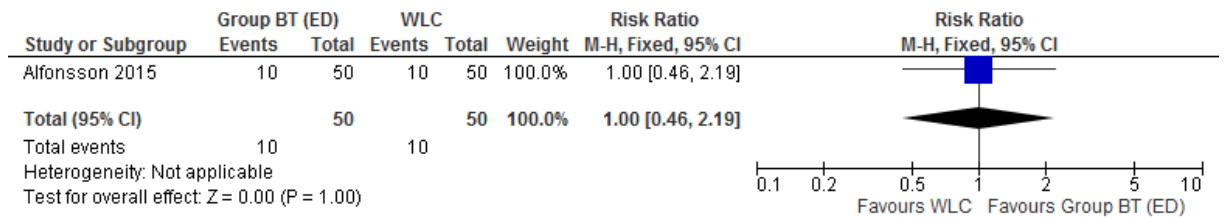
10 **Figure 579: EDE-total**



12 **Figure 580: Depression**



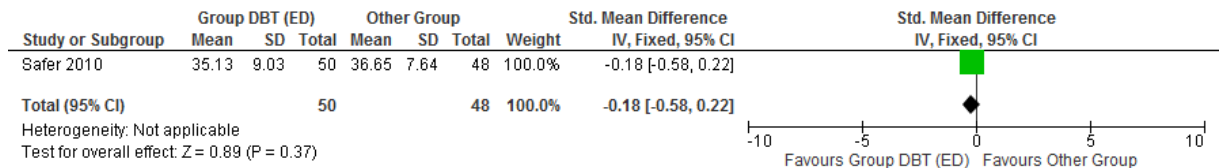
14 **Figure 581: Remission**



1

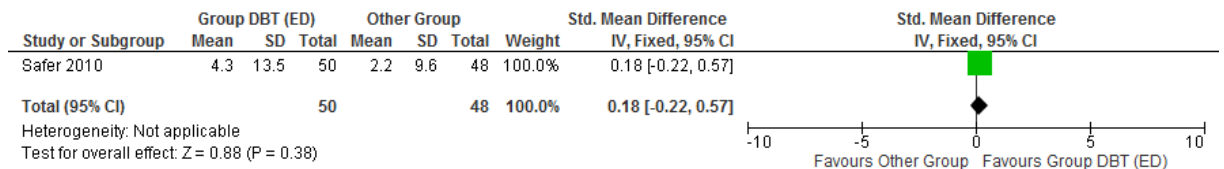
M.3.6.82 Group dialectical behaviour therapy (ED) compared with another group intervention in adults with binge eating disorder at end of treatment

4 Figure 582: BMI



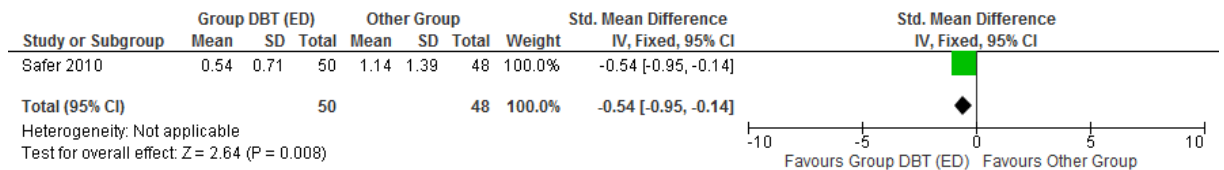
5

6 Figure 583: Weight loss



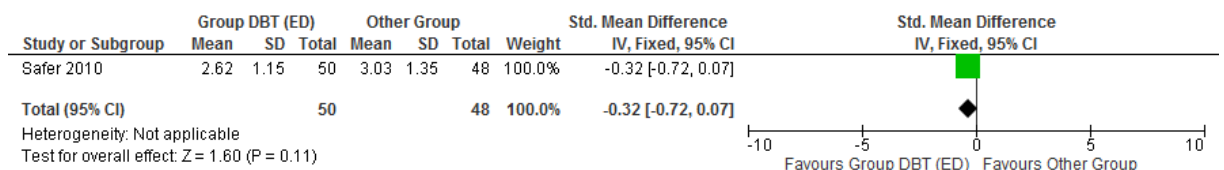
7

8 Figure 584: EDE-eating concern



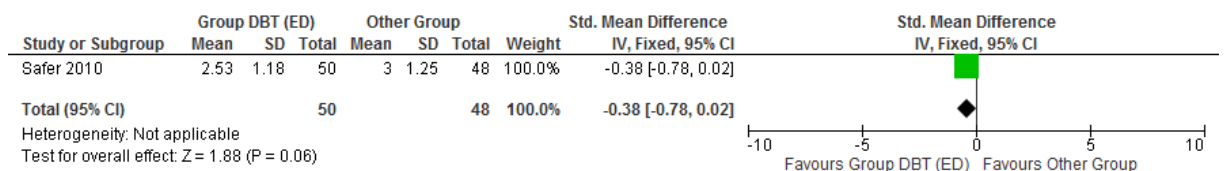
9

10 Figure 585: EDE-shape concern



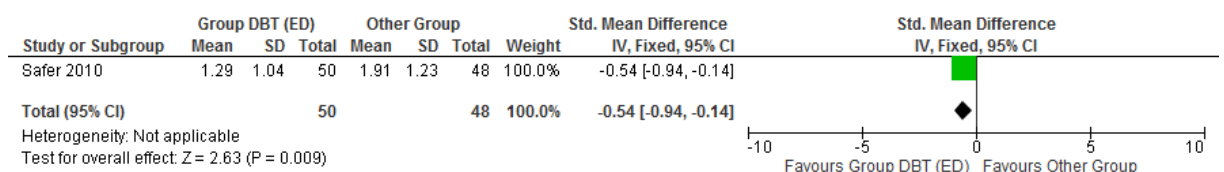
11

12 Figure 586: EDE-weight concern



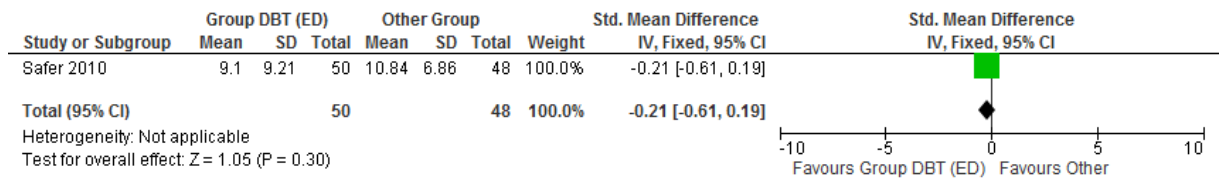
13

14 Figure 587: EDE-restraint

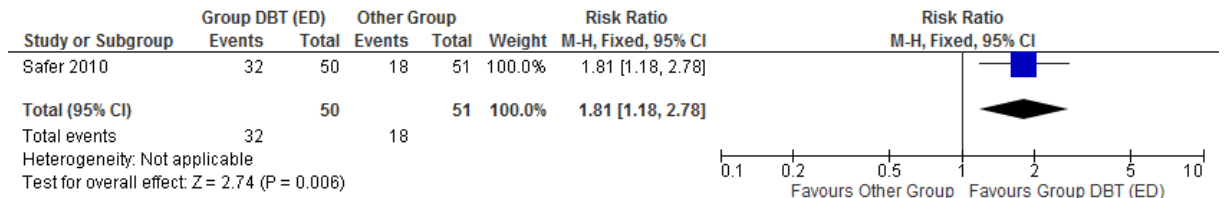


15

1 **Figure 588: Depression**

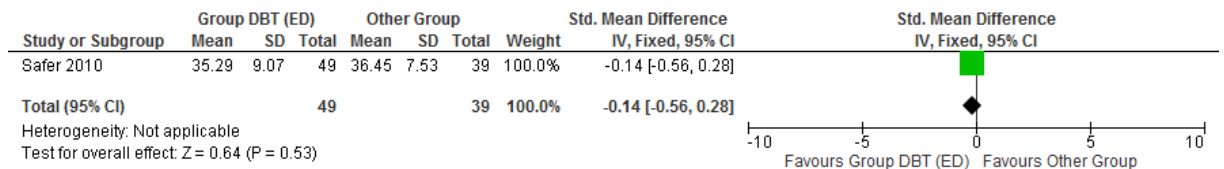


2
3 **Figure 589: Remission**

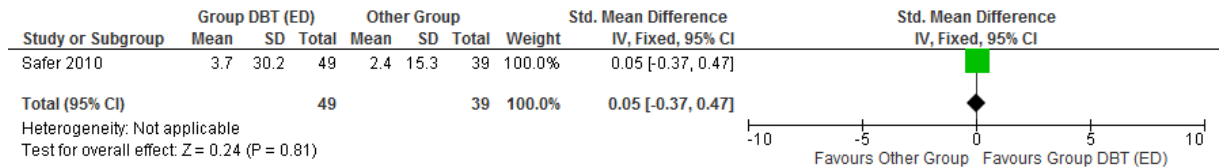


M.3.6.95 **Group dialectical behaviour therapy (ED) compared with any other intervention in adults with binge eating disorder at of treatment**

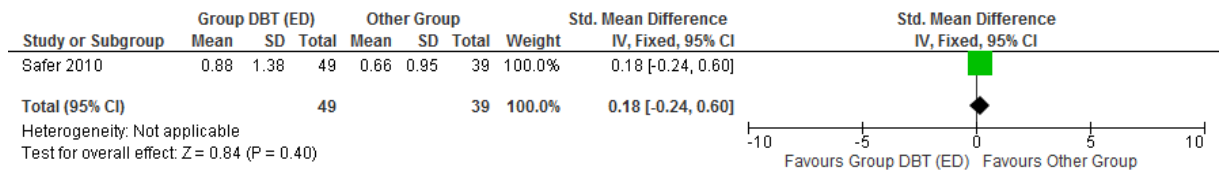
7 **Figure 590: BMI**



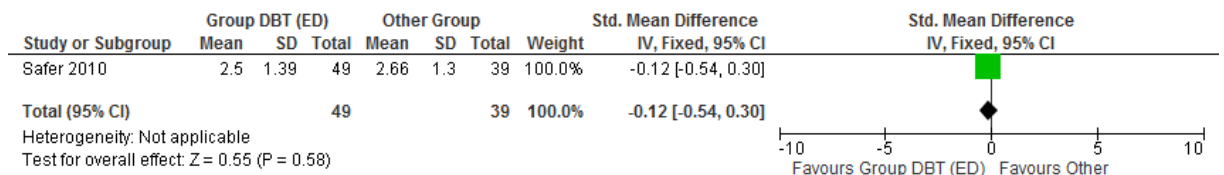
10 **Figure 591: Weight loss**



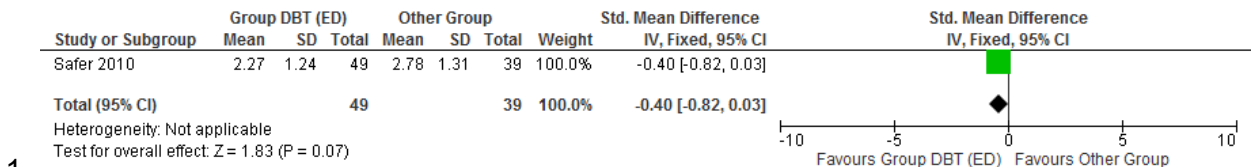
12 **Figure 592: EDE-eating concern**



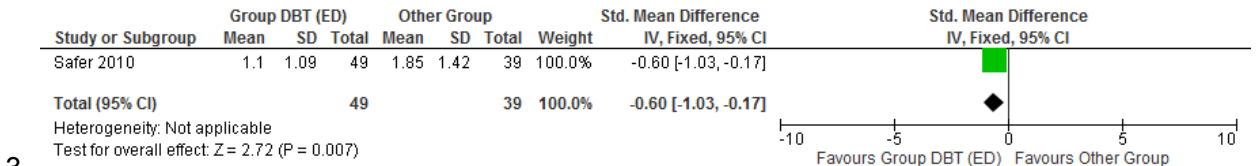
14 **Figure 593: EDE-shape concern**



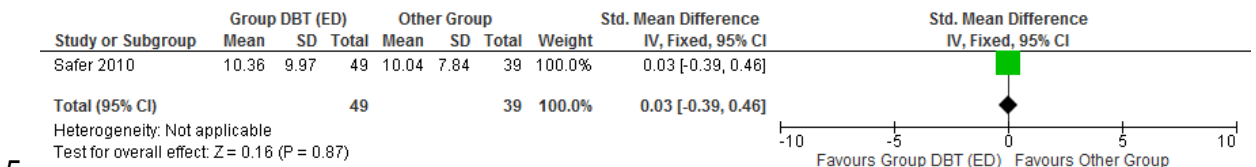
16 **Figure 594: EDE-weight concern**



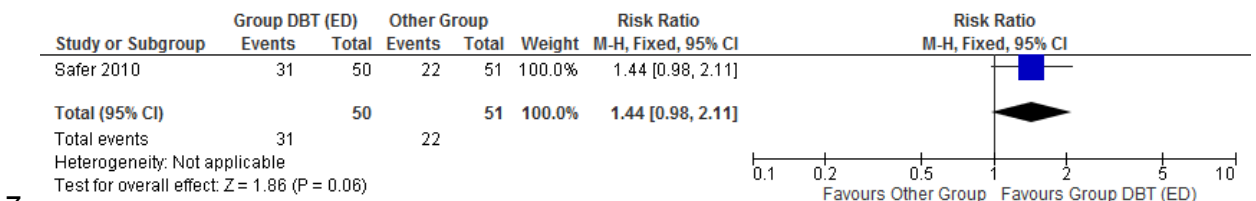
2 **Figure 595: EDE-restraint**



4 **Figure 596: Depression**

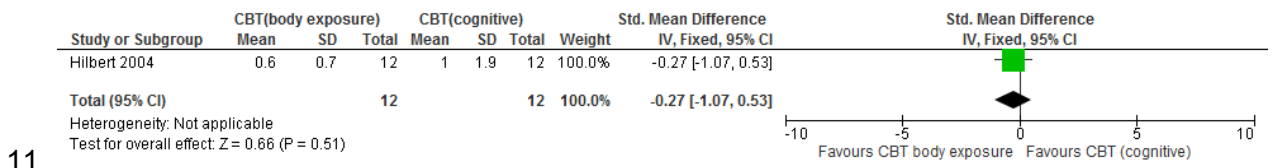


6 **Figure 597: Remission**

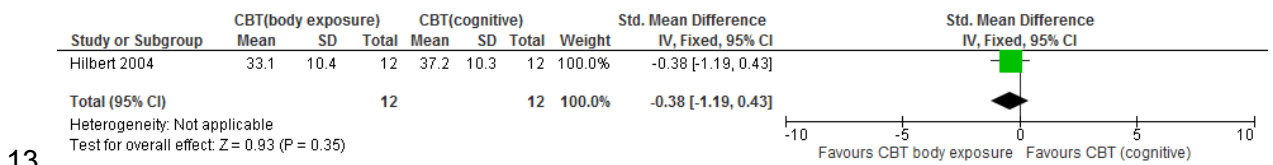


M.3.6.108 **Group CBT (body exposure) compared with another CBT (cognitive) in adults with binge eating disorder at of treatment**

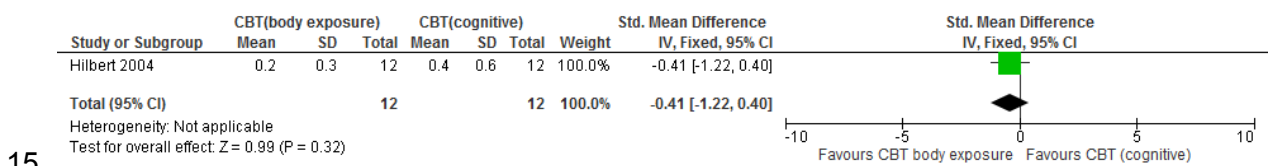
10 **Figure 598: Bingeing**



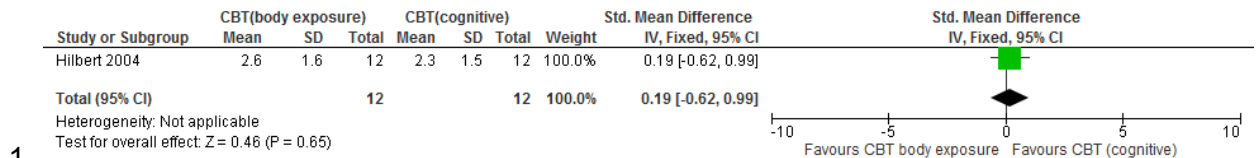
12 **Figure 599: BMI**



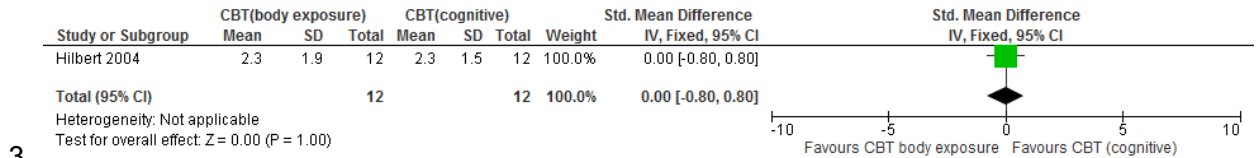
14 **Figure 600: EDE-eating concern**



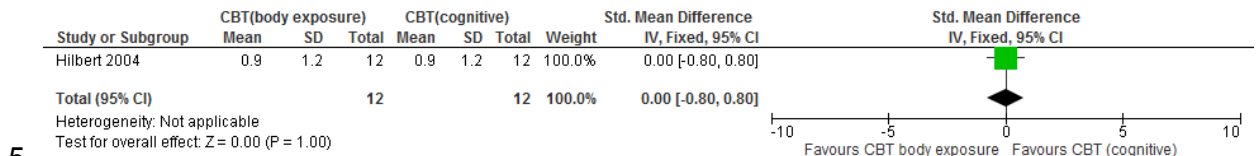
16 **Figure 601: EDE-shape concern**



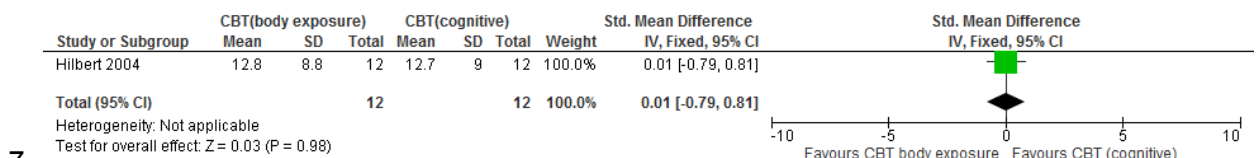
3
4 **Figure 602: EDE-weight concern**



4
5 **Figure 603: EDE-restraint**



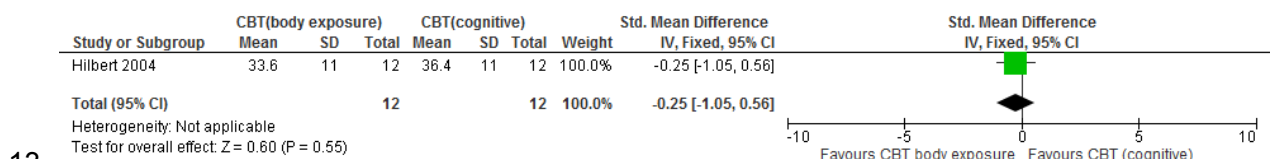
6
7 **Figure 604: Depression**



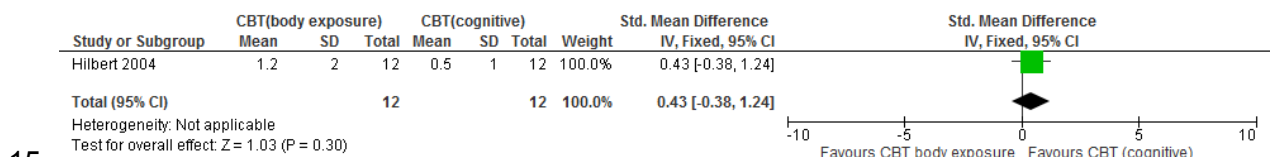
8
9 **Figure 605: Remission**

M.3.70 Group CBT (body exposure) compared with another CBT (cognitive) in adults with binge eating disorder at follow-up

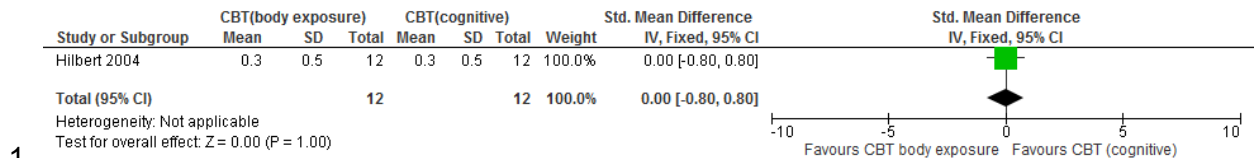
11
12 **Figure 606: BMI**



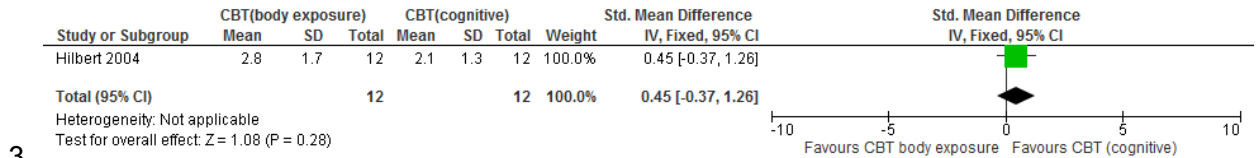
14
15 **Figure 607: Bingeing**



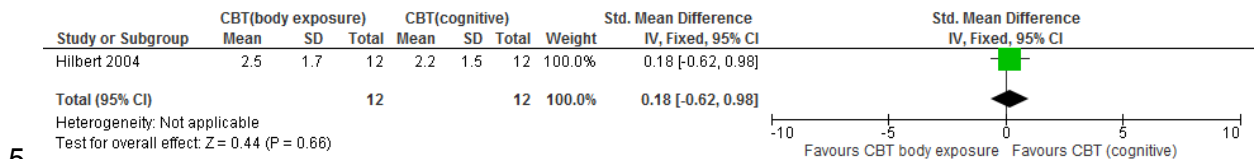
16 **Figure 608: EDE-eating concern**



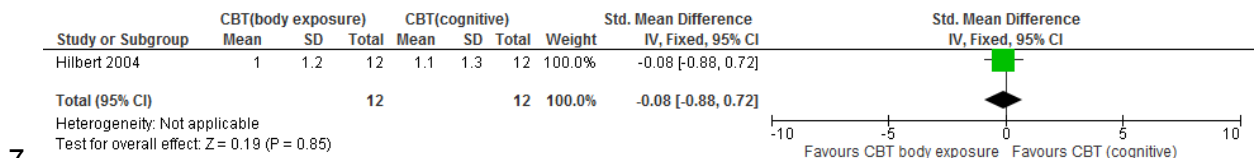
3
4 **Figure 609: EDE-shape concern**



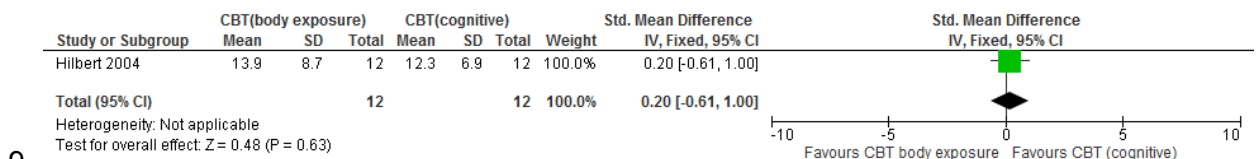
5
6 **Figure 610: EDE-weight concern**



7
8 **Figure 611: EDE-restraint**



9
10 **Figure 612: Depression**

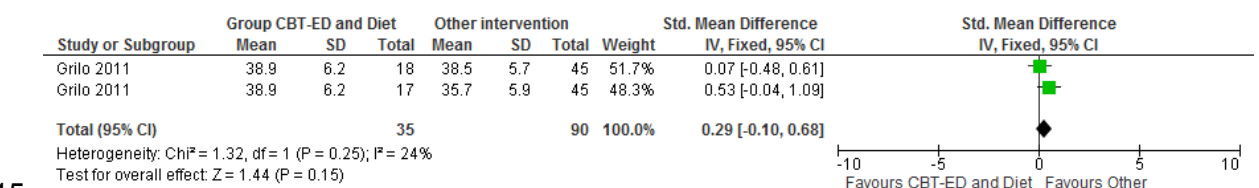


11
12 **Figure 613: Remission**

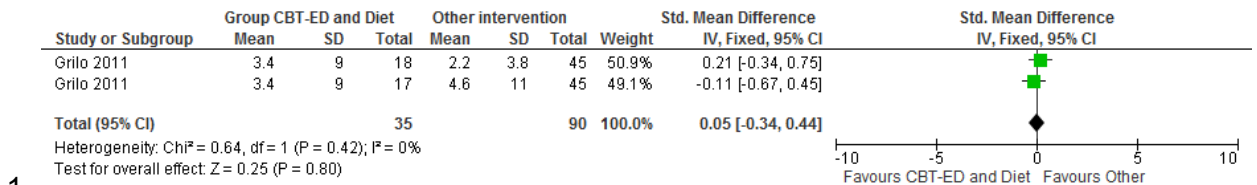


M.3.82 Group CBT and behavioural weight loss compared with any other intervention in adults with binge eating disorder at end of treatment

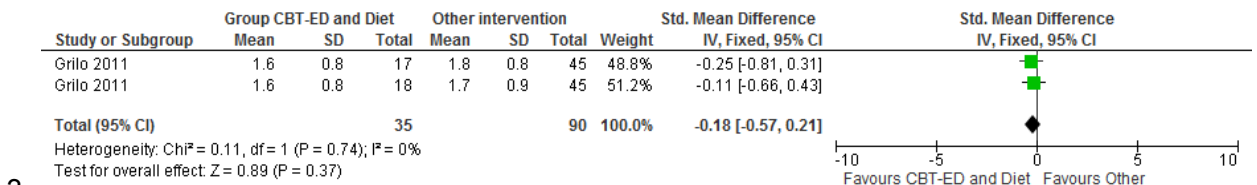
13
14 **Figure 614: BMI**



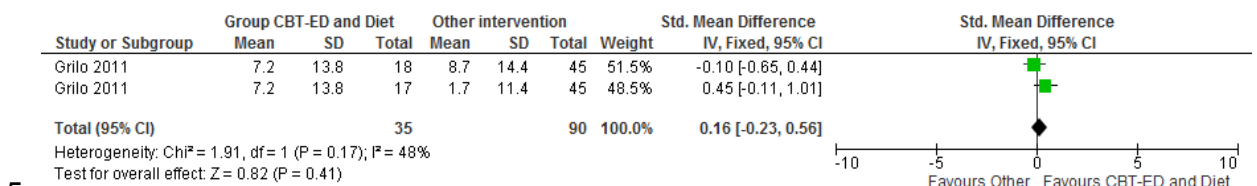
16 **Figure 615: Bingeing**



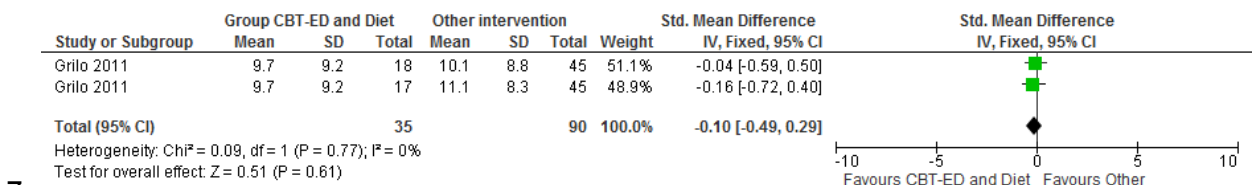
2 **Figure 616: EDE-global clinical score**



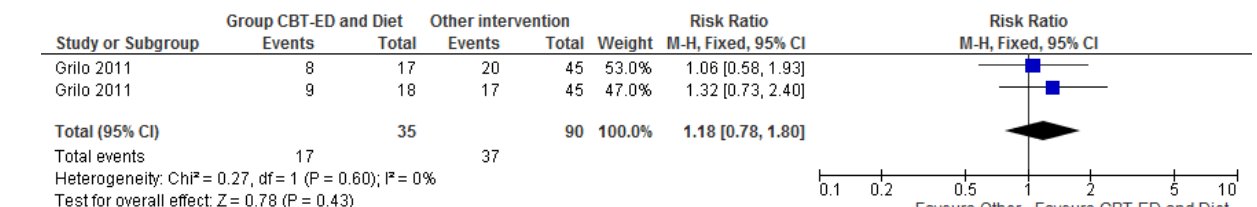
4 **Figure 617: Weight loss (pounds)**



6 **Figure 618: Depression**

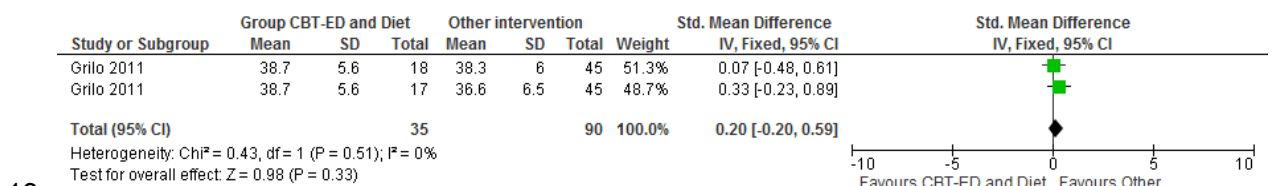


8 **Figure 619: Remission**

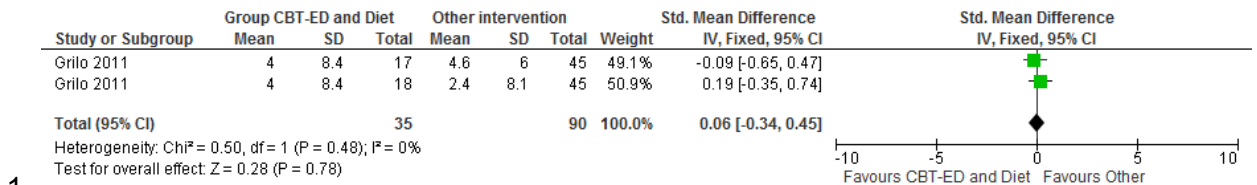


M.3.90 Group CBT and behavioural weight loss compared with any other intervention in adults with binge eating disorder at follow-up

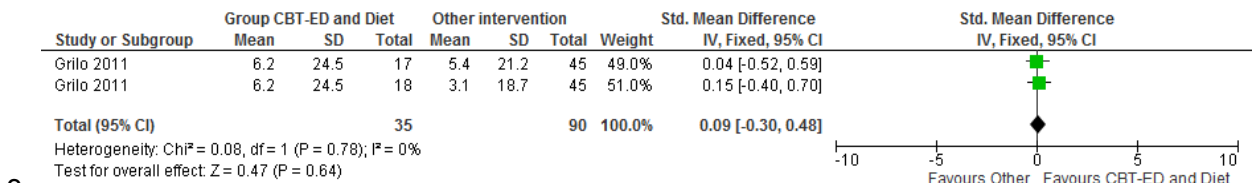
12 **Figure 620: BMI**



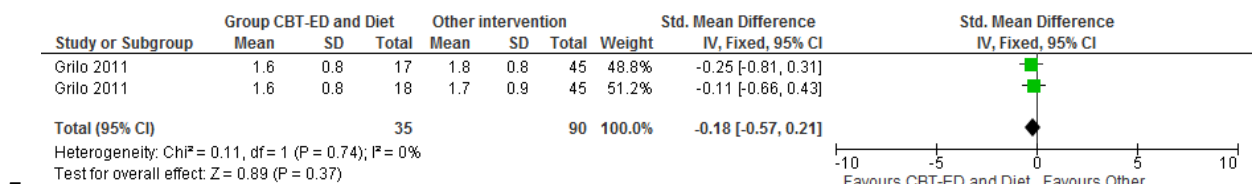
14 **Figure 621: Bingeing**



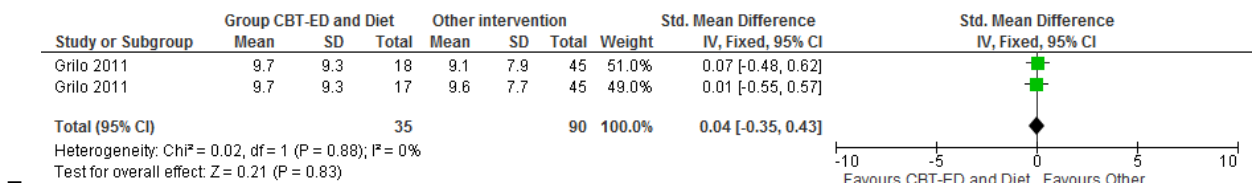
2 **Figure 622: Weight loss (pounds)**



4 **Figure 623: EDE-total**

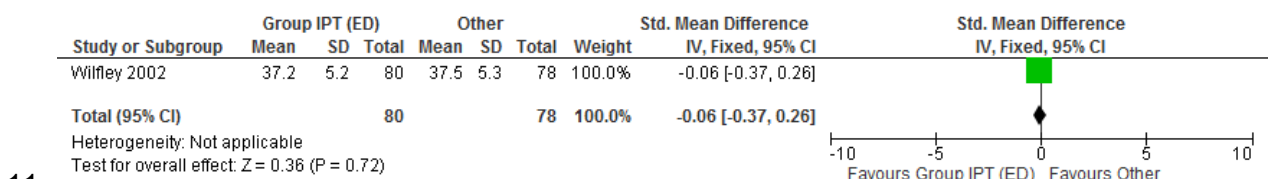


6 **Figure 624: Depression**

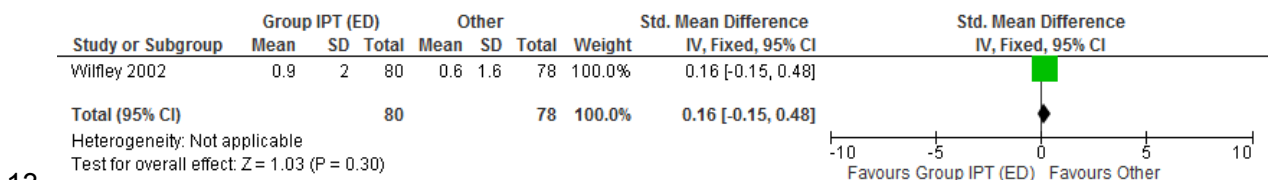


M.3.108 Group interpersonal therapy (IPT) compared with any other intervention in 9 adults with binge eating disorder at end of treatment

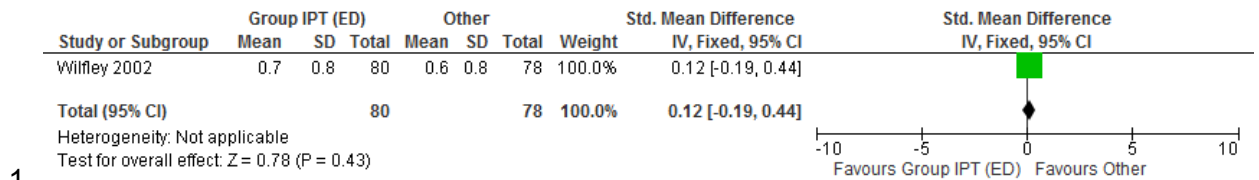
10 **Figure 625: BMI**



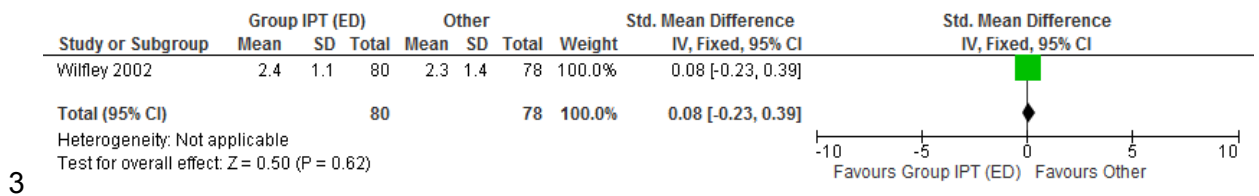
12 **Figure 626: Bingeing**



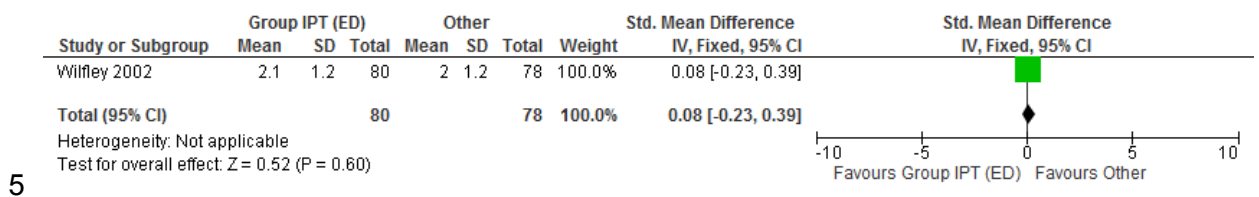
14 **Figure 627: EDE-eating concern**



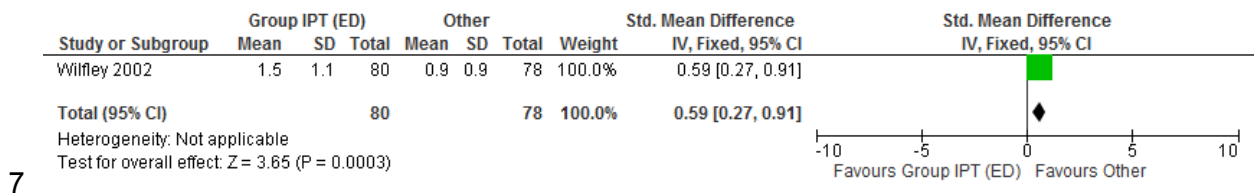
2 **Figure 628: EDE-shape concern**



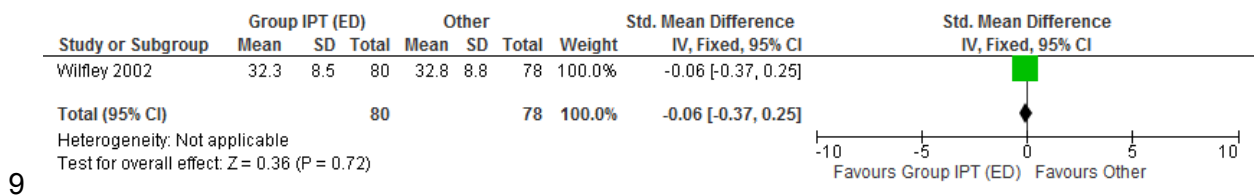
4 **Figure 629: EDE-weight concern**



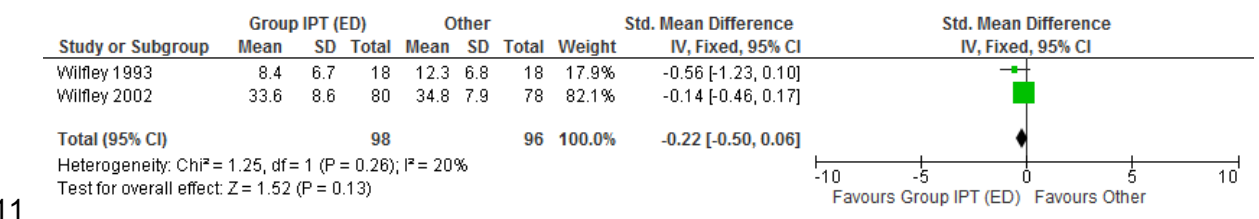
6 **Figure 630: EDE-restraint**



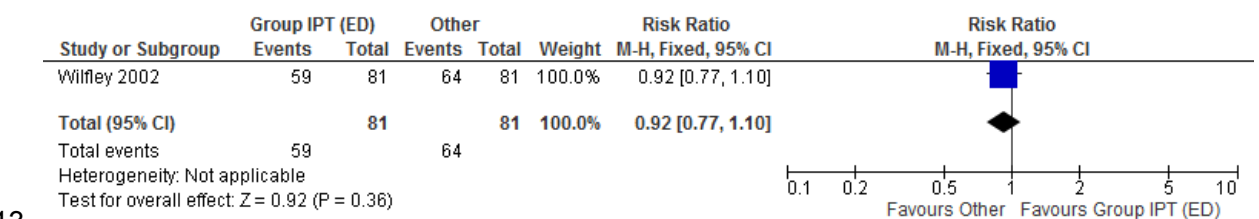
8 **Figure 631: Global symptom checklist**



10 **Figure 632: Depression**

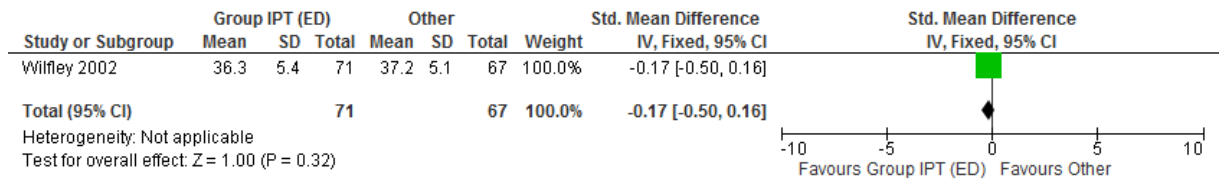


12 **Figure 633: Remission**



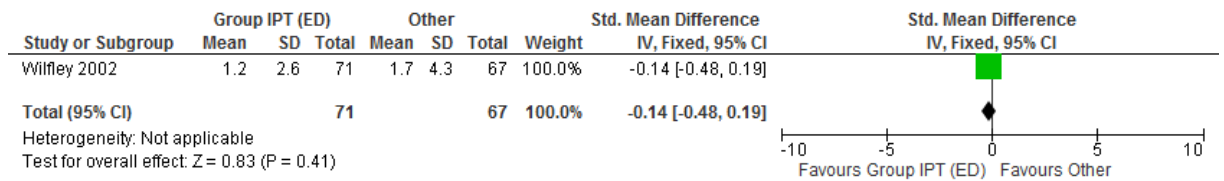
M.3.111 Group interpersonal therapy (IPT) compared with any other intervention in adults with binge eating disorder at follow-up

3 Figure 634: BMI



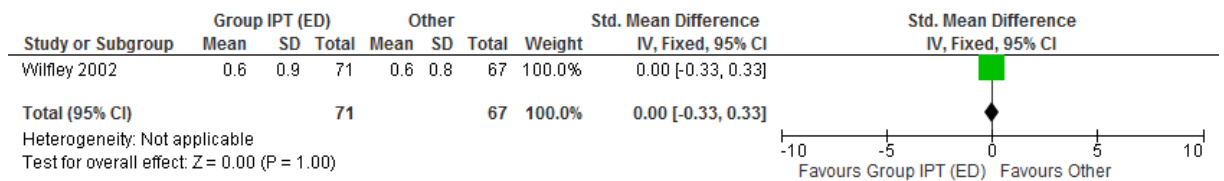
4

5 Figure 635: Bingeing



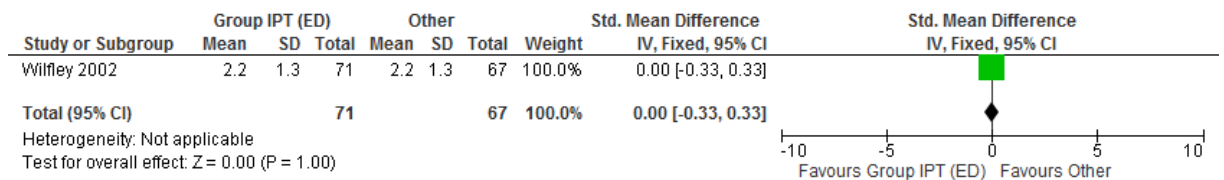
6

7 Figure 636: EDE-eating concern



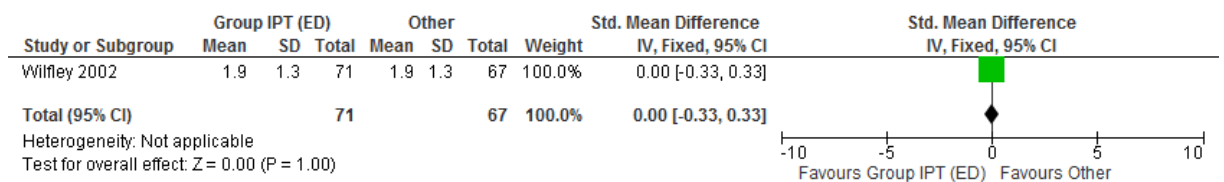
8

9 Figure 637: EDE-shape concern



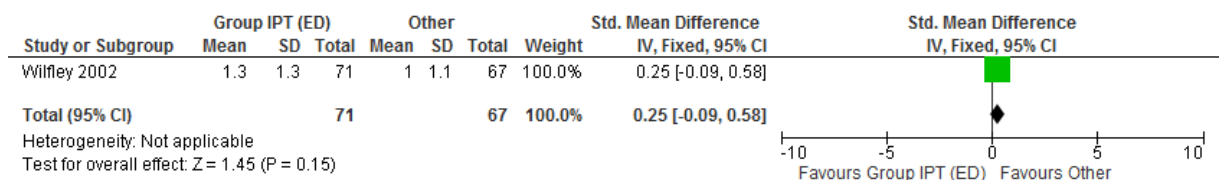
10

11 Figure 638: EDE-weight concern



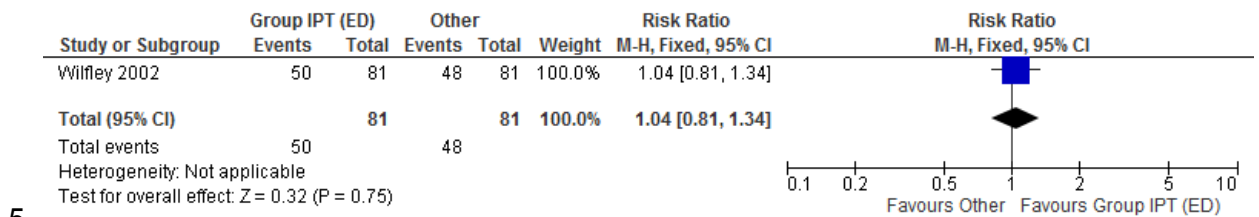
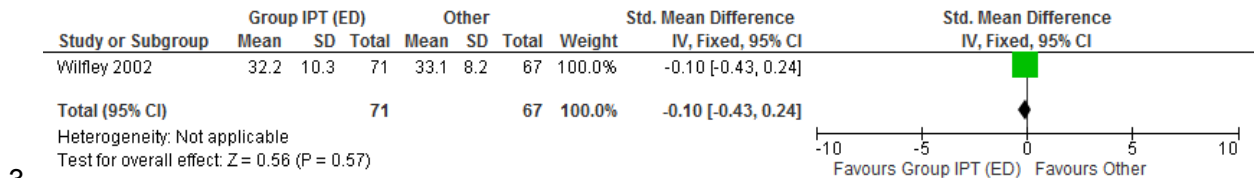
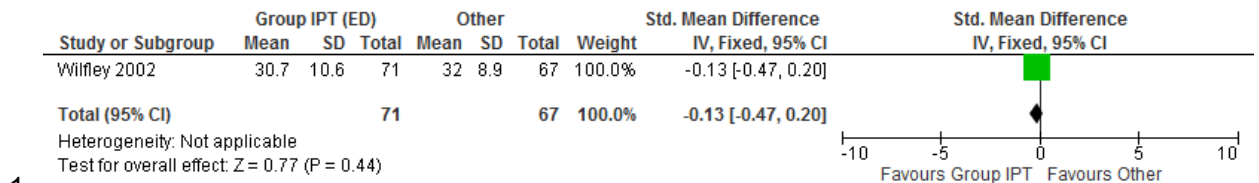
12

13 Figure 639: EDE-restraint

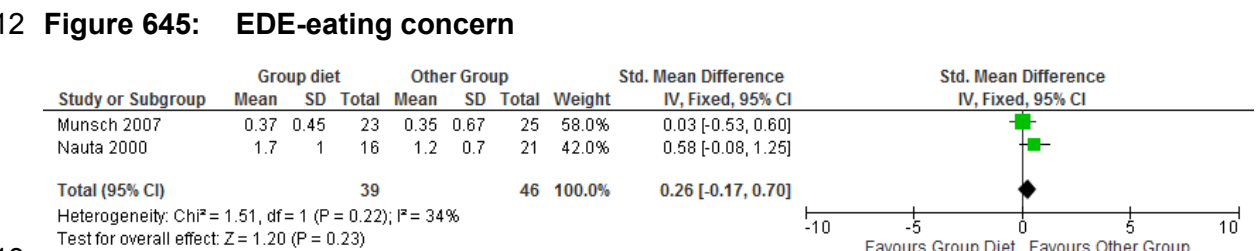
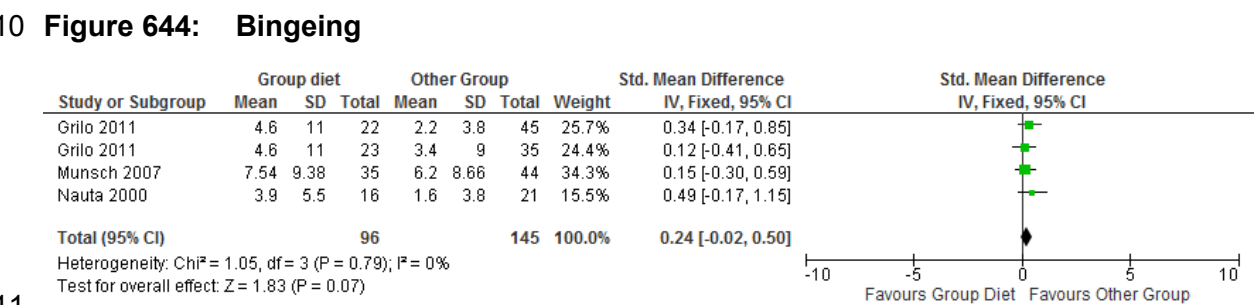
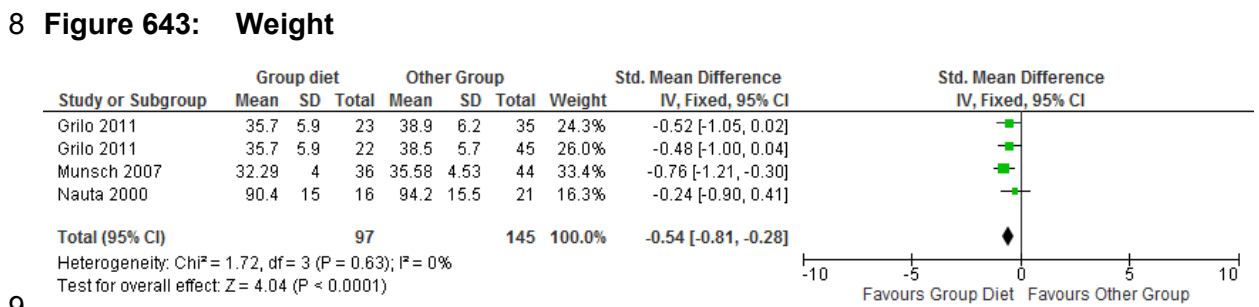


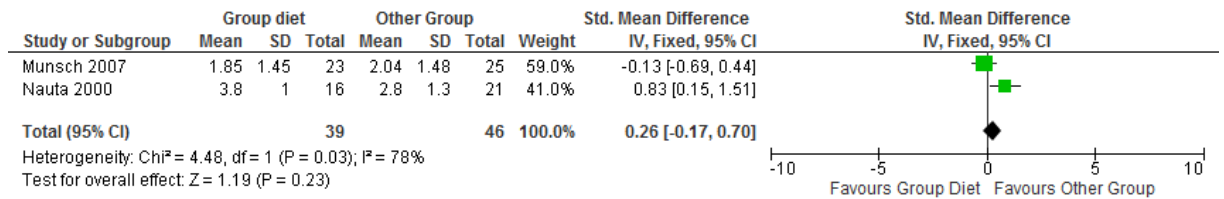
14

15 Figure 640: Global symptom checklist



M.3.126 Group diet compared with another group in adults with binge eating disorder at end of treatment



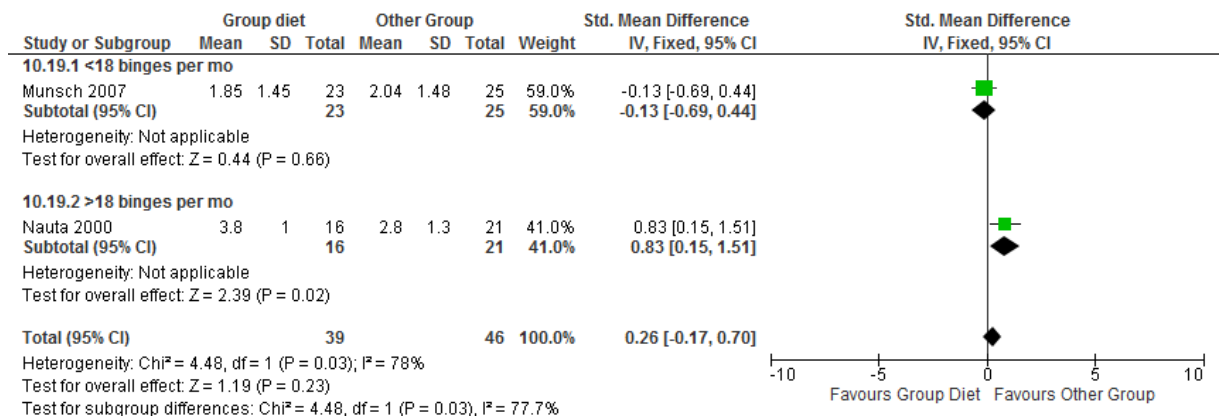


1

2 Heterogeneity was detected at I² =78%. There was no clear difference in the risk of bias
3 between these two studies. The study by Nauta 2000 was unclear if the participants had
4 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
5 illness, as indicated by the average number of binges per month were different, Nauta >18
6 per month versus Munsch <18 per month and this may explain the heterogeneity.

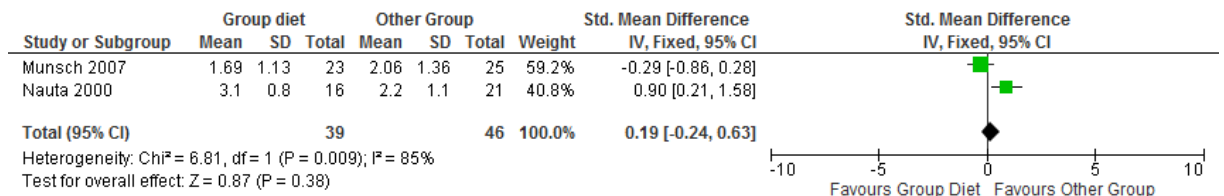
7 **Figure 647: EDE-shape concern subgroup analysis based on severity of illness**

8



9

10 **Figure 648: EDE-weight concern**



11

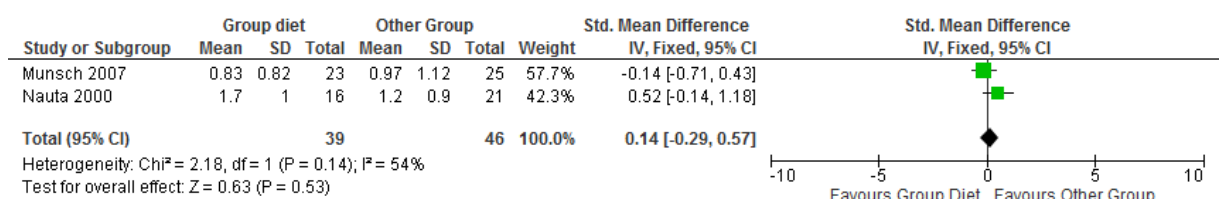
12 Heterogeneity was detected at I² =85%. There was no clear difference in the risk of bias
13 between these two studies. The study by Nauta 2000 was unclear if the participants had
14 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
15 illness, as indicated by the average number of binges per month were different, Nauta >18
16 per month versus Munsch <18 per month and this may explain the heterogeneity.

17 **Figure 649: EDE-weight concern with severity of illness**

18

19

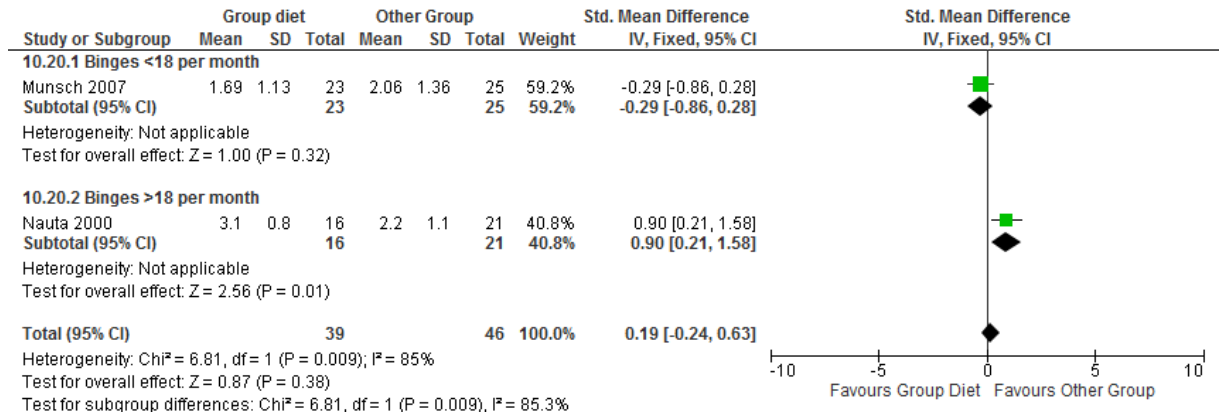
20 **Figure 650: EDE-restraint**



21

1 Heterogeneity was detected at $I^2 = 54\%$. There was no clear difference in the risk of bias
 2 between these two studies. The study by Nauta 2000 was unclear if the participants had
 3 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
 4 illness, as indicated by the average number of binges per month were different, Nauta >18
 5 per month versus Munsch <18 per month and this may explain the heterogeneity.

6 **Figure 651: EDE-restraint with severity of illness**

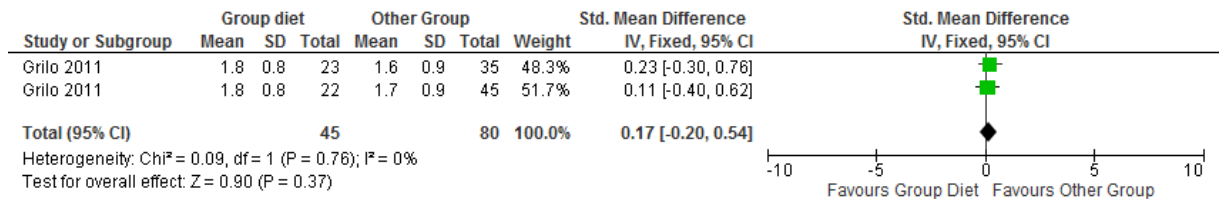


7

8

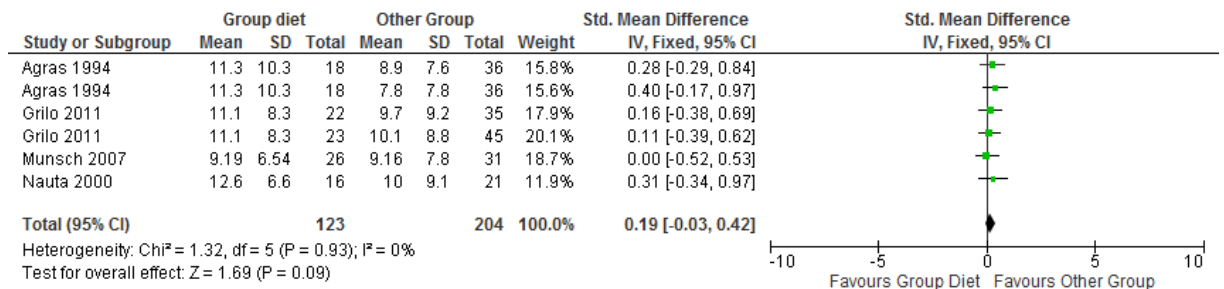
9

10 **Figure 652: EDE-global**



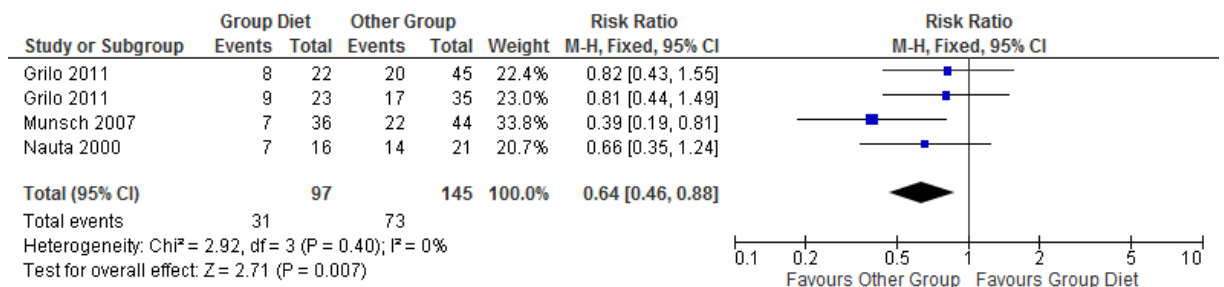
11

12 **Figure 653: Depression**



13

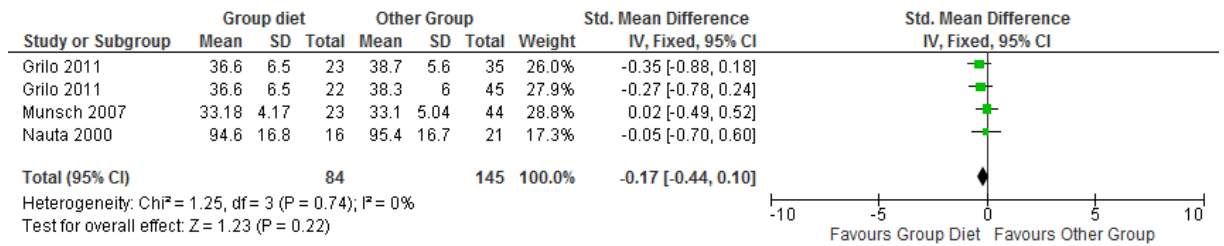
14 **Figure 654: Remission**



15

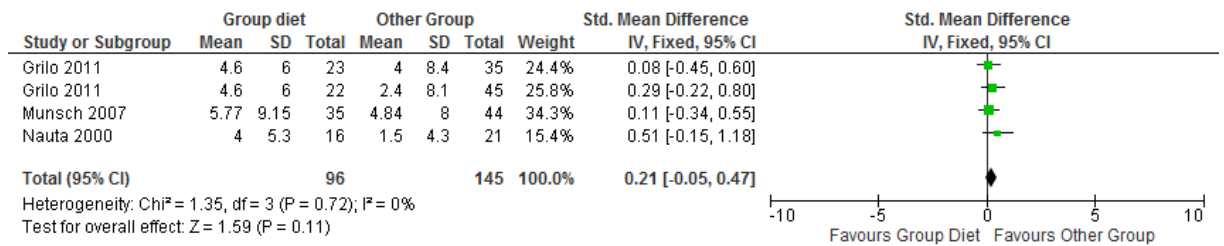
M.3.131 Group diet compared with another group in adults with binge eating disorder at 2 follow-up

3 Figure 655: Weight



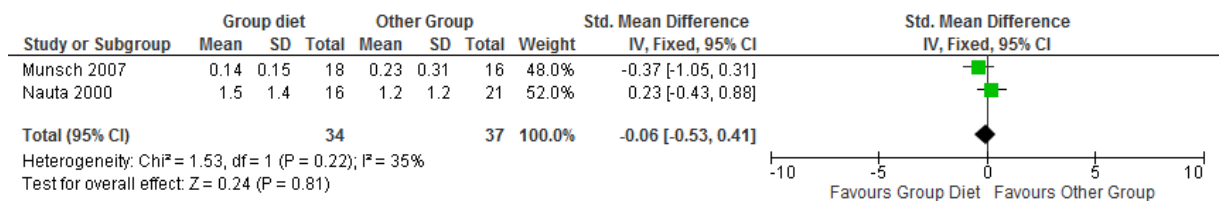
4

5 Figure 656: Bingeing



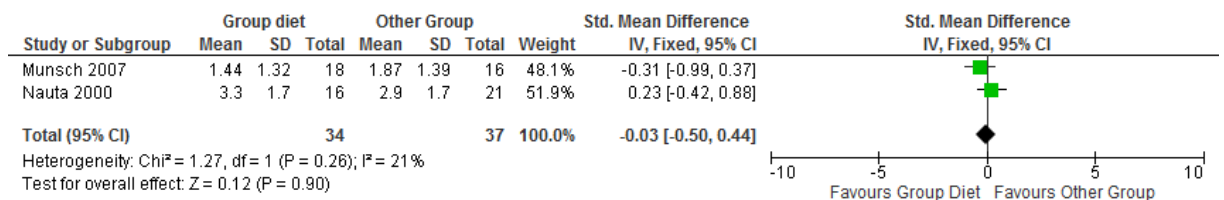
6

7 Figure 657: EDE-eating concern



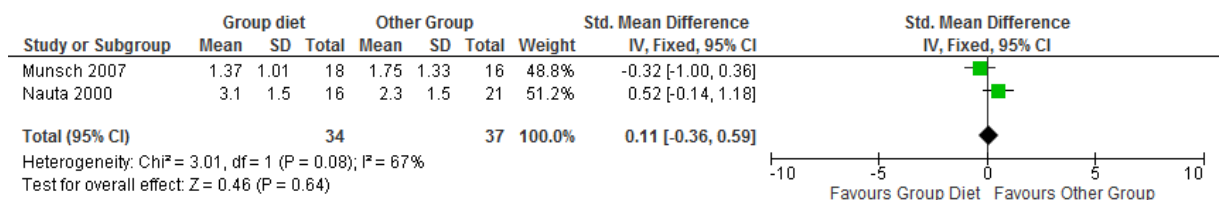
8

9 Figure 658: EDE-shape concern



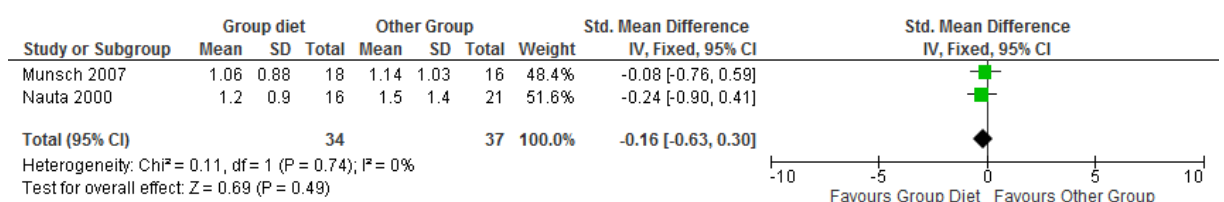
10

11 Figure 659: EDE-weight concern



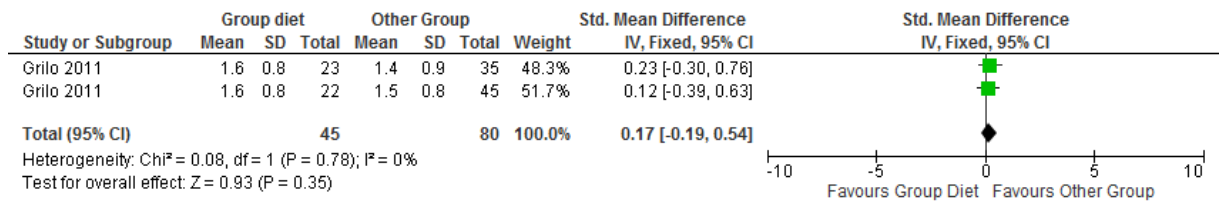
12

13 Figure 660: EDE-restraint



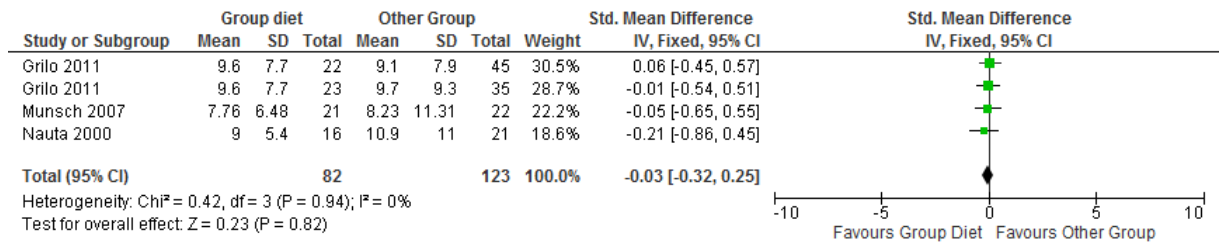
14

1 **Figure 661: EDE-global**



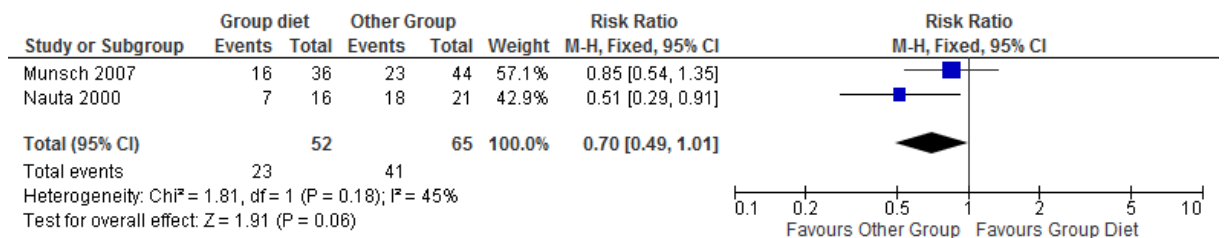
2

3 **Figure 662: Depression**



4

5 **Figure 663: Remission**

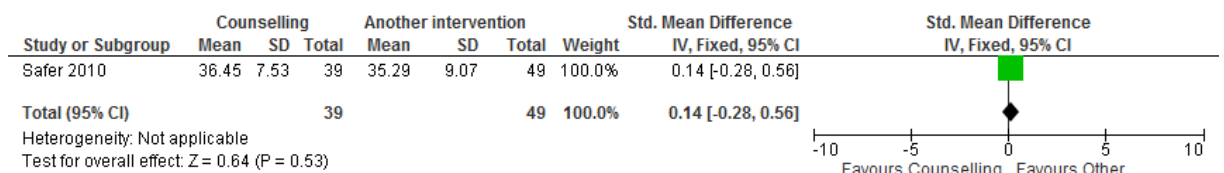


6

M.3.147 **Group counselling compared with another intervention in adults with binge eating disorder at end of treatment**

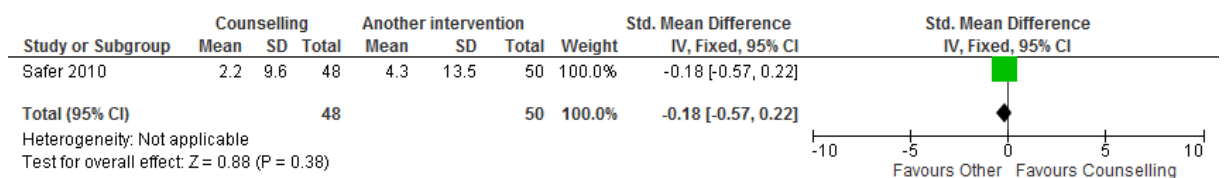
8

9 **Figure 664: BMI**



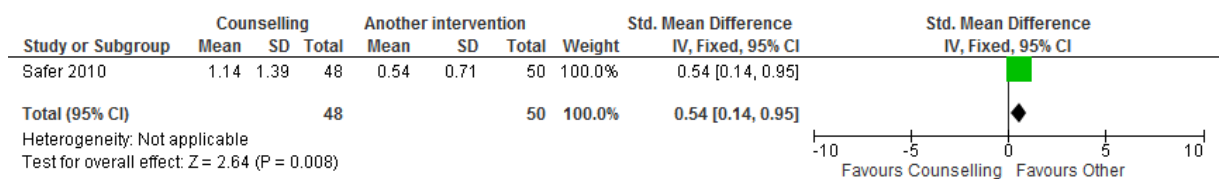
10

11 **Figure 665: Weight loss**



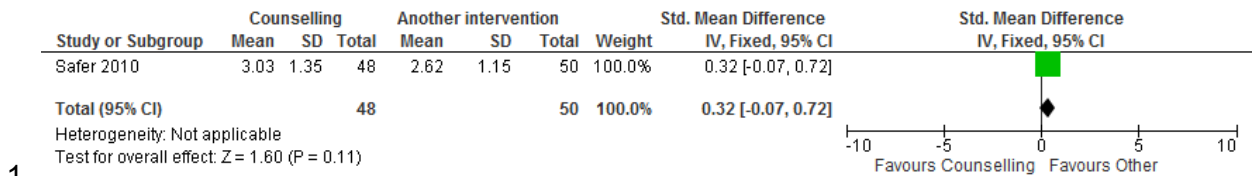
12

13 **Figure 666: EDE-eating concern**

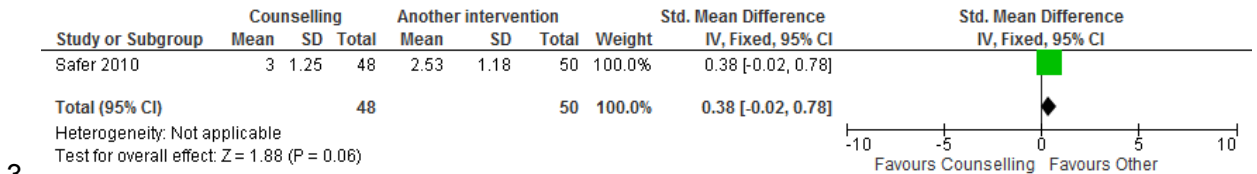


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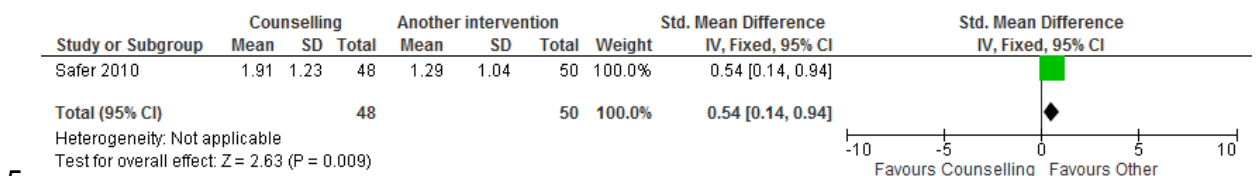
15 **Figure 667: EDE-shape concern**



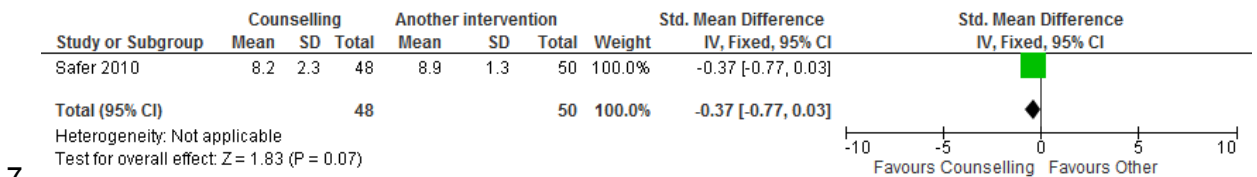
2 **Figure 668: EDE-weight concern**



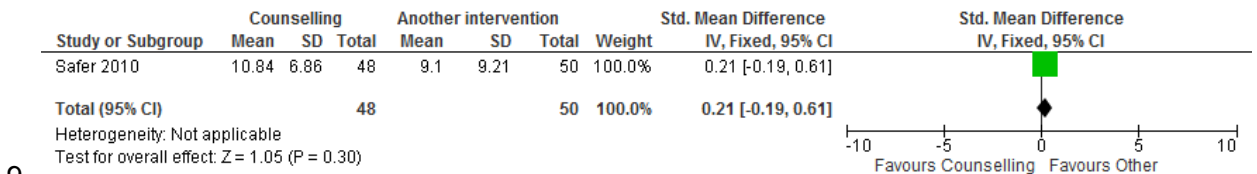
4 **Figure 669: EDE-restraint**



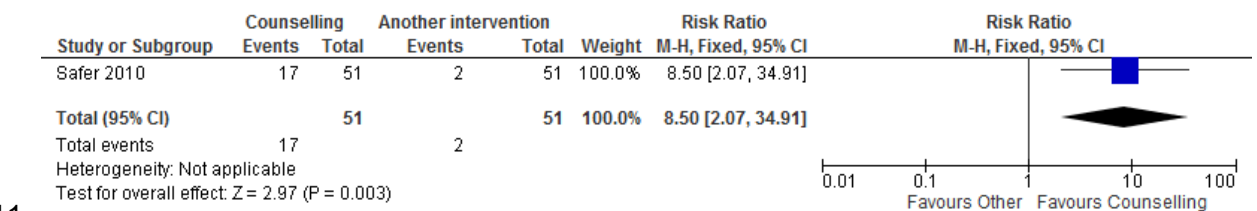
6 **Figure 670: Patient preference**



8 **Figure 671: Depression**

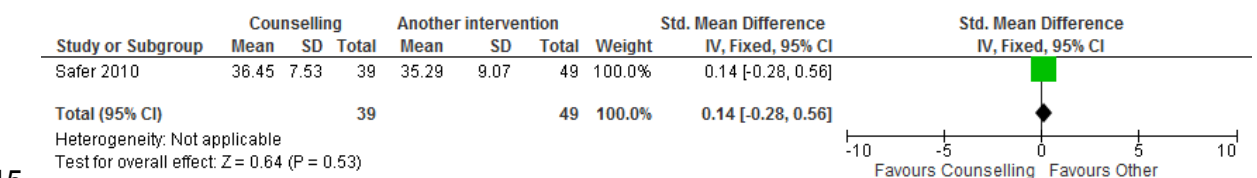


10 **Figure 672: Remission**

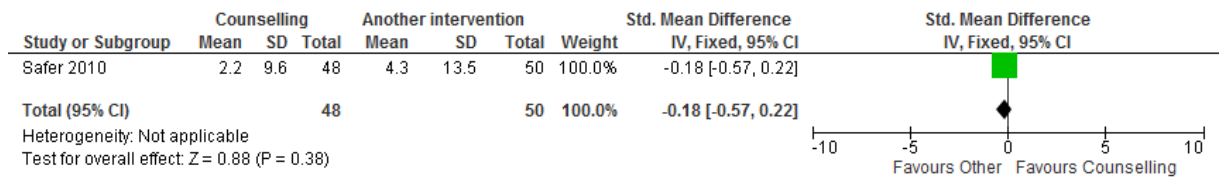


M.3.152 Group counselling compared with another intervention in adults with binge eating disorder at follow-up

14 **Figure 673: BMI**

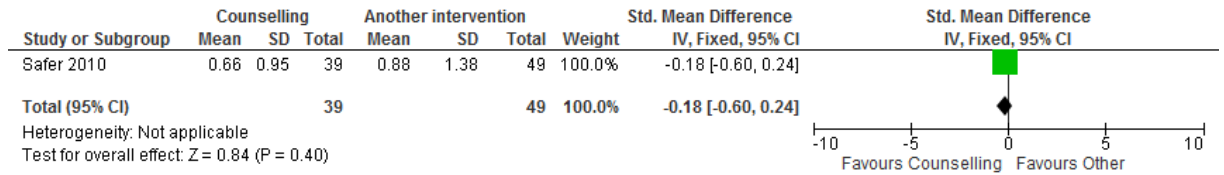


1 **Figure 674: Weight loss**



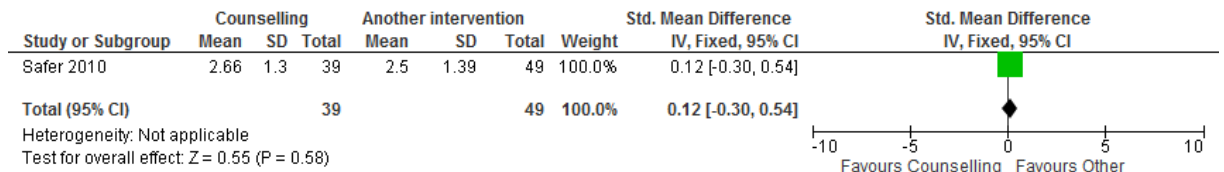
2

3 **Figure 675: EDE-eating concern**



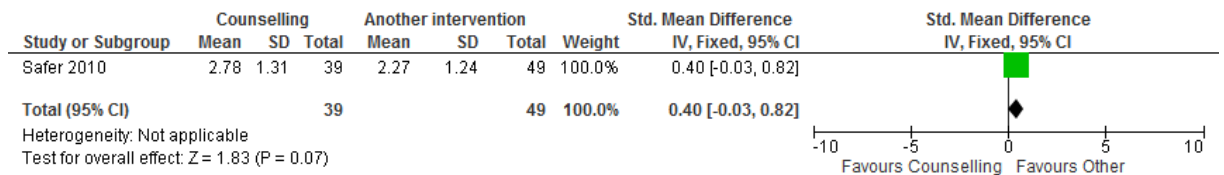
4

5 **Figure 676: EDE-shape concern**



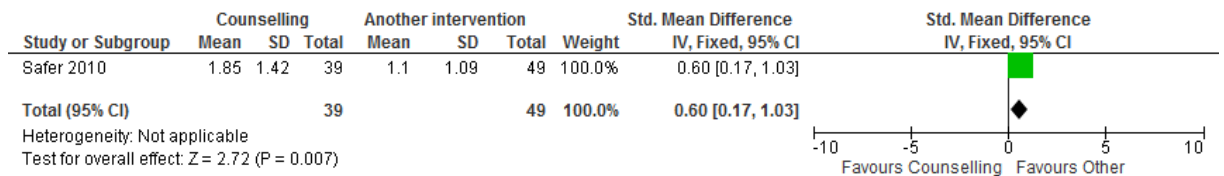
6

7 **Figure 677: EDE-weight concern**



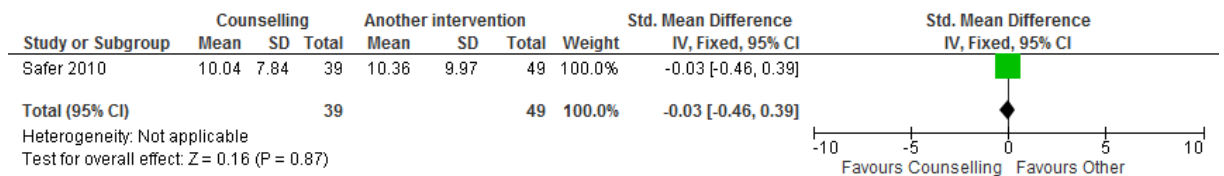
8

9 **Figure 678: EDE-restraint**



10

11 **Figure 679: Depression**



12

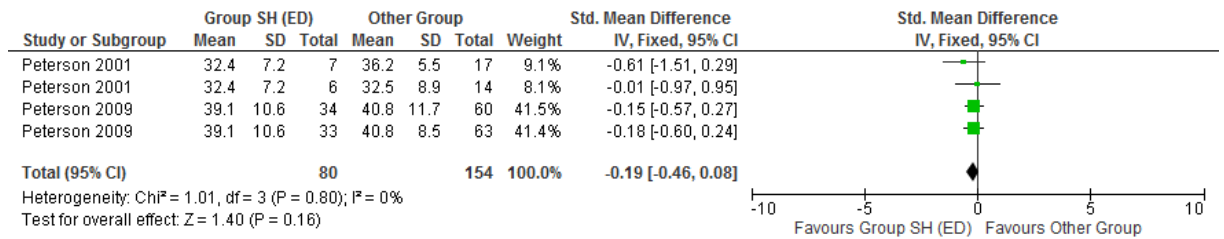
13 **Figure 680: Remission**



14

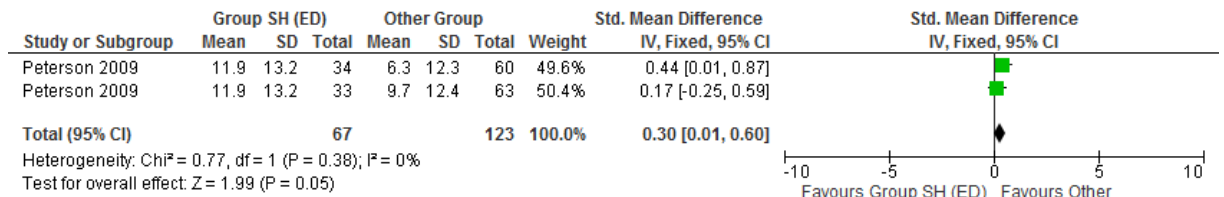
M.3.161 Group self-help (ED) compared with another intervention in adults with binge eating disorder at end of treatment

3 Figure 681: BMI



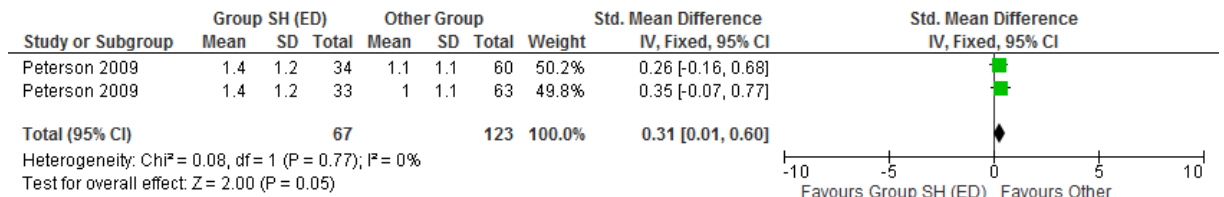
4

5 Figure 682: Bingeing



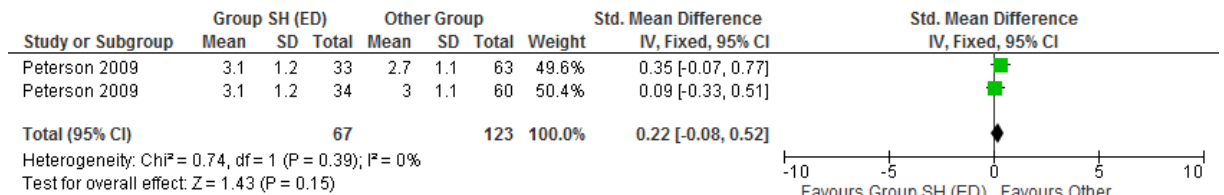
6

7 Figure 683: EDE-eating concern



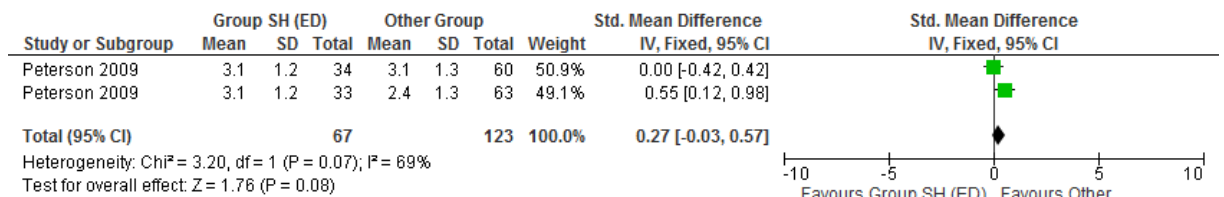
8

9 Figure 684: EDE-shape concern



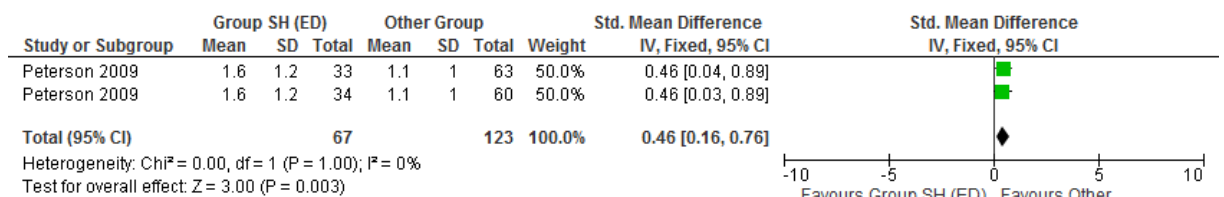
10

11 Figure 685: EDE-weight concern



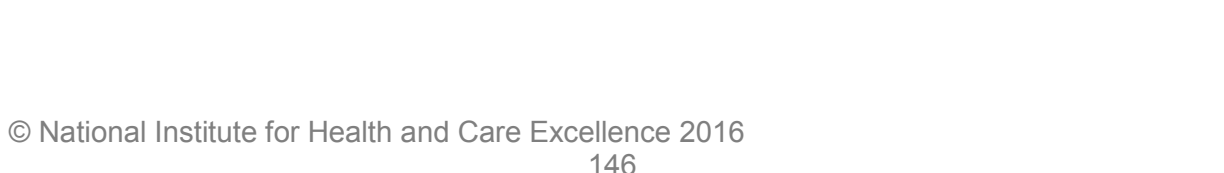
12

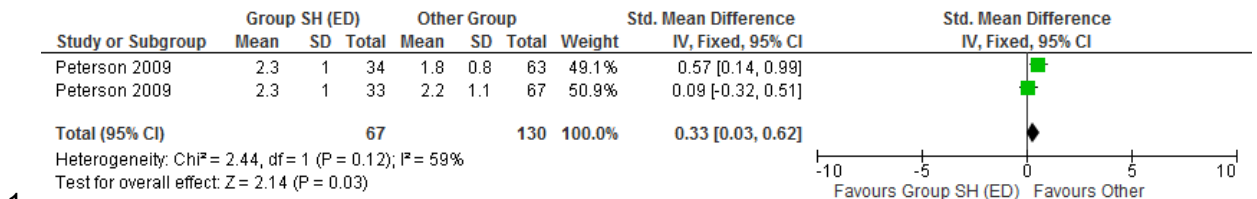
13 Figure 686: EDE-restraint



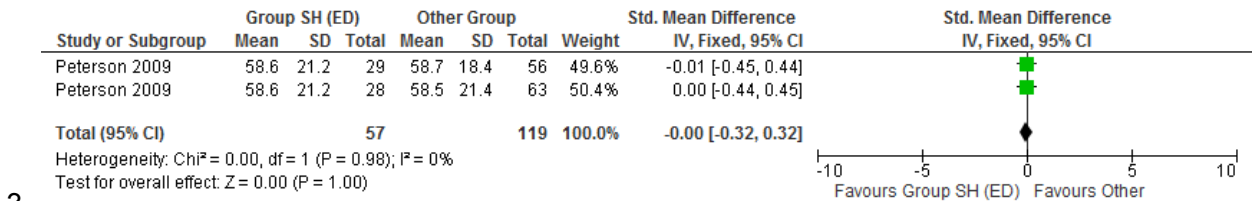
14

15 Figure 687: EDE-total

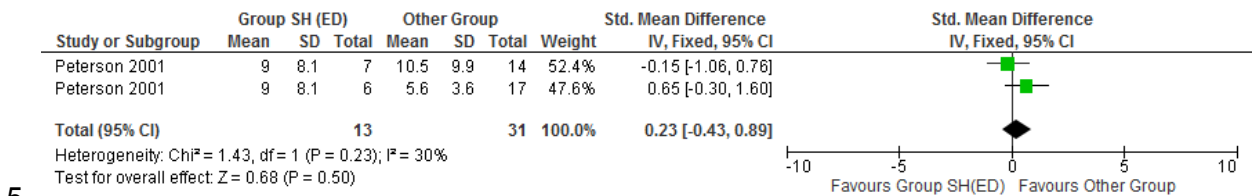




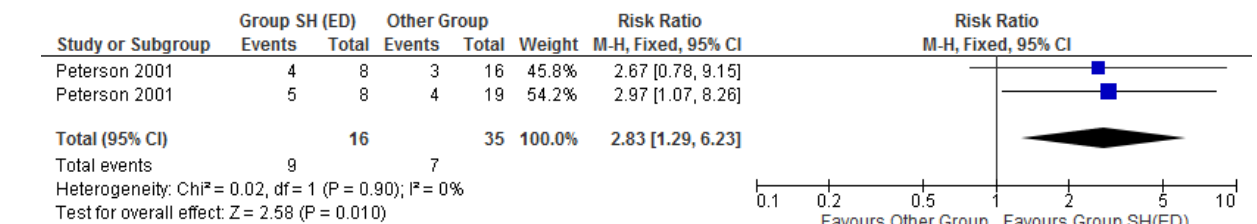
2 **Figure 688: Quality of life**



4 **Figure 689: Depression**

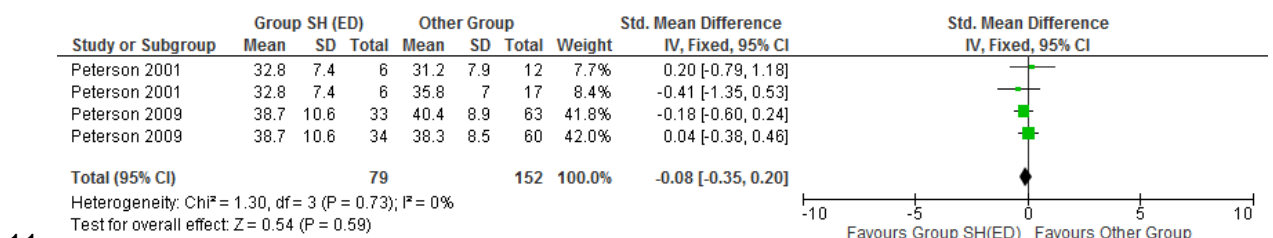


6 **Figure 690: Remission**

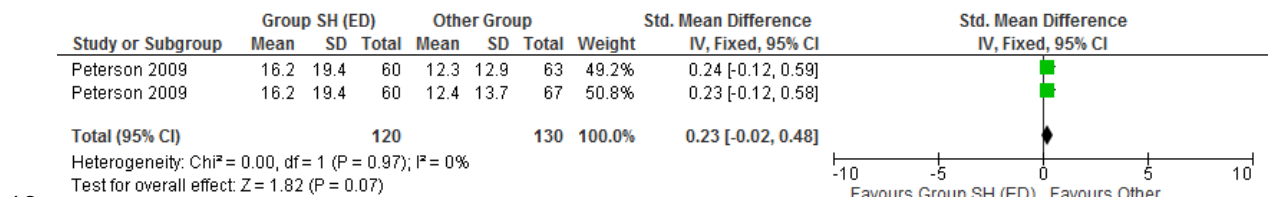


M.3.178 Group self-help (ED) compared with another intervention in adults with binge eating disorder at follow-up

10 **Figure 691: BMI**

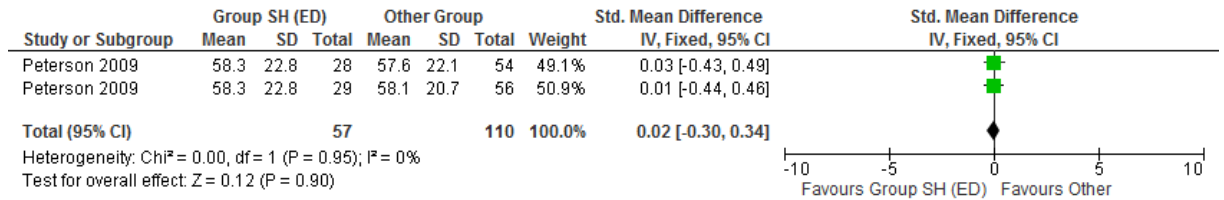


12 **Figure 692: Bingeing**



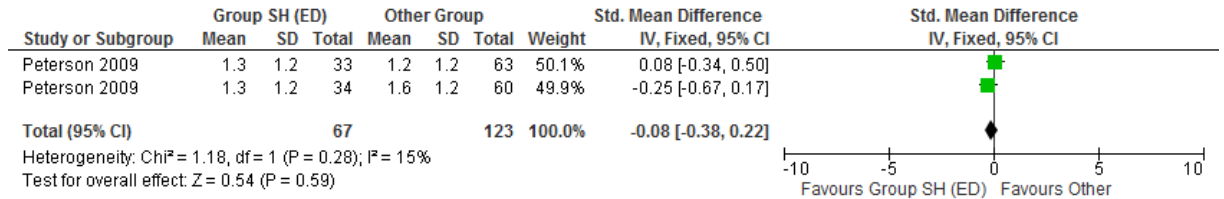
14 **Figure 693: Quality of life**

1



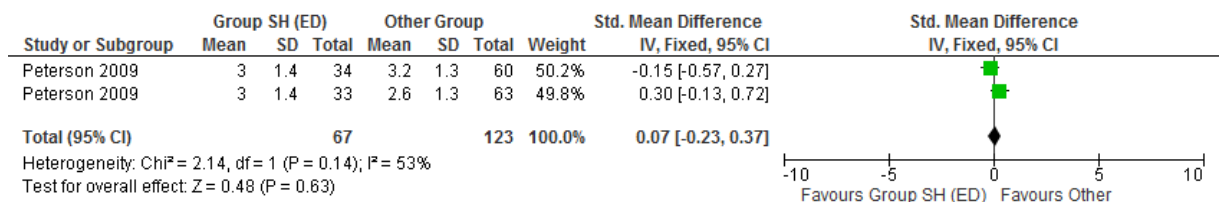
2 **Figure 694: EDE-eating concern**

3



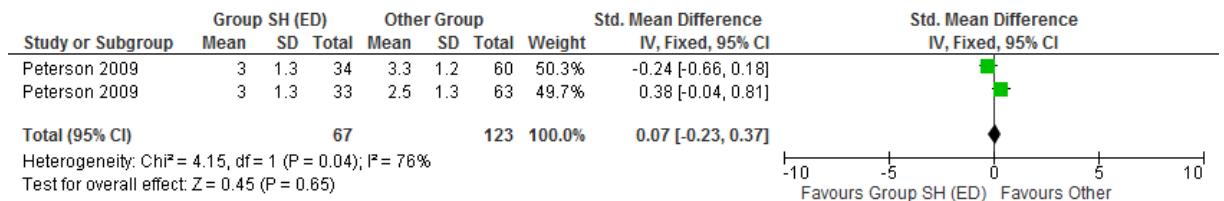
4 **Figure 695: EDE-shape concern**

5



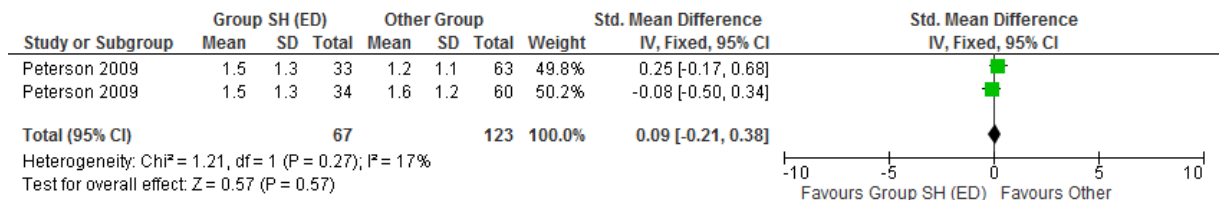
6 **Figure 696: EDE-weight concern**

7



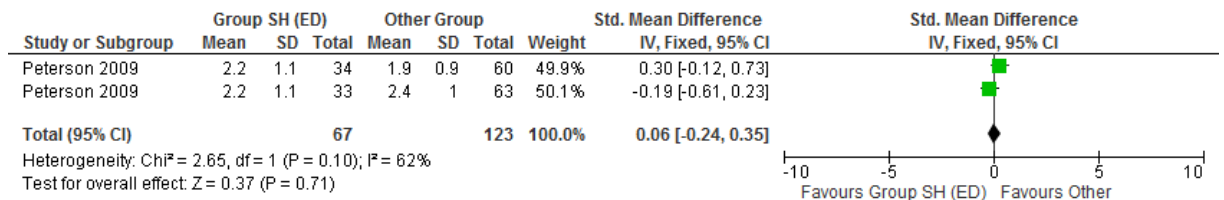
8 **Figure 697: EDE-restraint**

9

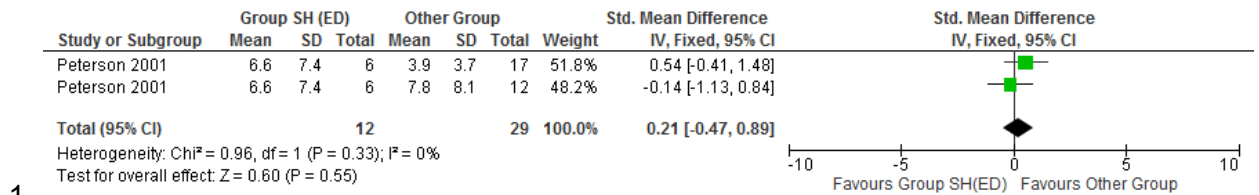


10 **Figure 698: EDE-total**

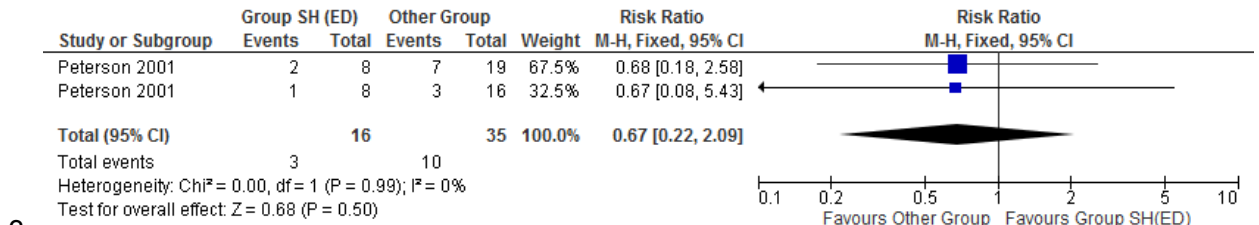
11



12 **Figure 699: Depression**



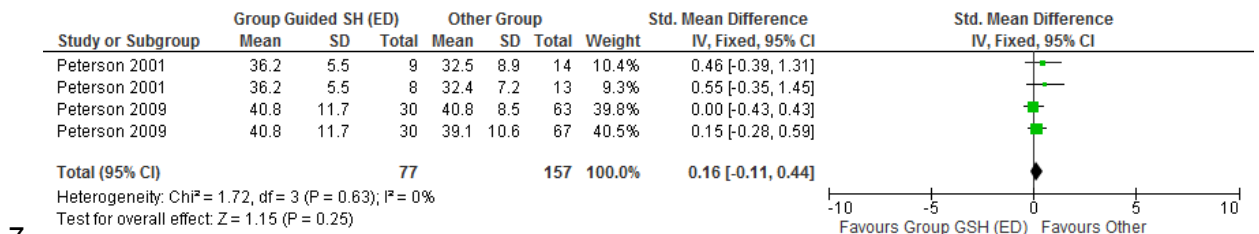
1
2 **Figure 700: Remission**



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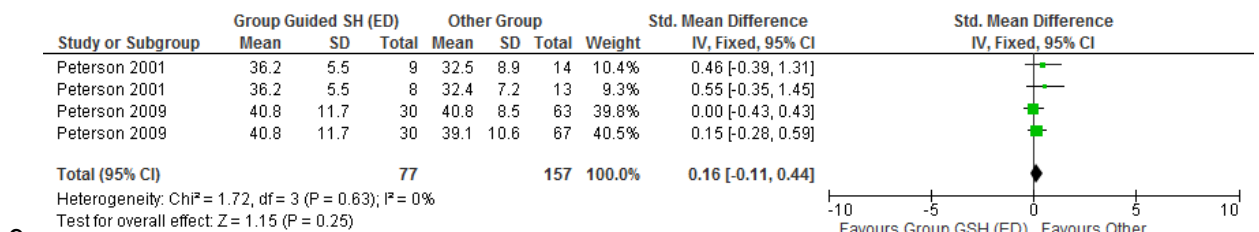
M.3.184 Group guided self-help (ED) compared with another intervention in adults with binge eating disorder at end of treatment

6 **Figure 701: BMI**



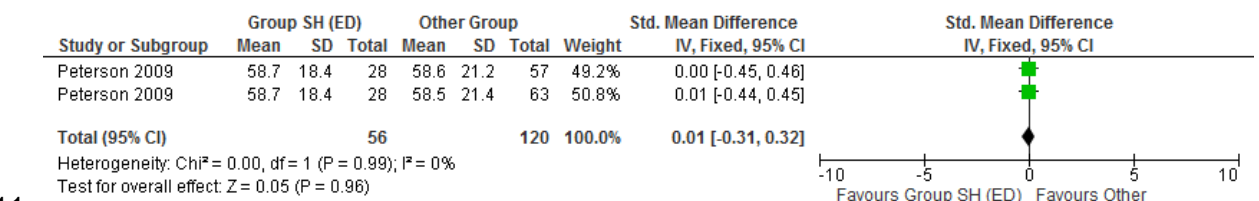
7

8 **Figure 702: Bingeing**



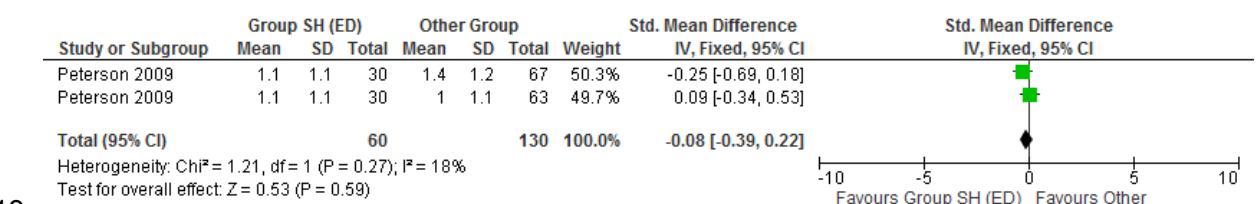
9

10 **Figure 703: Quality of life**



11

12 **Figure 704: EDE-eating concern**

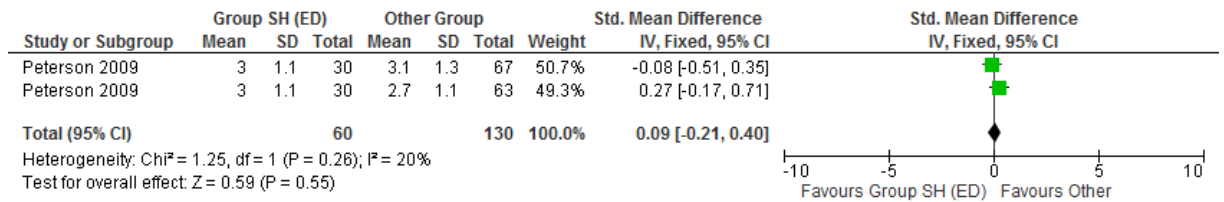


13

14 **Figure 705: EDE-shape concern**

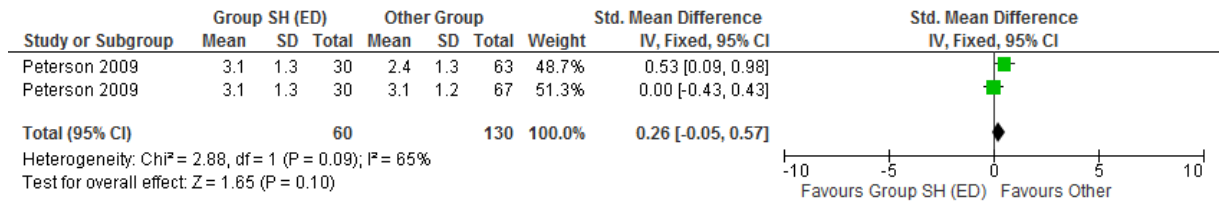
1

2 **Figure 706: EDE-weight concern**



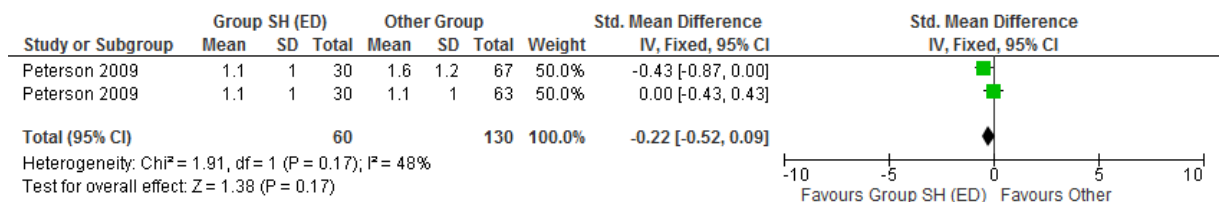
3

4 **Figure 707: EDE-restraint**



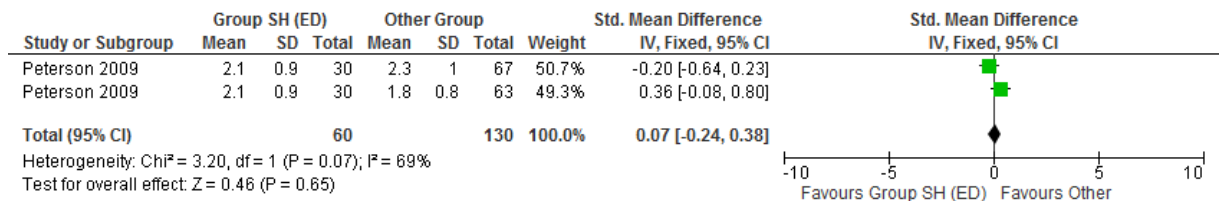
5

6 **Figure 708: EDE-total**



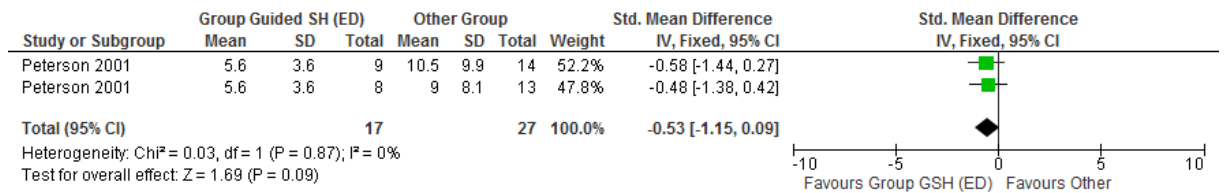
7

8 **Figure 709: Depression**



9

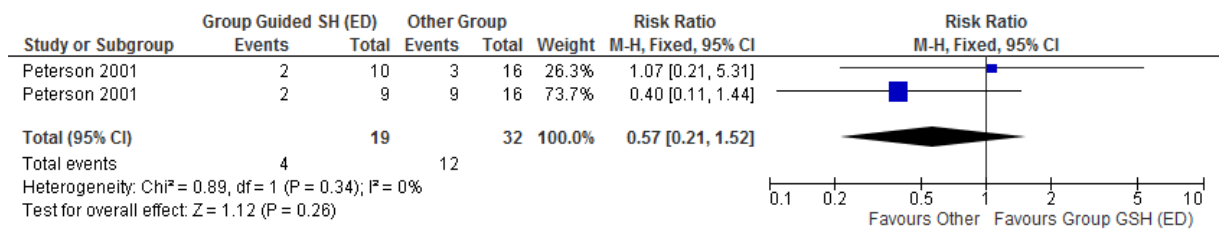
10 **Figure 710: Remission**

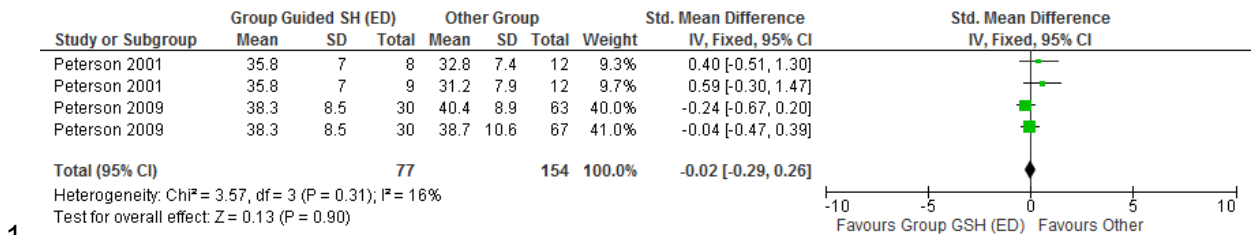


11

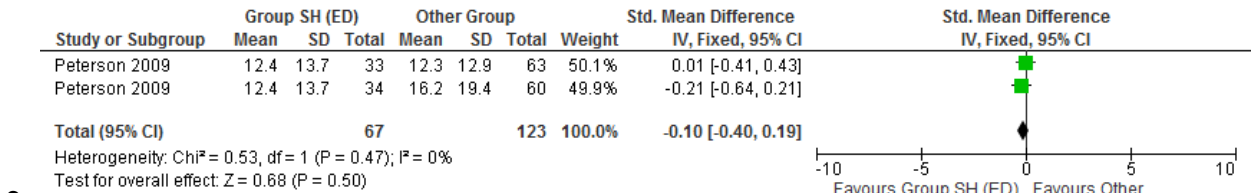
M.3.192 **Group guided self-help (ED) compared with another intervention in adults with binge eating disorder at follow-up**

14 **Figure 711: BMI**

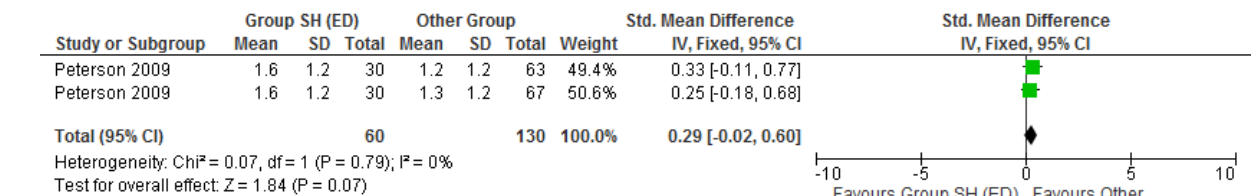




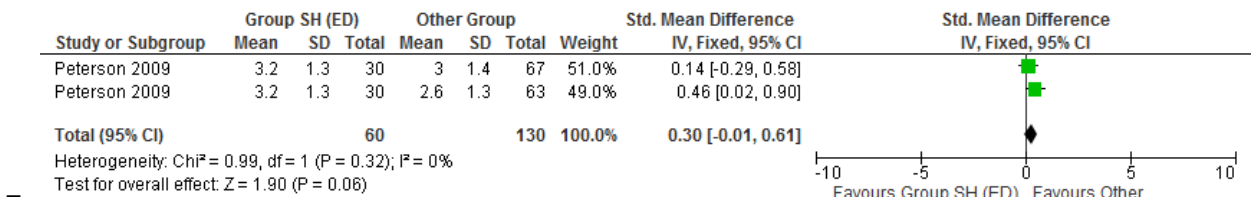
2 **Figure 712: Bingeing**



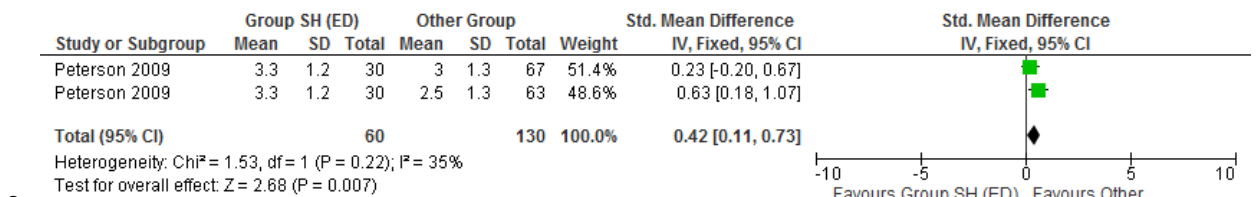
4 **Figure 713: EDE-eating concern**



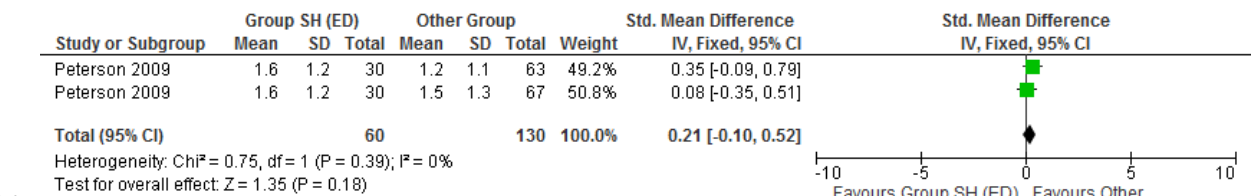
6 **Figure 714: EDE-shape concern**



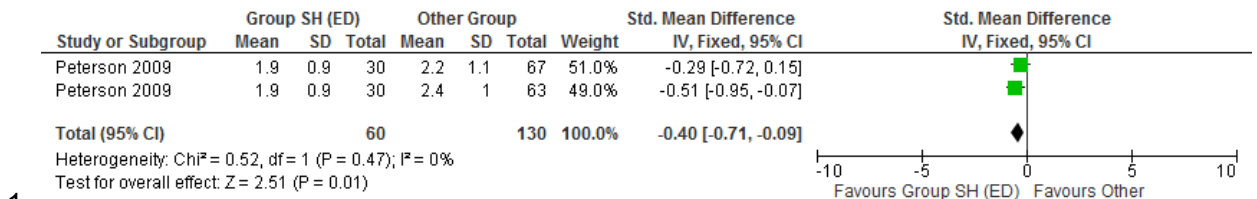
8 **Figure 715: EDE-weight concern**



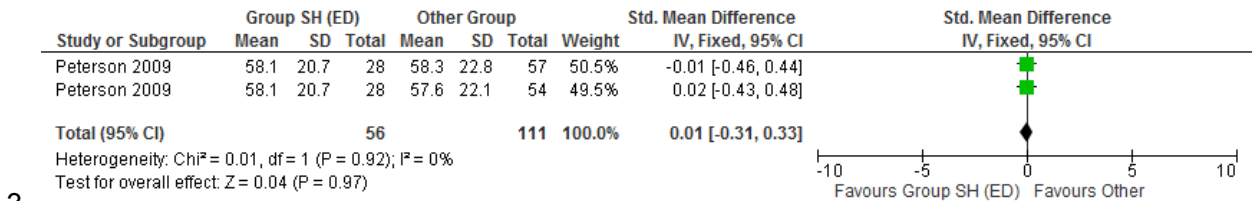
10 **Figure 716: EDE-restraint**



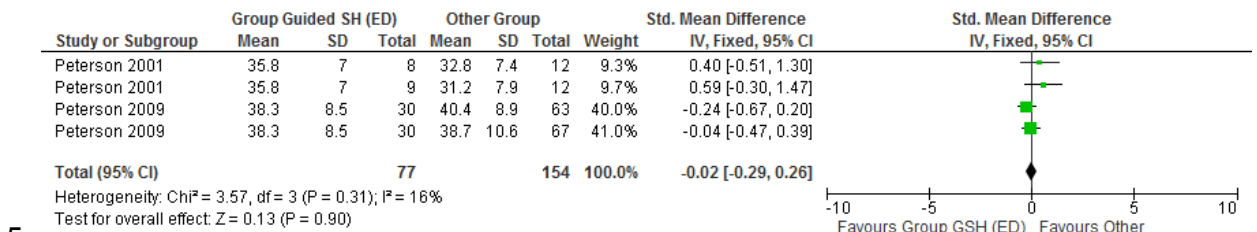
12 **Figure 717: EDE-total**



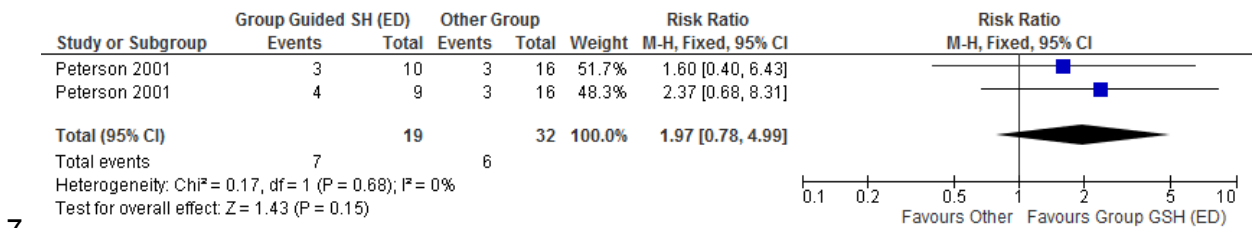
2 **Figure 718: Quality of life**



4 **Figure 719: Depression**

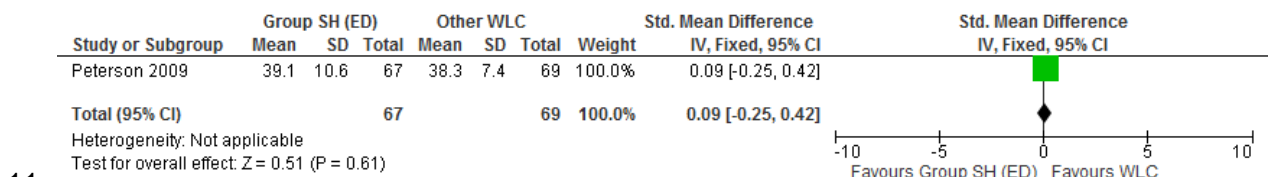


6 **Figure 720: Remission**

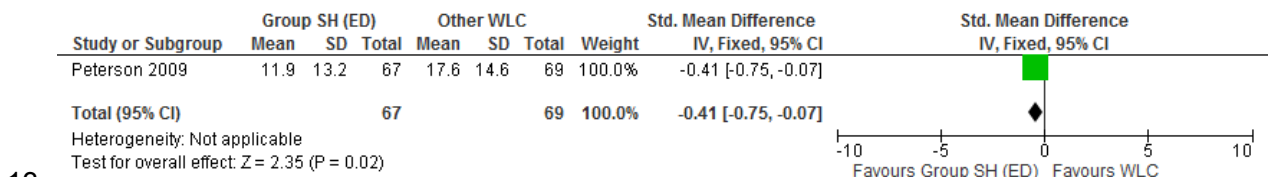


M.3.208 Group self-help (ED) compared with wait list controls (WLC) in adults with binge eating disorder at end of treatment

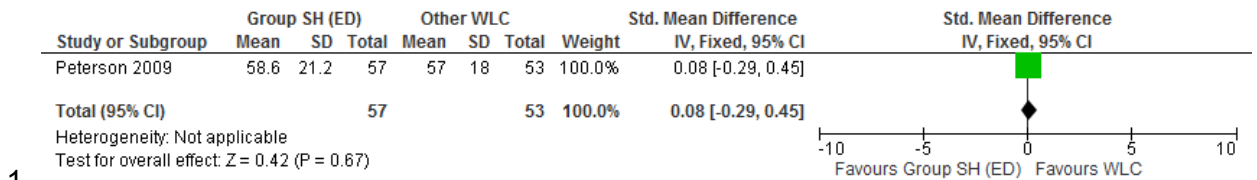
10 **Figure 721: BMI**



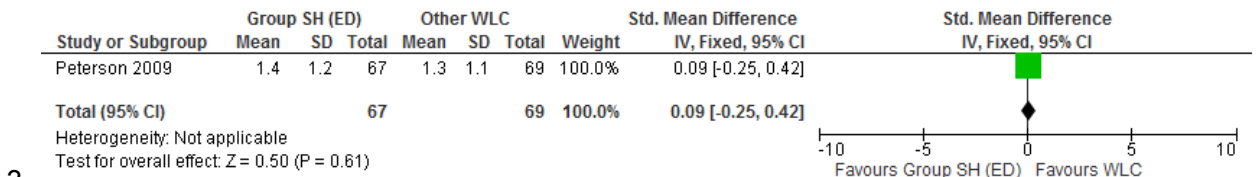
12 **Figure 722: Bingeing**



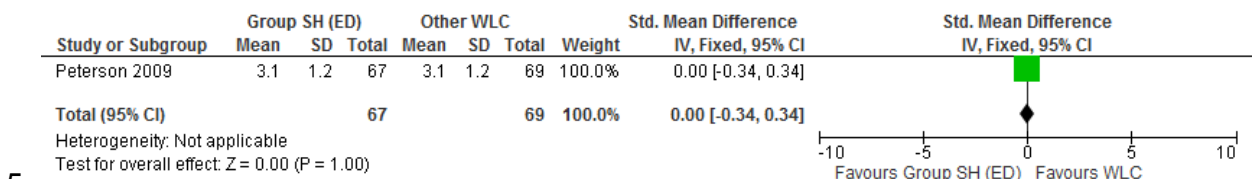
14 **Figure 723: Quality of life**



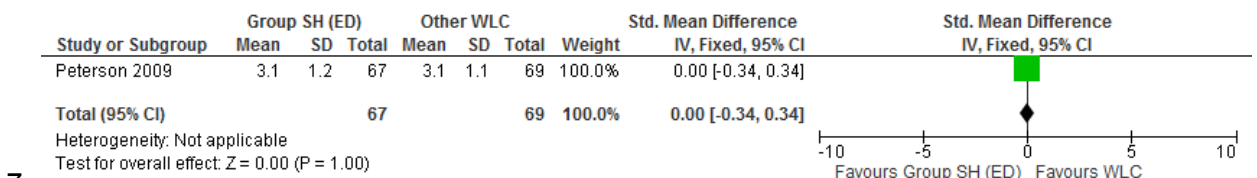
2 **Figure 724: EDE-eating concern**



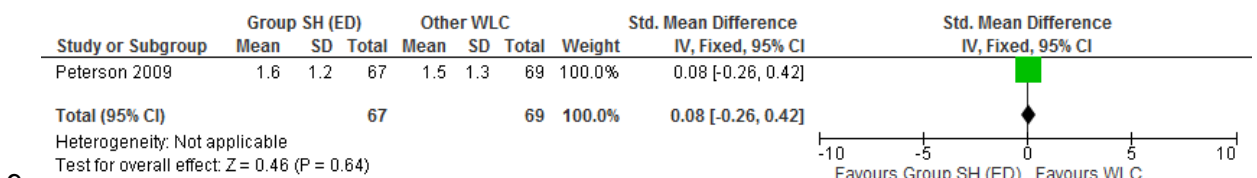
4 **Figure 725: EDE-shape concern**



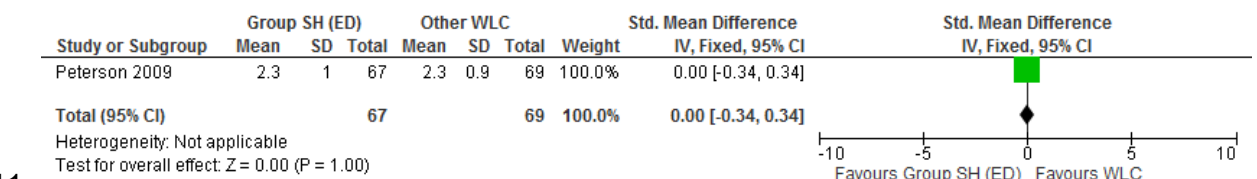
6 **Figure 726: EDE-weight concern**



8 **Figure 727: EDE-restraint**

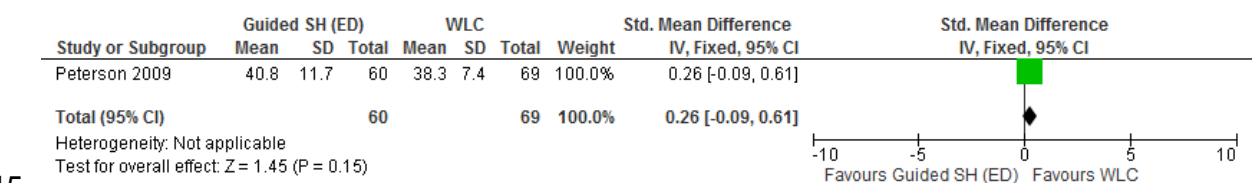


10 **Figure 728: EDE-total**

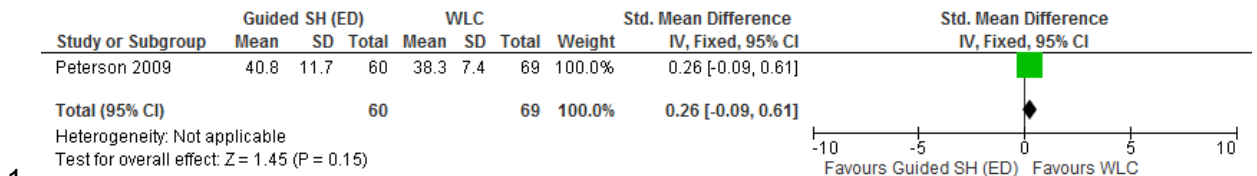


M.3.212 Group guided self-help (ED) compared with wait list controls (WLC) in adults with binge eating disorder at end of treatment

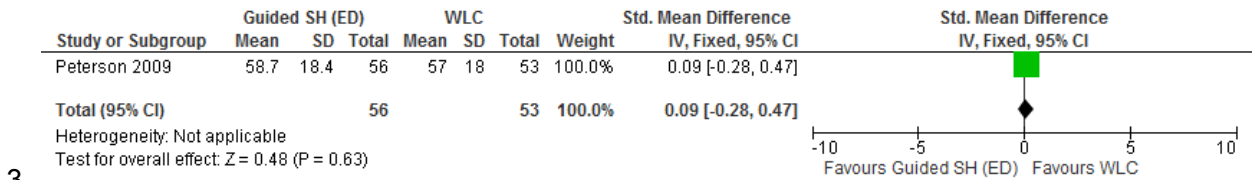
14 **Figure 729: BMI**



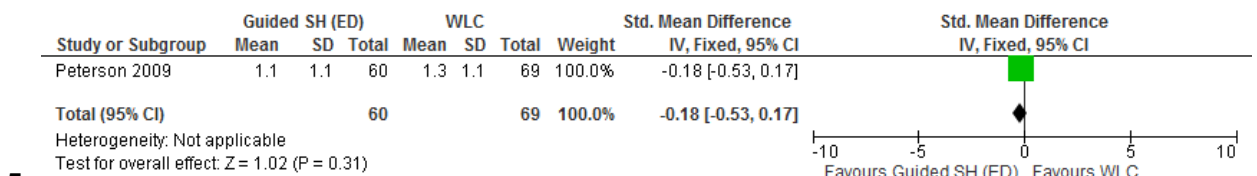
16 **Figure 730: Bingeing**



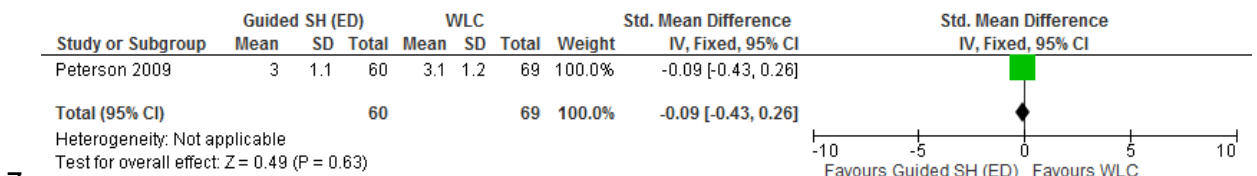
2 **Figure 731: Quality of life**



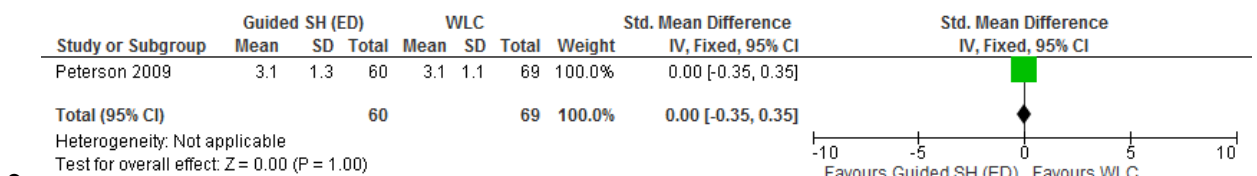
4 **Figure 732: EDE-eating concern**



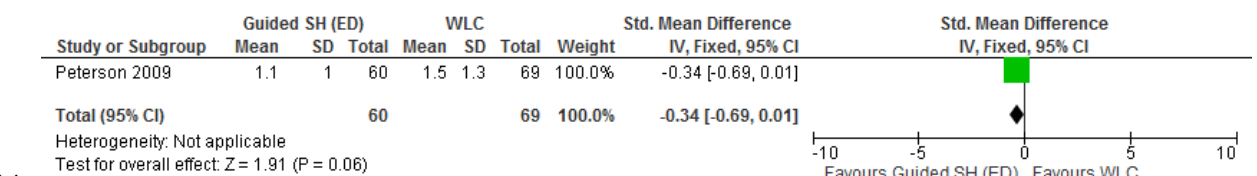
6 **Figure 733: EDE-shape concern**



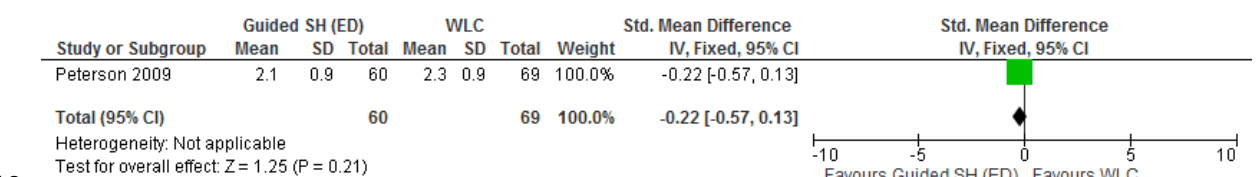
8 **Figure 734: EDE-weight concern**



10 **Figure 735: EDE-restraint**

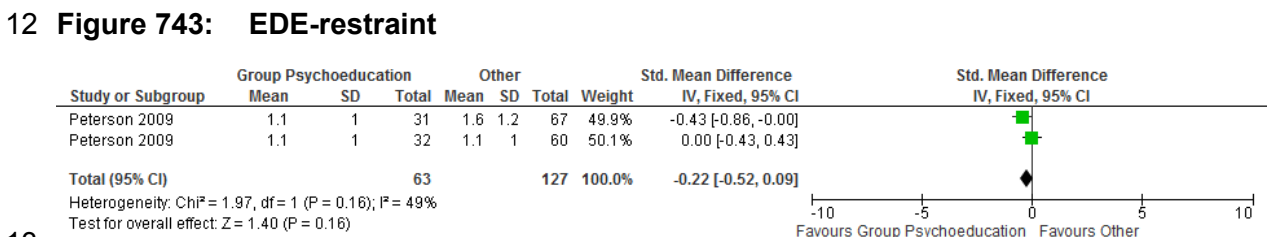
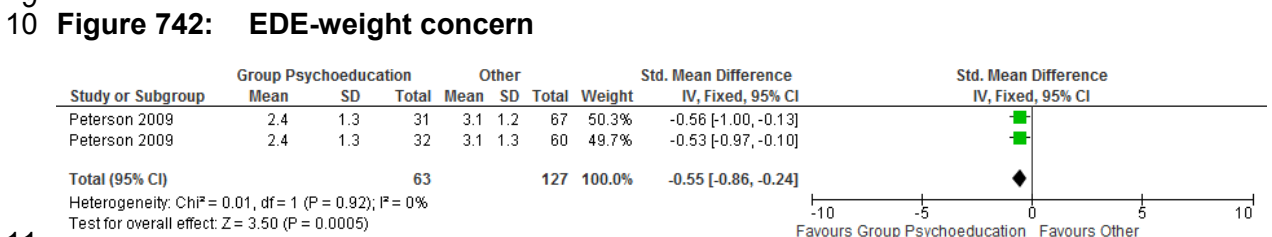
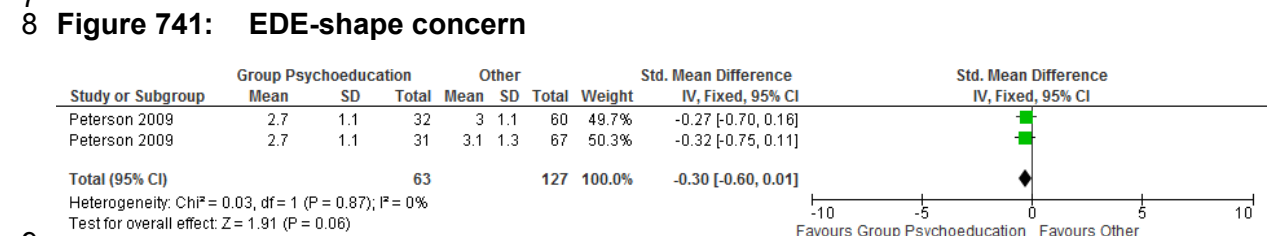
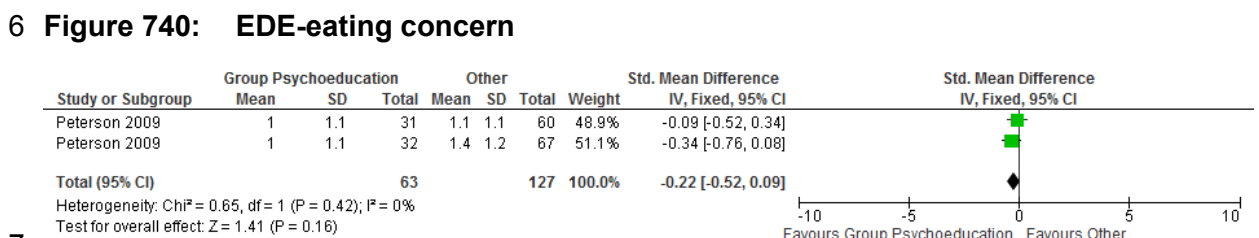
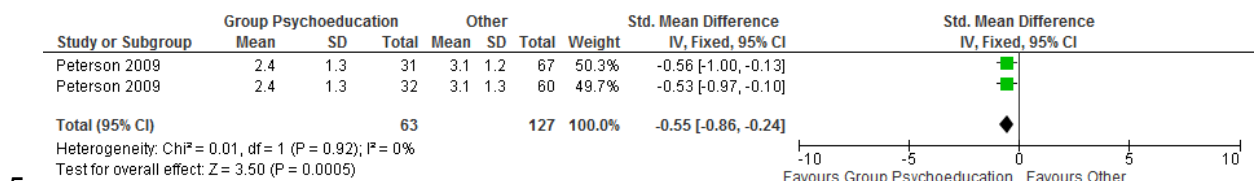
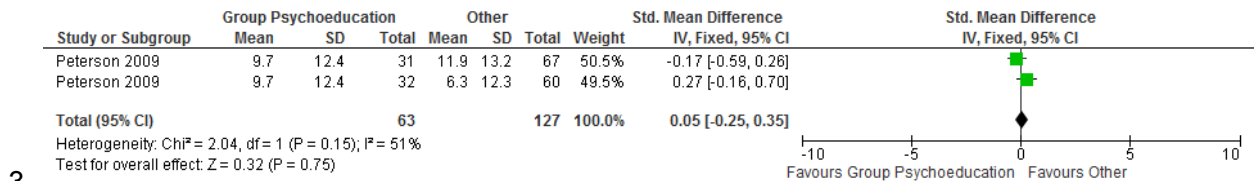
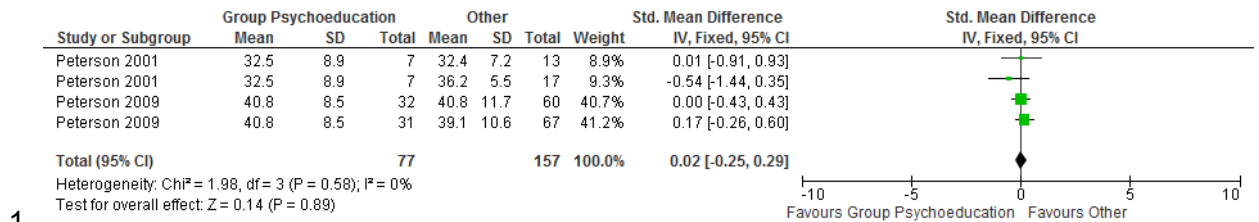


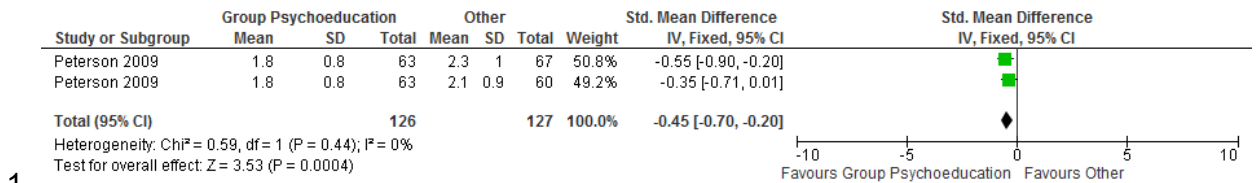
12 **Figure 736: EDE-total**



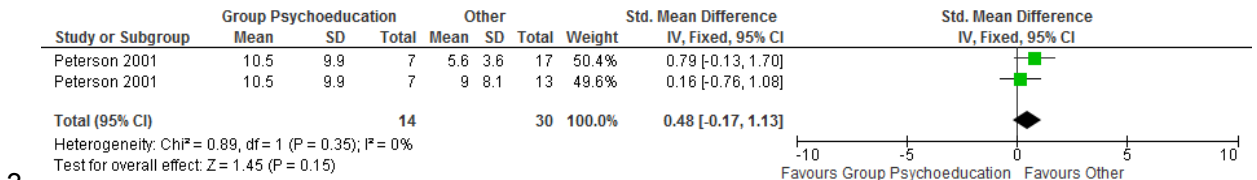
M.3.224 Group psychoeducation compared with another intervention in adults with binge eating disorder at end of treatment

16 **Figure 737: BMI**





2 **Figure 745: Depression**

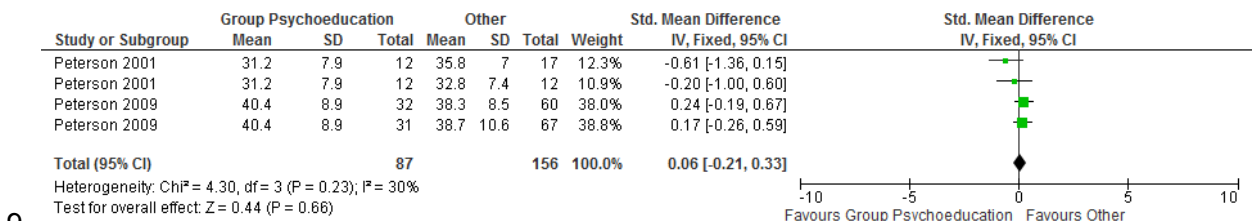


4 **Figure 746: Remission**

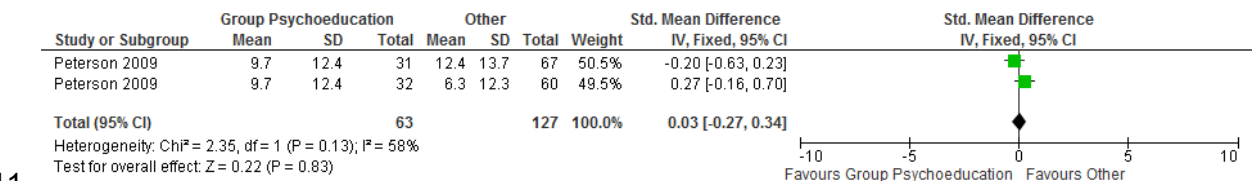


M.3.236 **Group psychoeducation compared with another intervention in adults with binge eating disorder at follow-up**

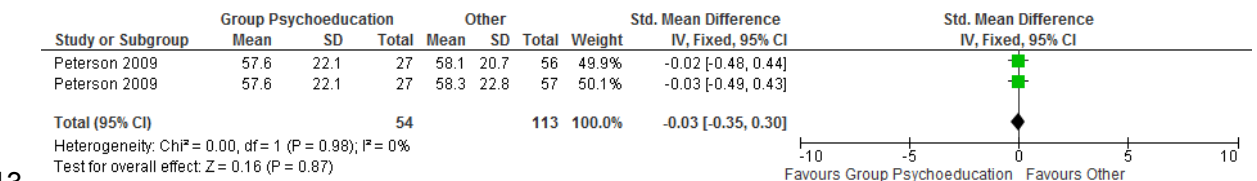
8 **Figure 747: BMI**



10 **Figure 748: Bingeing**



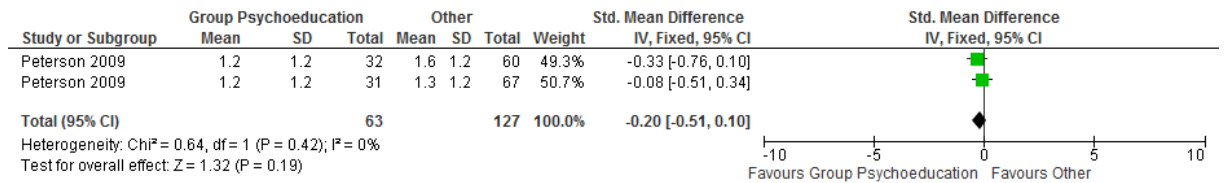
12 **Figure 749: Quality of life**



14 **Figure 750: EDE-eating concern**

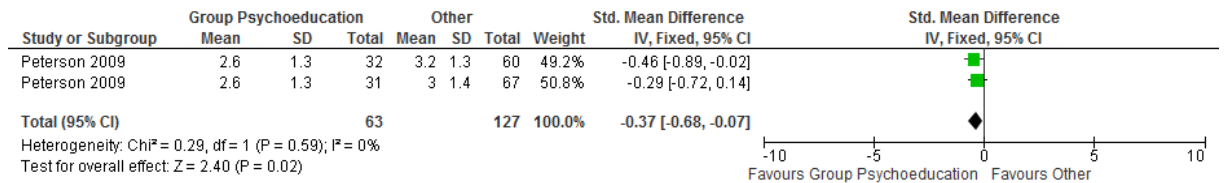
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2 **Figure 751: EDE-shape concern**



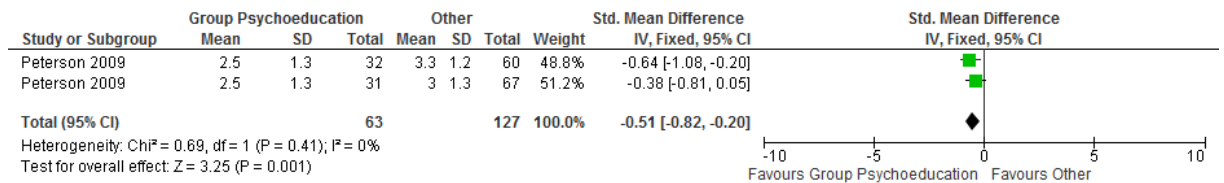
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4 **Figure 752: EDE-weight concern**



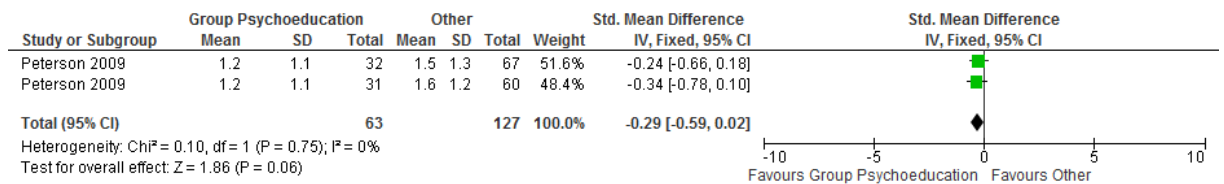
5

6 **Figure 753: EDE-restraint**



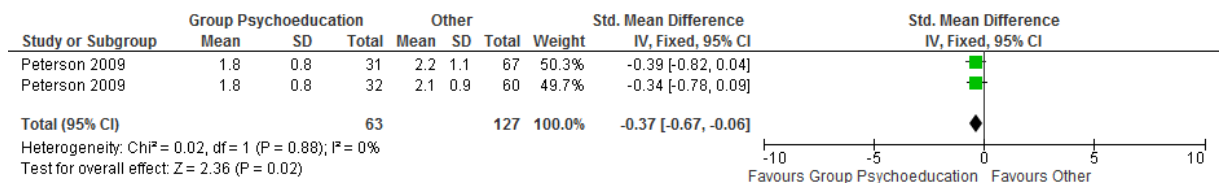
7

8 **Figure 754: EDE-total**



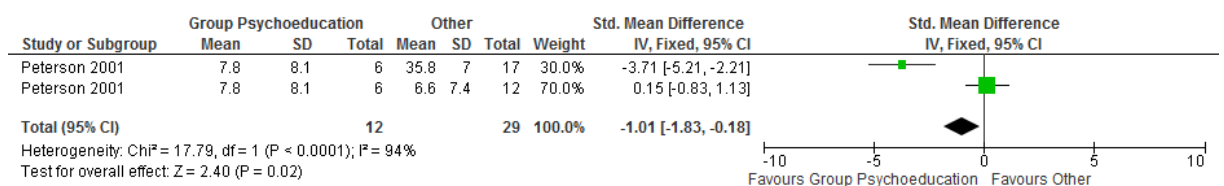
9

10 **Figure 755: Depression**



11

12 **Figure 756: Remission**

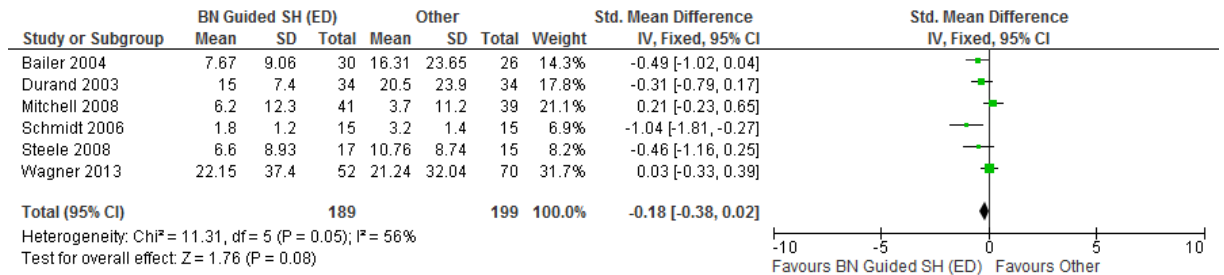


13

M.3.241 Self-help for bulimia nervosa

M.3.24.12 Guided self-help (ED) compared with any other intervention in adults (unless otherwise stated) with bulimia nervosa at the end of treatment

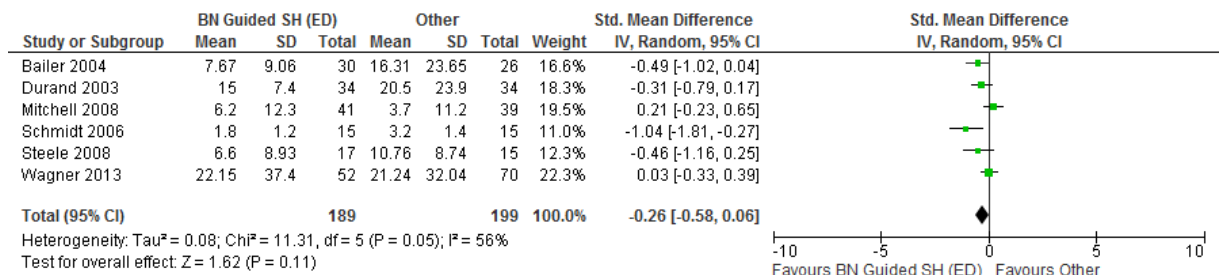
4 Figure 757: Bingeing



5

6 Heterogeneity was detected at I²=56%. There was no obvious risk of bias in any of the
7 studies or differences in the population regarding the presence of comorbidities. However, in
8 Schmidt 2006 they reported number of binges differently to the other studies and along with
9 their duration of illness (median of 4 years versus other studies mean of 6-9 years. If this
10 study is removed in a sensitivity analysis the heterogeneity is reduced to an acceptable
11 levels. However, this does not seem like a significant reason to exclude, hence a random
12 effects analysis is included.

13 Figure 758: Bingeing with random effects

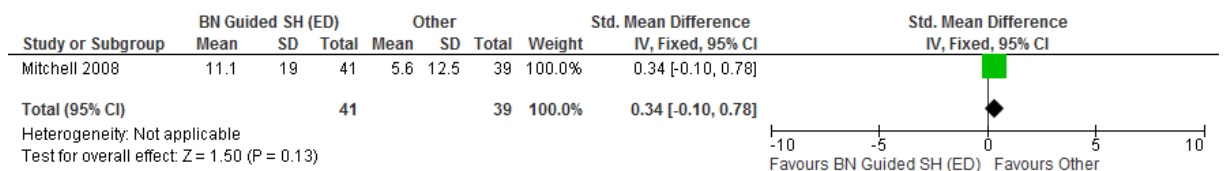


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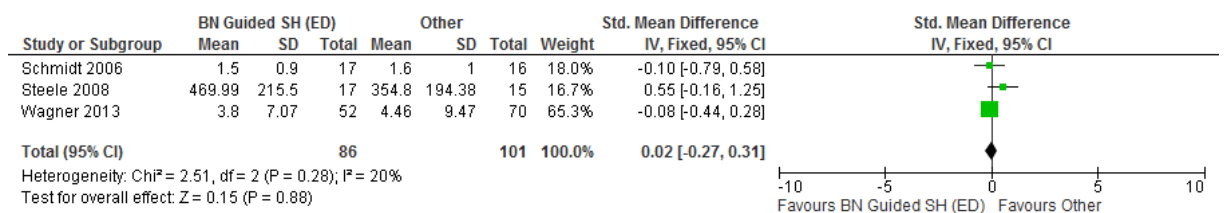
16

17 Figure 759: Purging



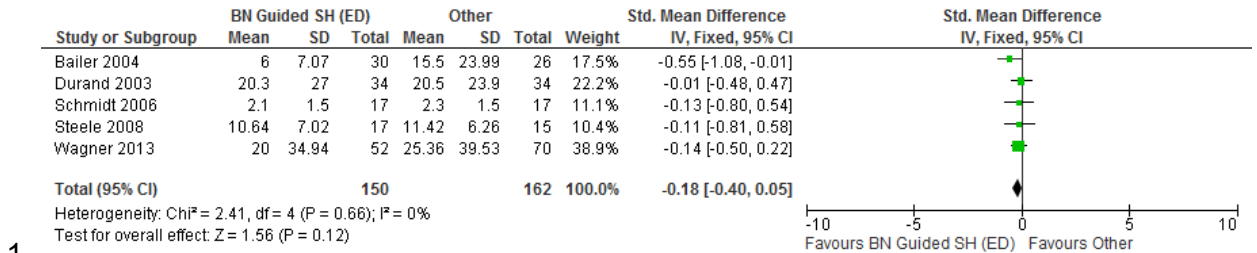
18

19 Figure 760: Exercising

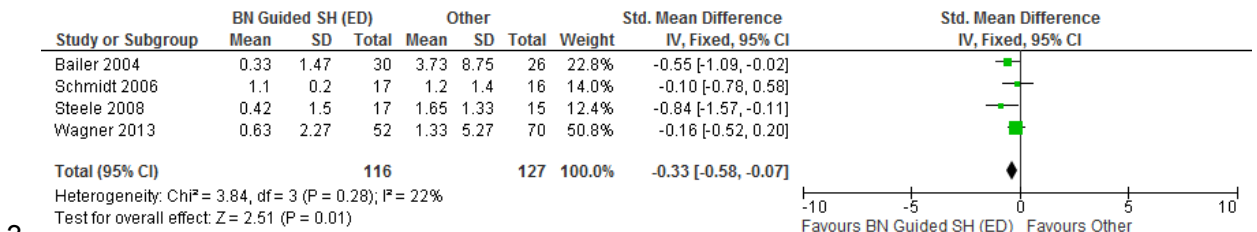


20

21 Figure 761: Vomiting

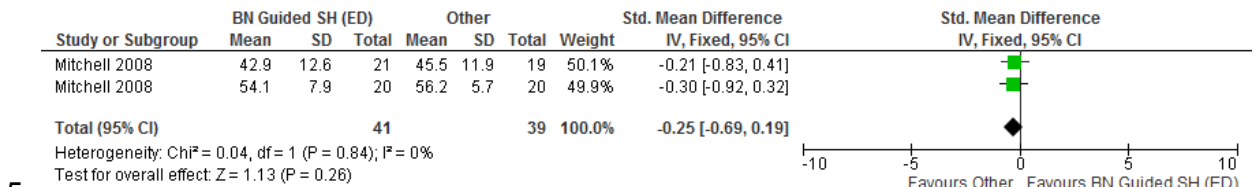


2 **Figure 762: Laxative use**



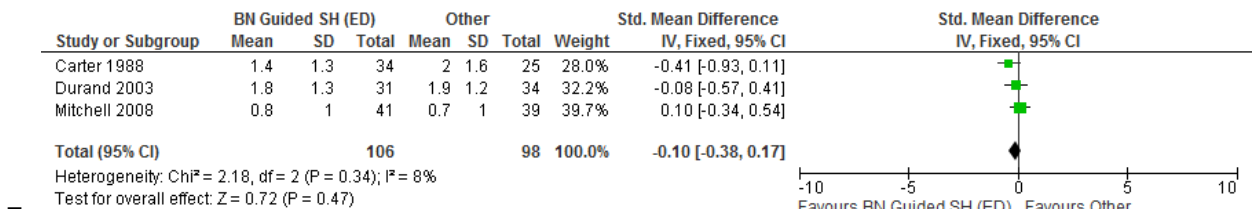
3

4 **Figure 763: Bulimic inventory index**



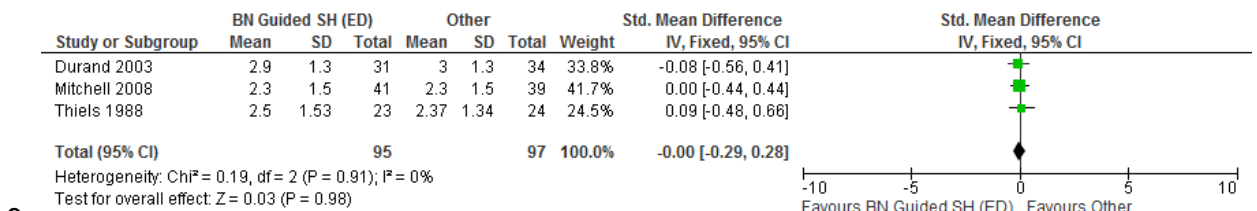
5

6 **Figure 764: EDE-eating concern**



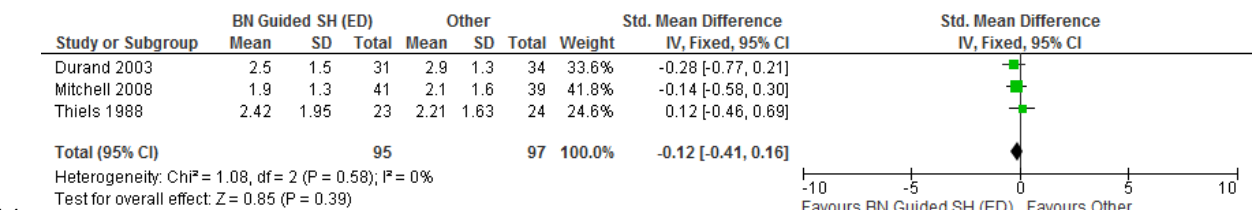
7

8 **Figure 765: EDE-shape concern**



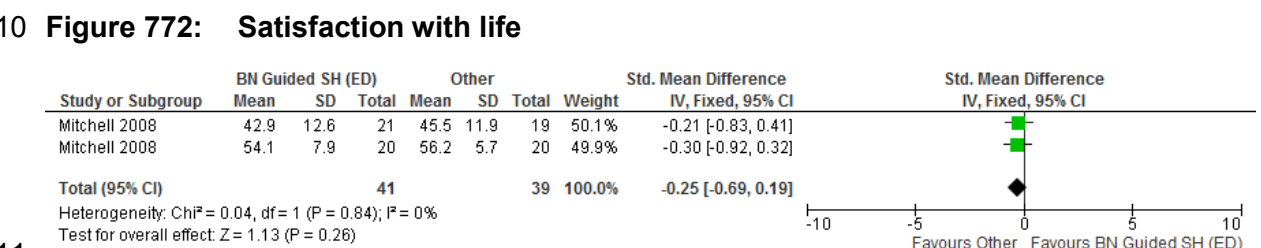
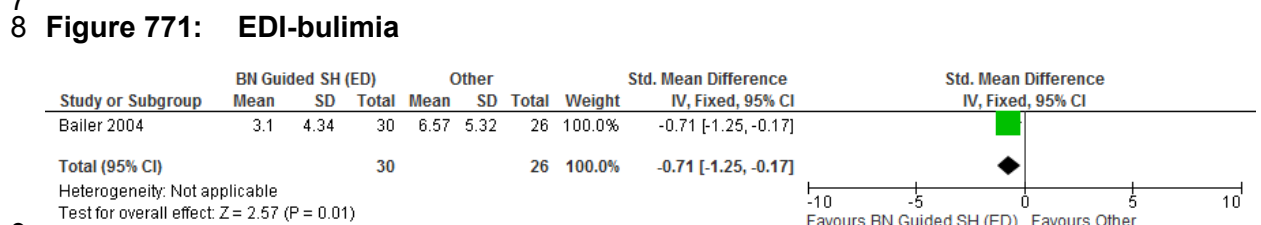
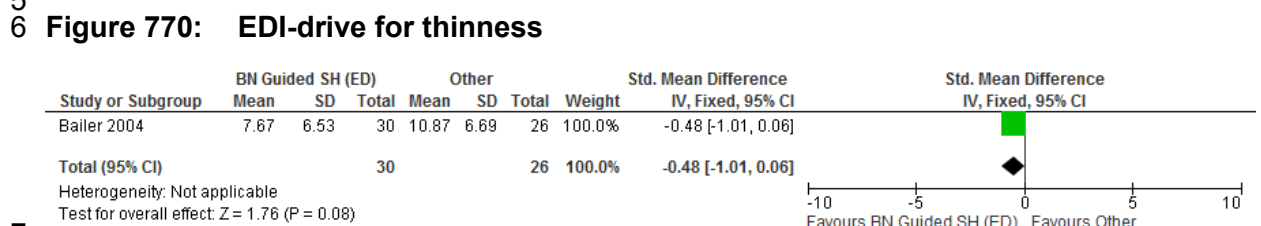
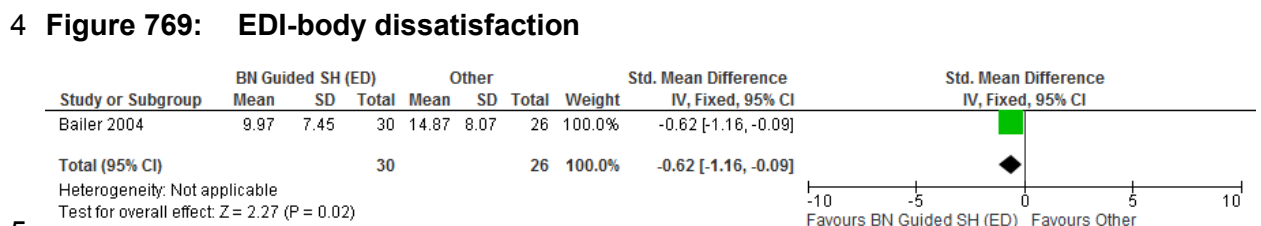
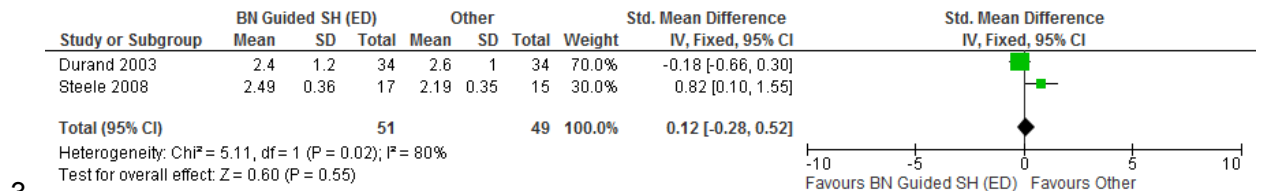
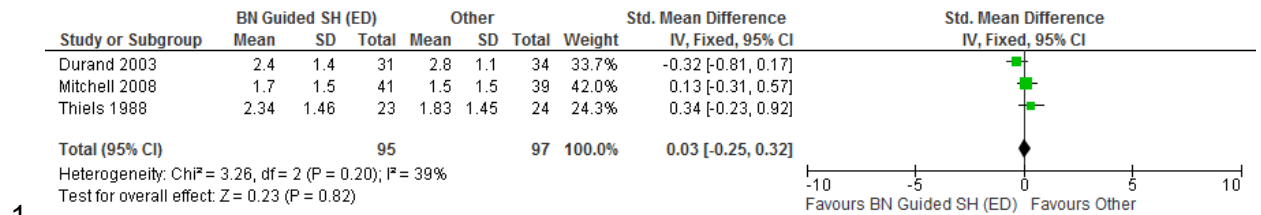
9

10 **Figure 766: EDE-weight concern**



11

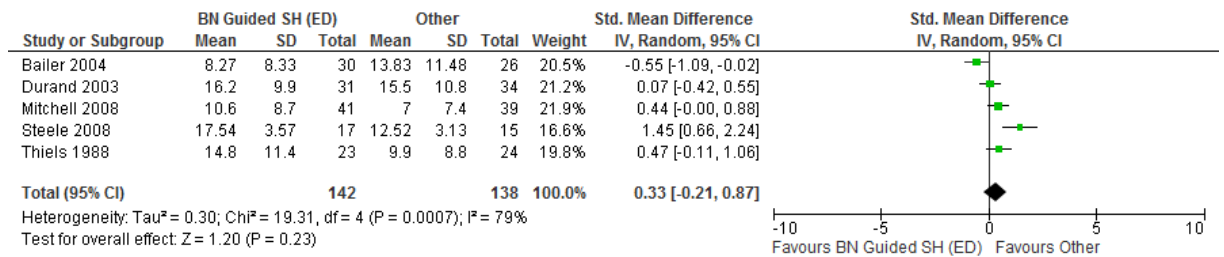
12 **Figure 767: EDE-restraint**



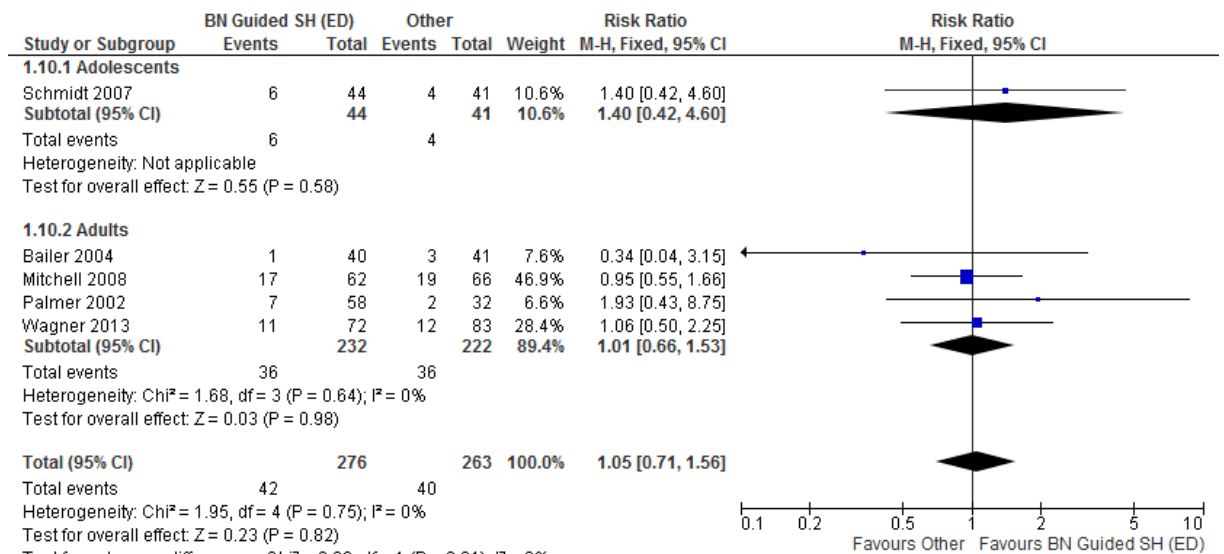
13
14 Heterogeneity was detected at I²=79%. No studies show an obvious risk of bias. Nor could
15 any of subgroup analysis explain any variability, they were general similar populations in

- 1 terms of their severity of illness, comorbidities and duration of illness, or it was not reported in
- 2 the study. In the absence of an explanation, a random effects analysis was included.

3 **Figure 774: Depression with random effects**

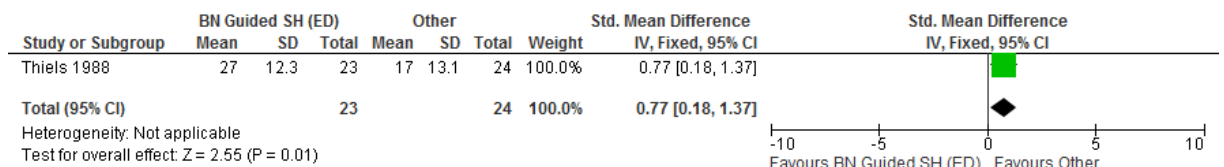


4
5 **Figure 775: Remission in young people and adults**

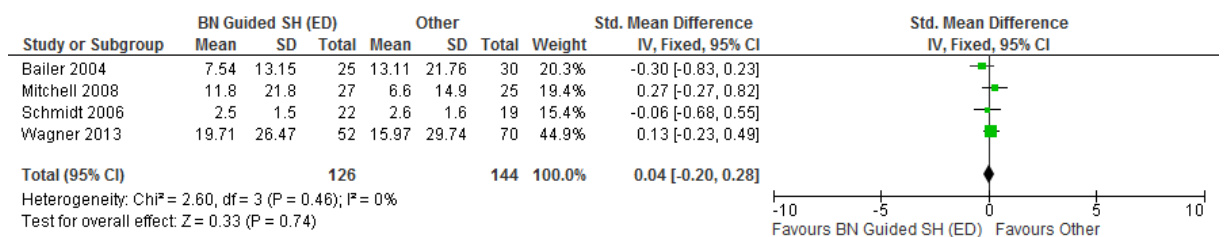


6
M.3.24.27 Guided self-help (ED) compared with any other intervention in adults (unless otherwise stated) with bulimia nervosa at follow-up

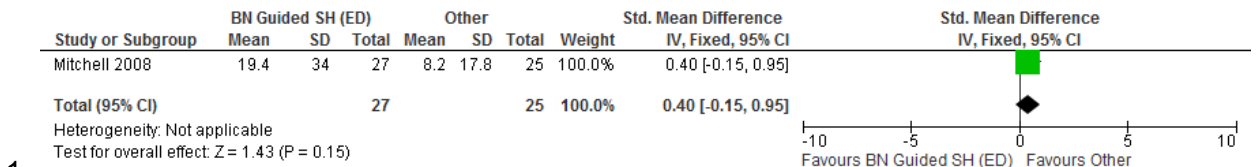
9 **Figure 776: Bulimic inventory index**



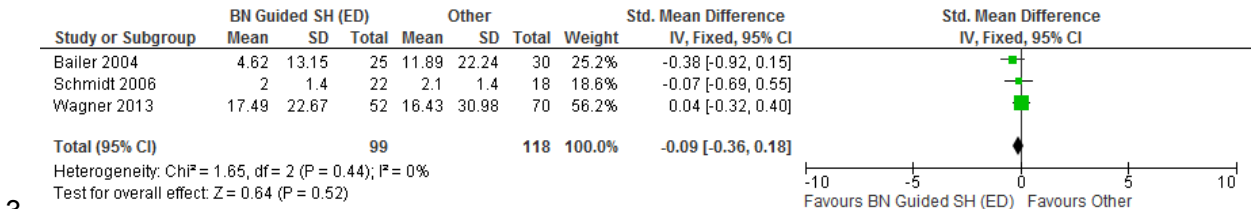
10
11 **Figure 777: Bingeing**



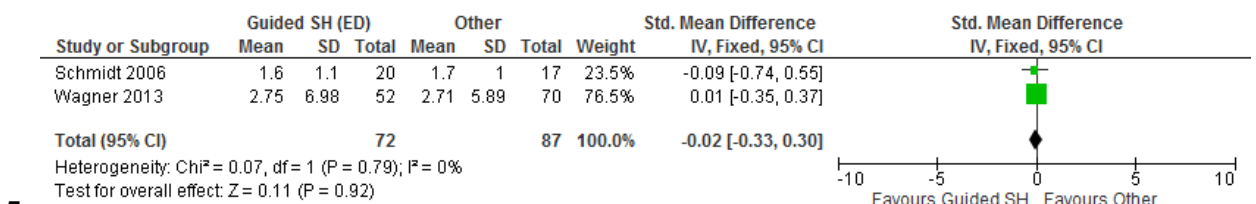
12
13 **Figure 778: Purging**



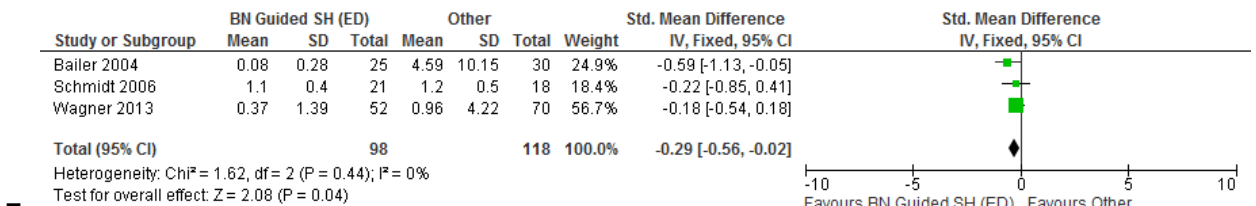
2 **Figure 779: Vomiting**



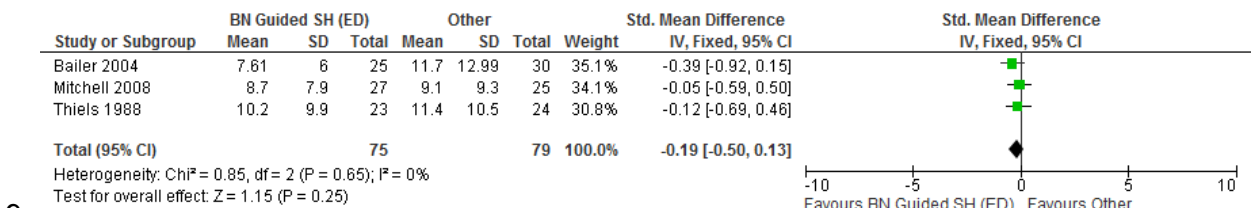
4 **Figure 780: Excessive exercise**



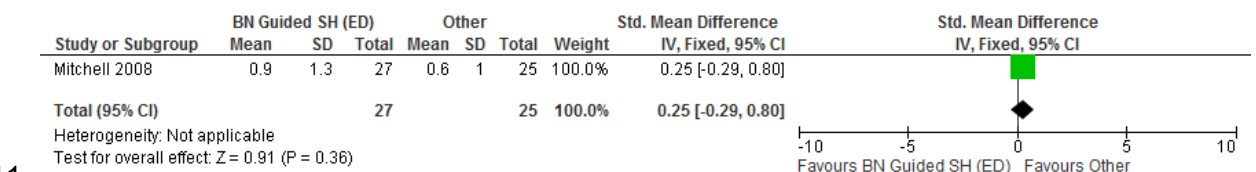
6 **Figure 781: Laxative use**



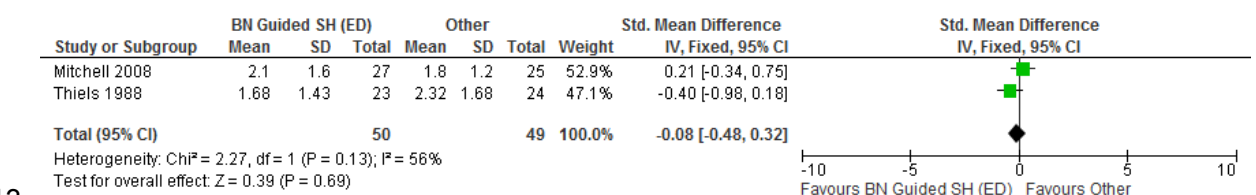
8 **Figure 782: Depression**



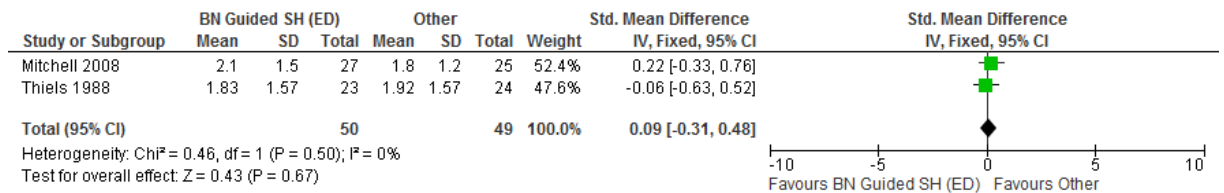
10 **Figure 783: EDE-eating concern**



12 **Figure 784: EDE-shape concern**

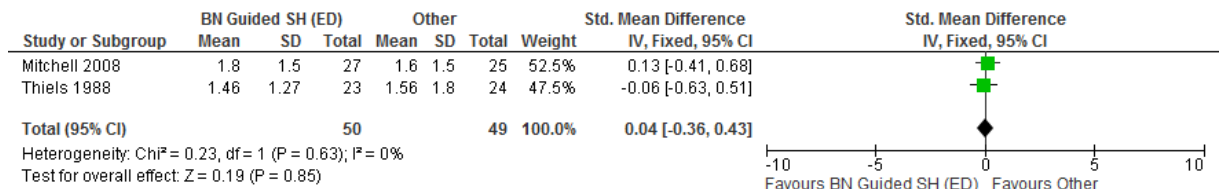


1 **Figure 785: EDE-weight concern**



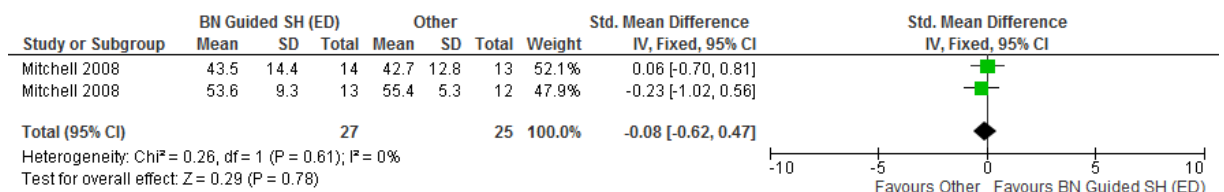
2

3 **Figure 786: EDE-restraint**



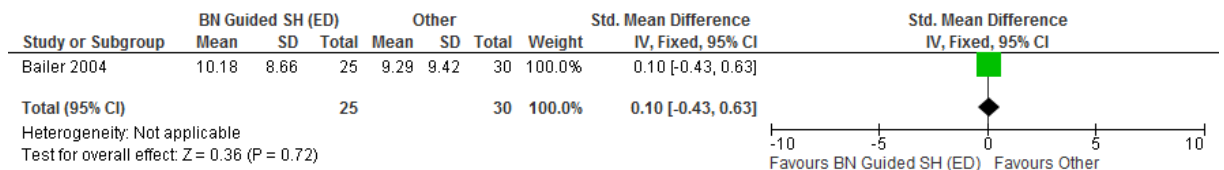
4

5 **Figure 787: Satisfaction with life**



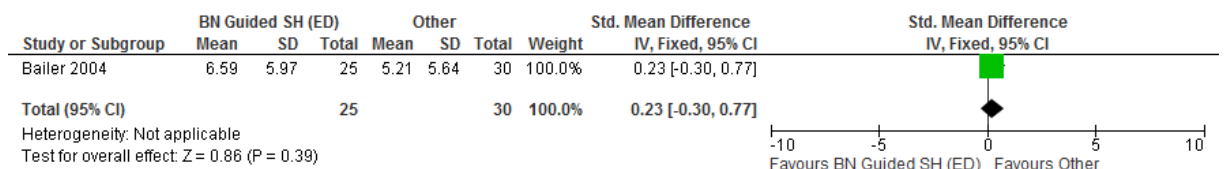
6

7 **Figure 788: EDI-body dissatisfaction**



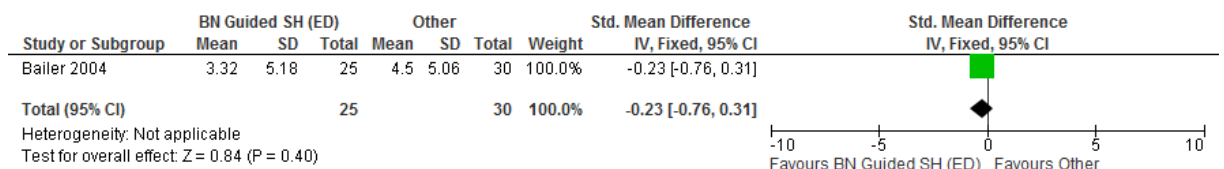
8

9 **Figure 789: EDI-drive for thinness**



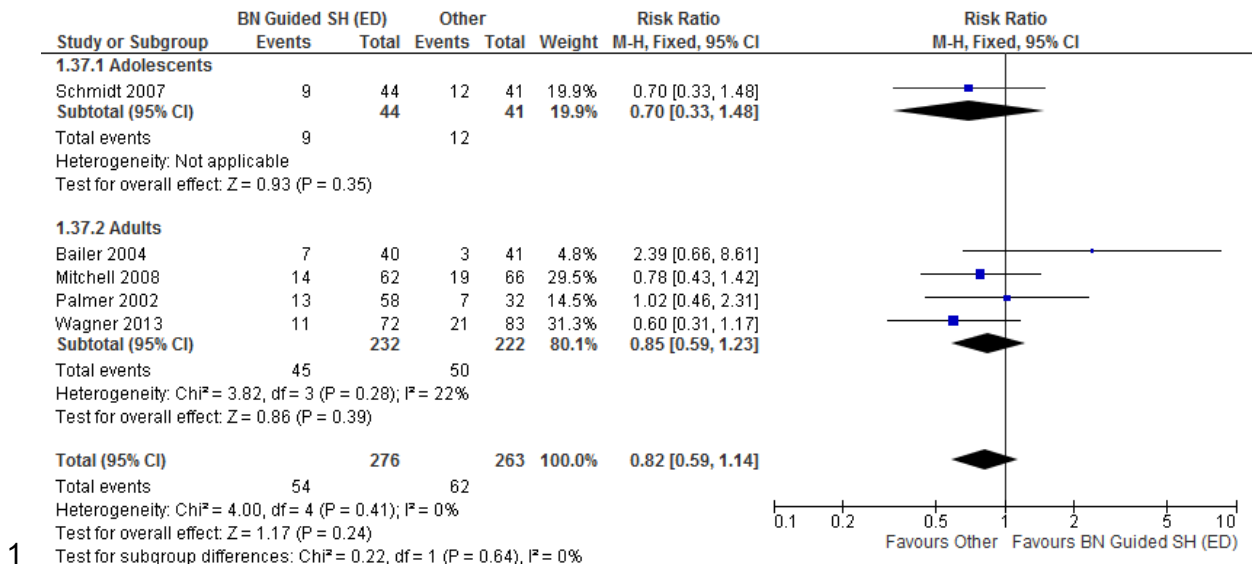
10

11 **Figure 790: EDI-bulimia**



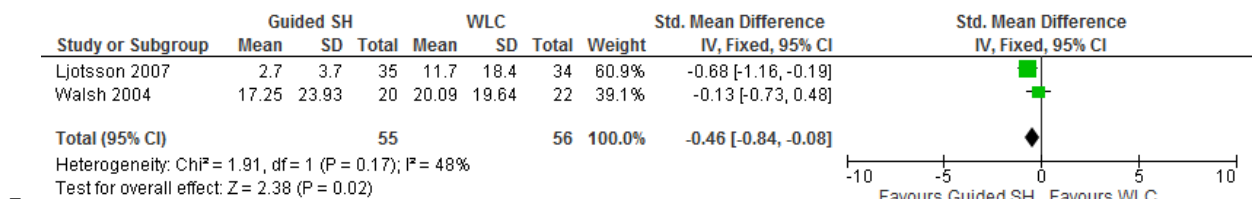
12

13 **Figure 791: Remission in young people and adults**



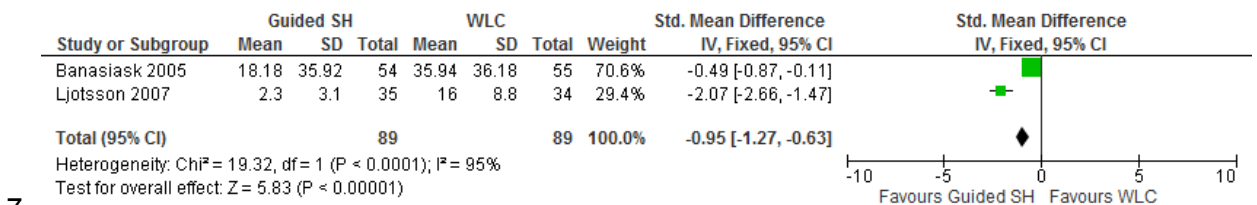
M.3.24.32 Guided self-help (ED) compared with wait list controls (WLC) in adults (unless otherwise stated) with bulimia nervosa at end of treatment

4 Figure 792: Bingeing



5

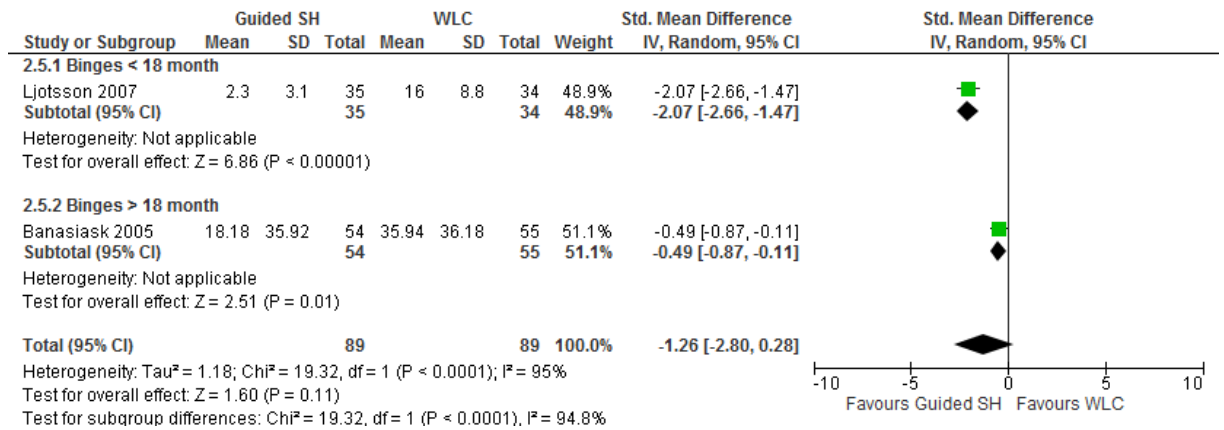
6 Figure 793: Purging



7

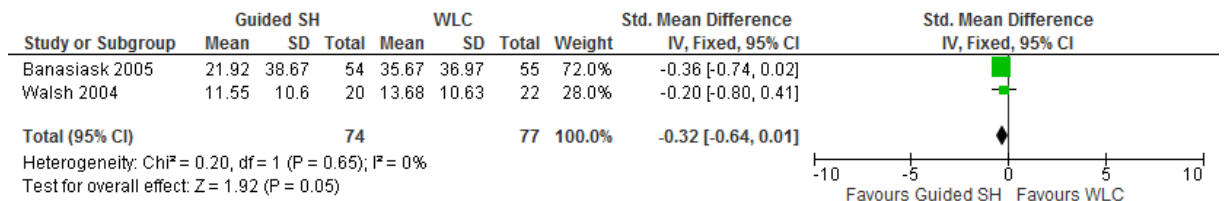
8 Heterogeneity was detected at I²=95%. A sensitivity analysis was difficult to explore with only
9 2 studies, also a subgroup analysis on the duration of illness and presence comorbidities
10 could not be used since they were similar in the 2 studies. However, severity of illness may
11 explain the heterogeneity as shown in the forest plot below.

12 Figure 794: Purging with subgroup analysis



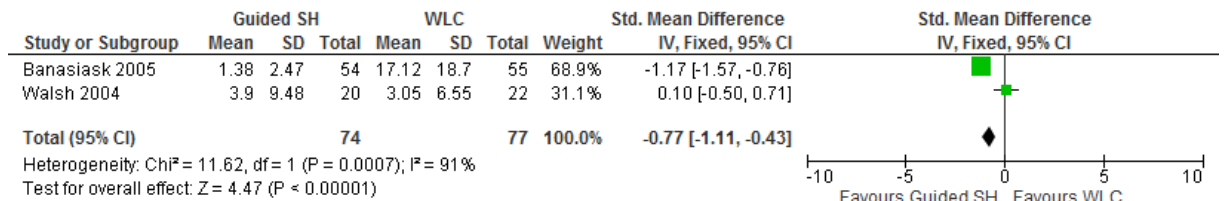
1

2 **Figure 795: Vomiting**



3

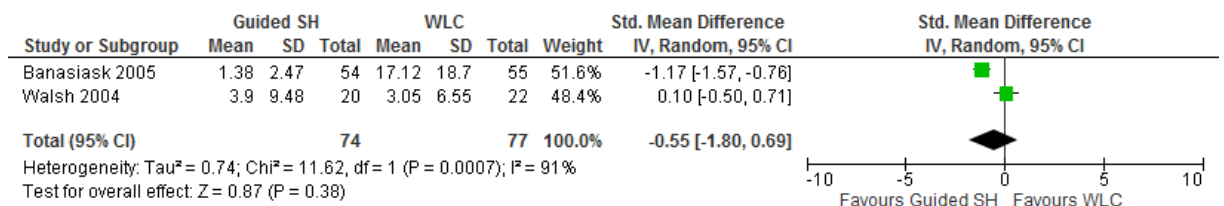
4 **Figure 796: Laxative use**



5

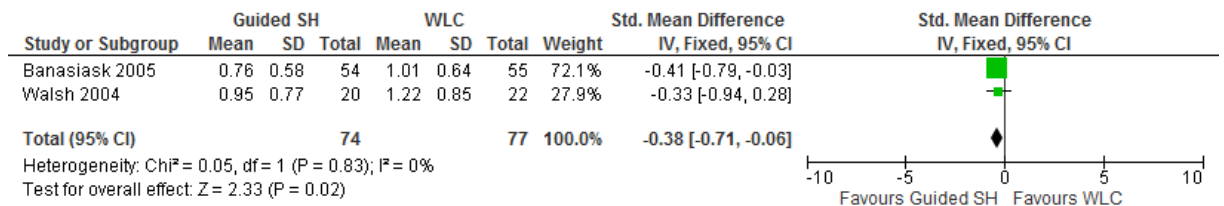
6 Heterogeneity was detected at I²=91%, although Walsh had a high risk of bias with a high
7 number of dropouts, it was difficult to know if this explained the heterogeneity. Duration of
8 illness, severity of illness and presence of comorbidities appeared similar in the two studies.
9 In the absence of an explanation, random effects were presented.

10 **Figure 797: Laxative use with random effects**



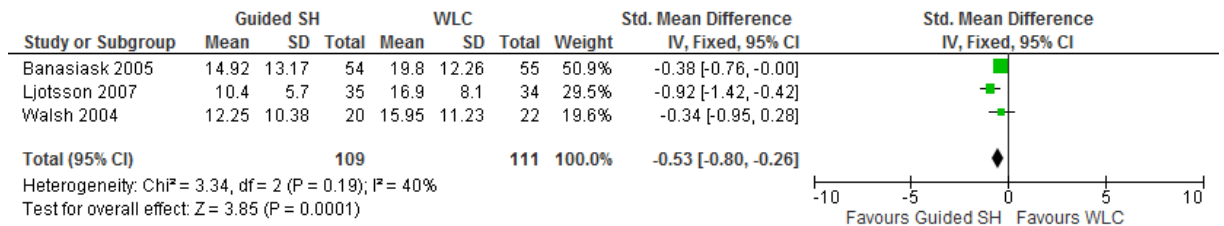
11

12 **Figure 798: Clinical symptom index**



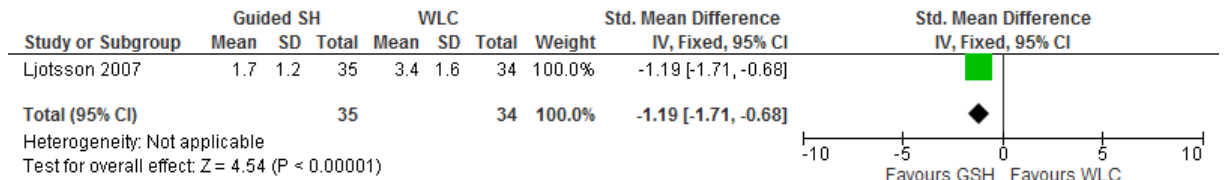
13

14 **Figure 799: Depression**



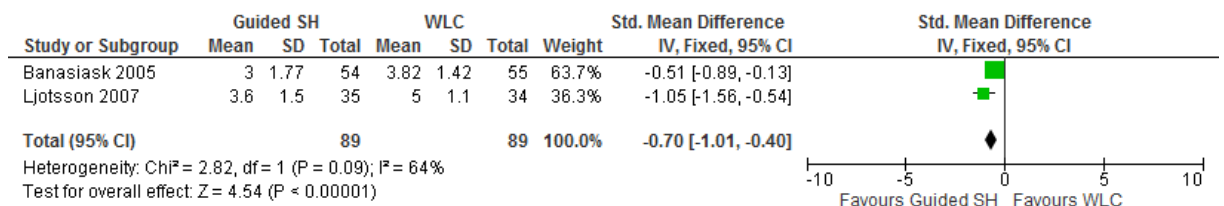
1

2 **Figure 800: EDE-eating concern**



3

4 **Figure 801: EDE-shape concern**

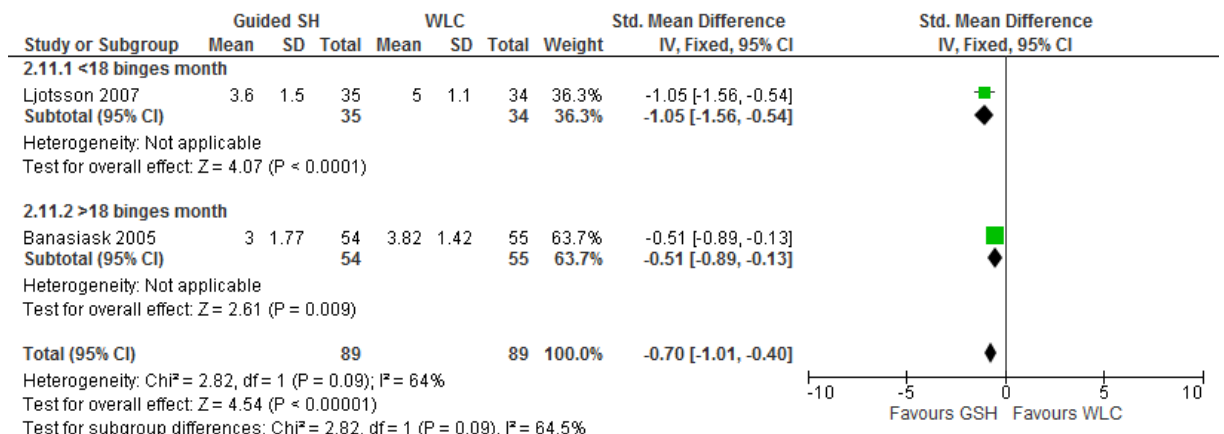


5

6 Heterogeneity was detected at I²=64%. A sensitivity analysis was difficult to explore with only
7 2 studies, also a subgroup analysis on the duration of illness and presence comorbidities
8 could not be used since they were similar in the 2 studies. However, severity of illness may
9 explain the heterogeneity as shown in the forest plot below.

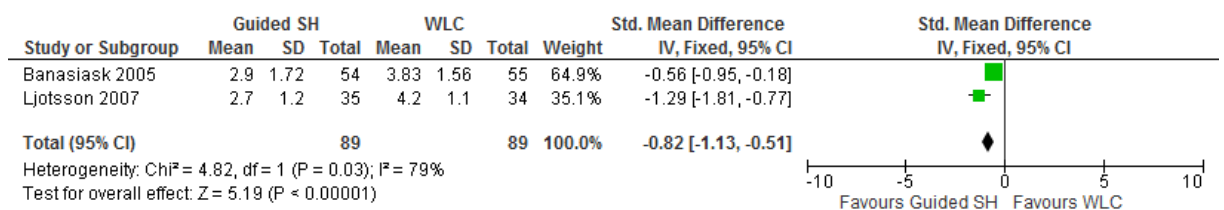
10

11 **Figure 802: EDE-shape concern subgroup analysis**



12

13 **Figure 803: EDE-weight concern**



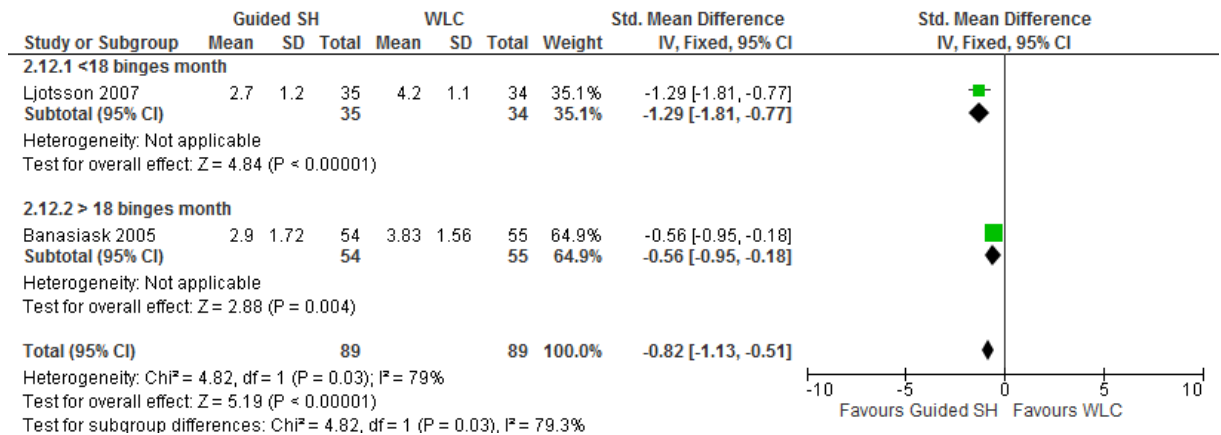
14

15 Heterogeneity was detected at I²=79%. A sensitivity analysis was difficult to explore with only
16 2 studies, also a subgroup analysis on the duration of illness and presence comorbidities

1 could not be used since they were similar in the 2 studies. However, severity of illness may
2 explain the heterogeneity as shown in the forest plot below.

3

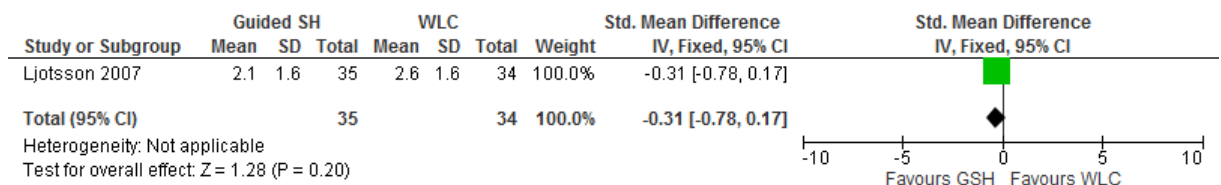
4 **Figure 804: EDE-weight concern subgroup analysis**



5

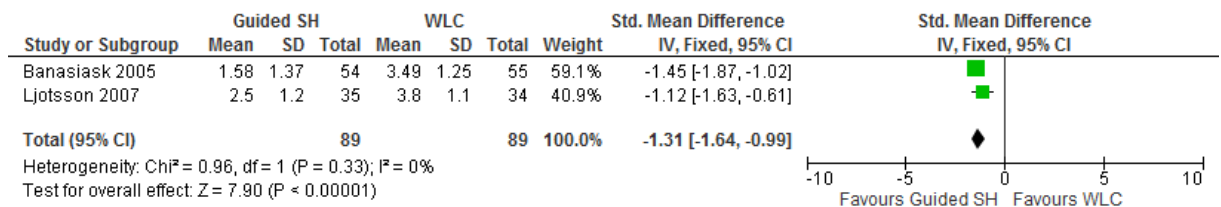
6

7 **Figure 805: EDE-restraint**



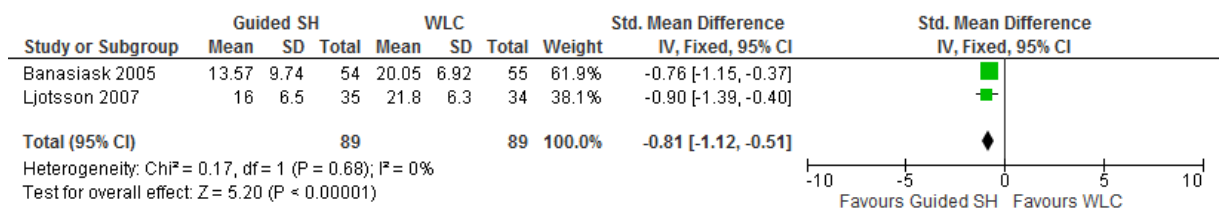
8

9 **Figure 806: EDE-total**



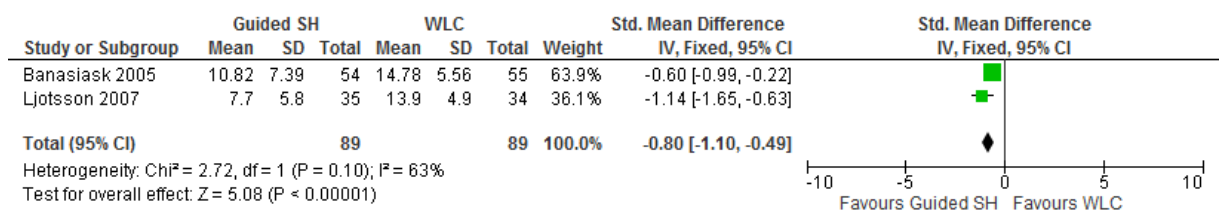
10

11 **Figure 807: EDI-body dissatisfaction**



12

13 **Figure 808: EDI-drive for thinness**



14

15 **Figure 809: EDI-bulimia**

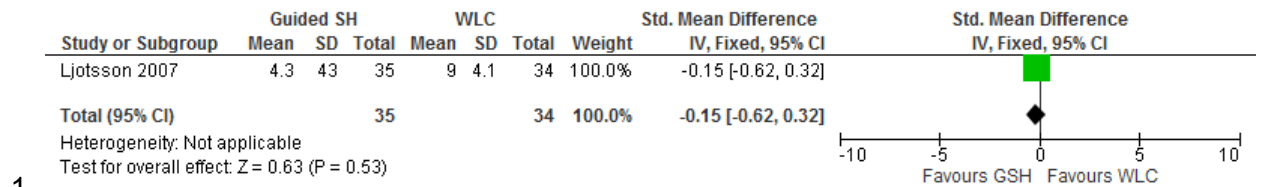


Figure 810: Quality of life

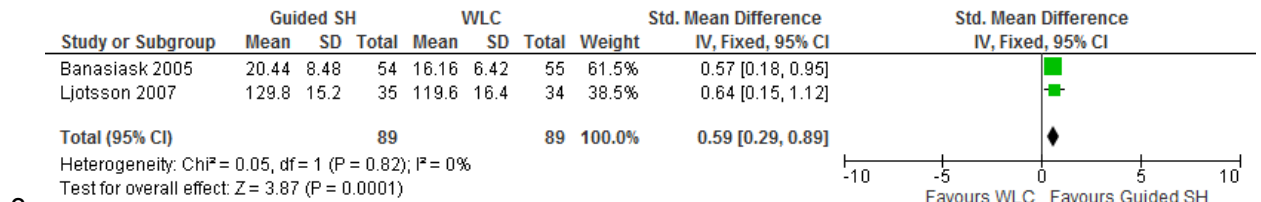
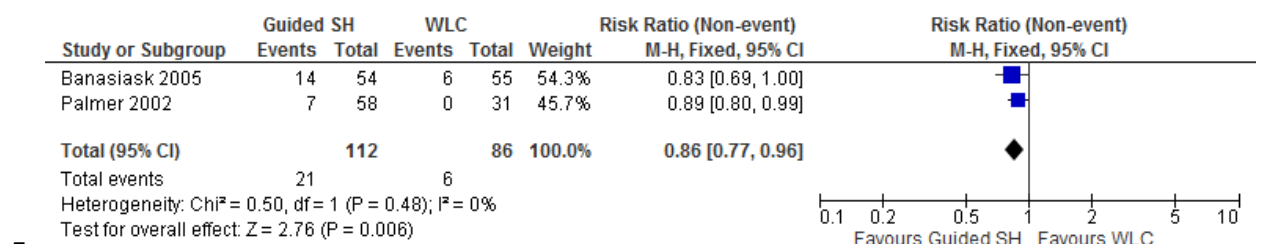
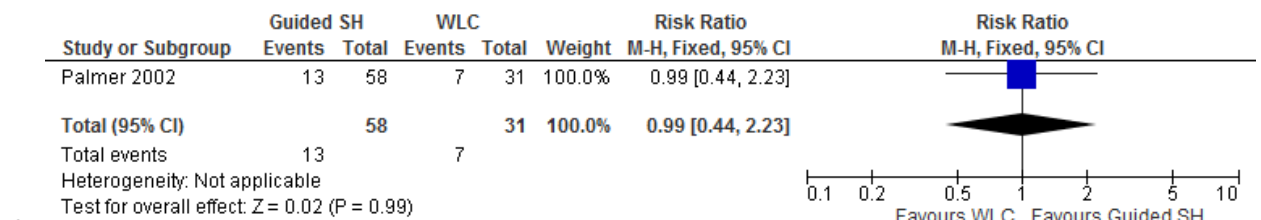


Figure 811: Remission



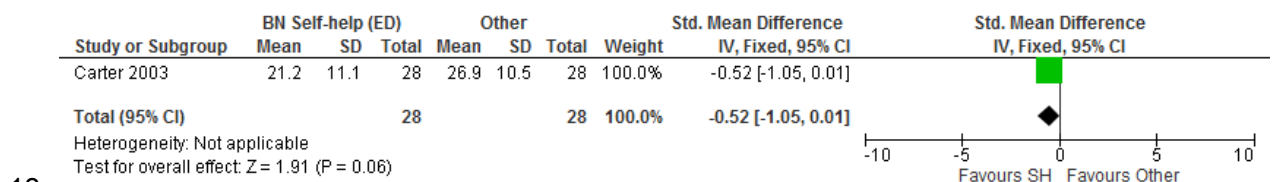
M.3.24.46 Guided self-help (ED) compared with wait list controls in adults (unless otherwise stated) with bulimia nervosa at follow-up

8 Figure 812: Remission



M.3.24.50 Self-help compared with any other intervention in adults with bulimia nervosa at end of treatment

12 Figure 813: Depression



14 Figure 814: EDE-eating concern

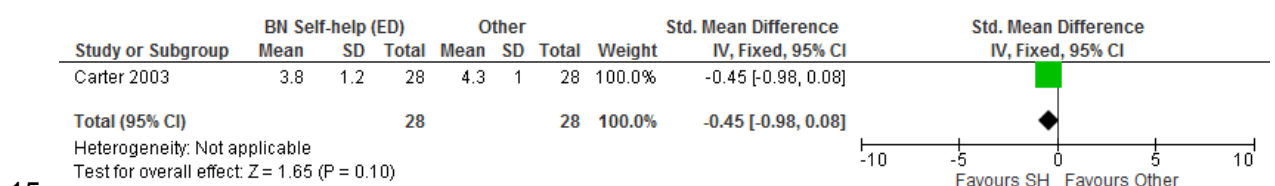
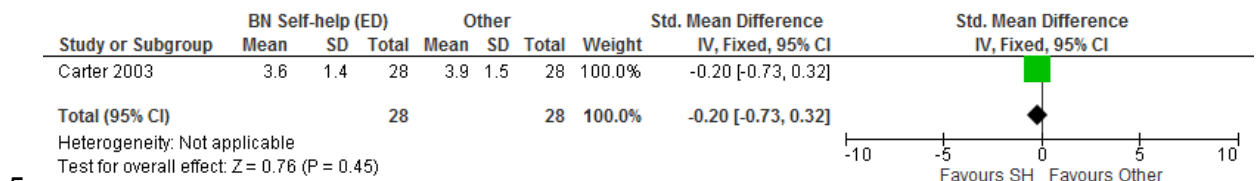
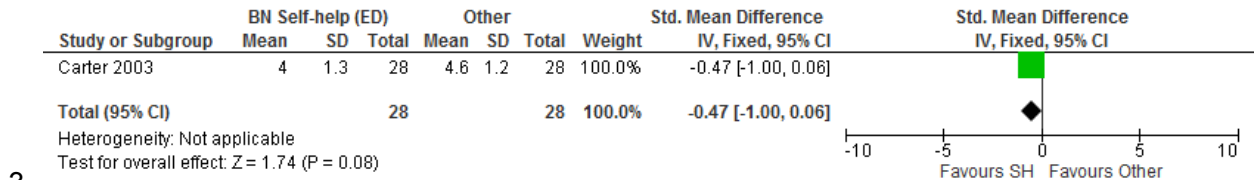
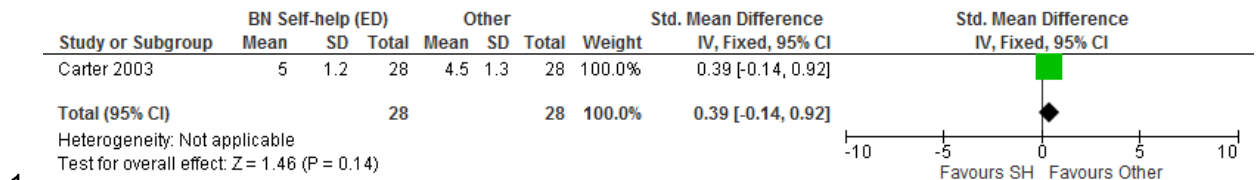
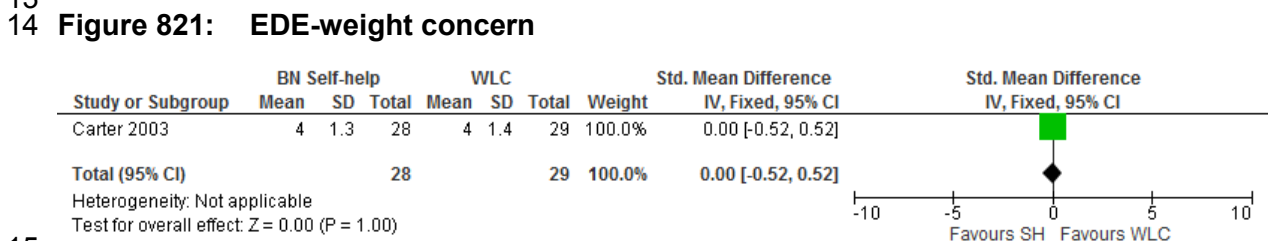
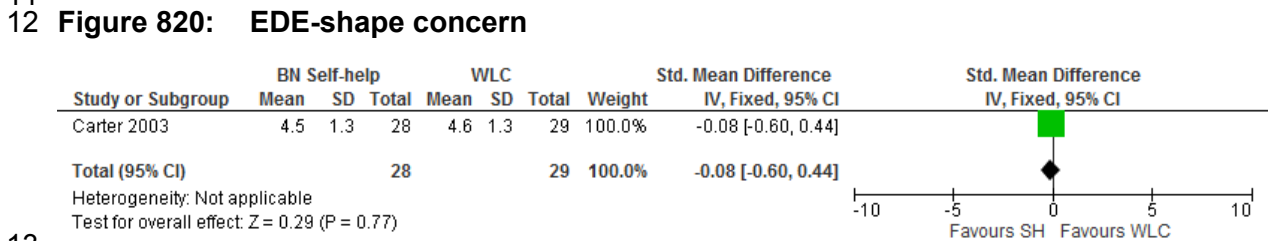
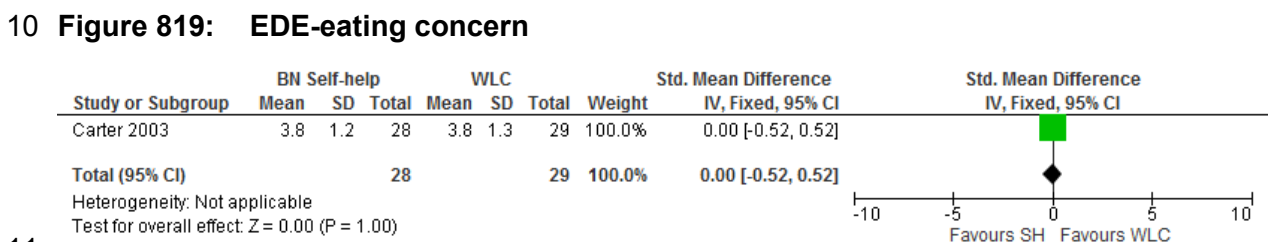
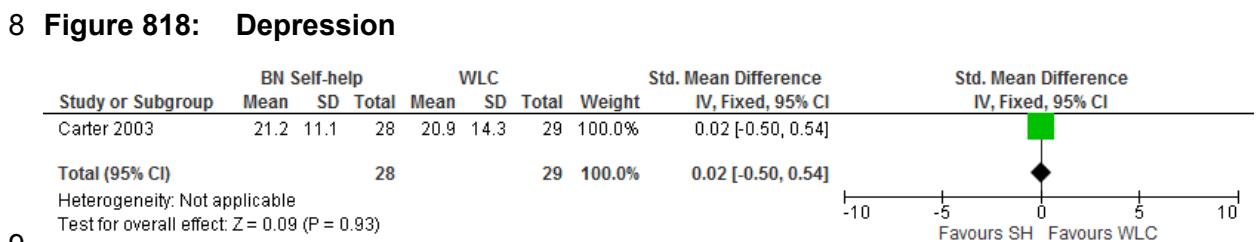


Figure 815: EDE-shape concern

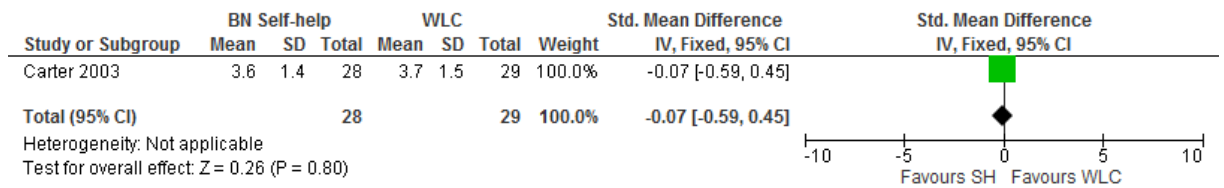


M.3.24.66 **Self-help compared with wait list controls (WLC) in adults with bulimia nervosa at end of treatment**



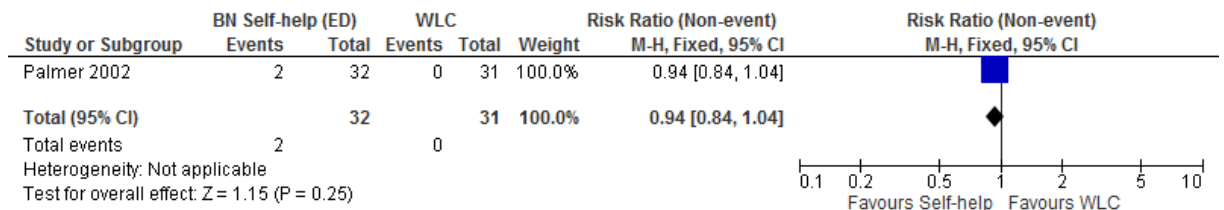
15

1 **Figure 822: EDE-restraint**



2

3 **Figure 823: Remission**



4

M.3.24.75 **Self-help (ED) compared with wait list controls (WLC) in adults with bulimia nervosa at 6 follow-up**

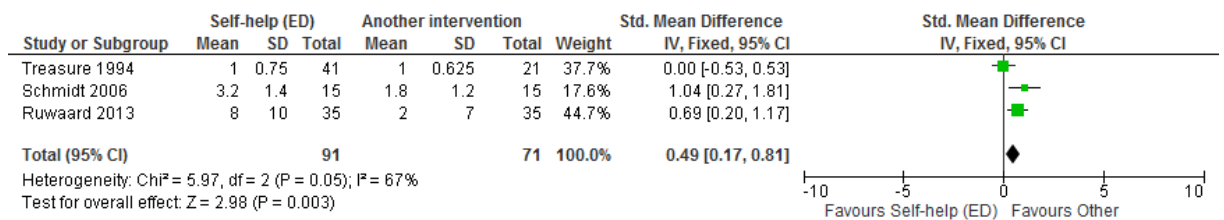
7 **Figure 824: Remission**



8

M.3.24.89 **Self-help (ED) compared with any other intervention in adults with bulimia nervosa at end of treatment**

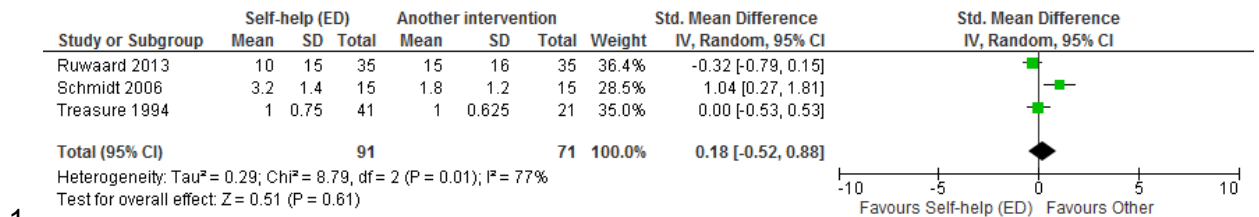
11 **Figure 825: Bingeing**



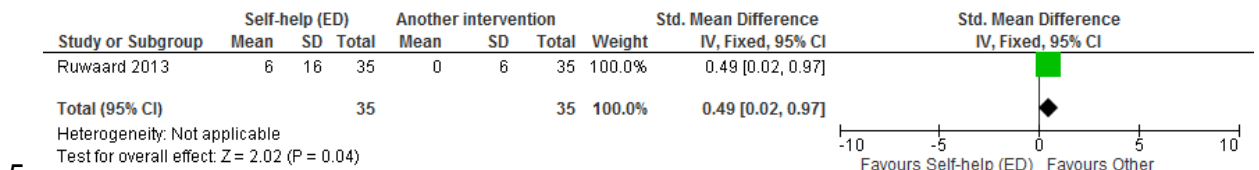
12

13 Heterogeneity was detected at I²=67%. There was no obvious risk of bias in any of the
14 studies or differences in the population regarding the presence of comorbidities or potentially
15 the number of binges per month. However, in Schmidt 2006 they reported number of binges
16 differently to the other studies and along with their duration of illness. If this study is removed
17 in a sensitivity analysis the heterogeneity is reduced to an acceptable levels. This is not a
18 good enough reason to exclude, for this reason a random effects analysis is presented.

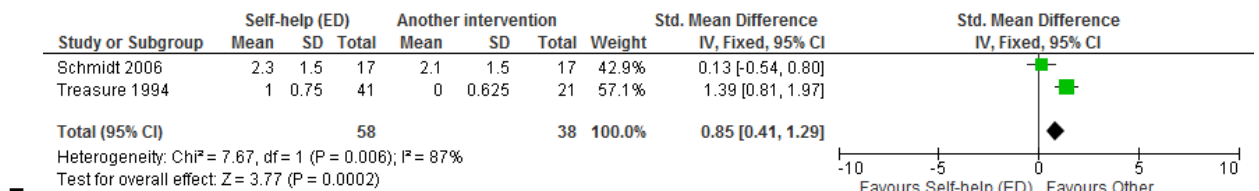
19 **Figure 826: Bingeing with random effects**



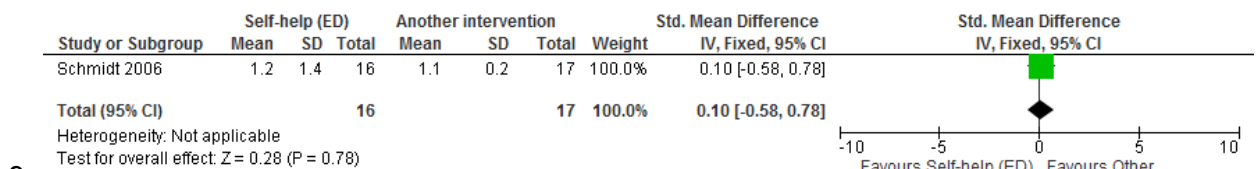
4 **Figure 827: Purging**



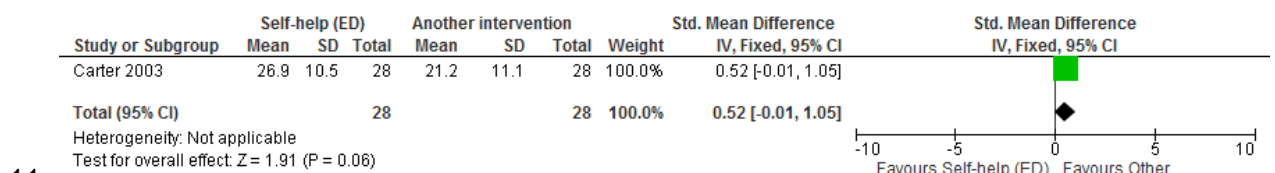
6 **Figure 828: Vomiting**



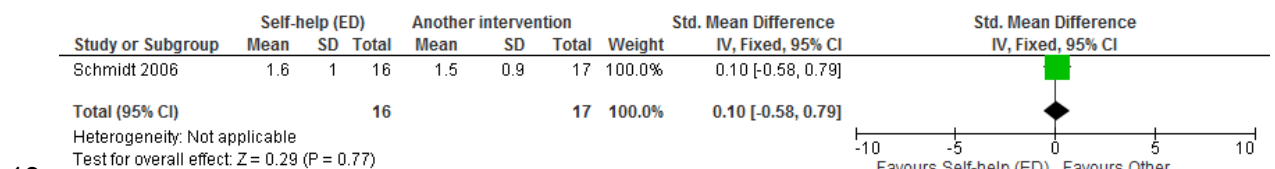
8 **Figure 829: Laxative use**



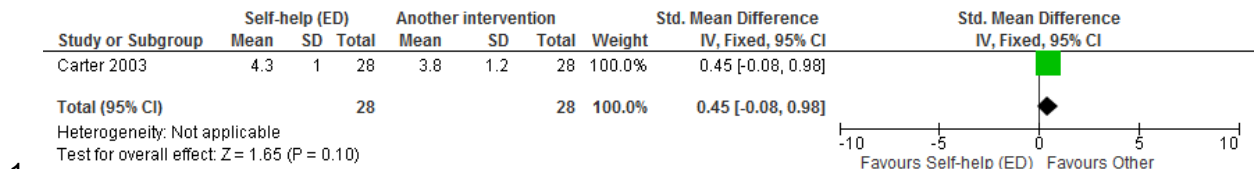
10 **Figure 830: Depression**



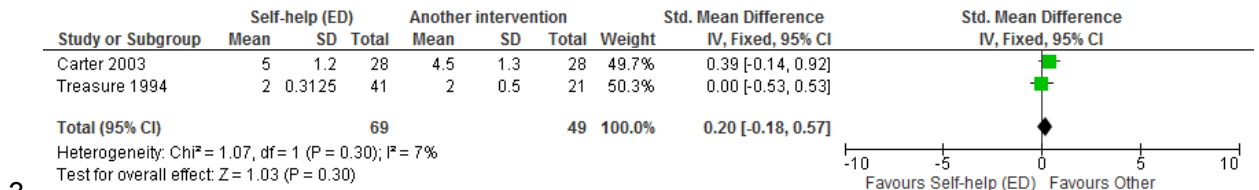
12 **Figure 831: Exercising**



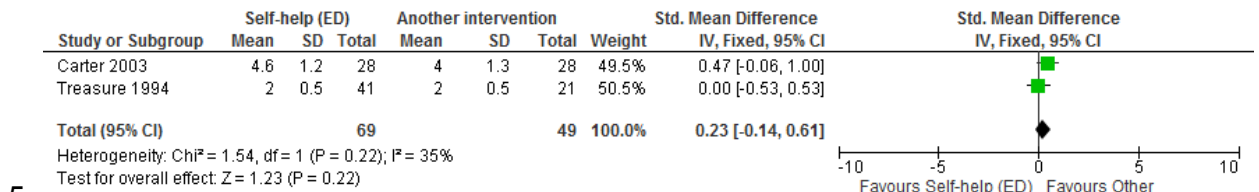
14 **Figure 832: EDE-eating concern**



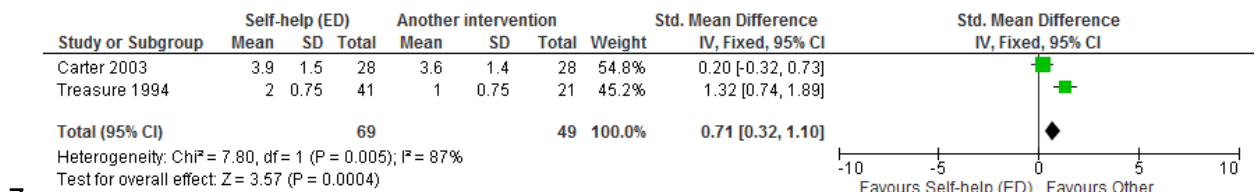
3
4 **Figure 833: EDE-shape concern**



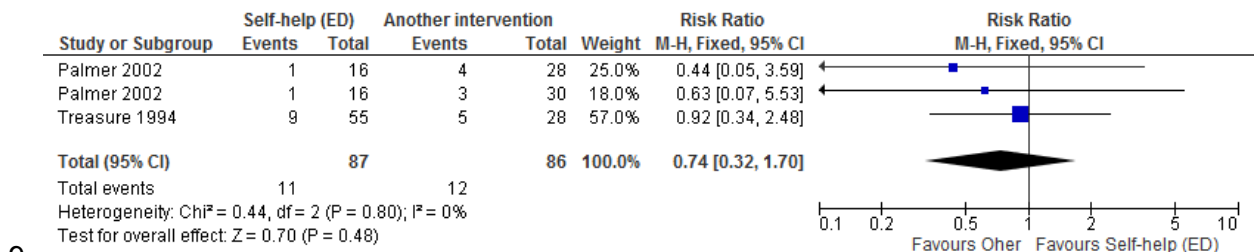
5
6 **Figure 834: EDE-weight concern**



7
8 **Figure 835: EDE-restraint**

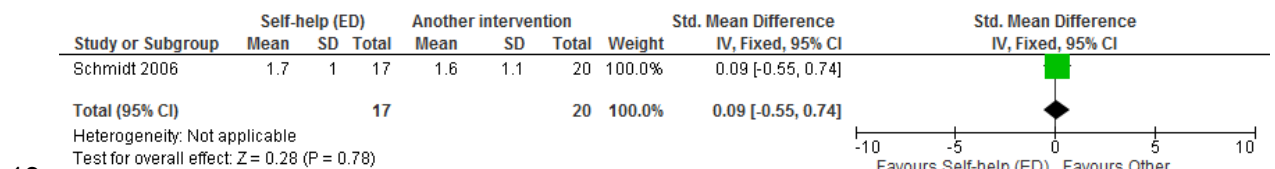


9
10 **Figure 836: Remission**

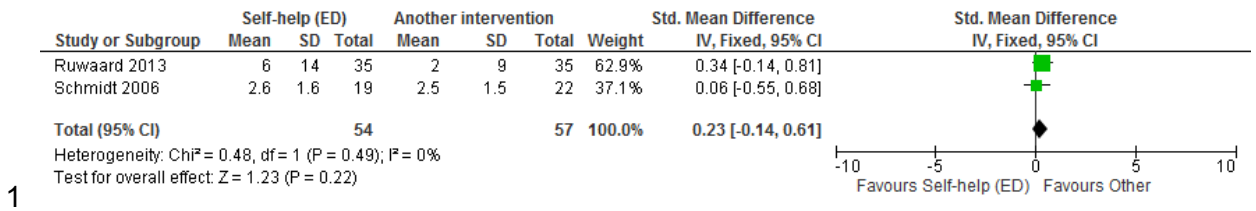


M.3.24.90 **Self-help (ED) compared with any other intervention in adults with bulimia nervosa at follow-up**

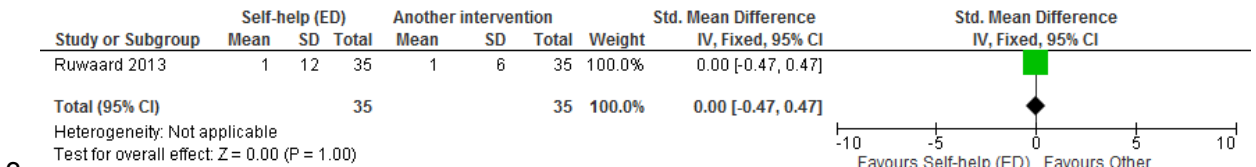
11
12 **Figure 837: Excessive exercise**



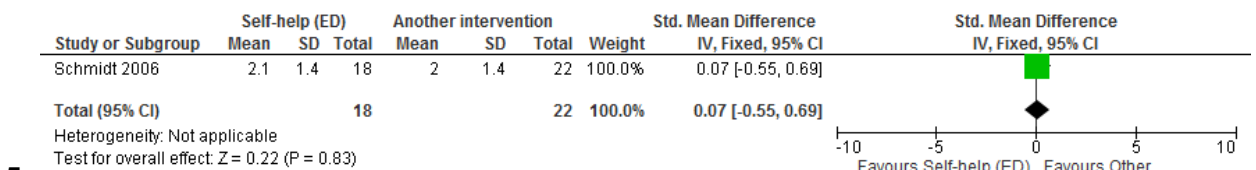
13
14 **Figure 838: Bingeing**



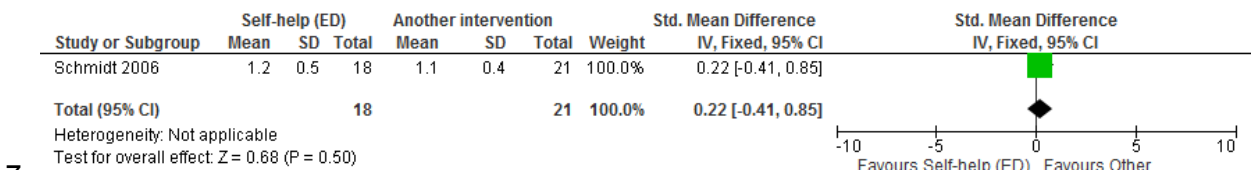
2 **Figure 839: Purging**



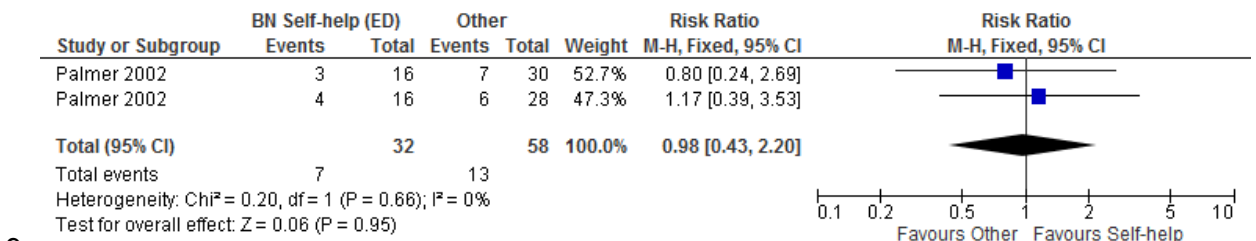
4 **Figure 840: Vomiting**



6 **Figure 841: Laxative use**

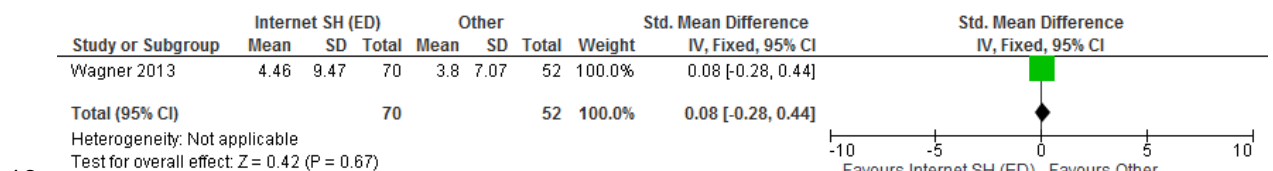


8 **Figure 842: Remission**

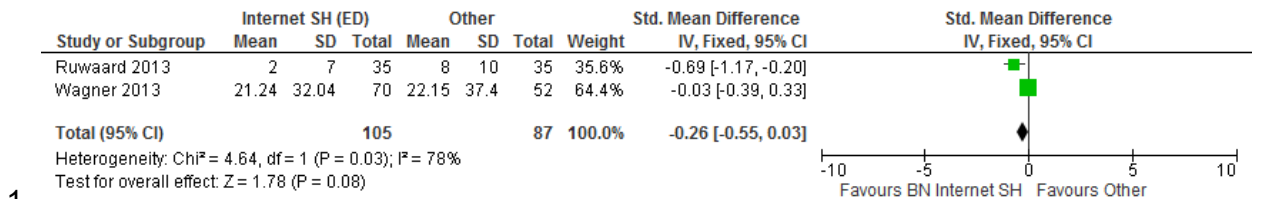


M.3.24.100 **Internet self-help (ED) compared with any other intervention in adults with bulimia nervosa at end of treatment**

12 **Figure 843: Excessive exercise**

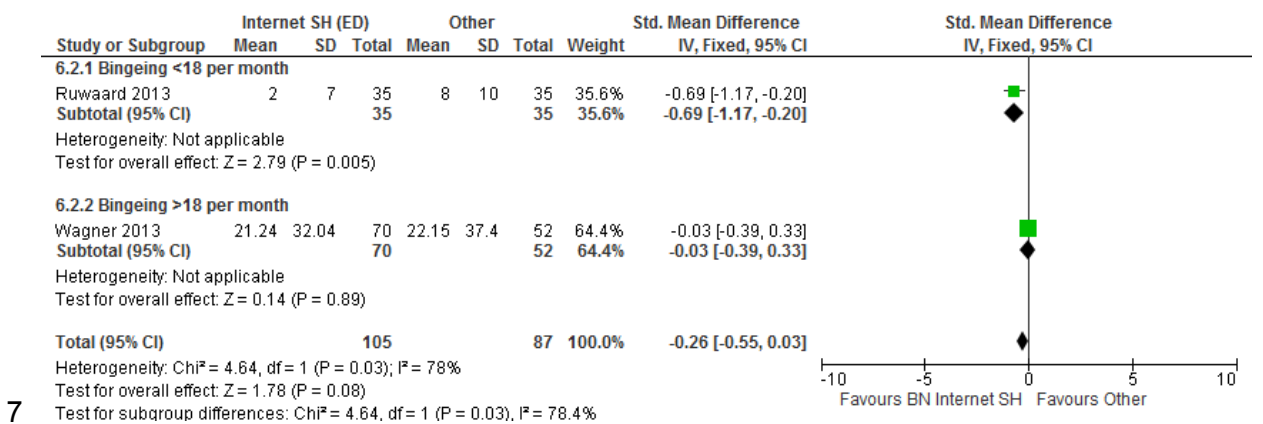


14 **Figure 844: Bingeing**

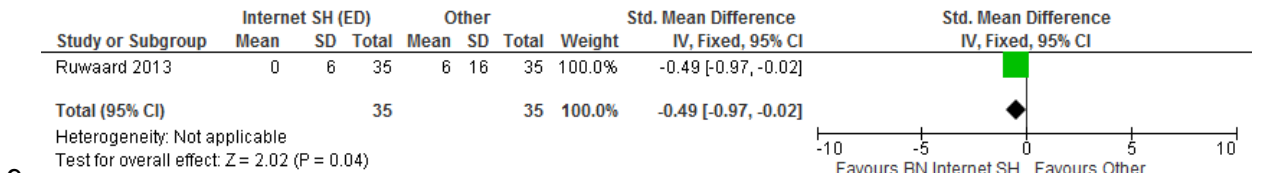


2 Heterogeneity was detected at 78%. This may be explained by a difference in the severity of
3 illness. Ruwaard 2013 had population that binged on average less than 18 per month
4 compared with Wagner 2013 that was greater than 18. No other variables could explain the
5 difference.

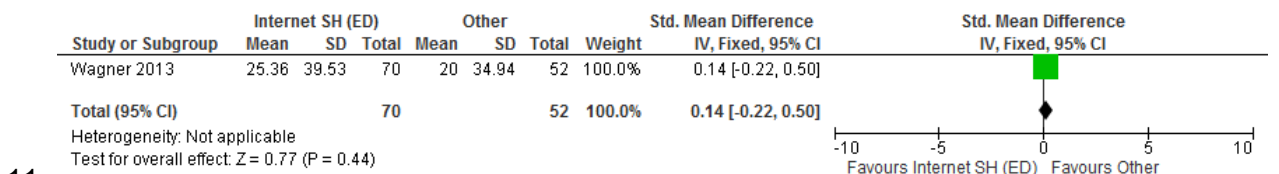
6 **Figure 845: Bingeing – subgroup analysis**



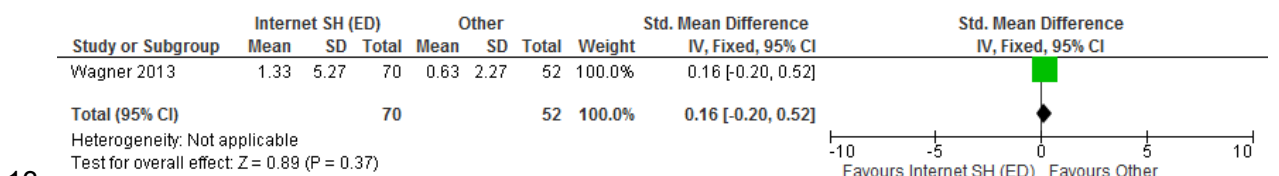
8 **Figure 846: Purging**



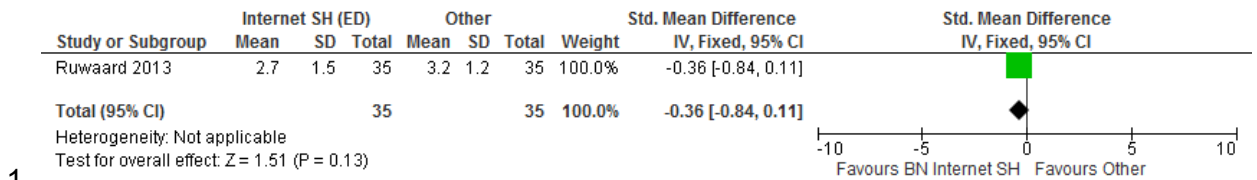
10 **Figure 847: Vomiting**



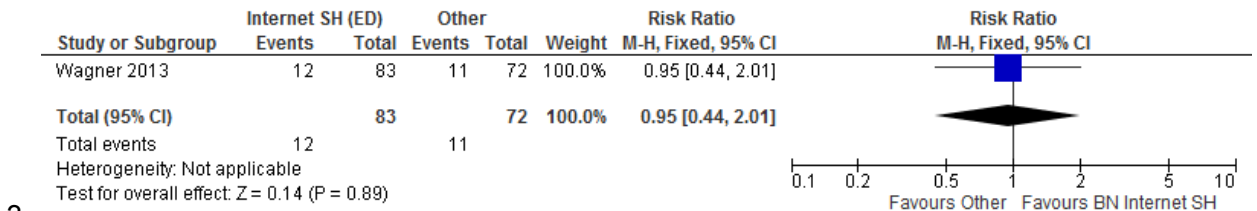
12 **Figure 848: Laxative use**



14 **Figure 849: EDE-global**

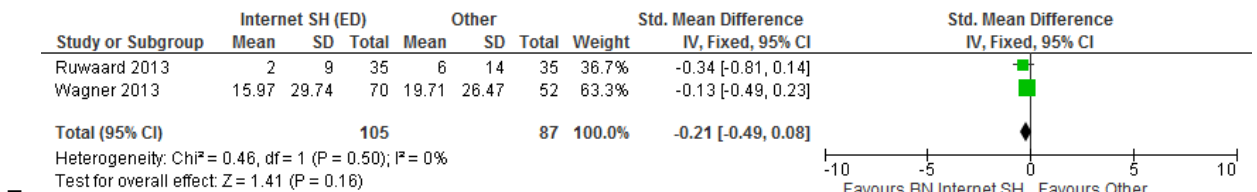


2 **Figure 850: Remission**

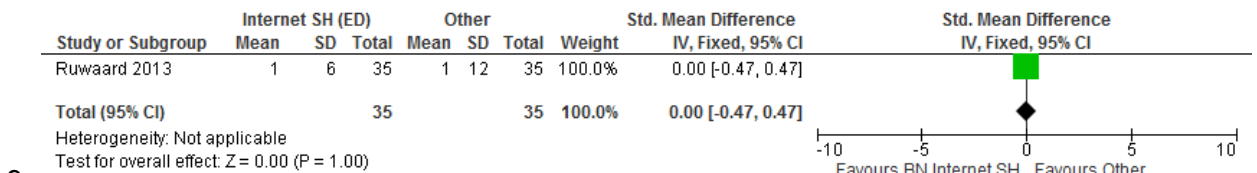


M.3.24.114 **Internet self-help (ED) compared with any other intervention in adults with bulimia nervosa at follow-up**

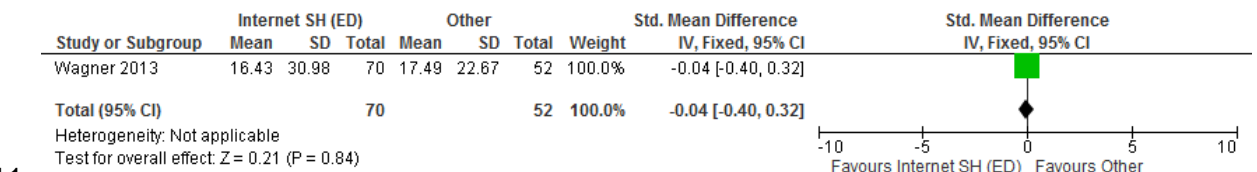
6 **Figure 851: Bingeing**



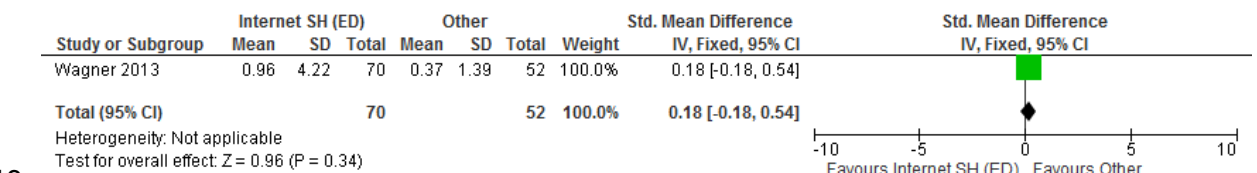
8 **Figure 852: Purging**



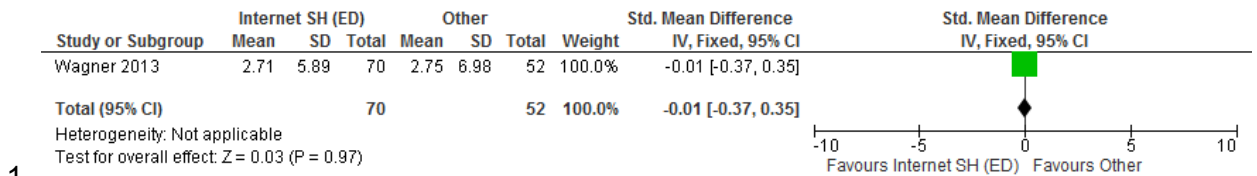
10 **Figure 853: Vomiting**



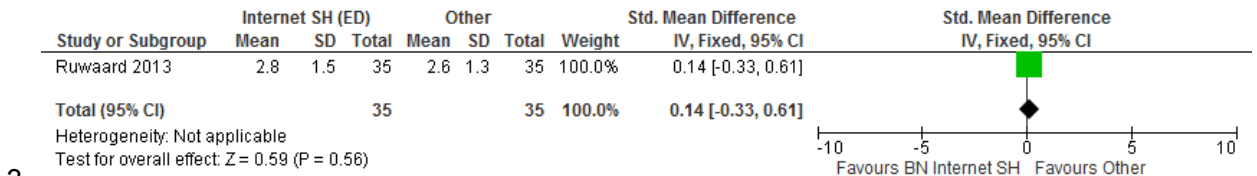
12 **Figure 854: Laxative use**



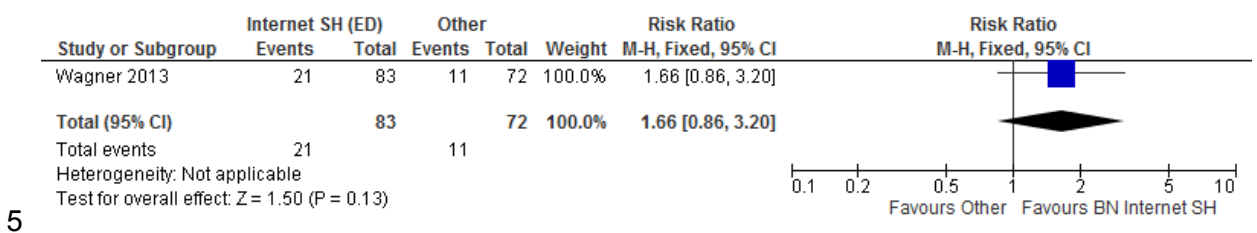
14 **Figure 855: Excessive exercise**



2 **Figure 856: EDE-total**

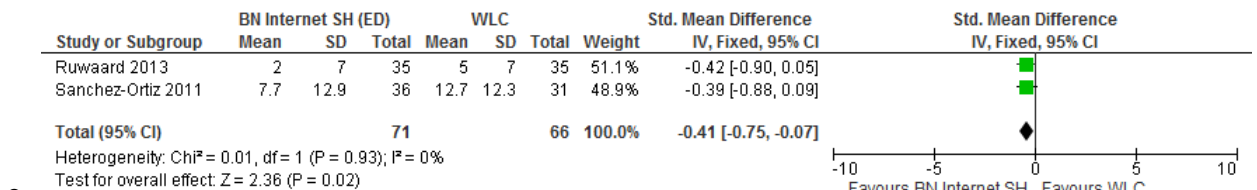


4 **Figure 857: Remission**

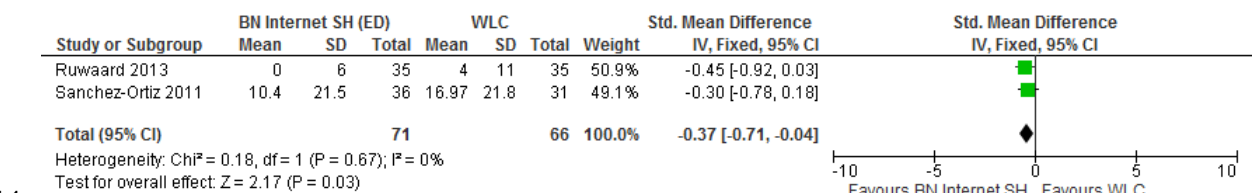


M.3.24.126 **Internet self-help (ED) compared with wait list controls (WLC) in adults with bulimia nervosa at end of treatment**

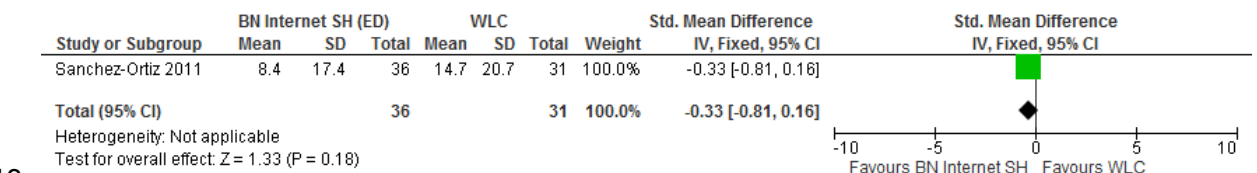
8 **Figure 858: Bingeing**



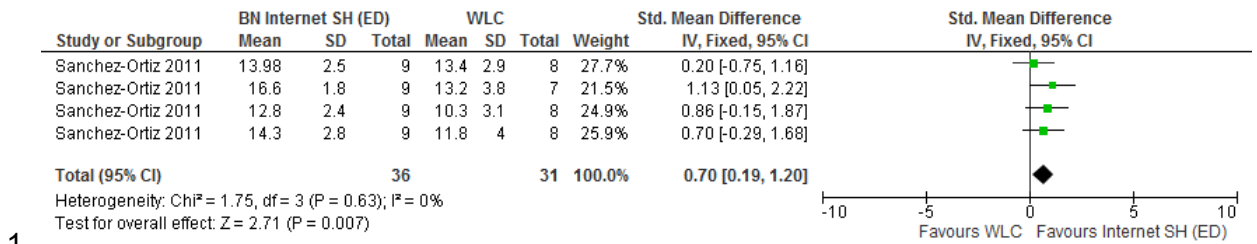
10 **Figure 859: Purging**



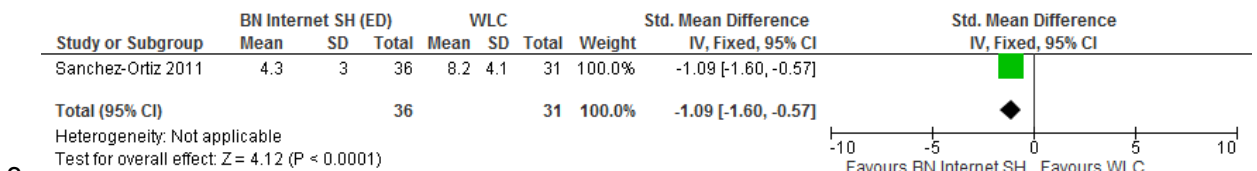
12 **Figure 860: Vomiting**



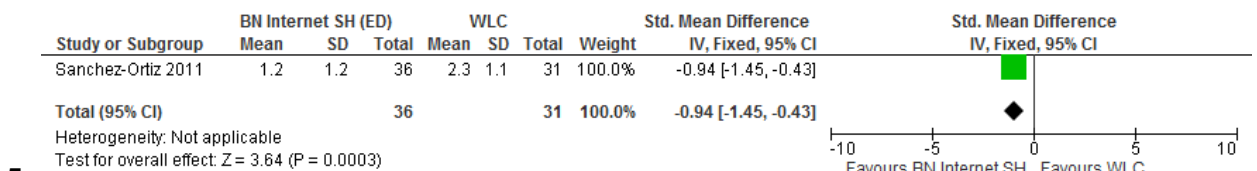
14 **Figure 861: Quality of life**



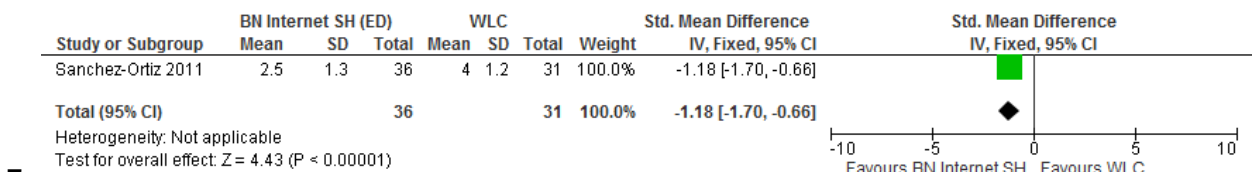
2 **Figure 862: Depression**



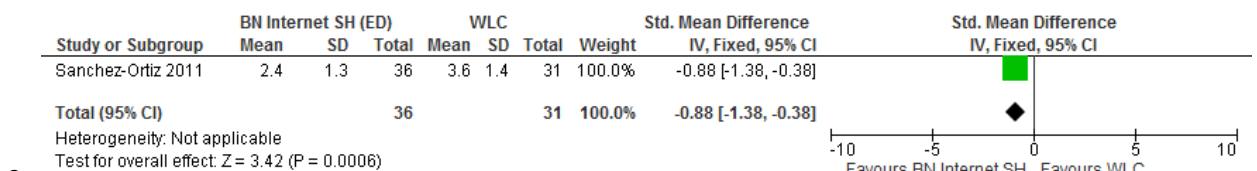
4 **Figure 863: EDE-eating concern**



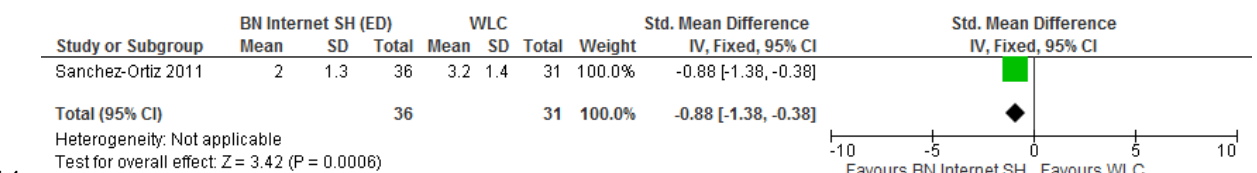
6 **Figure 864: EDE-shape concern**



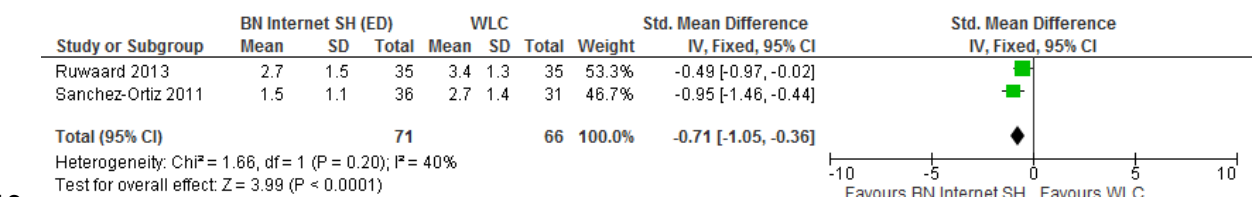
8 **Figure 865: EDE-weight concern**



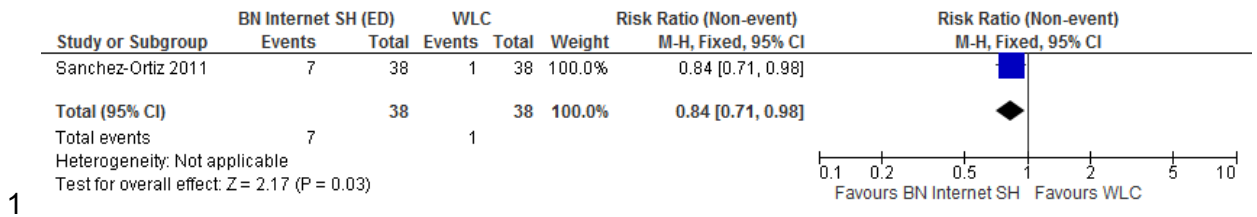
10 **Figure 866: EDE-restraint**



12 **Figure 867: EDE-total**

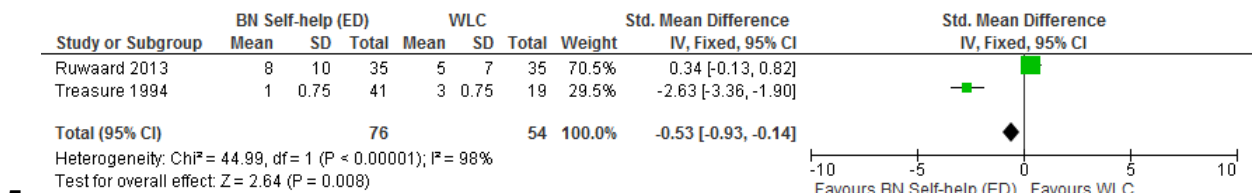


14 **Figure 868: Remission**



M.3.24.132 Self-help (ED) compared with wait list controls (WLC) in adults with bulimia nervosa at end of treatment

4 Figure 869: Bingeing



5

6 Heterogeneity was detected at I²=98%. Both studies had a similar duration of illness and

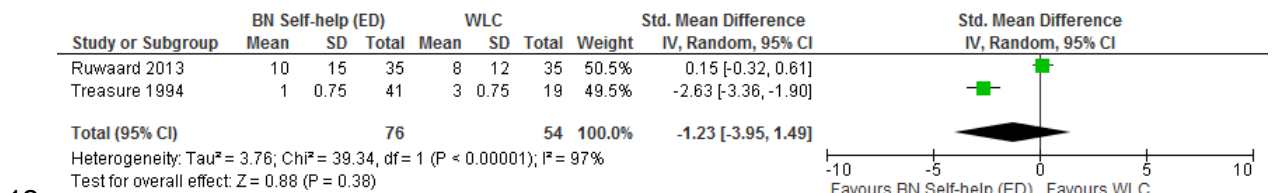
7 severity of illness. However, in Ruwaard 2013 the wait list control appeared to have a better

8 of treatment score compared with the self-help and may explain the large variability in the

9 results. Because the reason for this could not be explained, a random effects analysis was

10 presented.

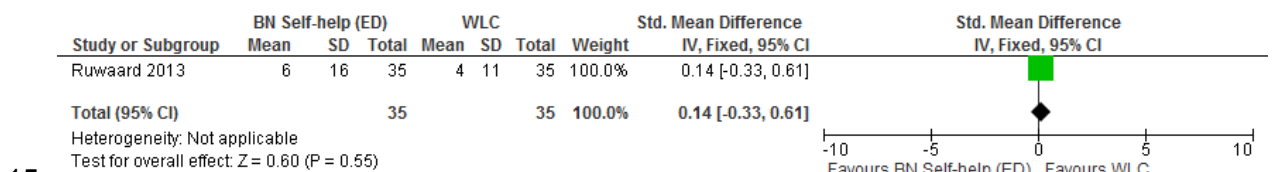
11 Figure 870: Bingeing with random effects



12

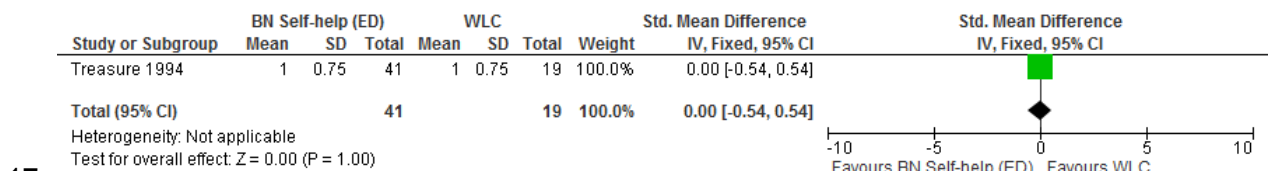
13

14 Figure 871: Purging



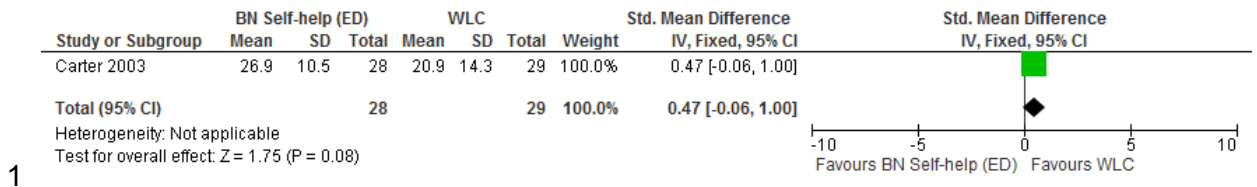
15

16 Figure 872: Vomiting

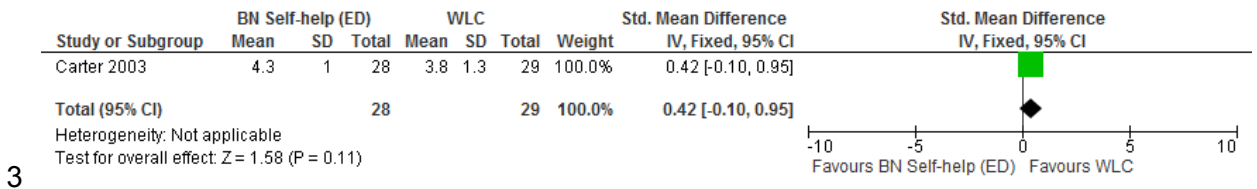


17

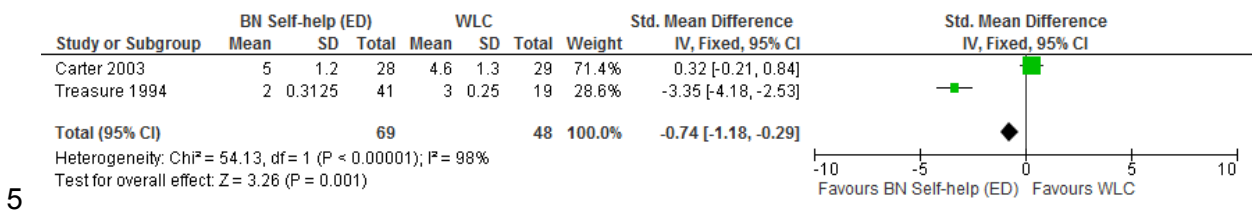
18 Figure 873: Depression



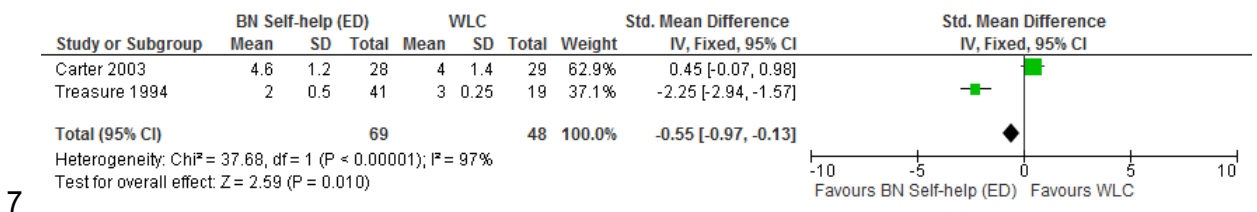
2 **Figure 874: EDE-eating concern**



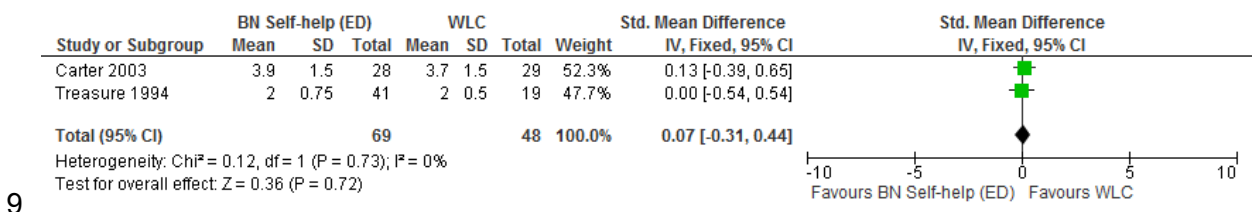
4 **Figure 875: EDE-shape concern**



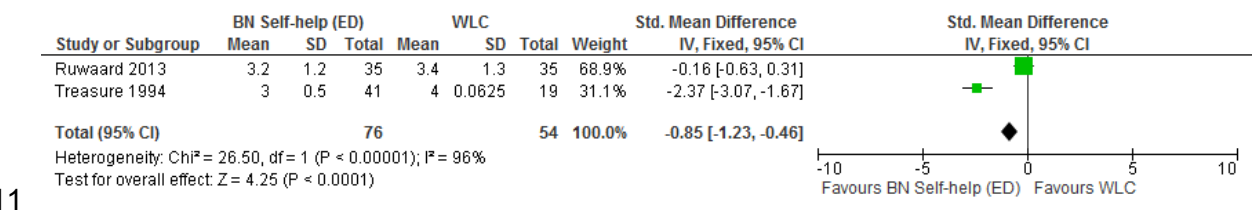
6 **Figure 876: EDE-weight concern**



8 **Figure 877: EDE-restraint**

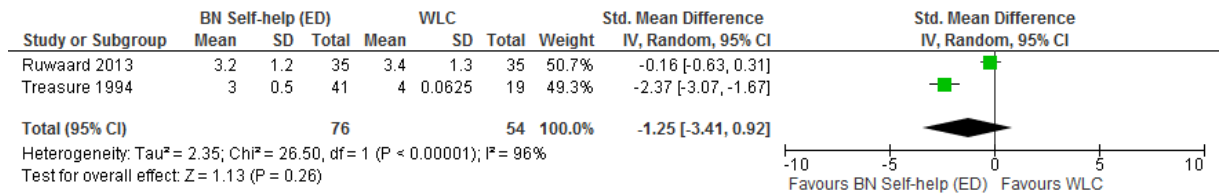


10 **Figure 878: EDE-total**



12 Heterogeneity was detected at $I^2=96\%$. Heterogeneity was detected at $I^2=98\%$. Both studies
13 had a similar duration of illness and severity of illness. However, in Ruwaard 2013 the wait
14 list controls appeared to have a good final score in most outcomes compared with the self-
15 help and may explain the large variability in the results. Because the reason for
16 heterogeneity could not be explained a random effects analysis was presented.

17 **Figure 879: EDE-total random effects**

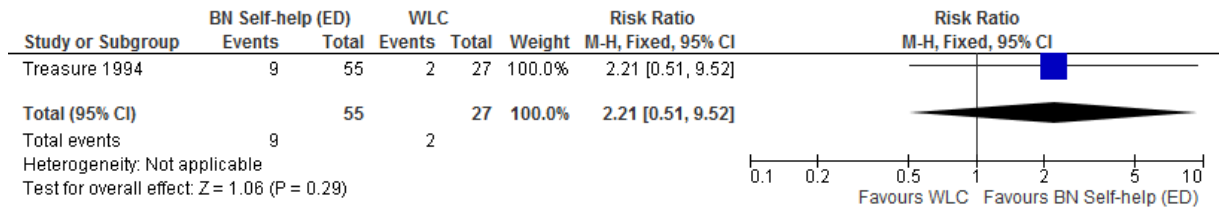


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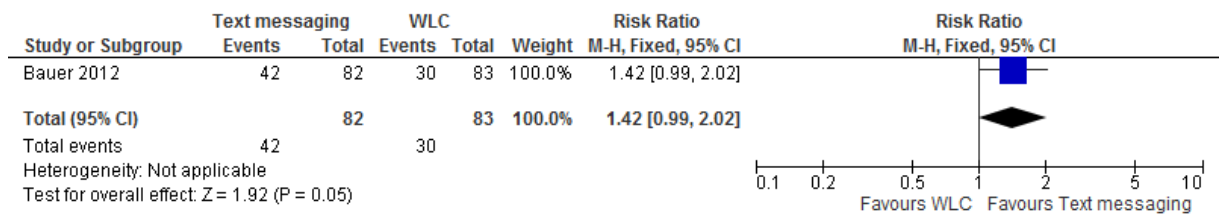
4 **Figure 880: Remission**



5

M.3.24.146 **Text messaging compared with any other intervention in adults with bulimia nervosa at end of treatment**

8 **Figure 881: Remission**

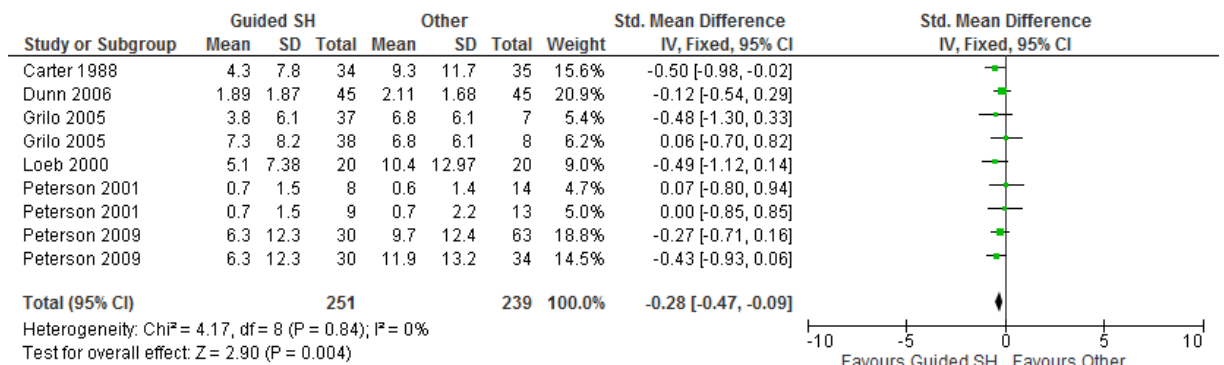


9

M.3.250 **Self-help in binge eating disorder**

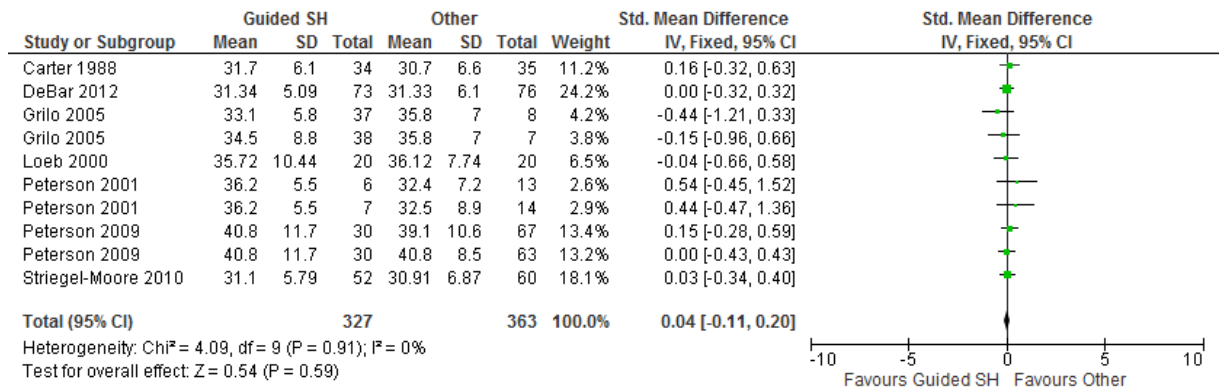
M.3.25.11 **Guided self-help (ED) compared with any other intervention in adults with binge eating disorder at end of treatment**

13 **Figure 882: Bingeing**



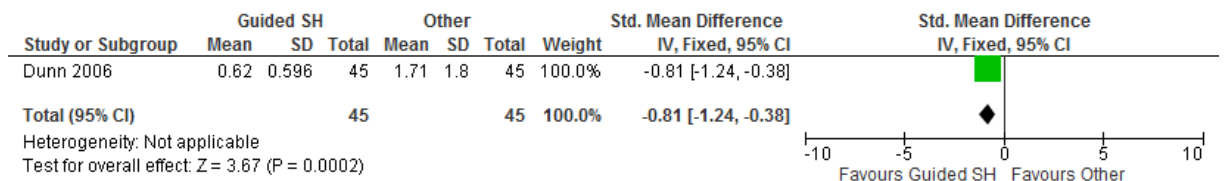
14

15 **Figure 883: BMI**



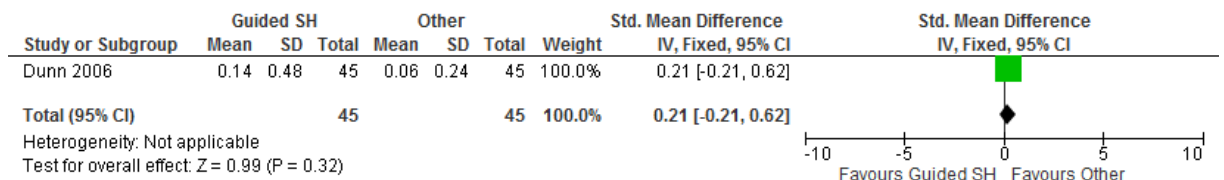
1

2 **Figure 884: Vomiting**



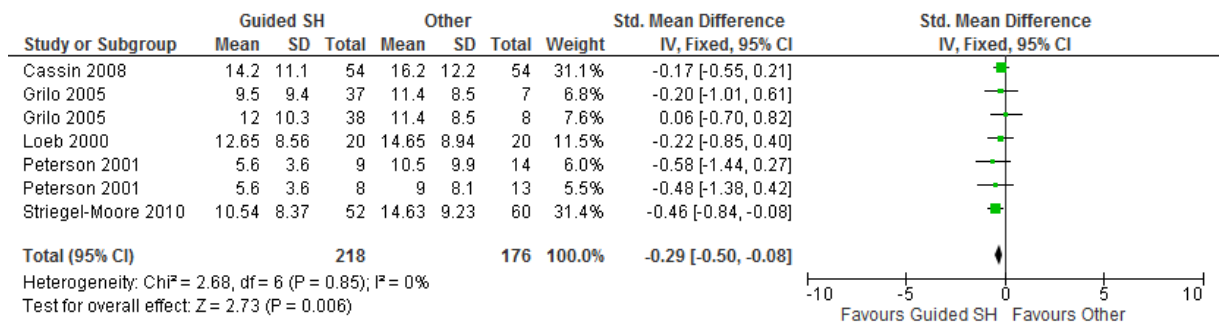
3

4 **Figure 885: Laxative use**



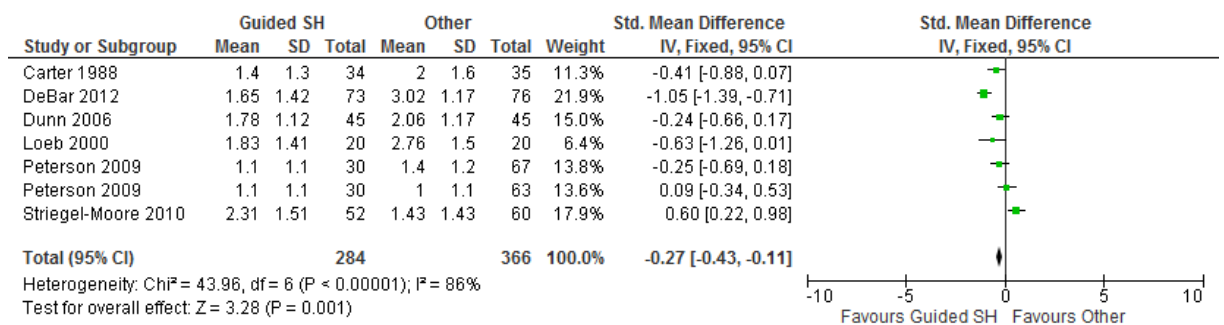
5

6 **Figure 886: Depression**



7

8 **Figure 887: EDE-eating concern**

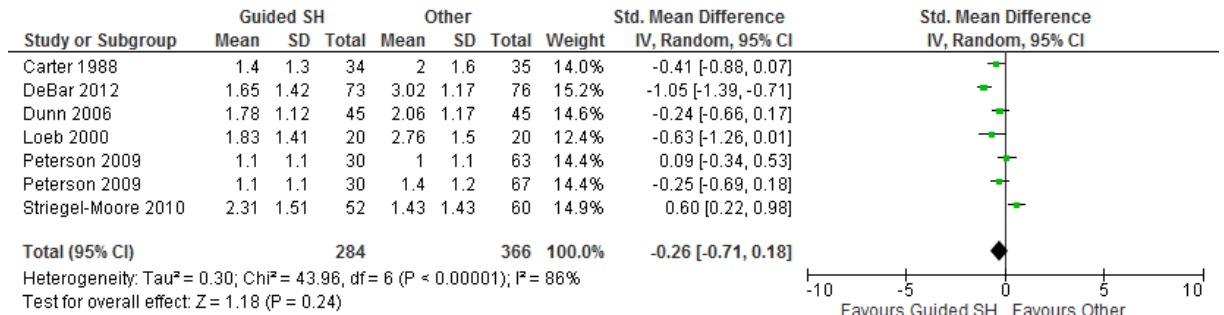


9

10 Heterogeneity was detected at I²=86%. None of the variables: risk of bias, presence of
11 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
12 effects analysis was presented.

1 **Figure 888: EDE-eating concern with random effects.**

2

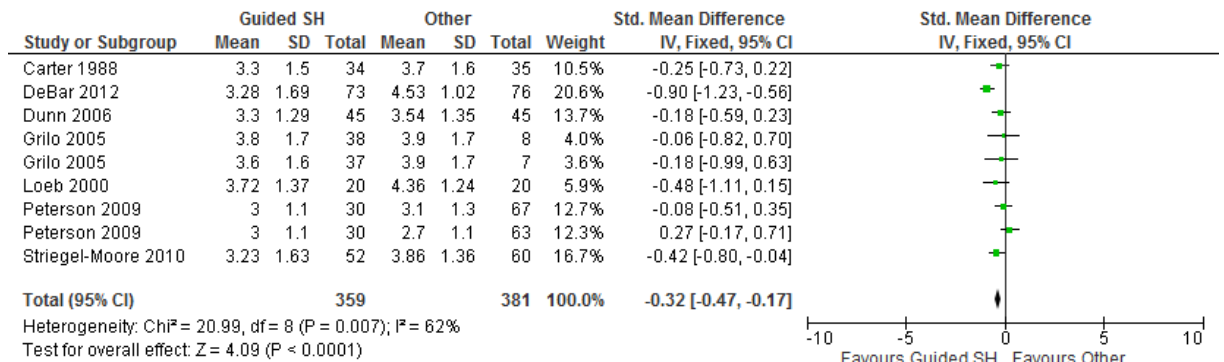


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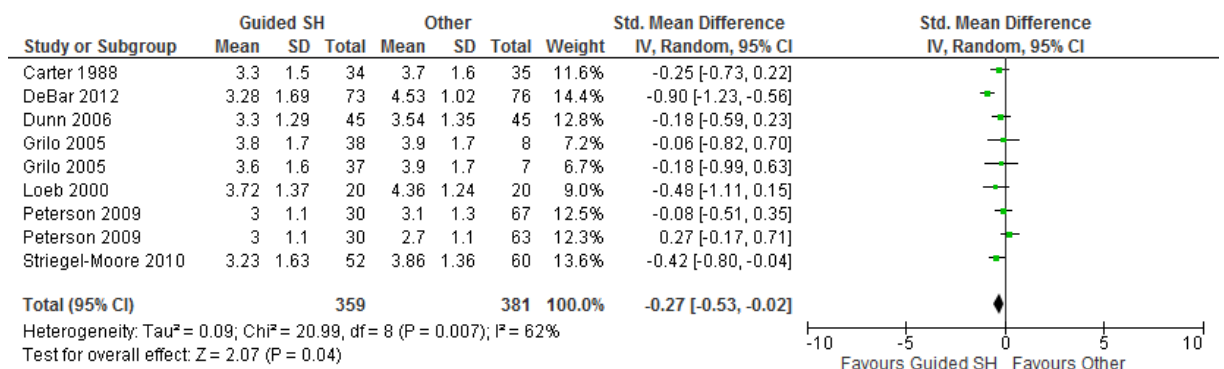
6 **Figure 889: EDE-shape concern**



7

8 Heterogeneity was detected at I²=62%. None of the variables: risk of bias, presence of
9 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
10 effects analysis was presented.

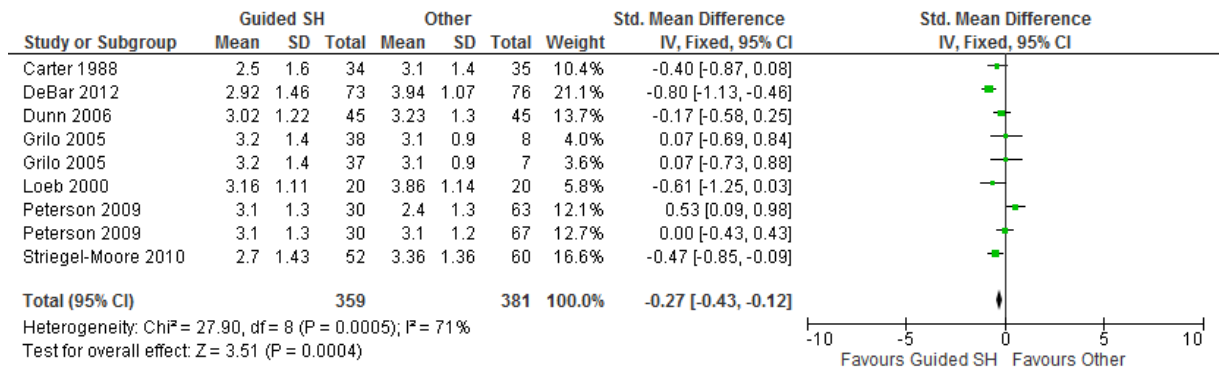
11 **Figure 890: EDE-shape concern with random effects.**



12

13

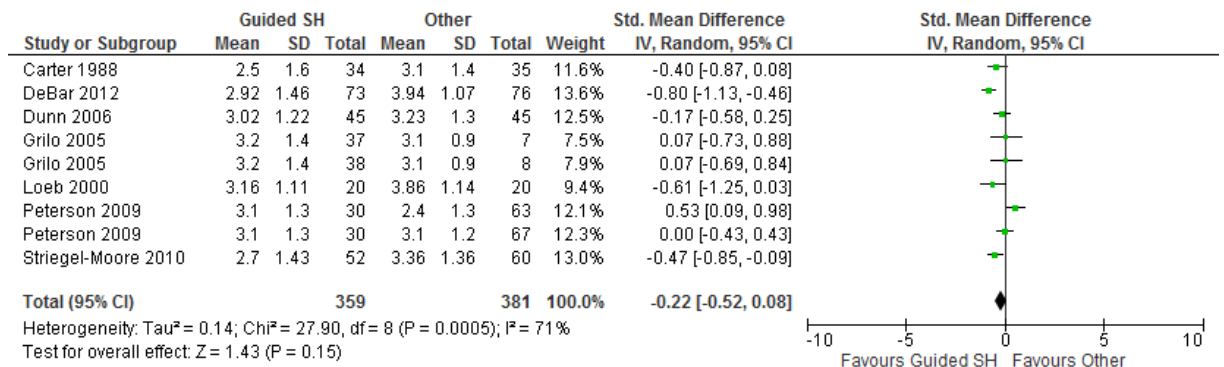
14 **Figure 891: EDE-weight concern**



1

2 Heterogeneity was detected at I²=71%. None of the variables: risk of bias, presence of
3 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
4 effects analysis was presented.

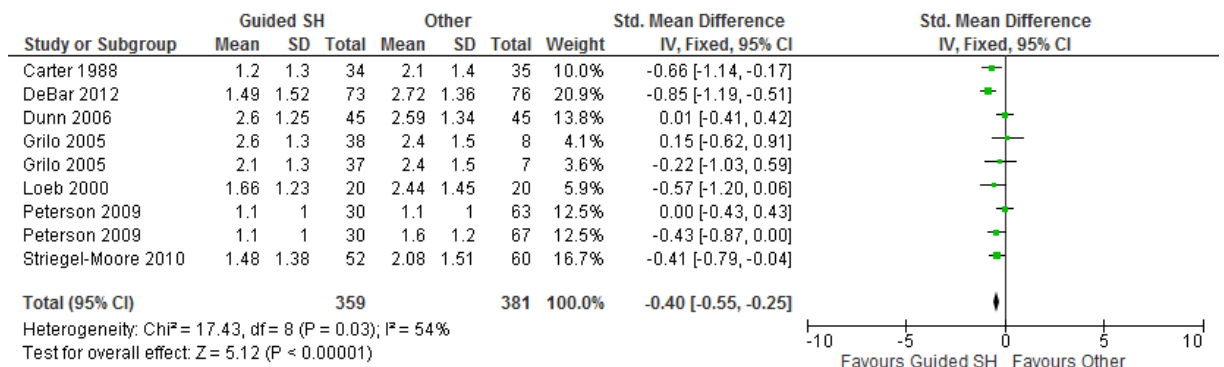
5 **Figure 892: EDE-weight concern with random effects**



6

7

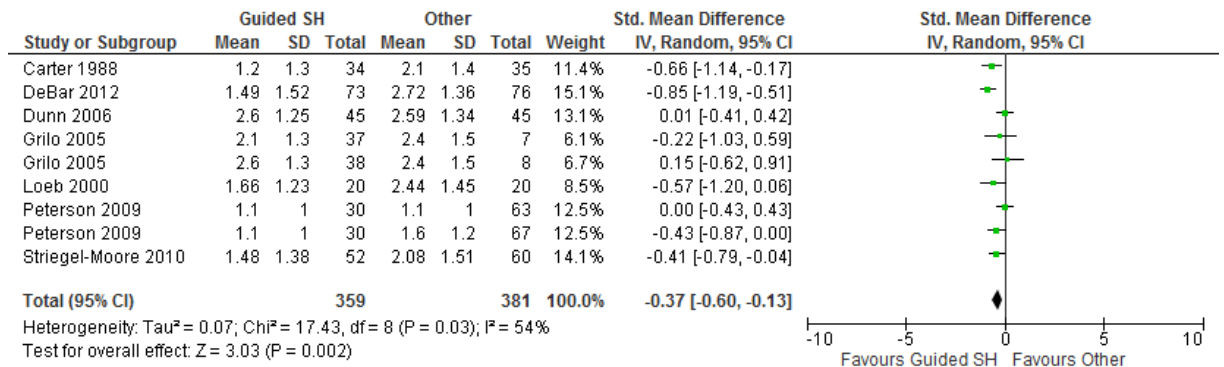
8 **Figure 893: EDE-restraint**



9

10 Heterogeneity was detected at I²=54%. None of the variables: risk of bias, presence of
11 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
12 effects analysis was presented.

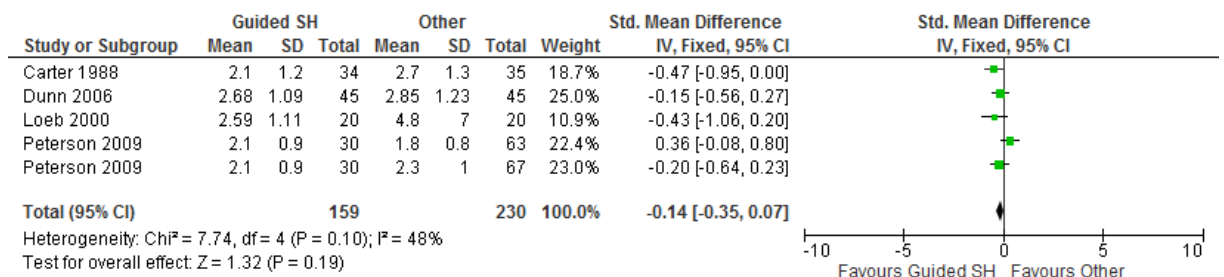
13 **Figure 894: EDE-restraint with random effects**



1

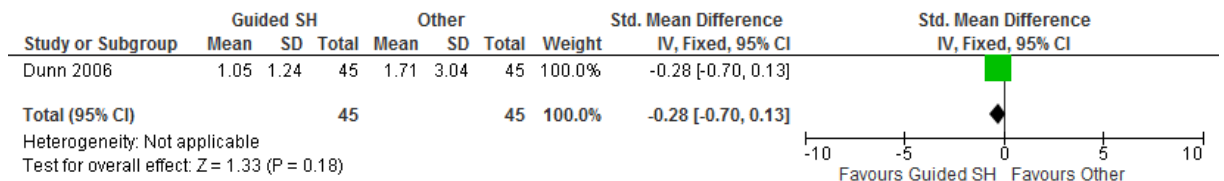
2

3 **Figure 895: EDE-total**



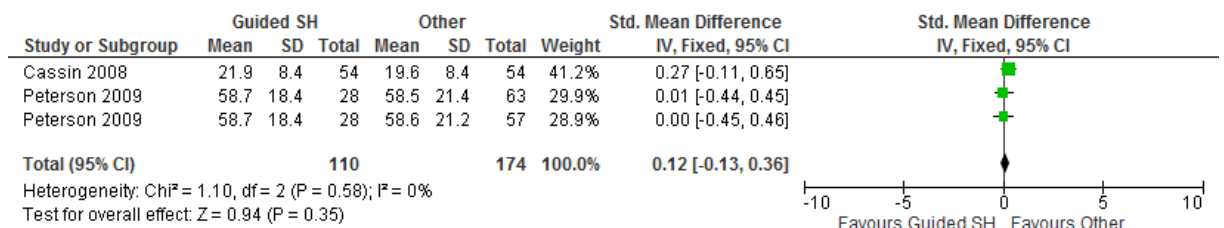
4

5 **Figure 896: Excessive exercise**



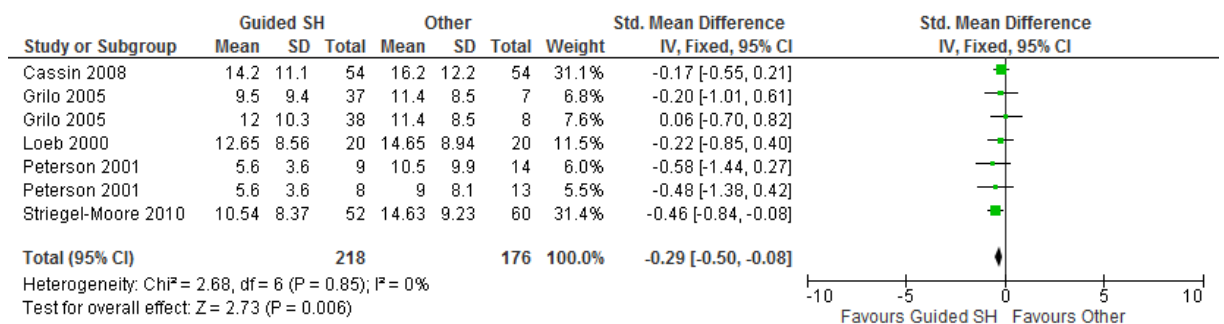
6

7 **Figure 897: Satisfaction with life**



8

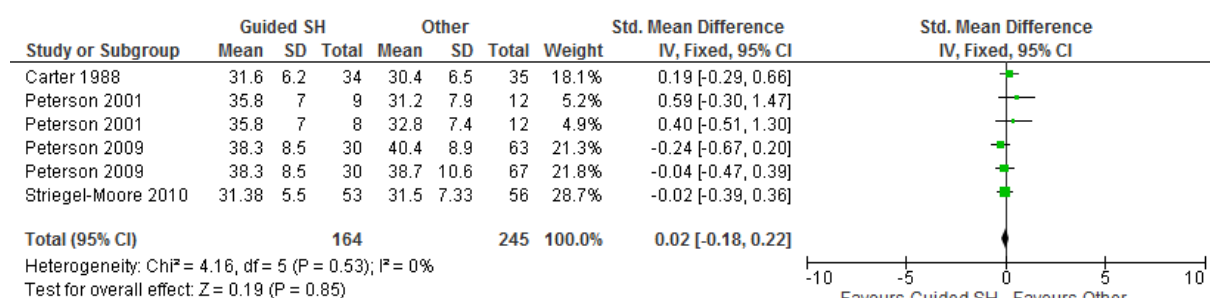
9 **Figure 898: Remission**



10

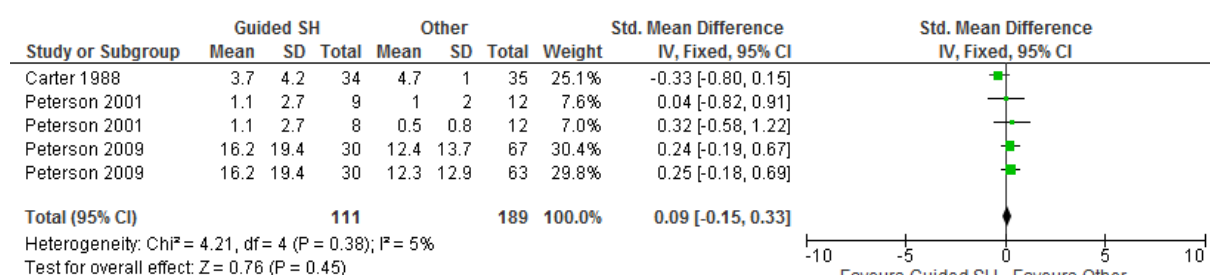
M.3.25.21 Guided self-help (ED) compared with any other intervention in adults with binge eating disorder at follow-up

3 Figure 899: BMI



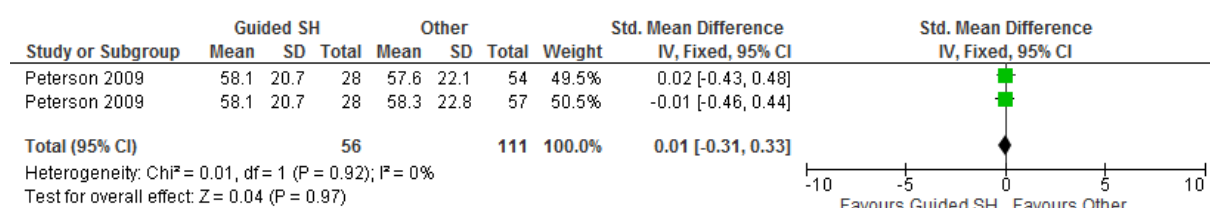
4

5 Figure 900: Bingeing



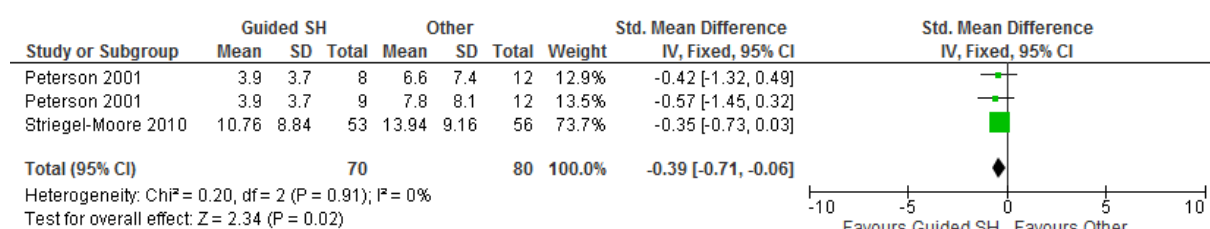
6

7 Figure 901: Quality of life



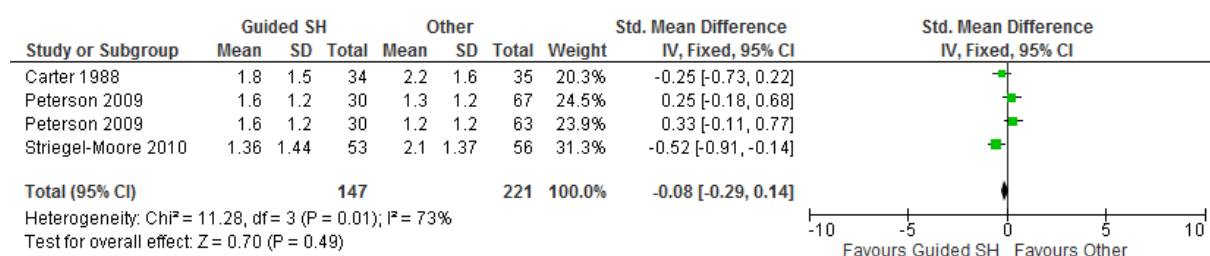
8

9 Figure 902: Depression



10

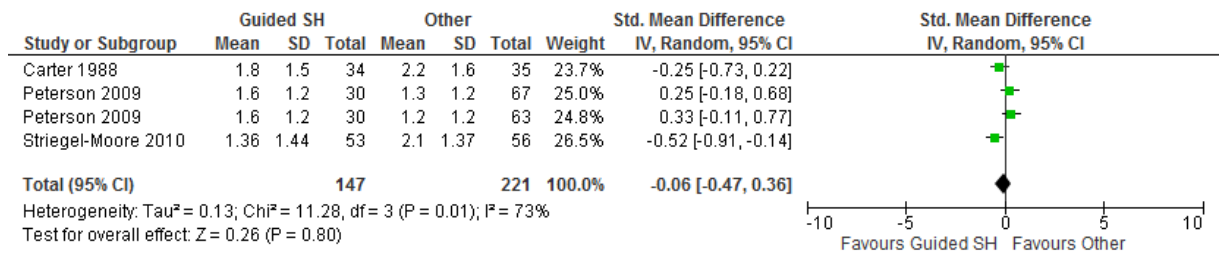
11 Figure 903: EDE-eating concern



12

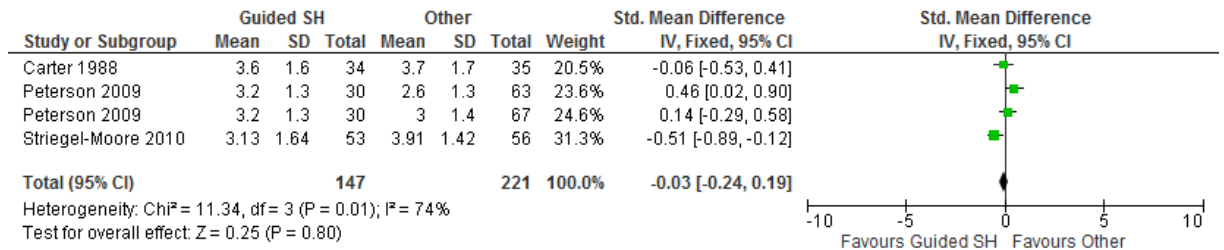
13 Heterogeneity was detected at $I^2=73\%$. None of the variables: risk of bias, presence of
14 comorbidity, severity of illness or duration of illness, explain the variability. As such a
15 random effects analysis was presented

1 **Figure 904: EDE-eating concern with random effects.**



2

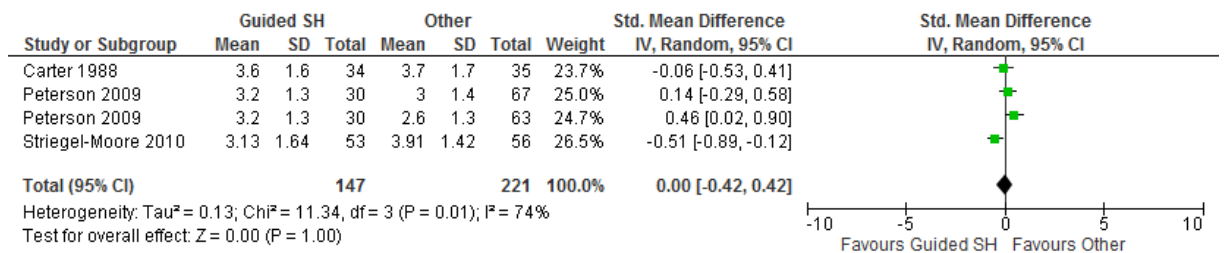
3 **Figure 905: EDE-shape concern**



4

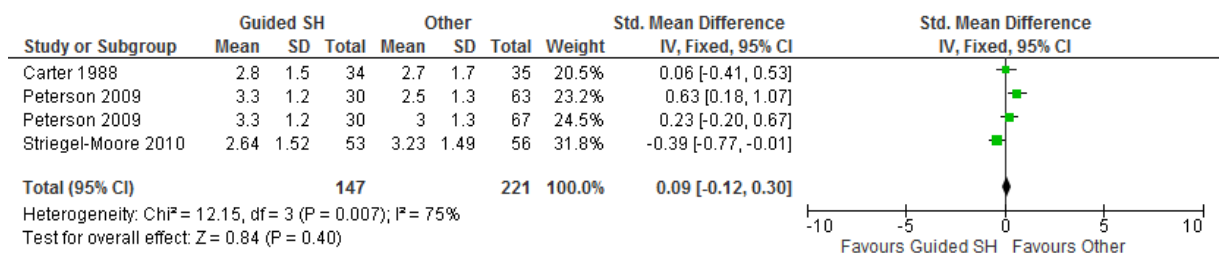
5 Heterogeneity was detected at I²=74%. None of the variables: risk of bias, presence of
6 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
7 effects analysis was presented

8 **Figure 906: EDE-shape concern with random effects**



9

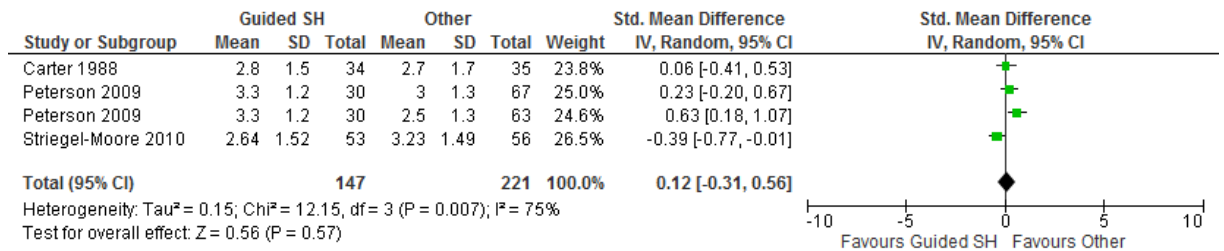
10 **Figure 907: EDE-weight concern**



11

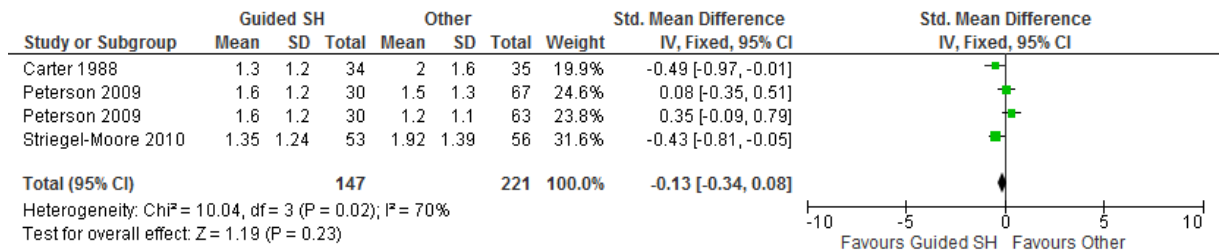
12 Heterogeneity was detected at I²=75%. None of the variables: risk of bias, presence of
13 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
14 effects analysis was presented

15 **Figure 908: EDE-weight concern with random effects**



1

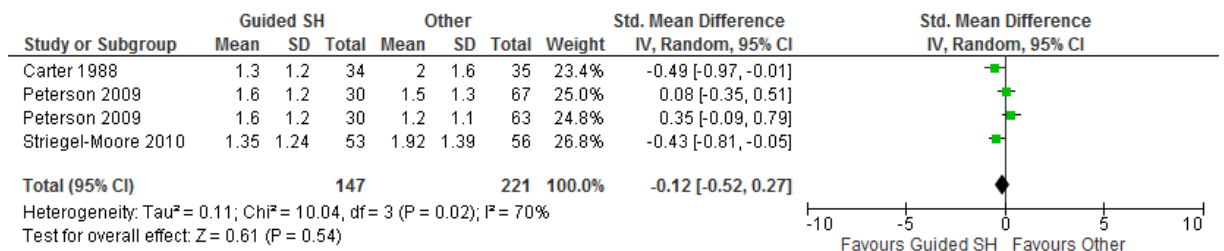
2 **Figure 909: EDE-restraint**



3

4 Heterogeneity was detected at I²=70%. None of the variables: risk of bias, presence of
5 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
6 effects analysis was presented

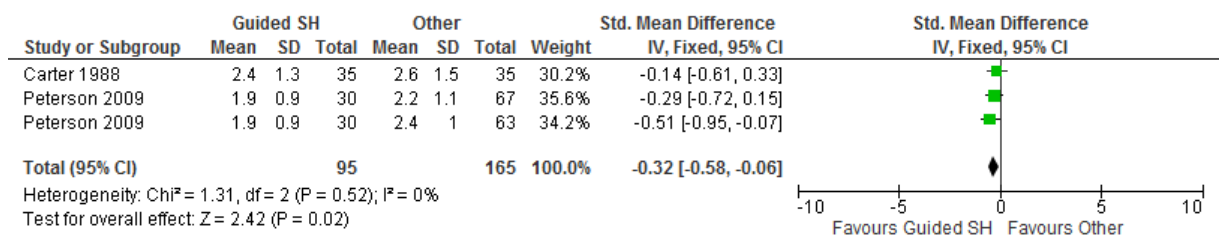
7 **Figure 910: EDE-restraint with random effects**



8

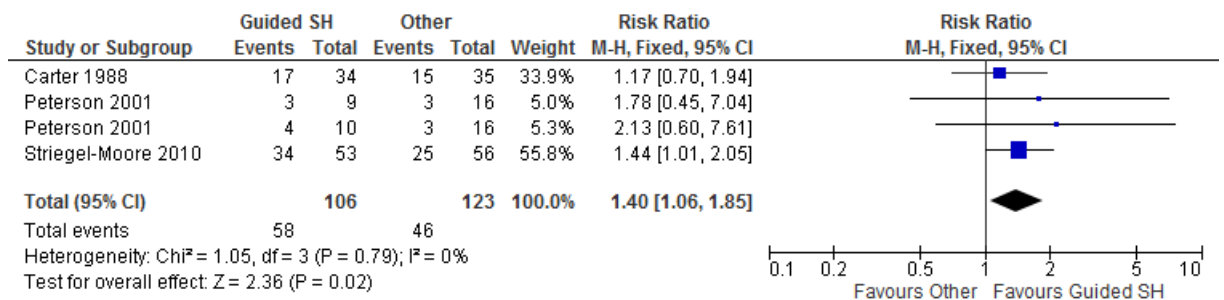
9

10 **Figure 911: EDE-total**



11

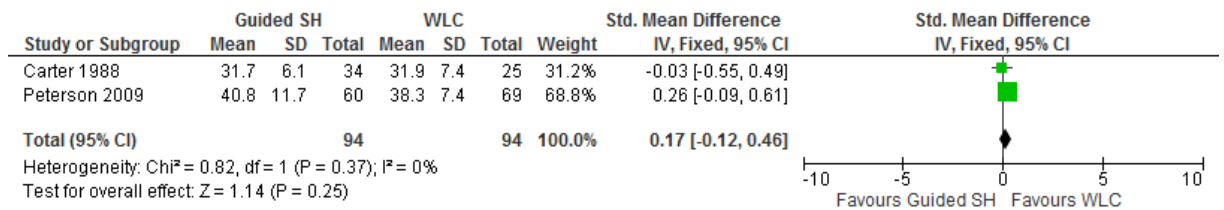
12 **Figure 912: Remission**



13

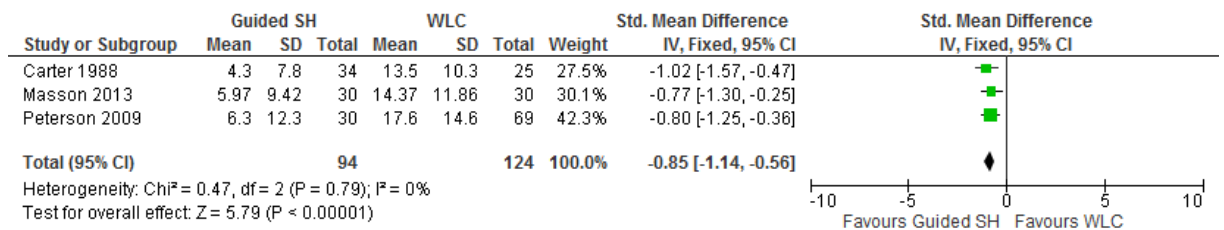
M.3.25.31 Guided self-help (ED) compared with wait list controls (WLC) in adults with binge eating disorder at end of treatment

3 Figure 913: BMI



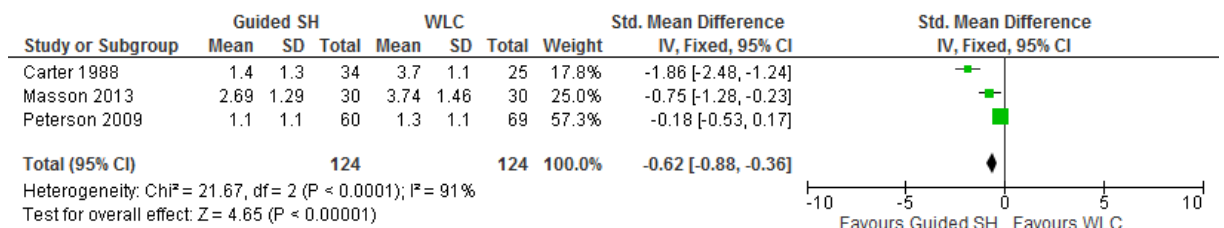
4

5 Figure 914: Bingeing



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7 Figure 915: EDE-eating concern

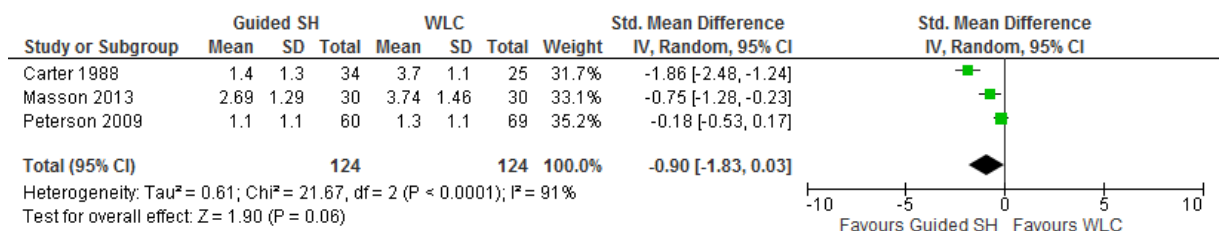


8

9 Heterogeneity was detected at I²=91%. None of the variables: risk of bias, presence of
10 comorbidity, severity of illness or duration of illness, explain the variability. However, only
11 Carter provided data on duration of illness. As such a random effects analysis was presented

12 Figure 916: EDE-eating concern with random effects

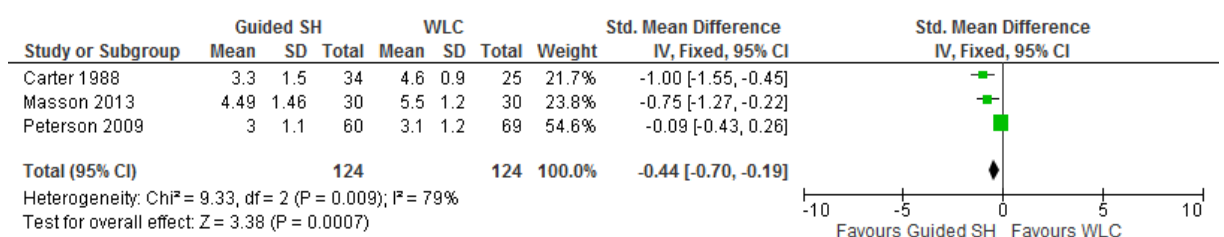
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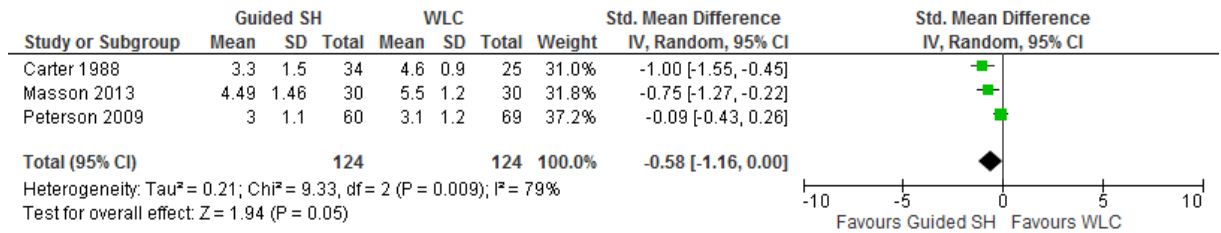
16 Figure 917: EDE-shape concern



17

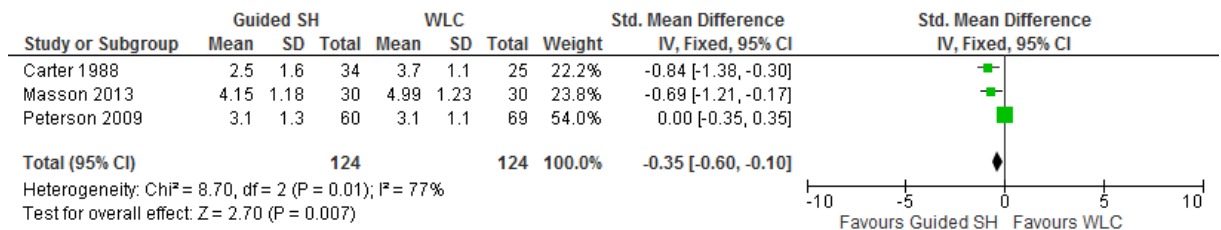
- 1 Heterogeneity was detected at $I^2=79\%$. None of the variables: risk of bias, presence of
 2 comorbidity, severity of illness or duration of illness, explain the variability. However, only
 3 Carter provided data on duration of illness. As such a random effects analysis was presented

4 **Figure 918: EDE-shape concern with random effects**



5

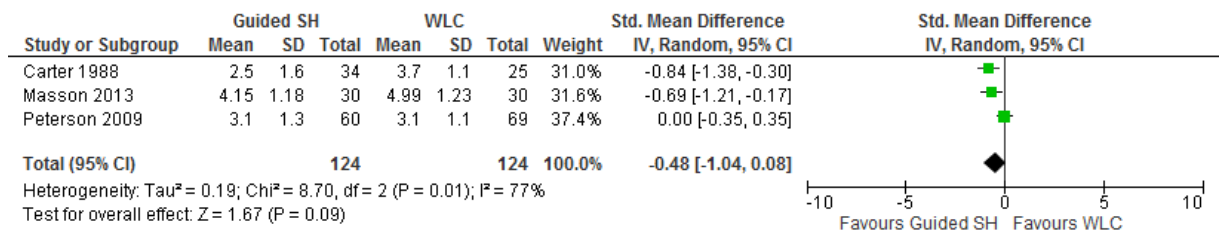
6 **Figure 919: EDE-weight concern**



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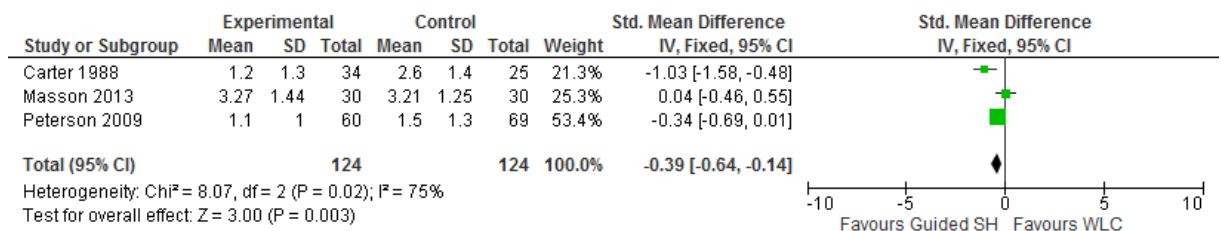
- 8 Heterogeneity was detected at $I^2=77\%$. None of the variables: risk of bias, presence of
 9 comorbidity, severity of illness or duration of illness, explain the variability. However, only
 10 Carter provided data on duration of illness. As such a random effects analysis was presented

11 **Figure 920: EDE-weight concern with random effects**



12

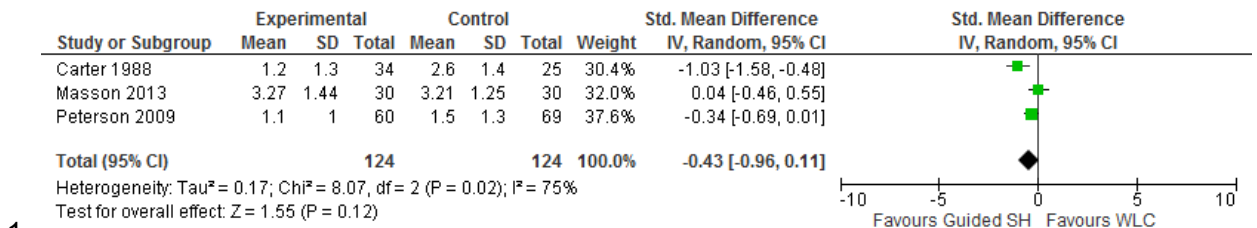
13 **Figure 921: EDE-restraint**



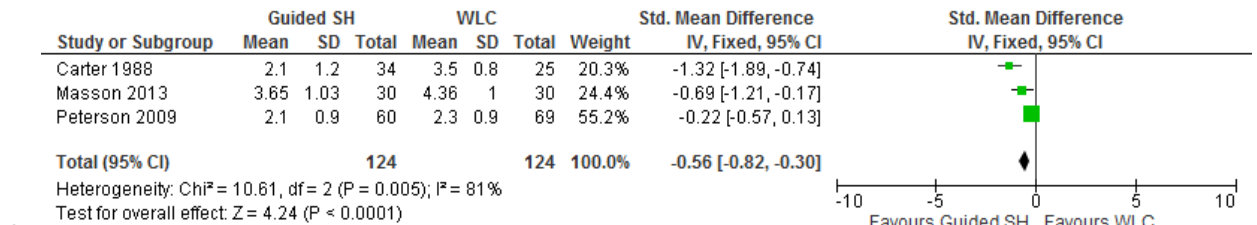
14

- 15 Heterogeneity was detected at $I^2=75\%$ None of the variables: risk of bias, presence of
 16 comorbidity, severity of illness or duration of illness, explain the variability. However, only
 17 Carter provided data on duration of illness. As such a random effects analysis was presented

18 **Figure 922: EDE-restraint with random effects**

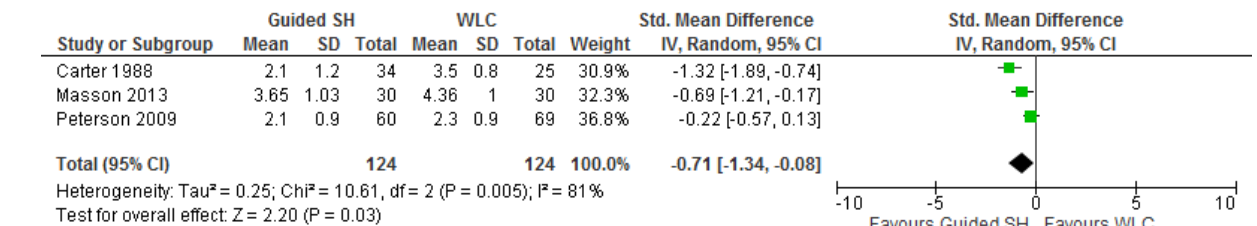


2 **Figure 923: EDE-total**

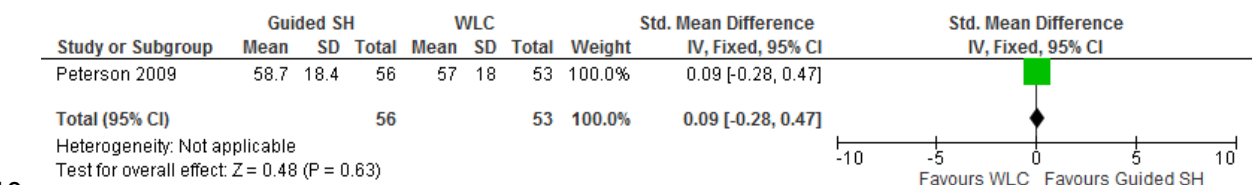


4 Heterogeneity was detected at I²=81%. None of the variables: risk of bias, presence of
5 comorbidity, severity of illness or duration of illness, explain the variability. However, only
6 Carter provided data on duration of illness. As such a random effects analysis was presented

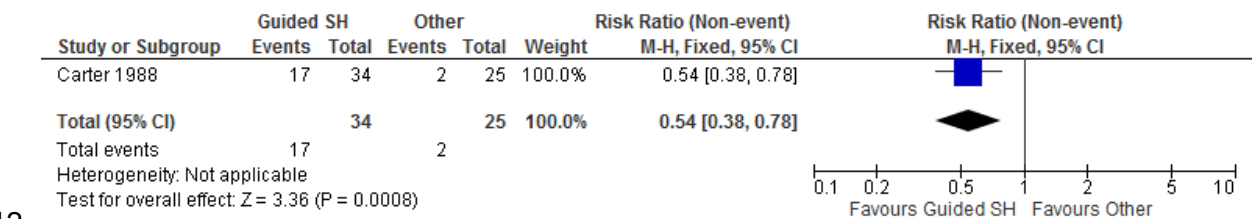
7 **Figure 924: EDE-total with random effects**



9 **Figure 925: Quality of life**

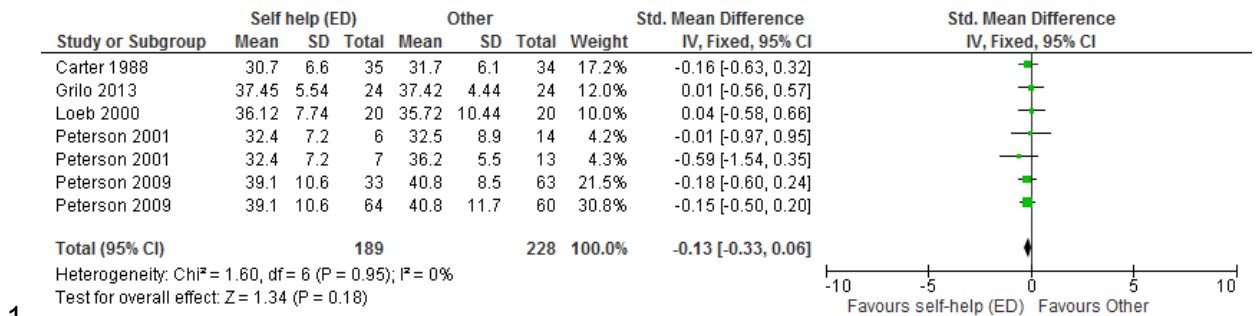


11 **Figure 926: Remission**

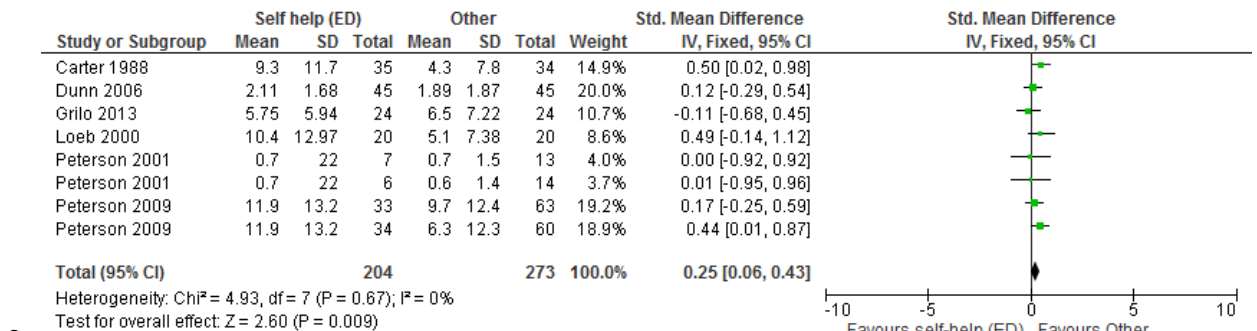


M.3.25.43 **Self-help (ED) compared with any other intervention in adults with binge eating
14 disorder at end of treatment**

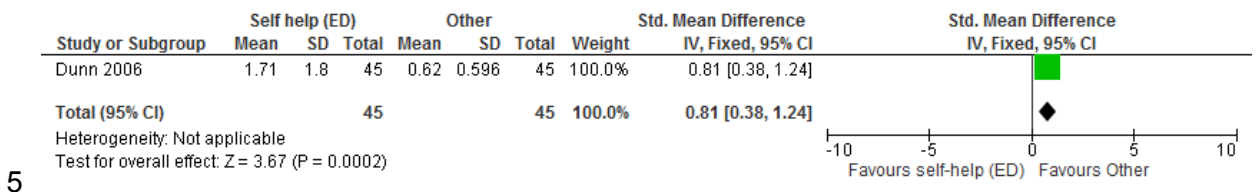
15 **Figure 927: BMI**



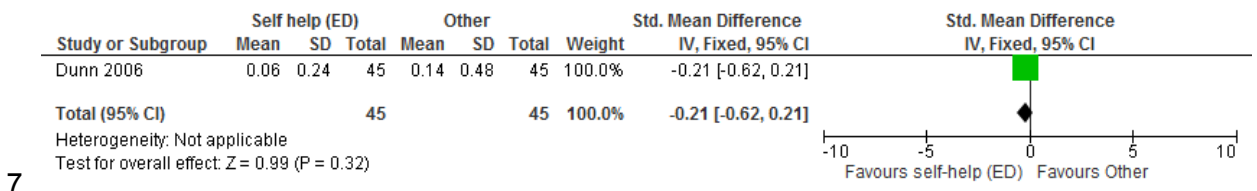
2 **Figure 928: Bingeing**



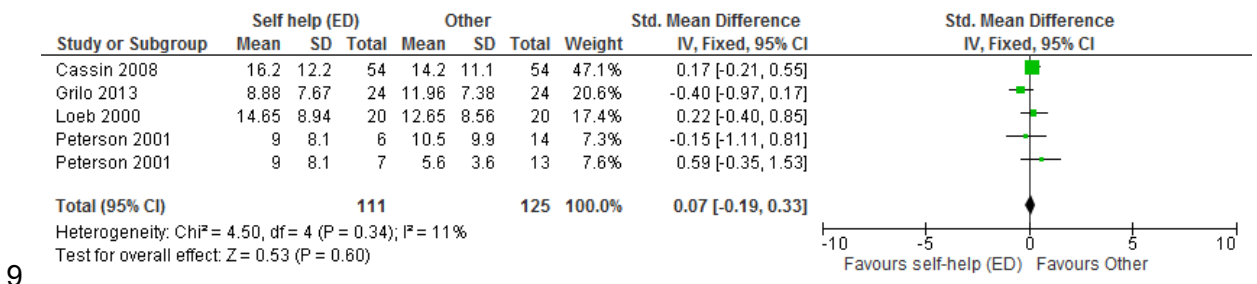
4 **Figure 929: Vomiting**



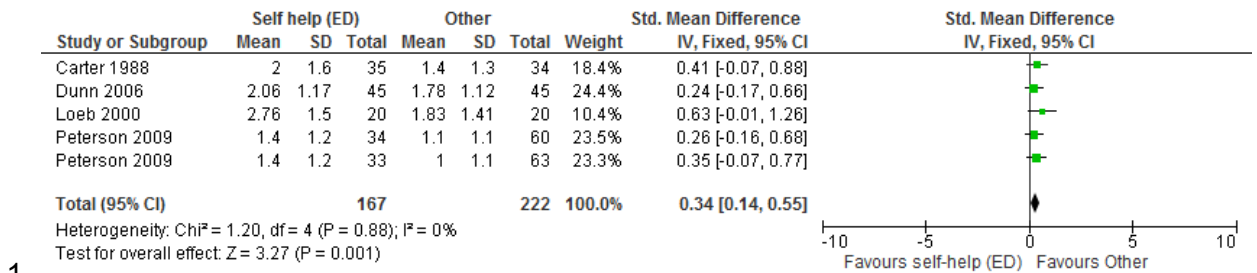
6 **Figure 930: Laxative use**



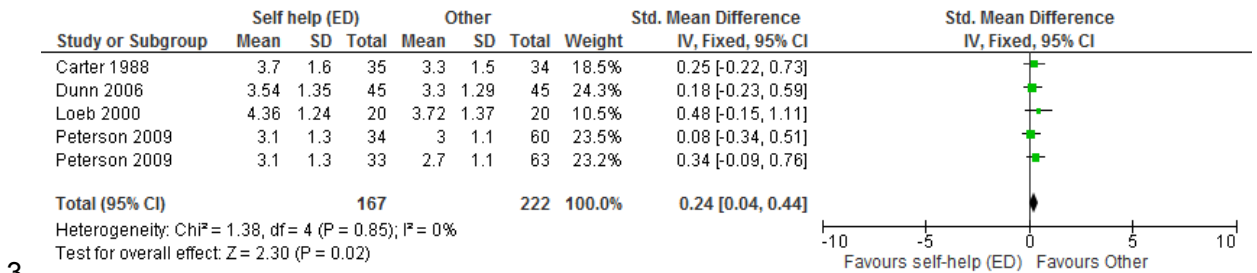
8 **Figure 931: Depression**



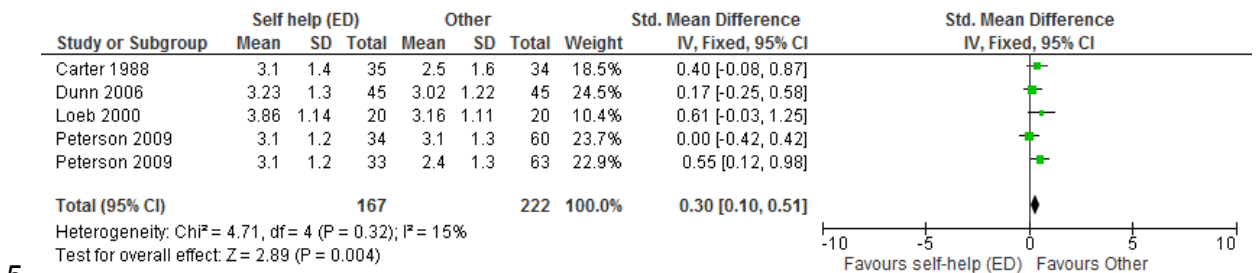
10 **Figure 932: EDE-eating concern**



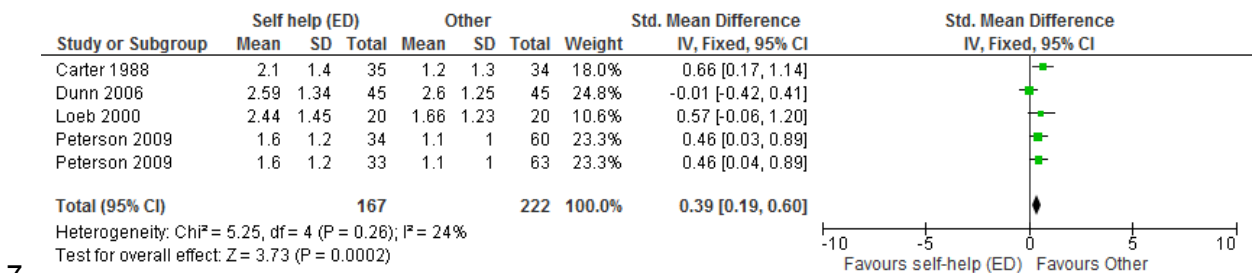
2 **Figure 933: EDE-shape concern**



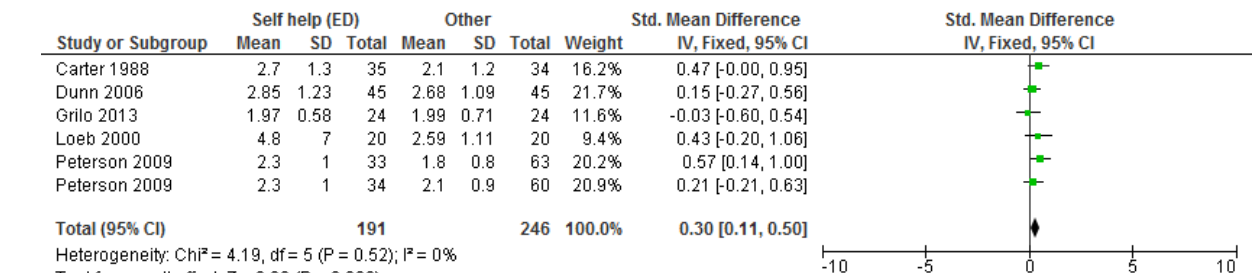
4 **Figure 934: EDE-weight concern**



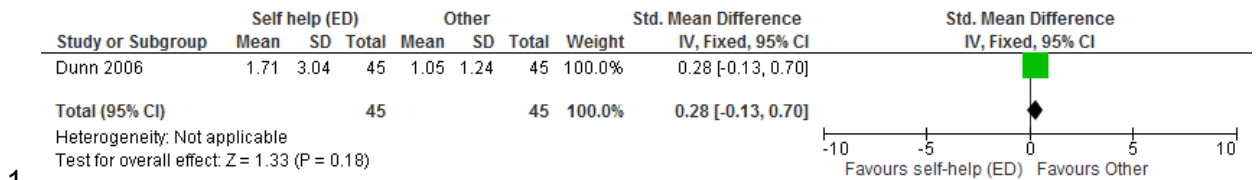
6 **Figure 935: EDE-restraint**



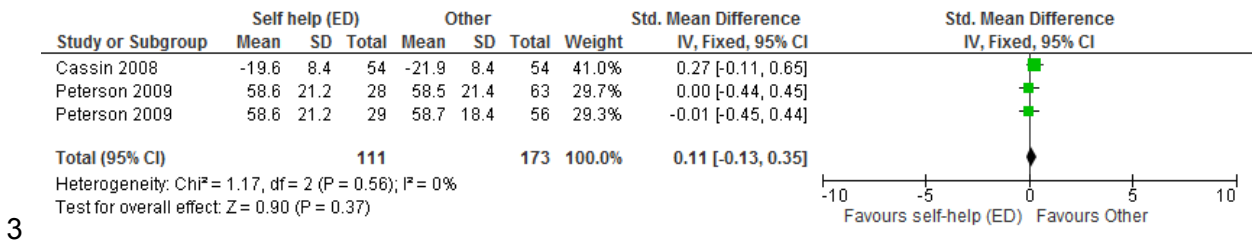
8 **Figure 936: EDE-total**



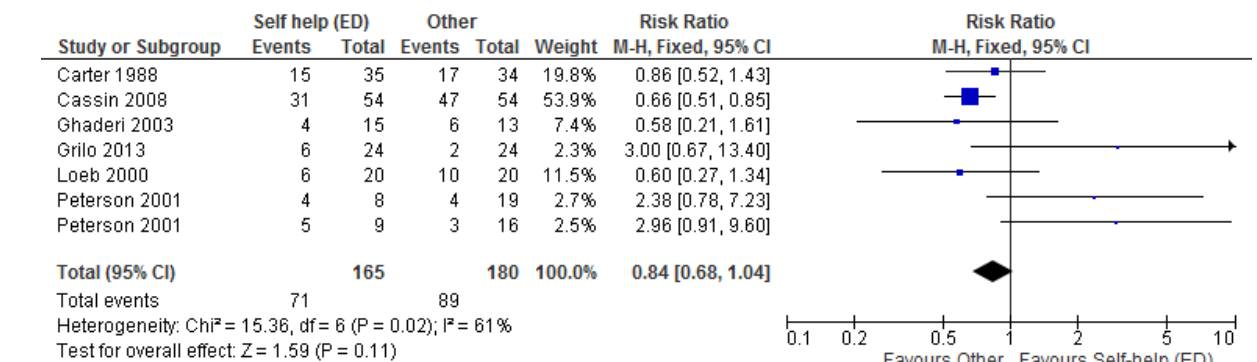
10 **Figure 937: Excessive exercise**



2 **Figure 938: Satisfaction with life**

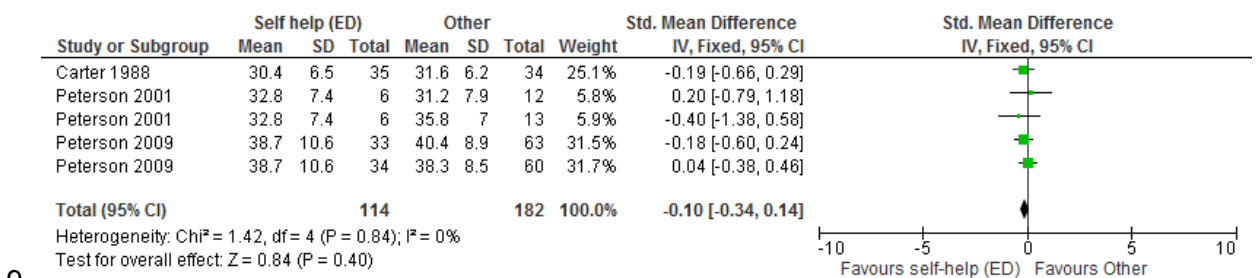


4 **Figure 939: Remission**

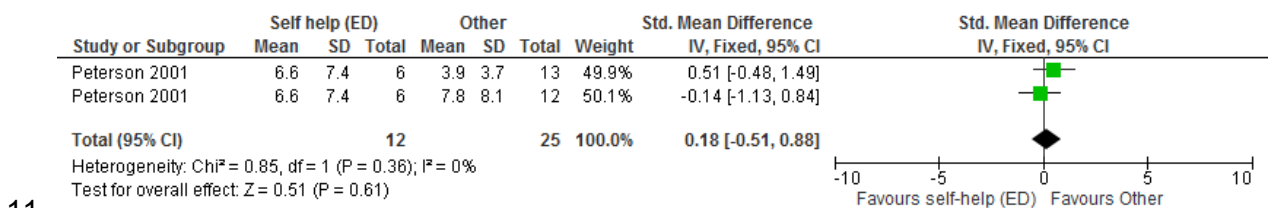


M.3.25.56 **Self-help (ED) compared with any other intervention in adults with binge eating disorder at follow-up**

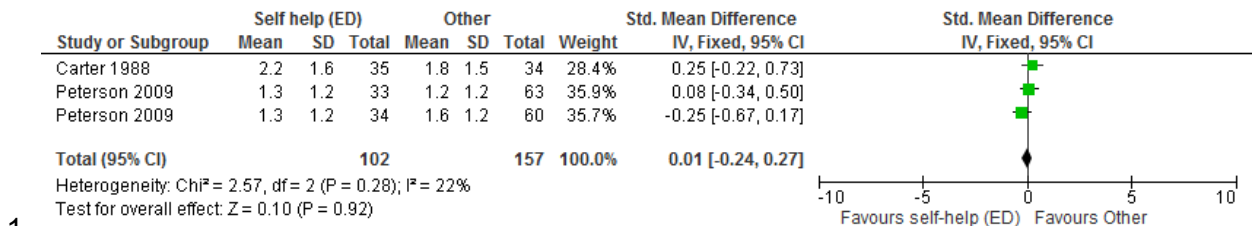
8 **Figure 940: BMI**



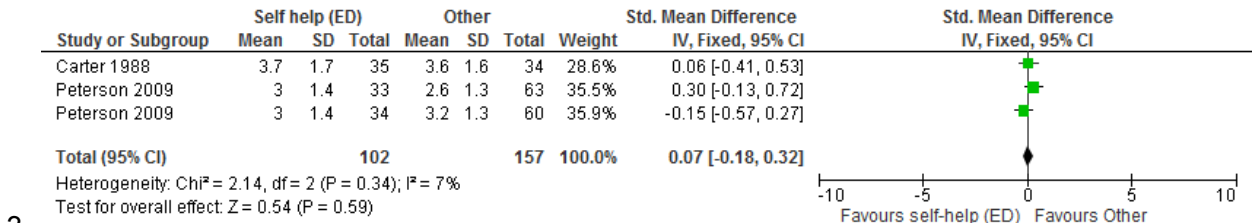
10 **Figure 941: Depression**



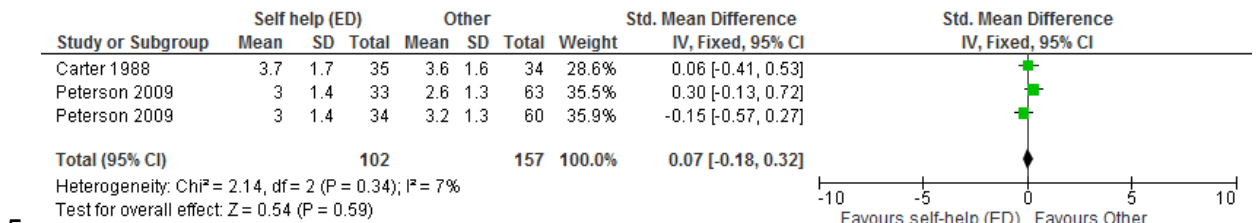
12 **Figure 942: EDE-eating concern**



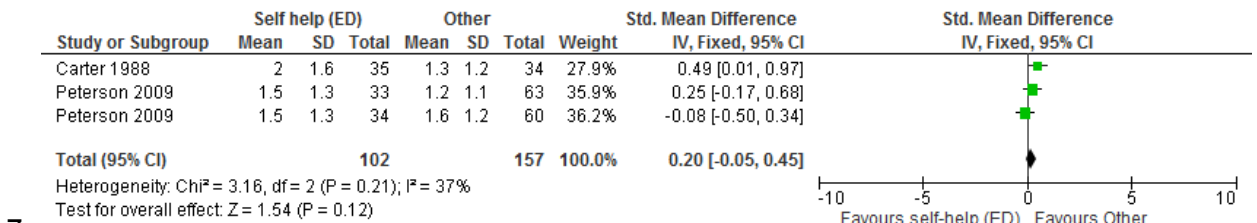
2 **Figure 943: EDE-shape concern**



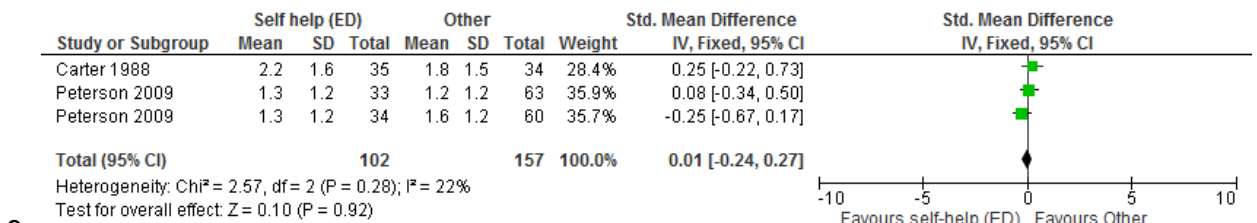
4 **Figure 944: EDE-weight concern**



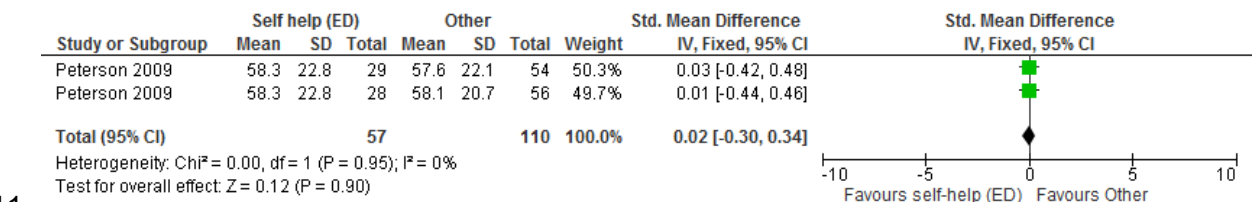
6 **Figure 945: EDE-restraint**



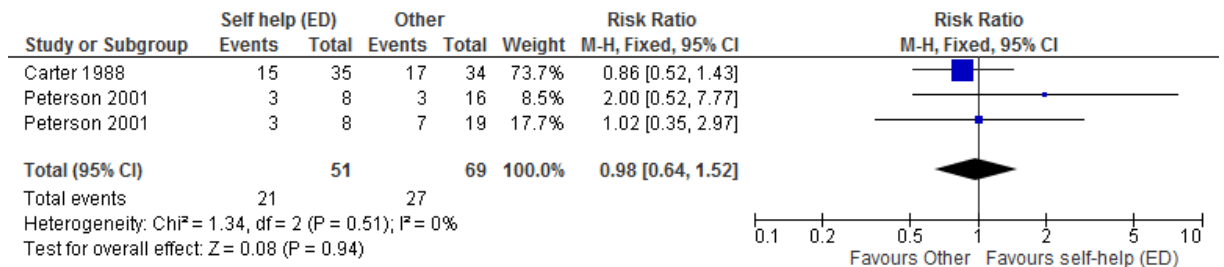
8 **Figure 946: EDE-total**



10 **Figure 947: Quality of life**



12 **Figure 948: Remission**

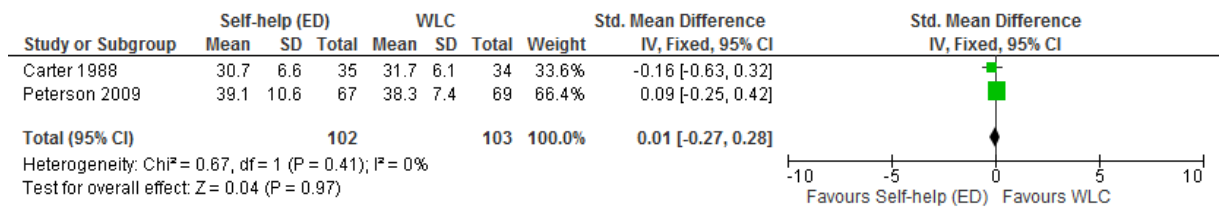


1

M.3.25.62 Self-help (ED) compared with wait list controls (WLC) in adults with binge eating disorder at end of treatment

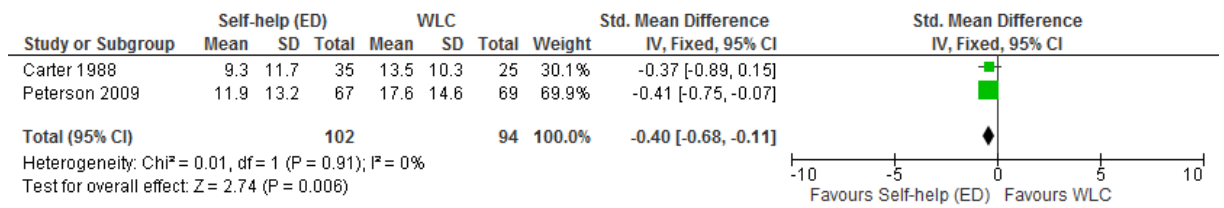
3

4 Figure 949: BMI



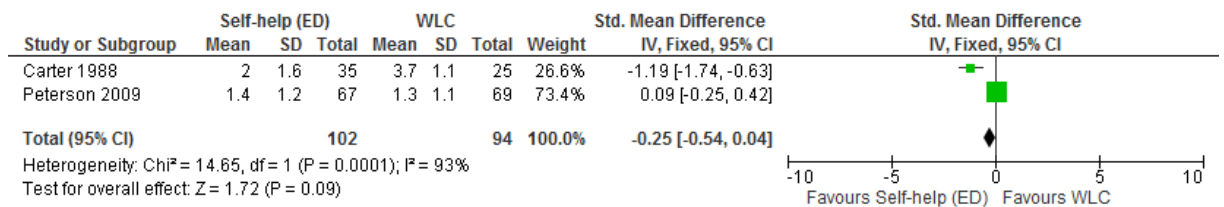
5

6 Figure 950: Bingeing



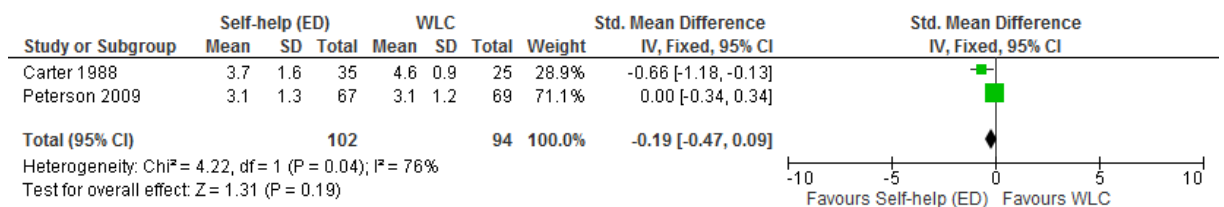
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8 Figure 951: EDE-eating concern



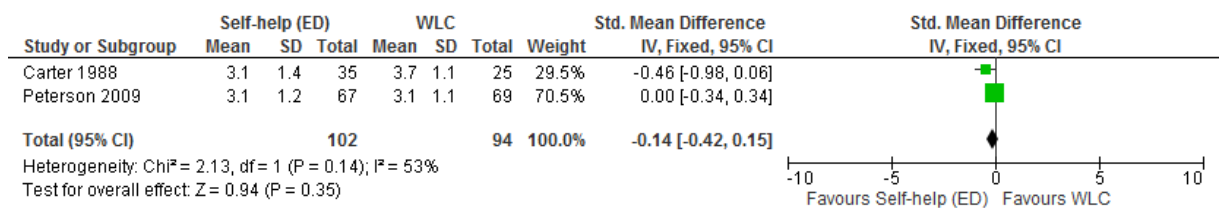
9

10 Figure 952: EDE-shape concern



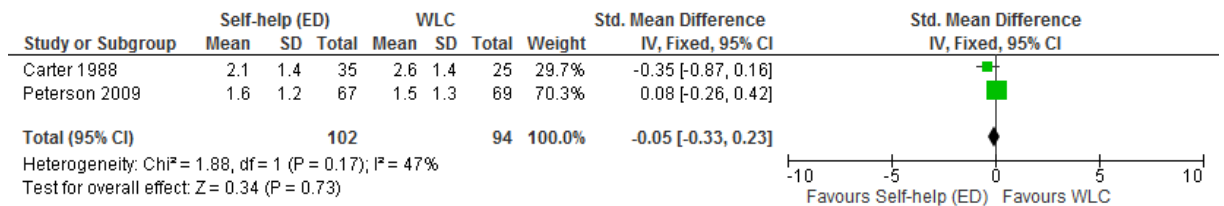
11

12 Figure 953: EDE-weight concern



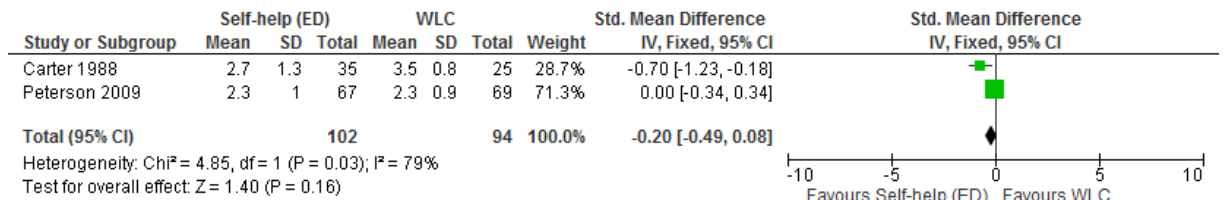
13

1 **Figure 954: EDE-restraint**



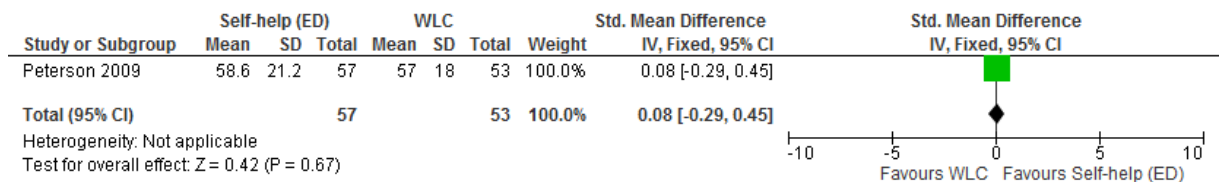
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3 **Figure 955: EDE-total**



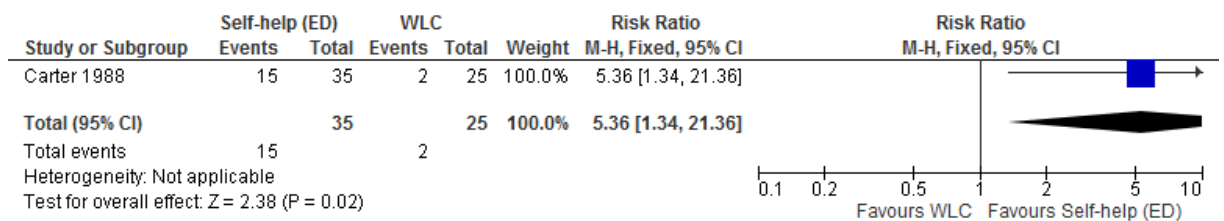
4

5 **Figure 956: Quality of life**



6

7 **Figure 957: Remission**

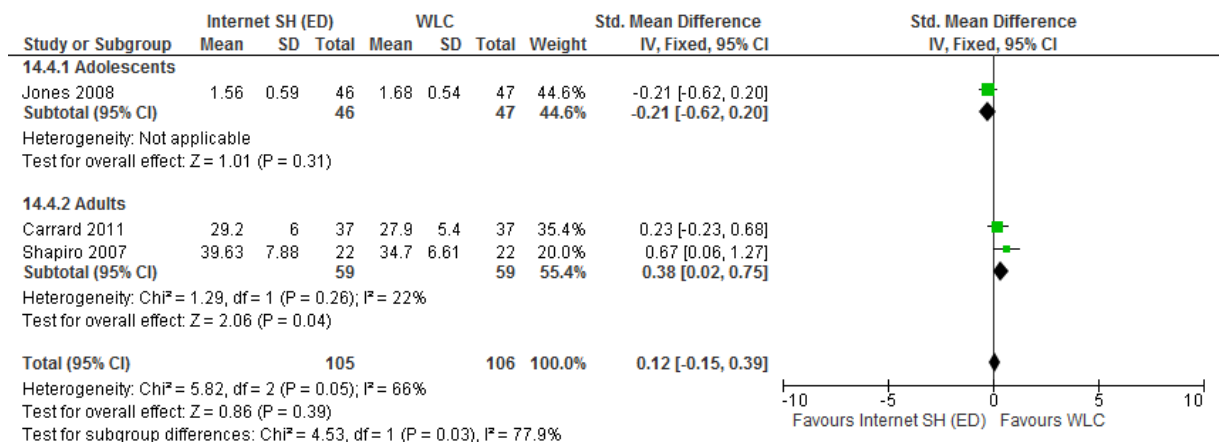


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M.3.25.79 **Internet self-help (ED) compared with wait list controls (WLC) in adults (unless otherwise stated) with binge eating disorder at end of treatment**

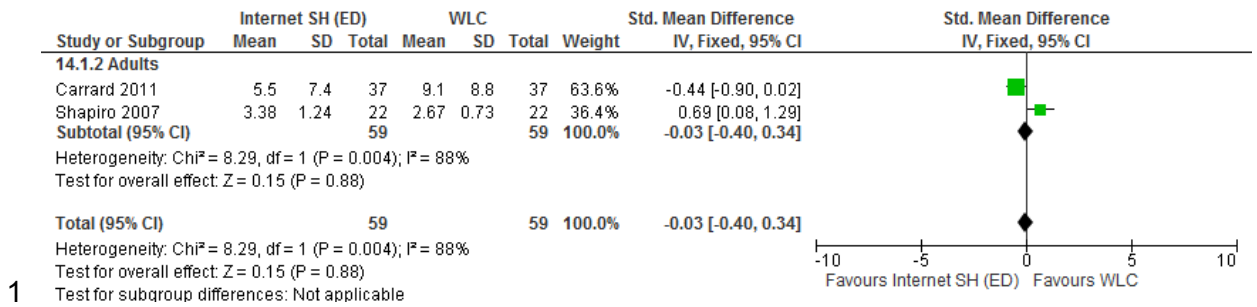
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11 **Figure 958: BMI in young people and adults**

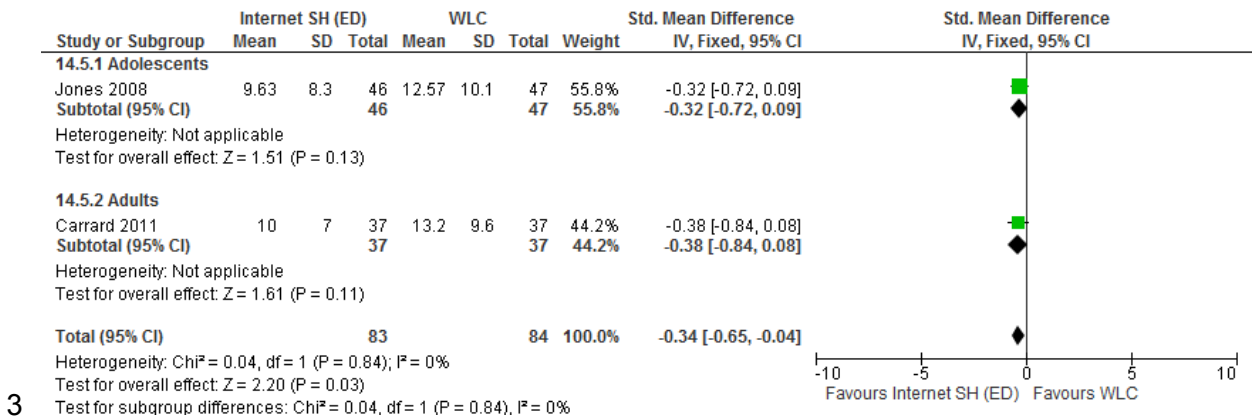


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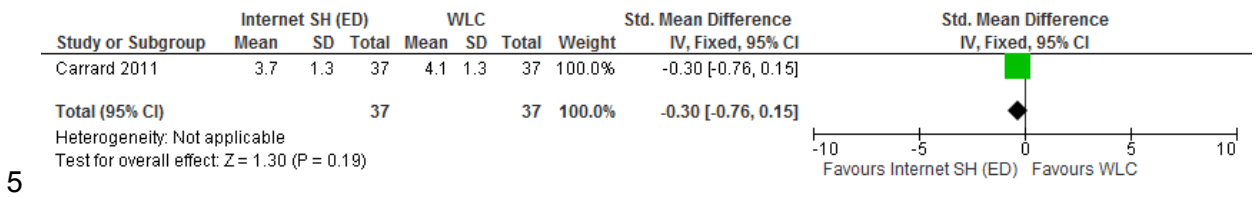
13 **Figure 959: Bingeing**



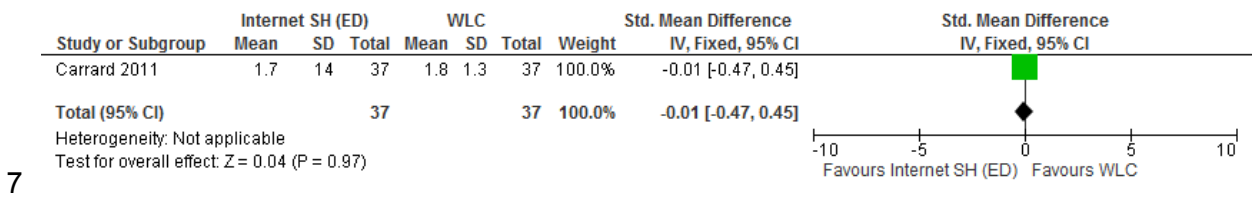
2 **Figure 960: Depression in young people and adults**



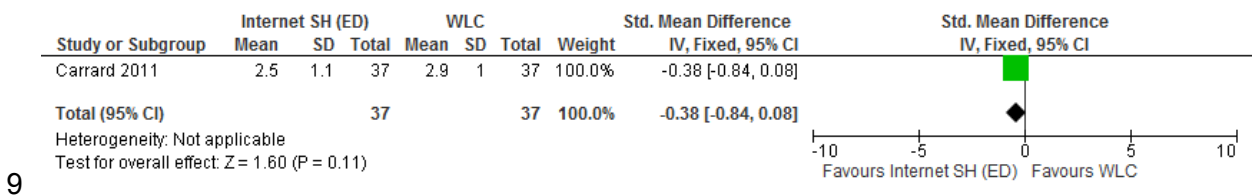
4 **Figure 961: EDE-shape concern**



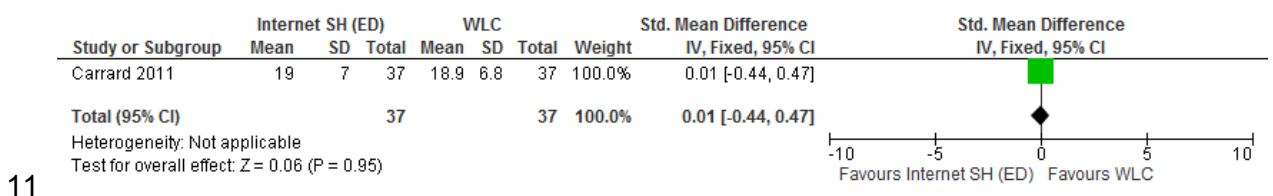
6 **Figure 962: EDE-restraint**



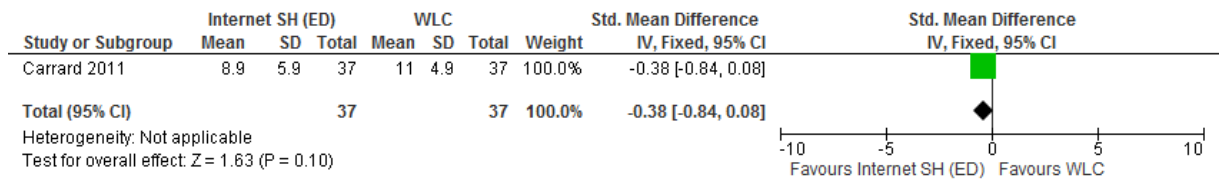
8 **Figure 963: EDE-total**



10 **Figure 964: EDI-body dissatisfaction**

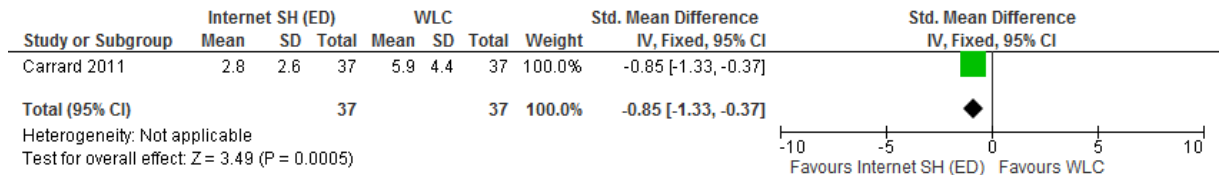


1 **Figure 965: EDI-drive for thinness**



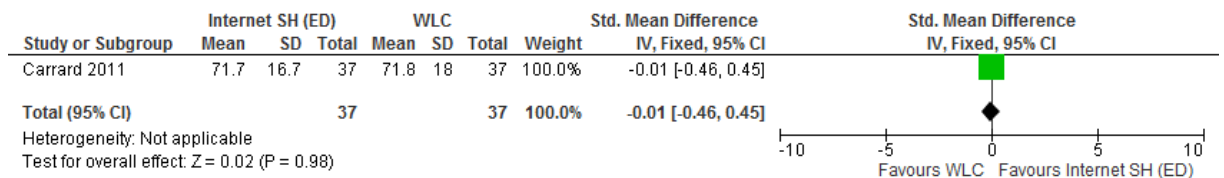
2

3 **Figure 966: EDI-bulimia**



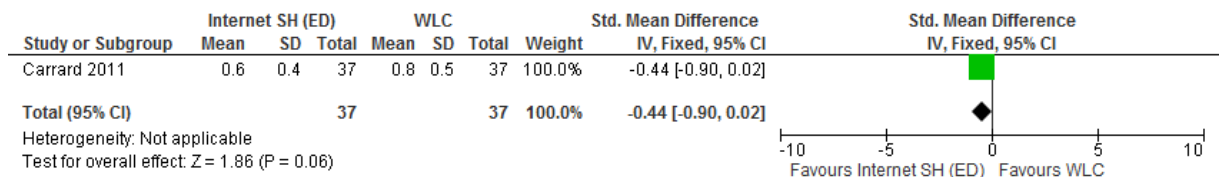
4

5 **Figure 967: Quality of life**



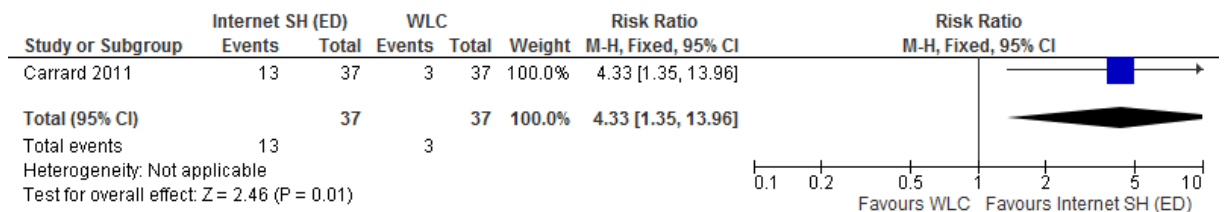
6

7 **Figure 968: Global severity**



8

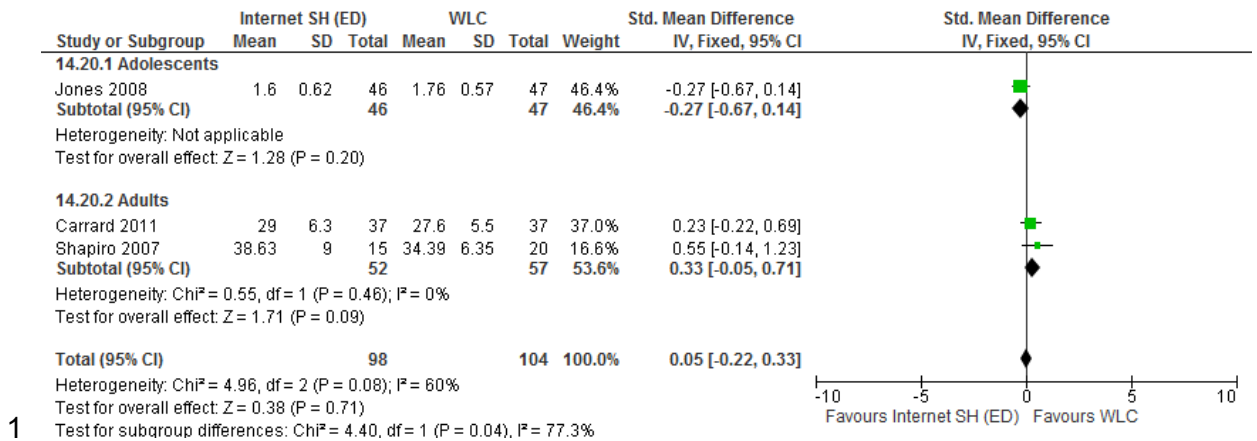
9 **Figure 969: Remission**



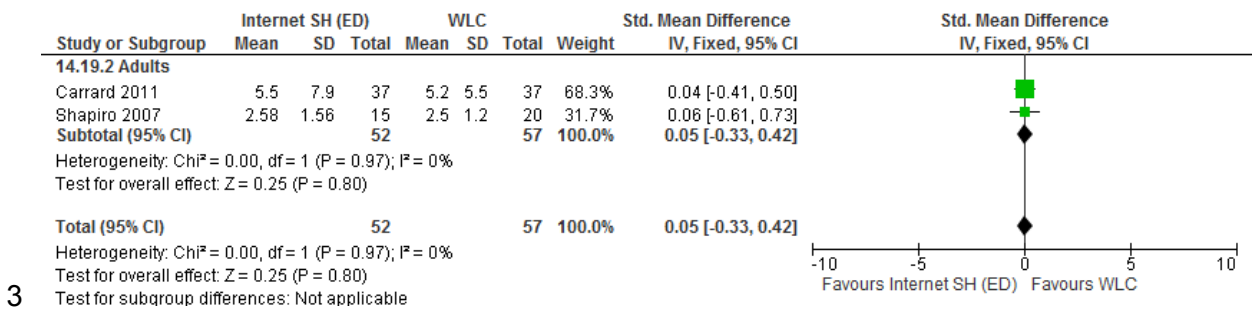
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M.3.25.81 **Internet self-help (ED) compared with wait list controls in adults (unless otherwise stated) with binge eating disorder at follow-up**

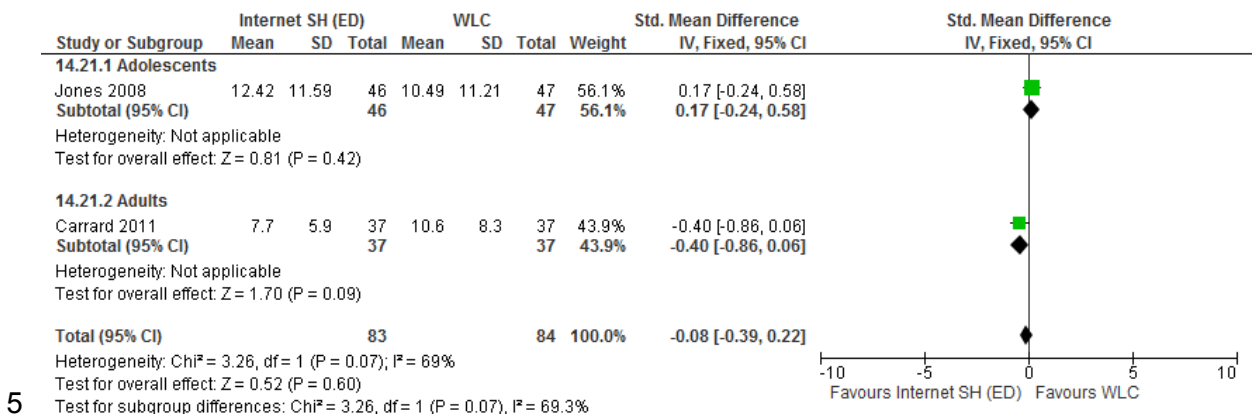
13 **Figure 970: BMI in young people and adults**



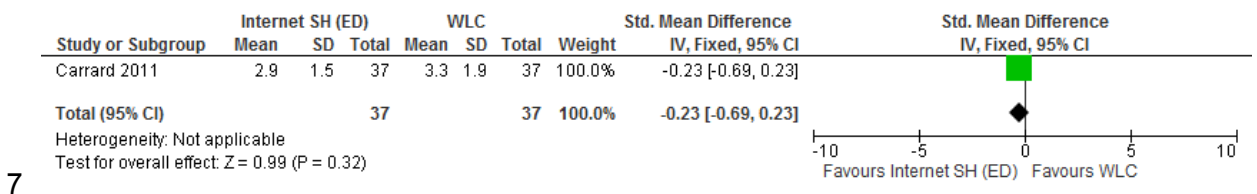
2 Figure 971: Bingeing



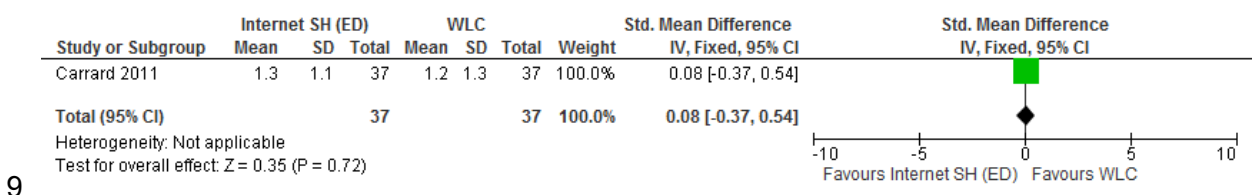
4 Figure 972: Depression in young people and adults



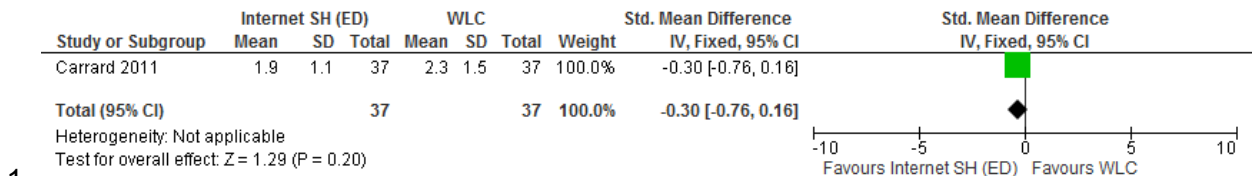
6 Figure 973: EDE-shape concern



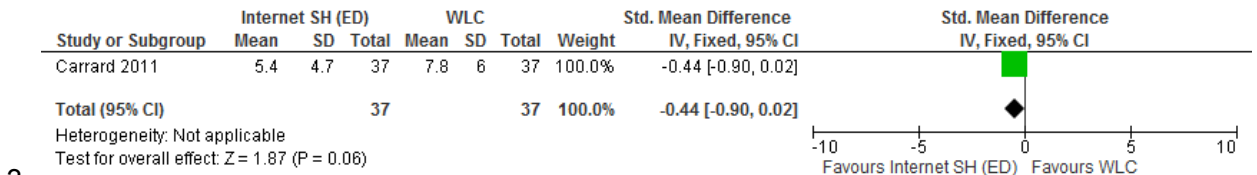
8 Figure 974: EDE-restraint



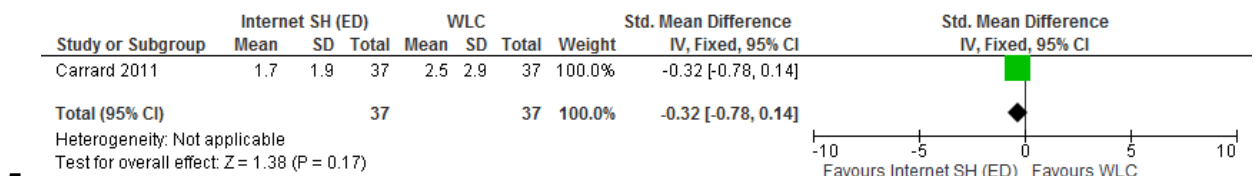
10 Figure 975: EDE-total



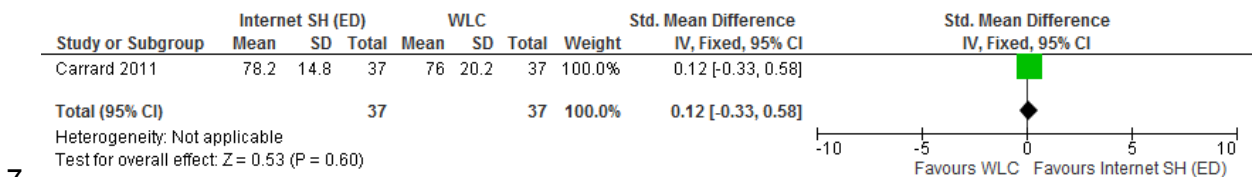
2 **Figure 976: EDI-drive for thinness**



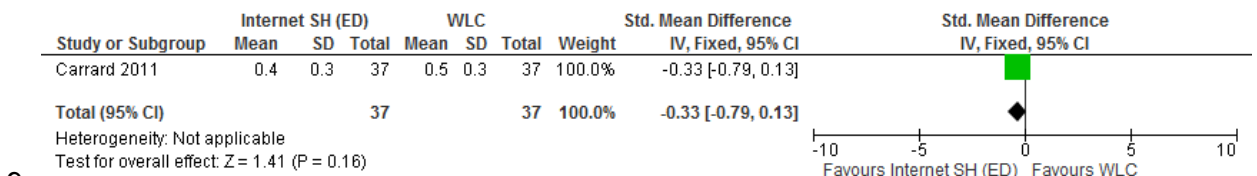
4 **Figure 977: EDI-bulimia**



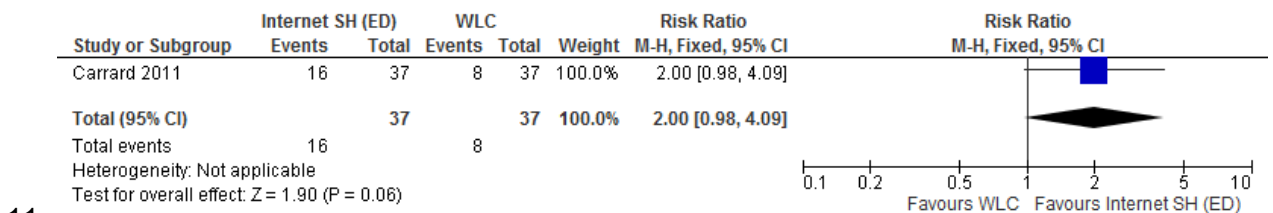
6 **Figure 978: Quality of life**



8 **Figure 979: Global severity**

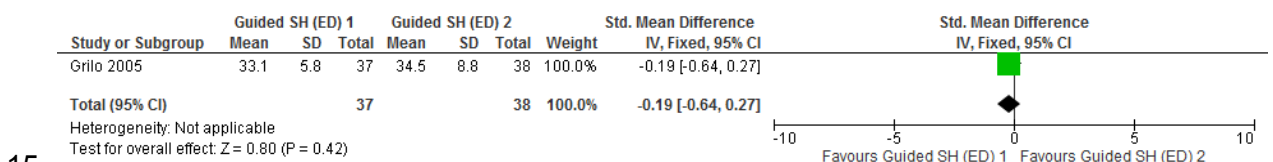


10 **Figure 980: Remission**

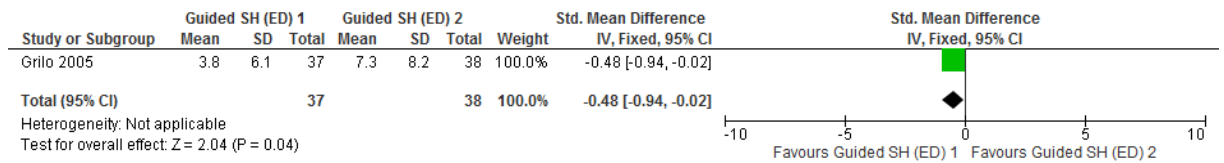


M.3.25.92 **Guided self-help (ED) compared with guided self-help in adults with binge eating disorder at end of treatment**

14 **Figure 981: BMI**

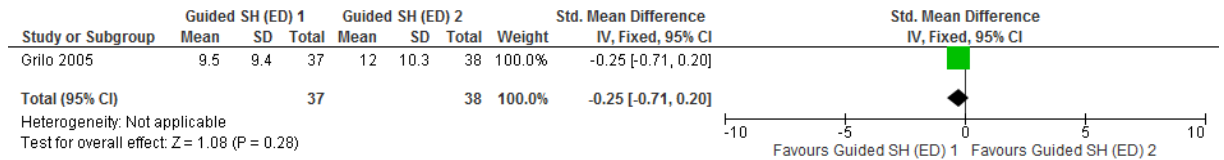


1 **Figure 982: Bingeing**



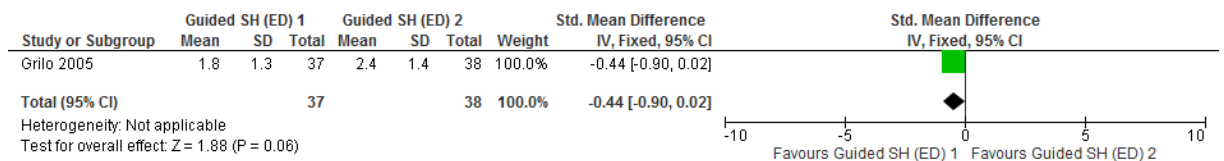
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3 **Figure 983: Depression**



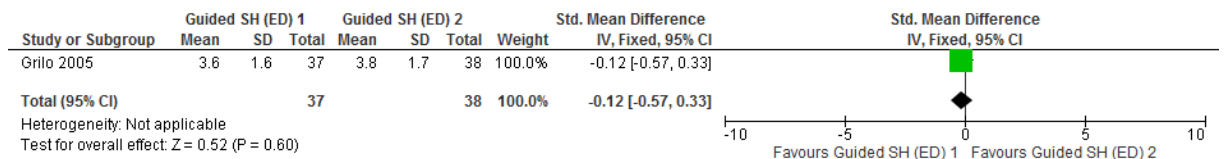
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5 **Figure 984: EDE-eating concern**



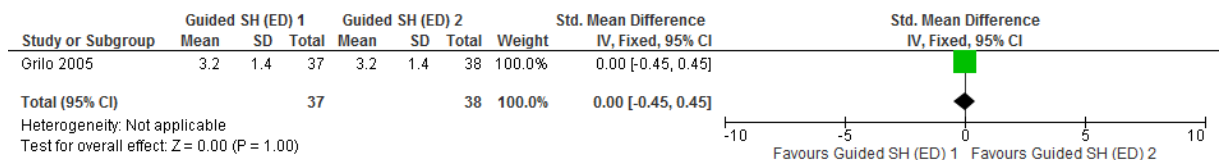
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7 **Figure 985: EDE-shape concern**



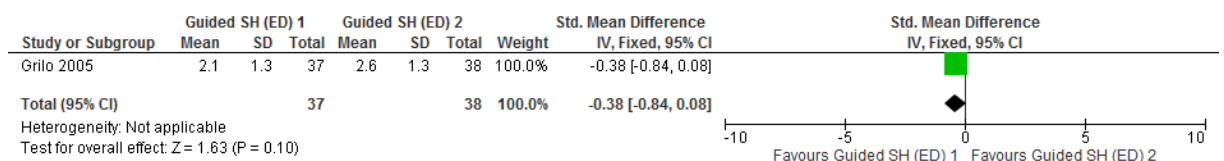
8

9 **Figure 986: EDE-weight concern**



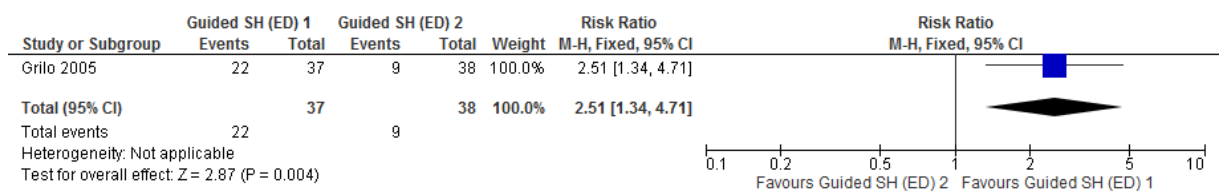
10

11 **Figure 987: EDE-restraint**



12

13 **Figure 988: Remission**

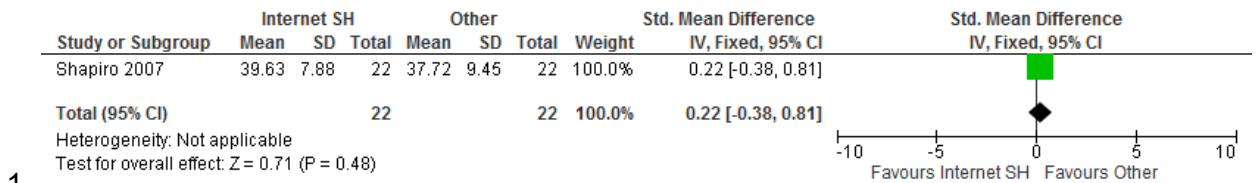


14

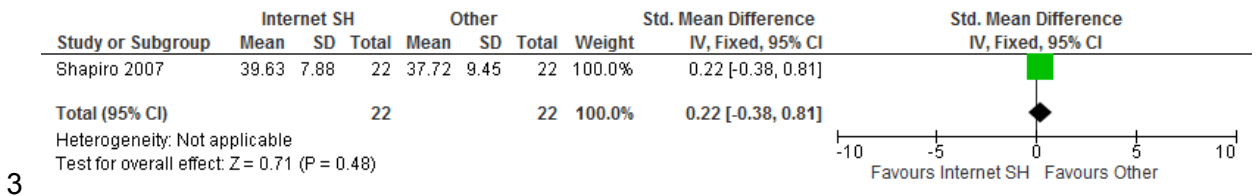
M.3.25.105 **Internet self-help (ED) compared with any other intervention in adults with binge eating disorder at end of treatment**

16

17 **Figure 989: BMI**

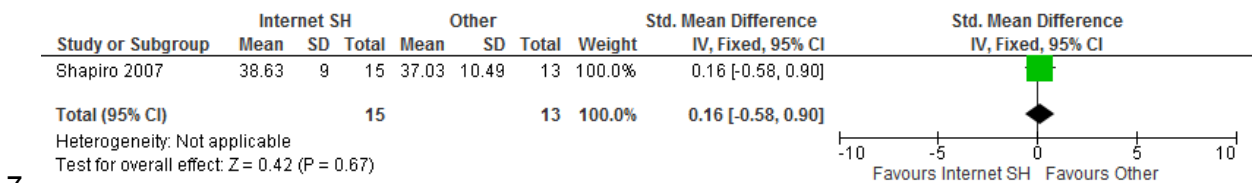


2 **Figure 990: Bingeing**

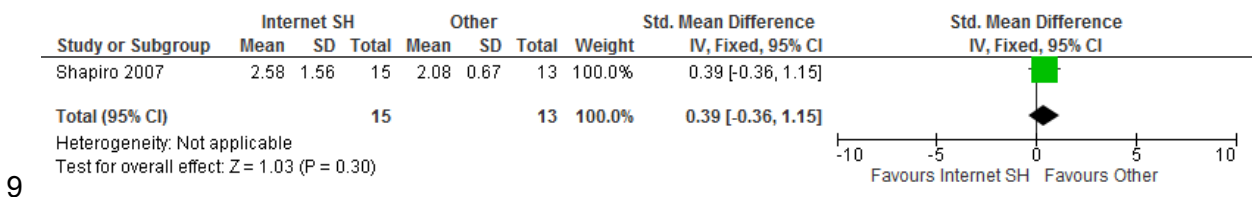


M.3.25.114 **Internet self-help (ED) compared with any other intervention in adults with binge eating disorder at follow-up**

6 **Figure 991: BMI**



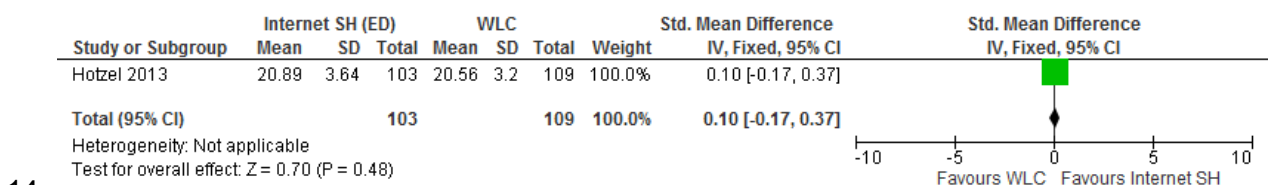
8 **Figure 992: Bingeing**



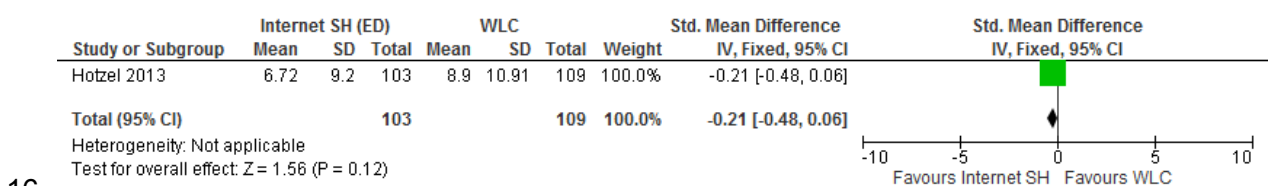
M.3.260 **Any eating disorder and self-help**

M.3.26.11 **Internet self-help (ED) compared with wait list controls (WLC) in adults with any eating disorder at end of treatment**

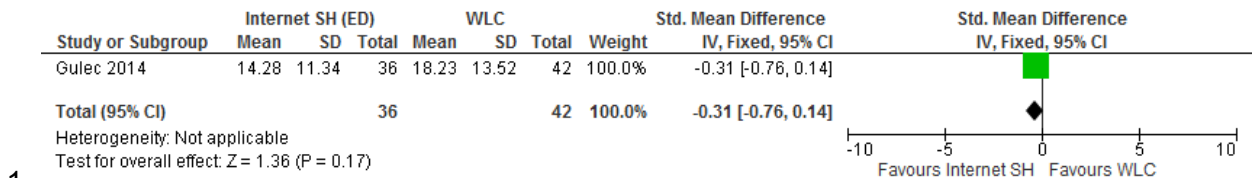
13 **Figure 993: BMI**



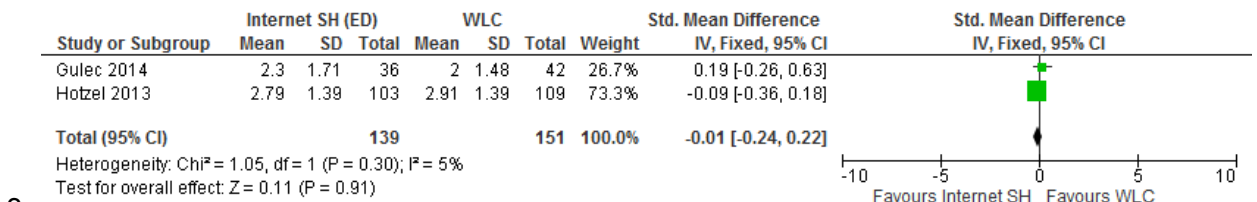
15 **Figure 994: Vomiting**



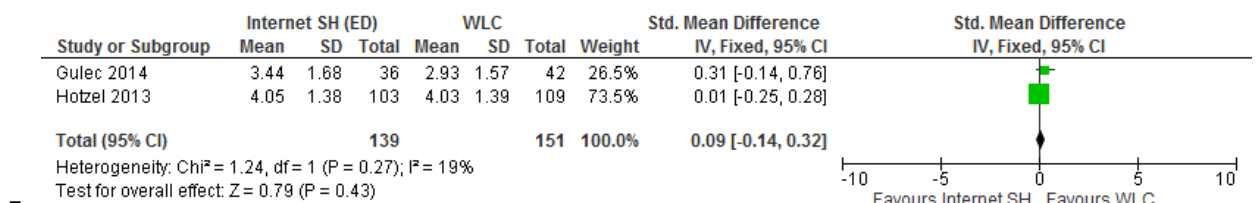
17 **Figure 995: Depression**



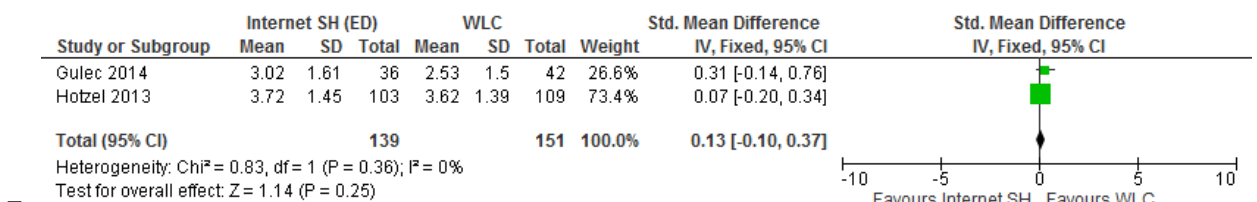
2 **Figure 996: EDE-eating concern**



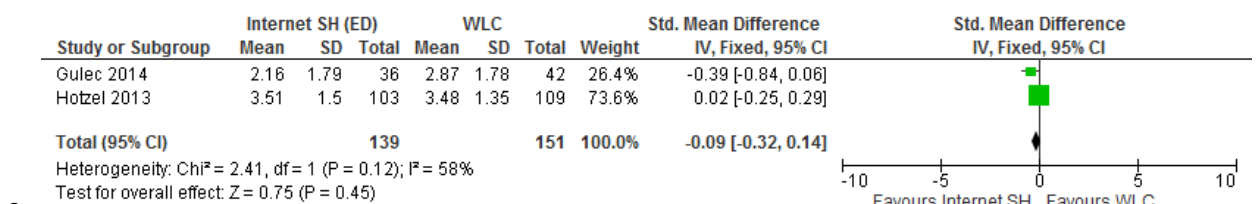
4 **Figure 997: EDE-shape concern**



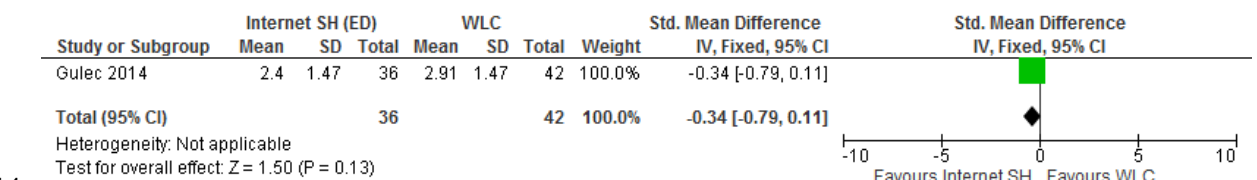
6 **Figure 998: EDE-weight concern**



8 **Figure 999: EDE-restraint**

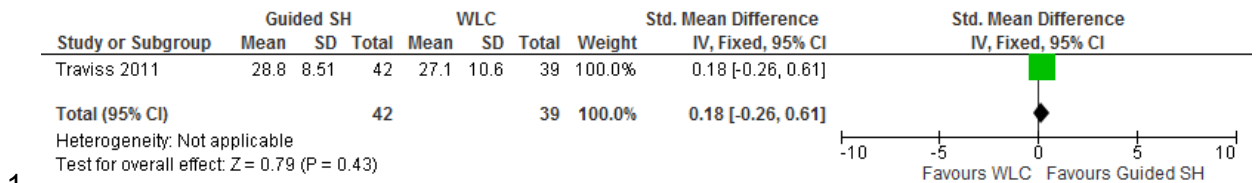


10 **Figure 1000: EDE-total**

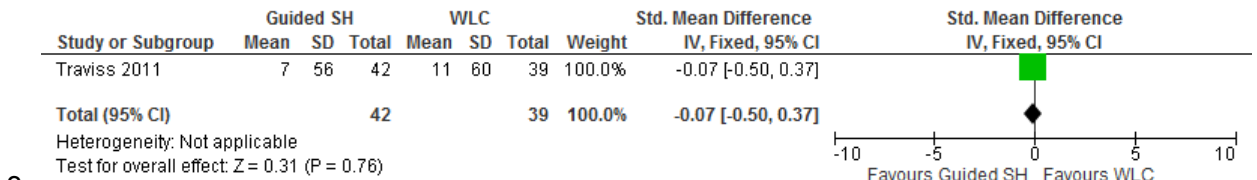


M.3.26.12 **Guided self-help (ED) compared with wait list controls in adults with any eating disorder at end of treatment**

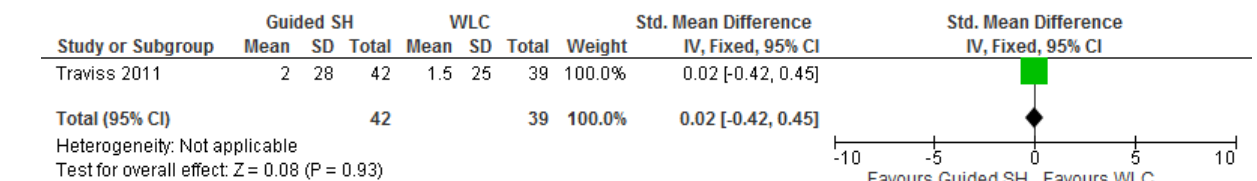
14 **Figure 1001: BMI**



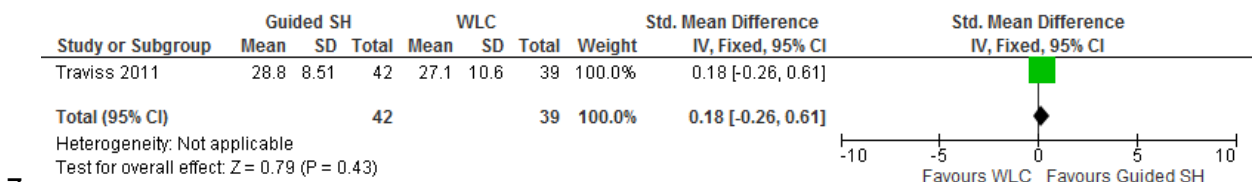
2 **Figure 1002: Bingeing**



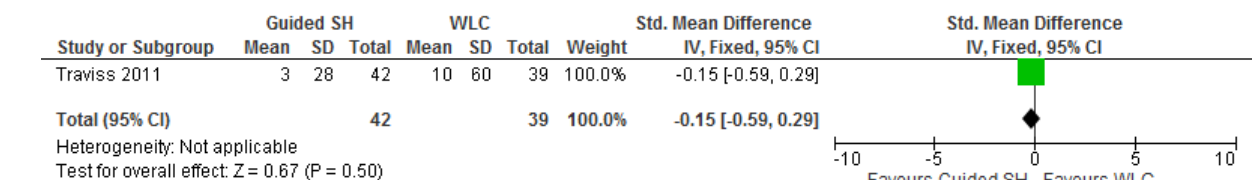
4 **Figure 1003: Exercise frequency**



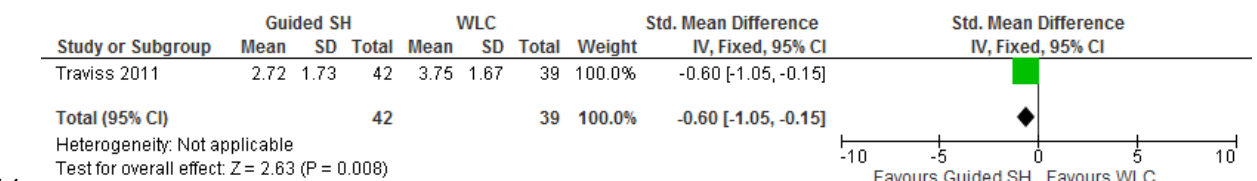
6 **Figure 1004: Vomiting**



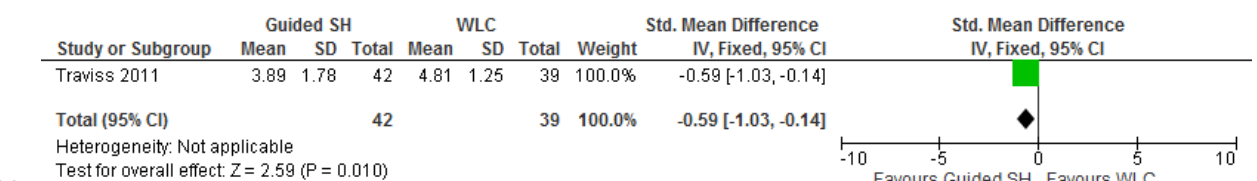
8 **Figure 1005: Laxative use**



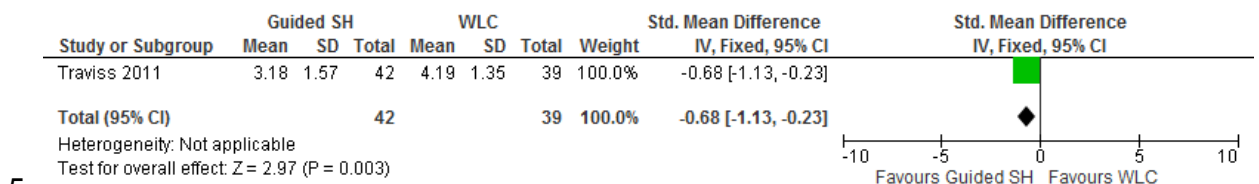
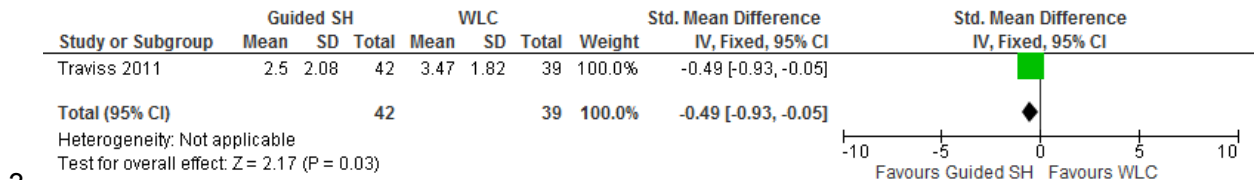
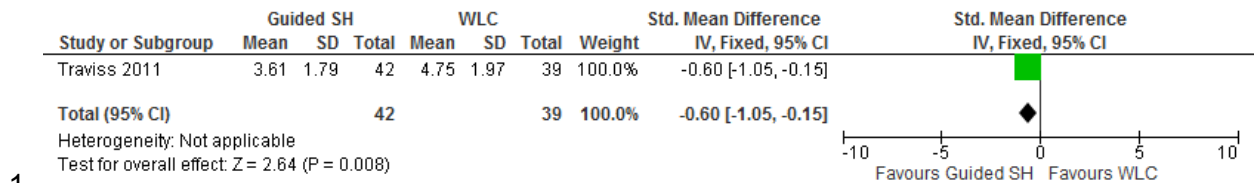
10 **Figure 1006: EDE-eating concern**



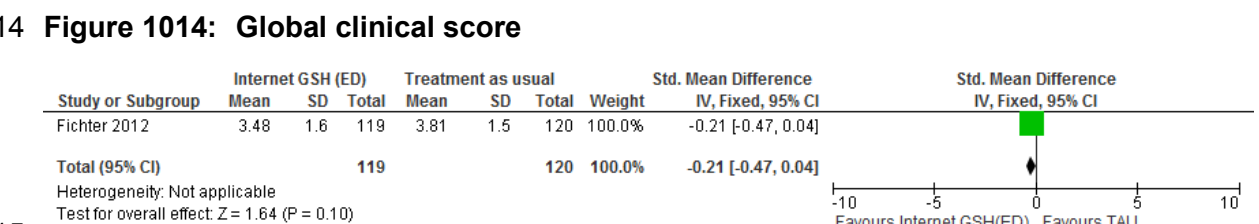
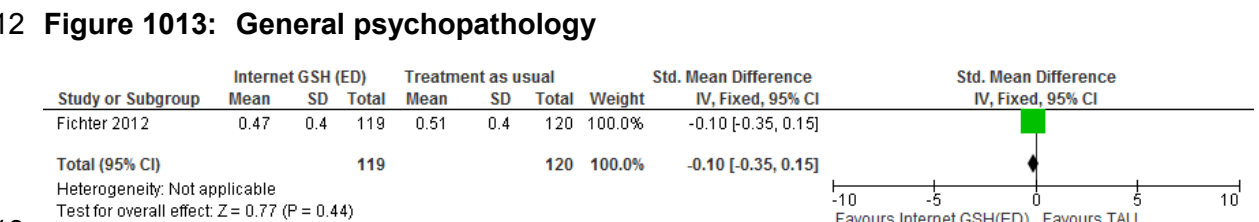
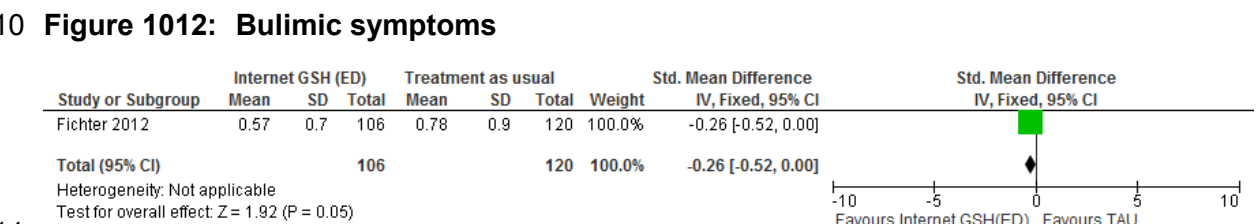
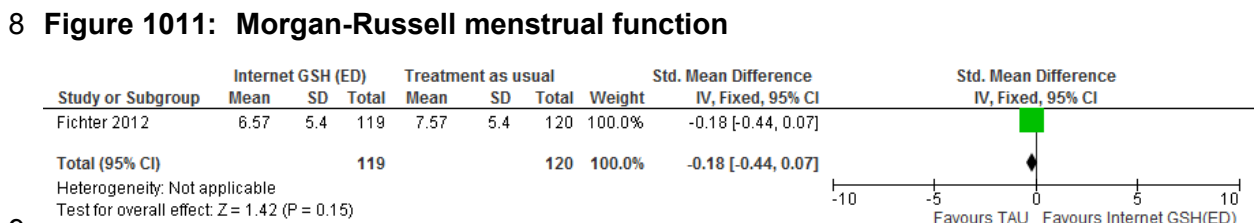
12 **Figure 1007: EDE-shape concern**

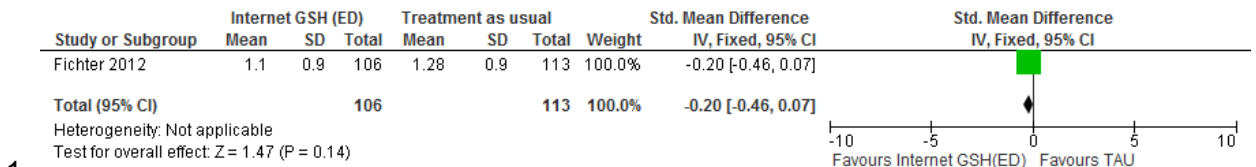


14 **Figure 1008: EDE-weight concern**

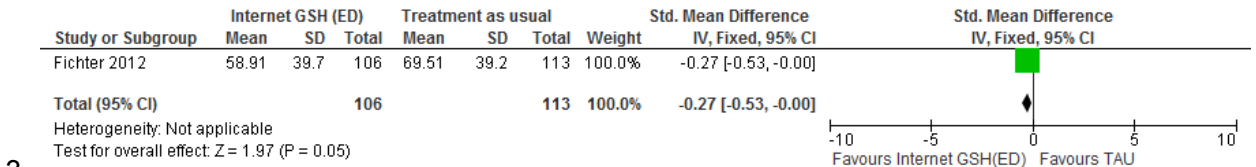


M.3.26.36 **Guided self-help (ED) compared with treatment as usual (TAU) in adults with any eating disorder at end of treatment**

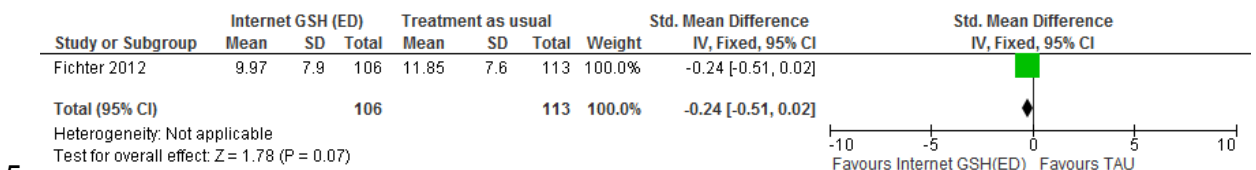




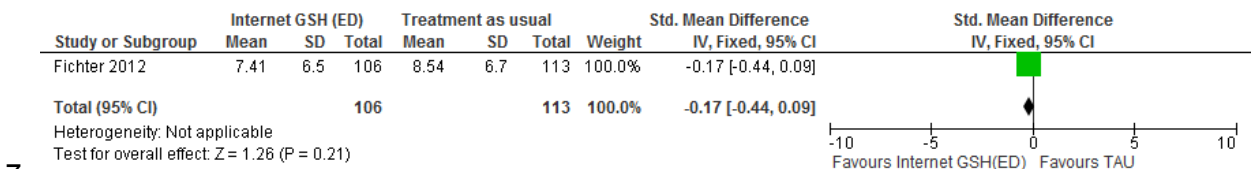
2 **Figure 1016: EDE-total**



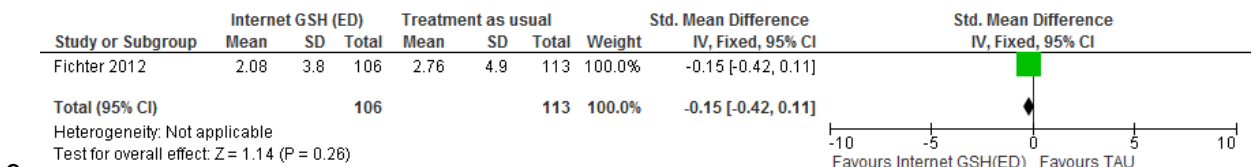
4 **Figure 1017: EDI-body dissatisfaction**



6 **Figure 1018: EDI-drive for thinness**

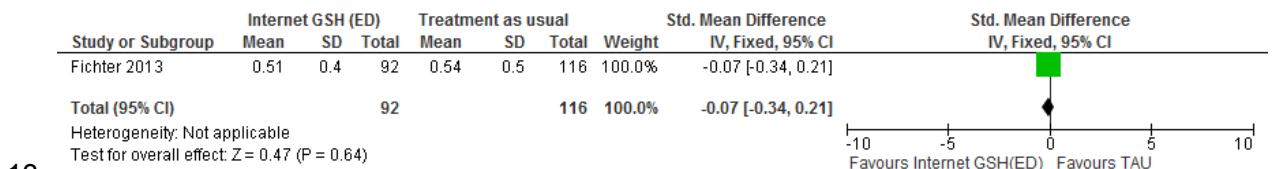


8 **Figure 1019: EDI-bulimia**

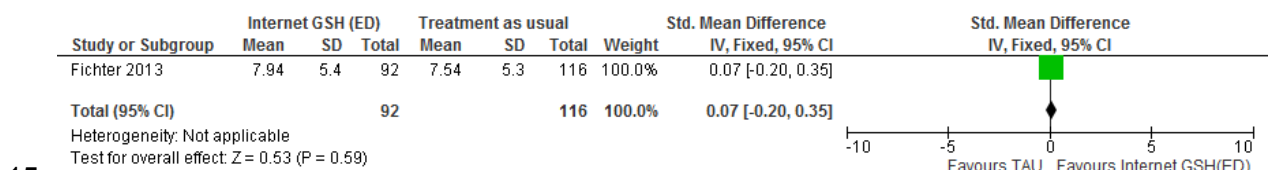


M.3.270 Guided self-help (ED) compared with treatment as usual (TAU) in adults with any eating disorder at follow-up

12 **Figure 1020: General psychopathology**

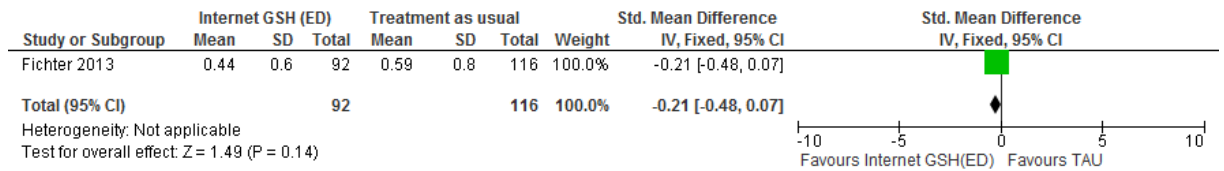


14 **Figure 1021: Morgan-Russell menstrual function**



16 **Figure 1022: Bulimic symptoms**

1

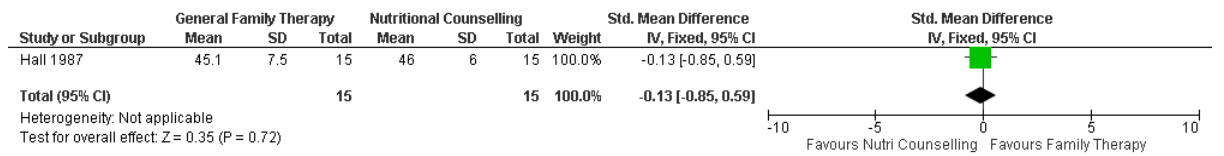


M.3.282 Family therapy for anorexia nervosa

M.3.28.13 General family therapy versus nutritional counselling in adults with anorexia nervosa at end of treatment

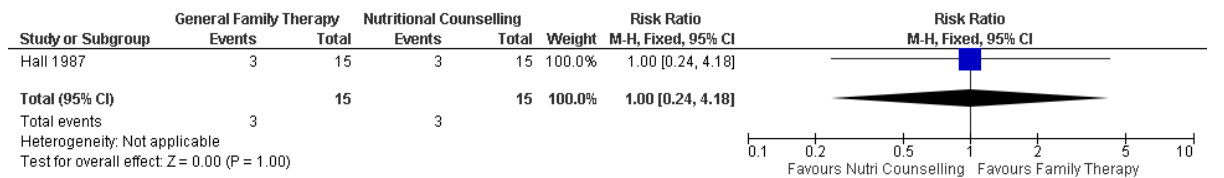
6

5 Figure 1023: Weight (kg)



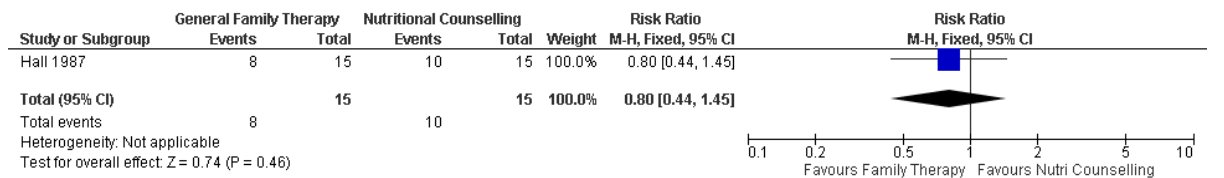
8

7 Figure 1024: Regular menstruation



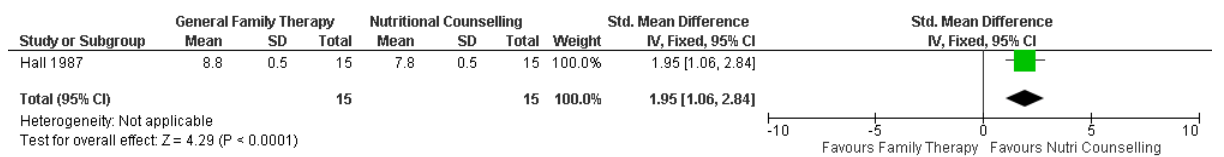
10

9 Figure 1025: Amenorrheic



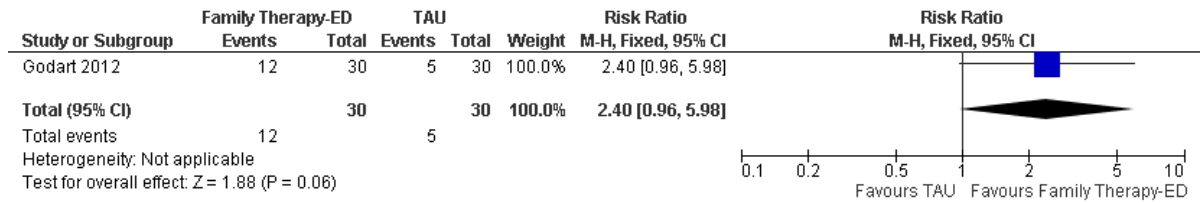
12

11 Figure 1026: Global clinical score



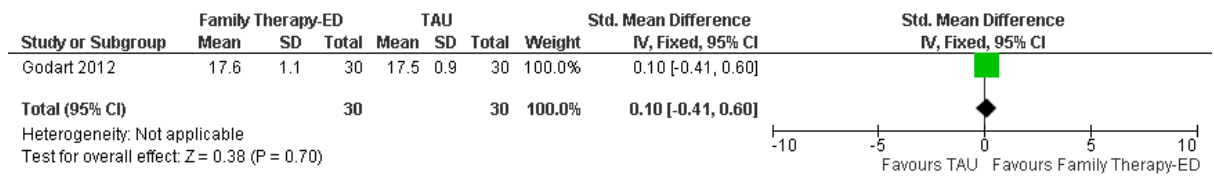
M.3.28.21 Family therapy-ED and treatment as usual versus treatment as usual in young inpatients with anorexia nervosa at end of treatment

3 Figure 1027: Remission (ITT)



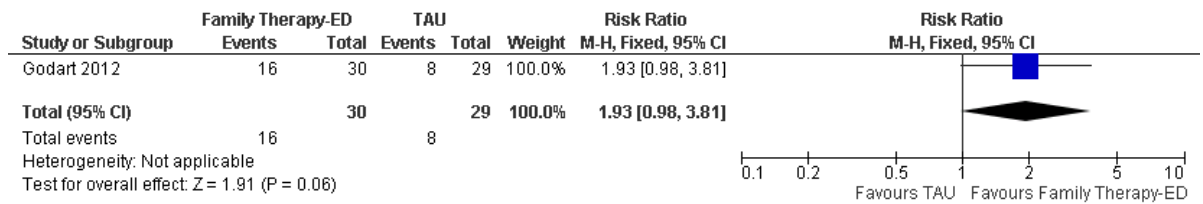
4

5 Figure 1028: BMI



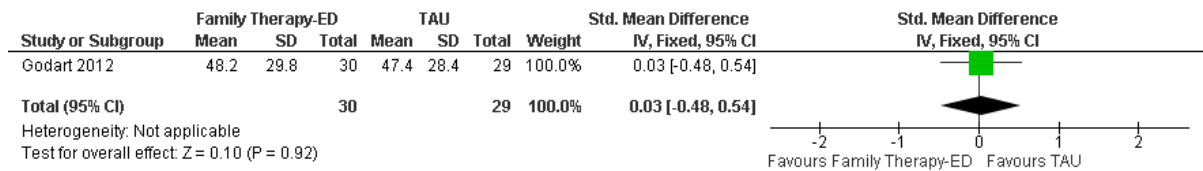
6

7 Figure 1029: No. of patients \geq BMI 10th percentile (age-sex corrected)



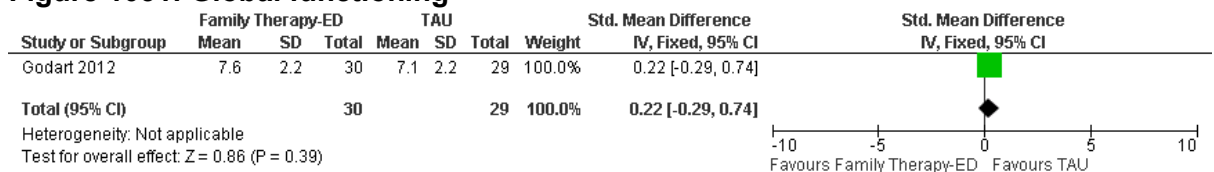
8

9 Figure 1030: EDI Total



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11 Figure 1031: Global functioning



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13 Figure 1032: Amenorrheic patients



14

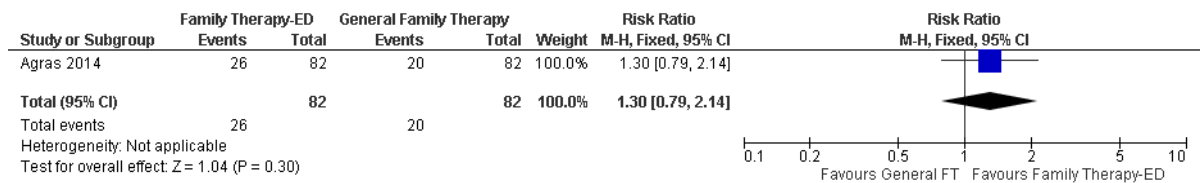
1 **Figure 1033: Hospitalizations to end of treatment**



2

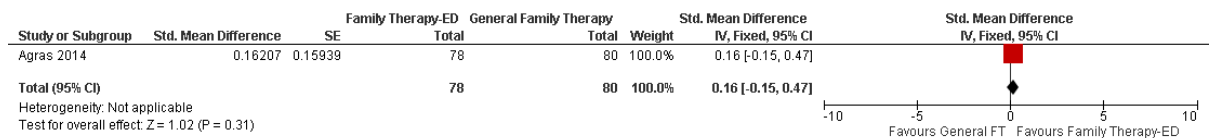
M.3.28.33 **Family therapy-ED versus general family therapy in young people with anorexia nervosa at end of treatment**

5 **Figure 1034: Remission (ITT)**



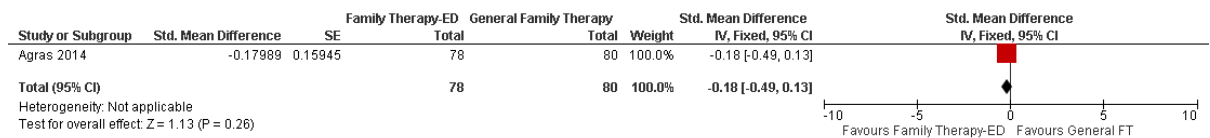
6

7 **Figure 1035: Percentage of ideal body weight**



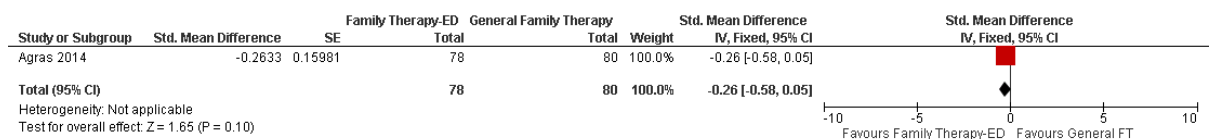
8

9 **Figure 1036: Yale-Brown-Cornell Eating Disorder Scale**



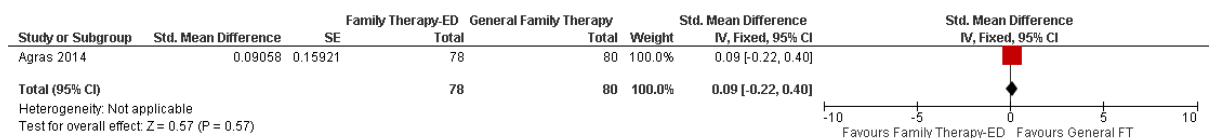
10

11 **Figure 1037: EDE Global**



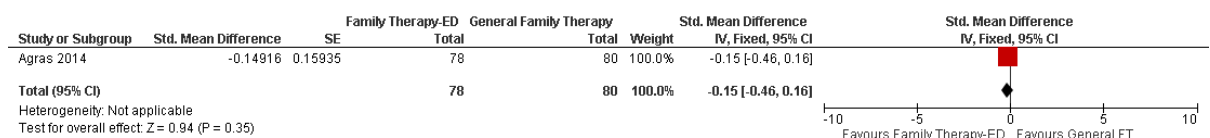
12

13 **Figure 1038: Depression**



14

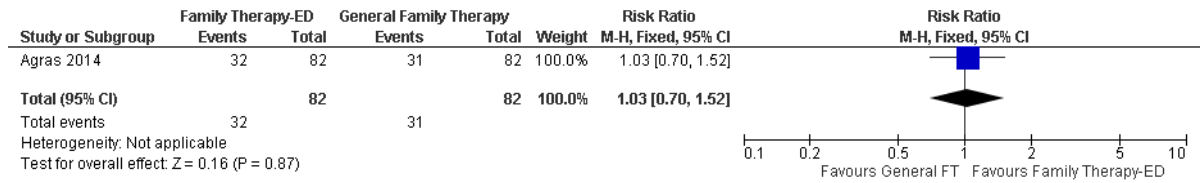
15 **Figure 1039: Quality of life**



16

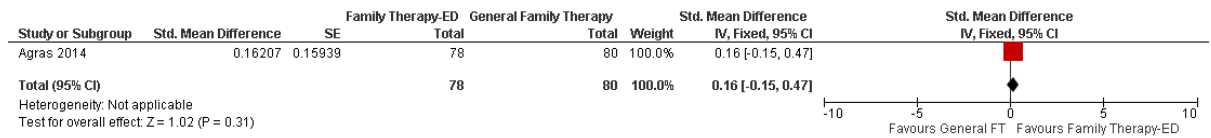
M.3.28.41 Family therapy-ED versus general family therapy in young people with anorexia nervosa at follow up

3 Figure 1040: Remission (ITT)



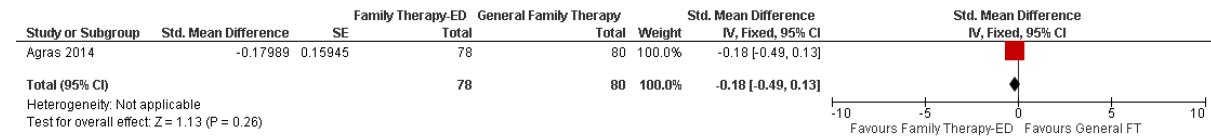
4

5 Figure 1041: Percentage of ideal body



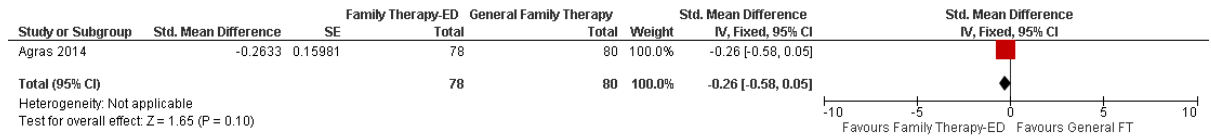
6

7 Figure 1042: Yale-Brown-Cornell Eating Disorder Scale



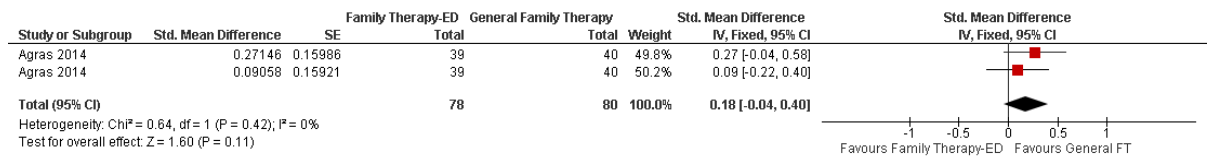
8

9 Figure 1043: EDE-global



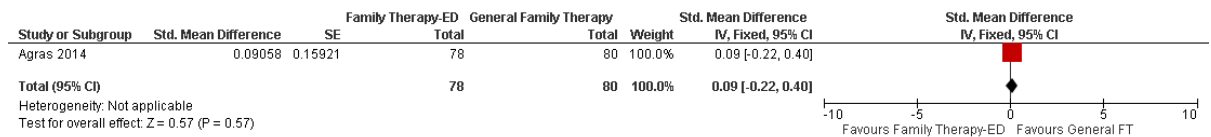
10

11 Figure 1044: General psychopathology



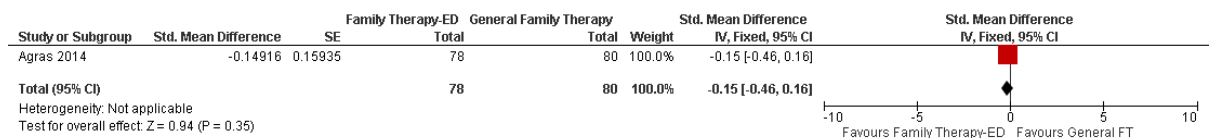
12

13 Figure 1045: Depression



14

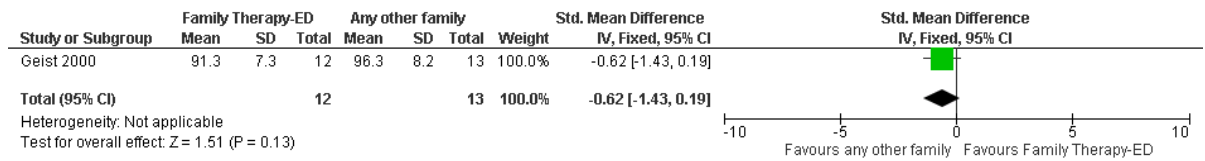
15 Figure 1046: Quality of life



16

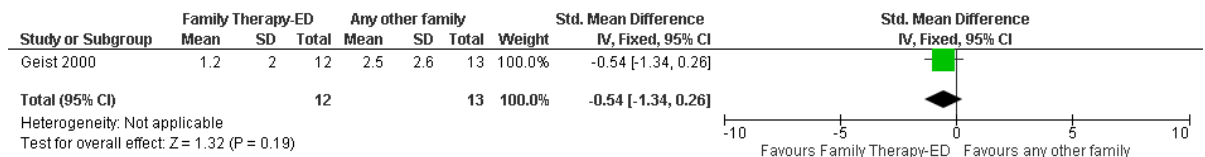
M.3.28.51 Family therapy-ED versus any other family intervention in young people with anorexia nervosa at end of treatment

3 Figure 1047: Percentage of ideal body weight



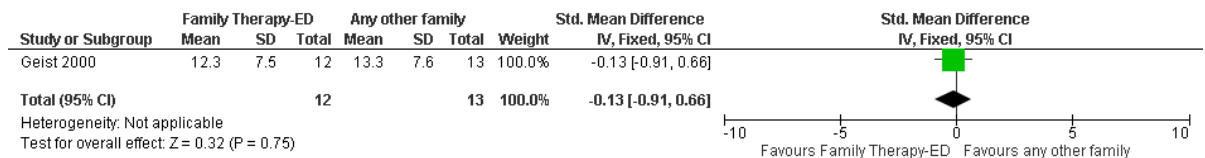
4

5 Figure 1048: EDI-bulimia



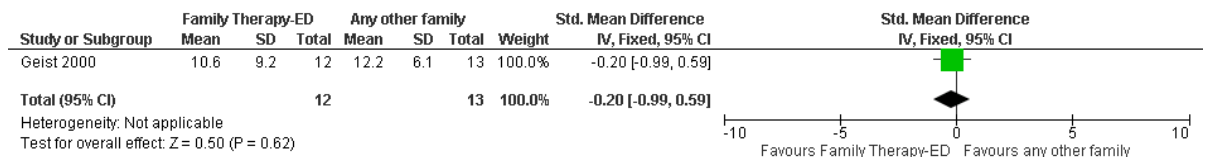
6

7 Figure 1049: EDI-drive for thinness



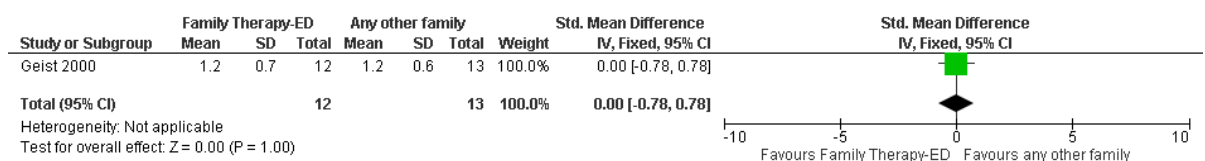
8

9 Figure 1050: EDI-body dissatisfaction



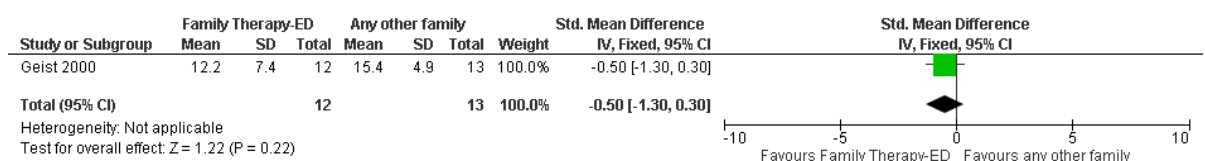
10

11 Figure 1051: General psychopathology



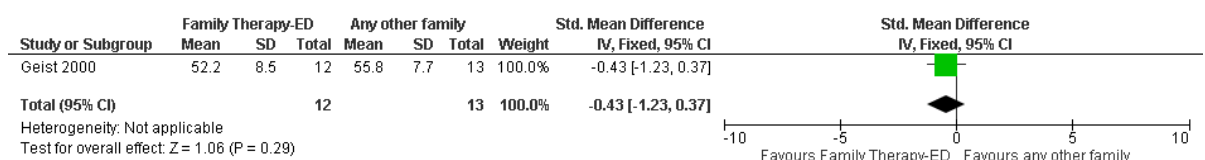
12

13 Figure 1052: Depression



14

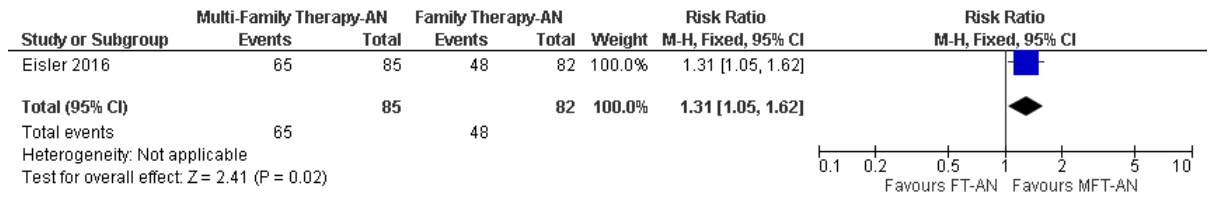
15 Figure 1053: Family functioning



16

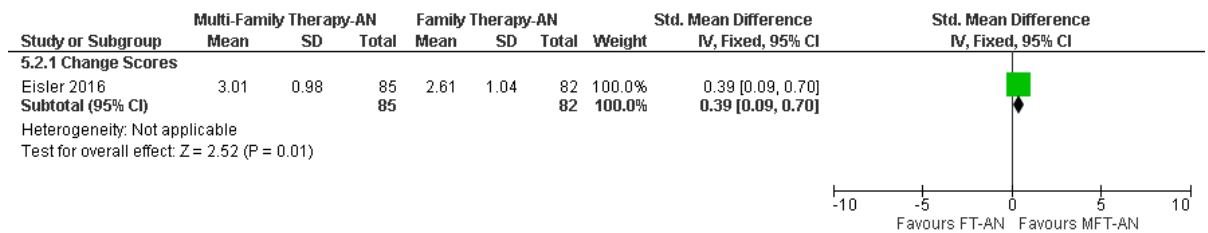
M.3.28.61 Multi-family therapy-ED versus family therapy-ED in young people with anorexia nervosa at end of treatment

3 Figure 1054: Remission (ITT)



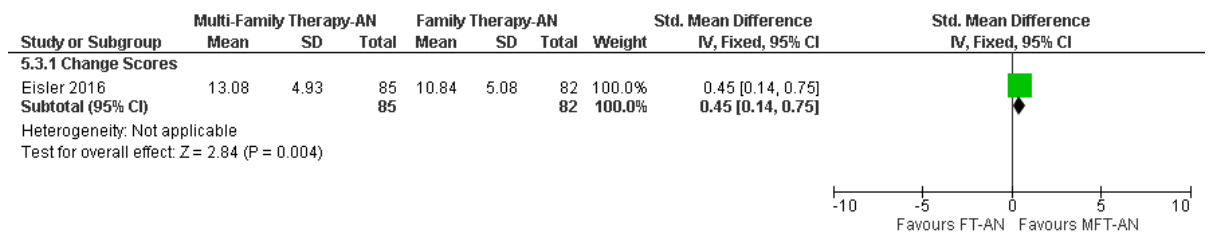
4

5 Figure 1055: BMI



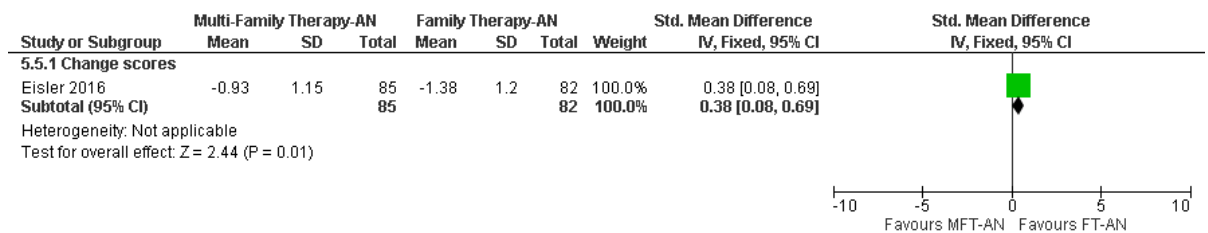
6

7 Figure 1056: %mBMI



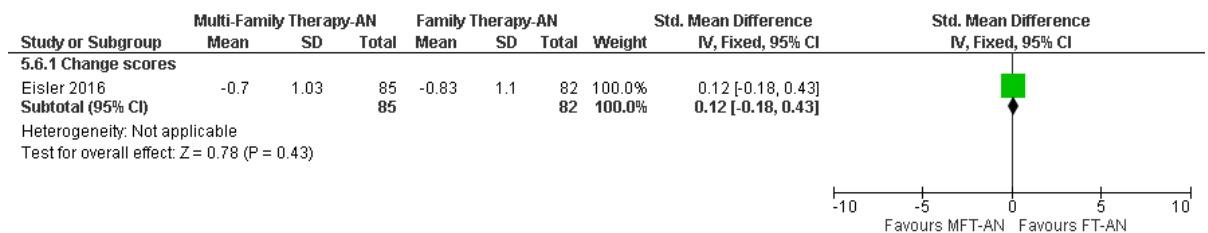
8

9 Figure 1057: EDE-dietary restraint



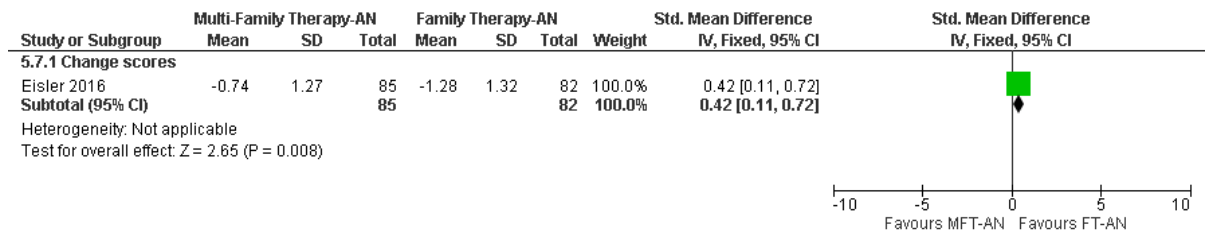
10

11 Figure 1058: EDE-eating concern



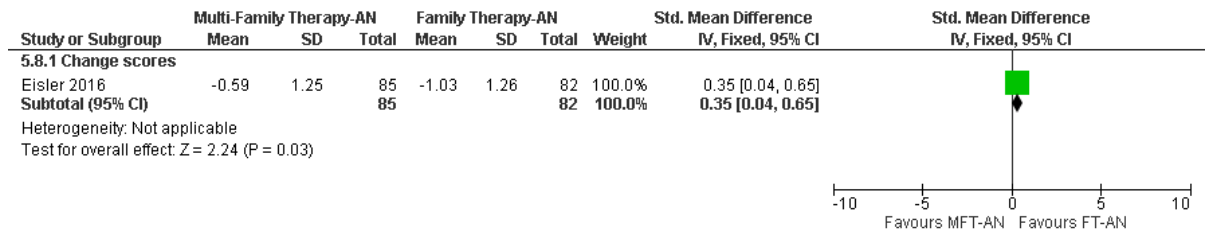
12

1 **Figure 1059: EDE-shape concern**



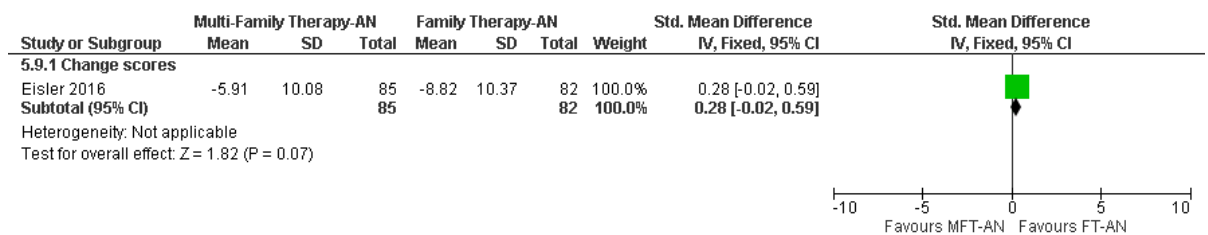
2

3 **Figure 1060: EDE-weight concern**



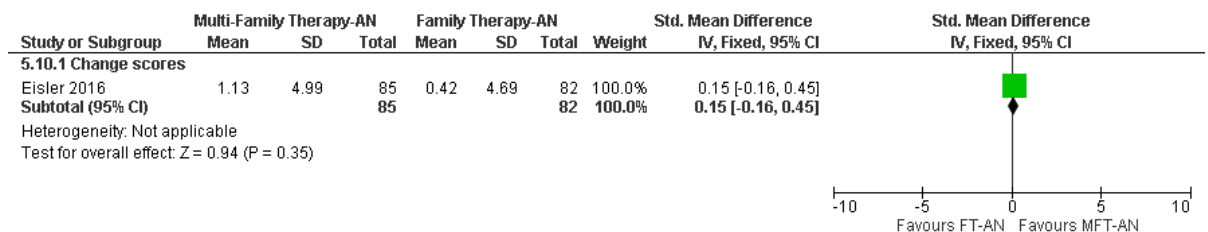
4

5 **Figure 1061: Depression**



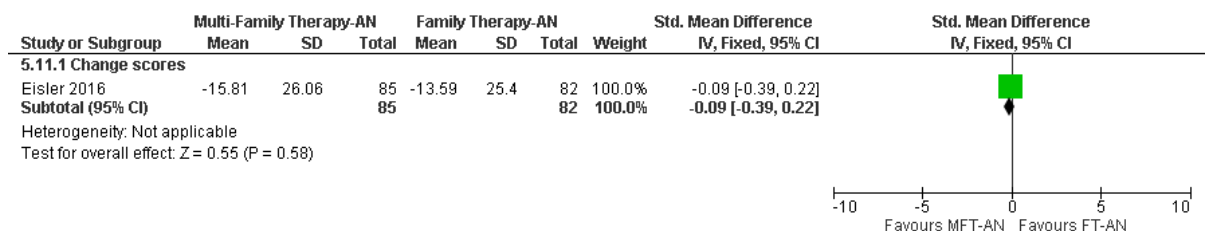
6

7 **Figure 1062: Carer Experience of Caregiving Inventory – positive**



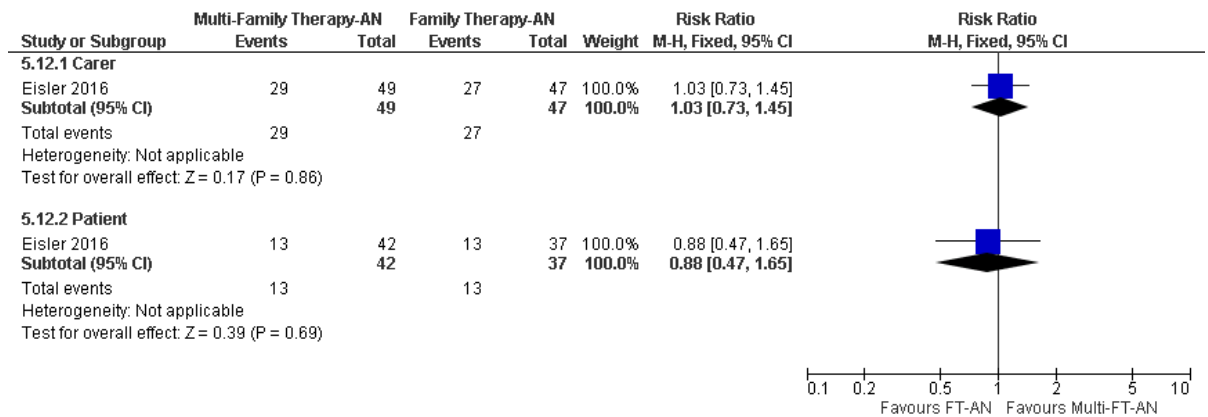
8

9 **Figure 1063: Carer Experience of Caregiving Inventory-negative**



10

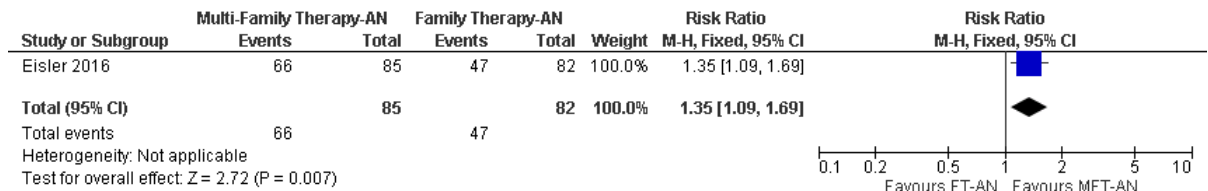
1 **Figure 1064: Service user experience**



2

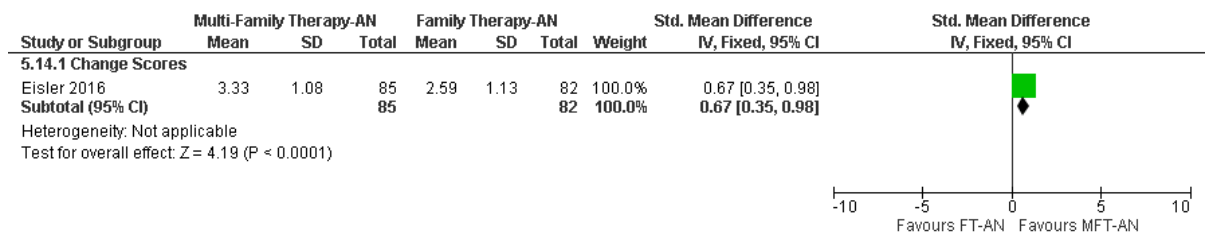
M.3.28.73 **Multi-family therapy-ED versus family therapy-ED in young people with anorexia nervosa at follow up**

5 **Figure 1065: Remission (ITT)**



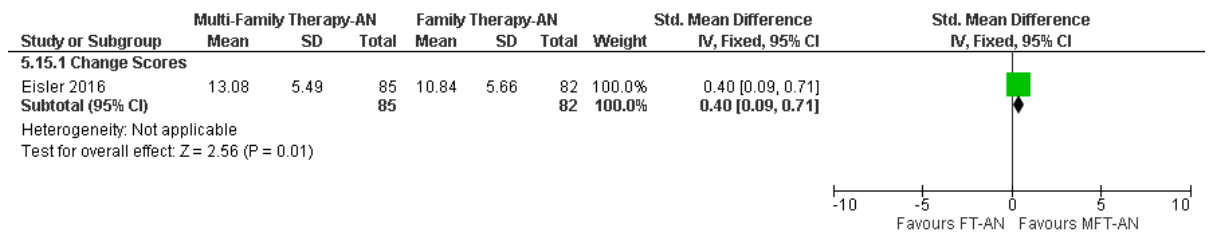
6

7 **Figure 1066: BMI**



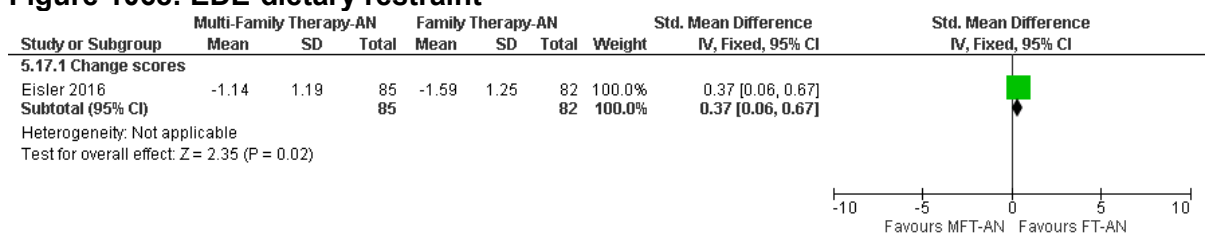
8

9 **Figure 1067: %mBMI**



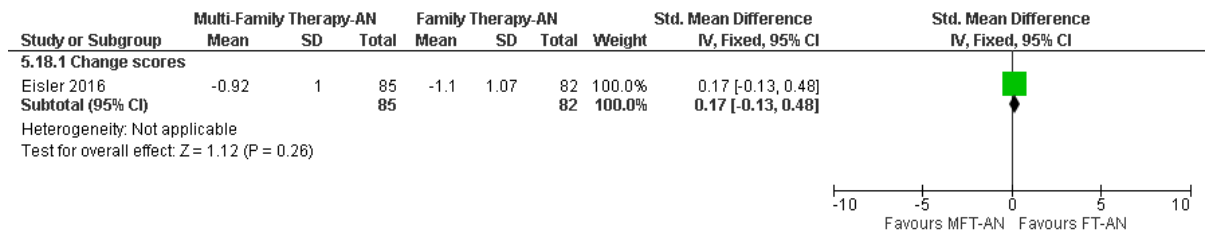
10

11 **Figure 1068: EDE-dietary restraint**



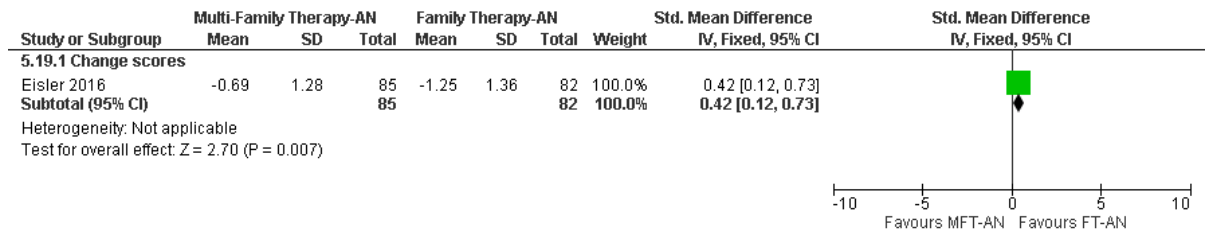
12

1 **Figure 1069: EDE-eating concern**



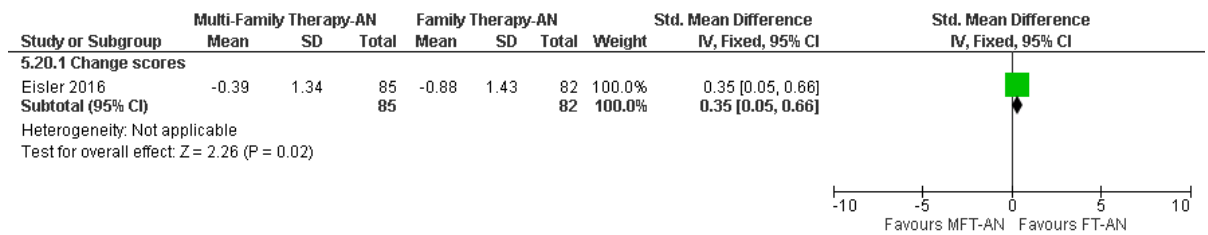
2

3 **Figure: EDE-shape concern**



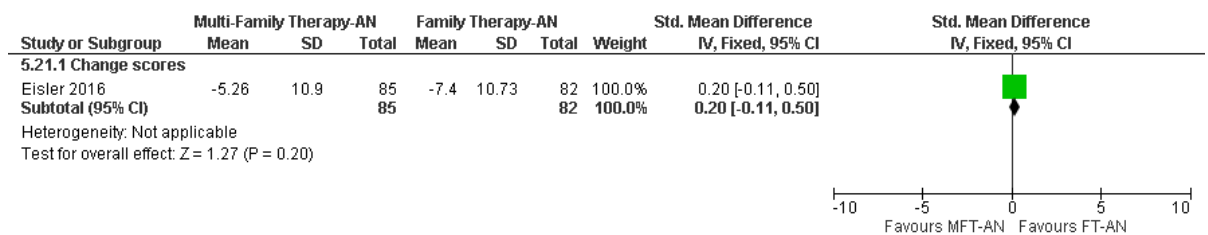
4

5 **Figure 1070: EDE-weight concern**



6

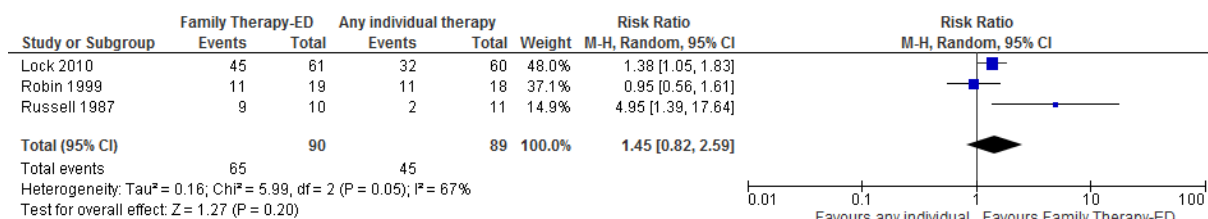
7 **Figure 1071: Depression**



8

M.3.28.89 **Family therapy-ED versus any individual therapy in young people with anorexia nervosa at end of treatment**

11 **Figure 1072: Remission (ITT)**

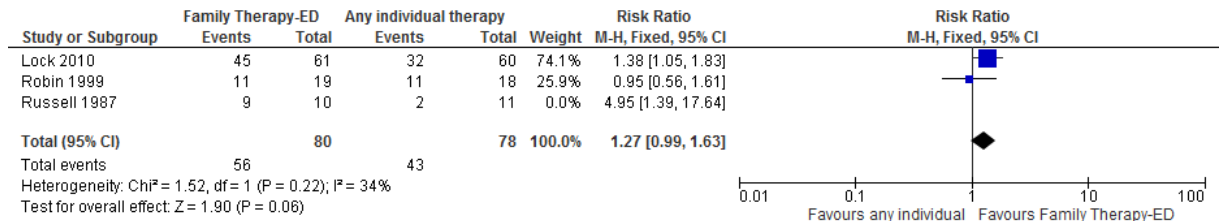


13

14 Heterogeneity was detected at I²=67%. All the studies had the same duration (1 year) and
15 received similar number of family therapy sessions. Russell 1987 appeared to be an outlier

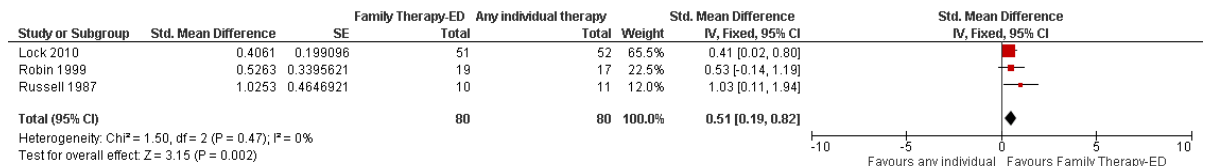
1 and when removed from the analysis reduced heterogeneity to 34%. Russell 1987 had a
2 high risk of bias given that inclusion criteria to the study (in addition to meeting DSM-III
3 criteria for anorexia nervosa) included (i) considerable loss of weight self-induced through
4 avoidance of 'fatty' foods, self-induced vomiting, and purging and (ii) specific endocrine
5 disorder (e.g. amenorrhea in female, loss of interest in sex in males). Data on comorbidities
6 was only available in Lock 2010.

7 **Figure 1073: Sensitivity analysis for remission**



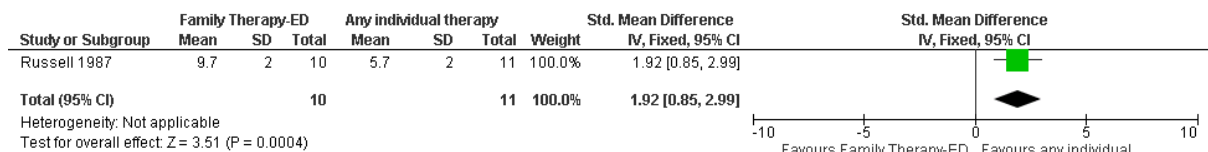
8

9 **Figure 1074: BMI/Weight**



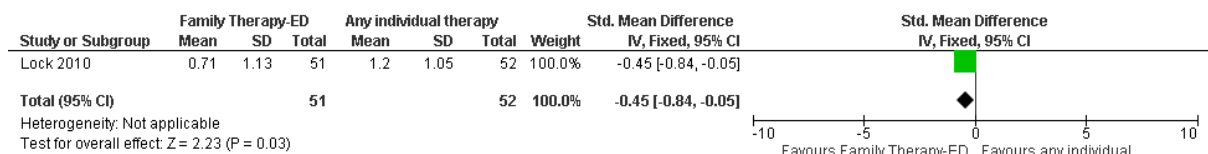
10

11 **Figure 1075: Morgan-Russell Outcome-average**



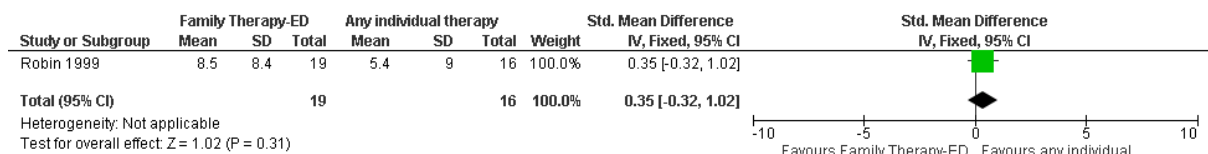
12

13 **Figure 1076: EDE-global**



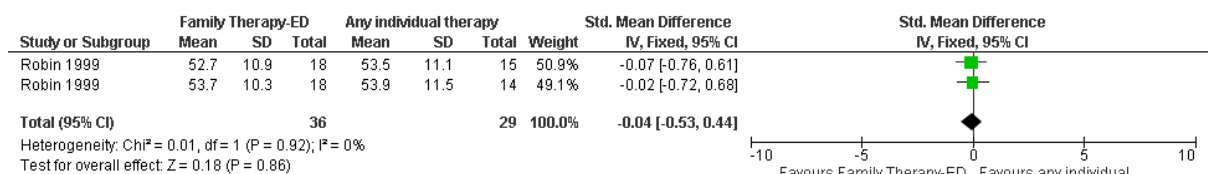
14

15 **Figure 1077: Depression**



16

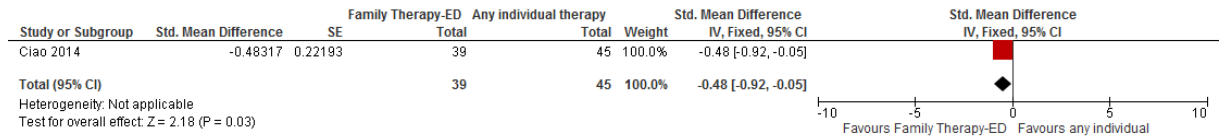
17 **Figure 1078: Carer family functioning - conflict**



18

1

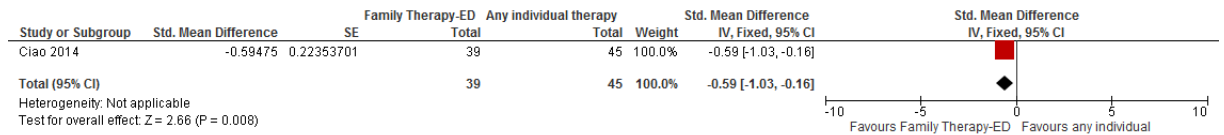
2 **Figure 1079: Carer family functioning - communication**



3

4

5 **Figure 1080: Carer family functioning - behaviour control**

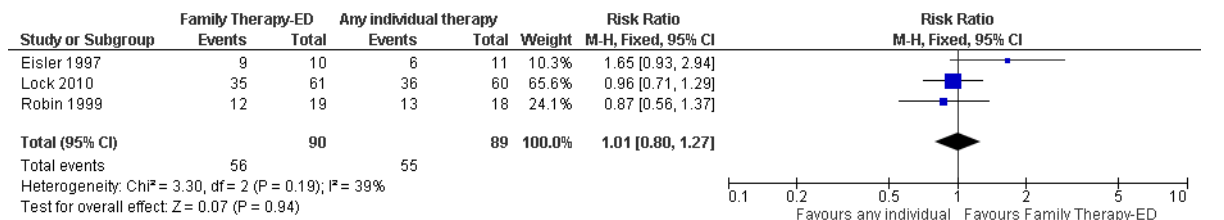


6

7

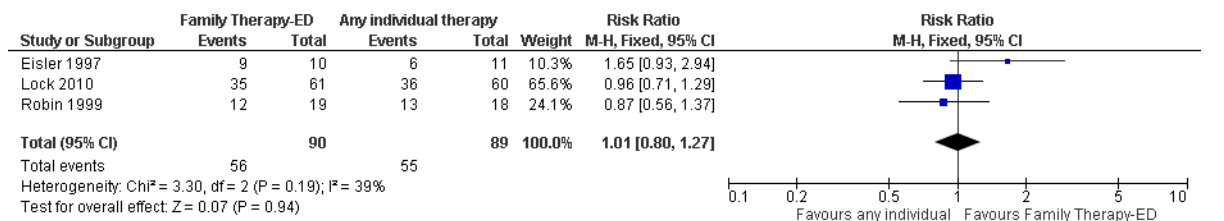
M.3.28.98 **Family therapy-ED versus any individual therapy in young people with anorexia nervosa at follow up**

10 **Figure 1081: Remission (ITT)**



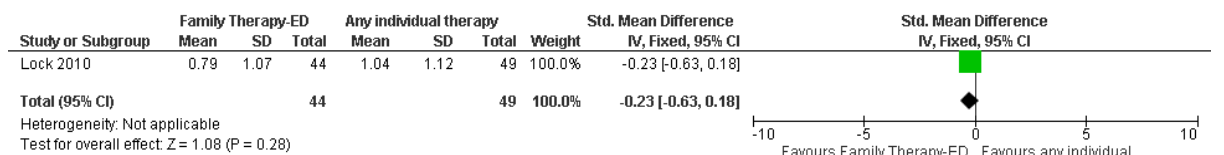
11

12 **Figure 1082: BMI/Weight**



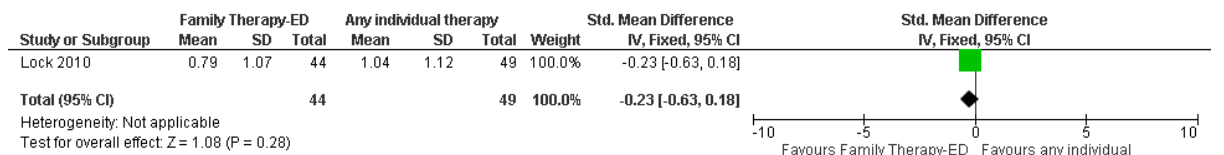
13

14 **Figure 1083: EDE-global**



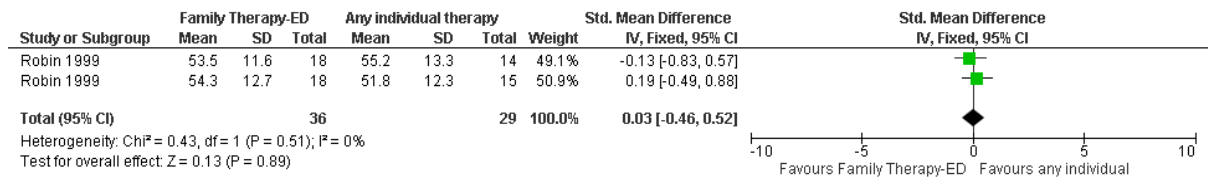
15

16 **Figure 1084: Depression**



17

1 **Figure 1085: Carer family functioning**

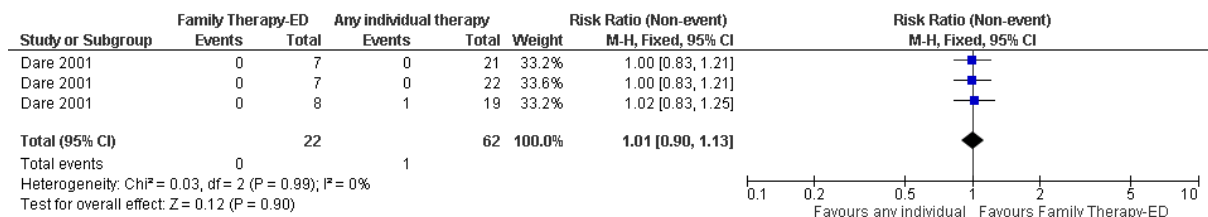


2

M.3.28.103 **Family therapy-ED versus any individual therapy in adults with anorexia nervosa at end of treatment**

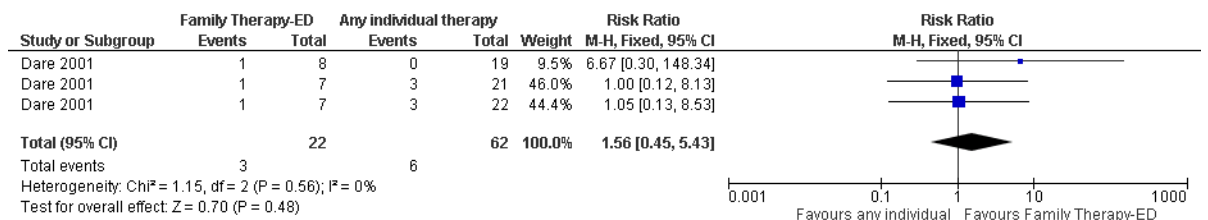
4

5 **Figure 1086: All-cause mortality**



6

7 **Figure 1087: Recovered from anorexia nervosa**

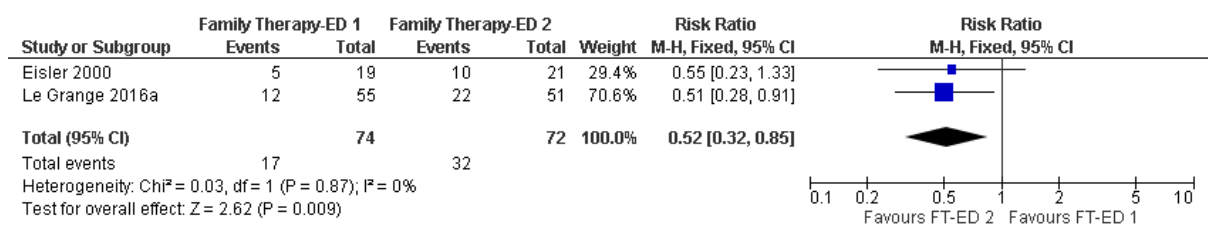


8

M.3.28.119 **Family therapy-ED 1 (conjoint family therapy) versus family therapy-ED 2 (separated family therapy) in young people with anorexia nervosa at end of treatment**

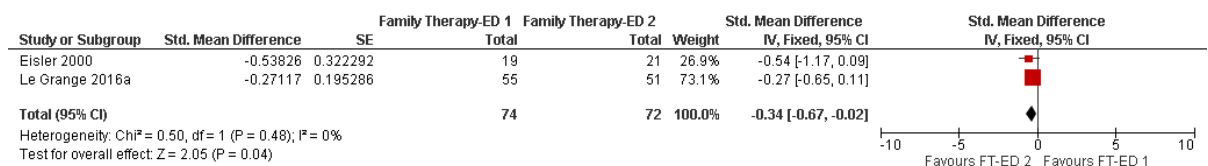
10

11 **Figure 1088: Full remission (ITT)**



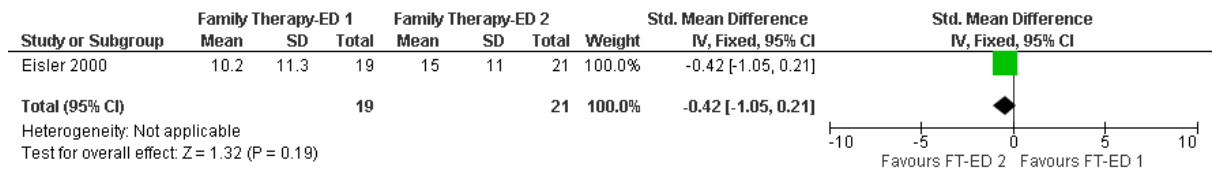
12

13 **Figure 1089: BMI**



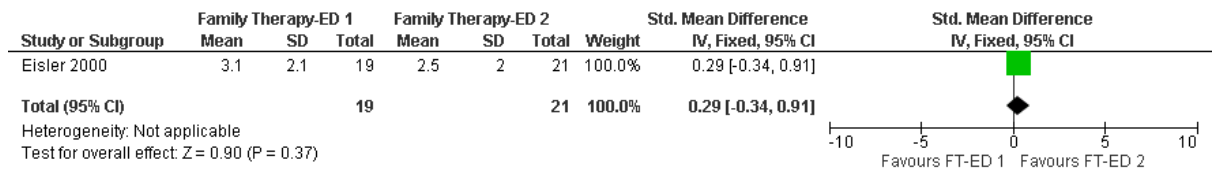
14

1 **Figure 1090: percentage of average body weight – change scores**



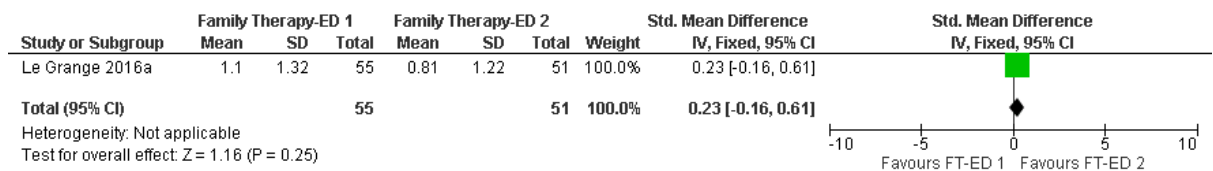
2

3 **Figure 1091: Morgan-Russell Outcome-average – change scores**



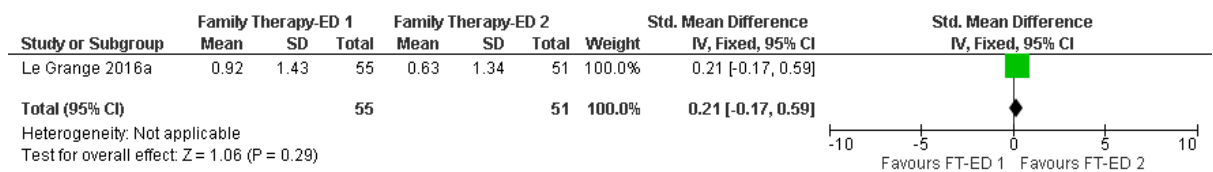
4

5 **Figure 1092: EDE-global**



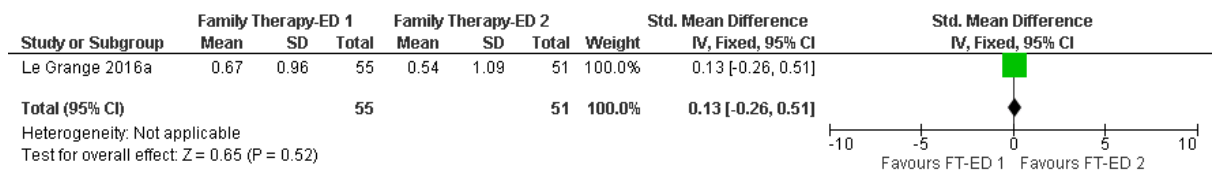
6

7 **Figure 1093: EDE-dietary restraint**



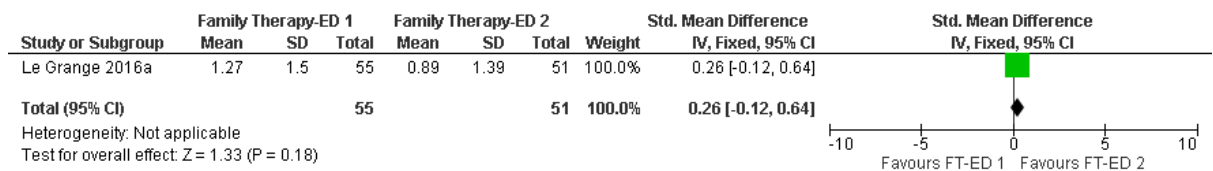
8

9 **Figure 1094: EDE-eating concern**



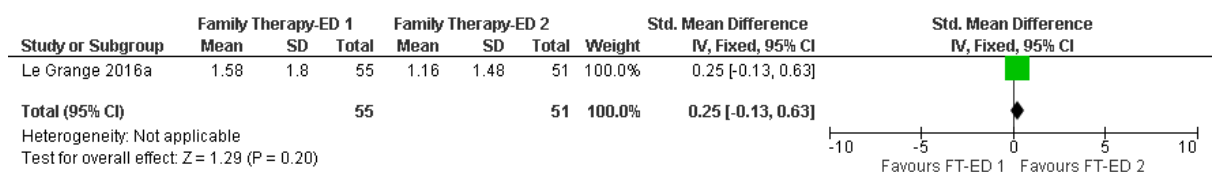
10

11 **Figure 1095: EDE-weight concern**



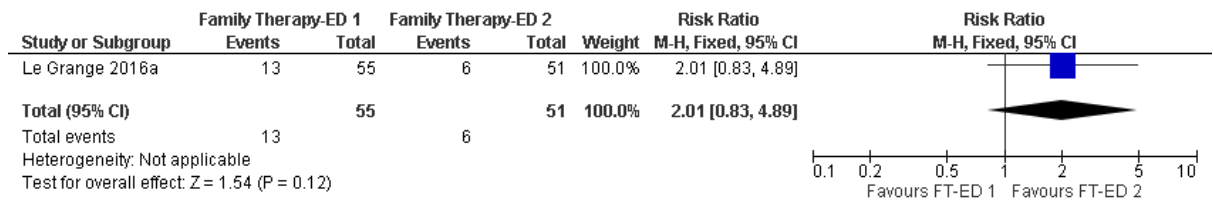
12

13 **Figure 1096: EDE-shape concern**



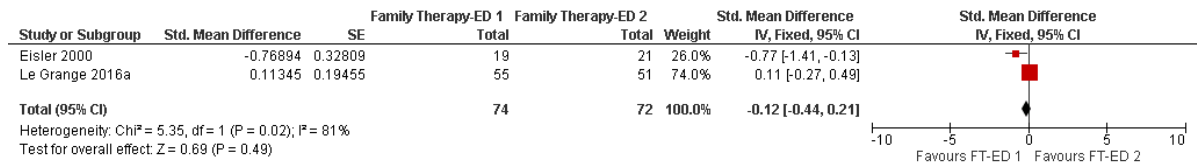
14

1 **Figure 1097: Hospitalised during treatment**



2

3 **Figure 1098: Depression**

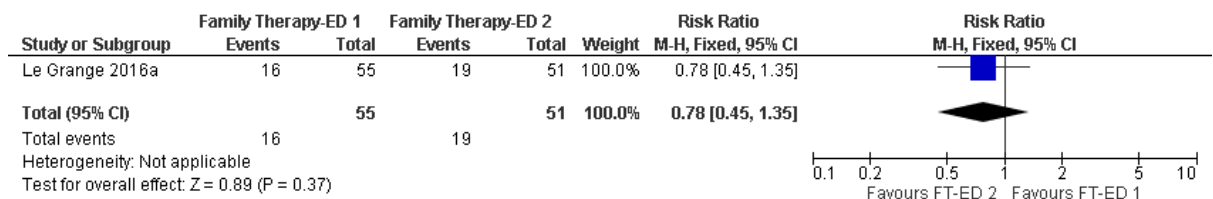


4

5 Although the participants of both studies had similar duration of illness, the BMI of those in
6 Eisler 2000 was slightly higher than in Le Grange 2016. However the length of treatment for
7 the former was twice that of the latter study (12 months versus 6 months). Data on
8 comorbidities was not available for Eisler 2000.

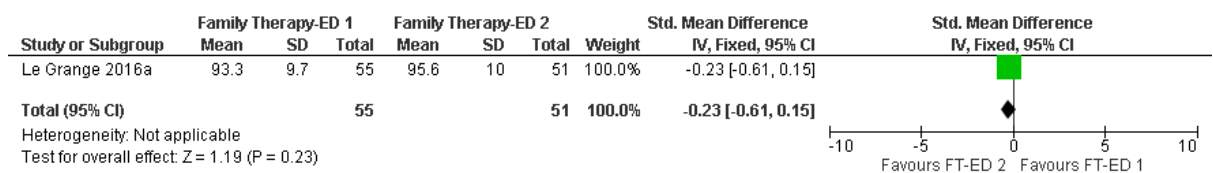
M.3.28.129 **Family therapy-ED 1 (conjoint family therapy) versus family therapy-ED 2 (separated
10 family therapy) in young people with anorexia nervosa at follow up**

11 **Figure 1099: Full remission (ITT)**



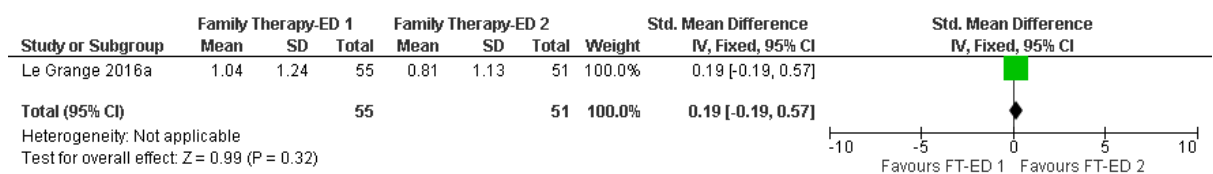
12

13 **Figure 1100: percentage of median BMI**



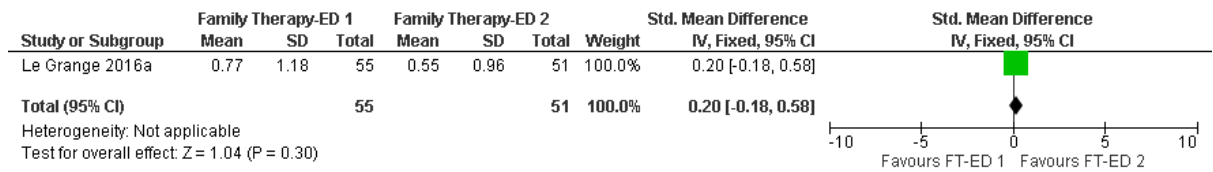
14

15 **Figure 1101: EDE-global**



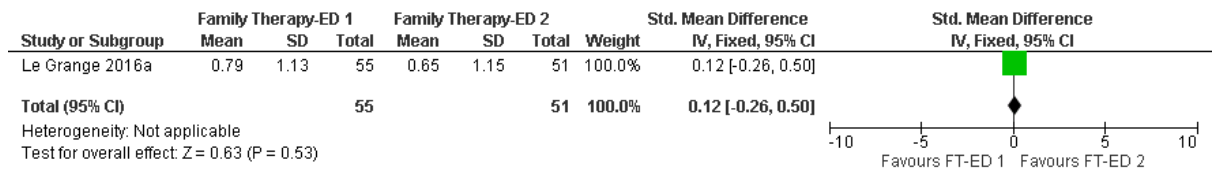
16

1 **Figure 1102: EDE-dietary restraint**



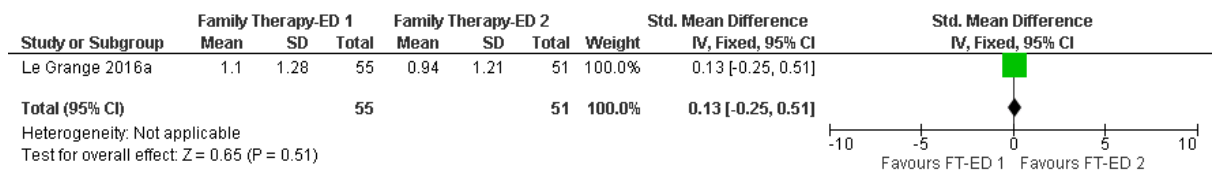
2

3 **Figure 1103: EDE-eating concern**



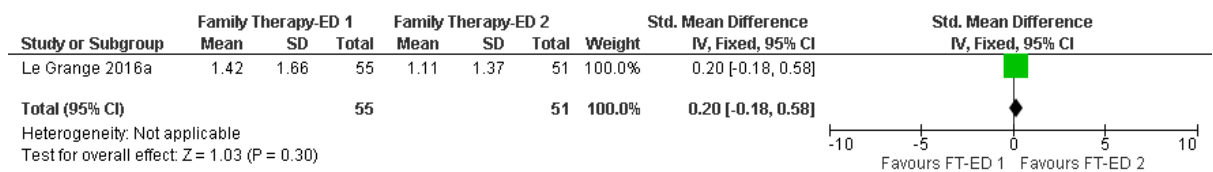
4

5 **Figure 1104: EDE-weight concern**



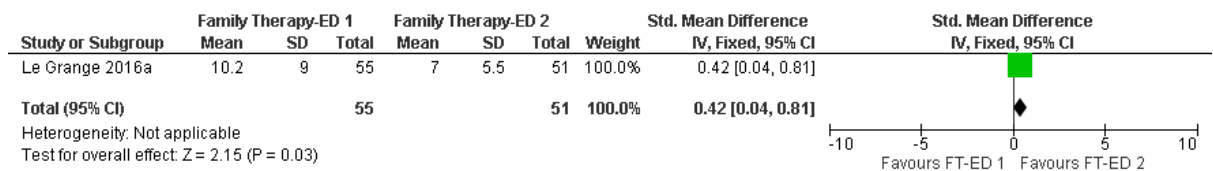
6

7 **Figure 1105: EDE-shape concern**



8

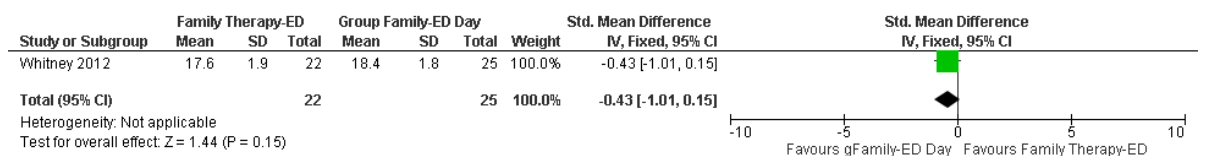
9 **Figure 1106: Depression**



10

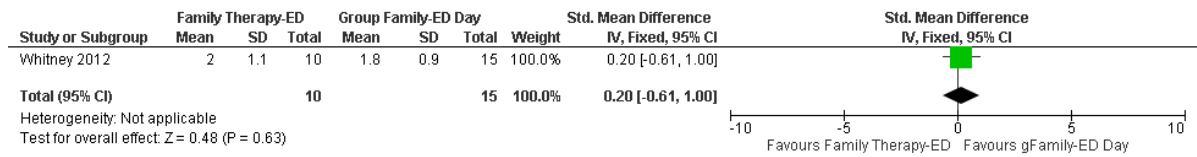
M.3.28.131 **Family therapy-ED versus group family day workshop for eating disorders in adult with anorexia nervosa at end of treatment**

12 **Figure 1107: BMI**



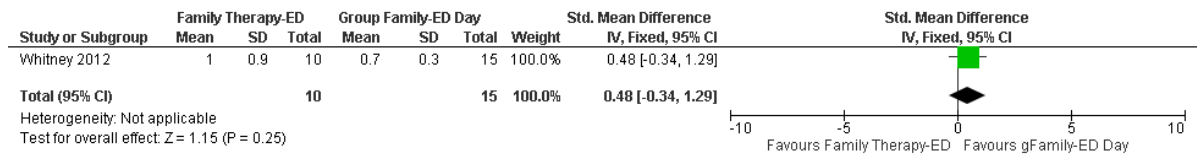
14

1 **Figure 1108: SEED Anorexia-severity**



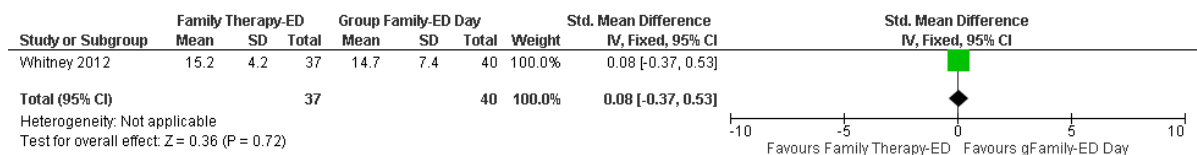
2

3 **Figure 1109: SEED Bulimia-severity**



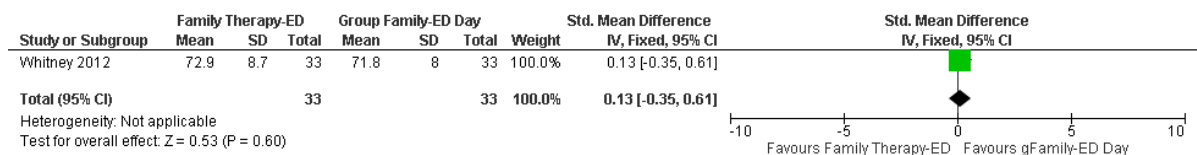
4

5 **Figure 1110: Carer quality of life**



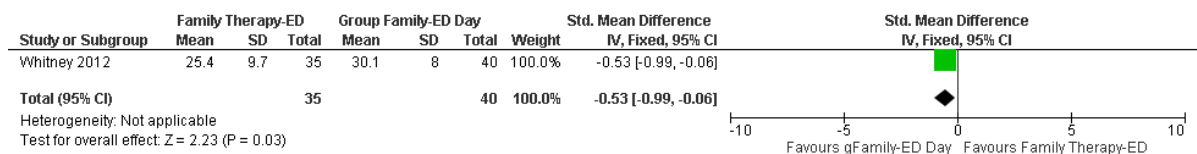
6

7 **Figure 1111: Carer family functioning**



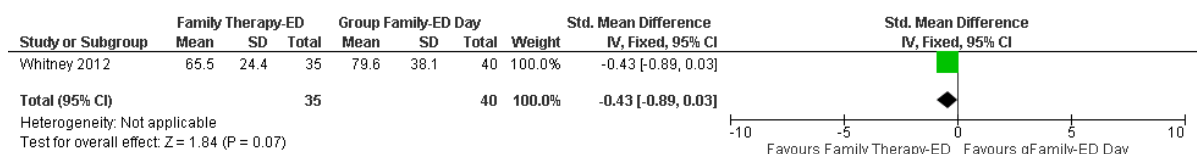
8

9 **Figure 1112: Carer Experience of Caregiving Inventory-positive**



10

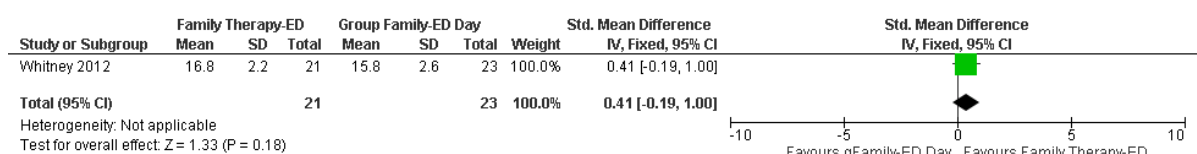
11 **Figure 1113: Carer Experience of Caregiving Inventory-negative**



12

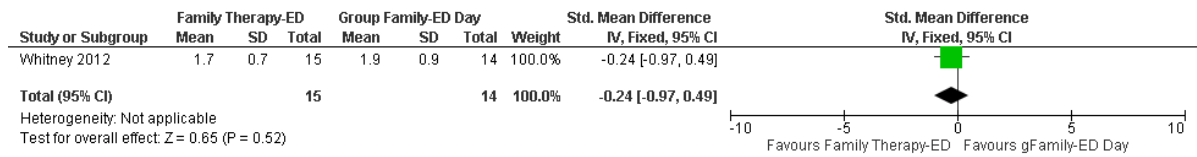
M.3.28.143 **Family therapy-ED versus group family day workshop for eating disorders in adult**
14 **with anorexia nervosa at follow up**

15 **Figure 1114: BMI**



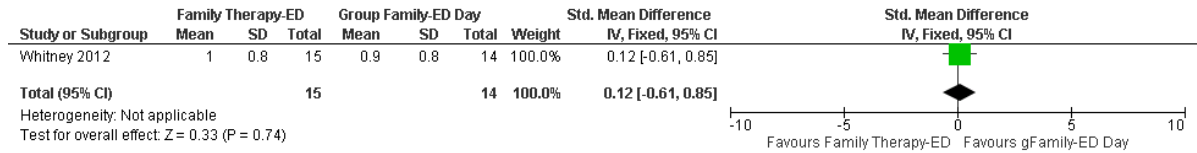
16

1 **Figure 1115: SEED Anorexia-severity**



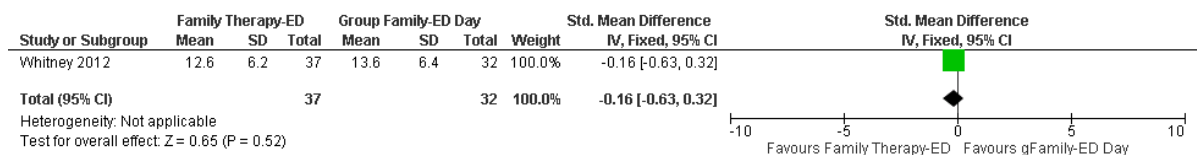
2

3 **Figure 1116: SEED Bulimia-severity**



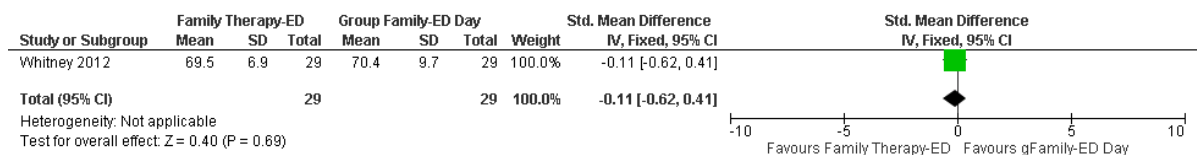
4

5 **Figure 1117: Carer quality of life**



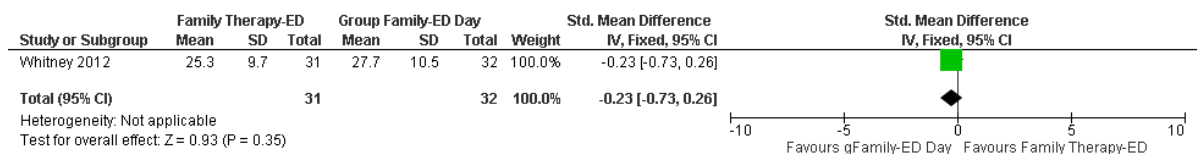
6

7 **Figure 1118: Carer family functioning**



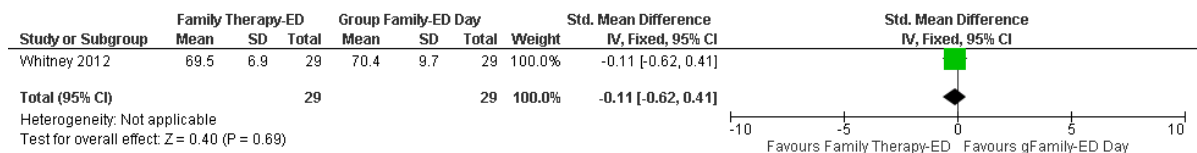
8

9 **Figure 1119: Carer Experience of Caregiving Inventory-positive**



10

11 **Figure 1120: Carer Experience of Caregiving Inventory-negative**

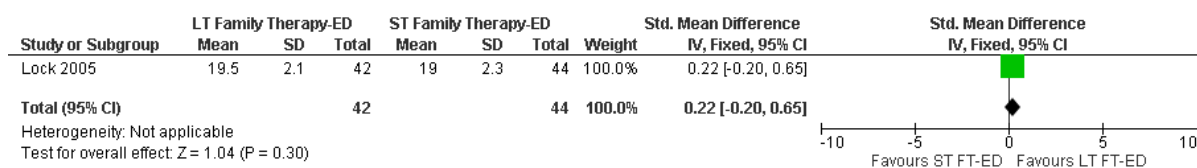


12

M.3.28.153 **Long-term family therapy-ED versus short-term family therapy for young people with anorexia nervosa at end of treatment**

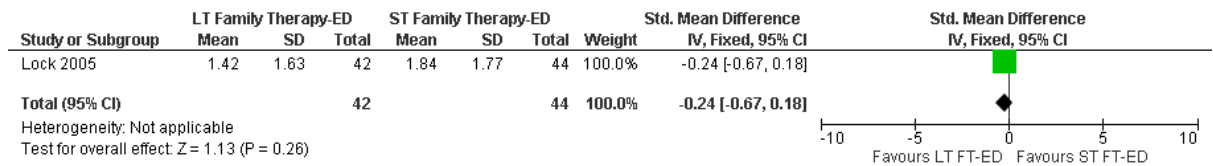
14

15 **Figure 1121: BMI**



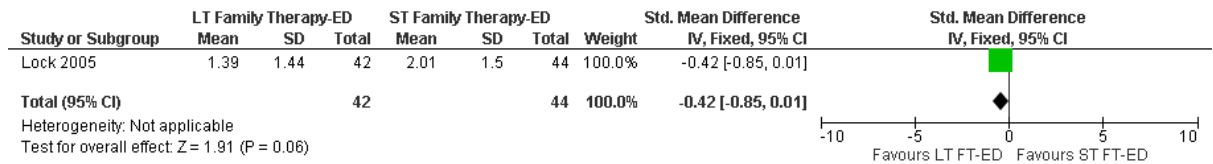
16

1 **Figure 1122: EDE-dietary restraint**



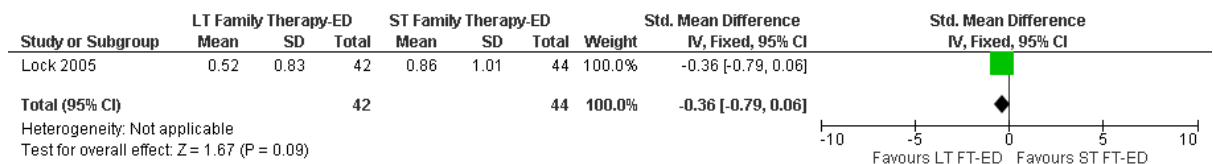
2

3 **Figure 1123: EDE-weight concern**



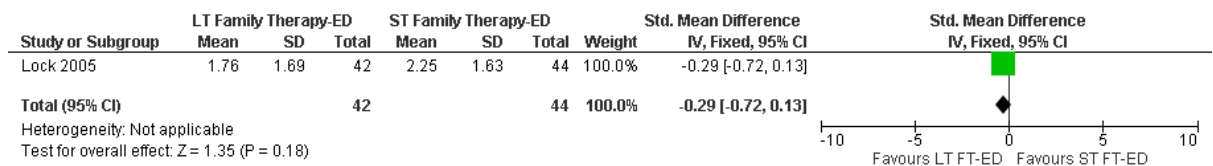
4

5 **Figure 1124: EDE-eating concern**



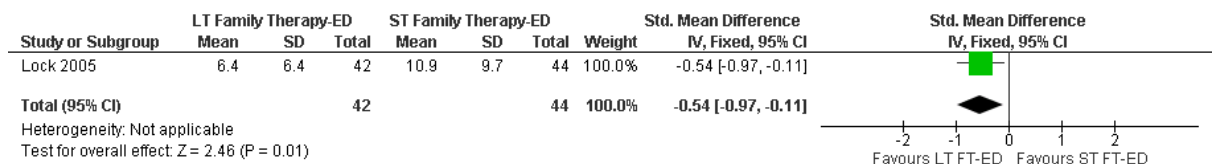
6

7 **Figure 1125: EDE-shape concern**



8

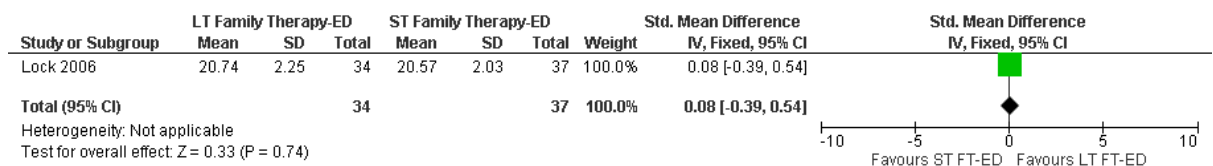
9 **Figure 1126: Yale-Brown-Cornell Eating Disorder Scale**



10

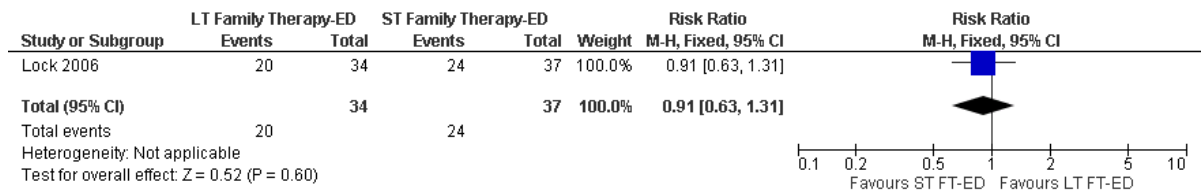
M.3.28.161 **Long-term family therapy-ED versus short-term family therapy for young people with**
12 **anorexia nervosa at follow up**

13 **Figure 1127: BMI**



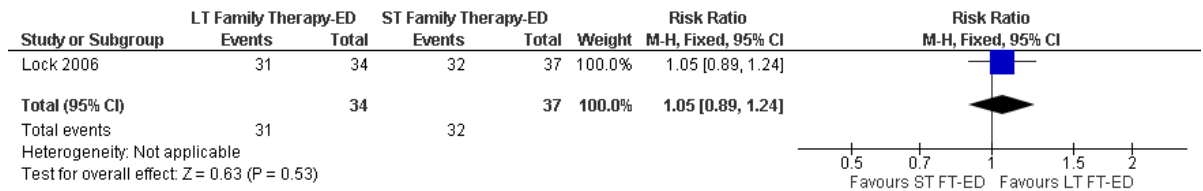
14

1 **Figure 1128: number of people achieving a BMI of 20 kg/m² or greater**



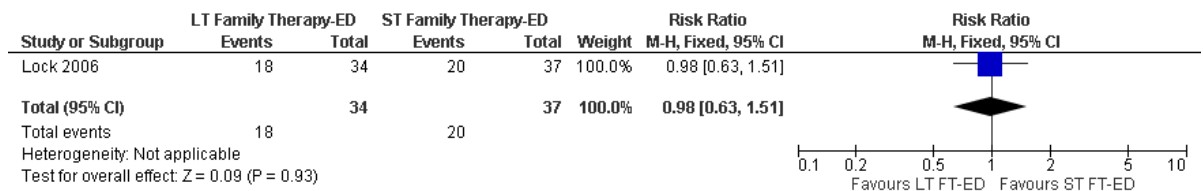
2

3 **Figure 1129: number of people achieving 90% or greater ideal body weight**



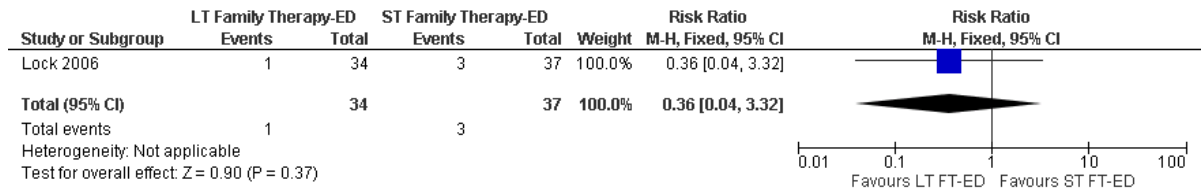
4

5 **Figure 1130: number of people menstruating**



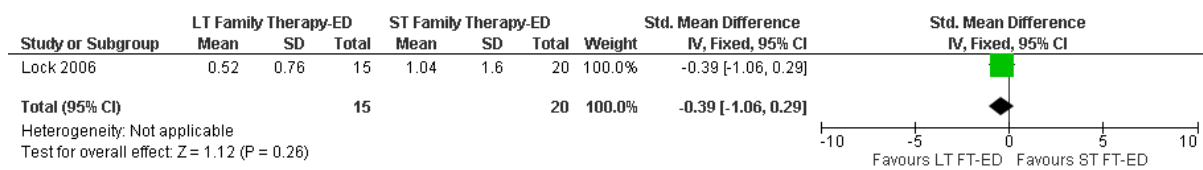
6

7 **Figure 1131: Amenorrhoeic**



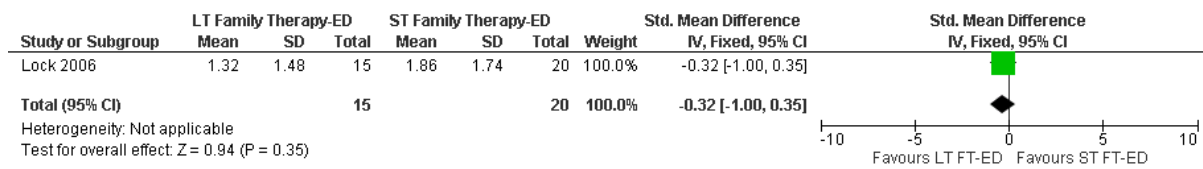
8

9 **Figure 1132: EDE-dietary restraint**



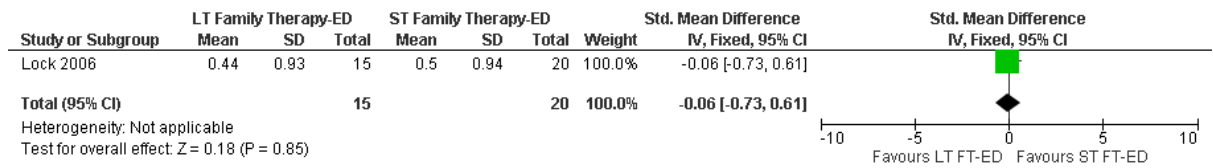
10

11 **Figure 1133: EDE-weight concern**



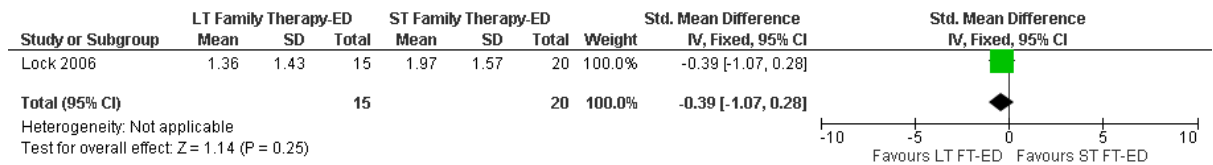
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1 **Figure 1134: EDE-eating concern**



2

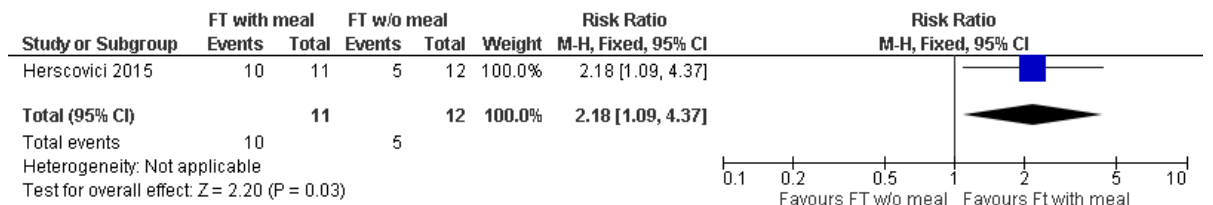
3 **Figure 1135: EDE-shape concern**



4

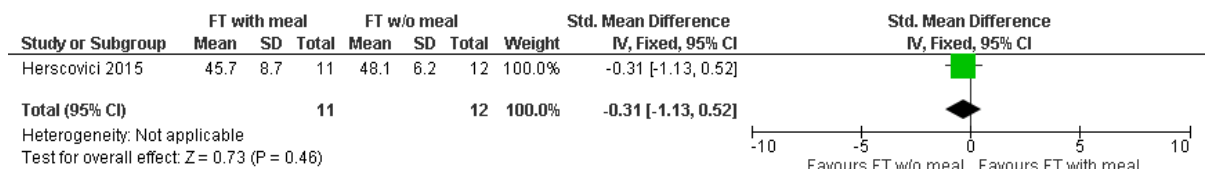
M.3.28.175 **Family therapy-ED with family meal versus family therapy-ED without family meal in young people with anorexia nervosa at end of treatment**

7 **Figure 1136: Remission**



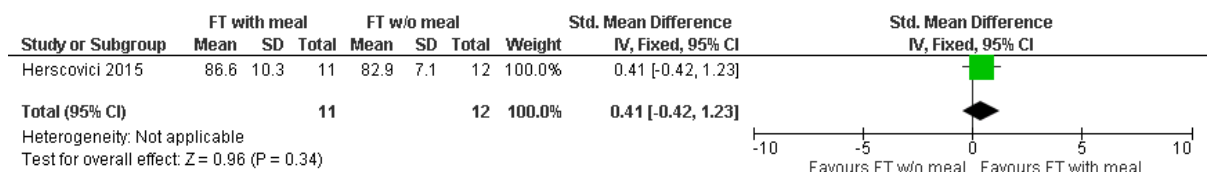
8

9 **Figure 1137: Weight (kg)**



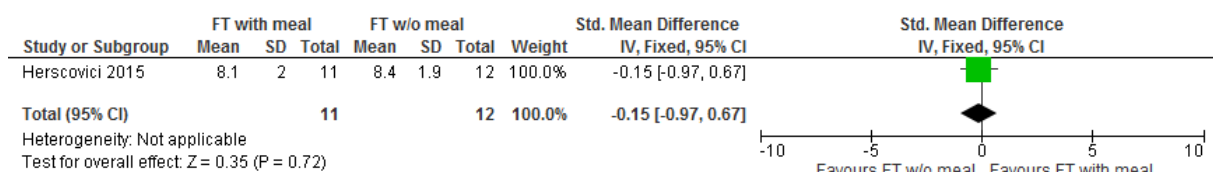
10

11 **Figure 1138: percentage of expected body weight**



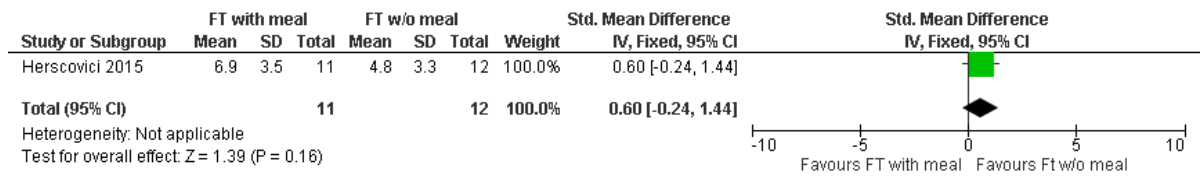
12

13 **Figure 1139: Morgan-Russell Outcome-average**



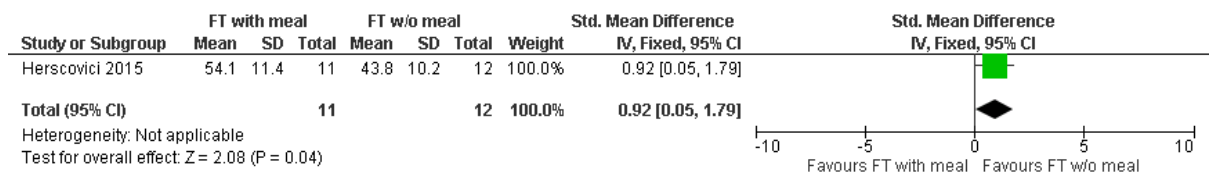
14

1 **Figure 1140: Eating Disorder Inventory-2**



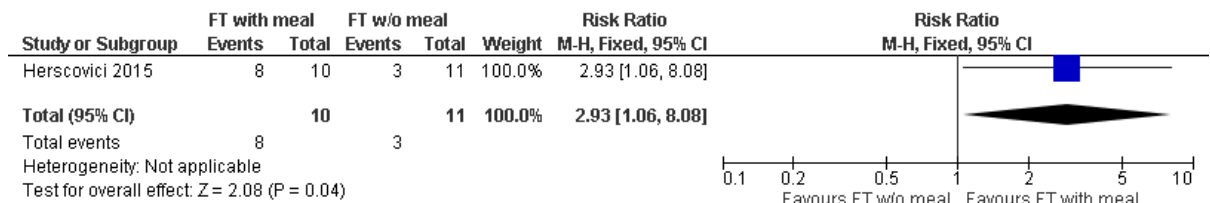
2

3 **Figure 1141: General psychopathology**



4

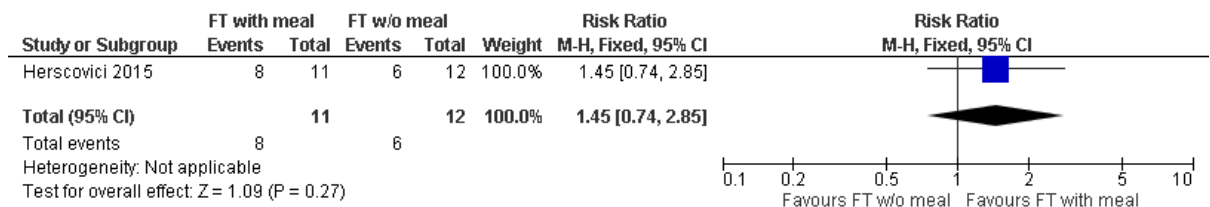
5 **Figure 1142: Resumed menstruation**



6

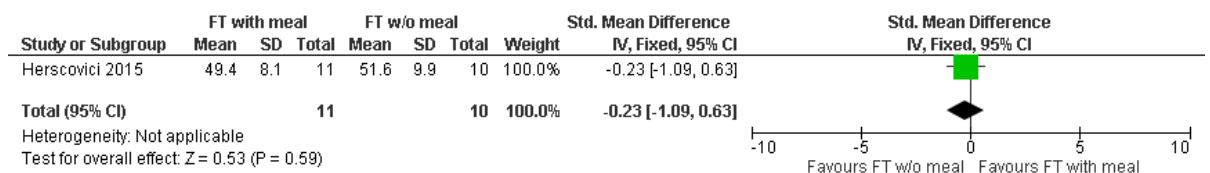
M.3.28.187 **Family therapy-ED with family meal versus family therapy-ED without family meal in young people with anorexia nervosa at follow up**

9 **Figure 1143: Remission**



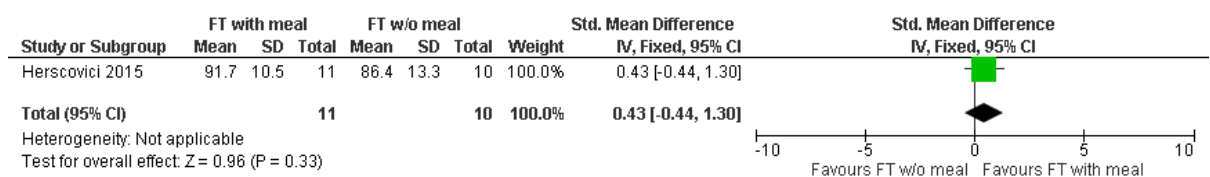
10

11 **Figure 1144: Weight (kg)**



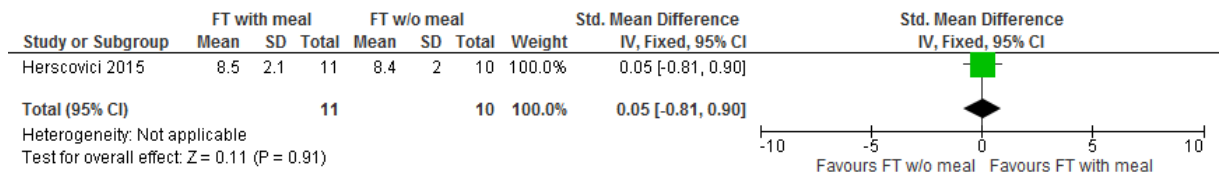
12

13 **Figure 1145: percentage of expected body weight**



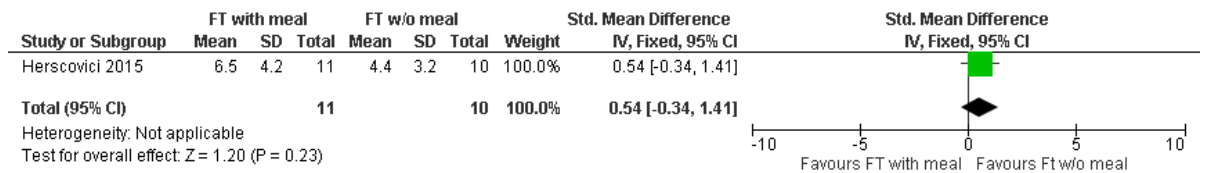
14

1 **Figure 1146: Morgan-Russell Outcome-average**



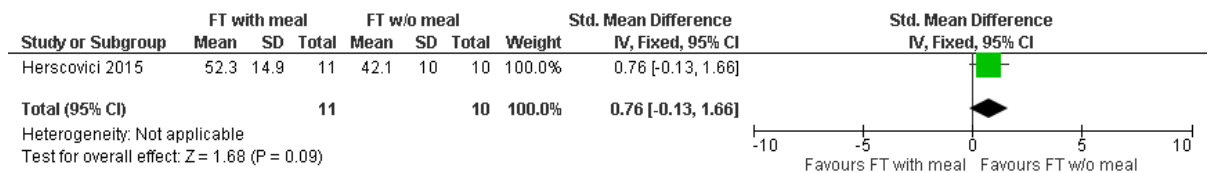
2

3 **Figure 1147: Eating Disorder Inventory-2**



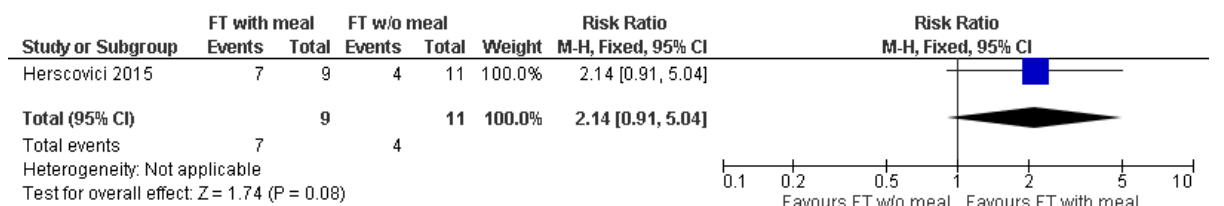
4

5 **Figure 1148: General psychopathology**



6

7 **Figure 1149: Resumed menstruation**

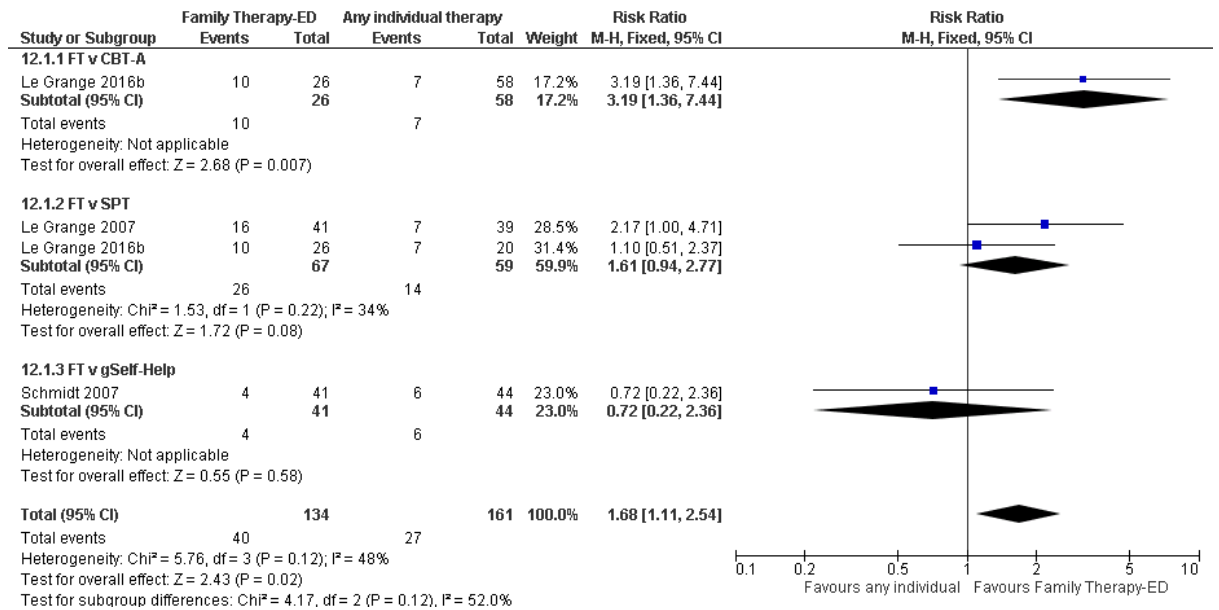


8

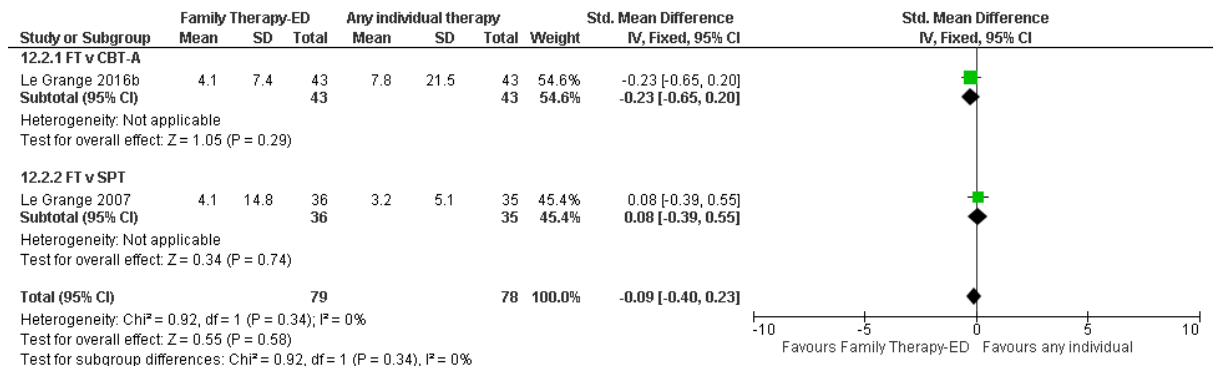
M.3.29.9 Family therapy for bulimia nervosa

M.3.29.10 Family therapy-ED versus any other intervention in young people with bulimia nervosa at end of treatment

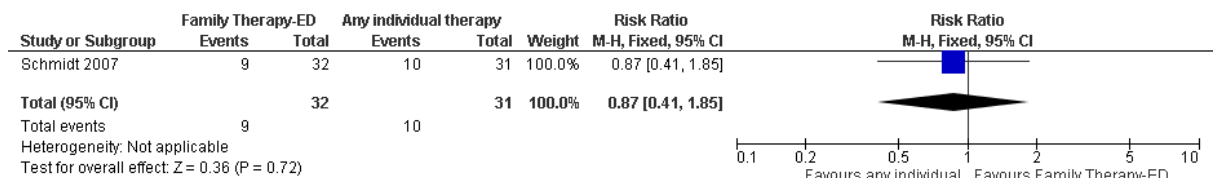
12 **Figure 1150: Remission (ITT)**



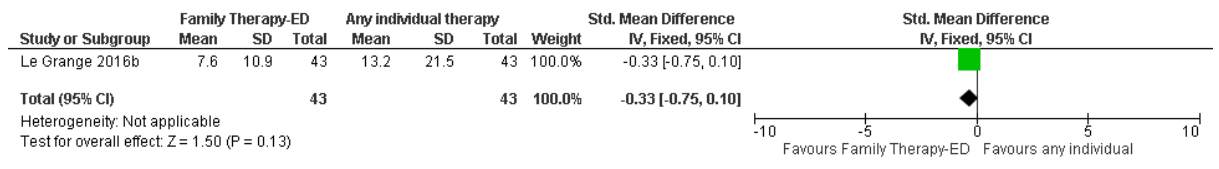
2 **Figure 1151: Binge frequency**



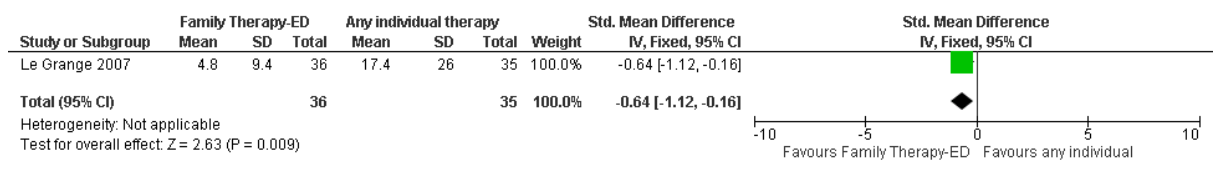
4 **Figure 1152: Abstinence from vomiting**



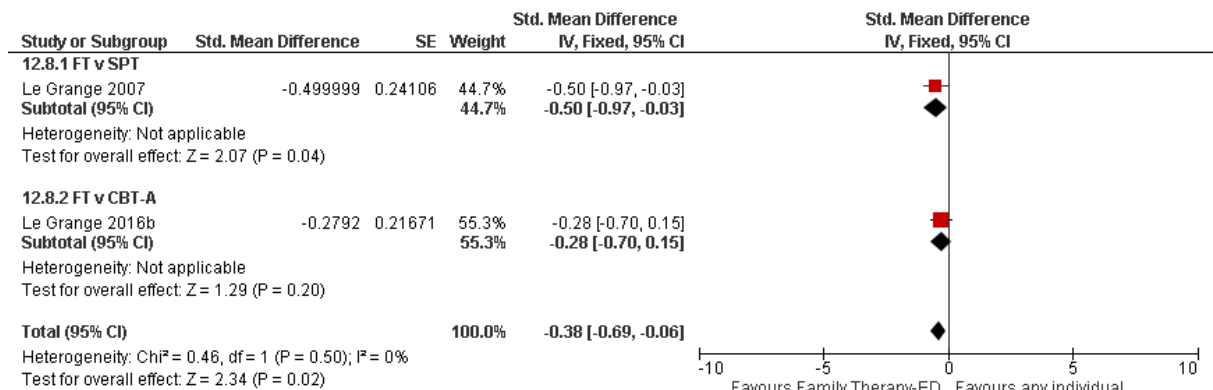
6 **Figure 1153: Purge frequency**



8 **Figure 1154: Vomit frequency**

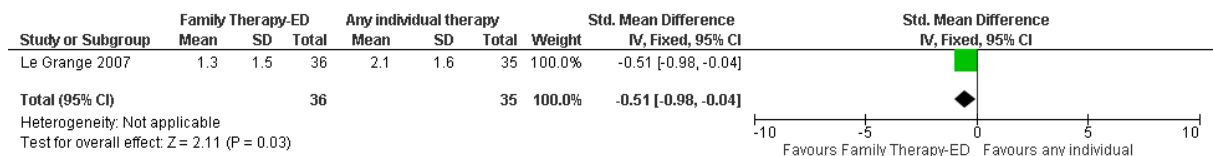


1 **Figure 1155: EDE-global**



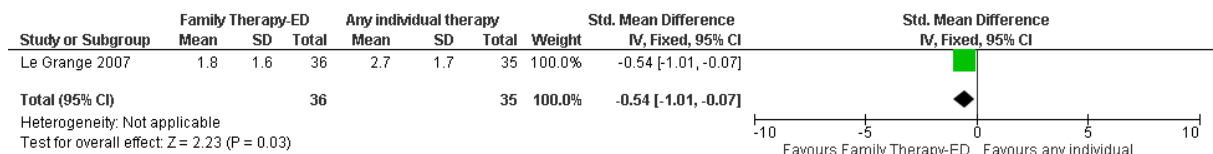
2 Test for subgroup differences: Chi² = 0.46, df = 1 (P = 0.50), I² = 0%

3 **Figure 1156: EDE-dietary restraint**



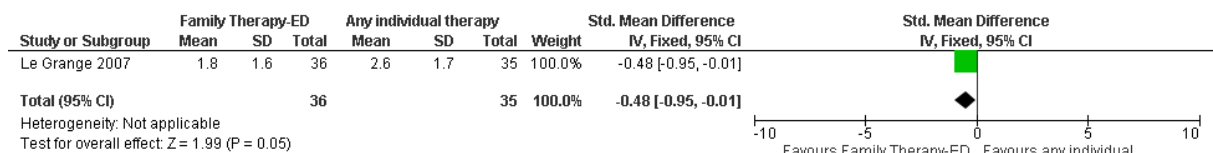
4

5 **Figure 1157: EDE-shape concern**



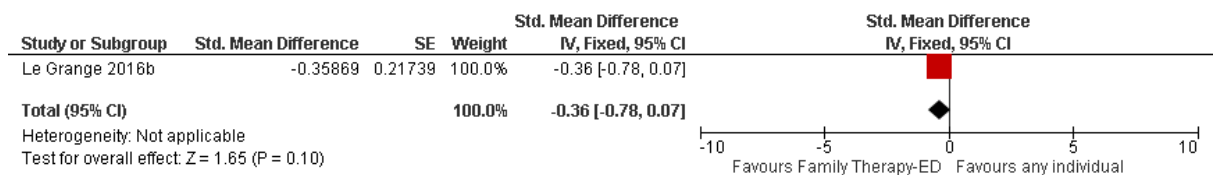
6

7 **Figure 1158: EDE-weight concern**



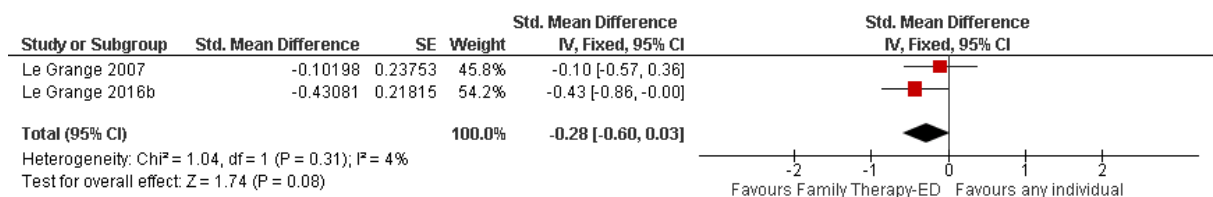
8

9 **Figure 1159: Yale-Brown-Cornell Eating Disorder Scale**



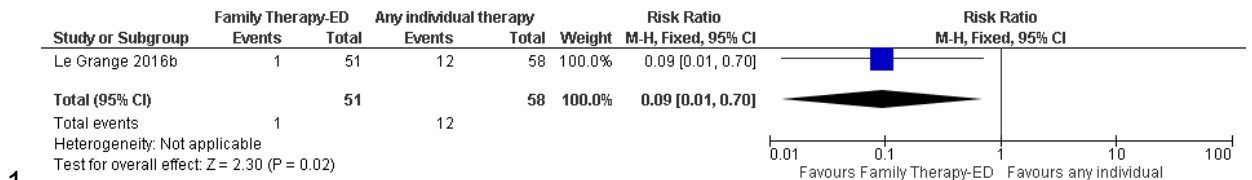
10

11 **Figure 1160: Depression**

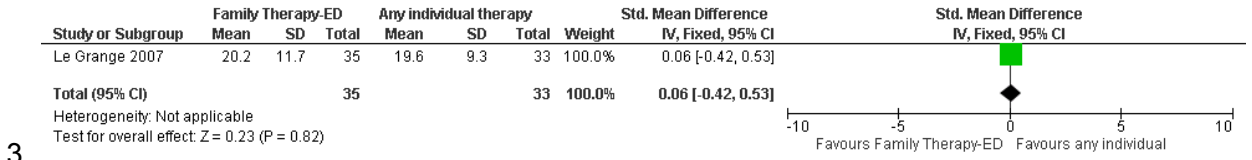


12

13 **Figure 1161: Hospitalised during treatment**

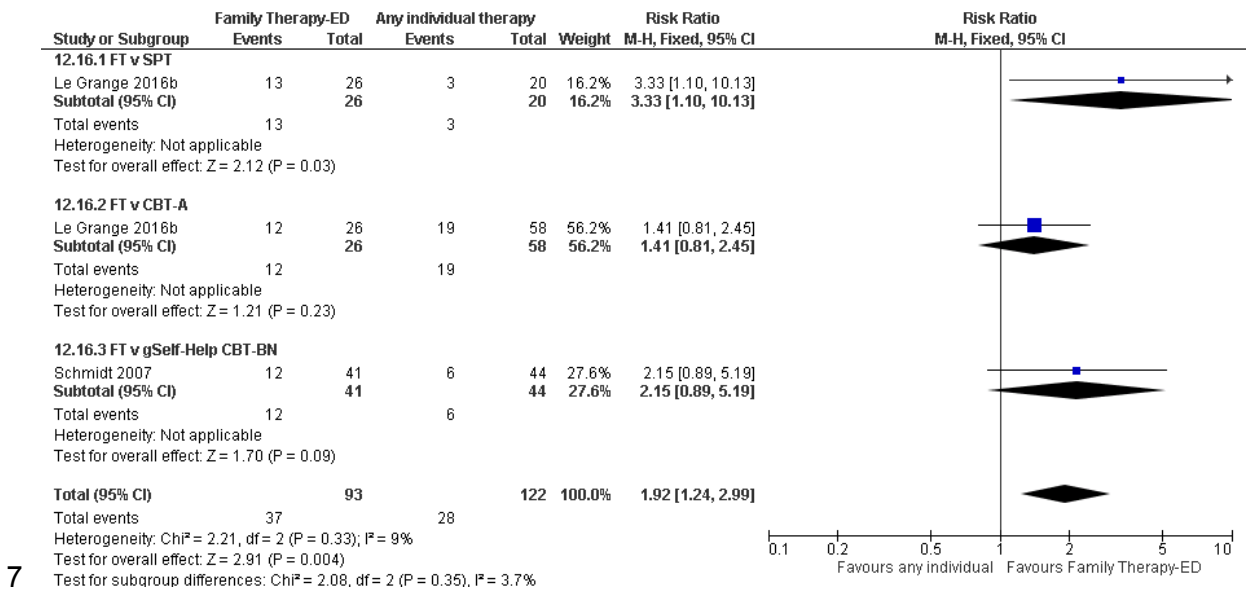


2 **Figure 1162: Service user experience**

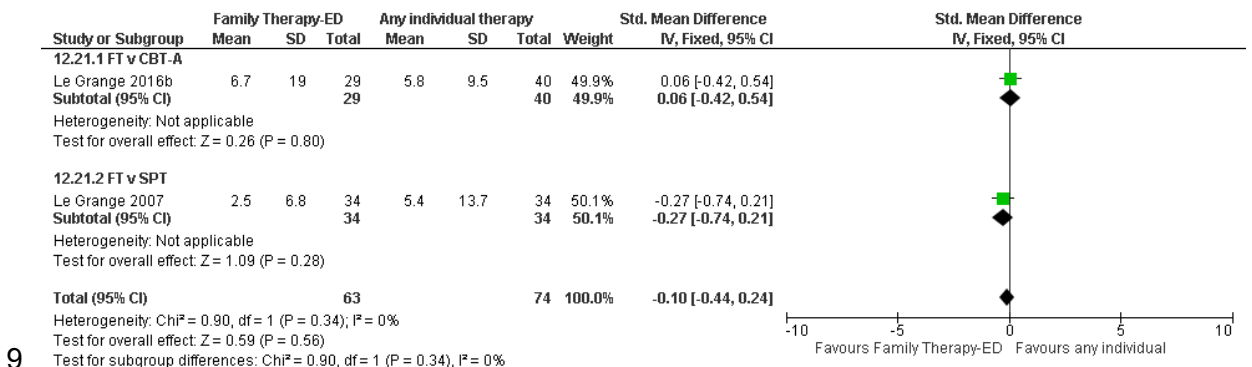


M.3.29.24 **Family therapy-ED versus any other intervention in young people with bulimia nervosa at end of treatment at follow up**

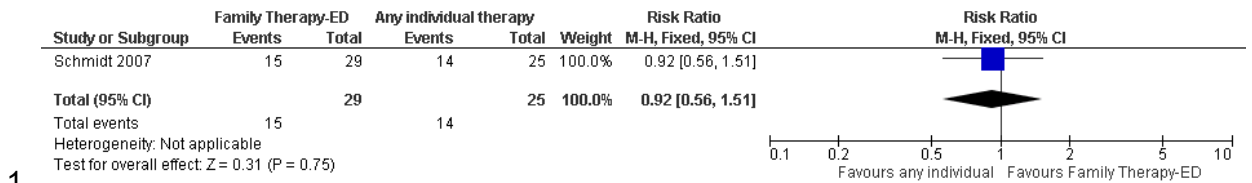
6 **Figure 1163: Remission (ITT)**



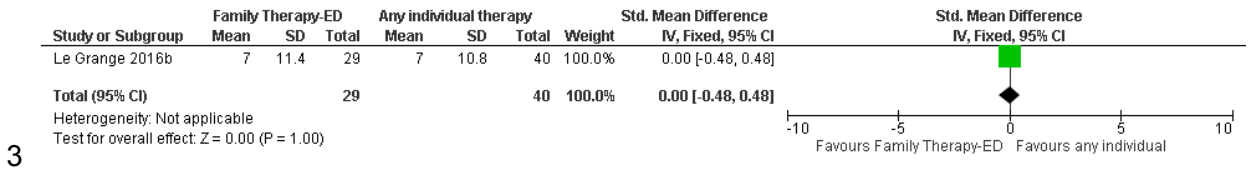
8 **Figure 1164: Binge frequency**



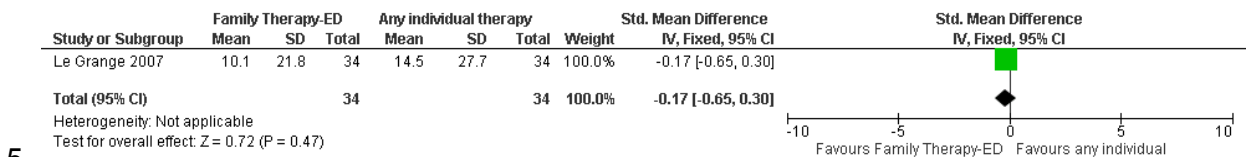
10 **Figure 1165: Abstinence from vomiting**



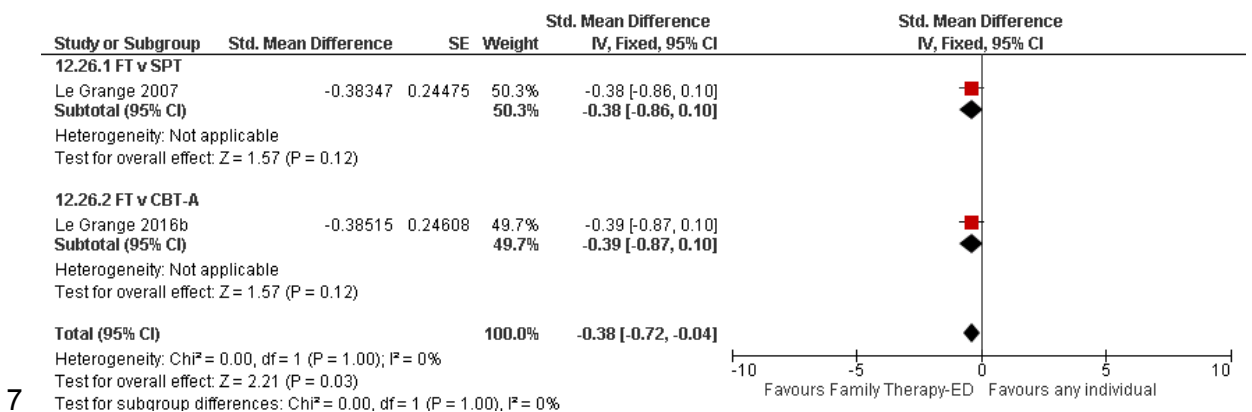
2 **Figure 1166: Purge frequency**



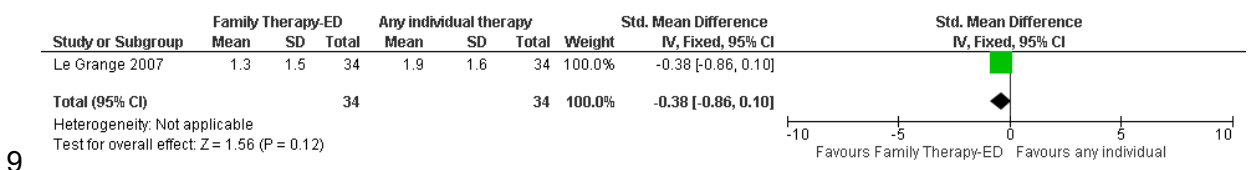
4 **Figure 1167: Vomit frequency**



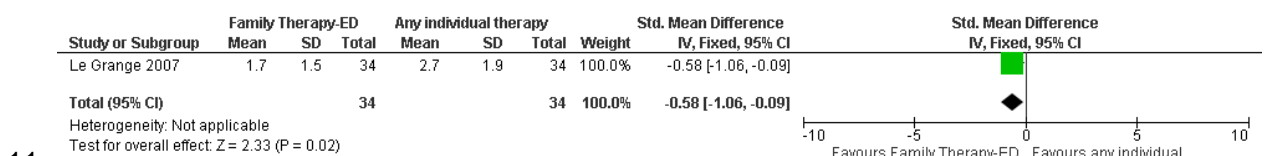
6 **Figure 1168: EDE-global**



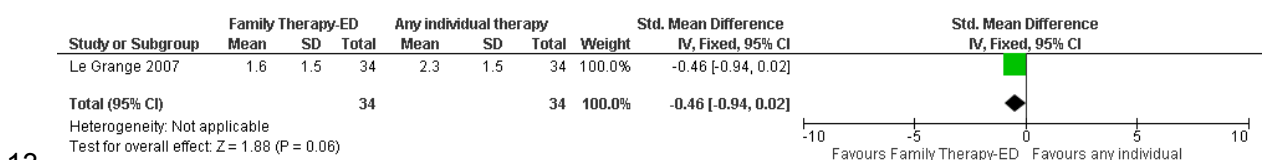
8 **Figure 1169: EDE-dietary restraint**



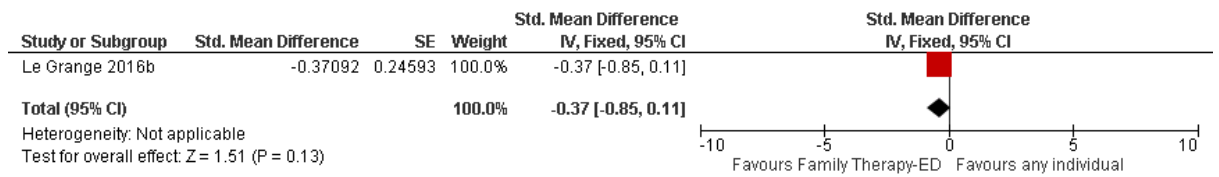
10 **Figure 1170: EDE-shape concern**



12 **Figure 1171: EDE-weight concern**

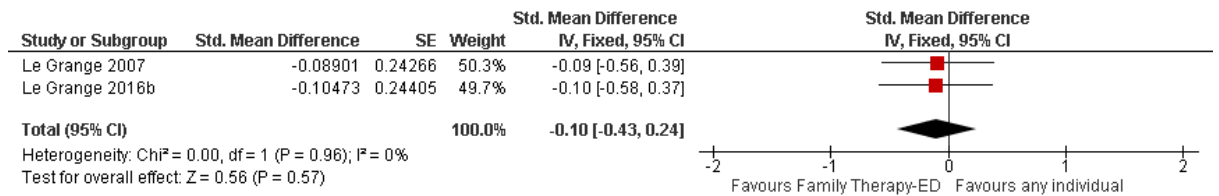


1 **Figure 1172: Yale-Brown-Cornell Eating Disorder Scale**



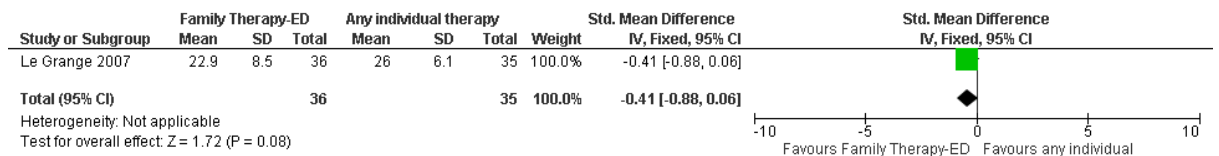
2

3 **Figure 1173: Depression**



4

5 **Figure 1174: Service user experience**

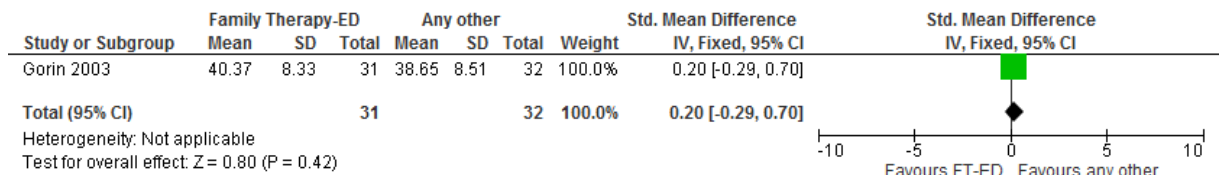


6

M.3.307 Family therapy for binge eating disorder

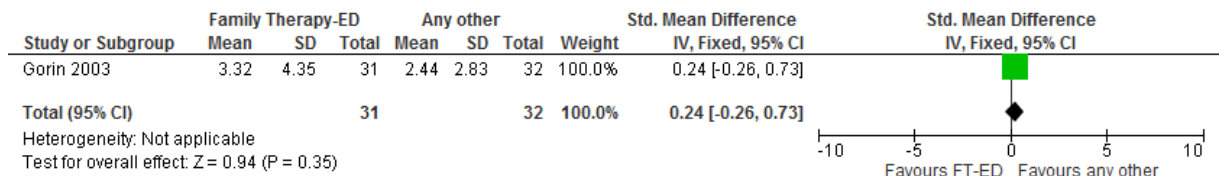
M.3.30.18 Family therapy-ED vs any other intervention in adults with binge eating disorder at end of treatment

9 **Figure 1175: Weight (kg)**



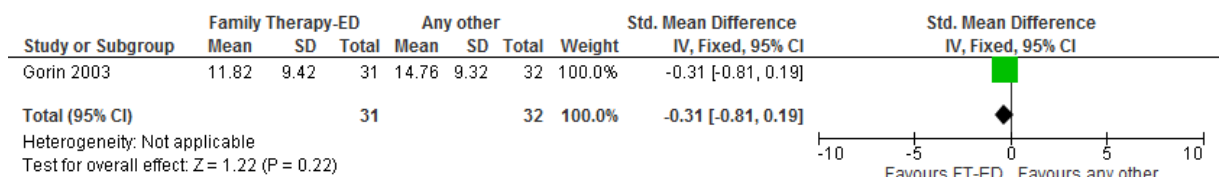
12

13 **Figure 1176: Binge frequency**



14

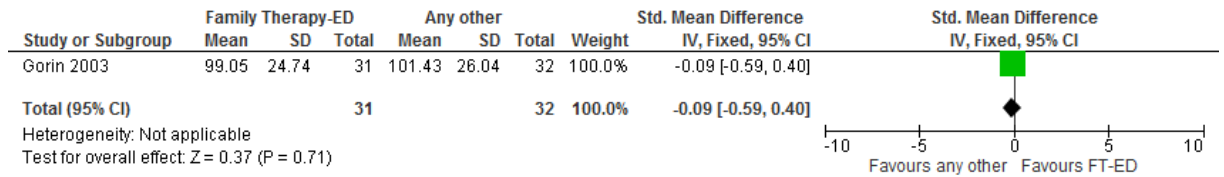
15 **Figure 1177: Depression**



16

1 **Figure 1178: Family functioning**

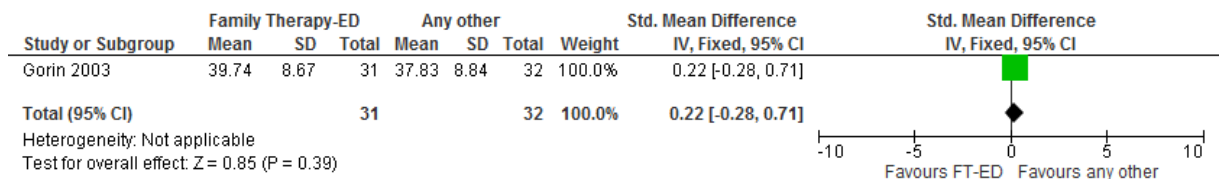
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3

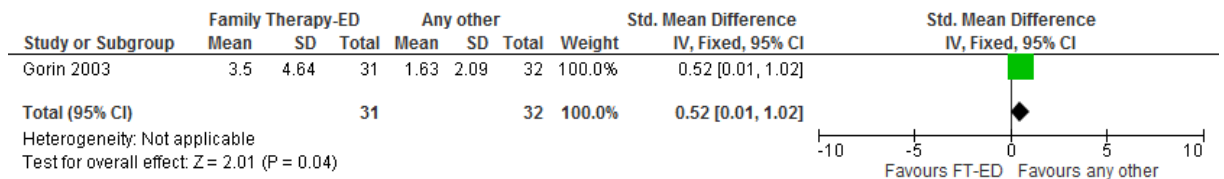
M.3.30.24 Family therapy-ED vs any other intervention in adults with binge eating disorder at follow up

6 **Figure 1179: Weight (kg)**



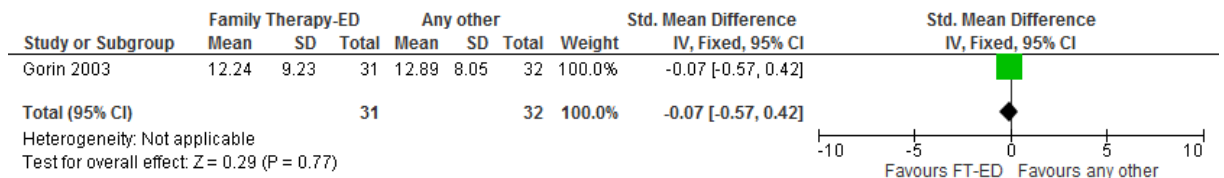
7

8 **Figure 1180: Binge frequency**



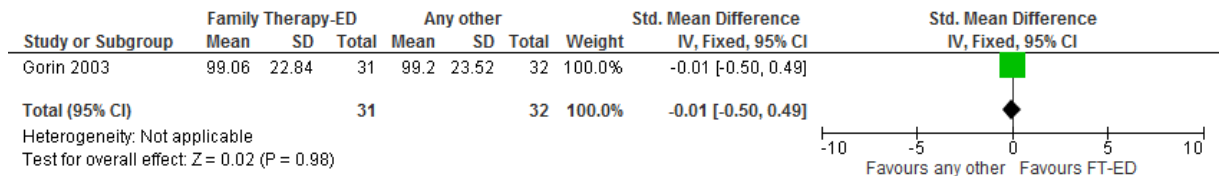
9

10 **Figure 1181: Depression**



11

12 **Figure 1182: Family functioning**

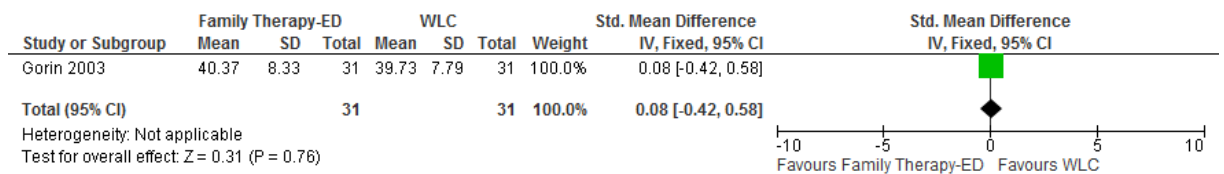


13

M.3.30.34 Family therapy-ED vs WLC in adults with binge eating disorder at end of treatment

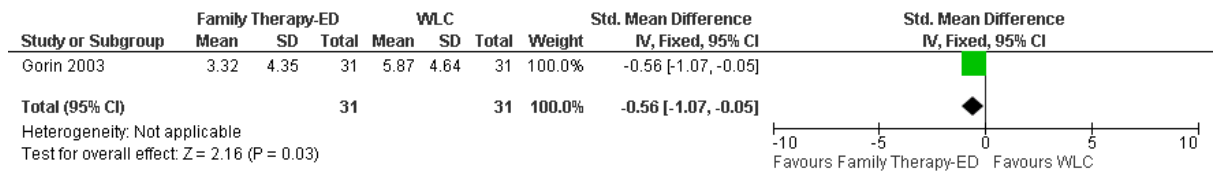
15 **Figure 1183: Weight (kg)**

16



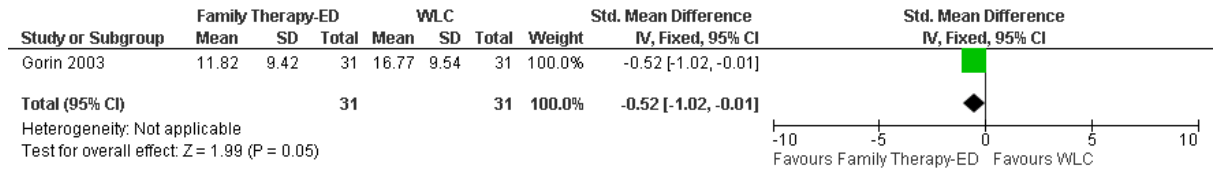
17

1 **Figure 1184: Binge frequency**



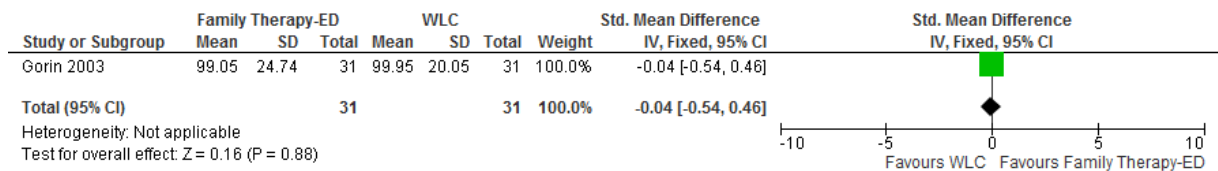
2

3 **Figure 1185: Depression**



4

5 **Figure 1186: Family functioning**



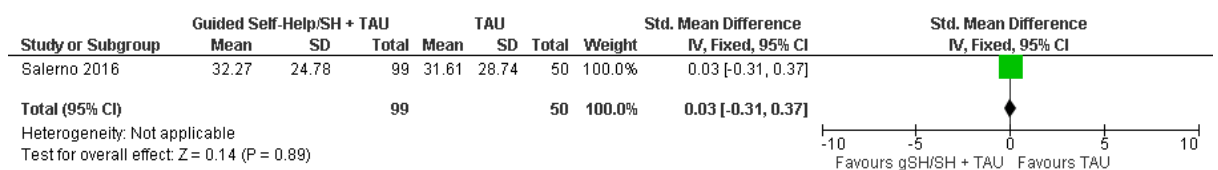
6

M.4.7 Clinical question: Does any psychological intervention produce benefits/harms in the parents or carers of children or young people with an eating disorder compared with any other intervention or controls?

M.4.11 Interventions for carers of people with anorexia nervosa

M.4.1.12 Self-Help or guided self-Help and treatment as usual vs treatment as usual at 12-months after inpatient admission for carers of people with anorexia nervosa – carer outcomes

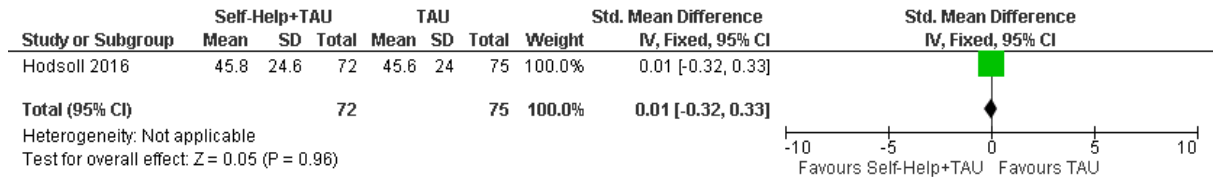
15 **Figure 1187: Carer general psychopathology (distress)**



16

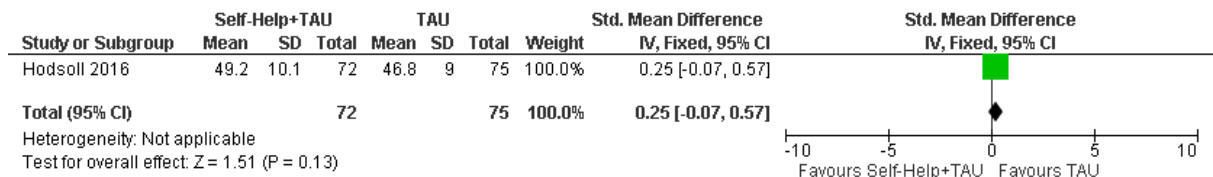
M.4.21 Self-Help and treatment as usual vs treatment as usual at 6- or 12-months after inpatient admission for carers of people with anorexia nervosa - carer outcomes

4 Figure 1188: Carer accommodation and enabling (6 months)



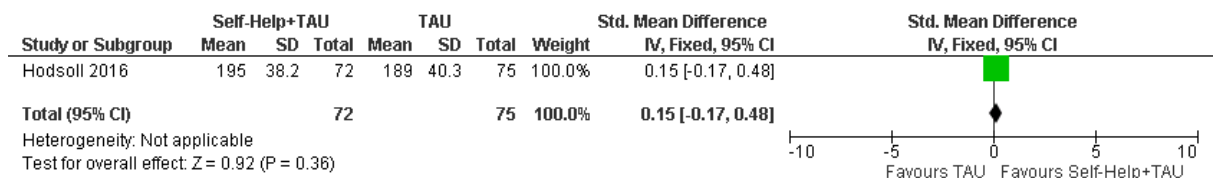
5

6 Figure 1189: Carer family functioning



7

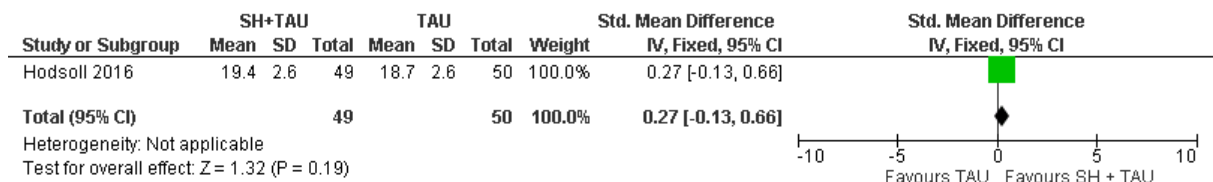
8 Figure 1190: Carer skills



9

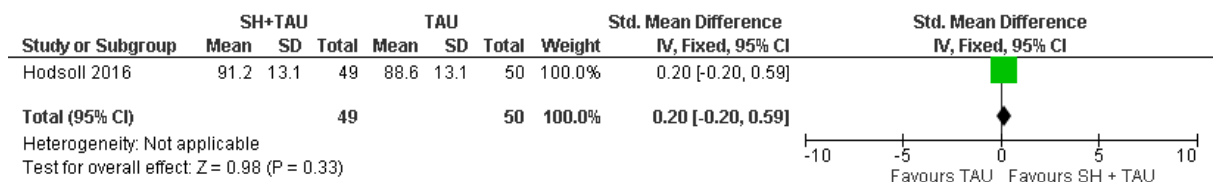
M.4.2.10 Self-Help and treatment as usual vs treatment as usual at 12-months after inpatient admission for carers of people with anorexia nervosa – patient outcomes

12 Figure 1191: BMI



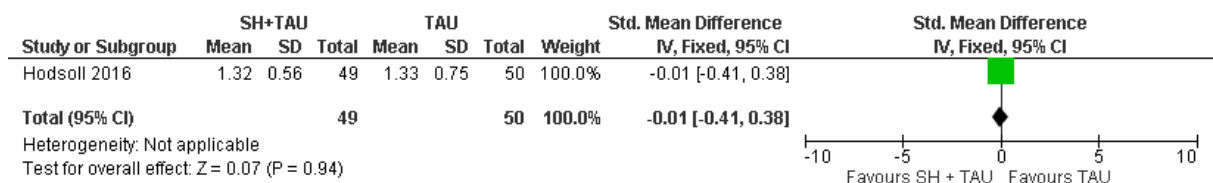
13

14 Figure 1192: Gender standardized weight for height percentage



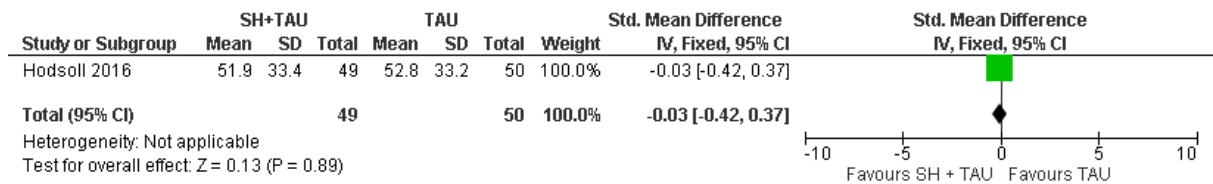
15

16 Figure 1193: SEED Anorexia



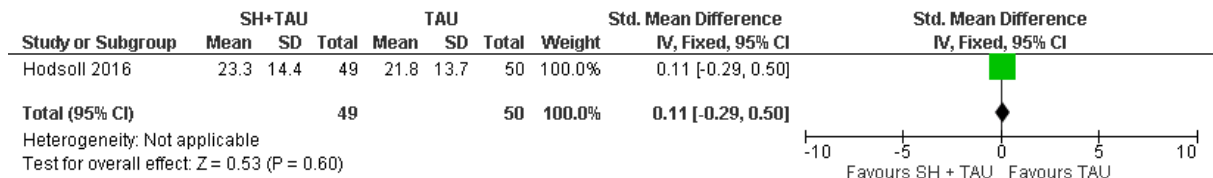
17

1 **Figure 1194: General psychopathology**



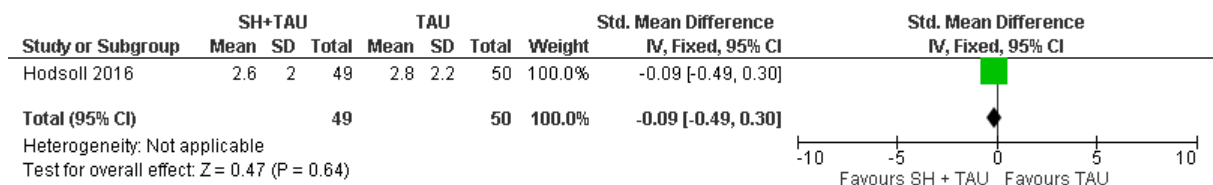
2

3 **Figure 1195: Clinical impairment due to eating disorder**



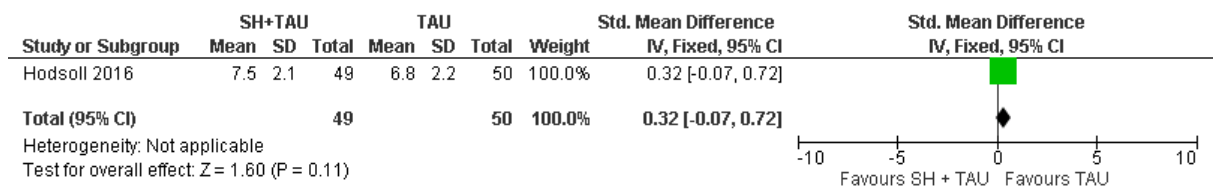
4

5 **Figure 1196: Strength and Difficulties Questionnaire-peer problems**



6

7 **Figure 1197: Strength and Difficulties Questionnaire-prosocial behaviour**

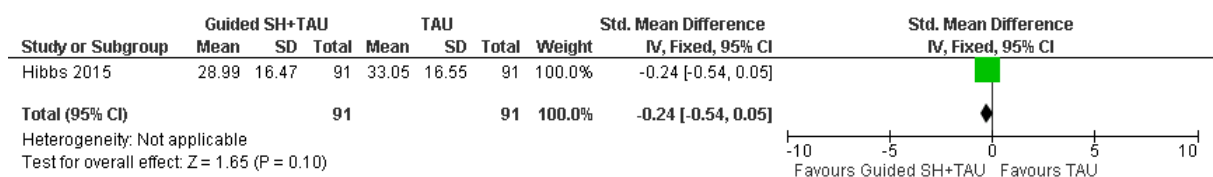


8

M.4.2.29 **Guided self-help and treatment as usual vs treatment as usual at 12- and 24-months after inpatient admission for carers of people with anorexia nervosa – carer outcomes**

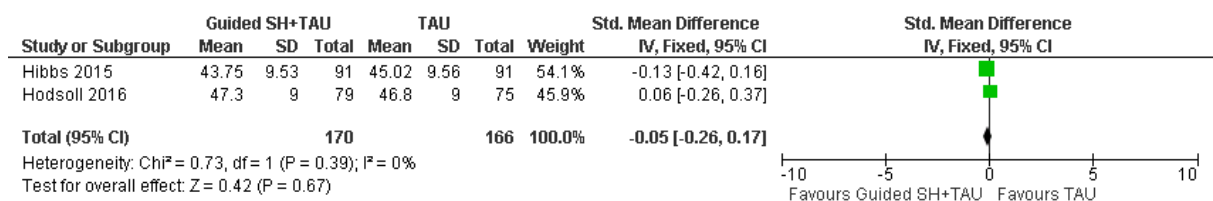
10

11 **Figure 1198: Carer burden after 12-months treatment**



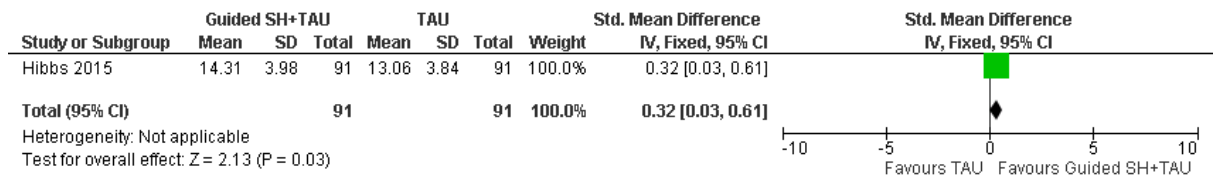
12

13 **Figure 1199: Carer family functioning after 6- or 12-months treatment**



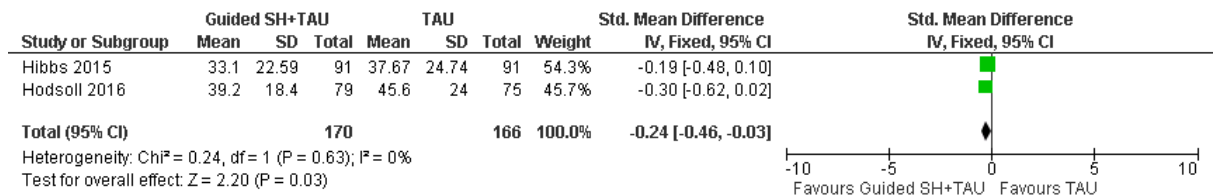
14

1 **Figure 1200: Carer quality of life after 12-months treatment**



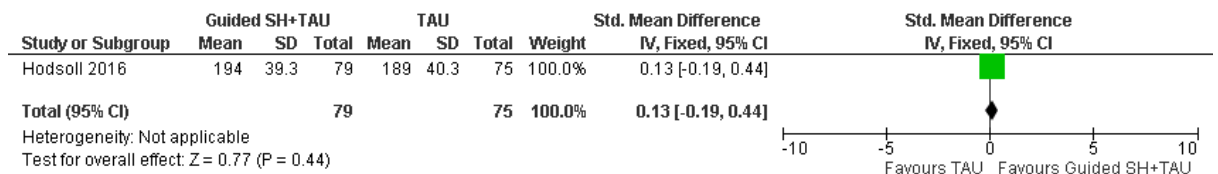
2

3 **Figure 1201: Carer accommodation and enabling after 12-months treatment**



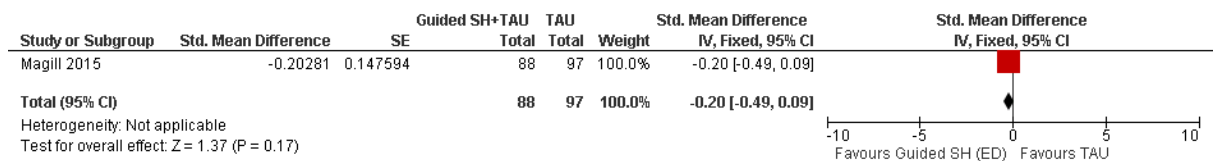
4

5 **Figure 1202: Carer skills after 12-months treatment**



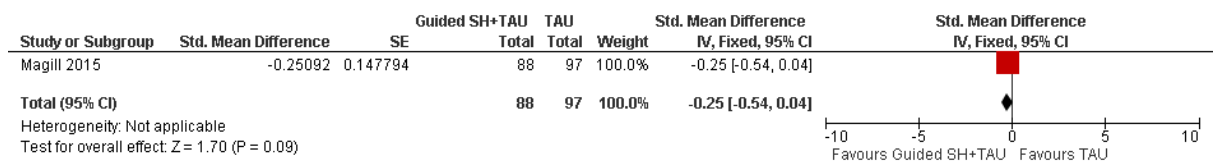
6

7 **Figure 1203: Carer burden after 24-months treatment**



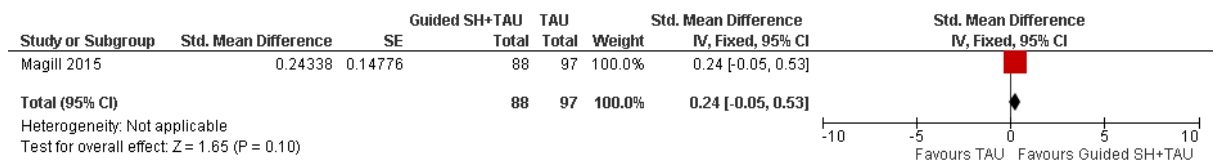
8

9 **Figure 1204: Carer family functioning after 24-months treatment**



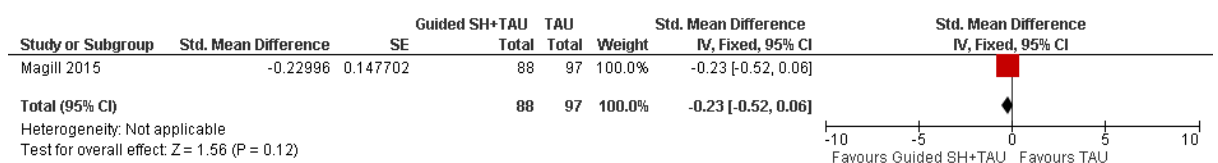
10

11 **Figure 1205: Carer quality of life after 24-months treatment**



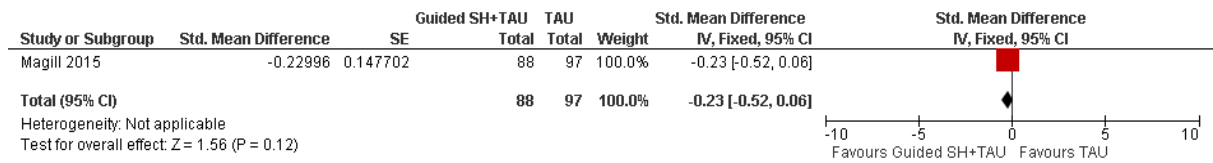
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13 **Figure 1206: Carer accommodation and enabling after 24-months treatment**



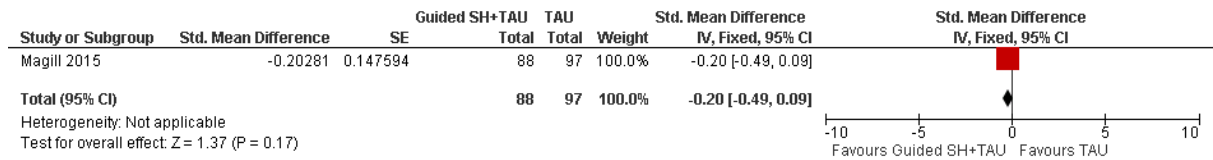
14

1 **Figure 1207: Carer general psychopathology (distress) after 24-months treatment**



2

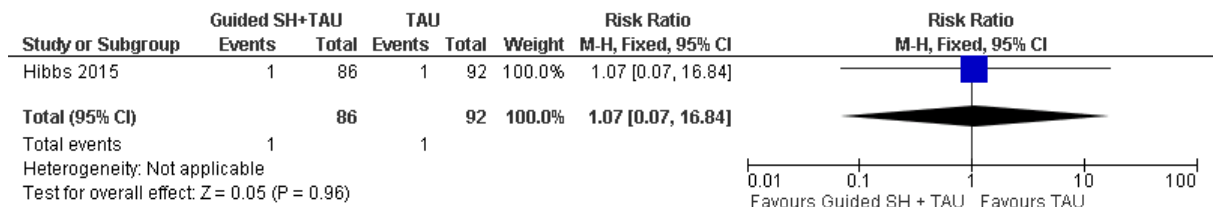
3 **Figure 1208: Time spent caregiving after 24-months treatment**



4

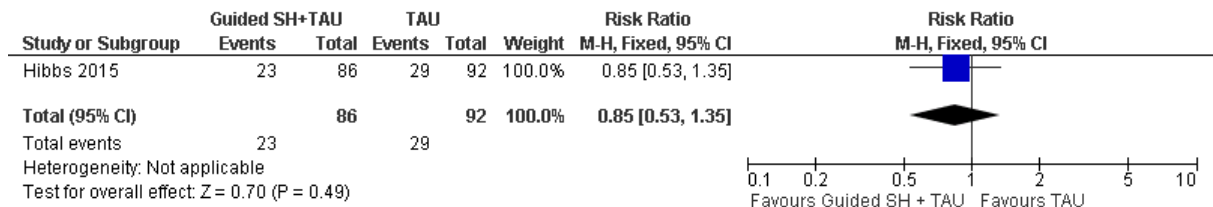
M.4.2.35 **Guided self-Help and treatment as usual vs treatment as usual at 12- and 24-months after inpatient admission for carers of people with anorexia nervosa - patient outcomes**

8 **Figure 1209: Patient deaths during study**



9

10 **Figure 1210: Readmitted to hospital during study**



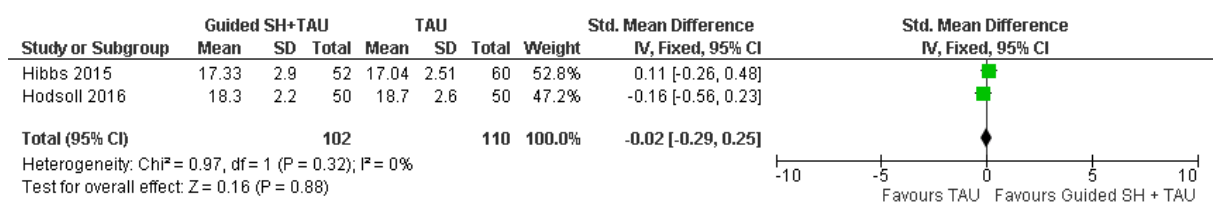
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12 **Figure 1211: Relapse**



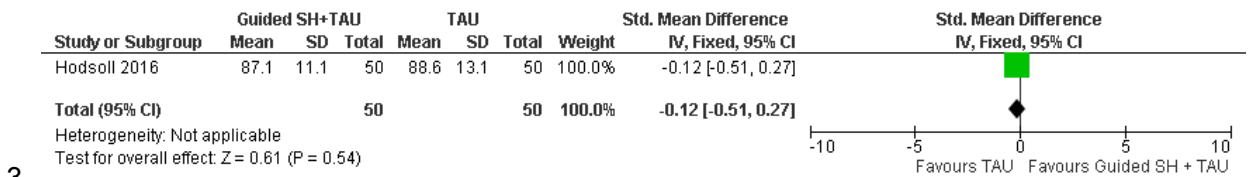
13

14 **Figure 1212: BMI after 12-months treatment**

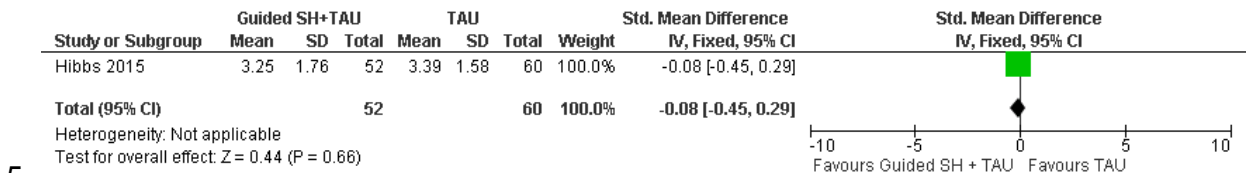


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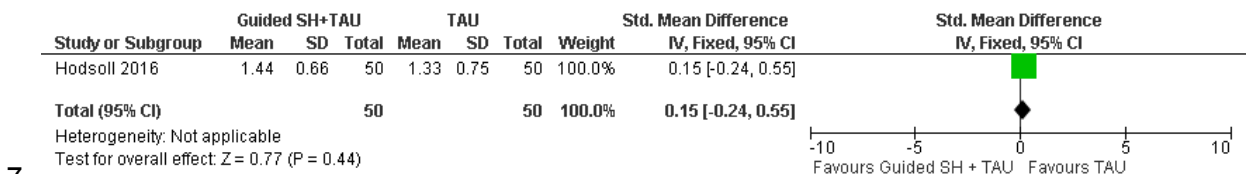
1 **Figure 1213: Gender standardised weight for height percentage after 12-months treatment**



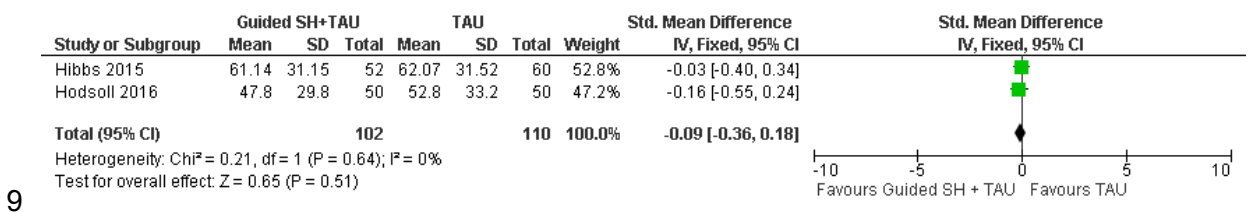
4 **Figure 1214: EDE-Q-global after 12-months treatment**



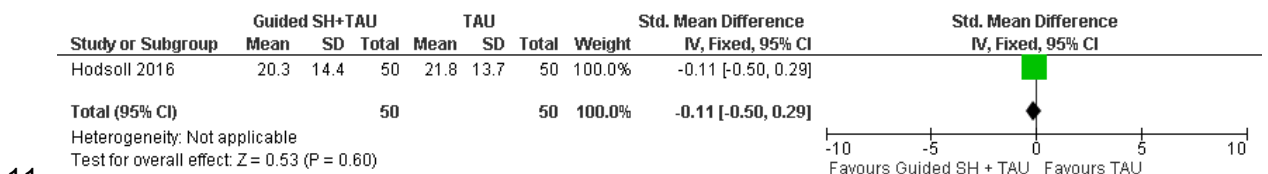
6 **Figure 1215: SEED after 12-months treatment**



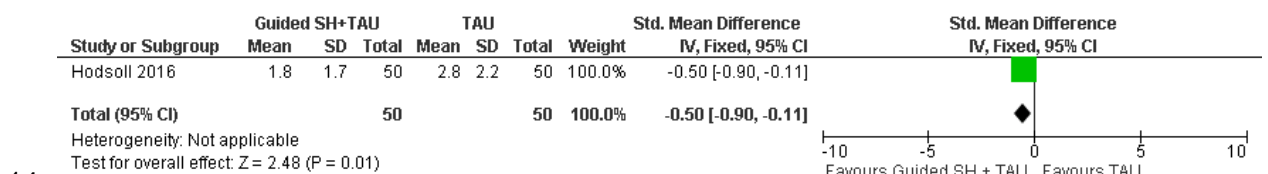
8 **Figure 1216: General psychopathology after 12-months treatment**



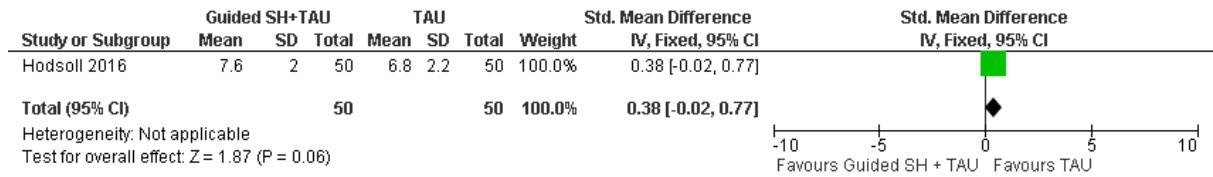
10 **Figure 1217: Clinical impairment due to eating disorder after 12-months treatment**



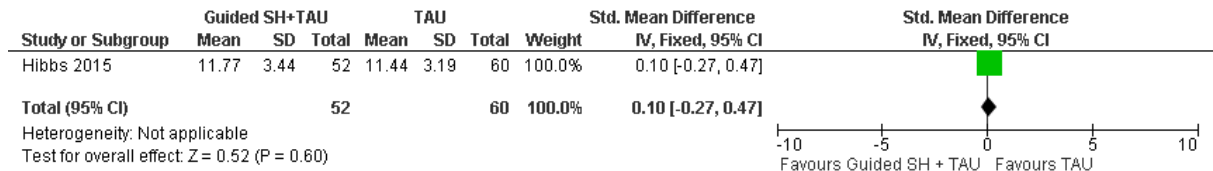
12 **Figure 1218: Strength and Difficulties Questionnaire-peer problems after 12-months treatment**



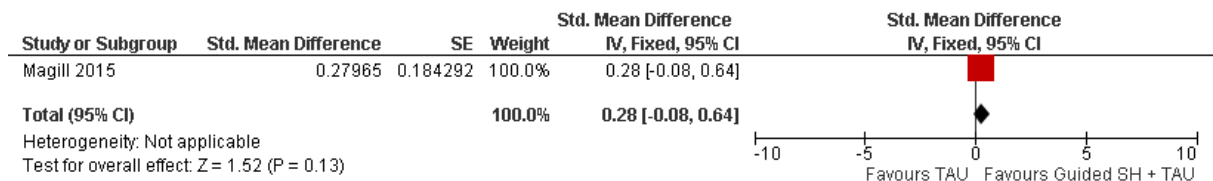
1 **Figure 1219: Strength and Difficulties Questionnaire-prosocial behaviour after 12-**
2 **months treatment**



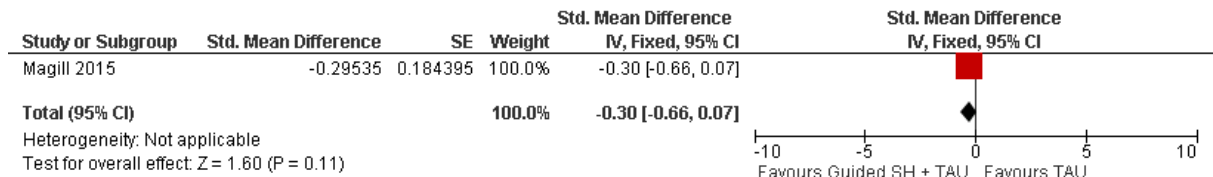
4 **Figure 1220: Quality of life after 12-months treatment**



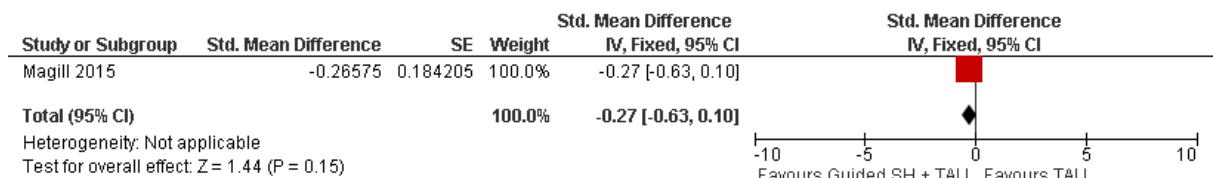
6 **Figure 1221: BMI after 24-months treatment**



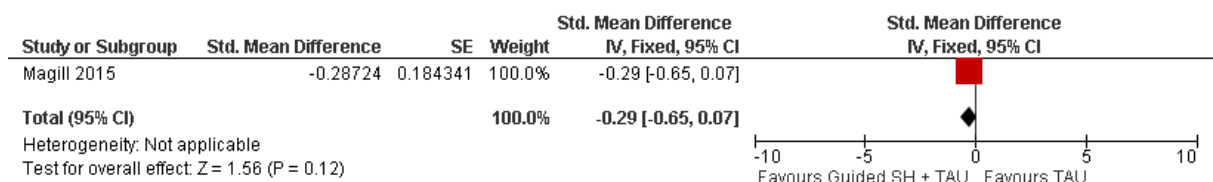
8 **Figure 1222: EDE-Q-global after 24-months treatment**



10 **Figure 1223: General psychopathology after 24-months treatment**

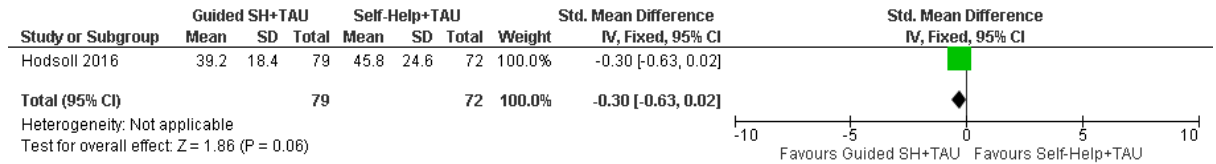


12 **Figure 1224: Quality of life after 24-months treatment**

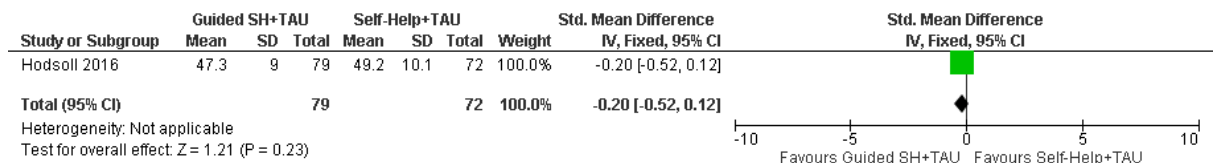


M.4.2.41 Guided self-Help and treatment as usual vs self-help and treatment as usual at 6- and 12-months after inpatient admission for carers of people with anorexia nervosa – Carer outcomes

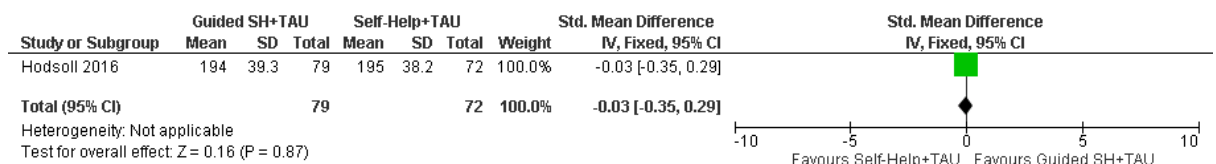
4 Figure 1225: Carer accommodation and enabling after 6-months treatment



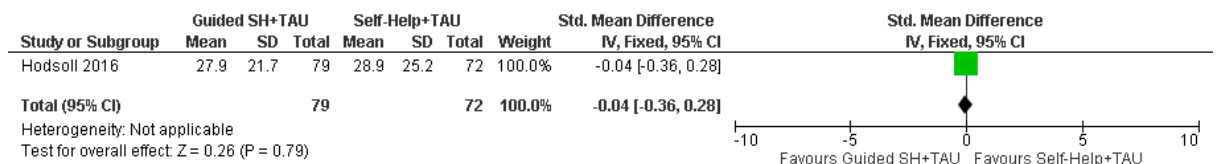
6 Figure 1226: Carer family functioning after 6-months treatment



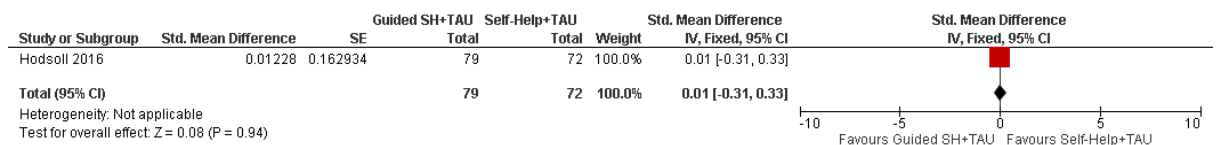
8 Figure 1227: Carer skills after 12-months treatment



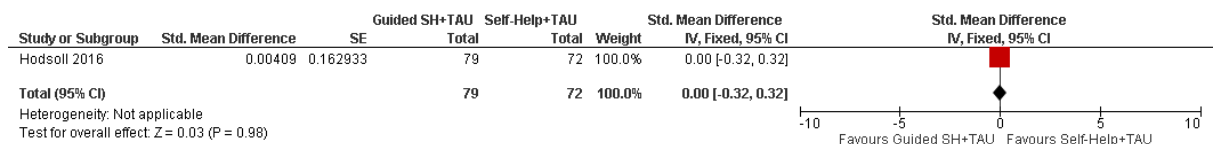
10 Figure 1228: Carer general psychopathology after 12-months treatment



12 Figure 1229: Time spent caregiving after 12-months treatment

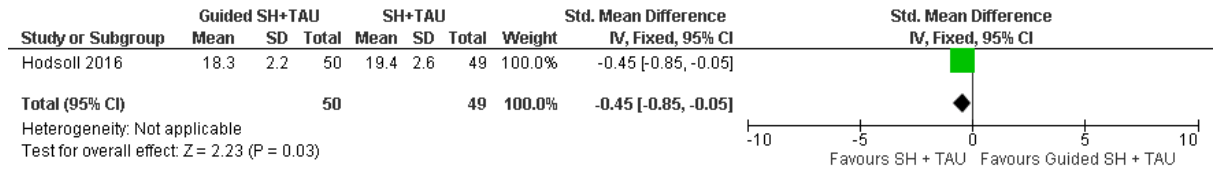


14 Figure 1230: Direct spending after 12-months treatment



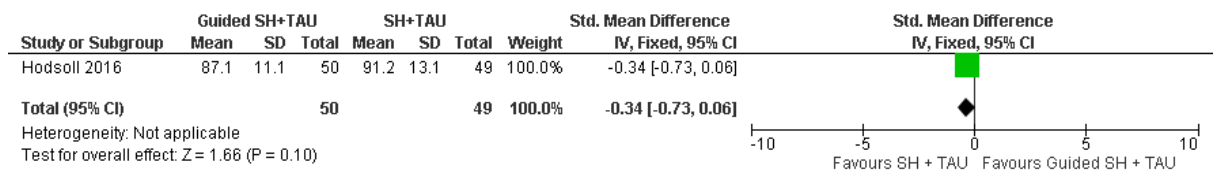
**M.4.2.51 Guided self-help and treatment as usual vs self-help and treatment as usual at 12-
2 months after inpatient admission for carers of people with anorexia nervosa – Patient
3 outcomes**

4 Figure 1231: BMI after 12-months treatment



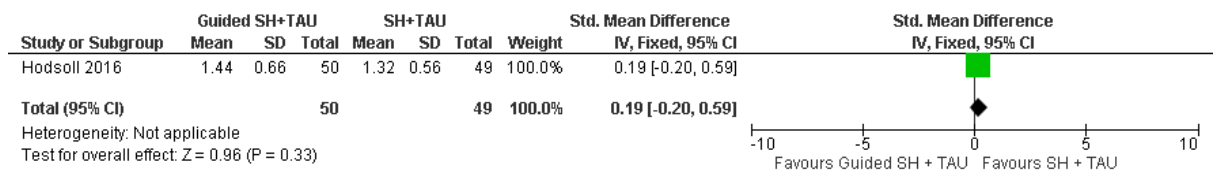
5

**6 Figure 1232: Gender standardised weight for height percentage after 12-months
7 treatment**



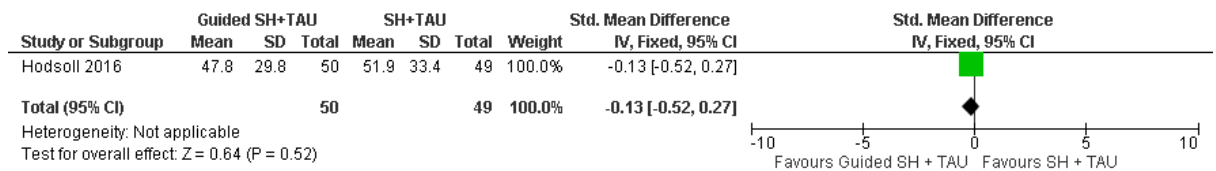
8

9 Figure 1233: SEED Anorexia after 12-months treatment



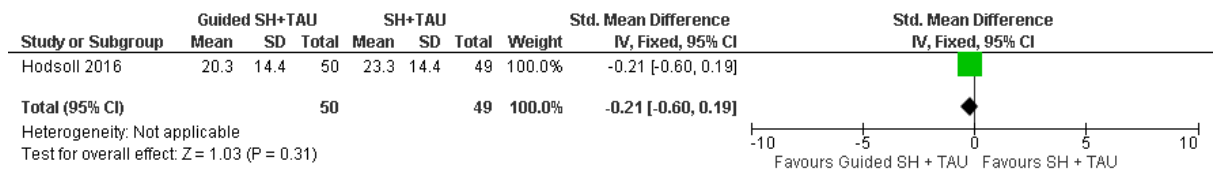
10

11 Figure 1234: General psychopathology after 12-months treatment



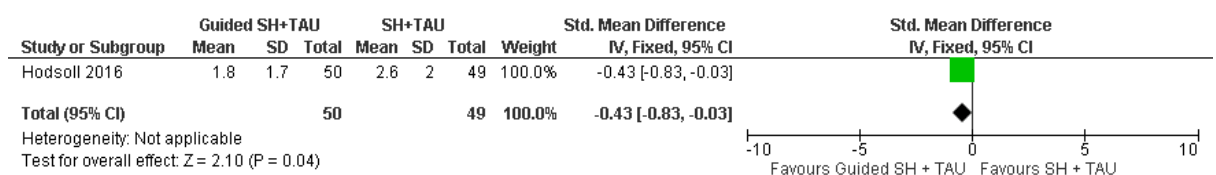
12

13 Figure 1235: Clinical impairment due to eating disorder after 12-months treatment



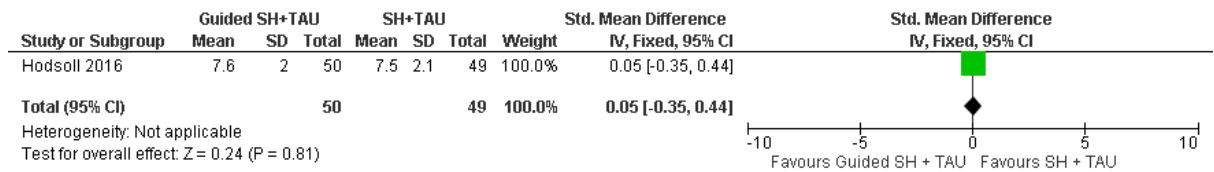
14

**15 Figure 1236: Strength and Difficulties Questionnaire-peer problems after 12-months
16 treatment**



17

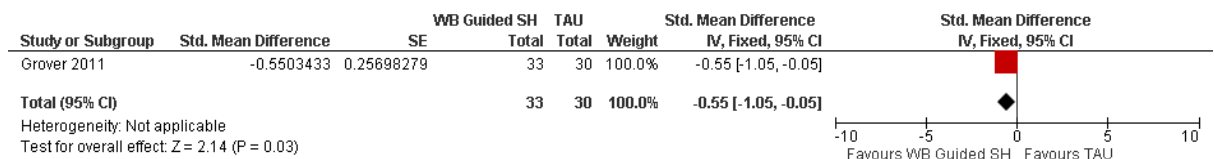
1 **Figure 1237: Strength and Difficulties Questionnaire-prosocial behaviour after 12-**
2 **months treatment**



3

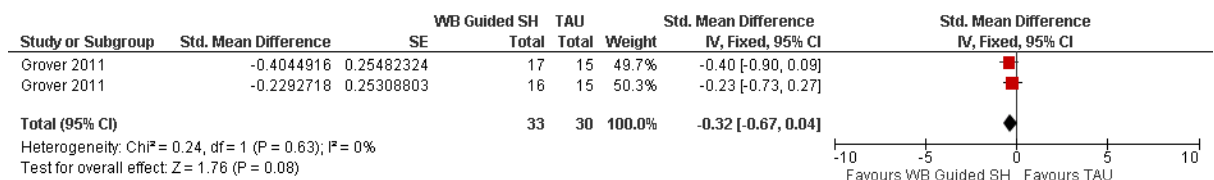
M.4.2.64 **Web-based guided self-help vs treatment as usual for carers of people with anorexia**
5 **nervosa at end of treatment**

6 **Figure 1238: Carer general psychopathology (distress)**



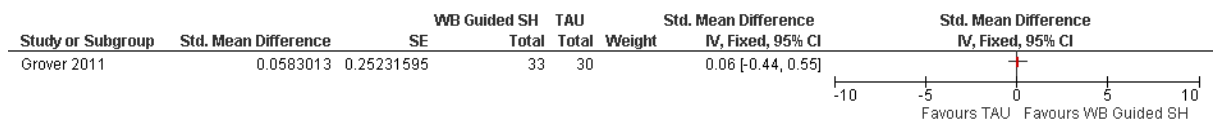
7

8 **Figure 1239: Carer burden**



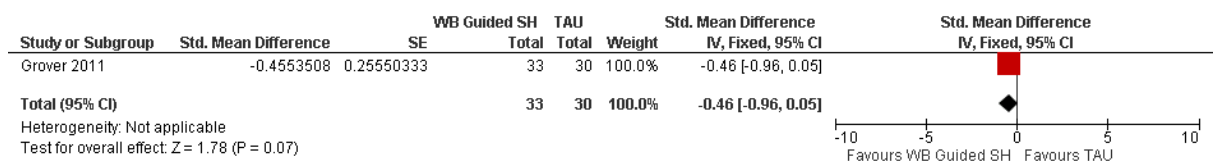
9

10 **Figure 1240: Carer Experience of Caregiving Inventory-positive**



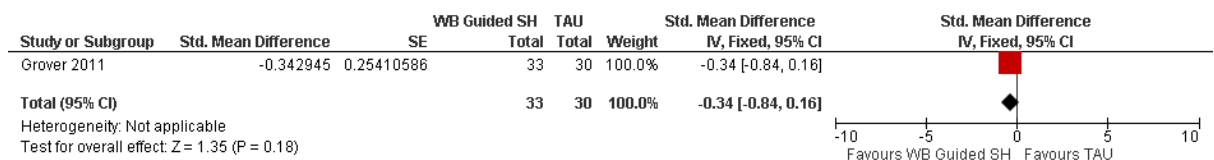
11

12 **Figure 1241: Carer family functioning**



13

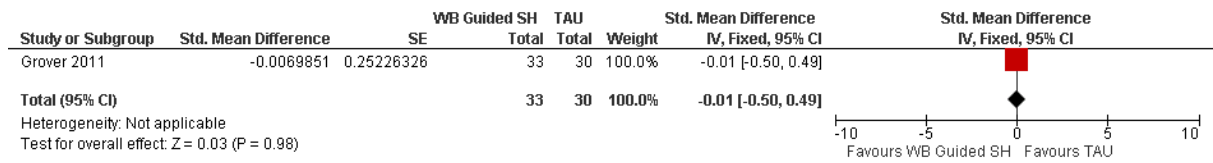
14 **Figure 1242: Carer accommodation and enabling**



15

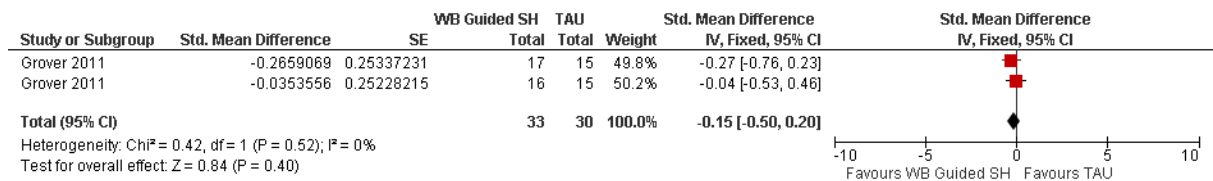
M.4.2.71 Web-based guided self-help vs treatment as usual for carers of people with anorexia nervosa at follow up

3 Figure 1243: Carer general psychopathology (distress)



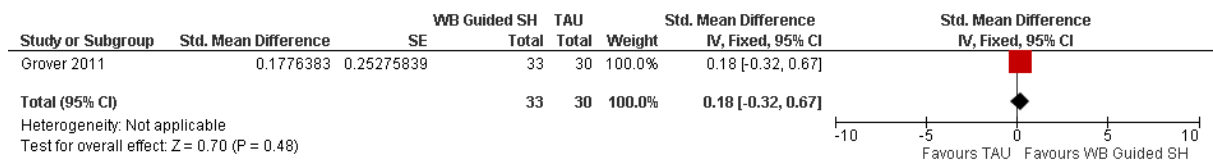
4

5 Figure 1244: Carer burden



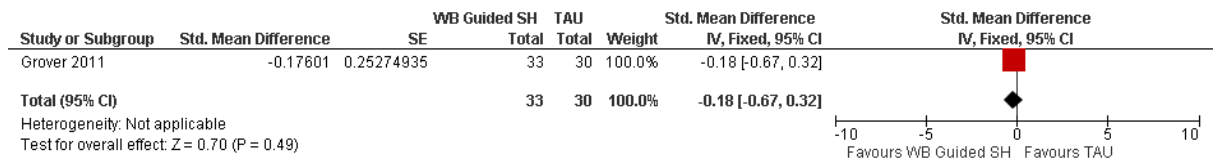
6

7 Figure 1245: Carer Experience of Caregiving Inventory-positive



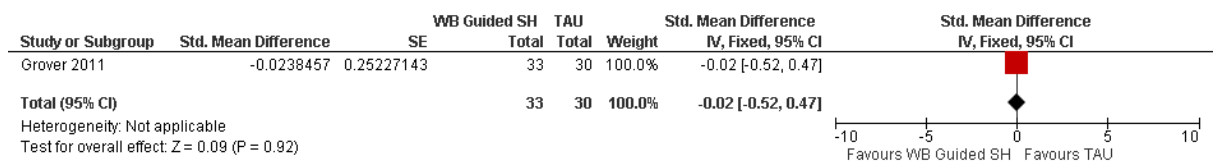
8

9 Figure 1246: Carer family functioning



10

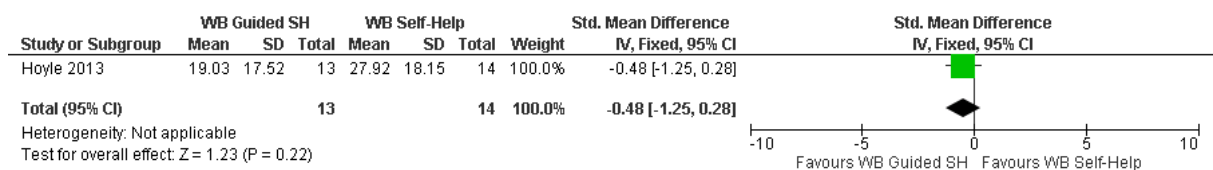
11 Figure 1247: Carer accommodation and enabling



12

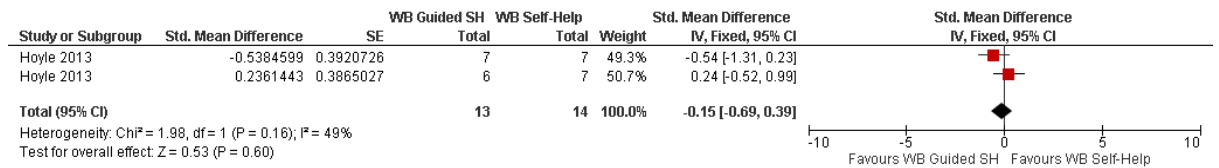
M.4.2.83 Web-based guided self-help vs web-based self-help for carers of people with anorexia nervosa at end of treatment

15 Figure 1248: Carer general psychopathology



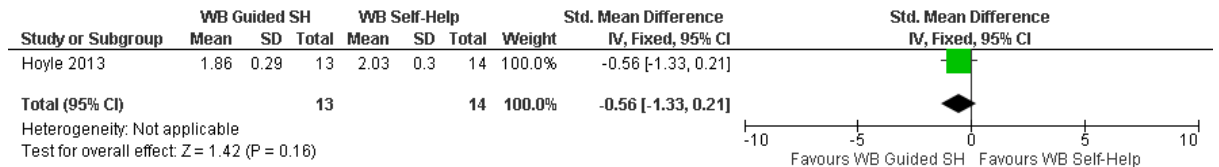
16

1 **Figure 1249: Carer quality of life**



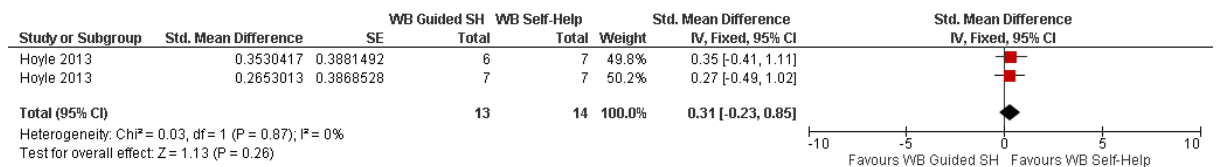
2

3 **Figure 1250: Carer family functioning**



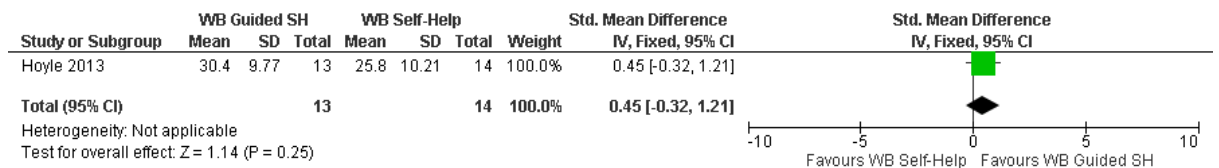
4

5 **Figure 1251: Carer burden**



6

7 **Figure 1252: Carer Experience of Caregiving Inventory-positive**

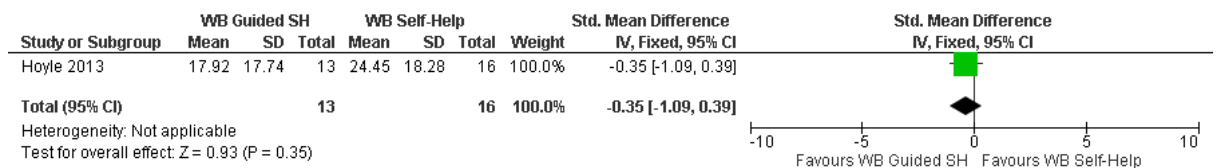


8

M.4.2.99 **Web-based guided self-help vs web-based self-help for carers of people with anorexia nervosa at follow up**

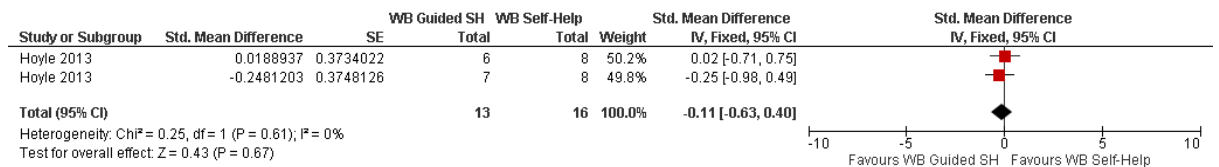
10

11 **Figure 1253: Carer general psychopathology (distress)**



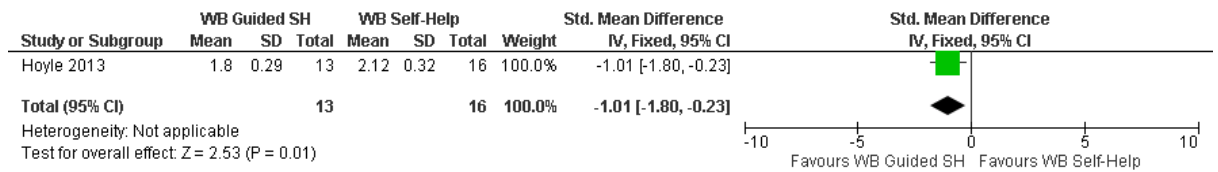
12

13 **Figure 1254: Carer quality of life**



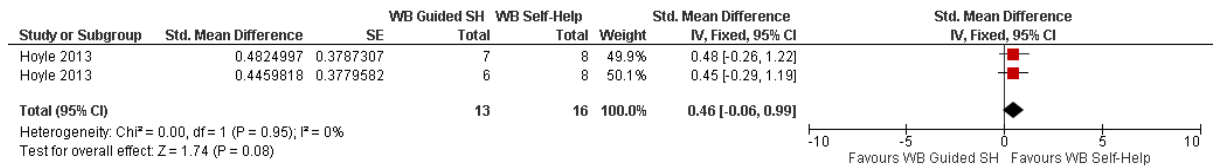
14

1 **Figure 1255: Carer family functioning**



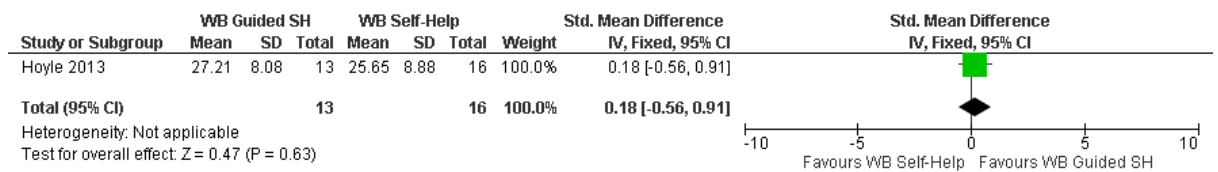
2

3 **Figure 1256: Carer burden**



4

5 **Figure 1257: Carer Experience of Caregiving Inventory-positive**

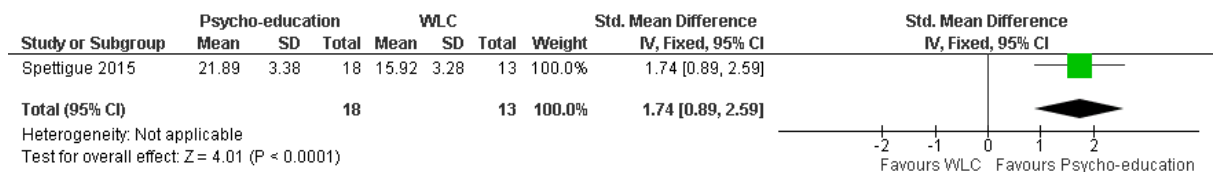


6

M.4.37 Interventions for carers of any eating disorder at end of treatment

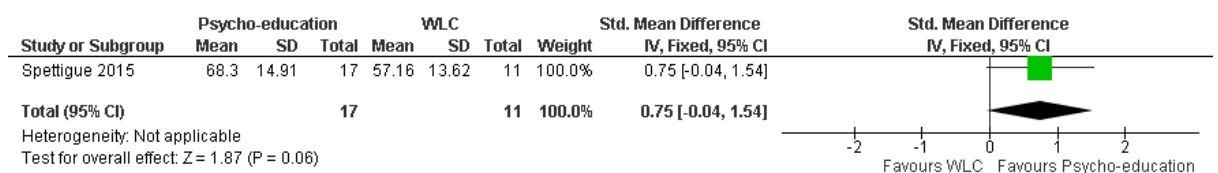
M.4.3.18 Psychoeducation vs wait list control

9 **Figure 1258: Carer self-efficacy**



10

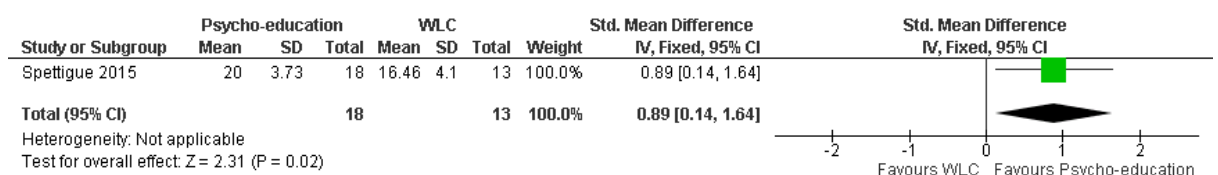
11 **Figure 1259: Carer knowledge of eating disorders**



12

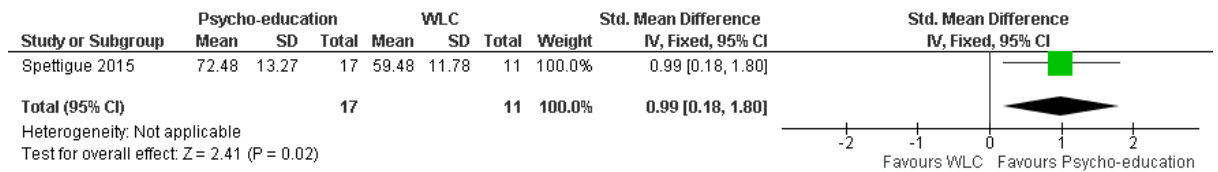
M.4.3.23 Psychoeducation vs wait list control for carers of any eating disorder at formal assessment – carer outcomes

15 **Figure 1260: Carer self-efficacy**



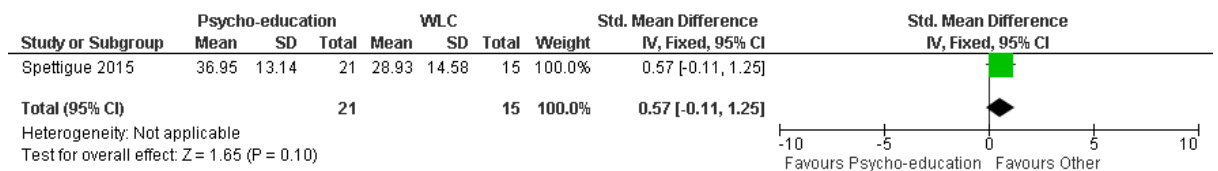
16

1 **Figure 1261: Carer knowledge of eating disorders**



2

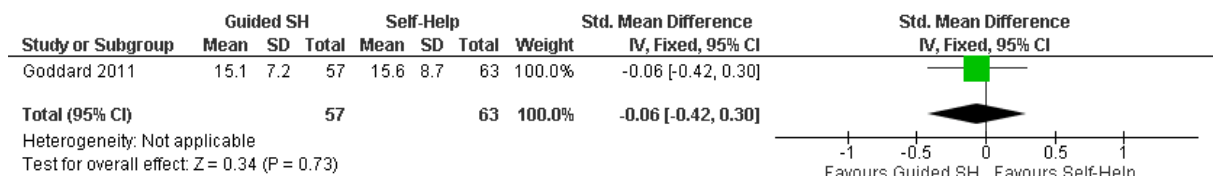
3 **Figure 1262: Carer burden**



4

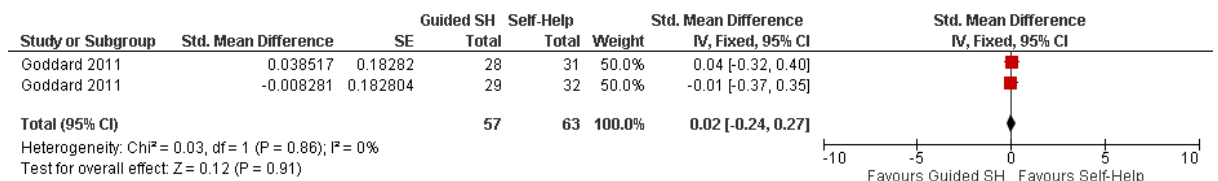
M.4.3.35 **Guided self-help for eating disorders vs self-help for eating disorders**

6 **Figure 1263: Carer general psychopathology**



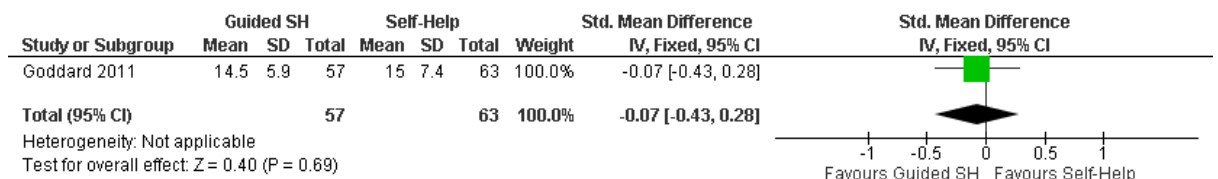
7

8 **Figure 1264: Carer burden**



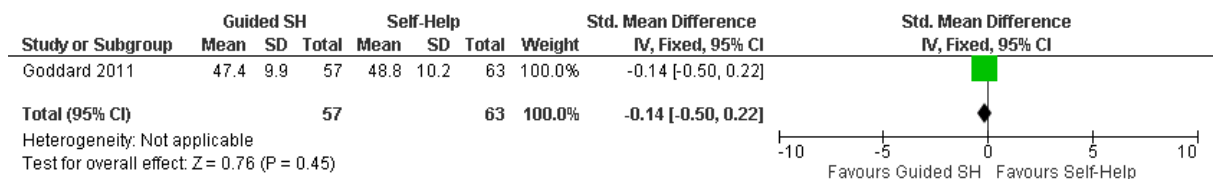
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10 **Figure 1265: Carer quality of life**



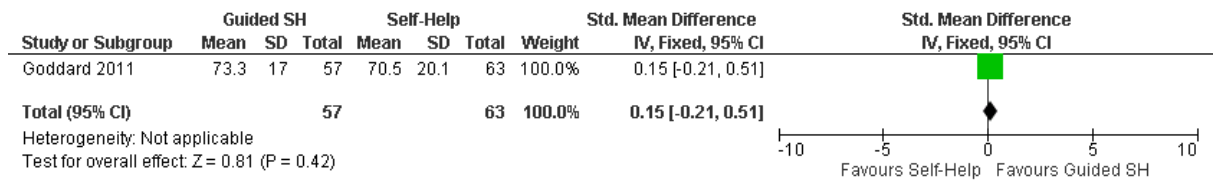
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12 **Figure 1266: Carer family functioning**



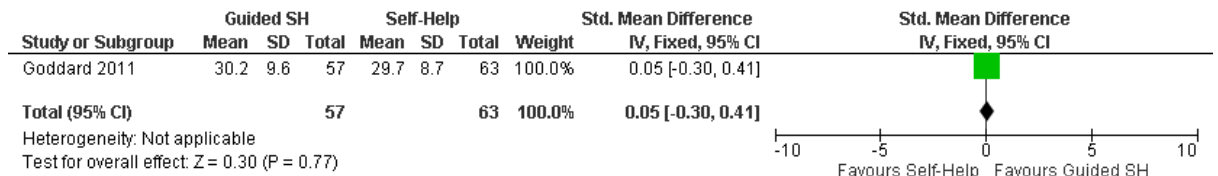
13

1 **Figure 1267: Carer self-efficacy**



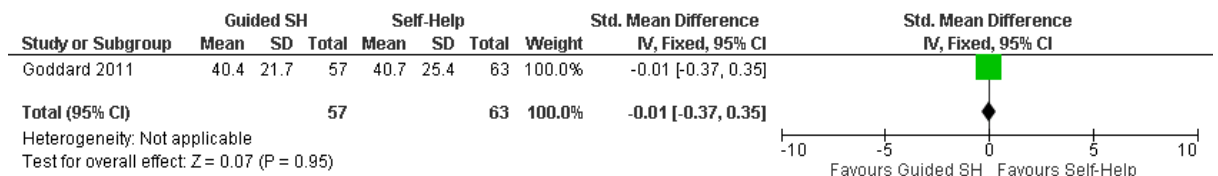
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3 **Figure 1268: Carer Experience of Caregiving Inventory-positive**



4

5 **Figure 1269: Carer accommodation and enabling**



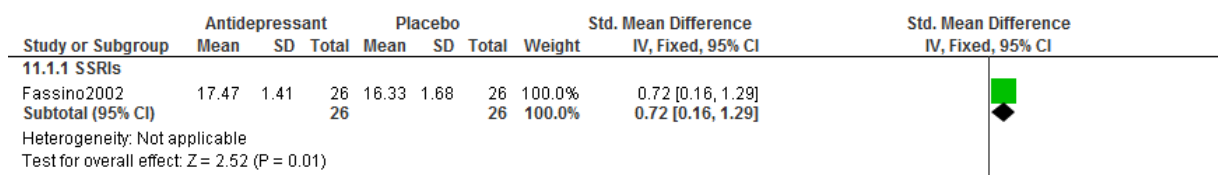
6

M.5.7 Clinical question: Does any pharmacological intervention produce benefits/harms on specified outcomes in people with eating disorders?

M.5.10 Pharmacological interventions in people with anorexia nervosa

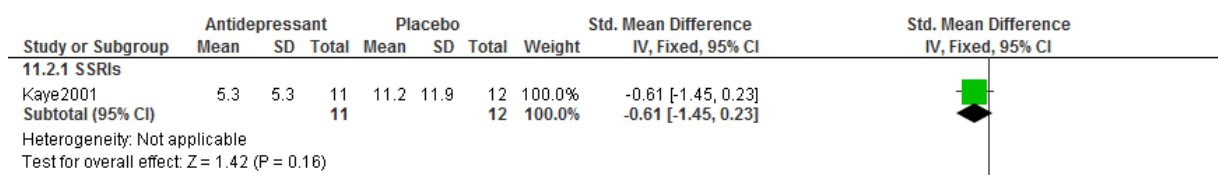
M.5.1.11 Antidepressants compared with placebo in adults with anorexia nervosa at end of treatment

13 **Figure 1270: BMI**



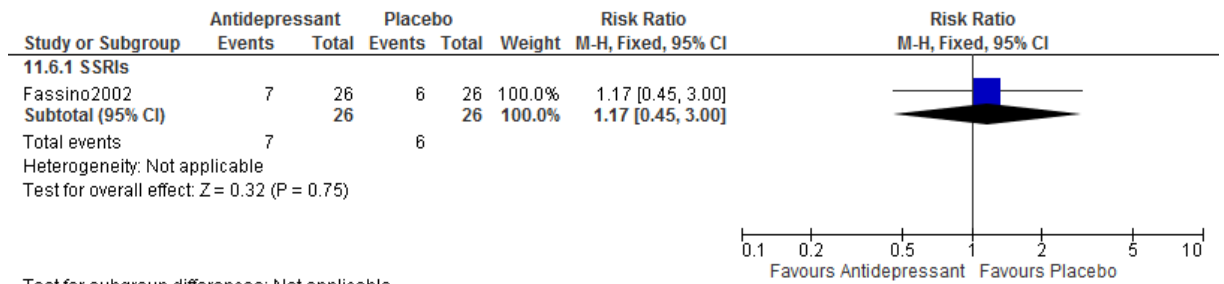
14 Test for subgroup differences: Not applicable

15 **Figure 1271: Change in percent body weight**

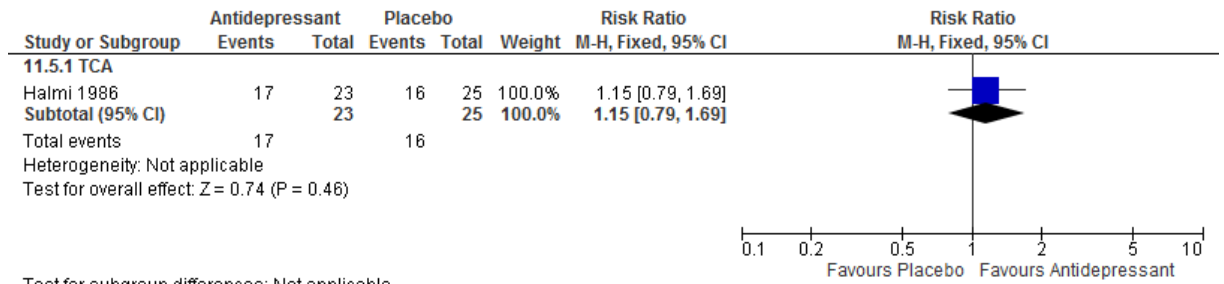


16 Test for subgroup differences: Not applicable

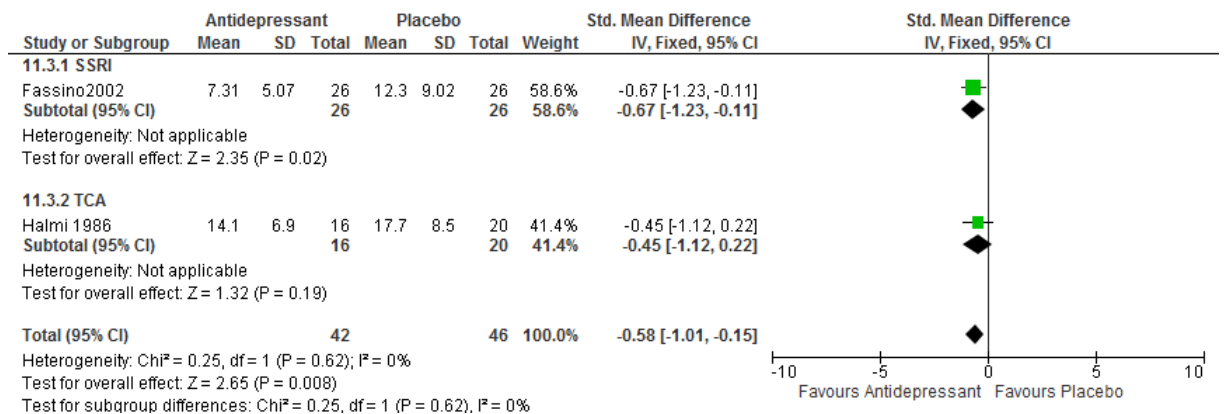
17 **Figure 1272: Dropout due to any reason**



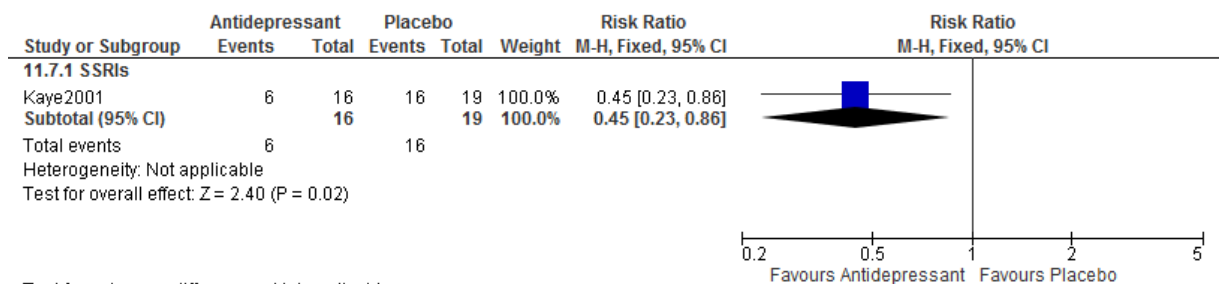
2 **Figure 1273: Achieved target body weight**



4 **Figure 1274: Depression**

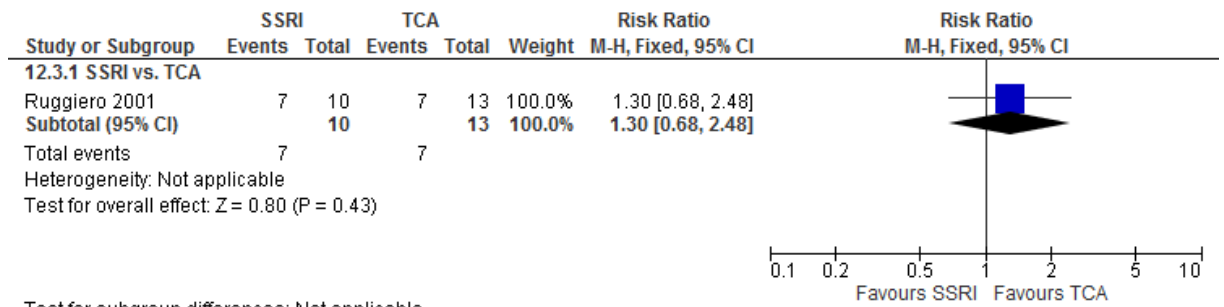


6 **Figure 1275: Relapse**



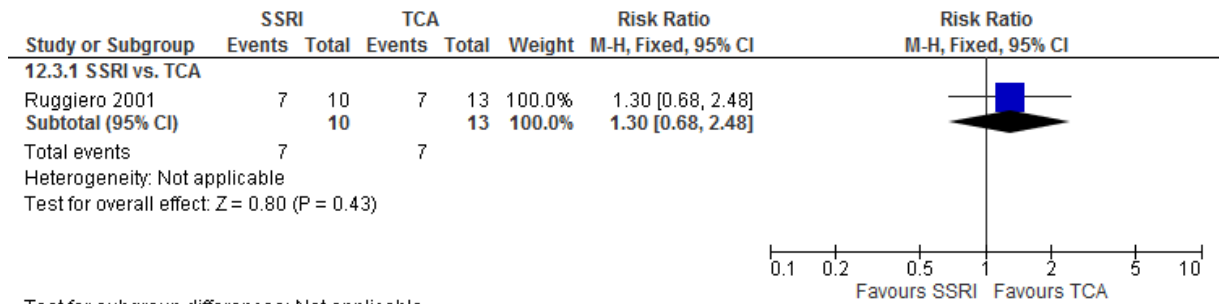
M.5.1.28 **Antidepressants compared with another antidepressant in adults with anorexia nervosa at end of treatment**

9 **Figure 1276: Bingeing**



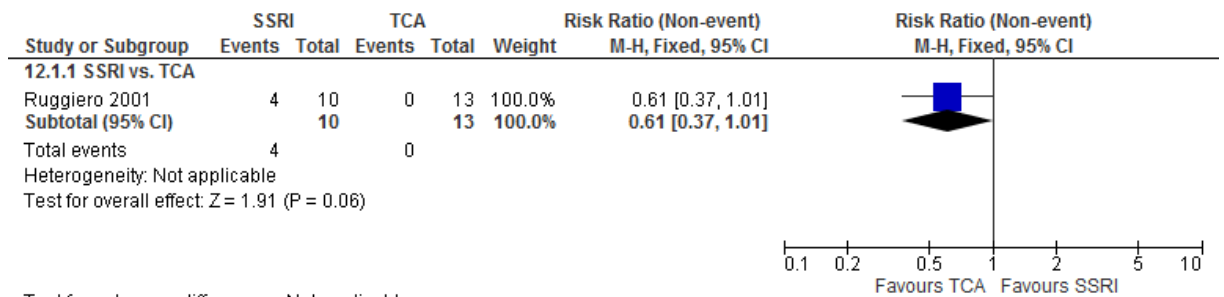
1 Test for subgroup differences: Not applicable

2 **Figure 1277: Amenorrhhea**



3 Test for subgroup differences: Not applicable

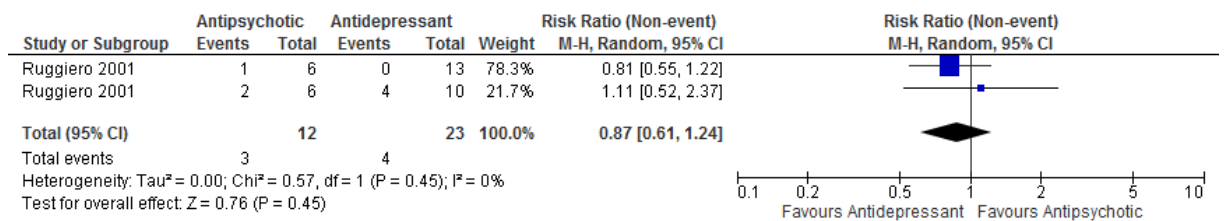
4 **Figure 1278: Vomiting**



5 Test for subgroup differences: Not applicable

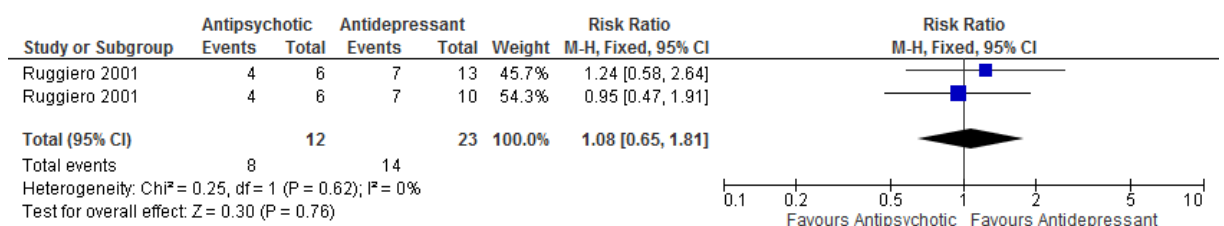
M.5.1.36 **Antipsychotic compared with an antidepressant in adults with anorexia nervosa at end of treatment**

8 **Figure 1279: Bingeing**



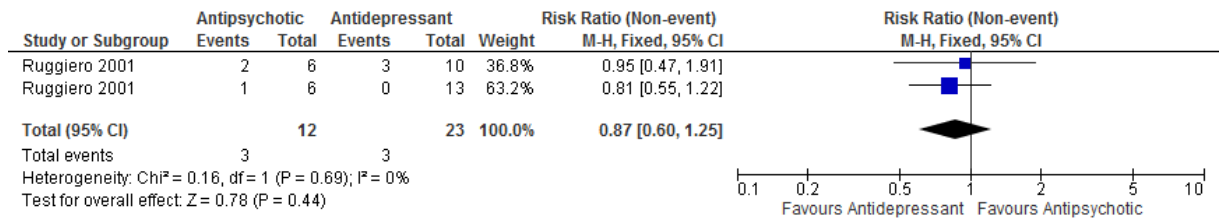
9

10 **Figure 1280: Amenorrhhea**



11

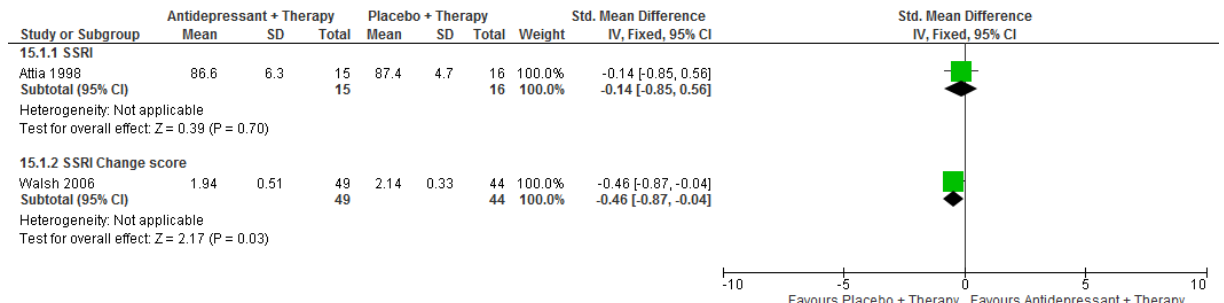
12 **Figure 1281: Vomiting**



1

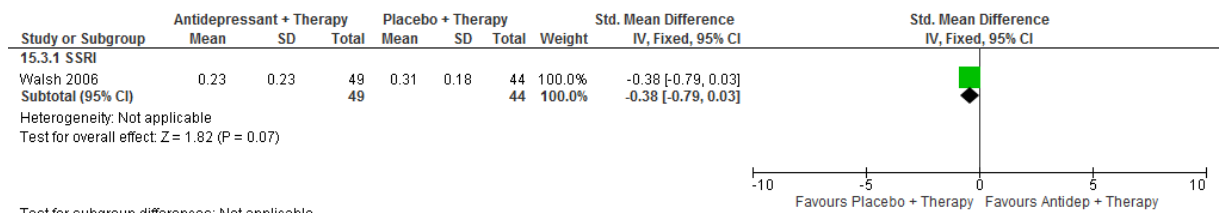
M.5.1.42 Combined antidepressant and psychotherapy compared with a placebo and psychotherapy in adults with anorexia nervosa at end of treatment

4 Figure 1282: Weight



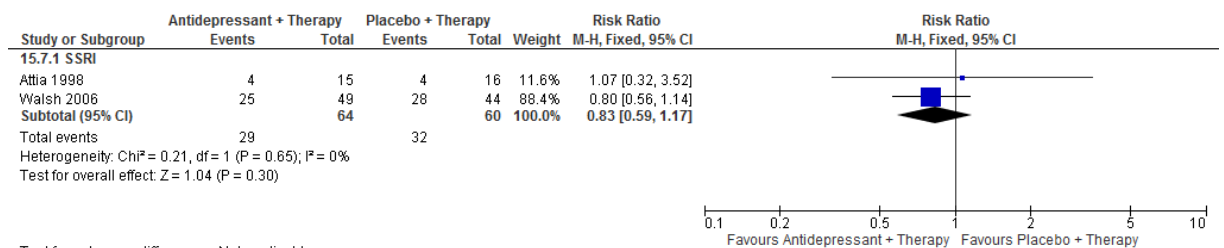
5 Test for subgroup differences: Chi² = 0.57, df = 1 (P = 0.45), I² = 0%

6 Figure 1283: Quality of life



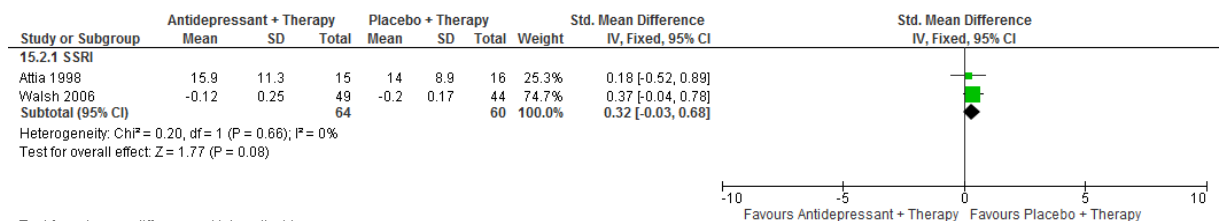
7 Test for subgroup differences: Not applicable

8 Figure 1284: Dropout due to any reason



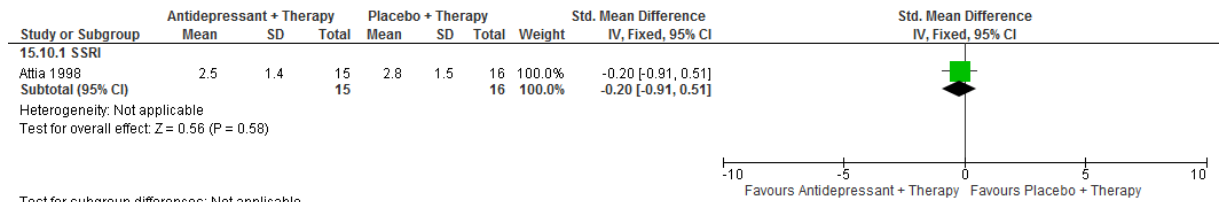
9 Test for subgroup differences: Not applicable

10 Figure 1285: Depression



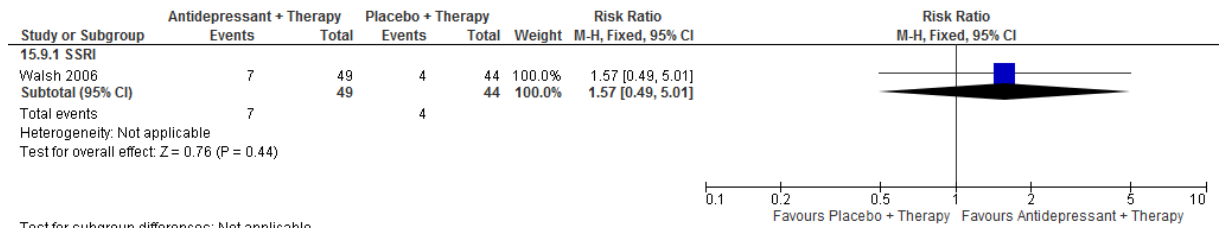
11 Test for subgroup differences: Not applicable

12 Figure 1286: Global improvement



1 Test for subgroup differences: Not applicable

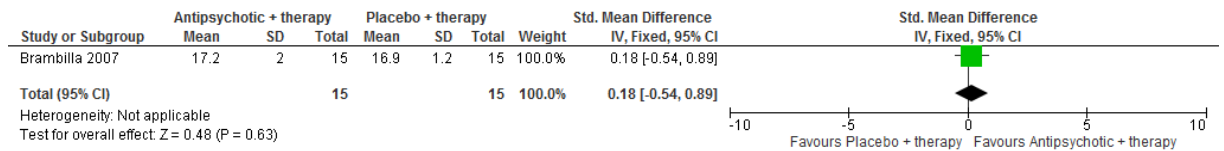
2 **Figure 1287: Remission**



3 Test for subgroup differences: Not applicable

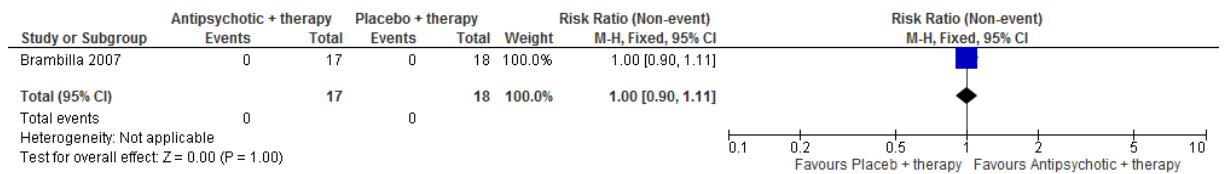
M.5.1.54 **5 Combined antipsychotic and psychotherapy compared with a placebo and psychotherapy in adults with anorexia nervosa at end of treatment**

6 **Figure 1288: BMI**



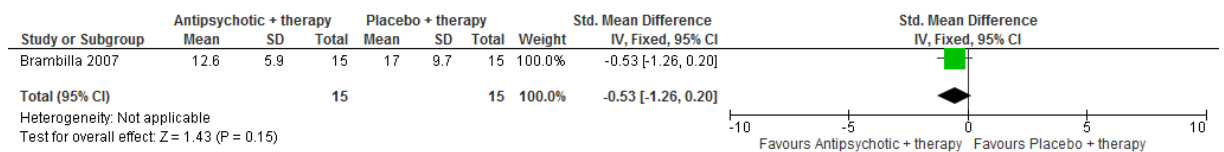
7

8 **Figure 1289: Dropout due to side-effects**



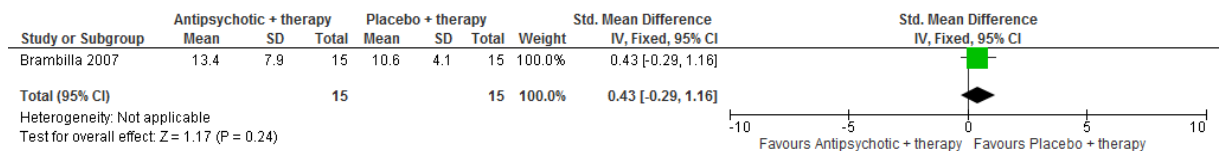
9

10 **Figure 1290: Yale eating disorder scale**



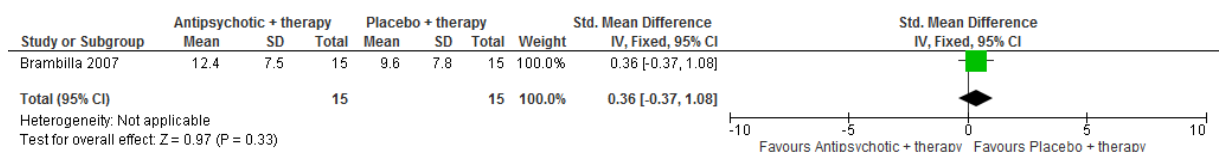
11

12 **Figure 1291: EDI-body dissatisfaction**



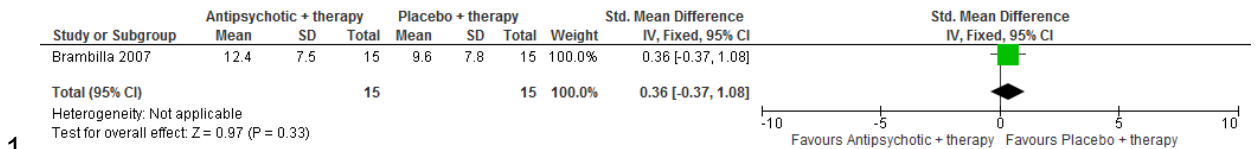
13

14 **Figure 1292: EDI-drive for thinness**

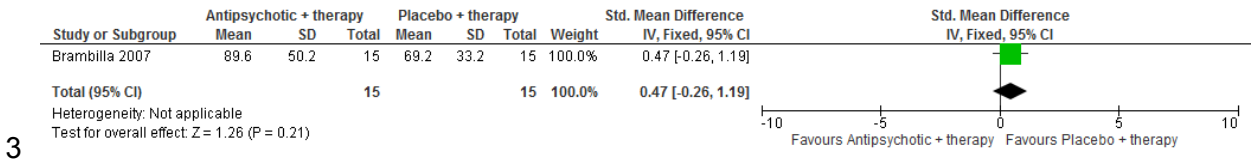


15

16 **Figure 1293: EDI-bulimia**

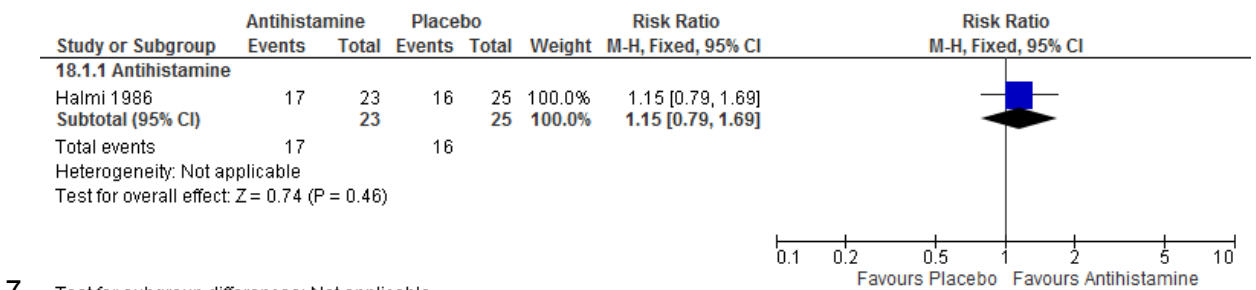


2 **Figure 1294: EDI-total**

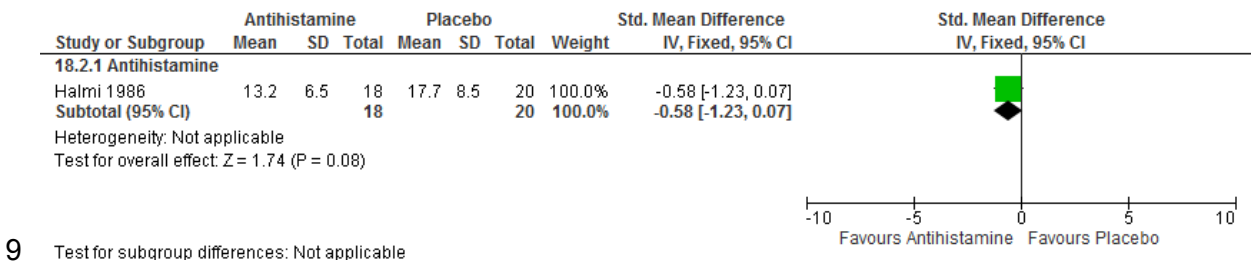


M.5.1.64 **Other medication compared with a placebo in adults with anorexia nervosa at end of treatment**

6 **Figure 1295: Achieved target weight**

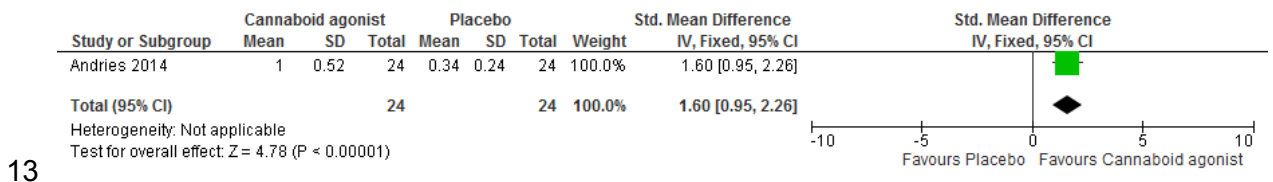


8 **Figure 1296: Depression**

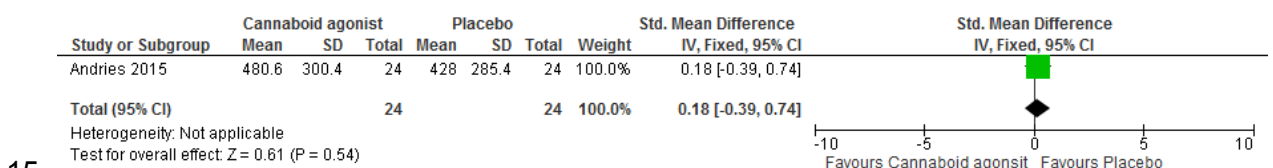


M.5.1.70 **Cannaboid agonist compared with a placebo in adults with anorexia nervosa at end of treatment**

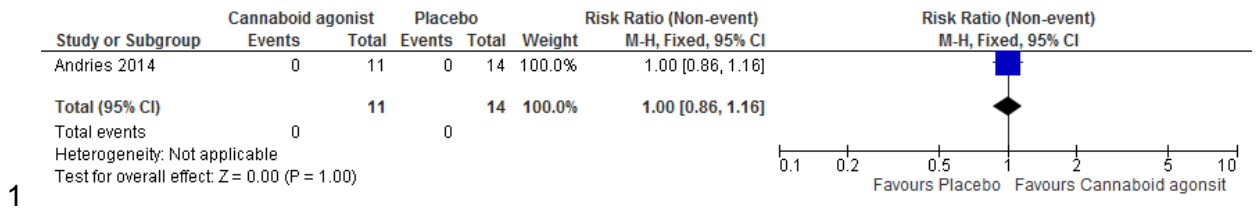
12 **Figure 1297: Weight gain**



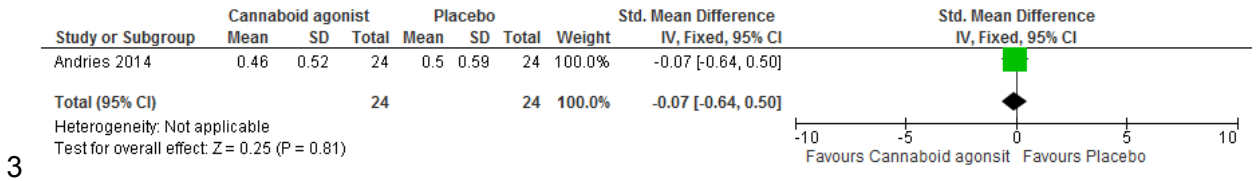
14 **Figure 1298: Intensity of physical exercise**



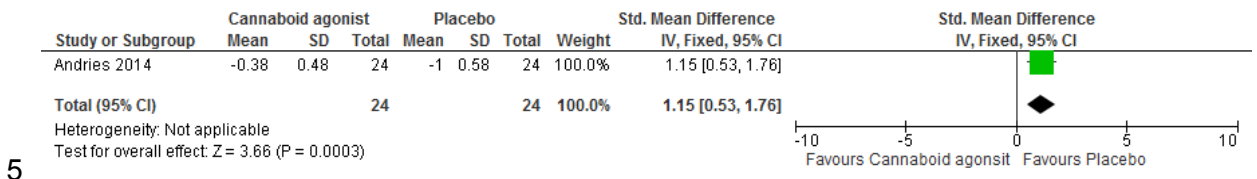
16 **Figure 1299: Dropout due to adverse events**



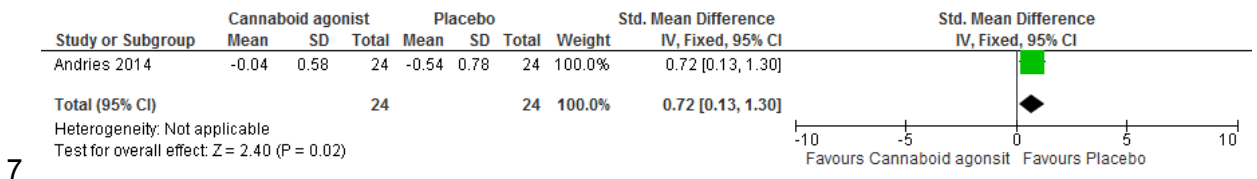
2 **Figure 1300: Change in EDI-body dissatisfaction**



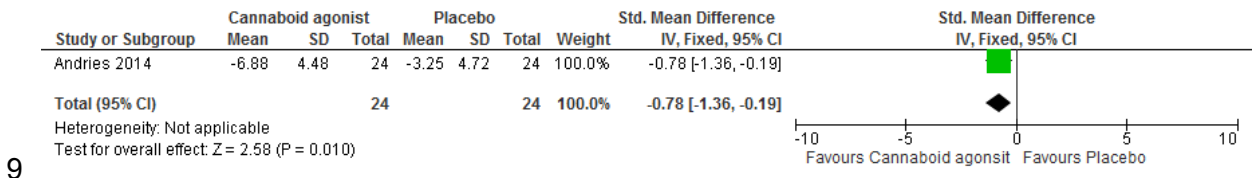
4 **Figure 1301: Change in EDI-drive for thinness**



6 **Figure 1302: Change in EDI-bulimia**

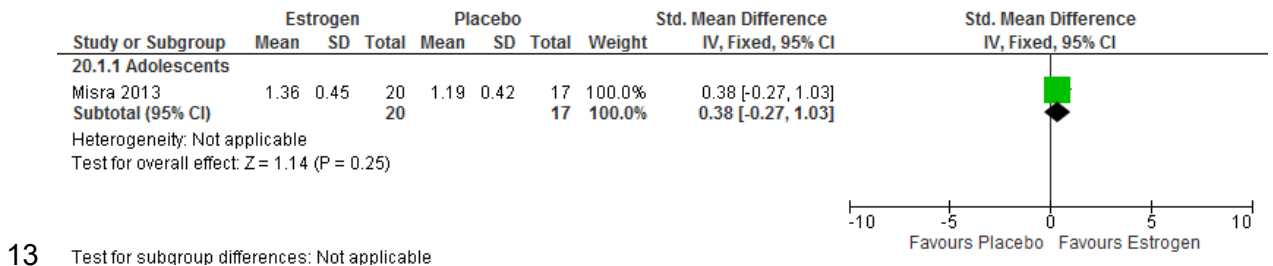


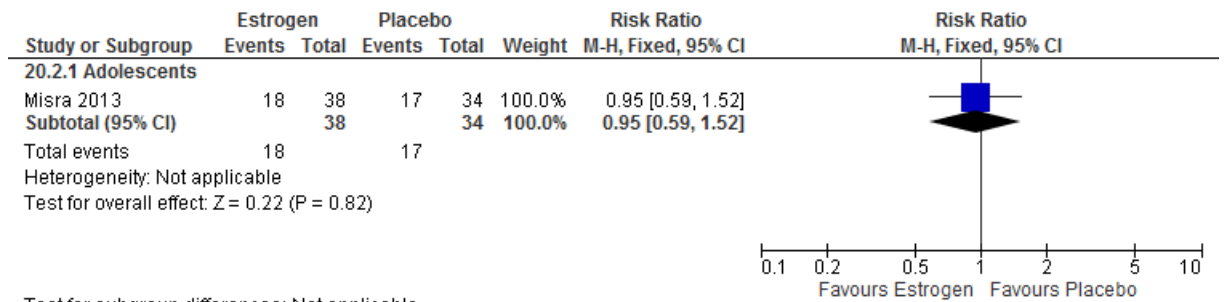
8 **Figure 1303: Change in EDI-total**



M.5.1.80 **Estrogen compared with a placebo in young people with anorexia nervosa at end of treatment**

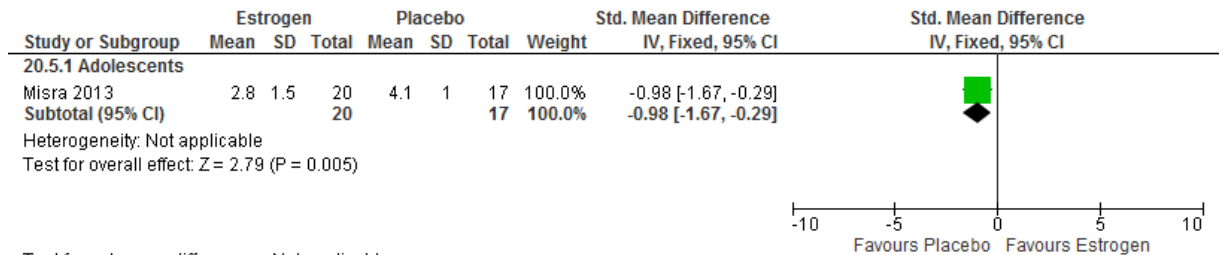
12 **Figure 1304: Change in body weight**





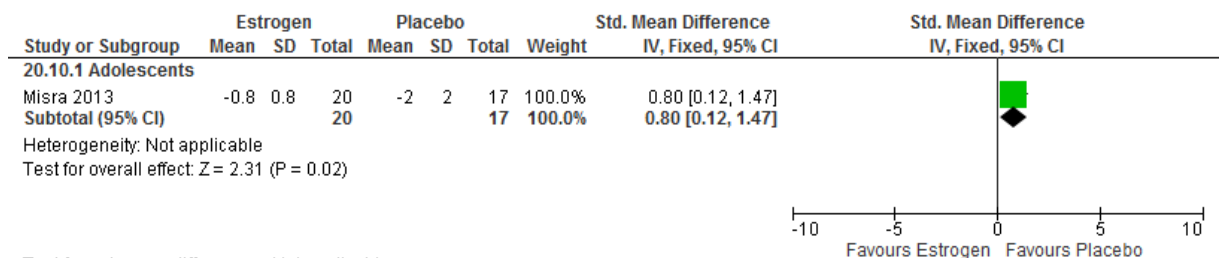
1 Test for subgroup differences: Not applicable

2 Figure 1306: Change in fat mass



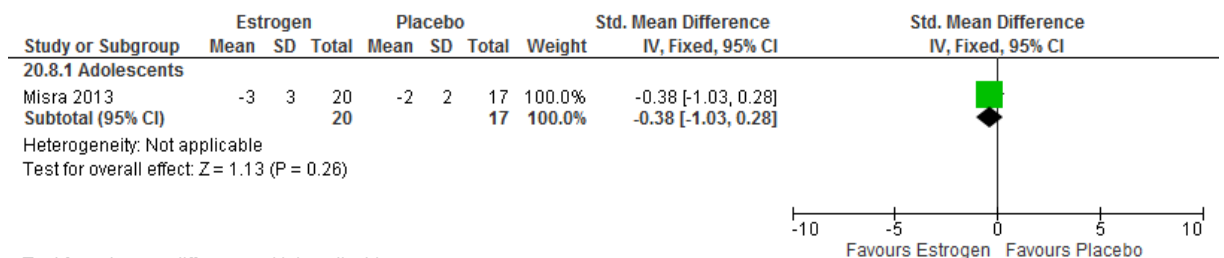
3 Test for subgroup differences: Not applicable

4 Figure 1307: Change in EDI-body dissatisfaction



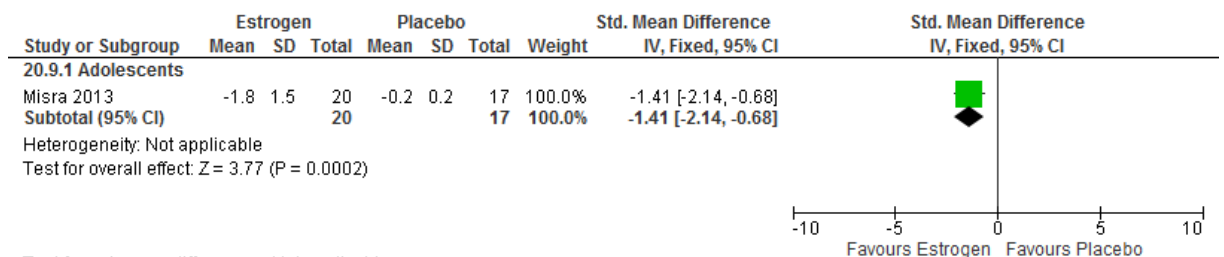
5 Test for subgroup differences: Not applicable

6 Figure 1308: Change in EDI-drive for thinness



7 Test for subgroup differences: Not applicable

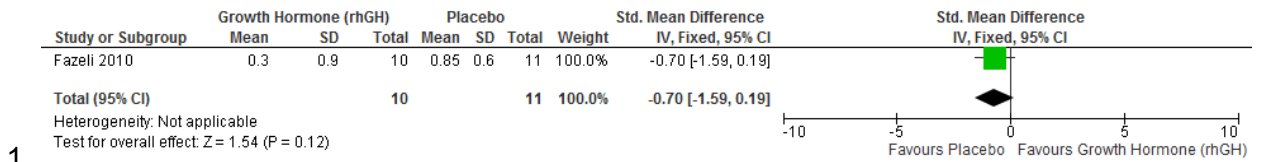
8 Figure 1309: Change in EDI-bulimia



9 Test for subgroup differences: Not applicable

M.5.1.90 Growth hormone (rhGH) compared with a placebo in adults with anorexia nervosa at end of treatment

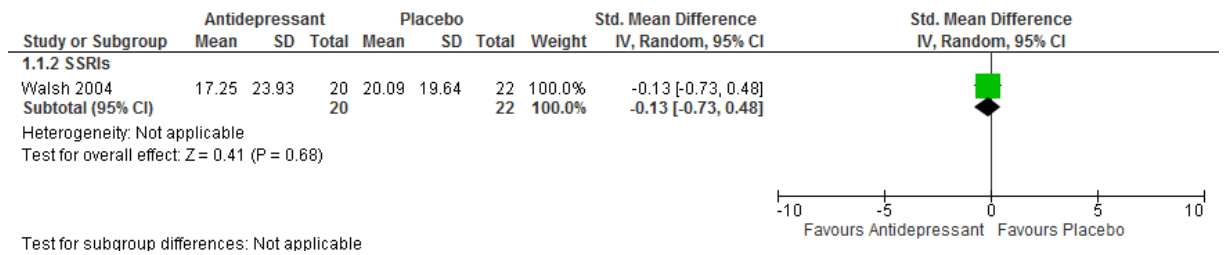
12 Figure 1310: Change in EDI-bulimia



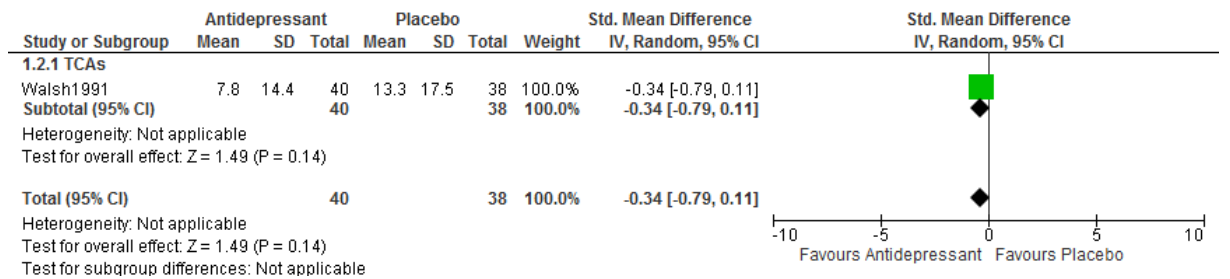
M.5.22 Pharmacological interventions in people with bulimia nervosa

M.5.2.13 Antidepressants compared with placebo in adults with bulimia nervosa at end of treatment

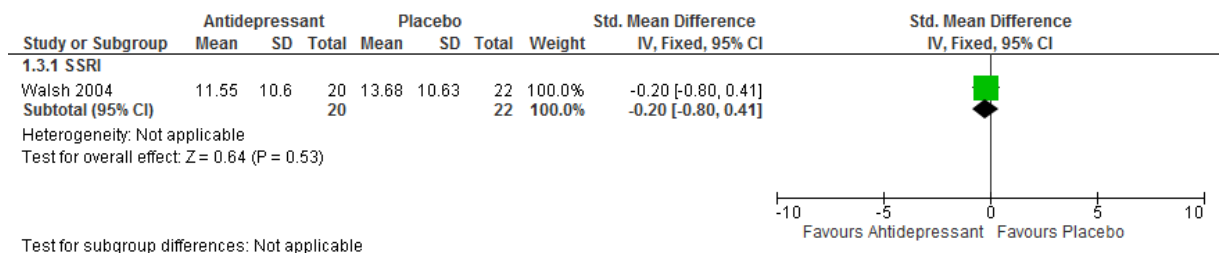
5 Figure 1311: Bingeing



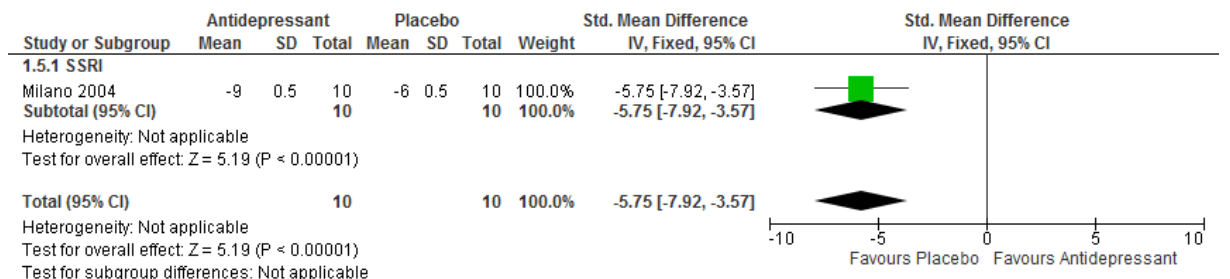
7 Figure 1312: Purging



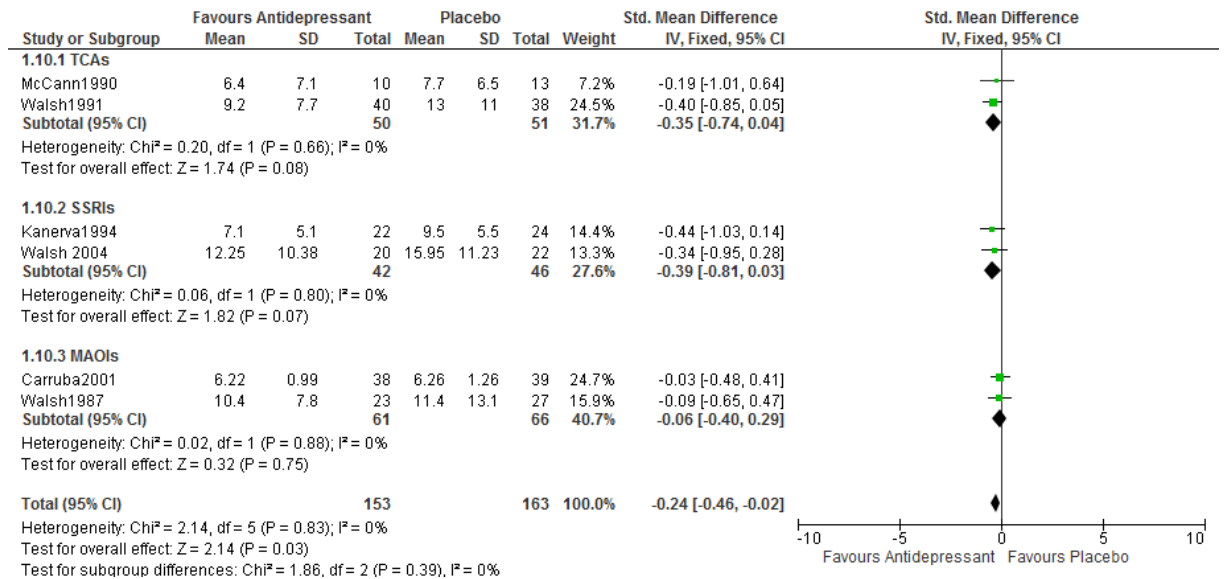
9 Figure 1313: Vomiting



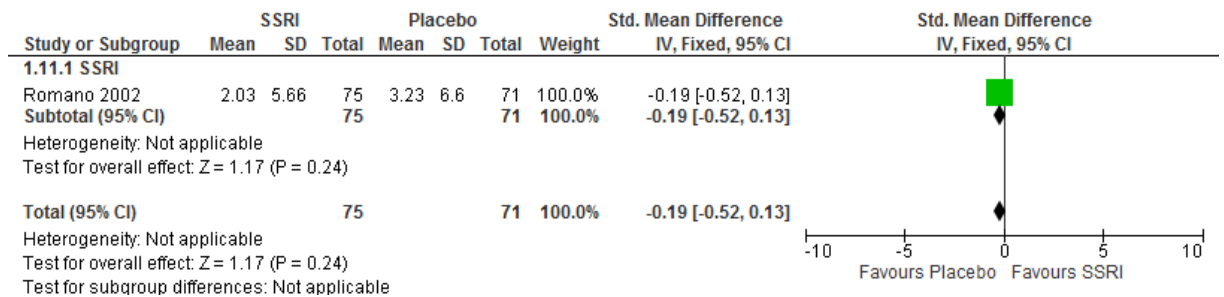
11 Figure 1314: Loss in body weight



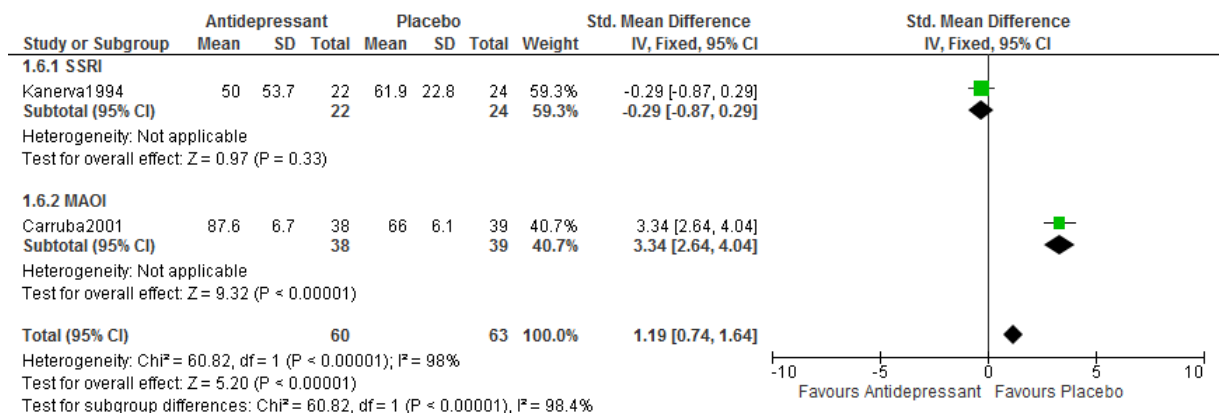
13 Figure 1315: Depression



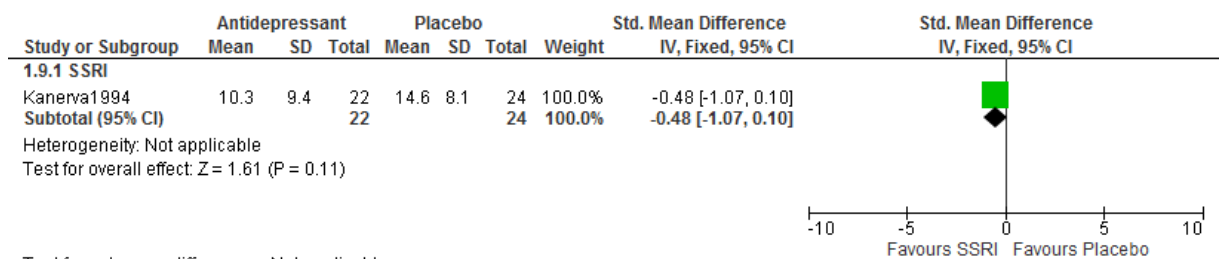
2 **Figure 1316: Depression change scores**



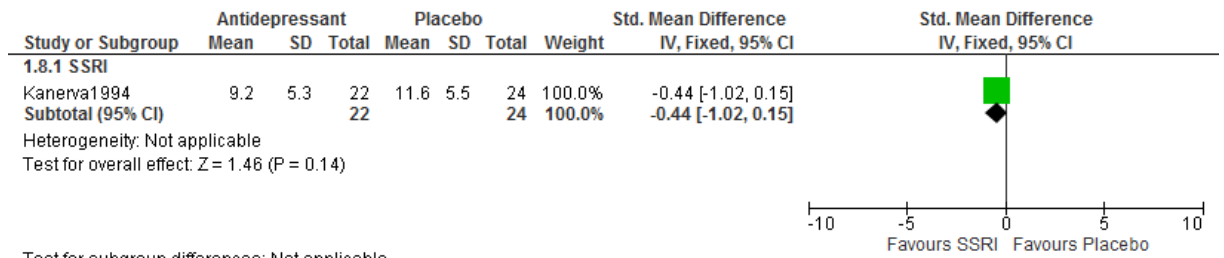
4 **Figure 1317: EDI-total**



6 **Figure 1318: EDI-body dissatisfaction**

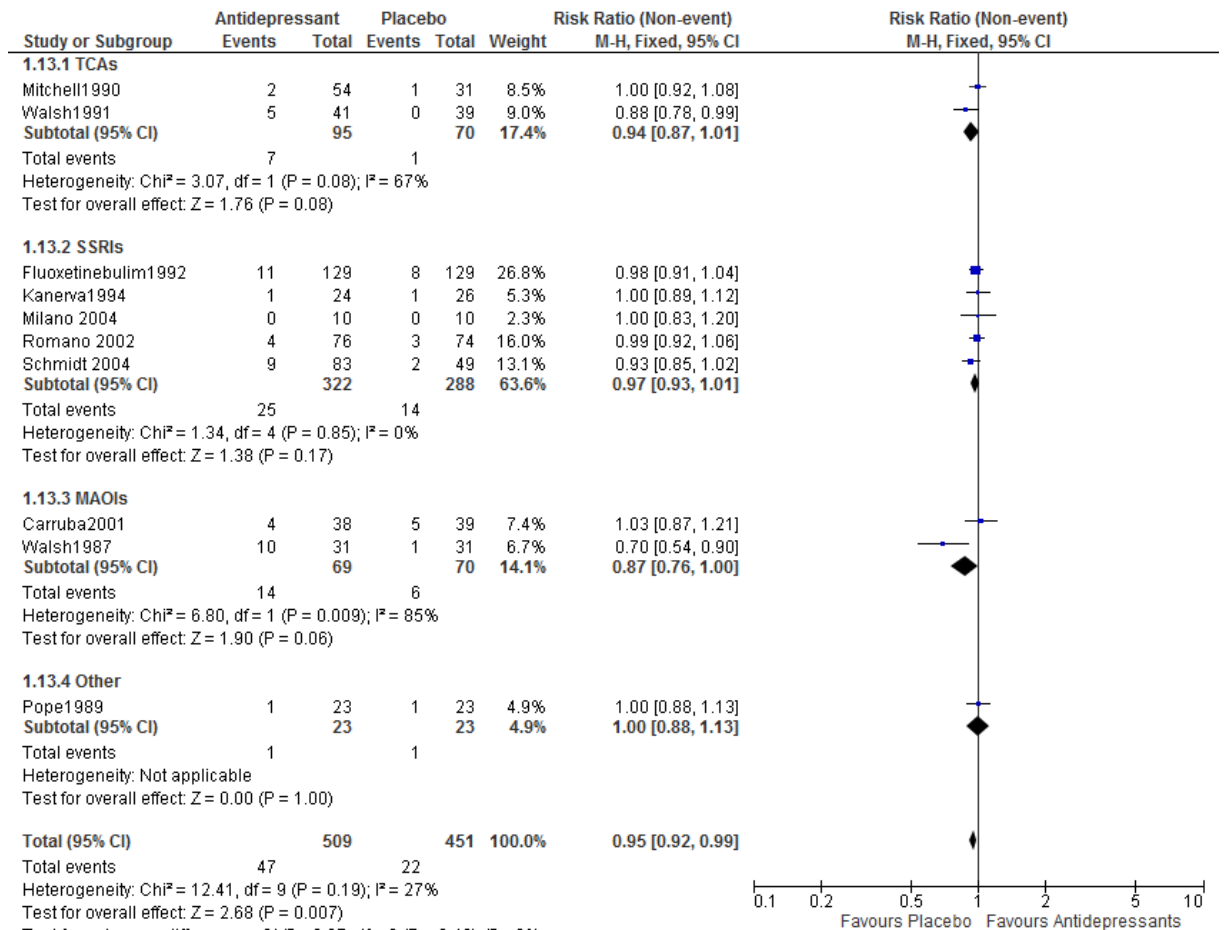


8 **Figure 1319: EDI-drive for thinness**



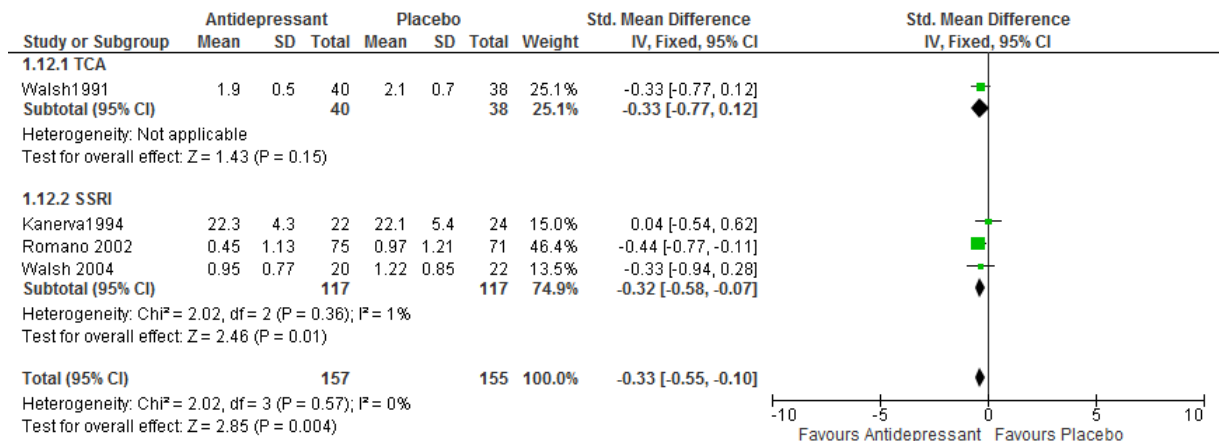
1 Test for subgroup differences: Not applicable

2 Figure 1320: Drop out due to adverse events



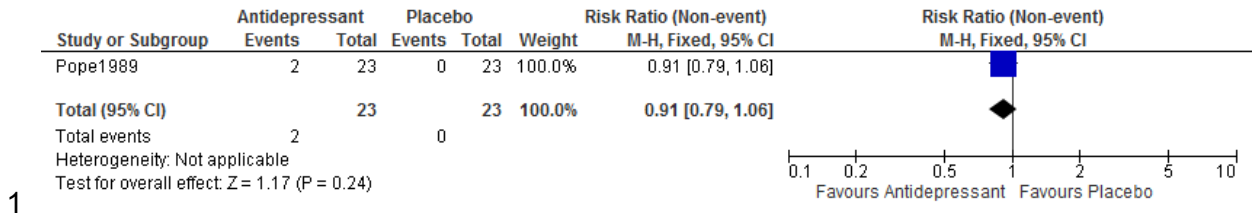
3 Test for subgroup differences: Chi² = 2.97, df = 3 (P = 0.40), I² = 0%

4 Figure 1321: Global score



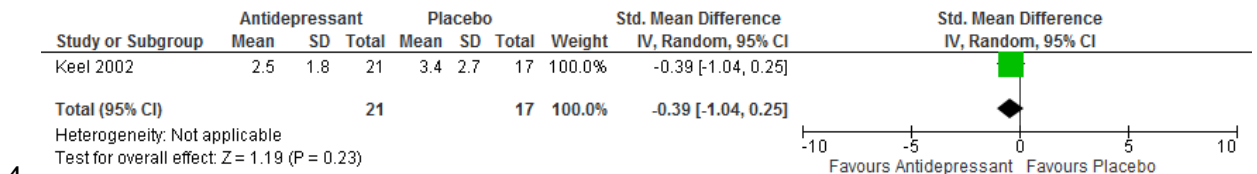
5 Test for subgroup differences: Chi² = 0.00, df = 1 (P = 0.99), I² = 0%

6 Figure 1322: Remission

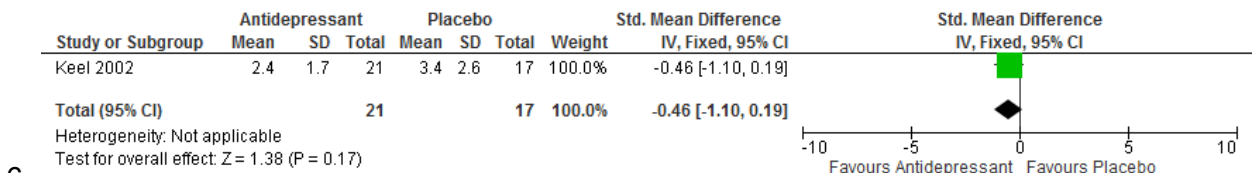


M.5.2.22 Antidepressants compared with placebo in adults with bulimia nervosa at follow-up

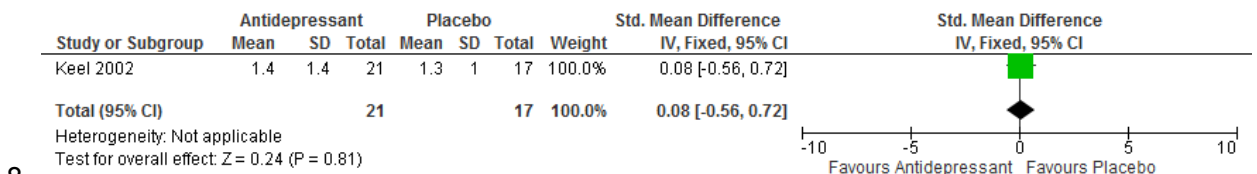
3 Figure 1323: Bingeing



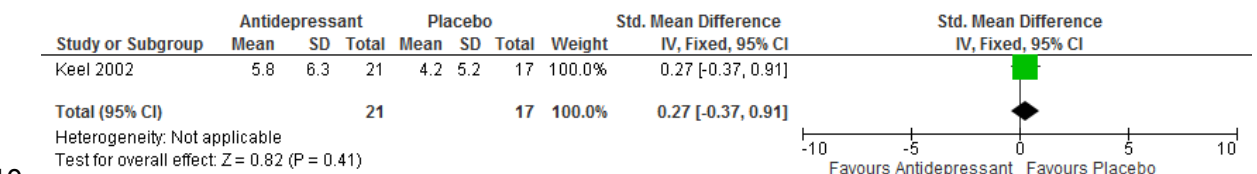
5 Figure 1324: Vomiting



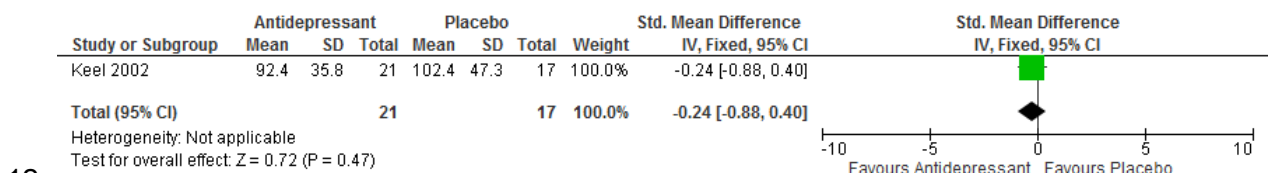
7 Figure 1325: Laxative use



9 Figure 1326: Depression

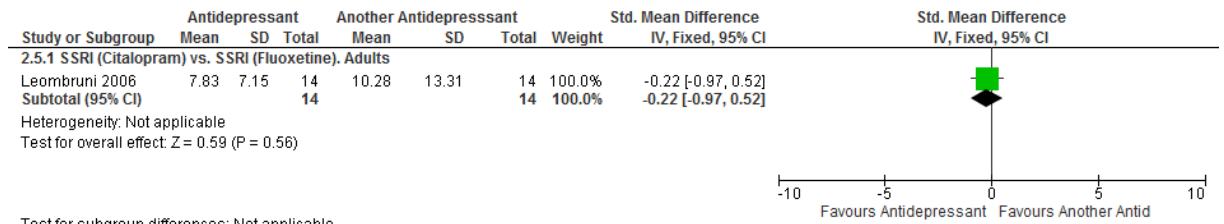


11 Figure 1327: EDI-body dissatisfaction



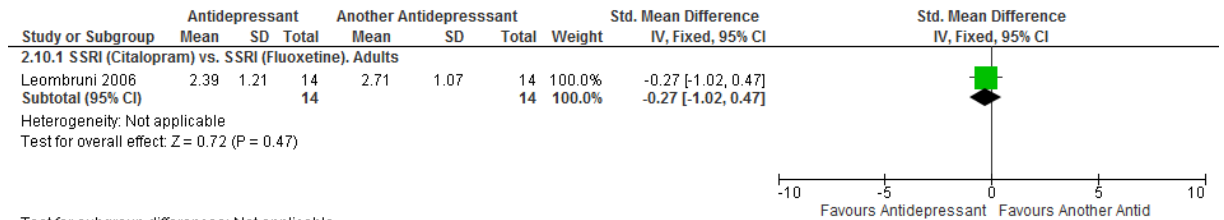
M.5.2.33 Antidepressants compared with antidepressants in adults with bulimia nervosa at end of treatment

15 Figure 1328: Depression



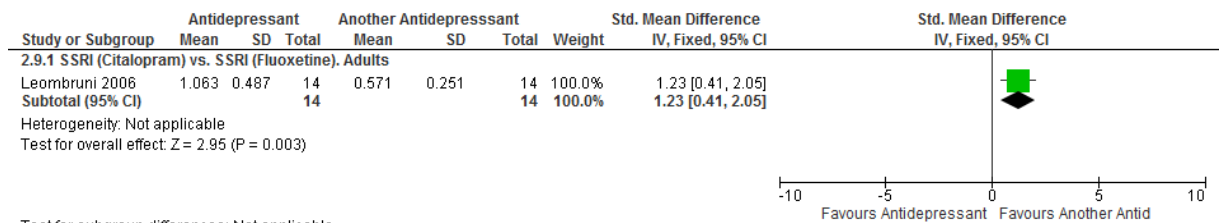
1 Test for subgroup differences: Not applicable

2 Figure 1329: Clinical global impression



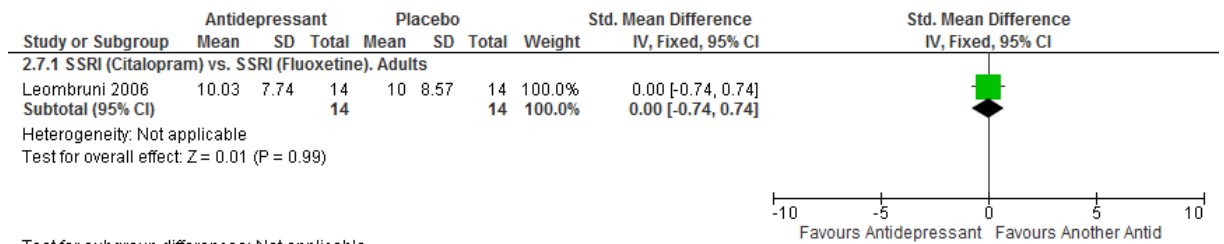
3 Test for subgroup differences: Not applicable

4 Figure 1330: Exercise



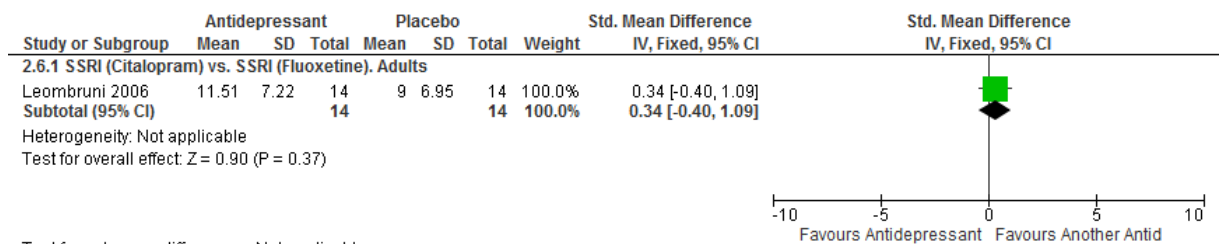
5 Test for subgroup differences: Not applicable

6 Figure 1331: EDI-body dissatisfaction



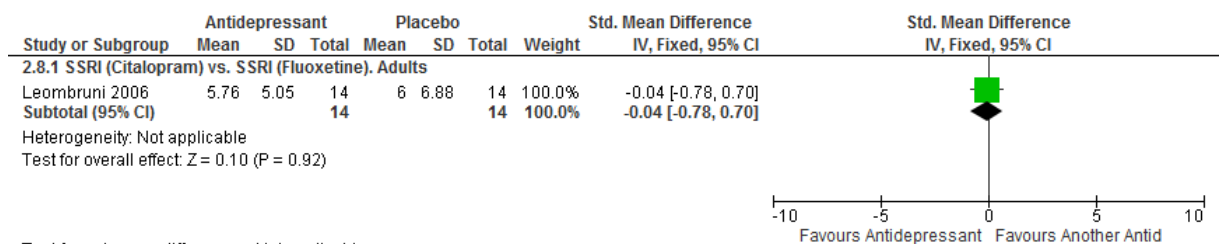
7 Test for subgroup differences: Not applicable

8 Figure 1332: EDI-drive for thinness



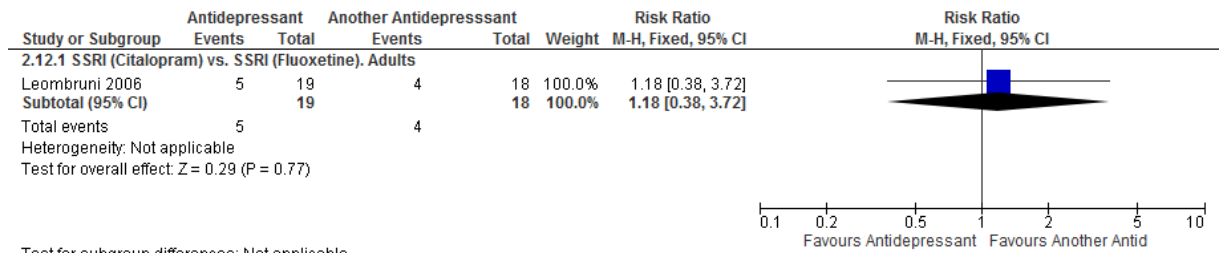
9 Test for subgroup differences: Not applicable

10 Figure 1333: EDI-bulimia



11 Test for subgroup differences: Not applicable

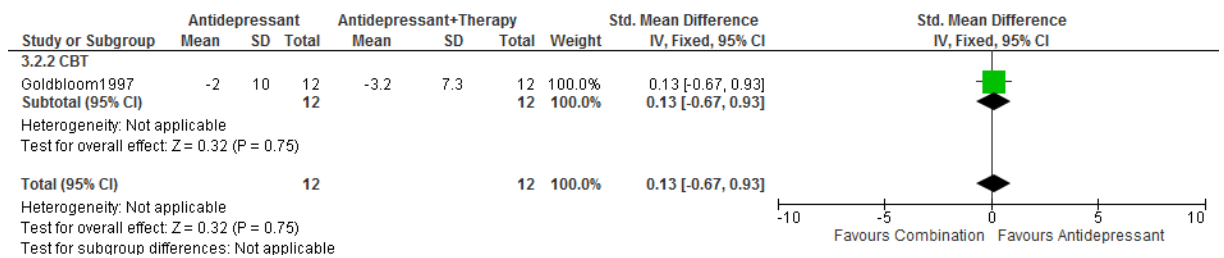
12 Figure 1334: Drop out due to any reason



1 Test for subgroup differences: Not applicable

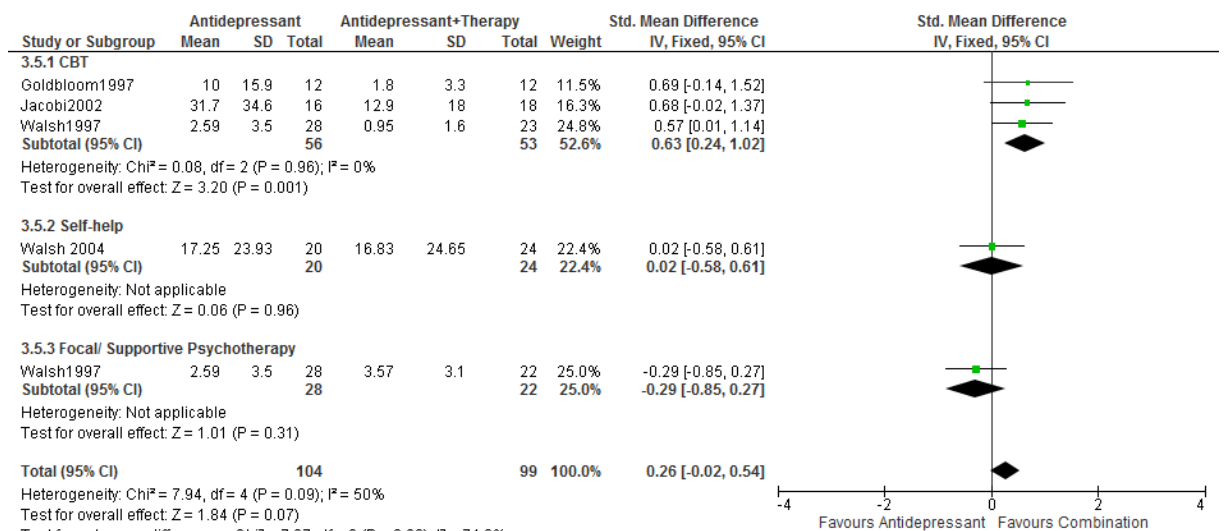
M.5.2.4.2 Antidepressants compared combined psychotherapy antidepressants in adults with bulimia nervosa at end of treatment

4 Figure 1335: Change in body weight



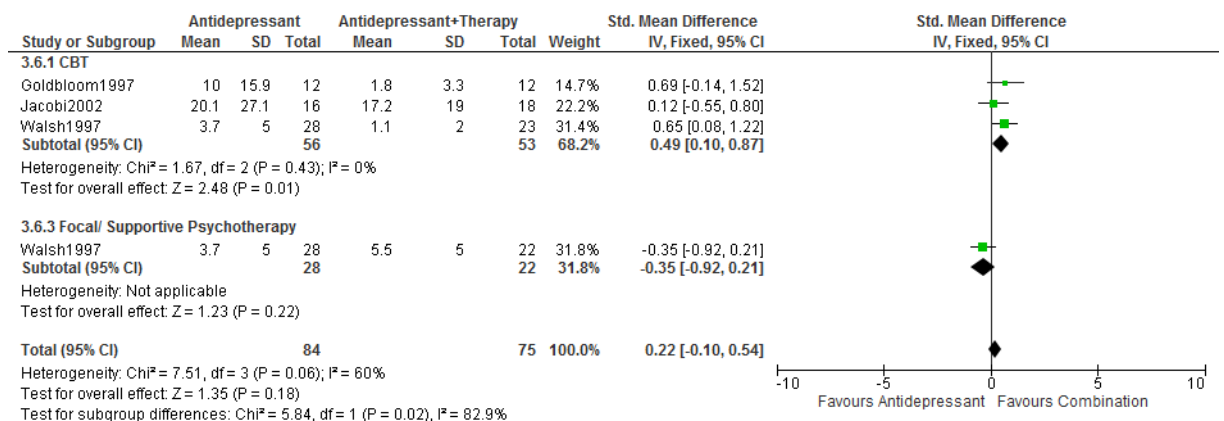
5 Test for subgroup differences: Not applicable

6 Figure 1336: Bingeing



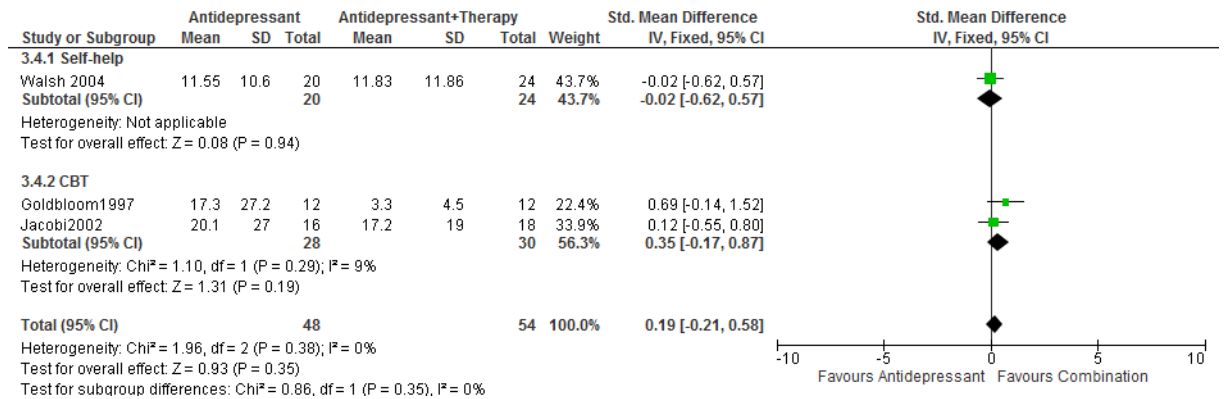
7 Test for subgroup differences: Chi² = 7.87, df = 2 (P = 0.02), I² = 74.6%

8 Figure 1337: Purging



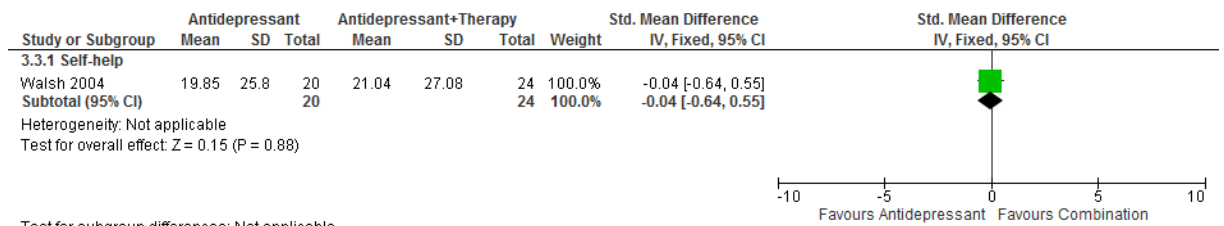
9 Test for subgroup differences: Chi² = 5.84, df = 1 (P = 0.02), I² = 82.9%

10 Figure 1338: Vomiting



1

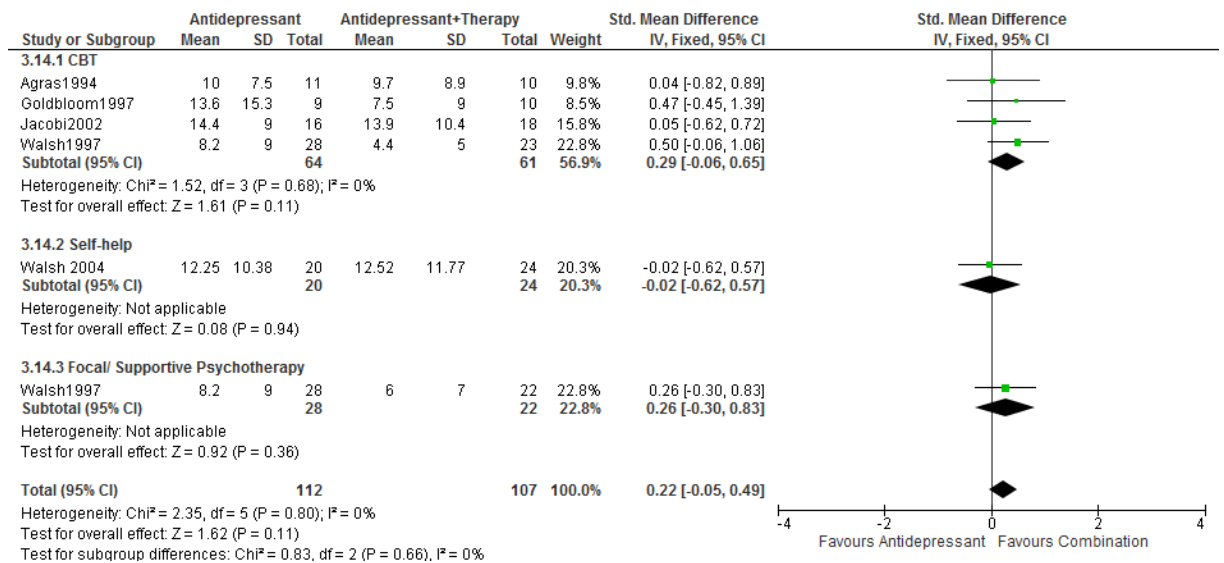
2 Figure 1339: Laxative use



3

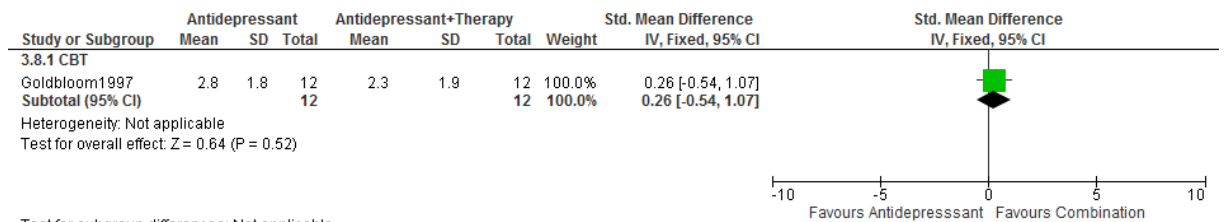
Test for subgroup differences: Not applicable

4 Figure 1340: Depression



5

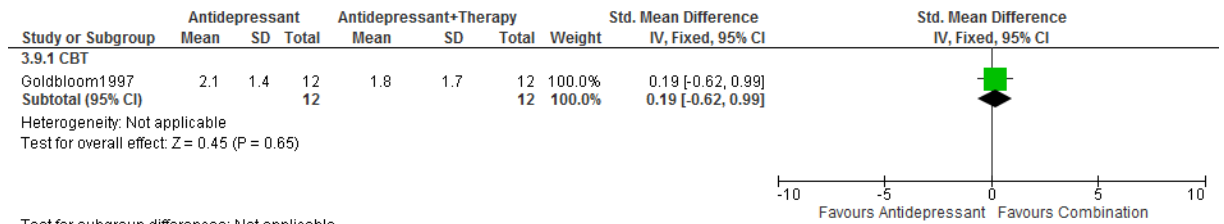
6 Figure 1341: EDE-shape concern



7

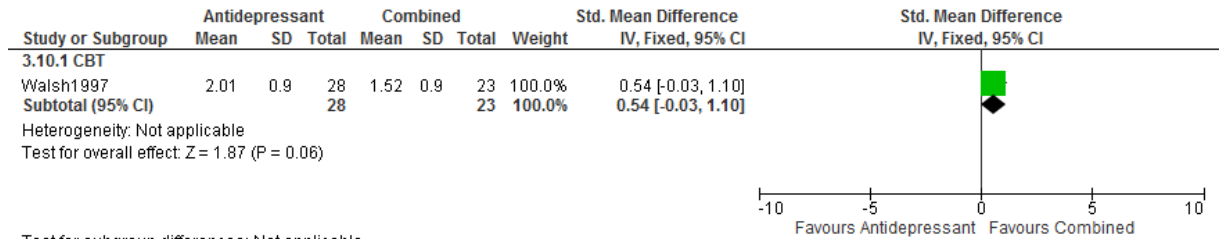
Test for subgroup differences: Not applicable

8 Figure 1342: EDE-weight concern



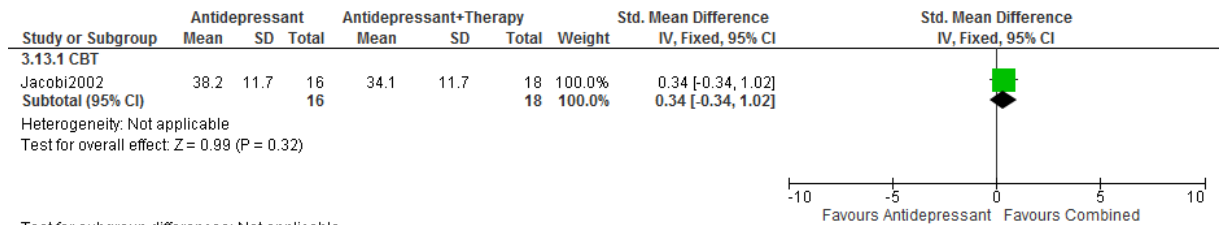
1 Test for subgroup differences: Not applicable

2 Figure 1343: EDE-total



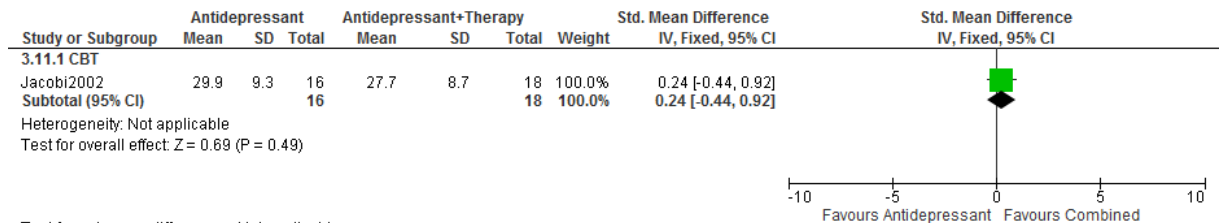
3 Test for subgroup differences: Not applicable

4 Figure 1344: EDI-body dissatisfaction



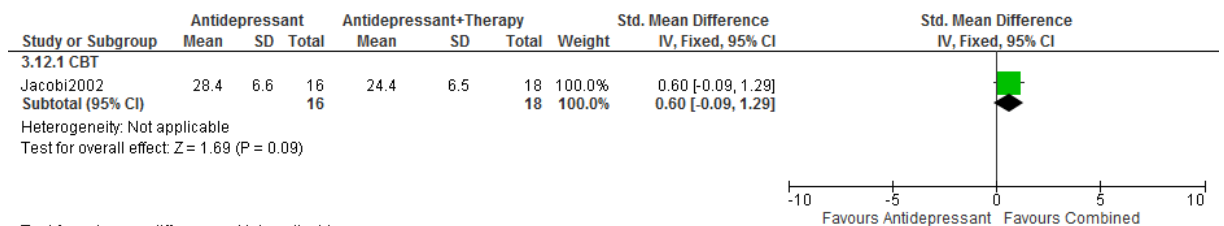
5 Test for subgroup differences: Not applicable

6 Figure 1345: EDI-drive for thinness



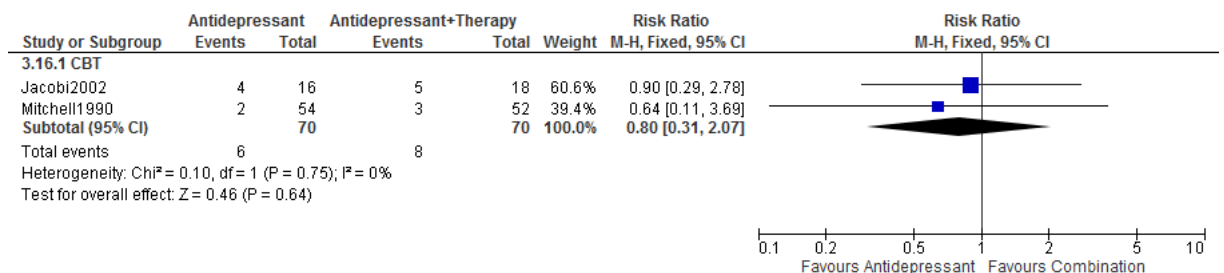
7 Test for subgroup differences: Not applicable

8 Figure 1346: EDI-bulimia



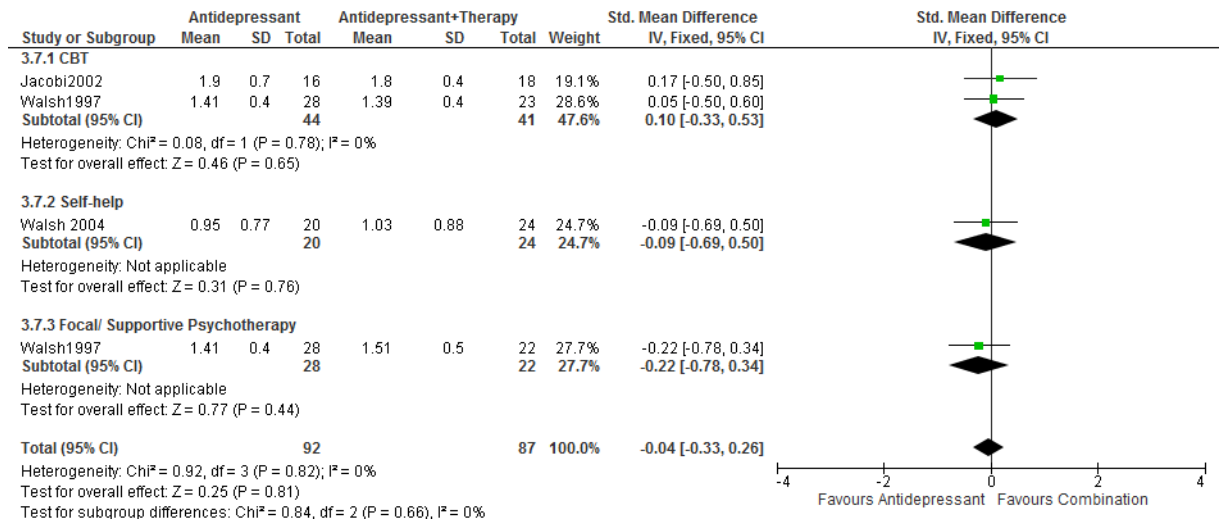
9 Test for subgroup differences: Not applicable

10 Figure 1347: Drop out due to adverse events



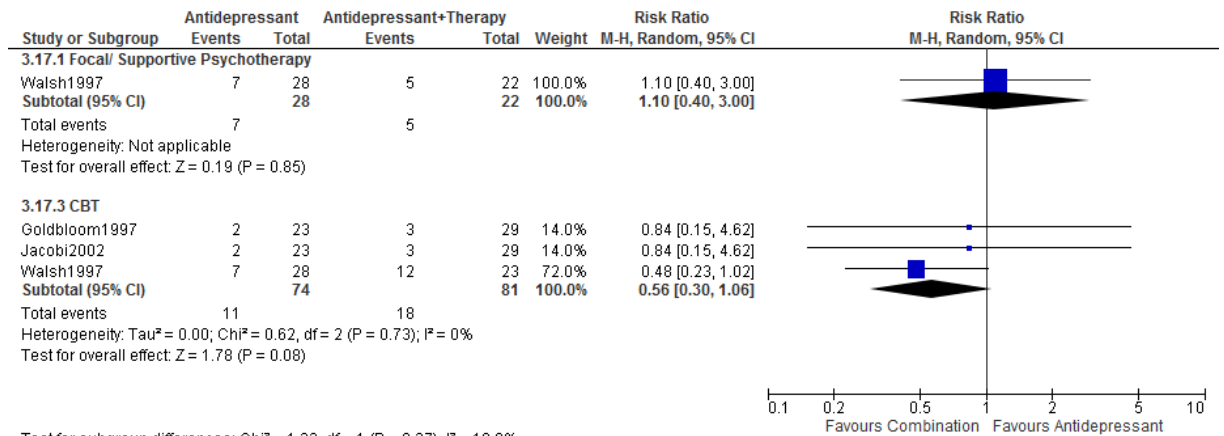
11 Test for subgroup differences: Not applicable

12 Figure 1348: General psychiatric symptoms



1

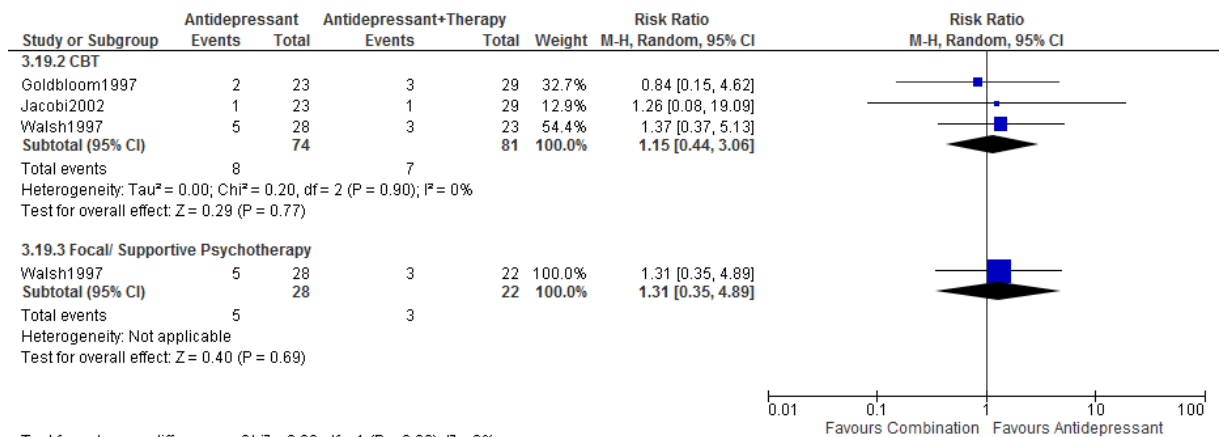
2 **Figure 1349: Remission (binge free)**



3

Test for subgroup differences: Chi² = 1.23, df = 1 (P = 0.27), I² = 19.0%

4 **Figure 1350: Remission (purge free)**

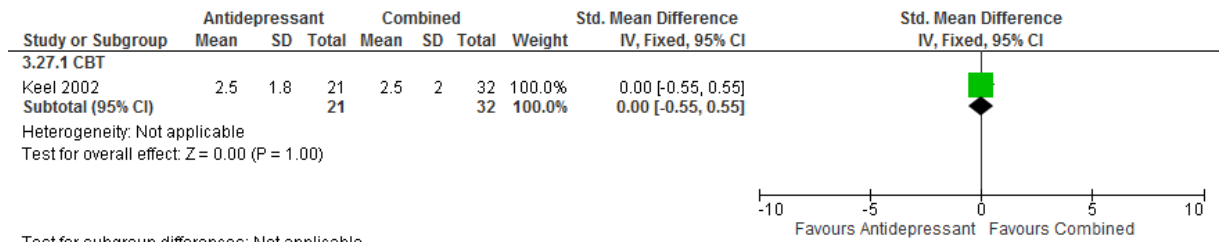


5

Test for subgroup differences: Chi² = 0.02, df = 1 (P = 0.88), I² = 0%

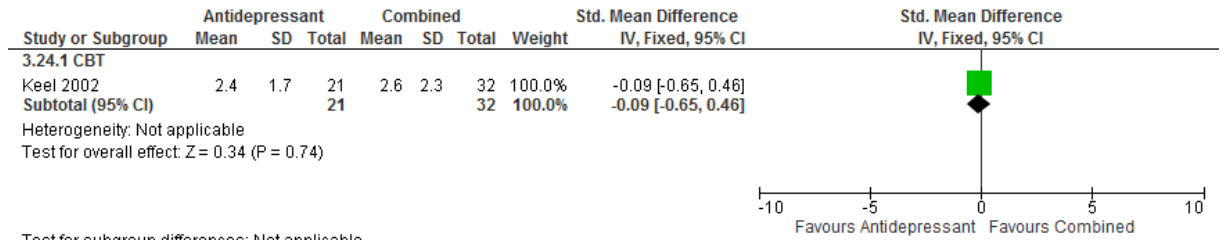
M.5.2.56 **Antidepressants compared combined psychotherapy antidepressants in adults with bulimia nervosa at follow-up**

8 **Figure 1351: Bingeing**



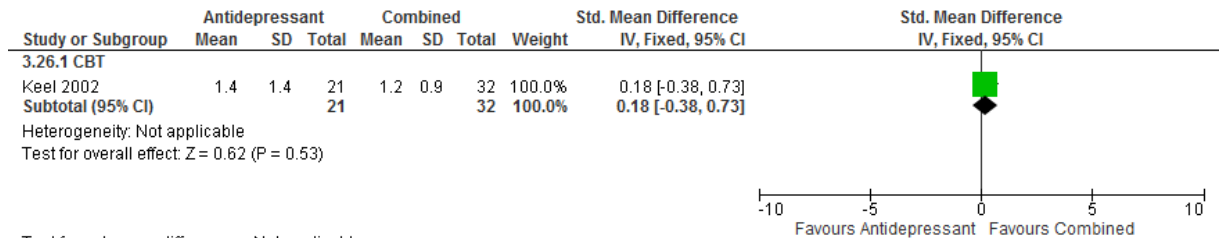
1 Test for subgroup differences: Not applicable

2 Figure 1352: Vomiting



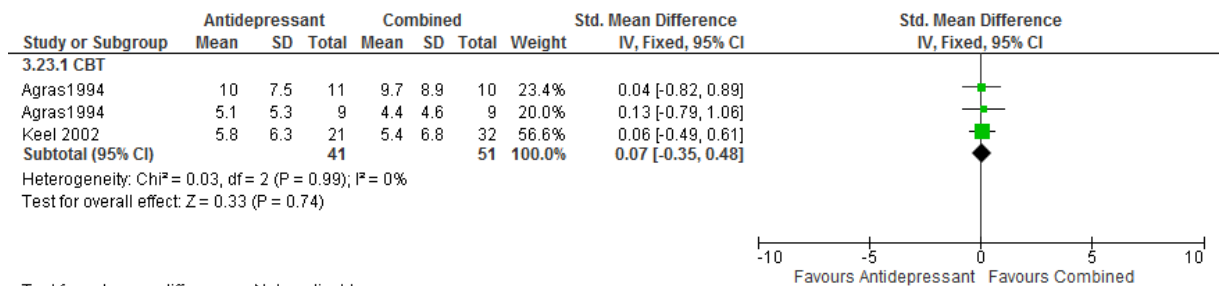
3 Test for subgroup differences: Not applicable

4 Figure 1353: Laxative use



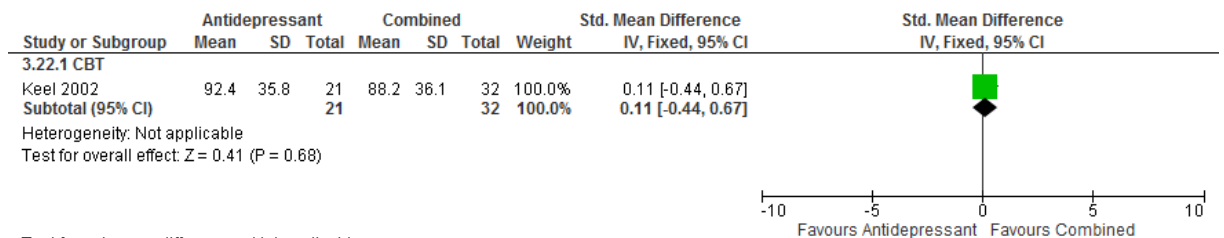
5 Test for subgroup differences: Not applicable

6 Figure 1354: Depression



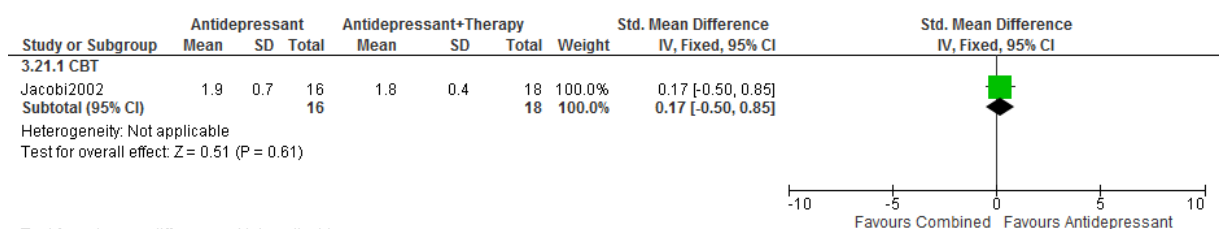
7 Test for subgroup differences: Not applicable

8 Figure 1355: EDI-body dissatisfaction



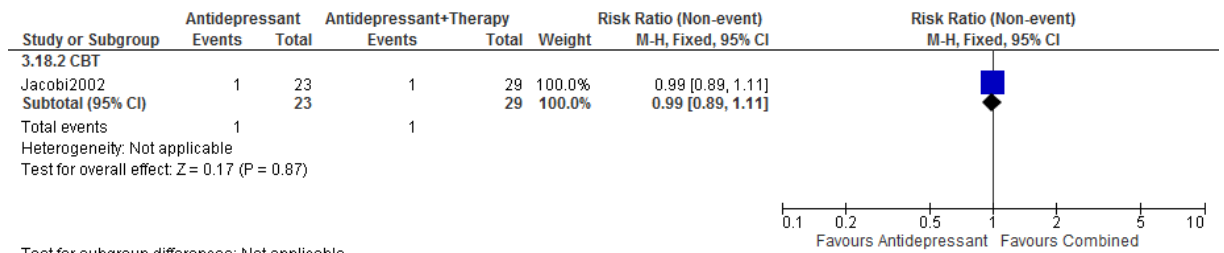
9 Test for subgroup differences: Not applicable

10 Figure 1356: Quality of life



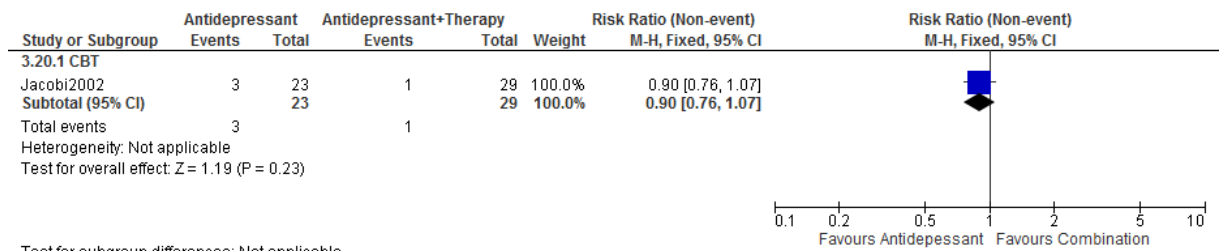
11 Test for subgroup differences: Not applicable

1 **Figure 1357: Remission (binge free)**



2 Test for subgroup differences: Not applicable

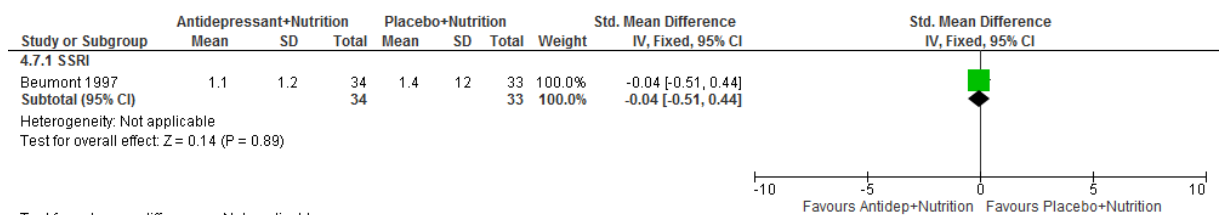
3 **Figure 1358: Remission (purge free)**



4 Test for subgroup differences: Not applicable

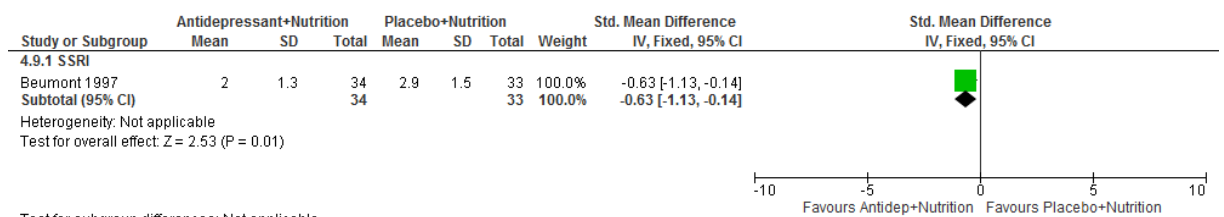
M.5.2.65 Antidepressant and nutrition counselling compared with combined placebo and nutrition counselling in adults with bulimia nervosa at end of treatment

7 **Figure 1359: EDE-eating concern**



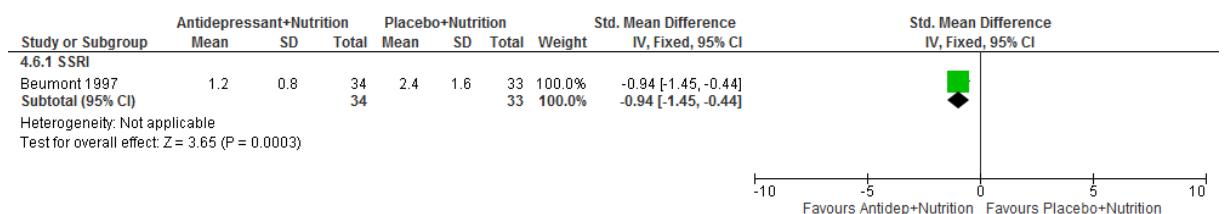
8 Test for subgroup differences: Not applicable

9 **Figure 1360: EDE-shape concern**



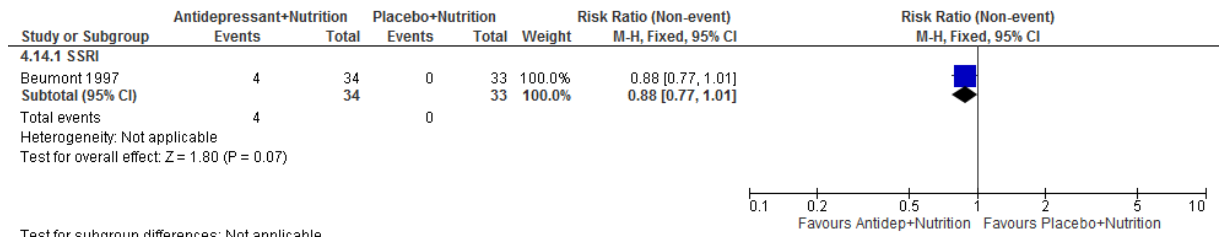
10 Test for subgroup differences: Not applicable

11 **Figure 1361: EDE-weight concern**



12 Test for subgroup differences: Not applicable

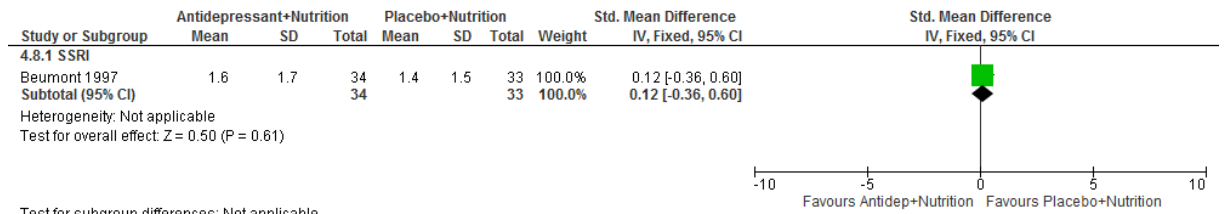
13 **Figure 1362: Drop out due to adverse events**



1 Test for subgroup differences: Not applicable

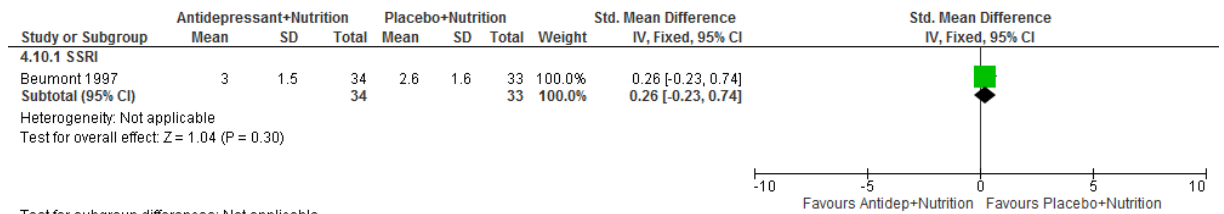
M.5.2.72 Antidepressant and nutrition counselling compared with combined placebo and nutrition counselling in adults with bulimia nervosa at follow-up

4 Figure 1363: EDE-eating concern



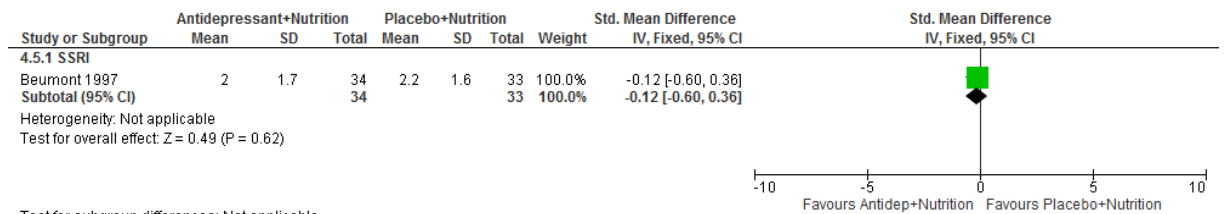
5 Test for subgroup differences: Not applicable

6 Figure 1364: EDE-shape concern



7 Test for subgroup differences: Not applicable

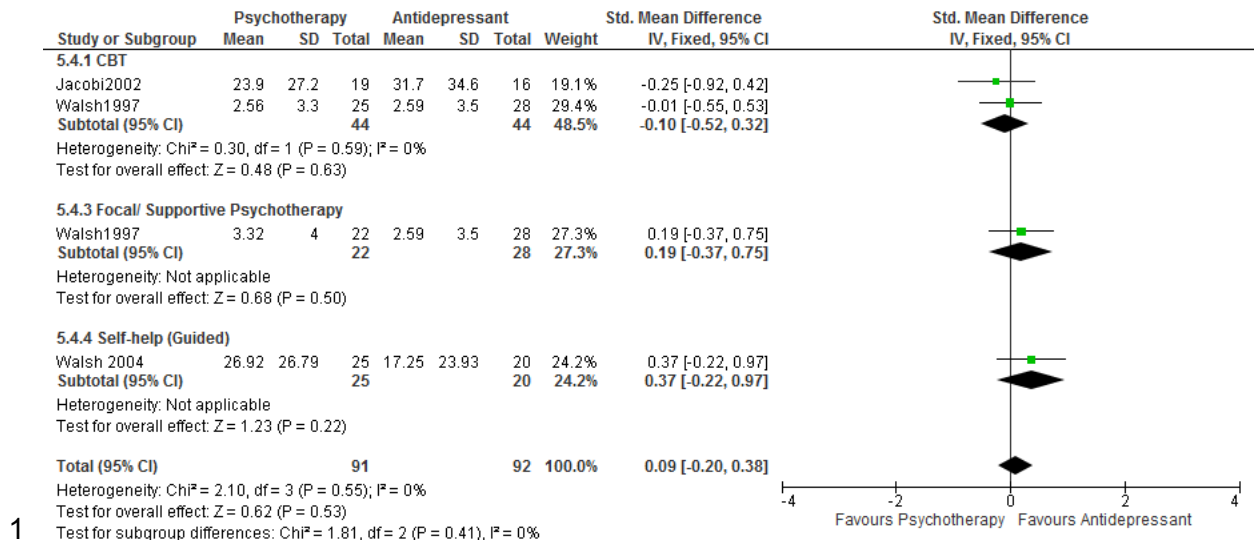
8 Figure 1365: EDE-weight concern



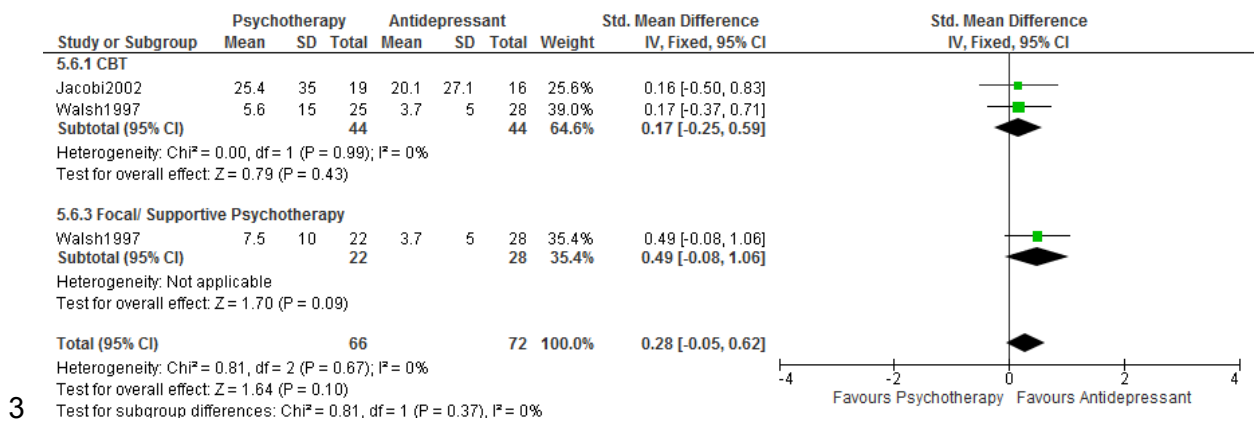
9 Test for subgroup differences: Not applicable

M.5.2.80 Psychotherapy compared with antidepressants in adults with bulimia nervosa at end of treatment

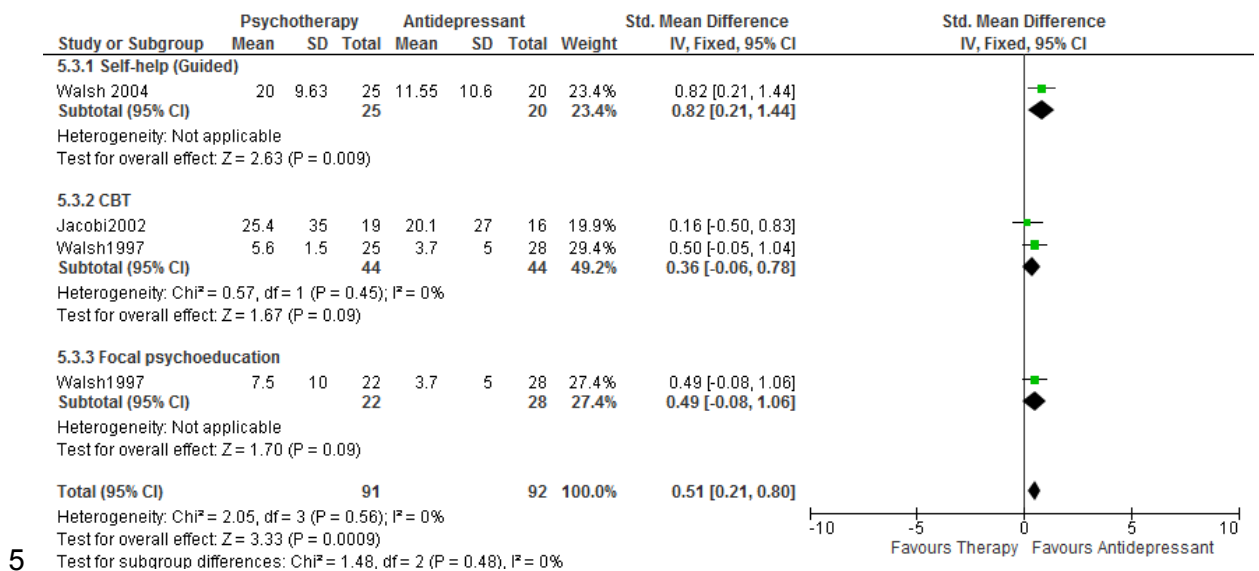
12 Figure 1366: Bingeing



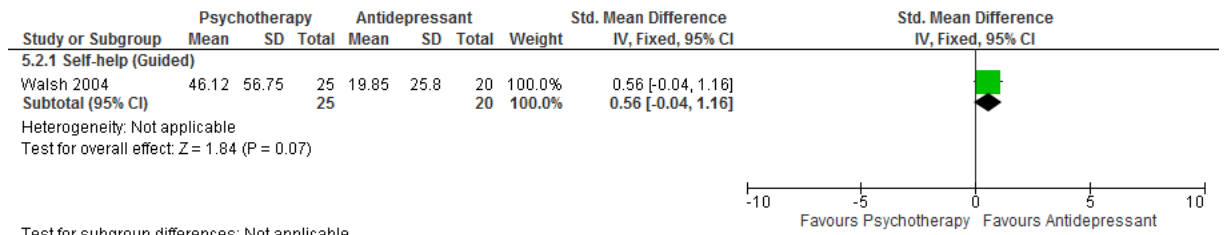
2 **Figure 1367: Purging**



4 **Figure 1368: Vomiting**

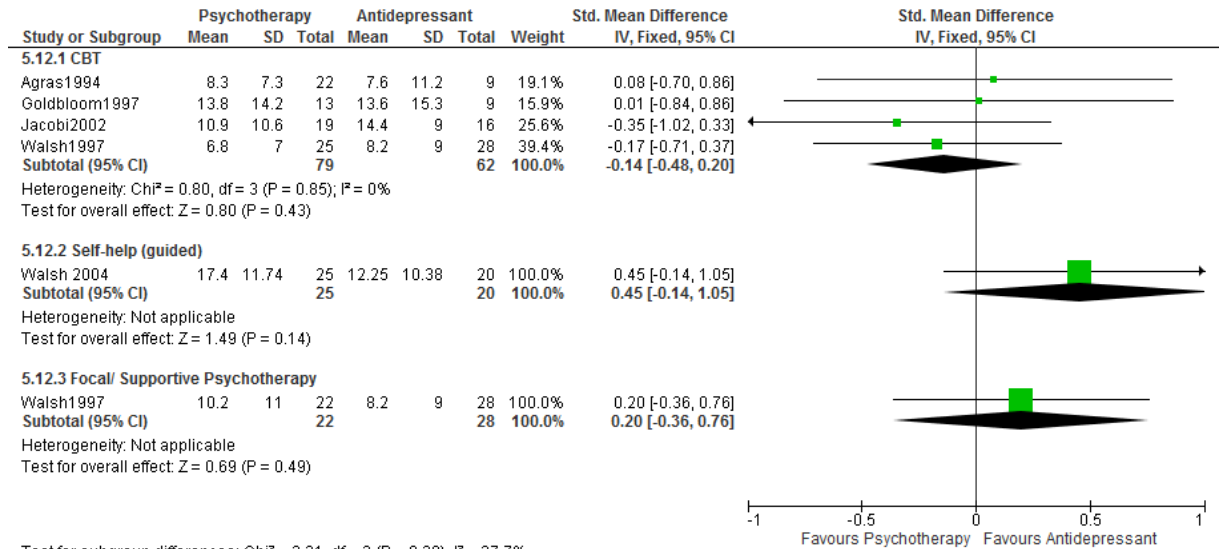


6 **Figure 1369: Laxative use**



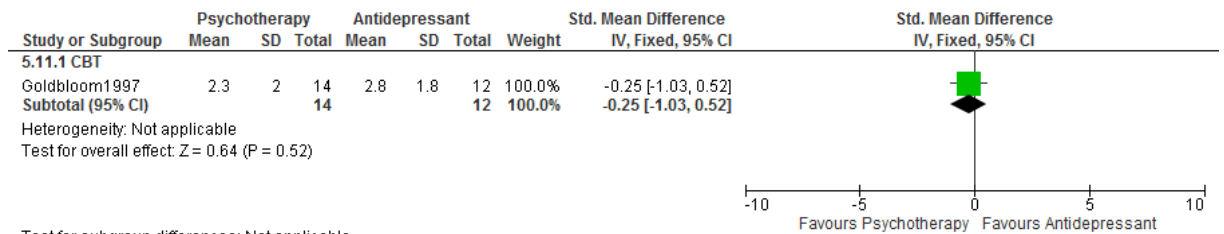
1 Test for subgroup differences: Not applicable

2 Figure 1370: Depression



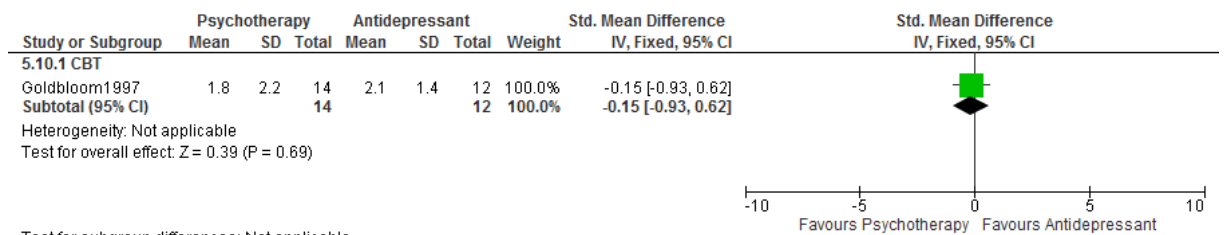
3 Test for subgroup differences: Chi² = 3.21, df = 2 (P = 0.20), I² = 37.7%

4 Figure 1371: EDE-shape concern



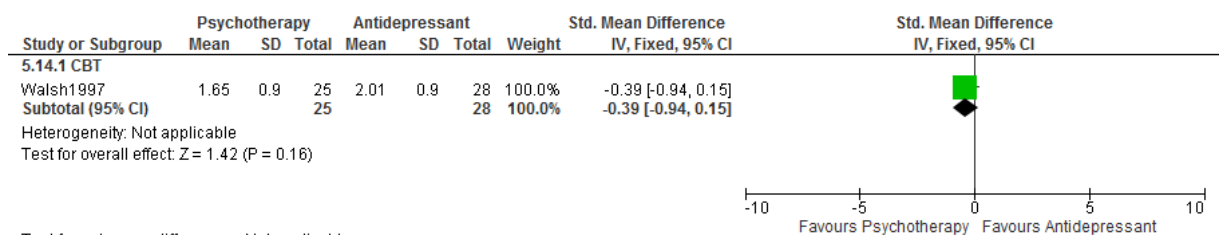
5 Test for subgroup differences: Not applicable

6 Figure 1372: EDE-weight concern



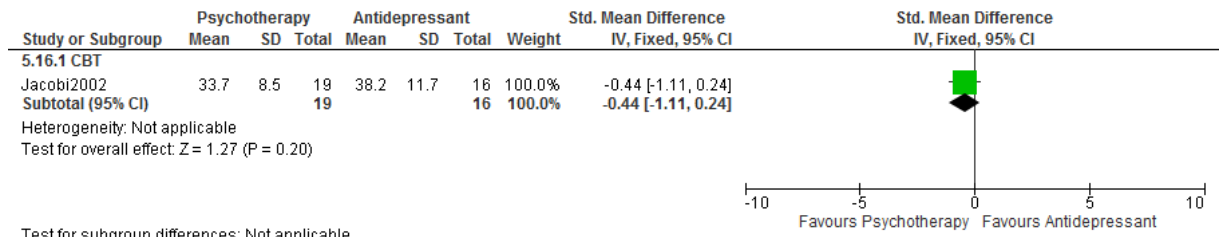
7 Test for subgroup differences: Not applicable

8 Figure 1373: EDE-total



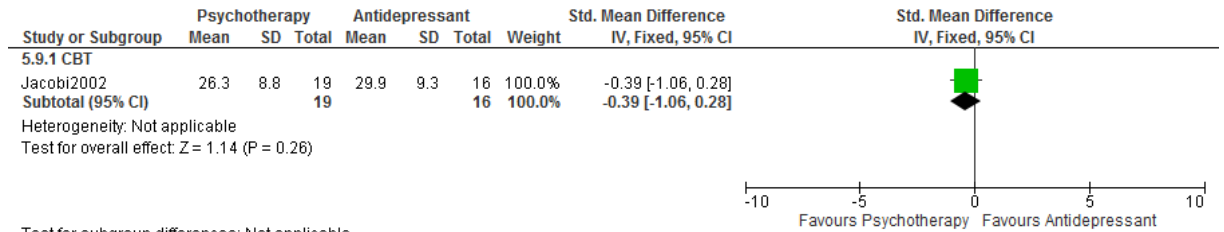
9 Test for subgroup differences: Not applicable

10 Figure 1374: EDI-body dissatisfaction



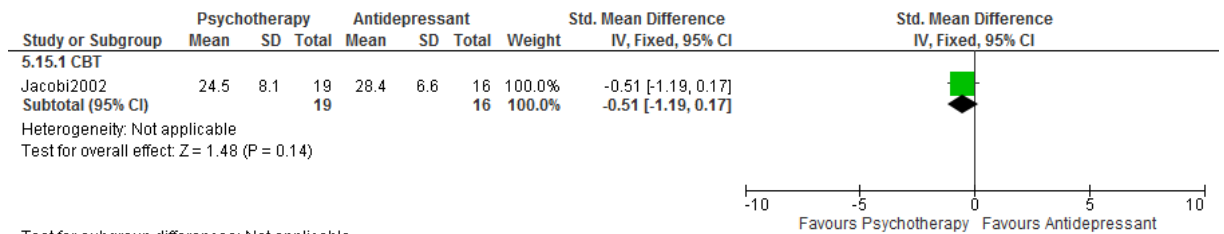
1 Test for subgroup differences: Not applicable

2 Figure 1375: EDI-drive for thinness



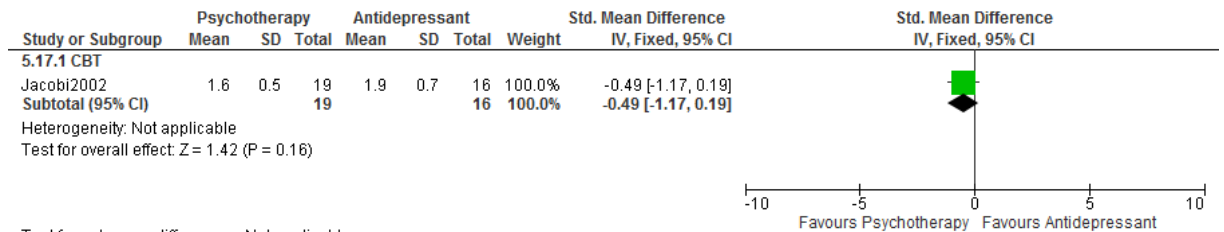
3 Test for subgroup differences: Not applicable

4 Figure 1376: EDI-bulimia



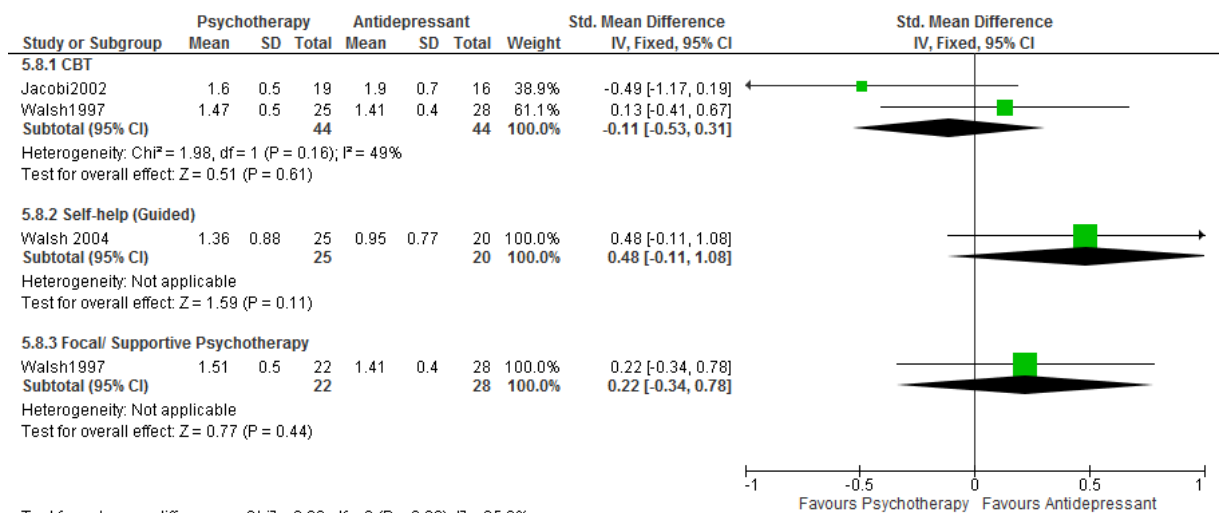
5 Test for subgroup differences: Not applicable

6 Figure 1377: Quality of life



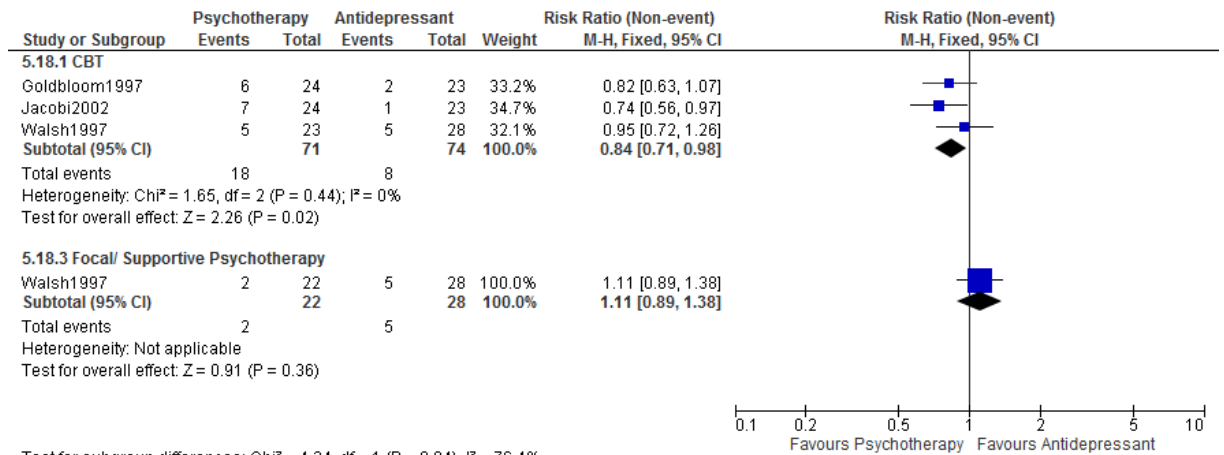
7 Test for subgroup differences: Not applicable

8 Figure 1378: General psychiatric symptoms

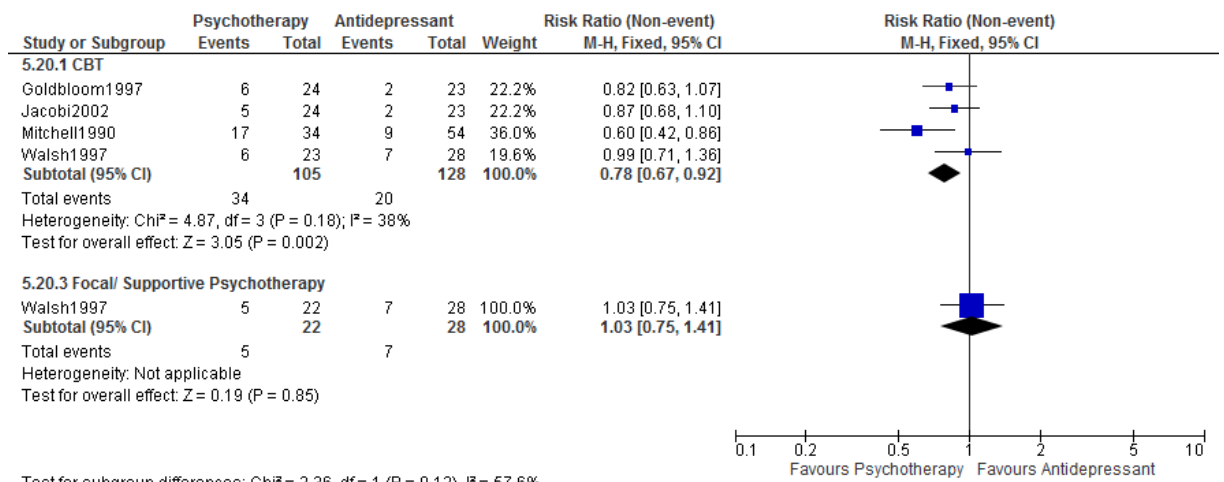


9 Test for subgroup differences: Chi² = 2.69, df = 2 (P = 0.26), I² = 25.6%

10 Figure 1379: Remission (purge frequency)

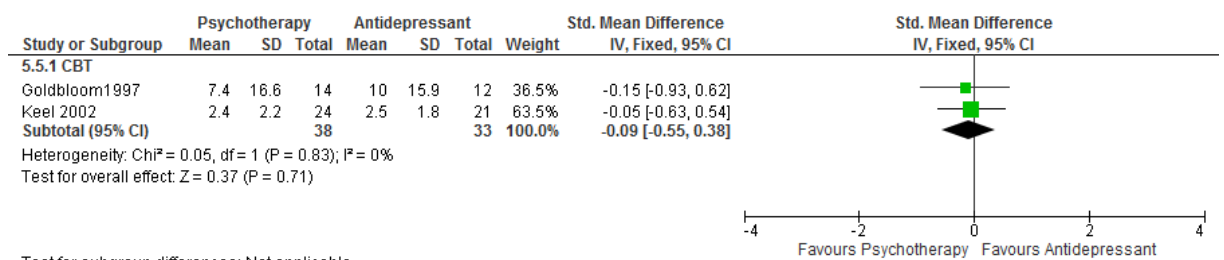


2 **Figure 1380: Remission (binge frequency)**

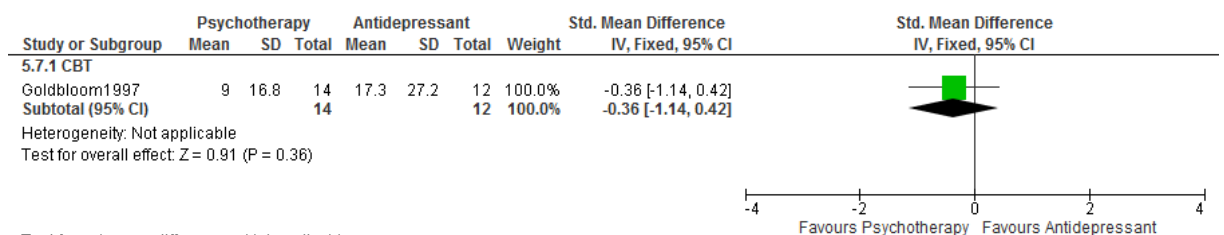


M.5.2.94 **Psychotherapy compared with antidepressants in adults with bulimia nervosa at 5 follow-up**

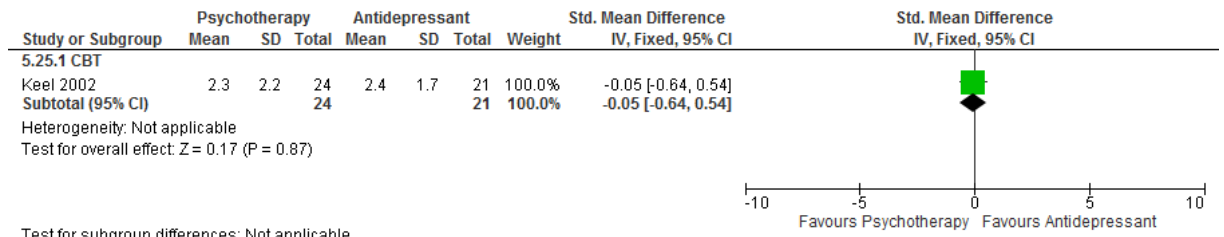
6 **Figure 1381: Bingeing**



8 **Figure 1382: Purging**

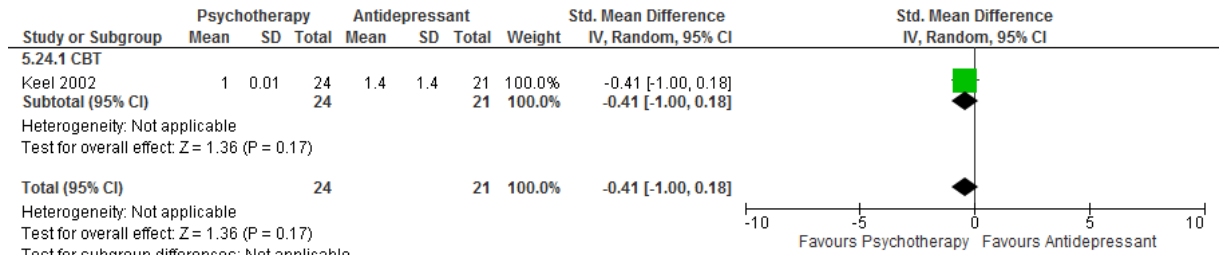


10 **Figure 1383: Vomiting**



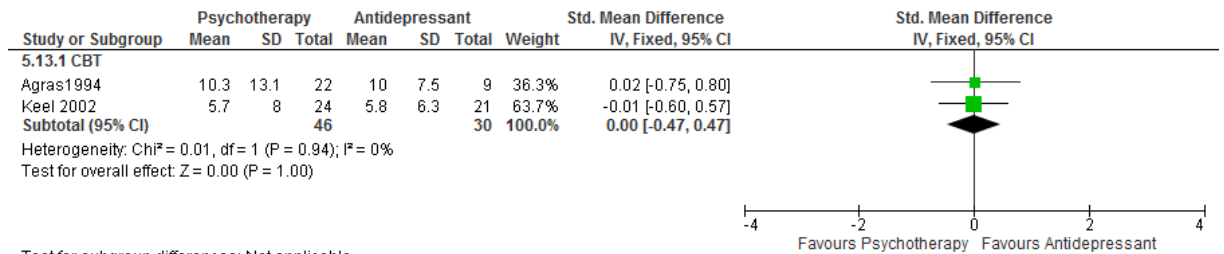
1 Test for subgroup differences: Not applicable

2 **Figure 1384: Laxative use**



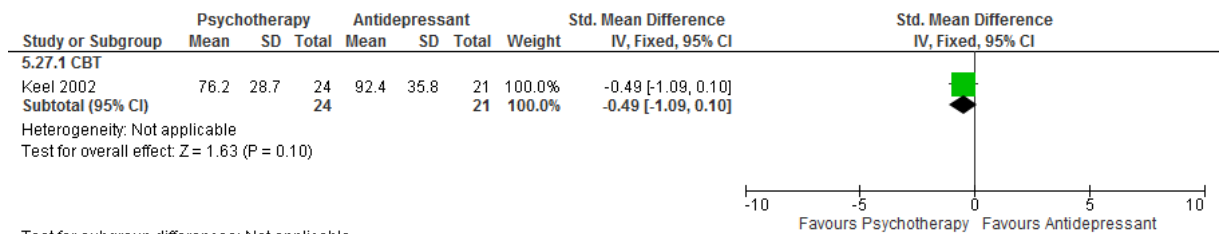
3 Test for subgroup differences: Not applicable

4 **Figure 1385: Depression**



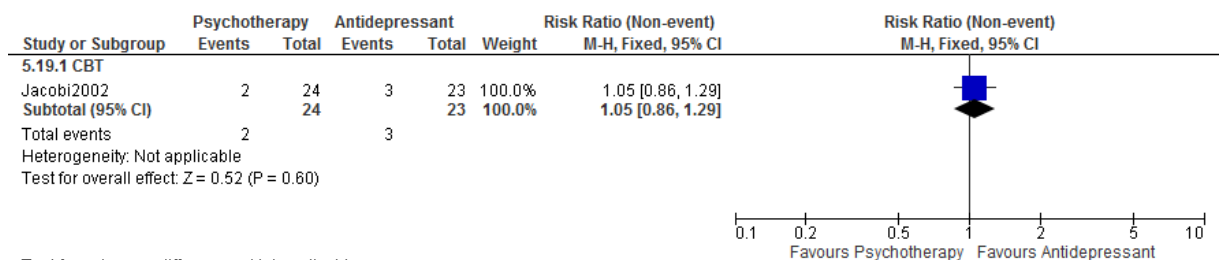
5 Test for subgroup differences: Not applicable

6 **Figure 1386: EDI-body dissatisfaction**



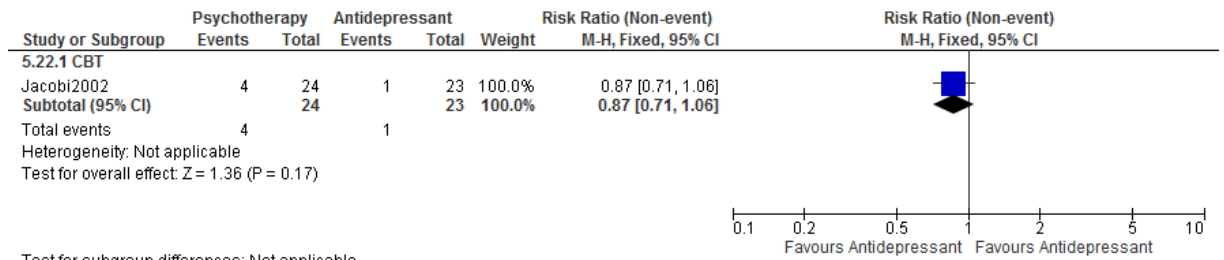
7 Test for subgroup differences: Not applicable

8 **Figure 1387: Remission (purge-free)**



9 Test for subgroup differences: Not applicable

10 **Figure 1388: Remission (binge-free)**

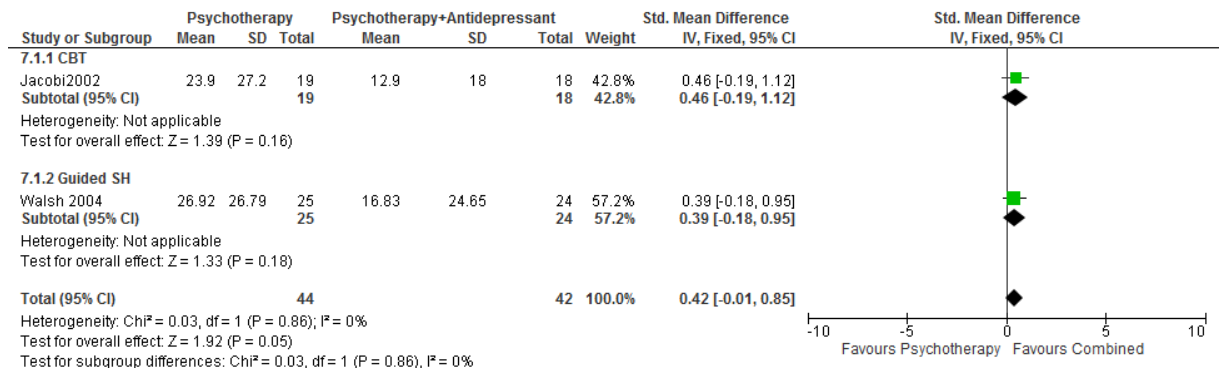


1 Test for subgroup differences: Not applicable

2

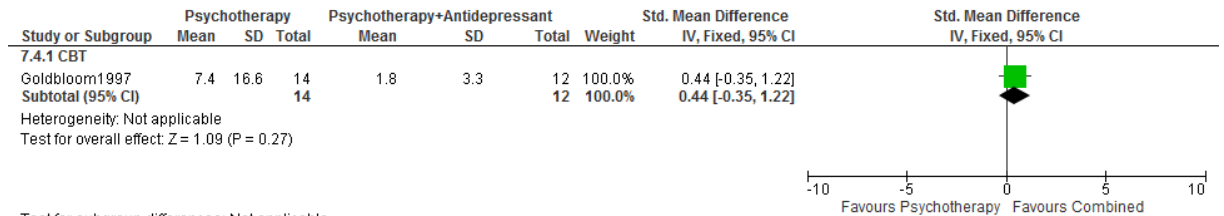
M.5.2.103 Psychotherapy compared with combined psychotherapy and antidepressants in adults with bulimia nervosa at end of treatment

5 Figure 1389: Bingeing



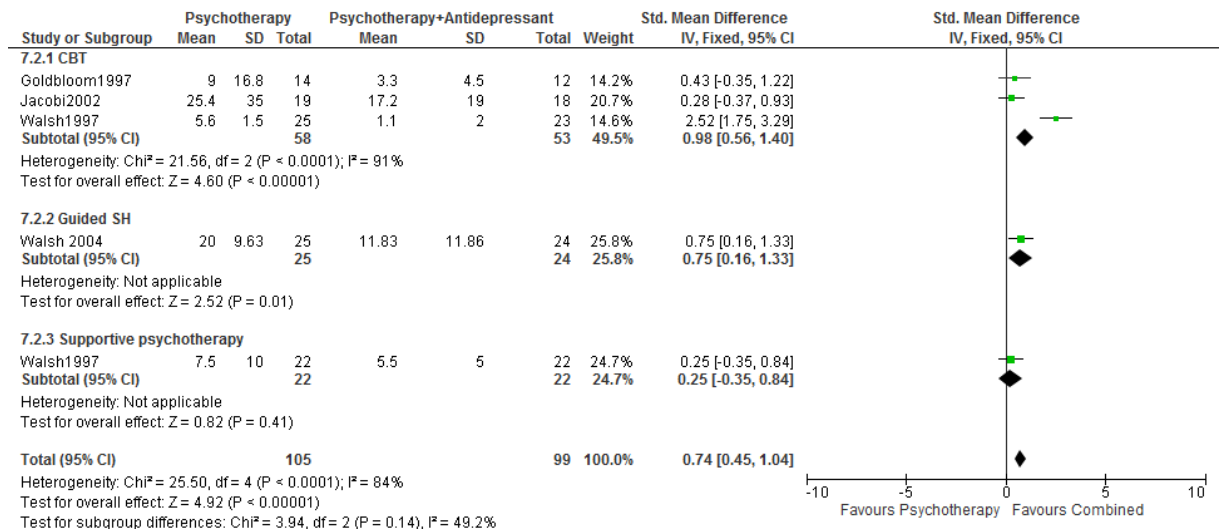
6 Test for subgroup differences: Chi² = 0.03, df = 1 (P = 0.86), I² = 0%

7 Figure 1390: Purging



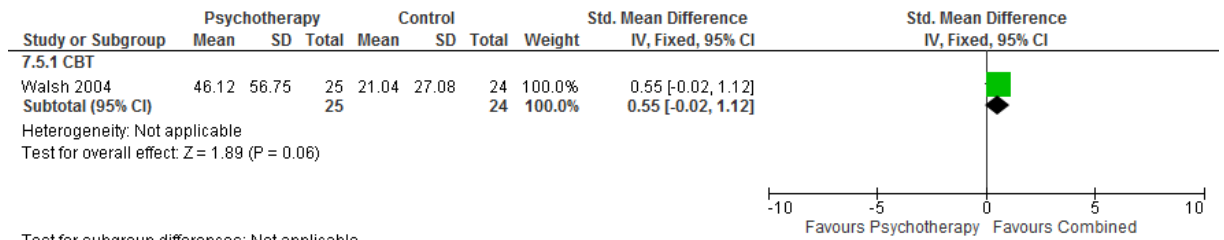
8 Test for subgroup differences: Not applicable

9 Figure 1391: Vomiting



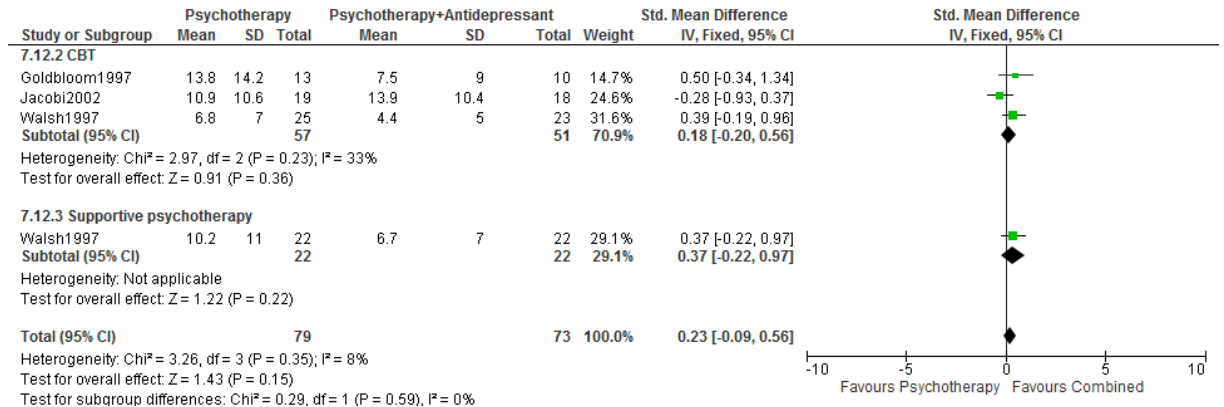
10 Test for subgroup differences: Chi² = 3.94, df = 2 (P = 0.14), I² = 49.2%

11 Figure 1392: Laxative use

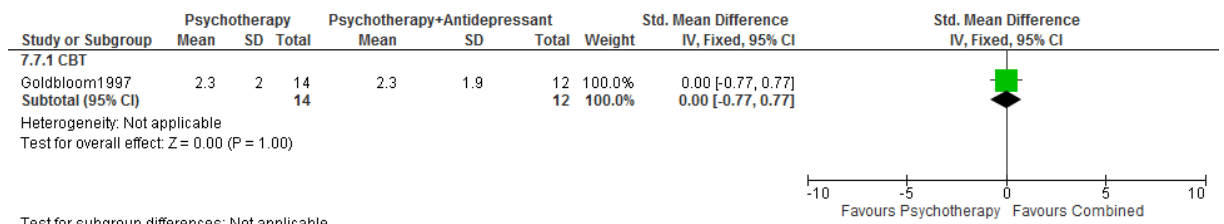


1 Test for subgroup differences: Not applicable

2 Figure 1393: Depression

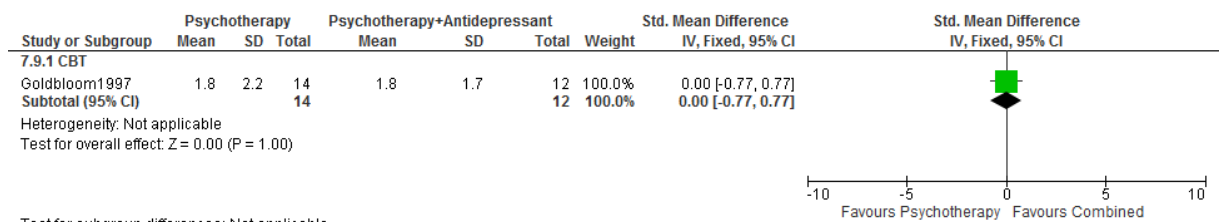


4 Figure 1394: EDE-shape concern



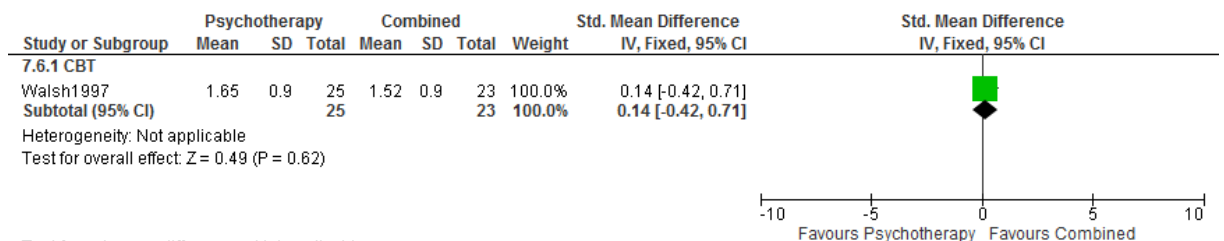
5 Test for subgroup differences: Not applicable

6 Figure 1395: EDE-weight concern



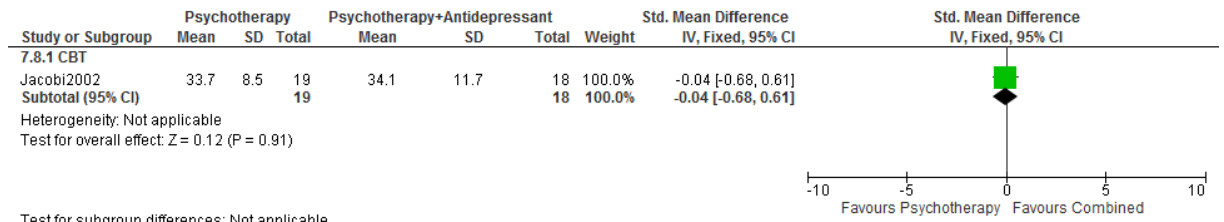
7 Test for subgroup differences: Not applicable

8 Figure 1396: EDE-total



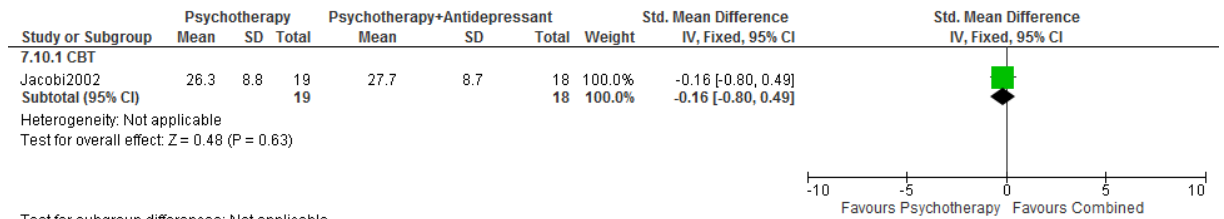
9 Test for subgroup differences: Not applicable

10 Figure 1397: EDI-body dissatisfaction



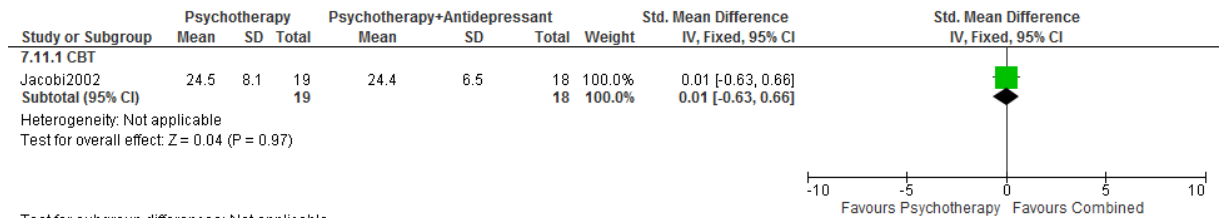
1 Test for subgroup differences: Not applicable

2 Figure 1398: EDI-drive for thinness



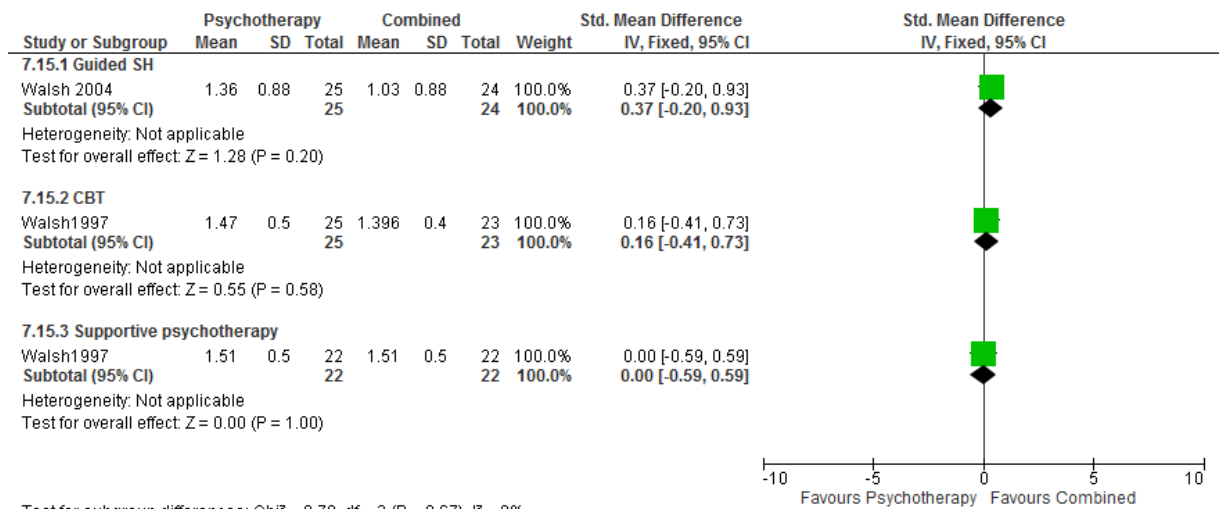
3 Test for subgroup differences: Not applicable

4 Figure 1399: EDI-bulimia



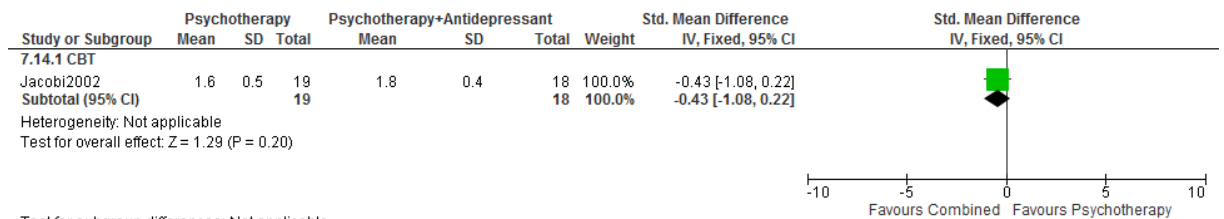
5 Test for subgroup differences: Not applicable

6 Figure 1400: General symptoms



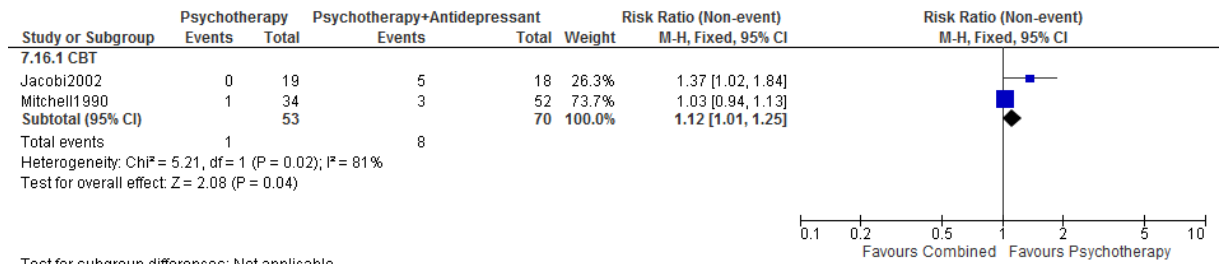
7 Test for subgroup differences: Chi² = 0.79, df = 2 (P = 0.67), I² = 0%

8 Figure 1401: Quality of life



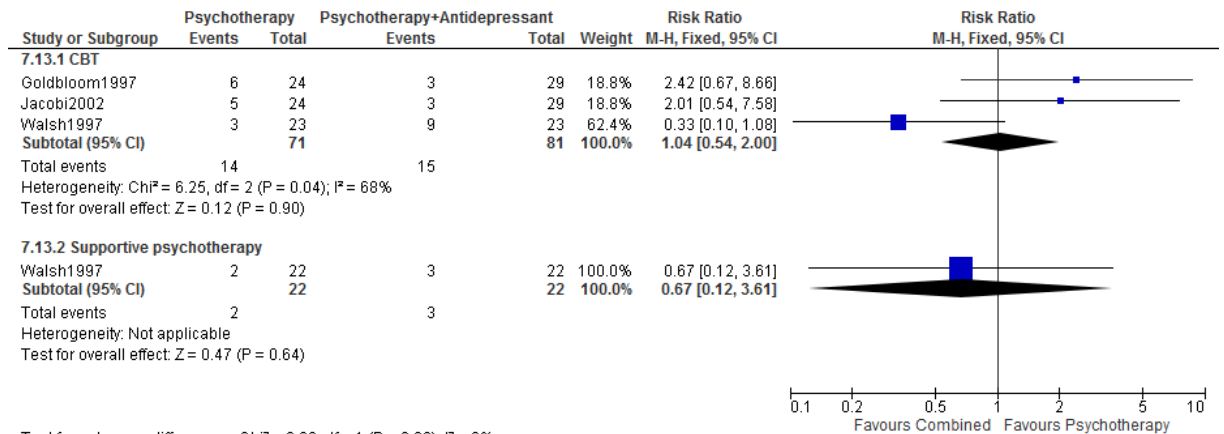
9 Test for subgroup differences: Not applicable

10 Figure 1402: Dropout due to side-effects



1 Test for subgroup differences: Not applicable

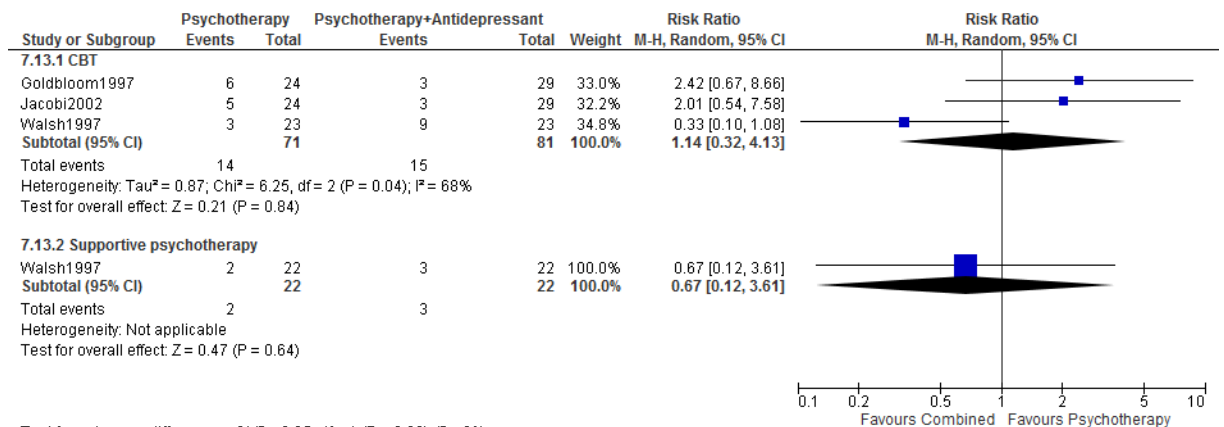
2 Figure 1403: Remission



3 Test for subgroup differences: Chi² = 0.23, df = 1 (P = 0.63), I² = 0%

4 Heterogeneity was detected at I²=68%. The study by Walsh 1997 showed opposing results
 5 to the two studies, favouring single psychotherapy compared with combined treatment. The
 6 possible reason for this is unclear since they used the same antidepressant as the other two
 7 studies and the sample size was similar. Also, the duration of illness and treatment was not
 8 remarkably different to Jacobi (Jacobi was the only other study that reported duration of
 9 illness). Severity of illness, although different amongst the studies, did not explain the
 10 heterogeneity. In the absence of a good explanation, a random effects analysis was
 11 presented.

12 Figure 1404: Remission with random effects

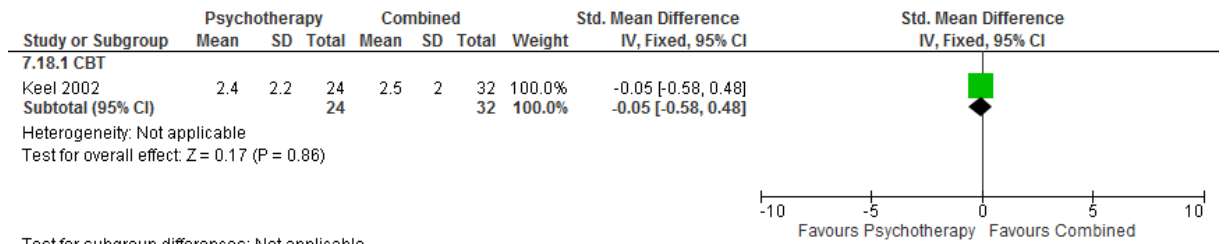


13 Test for subgroup differences: Chi² = 0.25, df = 1 (P = 0.62), I² = 0%

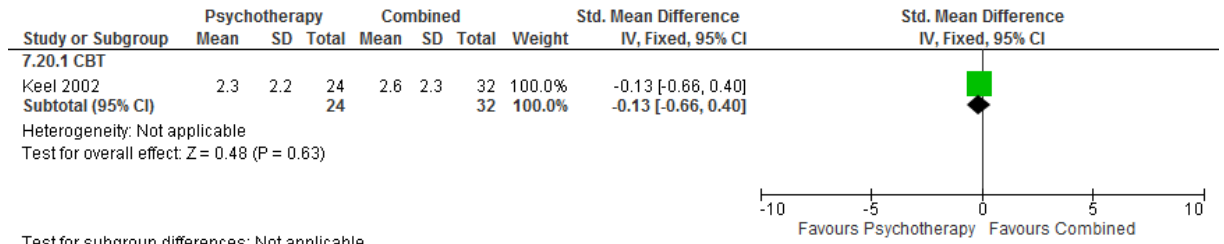
14

M.5.2.115 Psychotherapy compared with combined psychotherapy and antidepressants in adults with bulimia nervosa at follow-up

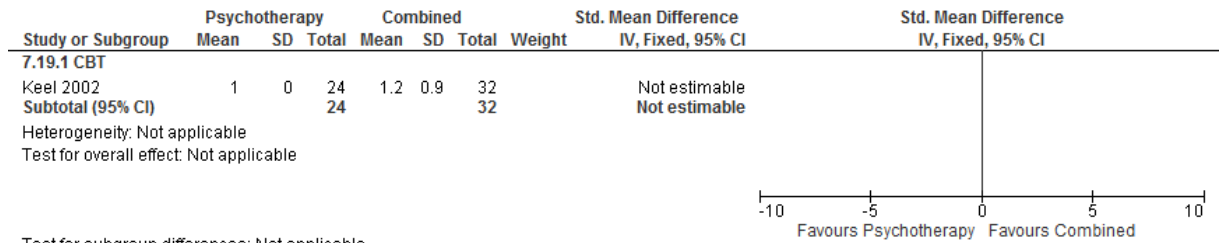
17 Figure 1405: Bingeing



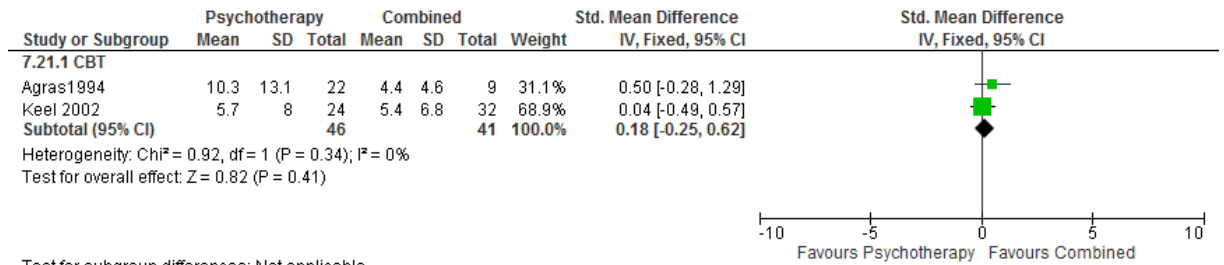
2 **Figure 1406: Vomiting**



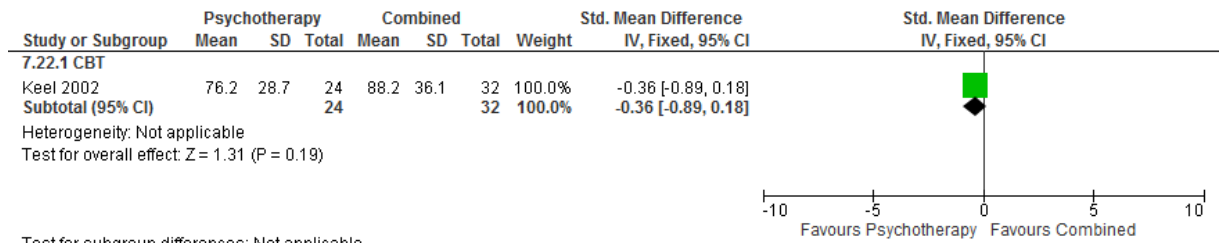
4 **Figure 1407: Laxative use**



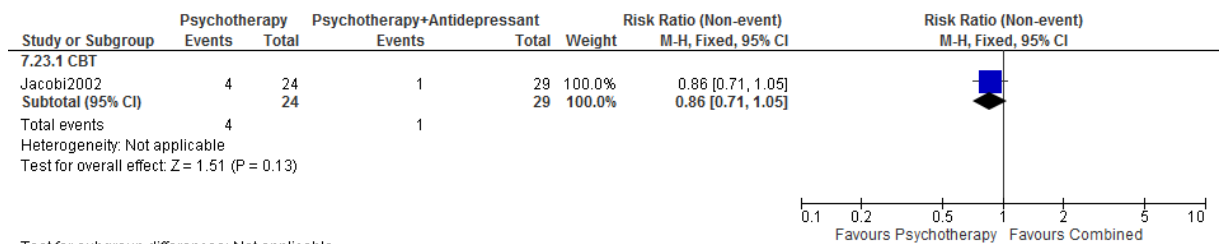
6 **Figure 1408: Depression**



8 **Figure 1409: EDI-body dissatisfaction**

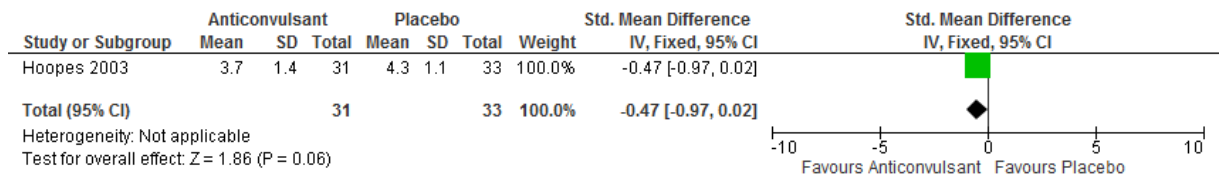


10 **Figure 1410: Remission**



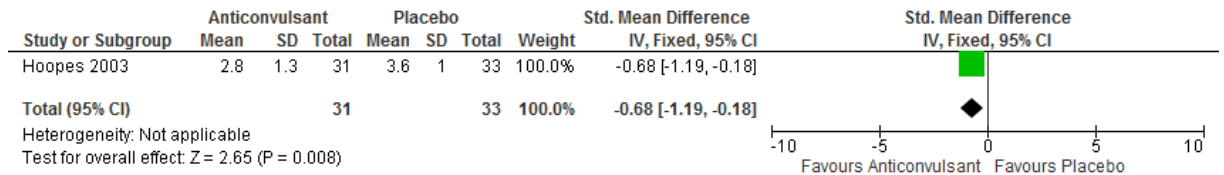
M.5.2.121 Anticonvulsant compared with placebo in adults with bulimia nervosa at end of treatment

3 Figure 1411: Severity of illness (CGI-S)



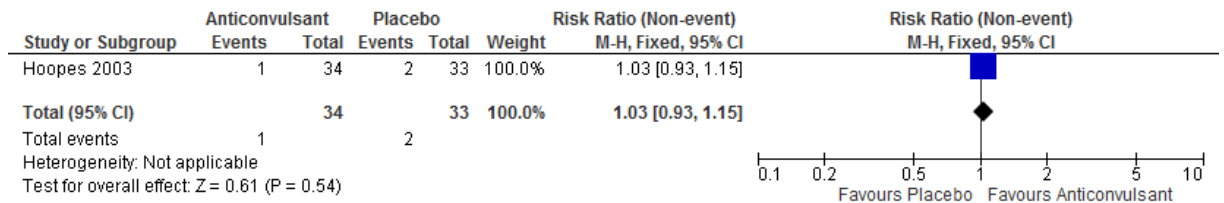
4

5 Figure 1412: Improvement scale (CGI-I)



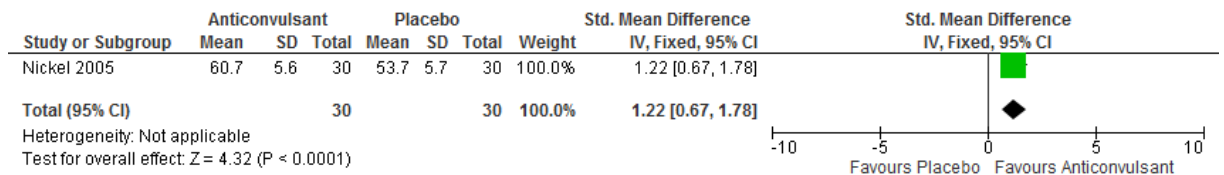
6

7 Figure 1413: Dropout due to side-effects



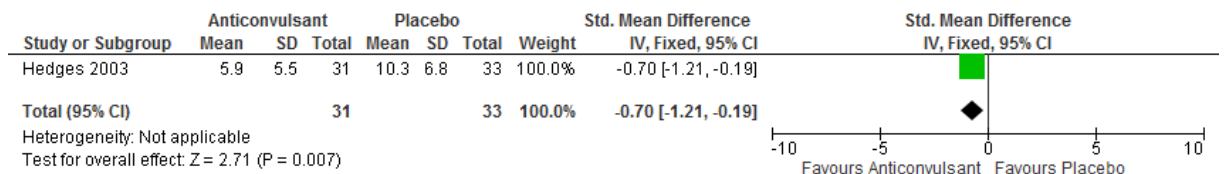
8

9 Figure 1414: General health perceptions –SF 36



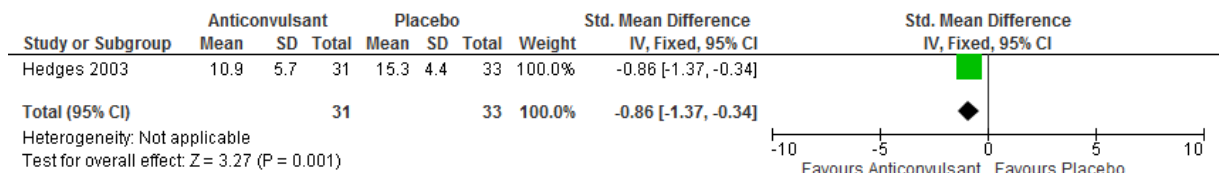
10

11 Figure 1415: EDI-body dissatisfaction



12

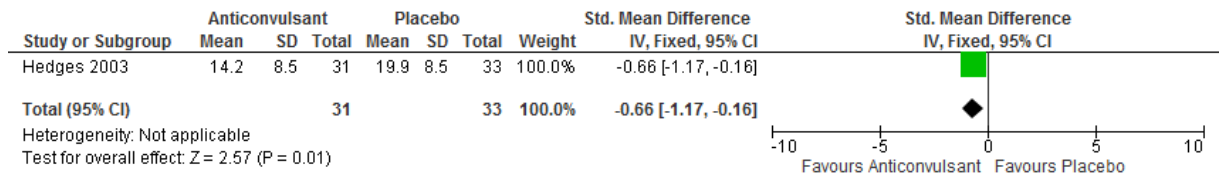
13 Figure 1416: EDI-drive for thinness



14

15 Figure 1417: EDI-bulimia

1

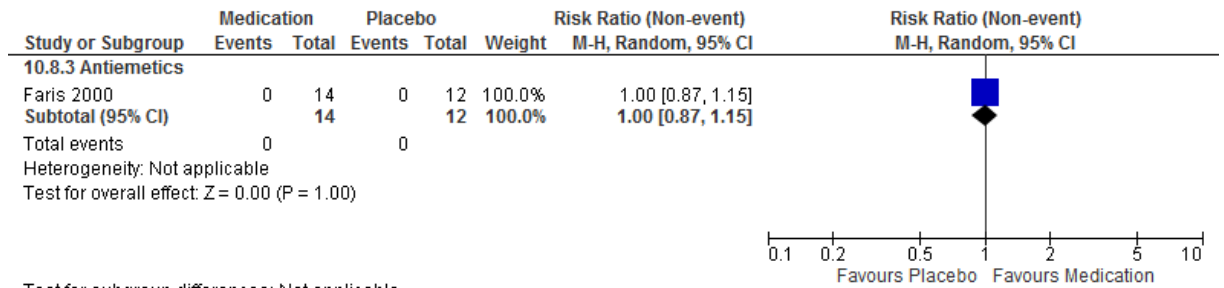


M.5.32 Other medication compared with placebo in adults with bulimia nervosa at end of treatment

4 Figure 1418: Dropout due to side-effects

5 Test for subgroup differences: Not applicable

6



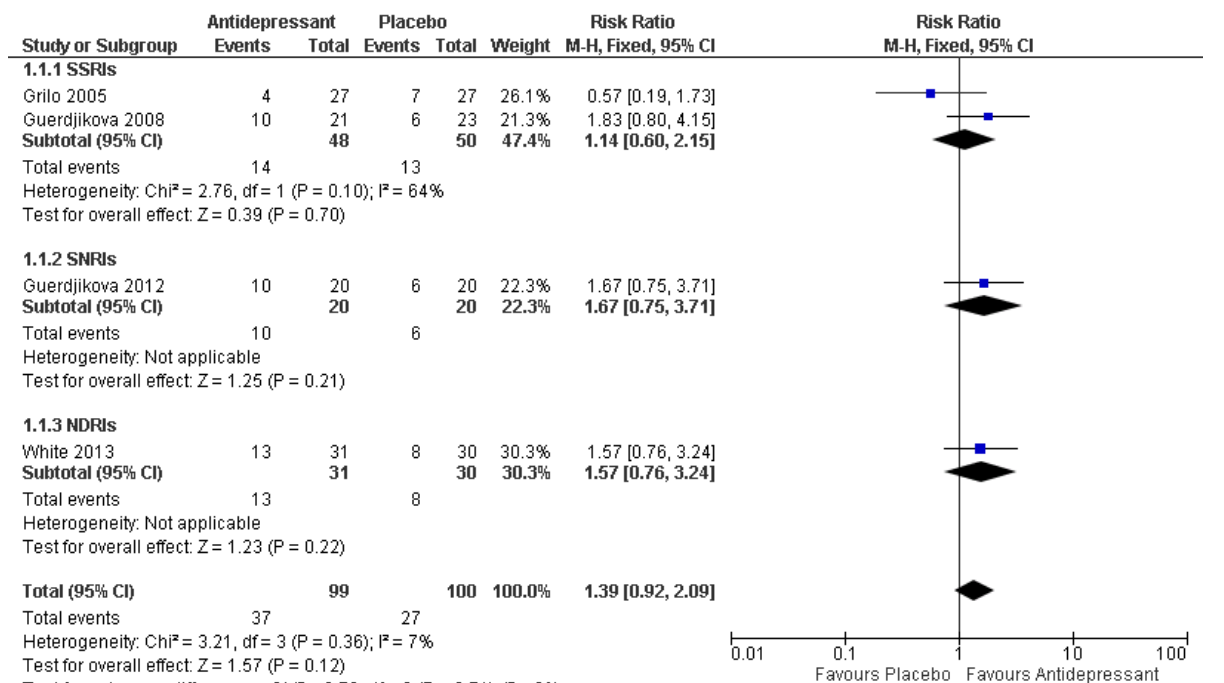
M.5.47 Pharmacological interventions for people with binge eating disorder

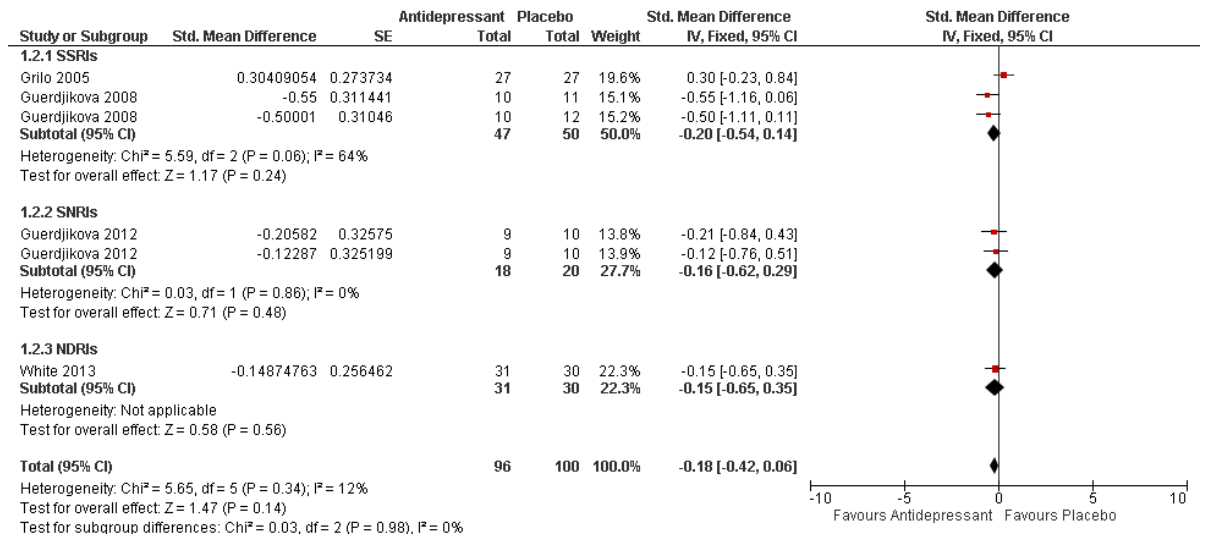
M.5.4.18 Any antidepressant versus placebo in adults with binge eating disorder

9 Figure 1419: Remission (ITT)

10 Test for subgroup differences: Chi² = 0.70, df = 2 (P = 0.71), I² = 0%

11 Figure 1420: Binge frequency

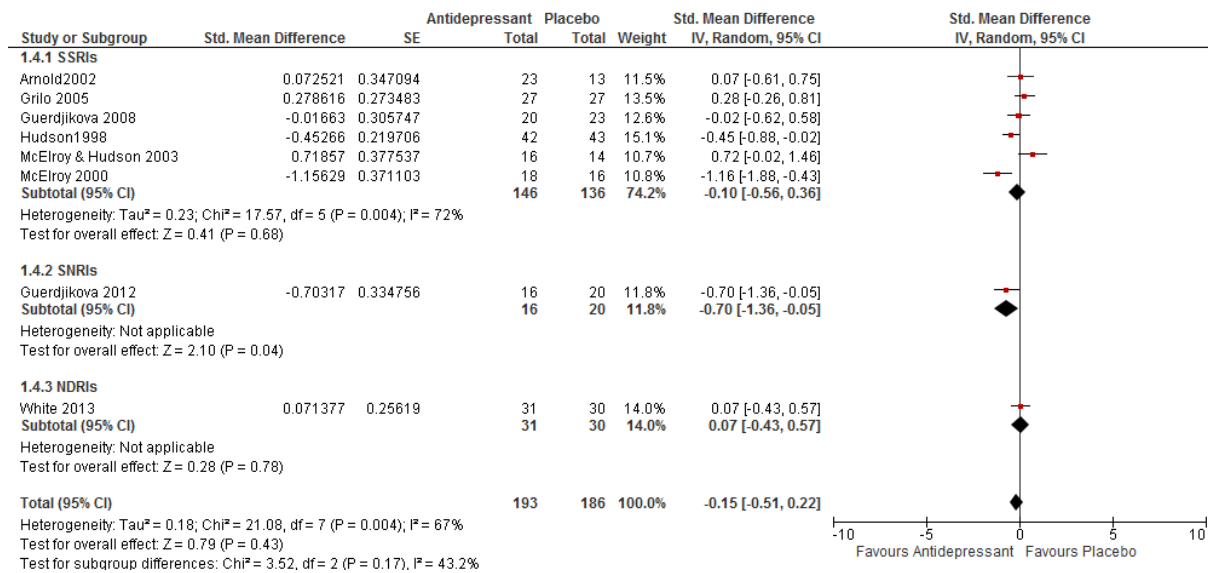




1

2 **Figure 1421: BMI/Weight**

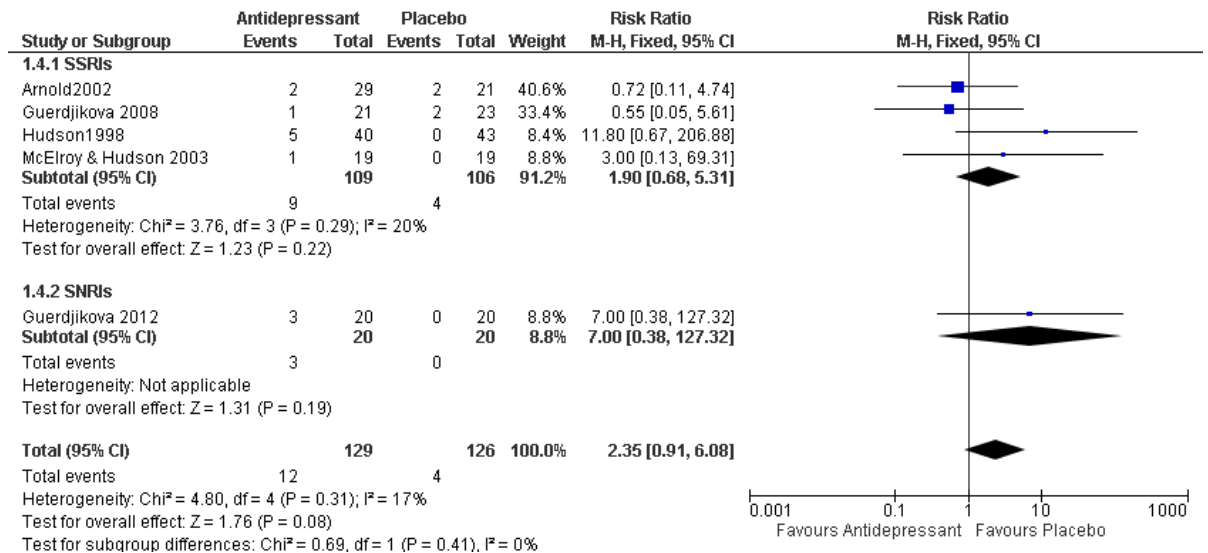
3



4

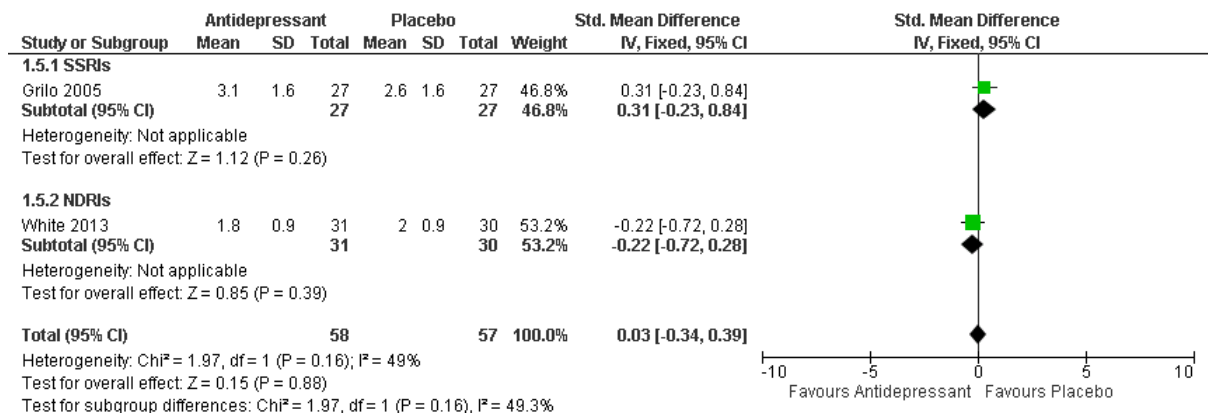
5 Heterogeneity was detected at $i^2=67%$ overall and 72% within the SSRI subgroup. There was
6 no obvious risk of bias nor differences in comorbidities. Duration of illness was not reported
7 for the majority of the studies. Heterogeneity might be explained by severity of illness: within
8 the SSRI group, the majority of participants experienced approximately 18 binge episodes
9 per month (Guerdjikova 2008, Guerdjikova 20012, Hudson 1998, and McElroy & Hudson
10 2003), whilst the participants of McElroy 2000 experienced approximately 28 binge episodes
11 per month. However, data on severity of illness was not available for Arnold 2002, Grilo
12 2005, and White 2013. Hence the observed heterogeneity remains unexplained and a
13 random effects was presented.

14 **Figure 1422: Withdrawn due to adverse events**



1

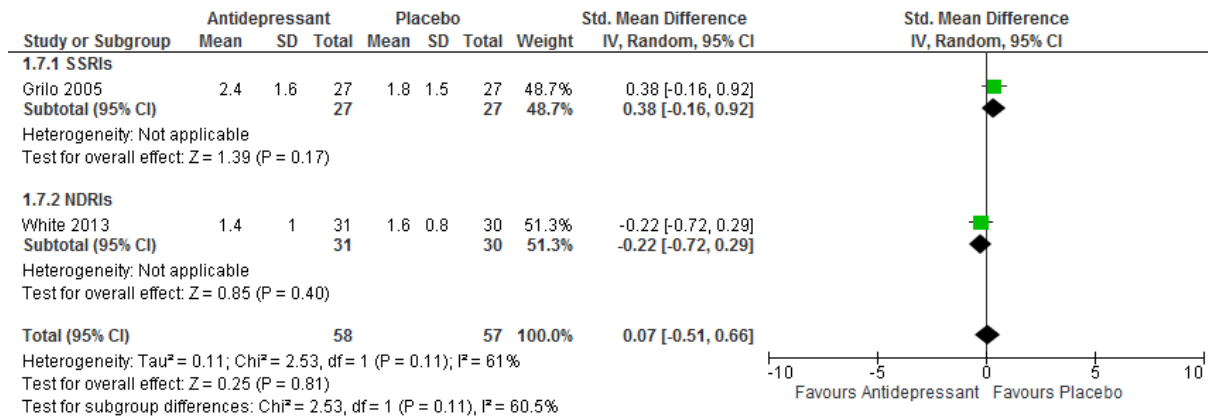
2 **Figure 1423: EDE-Q-global**



3

4 **Figure 1424: EDE-Q-dietary restraint**

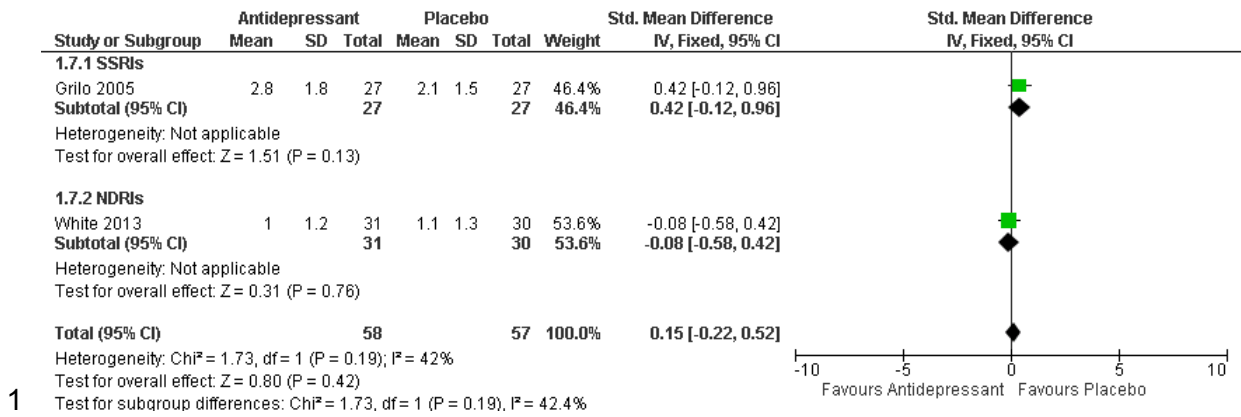
5



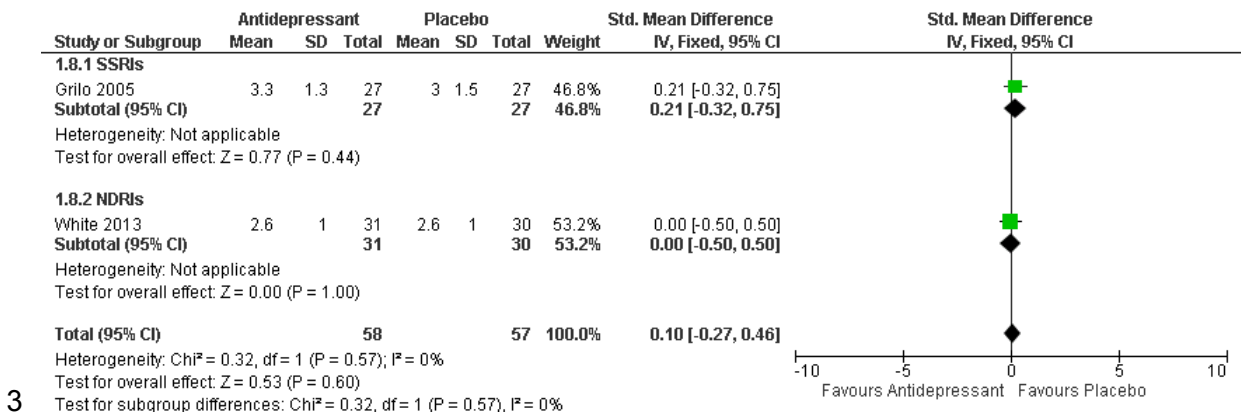
6

7 Heterogeneity was detected at $i^2=61\%$. In addition to examining different types of
 8 antidepressant, Grilo 2005 carried a high risk of bias given that the length of treatment was
 9 twice that of White 2013 (16 versus 8 weeks), thus making it difficult to compare the efficacy
 10 of the two types of antidepressants. A random effects was presented.

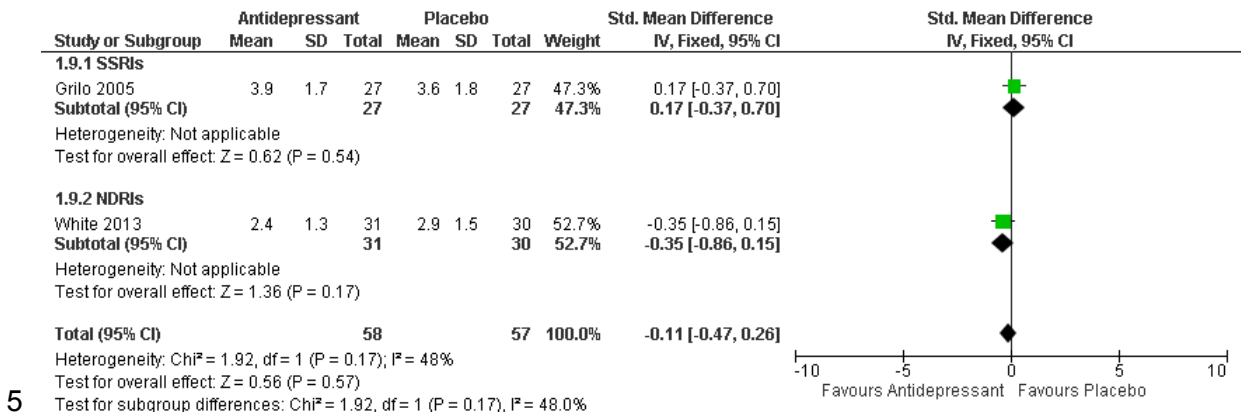
11 **Figure 1425: EDE-Q-eating concern**



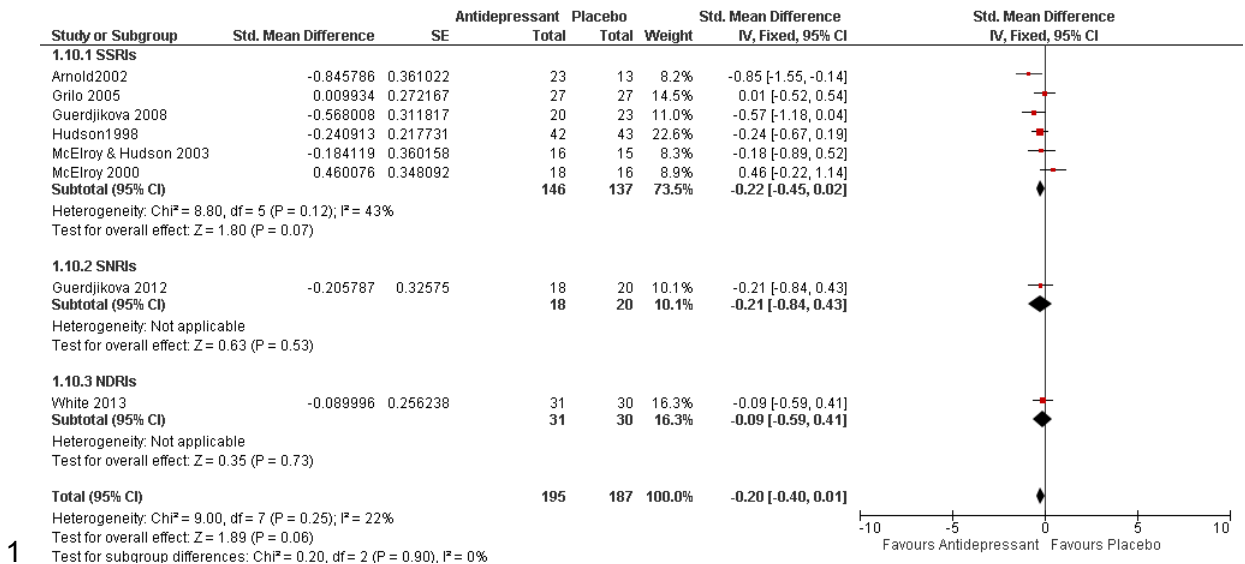
2 **Figure 1426: EDE-Q-weight concern**



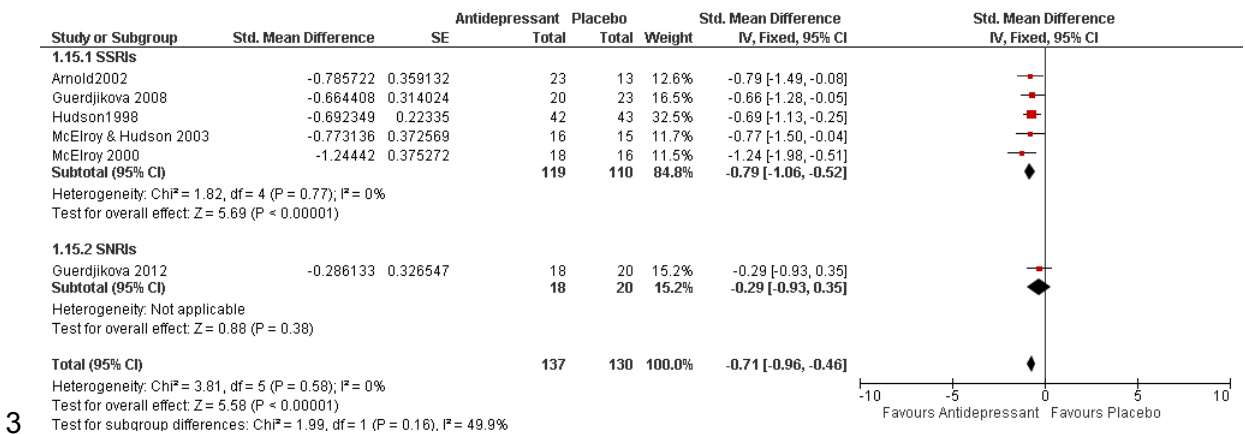
4 **Figure 1427: EDE-Q-shape concern**



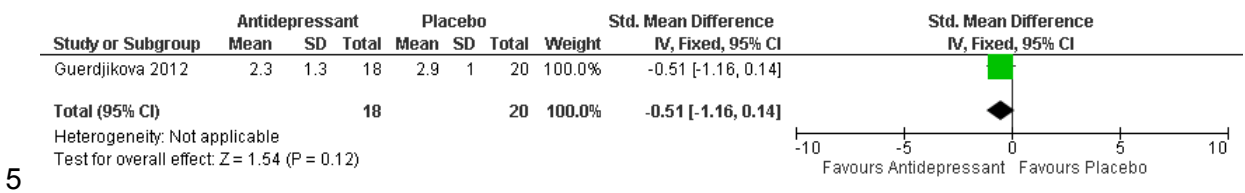
6 **Figure 1428: Depression**



2 **Figure 1429: Clinical Global Impressions-severity**

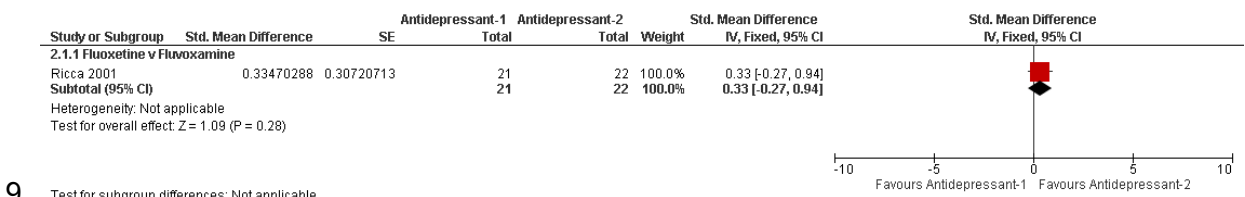


4 **Figure 1430: Clinical Global Impressions-severity of illness for depressive disorders**

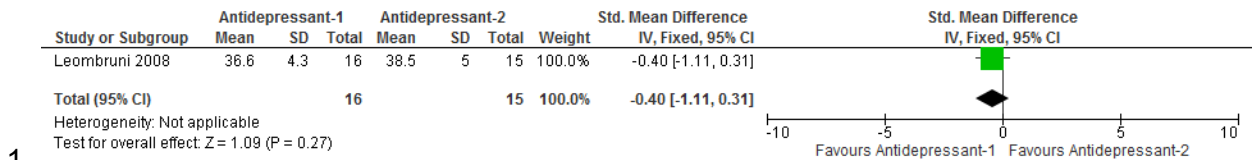


M.5.4.26 **Any antidepressant-1 versus any antidepressant-2 in adults with binge eating disorder at end of treatment**

8 **Figure 1431: Binge frequency**

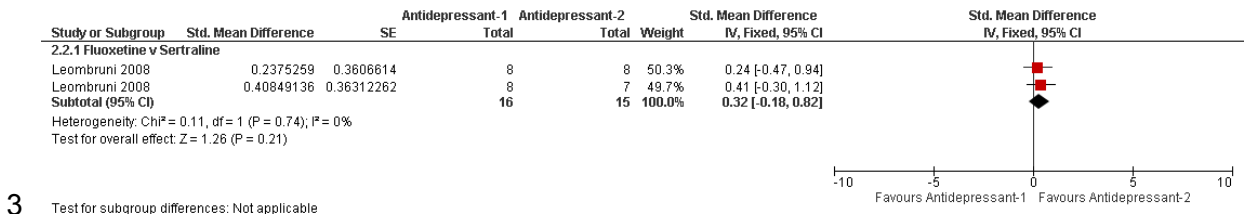


10 **Figure 1432: BMI**



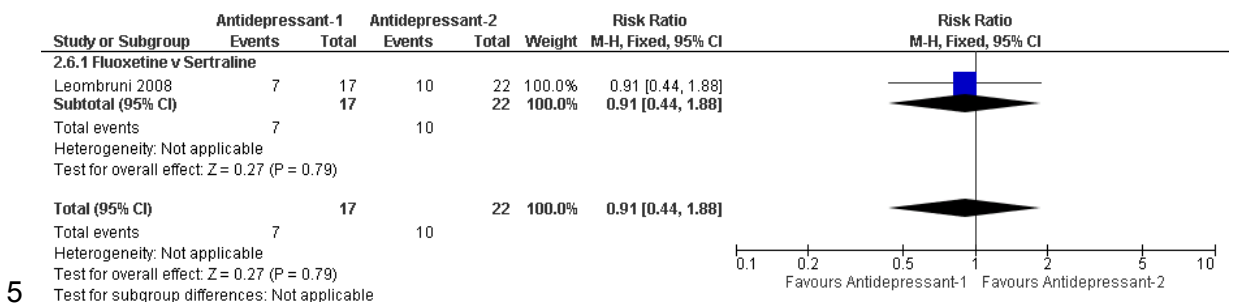
1

2 **Figure 1433: Number of people achieving weight loss of % or more**



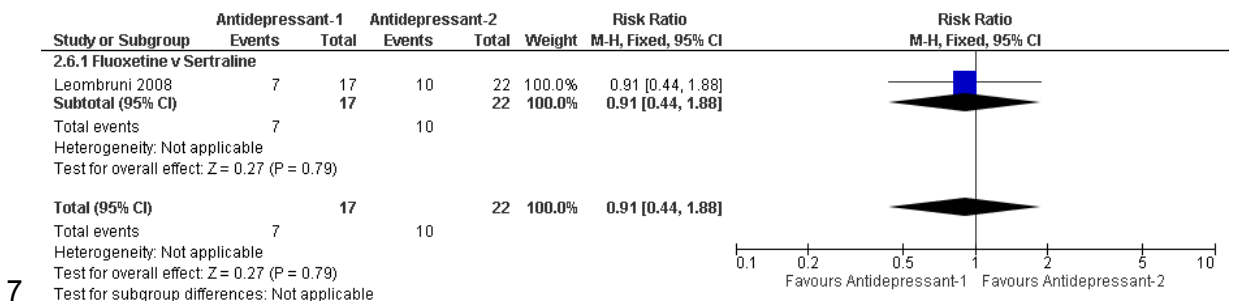
3

4 **Figure 1434: Withdrawn due to adverse events**



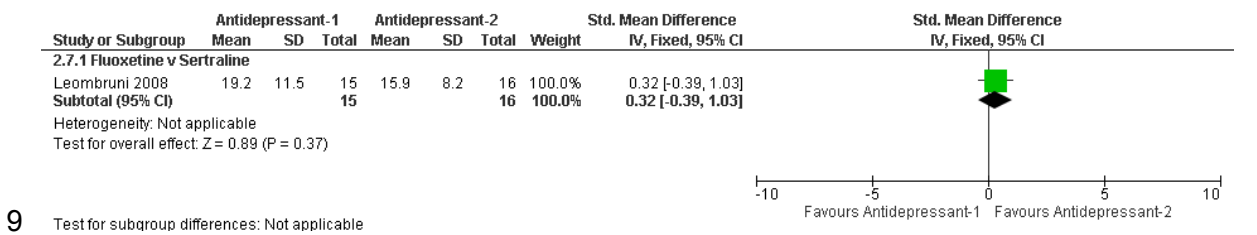
5

6 **Figure 1435: Binge Eating Scale score greater than 17**



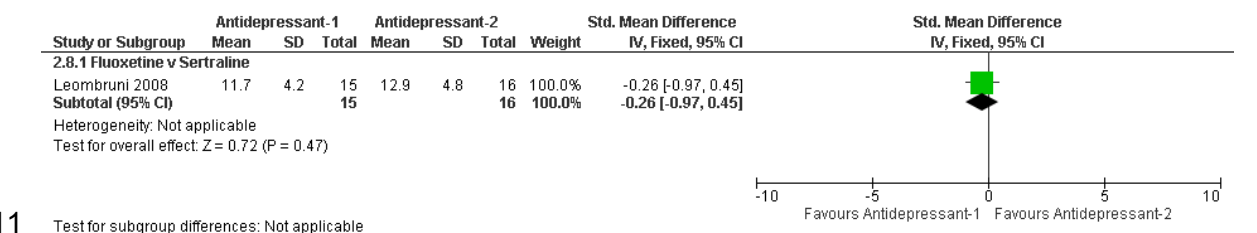
7

8 **Figure 1436: Binge Eating Scale**



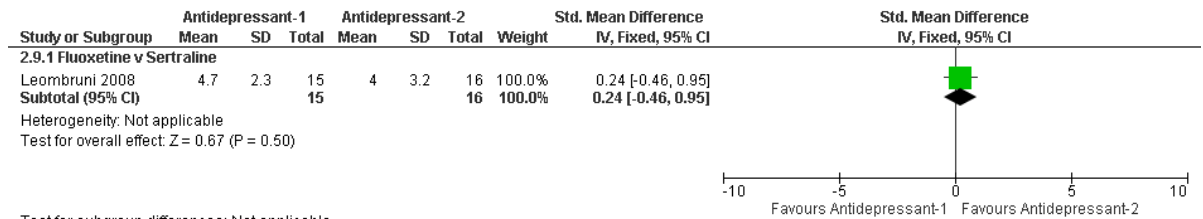
9

10 **Figure 1437: EDI-2-drive for thinness**



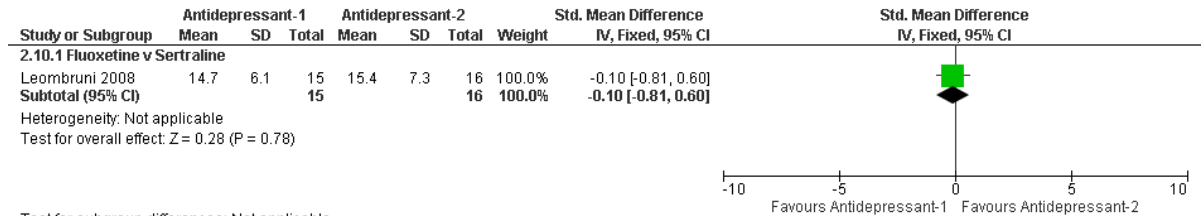
11

12 **Figure 1438: ED-2-bulimia**



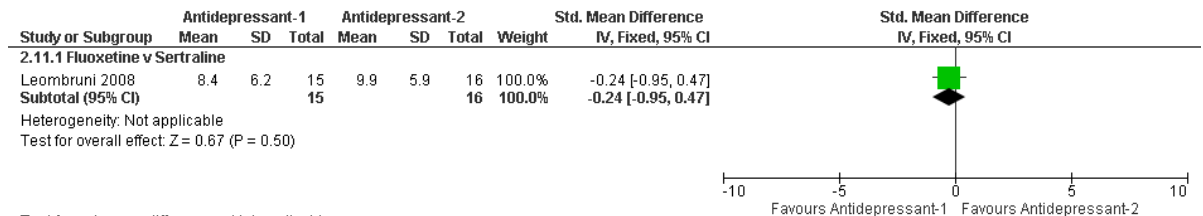
1 Test for subgroup differences: Not applicable

2 **Figure 1439: EDI-2-body dissatisfaction**



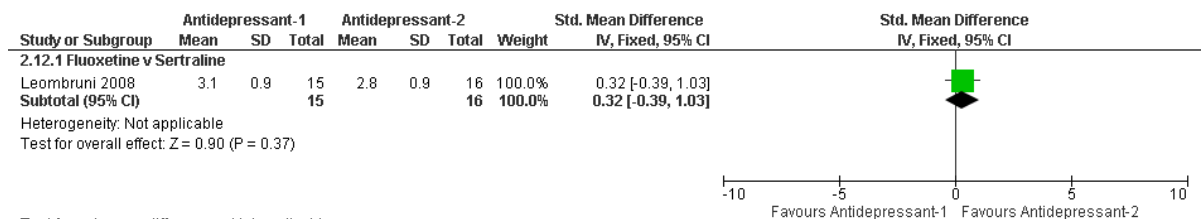
3 Test for subgroup differences: Not applicable

4 **Figure 1440: Depression**



5 Test for subgroup differences: Not applicable

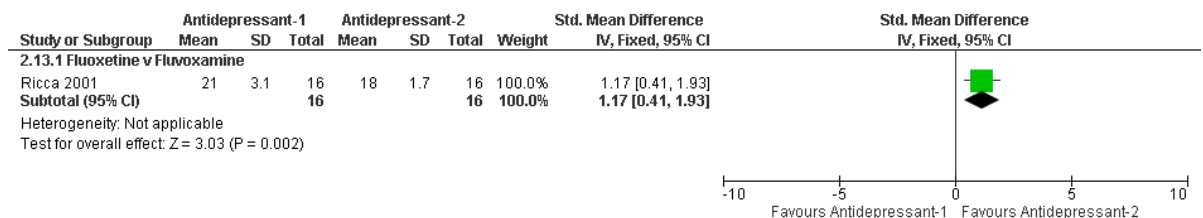
6 **Figure 1441: Clinical Global Impressions-severity**



7 Test for subgroup differences: Not applicable

M.5.4.38 **Any antidepressant-1 versus any antidepressant-2 in adults with binge eating disorder at follow up**

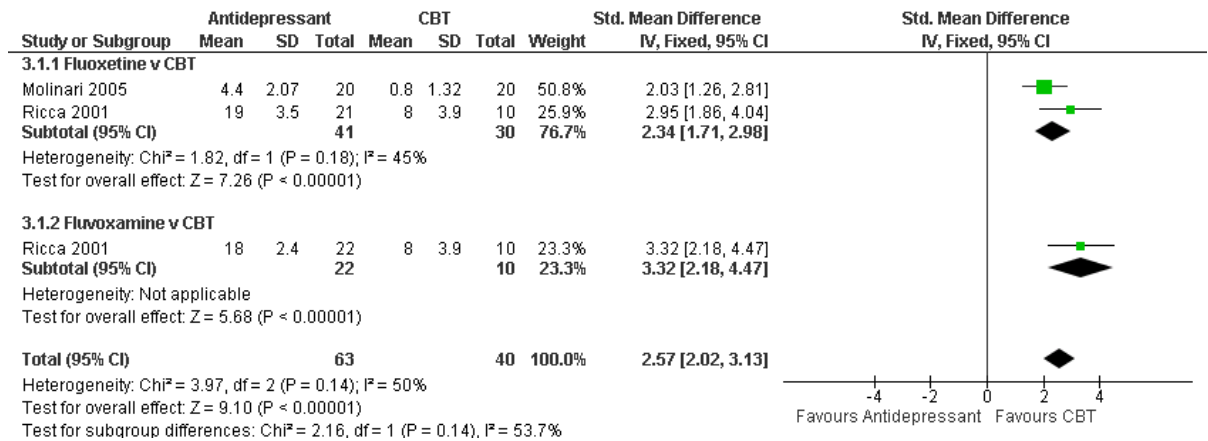
10 **Figure 1442: Binge frequency**



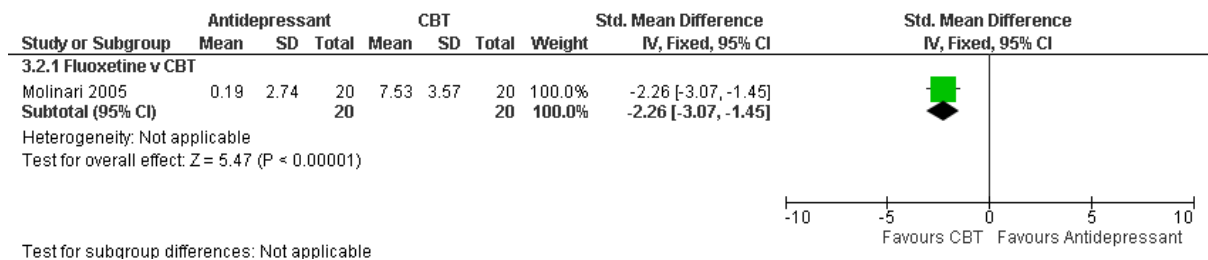
11 Test for subgroup differences: Not applicable

M.5.4.42 **Any antidepressant versus any other intervention in adults with binge eating disorder at end of treatment**

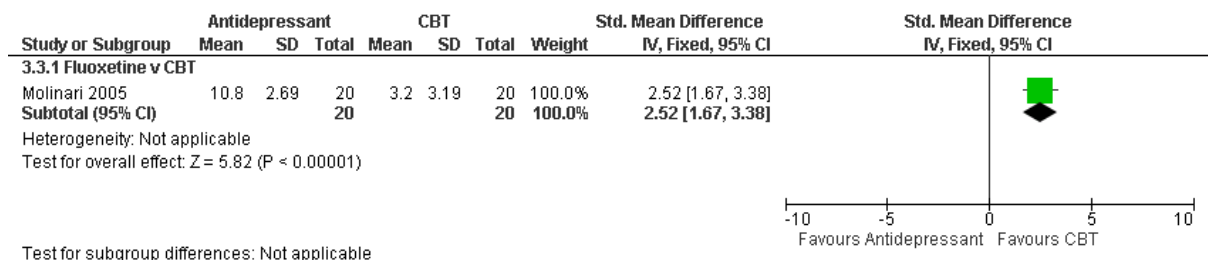
14 **Figure 1443: Binge frequency**



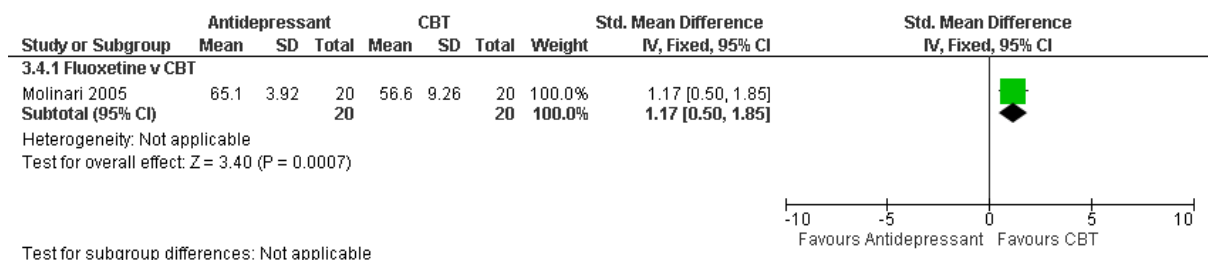
- 1
- 2 **Figure 1444: Weight loss (percentage)**



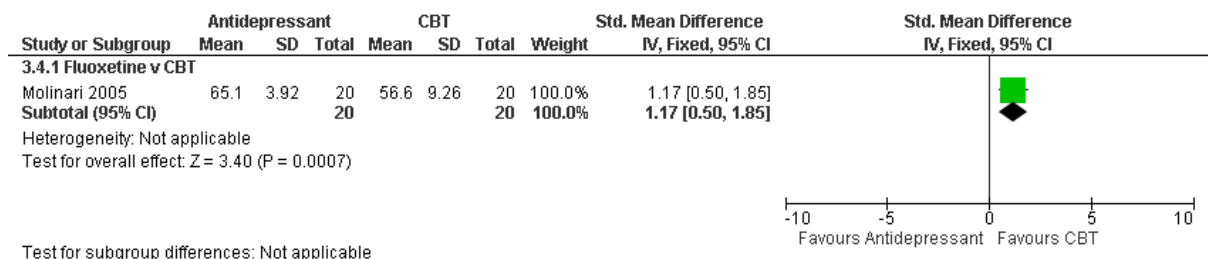
- 3 Test for subgroup differences: Not applicable
- 4 **Figure 1445: EDI-2-bulimia**



- 5 Test for subgroup differences: Not applicable
- 6 **Figure 1446: Depression**



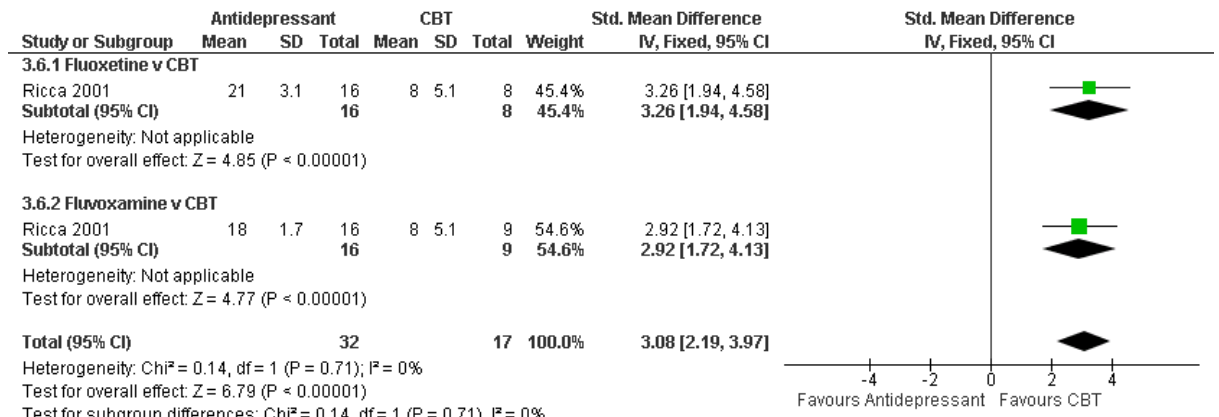
- 7 Test for subgroup differences: Not applicable
- 8 **Figure 1447: Family functioning**



- 9 Test for subgroup differences: Not applicable

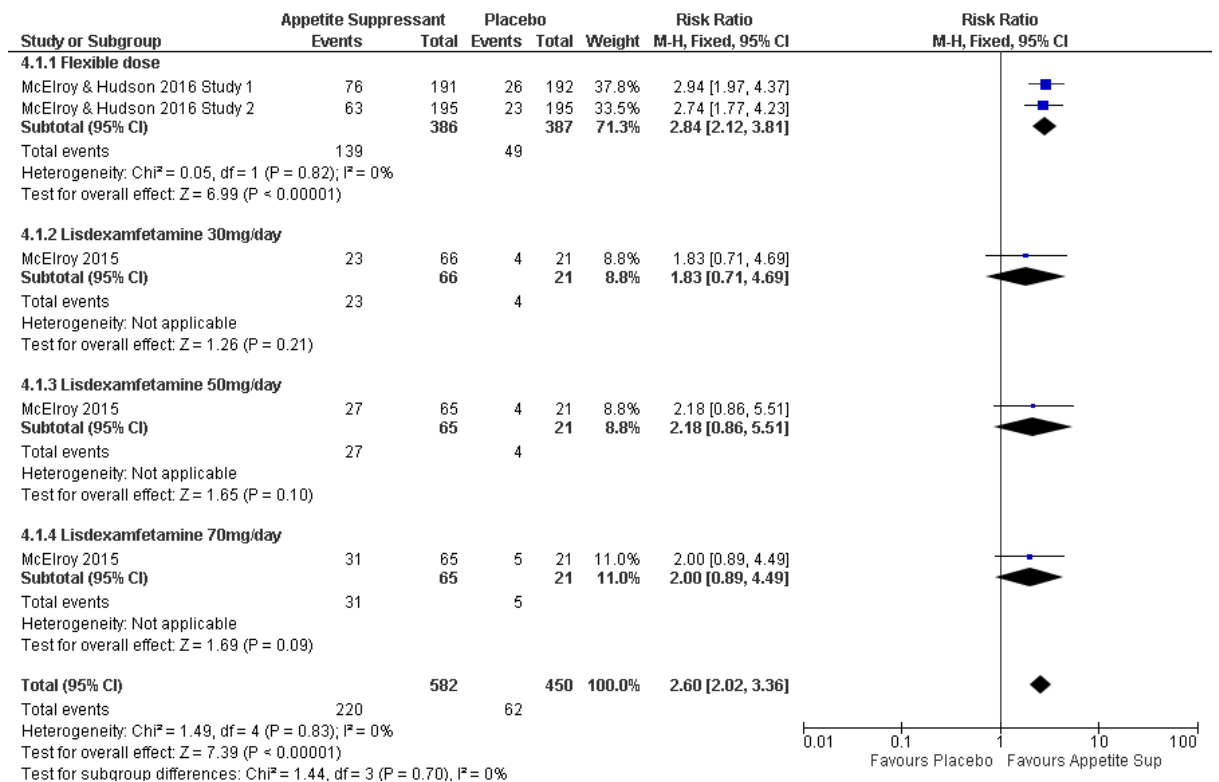
M.5.4.50 Any antidepressant versus any other intervention in adults with follow up at follow up

- 11 **Figure 1448: Binge frequency**



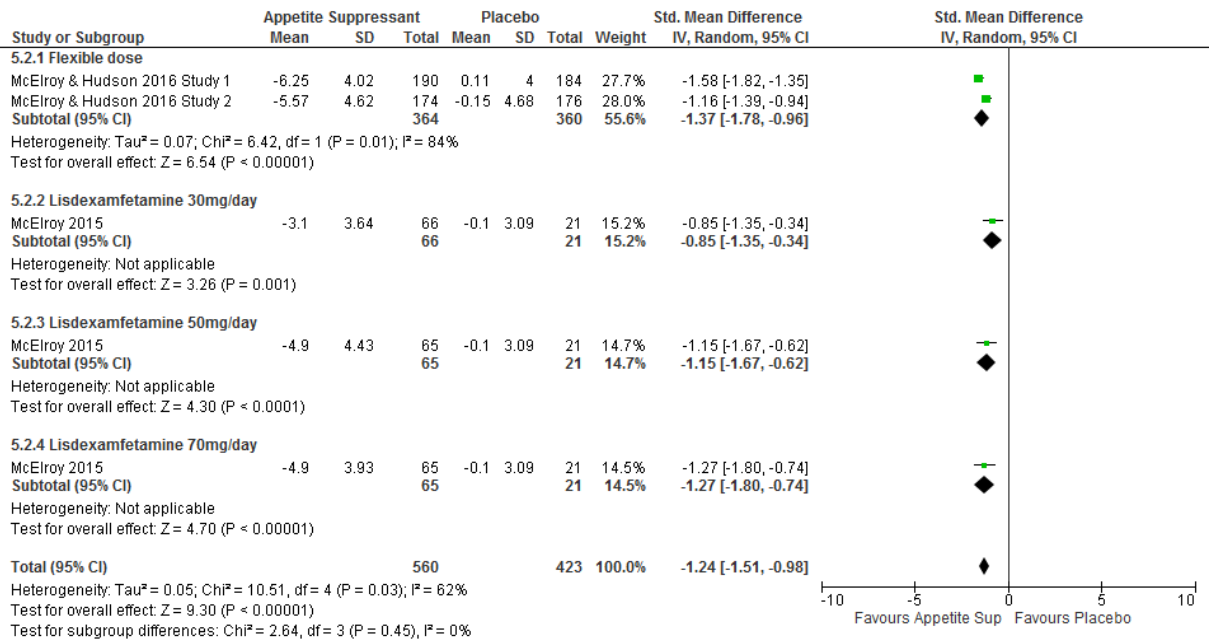
M.5.4.62 Any appetite suppressant versus placebo in adults with binge eating disorder

3 Figure 1449: Remission (ITT)



5 Figure 1450: BMI – change scores

1

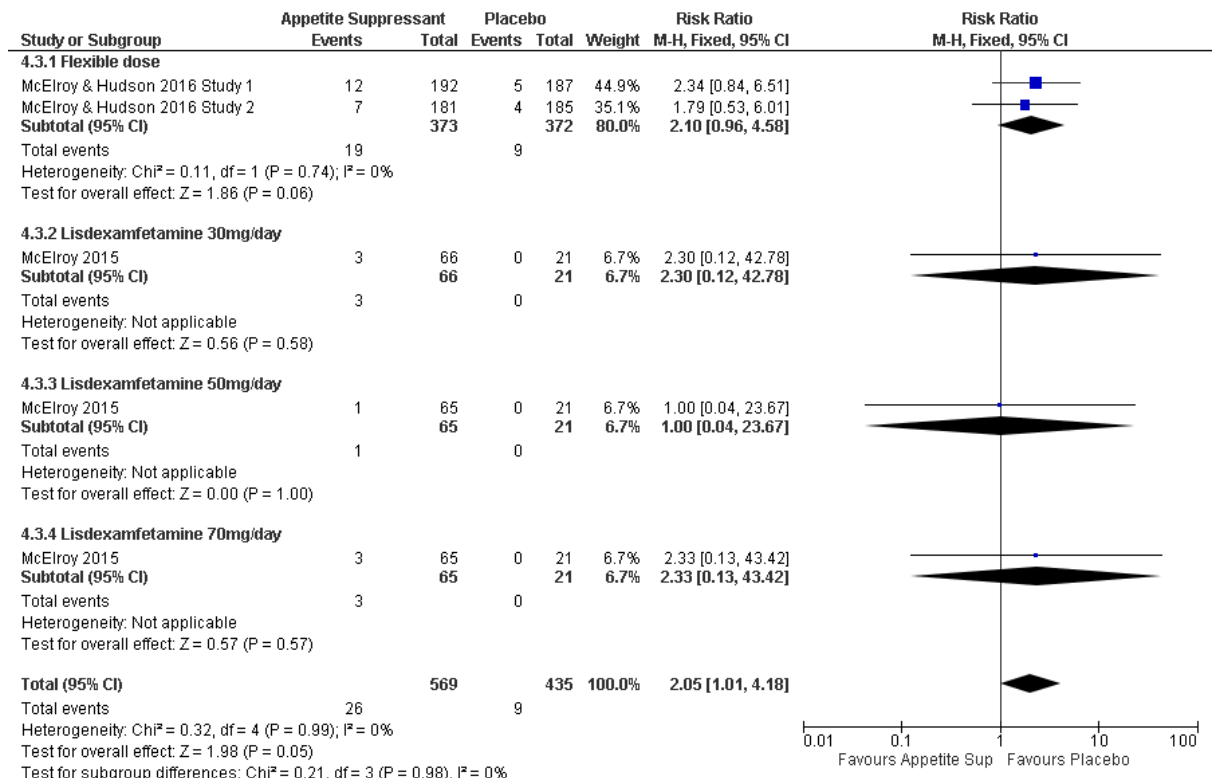


2

3 Heterogeneity was detected at $i^2=62%$ overall and at 84% for the flexible dose group. There
 4 was no obvious risk of bias, whilst data on duration of illness was not available. Lifetime and
 5 current comorbidities were exclusion criteria for the three studies. The studies followed the
 6 same protocols and participants had similar illness severity. Hence, the observed
 7 heterogeneity remains unexplained and a random effects was presented..

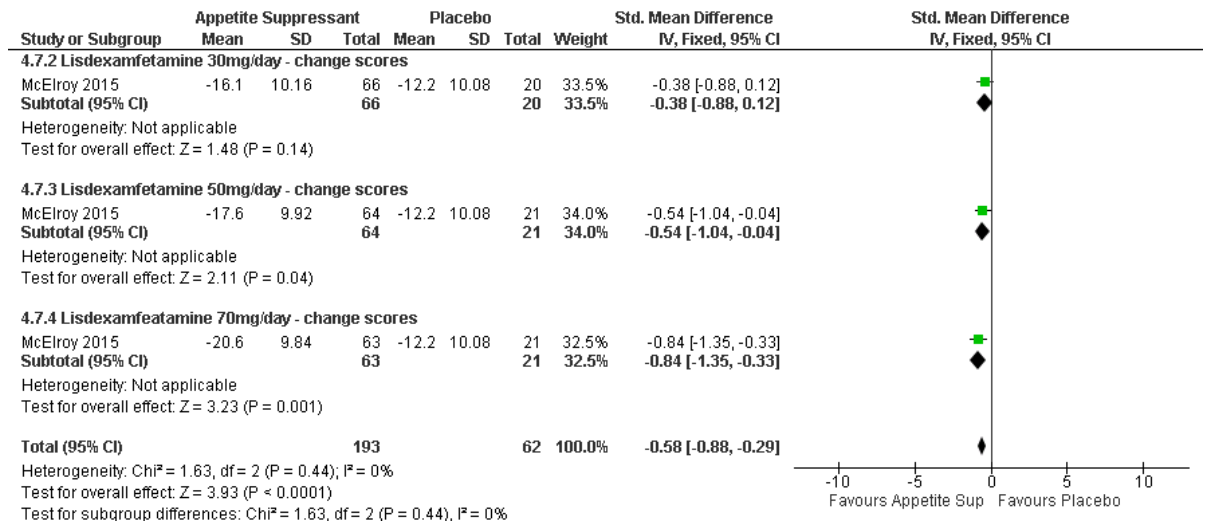
8

9 **Figure 1451: Withdrawn due to adverse events**



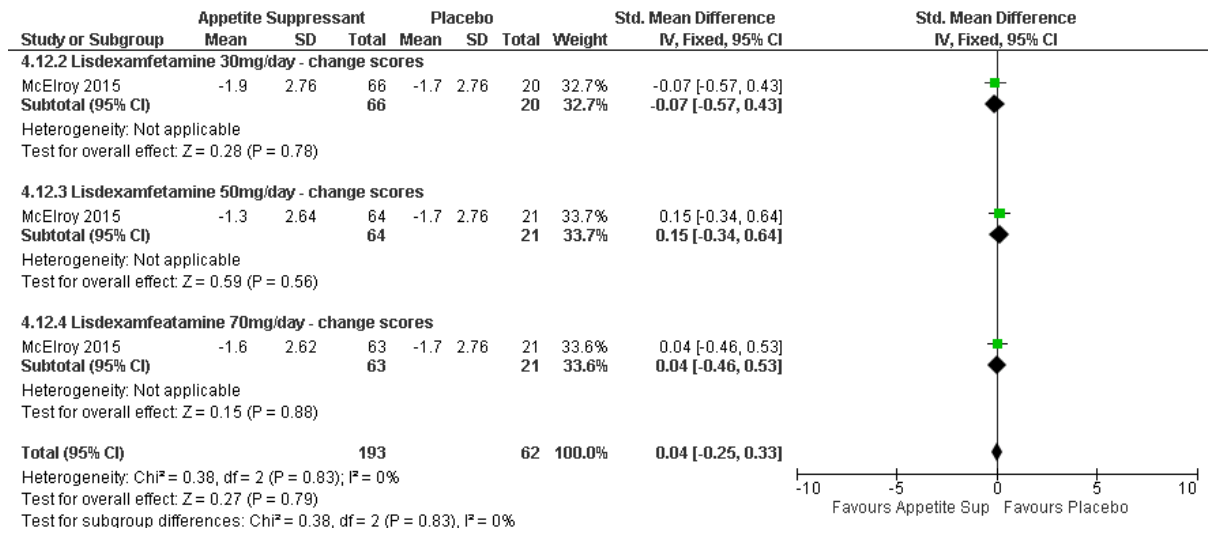
10

11 **Figure 1452: Binge Eating Scale**



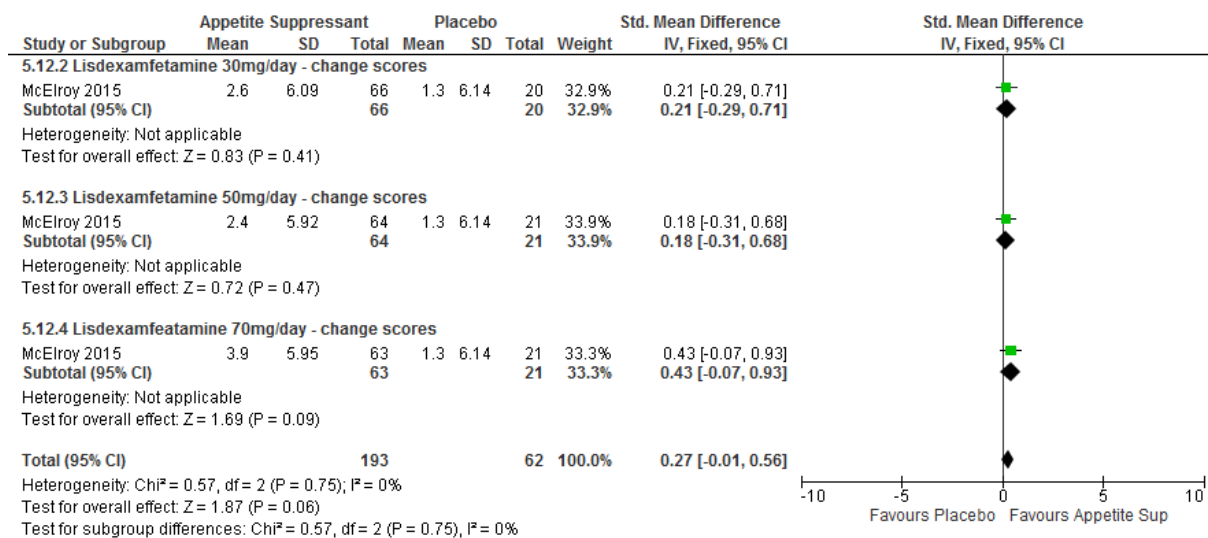
1

2 Figure 1453: Depression



3

4 Figure 1454: General physical functioning

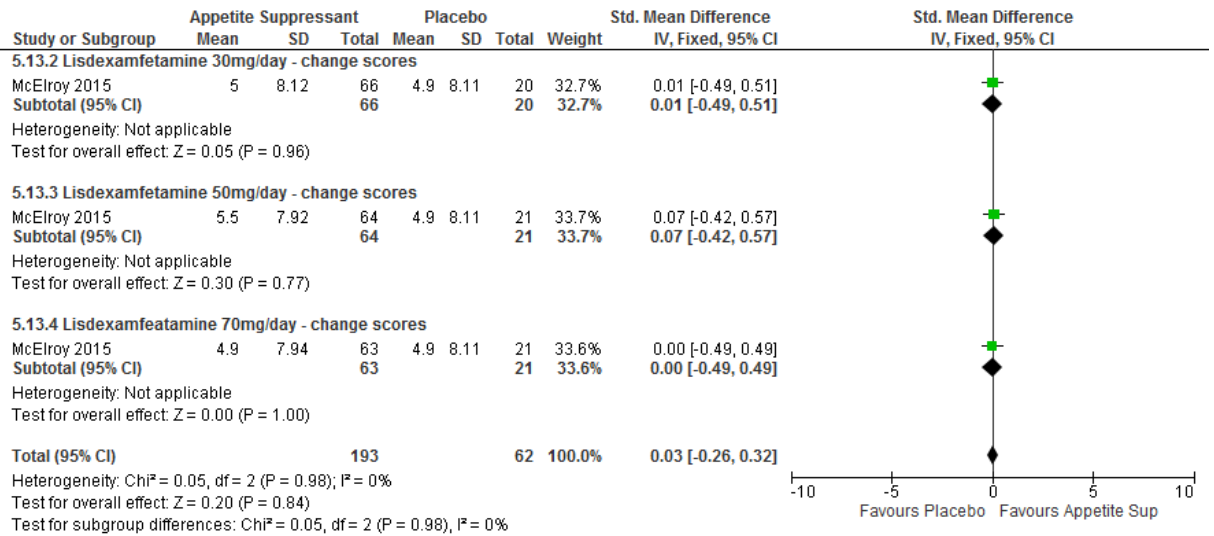


5

6

1

2 **Figure 1455: General mental functioning**

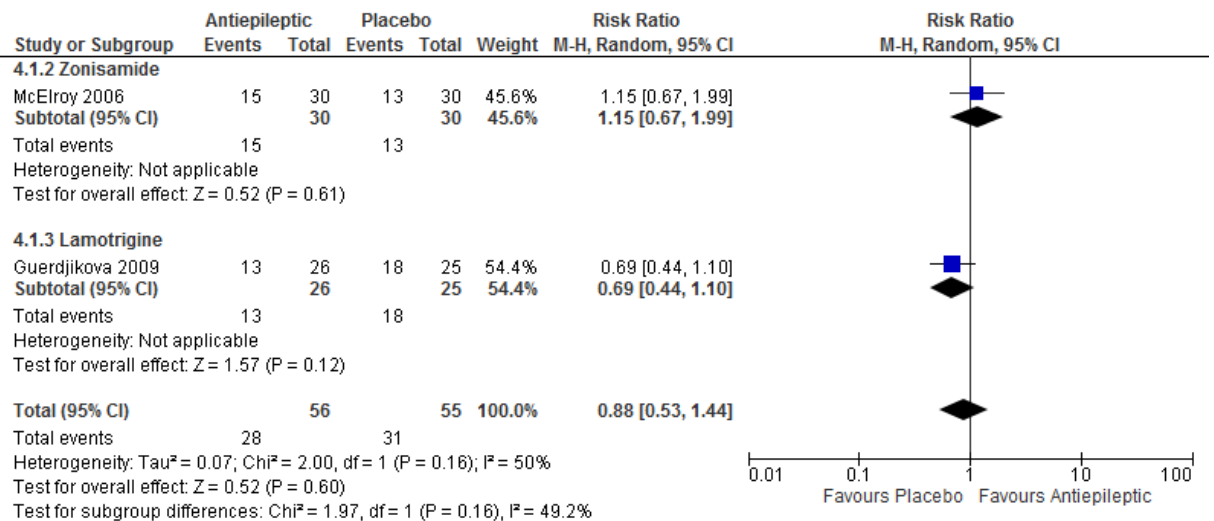


3

M.5.54 Any antiepileptic versus placebo in adults with binge eating disorder

5 **Figure 1456: Remission (ITT)**

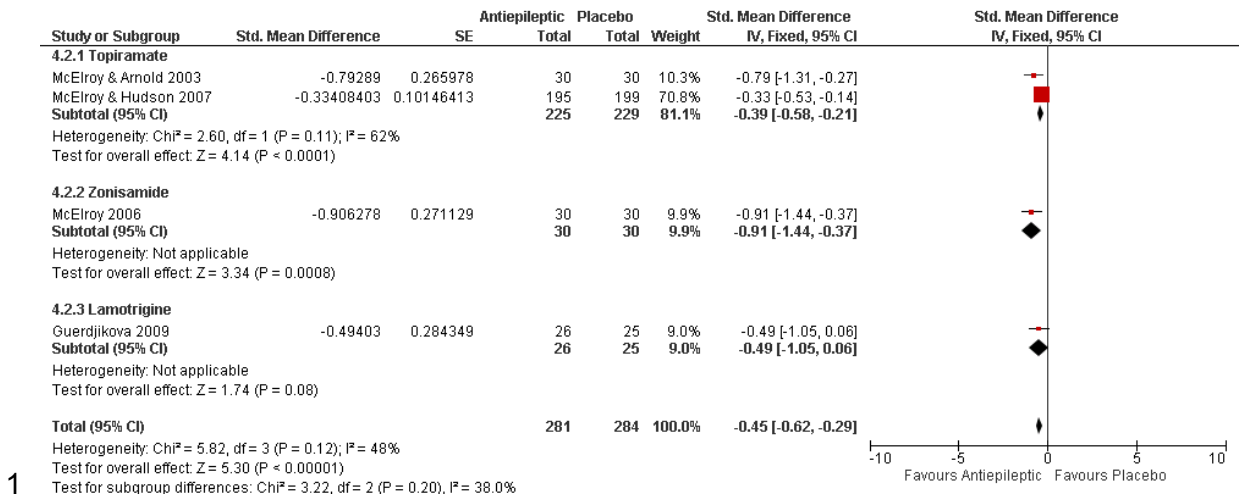
6



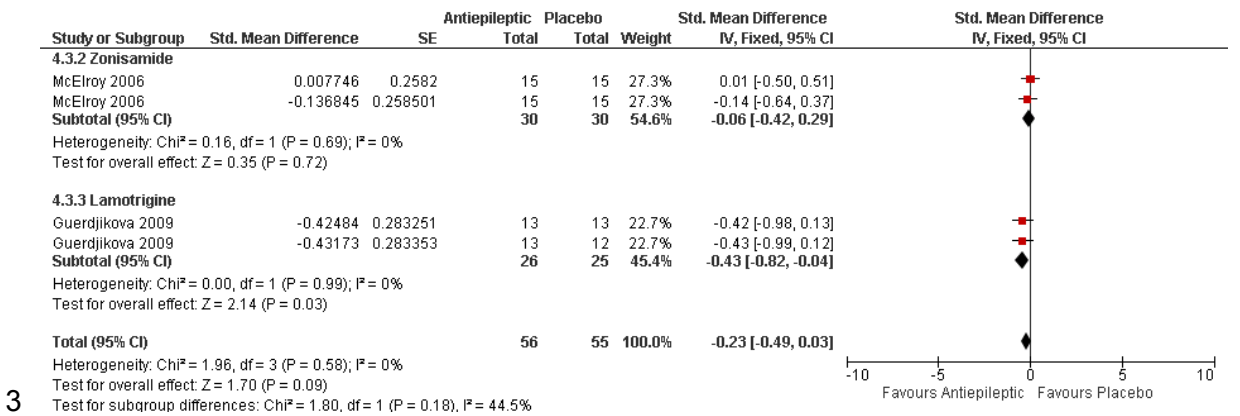
7

8 Heterogeneity was detected at $i^2=50\%$. There was no obvious risk of bias, nor difference in
9 comorbidities and duration of illness. In addition to the studies examining different types of
10 antiepileptic, heterogeneity might be explained by severity of illness: the participants of
11 Guerdjikova 2009 had a lower severity of illness in terms of binge frequency (less than 18
12 binge episodes or binge days per month) compared to those of McElroy 2006. A random
13 effects was presented.

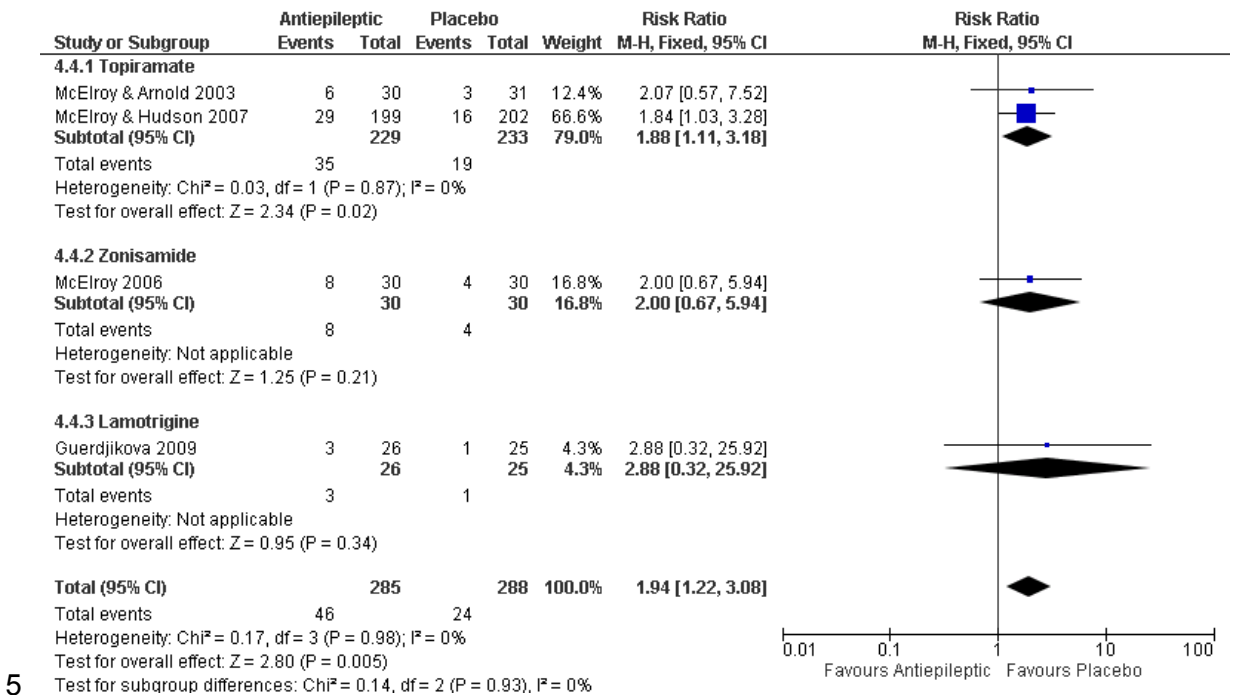
14 **Figure 1457: BMI**



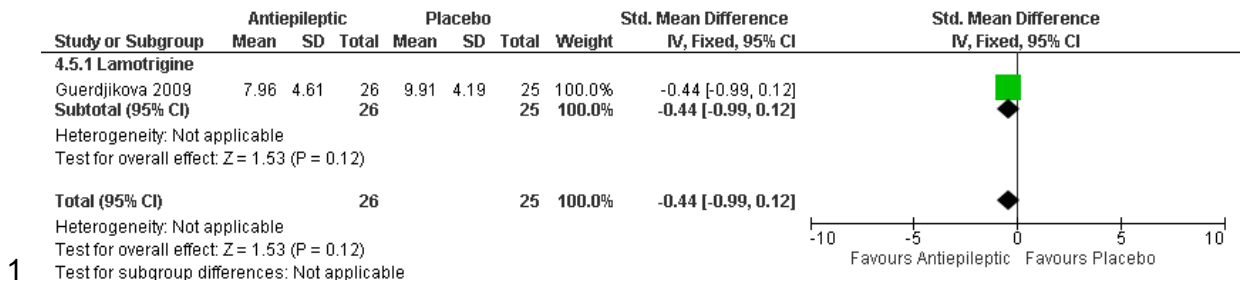
1 **2 Figure 1458: Binge frequency**



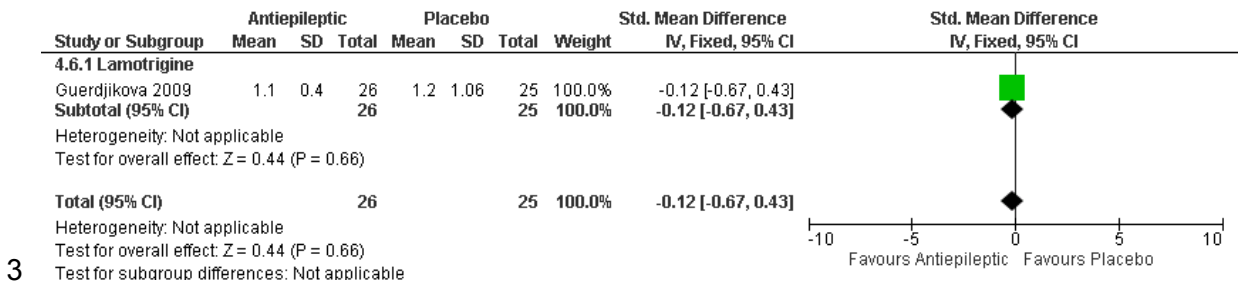
3 **4 Figure 1459: Withdrawn due to adverse events**



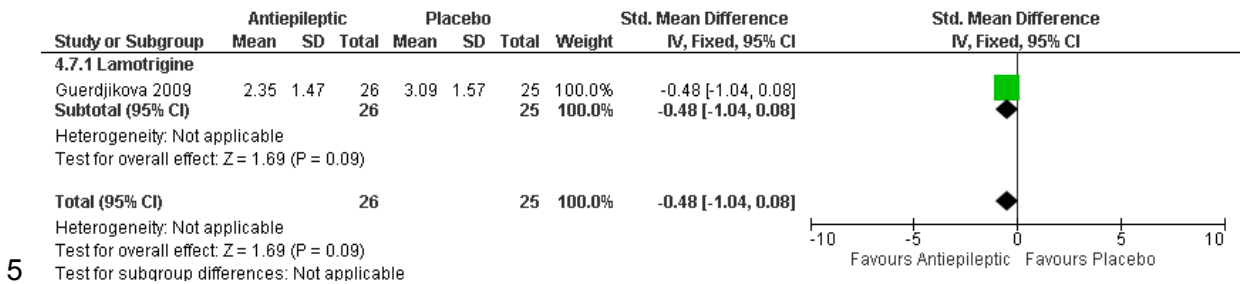
5 **6 Figure 1460: EDE-Q-global**



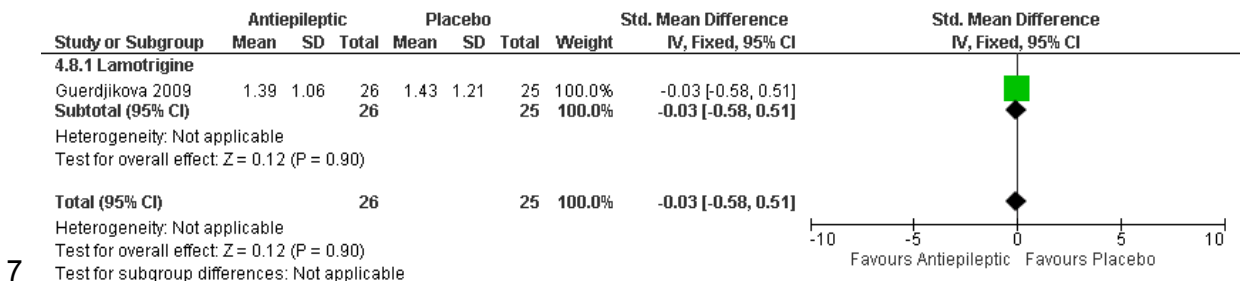
2 **Figure 1461: EDE-Q-dietary restraint**



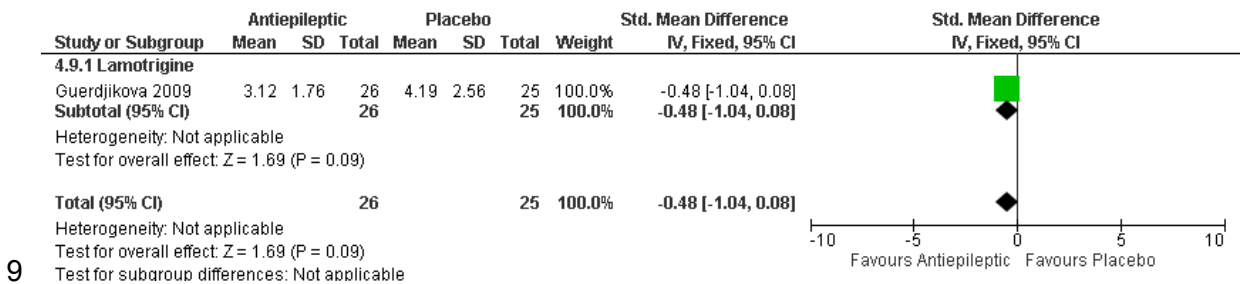
4 **Figure 1462: EDE-Q-weight concern**



6 **Figure 1463: EDE-Q-eating concern**

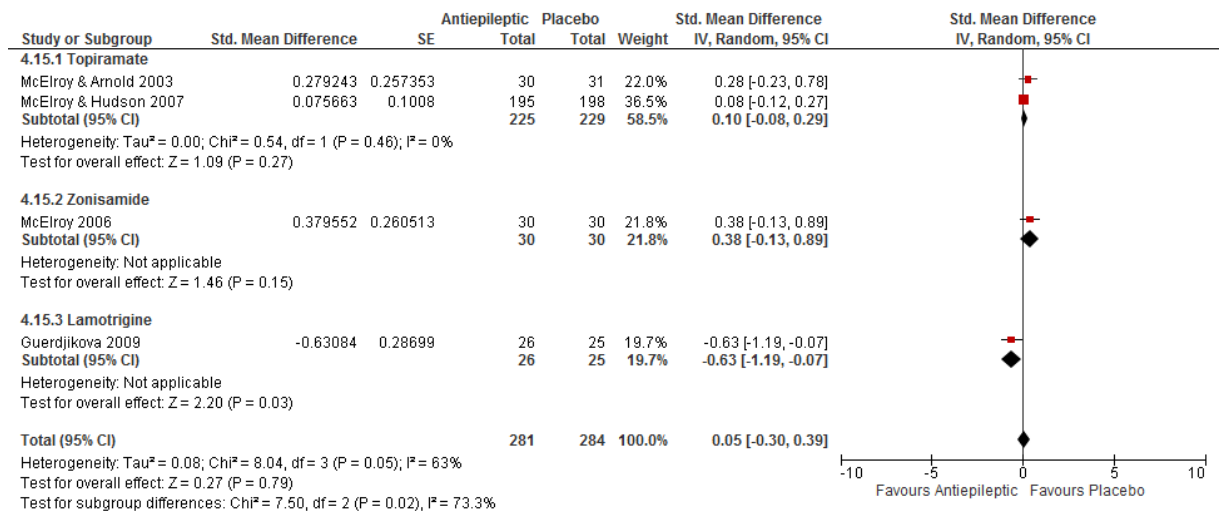


8 **Figure 1464: EDE-Q-shape concern**



10 **Figure: Depression**

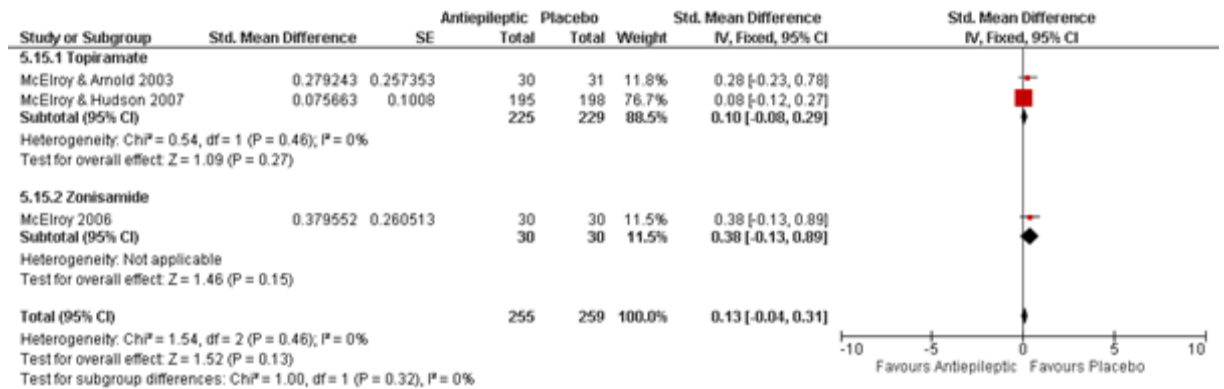
1



2

3 Heterogeneity was detected at $i^2=63\%$. There was no obvious risk of bias, nor differences in
4 duration of illness and comorbidities. Heterogeneity might be explained by severity of illness:
5 the participants of Guerdjikova 2009 had a lower severity of illness in terms of binge
6 frequency (approximately less than 18 binge episodes or binge days per month) compared to
7 the other studies (approximately more than 18 binge episodes or binge days per month).

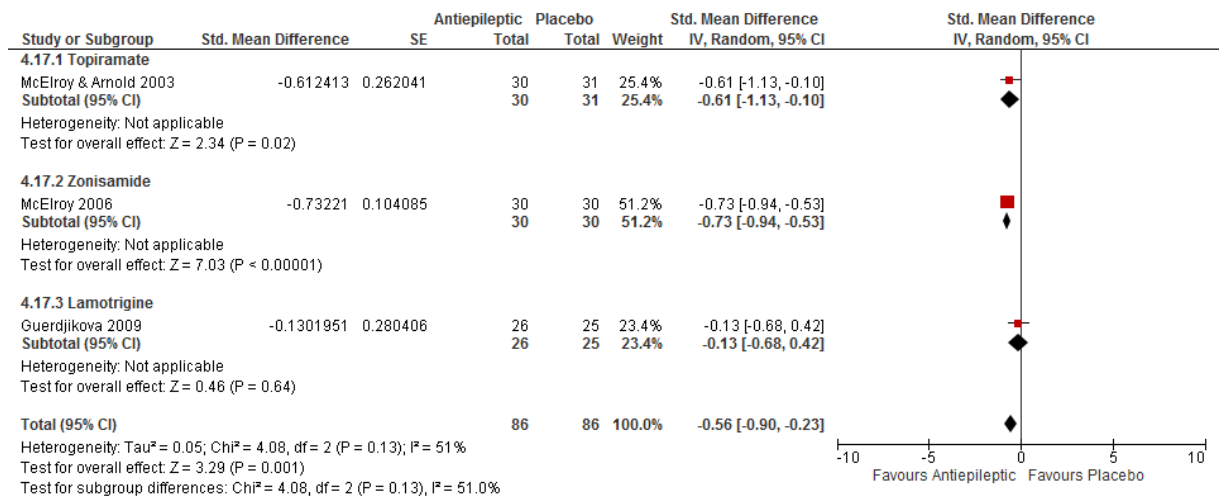
8 **Figure 1465: Sensitivity analysis for depression**



9

10 **Figure 1466: Clinical Global Impressions-severity**

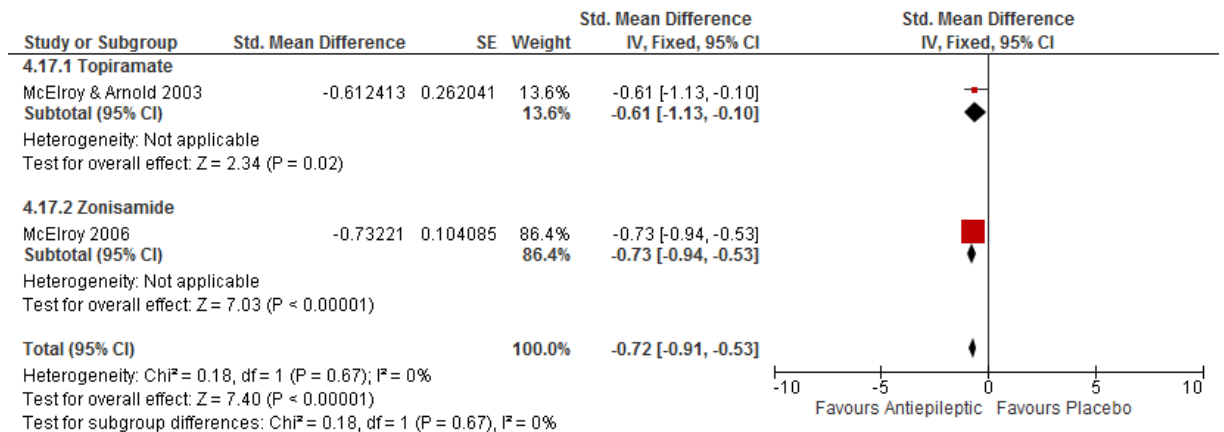
1



2

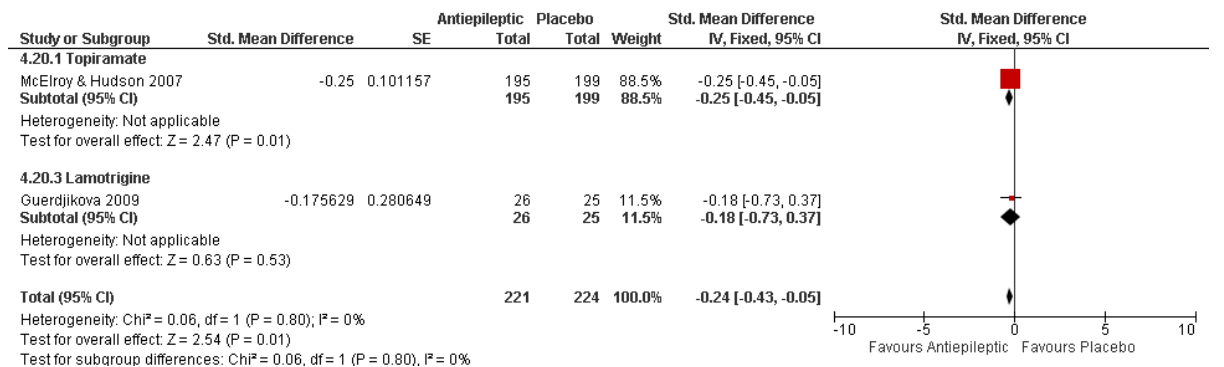
3 Heterogeneity was detected at $i^2=51\%$. There was no obvious risk of bias, nor differences in
4 duration of illness and comorbidities. Heterogeneity might be explained by severity of illness:
5 the participants of Guerdjikova 2009 had a lower severity of illness in terms of binge
6 frequency (approximately less than 18 binge episodes or binge days per month) compared to
7 the other studies (approximately more than 18 binge episodes or binge days per month).

8 **Figure 1467: Sensitivity analysis for Clinical Global Impressions-severity**



9

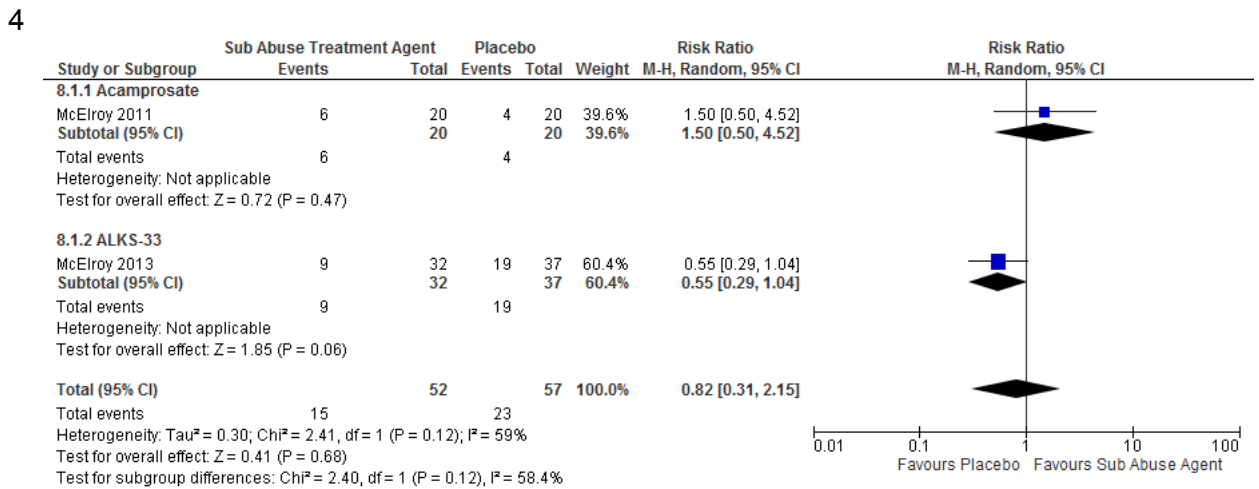
10 **Figure 1468: Sheehan Disability Scale**



11

M.5.5.11 Any substance abuse treatment agent versus placebo in adults with binge eating disorder

3 Figure 1469: Remission (ITT)

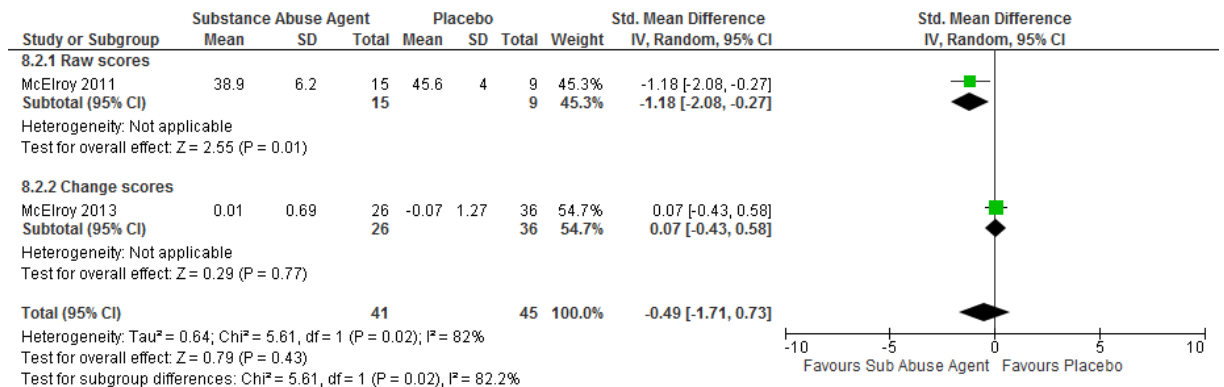


5

6 Heterogeneity was detected at $i^2=59\%$. McElroy 2013 carried a high risk of bias as the
7 participants in the ALKS-33 group (unlike the acamprosate group) were significantly younger
8 than the relevant placebo group suggesting a failure of randomisation. However, removing it
9 would not explain the heterogeneity with only 2 studies, hence a random effects analysis was
10 presented. Duration of illness and comorbidities other than depression were not reported in
11 the two studies.

12

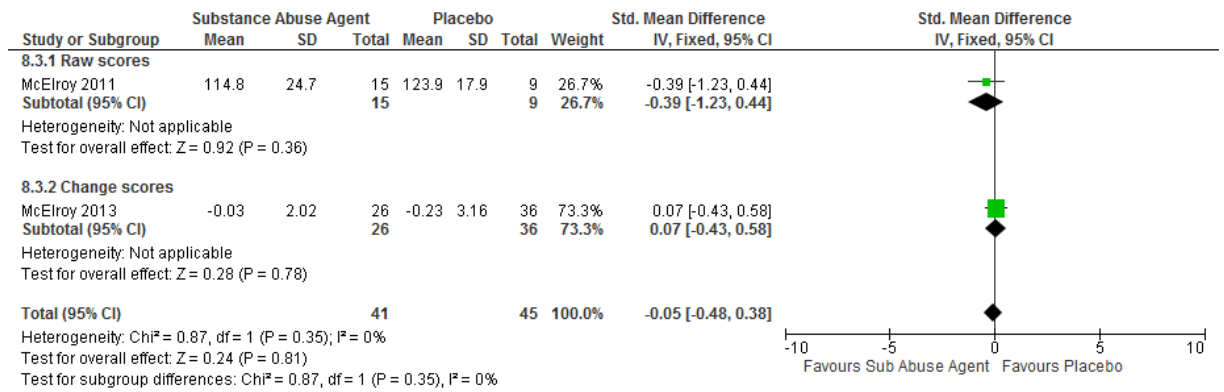
13 Figure 1470: BMI



14

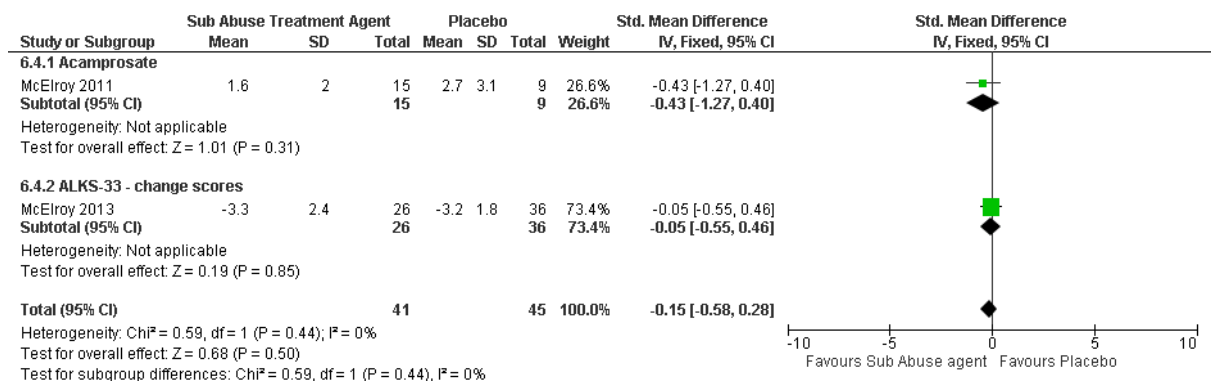
15 Heterogeneity was detected at $i^2=59\%$. McElroy 2013 carried a high risk of bias as the
16 participants in the ALKS-33 group (unlike the acamprosate group) were significantly younger
17 than the relevant placebo group suggesting a failure of randomisation. However, removing it
18 would not explain the heterogeneity with only 2 studies, hence a random effects analysis was
19 presented. Duration of illness and comorbidities other than depression were not reported in
20 the two studies.

1 **Figure 1471: Weight**



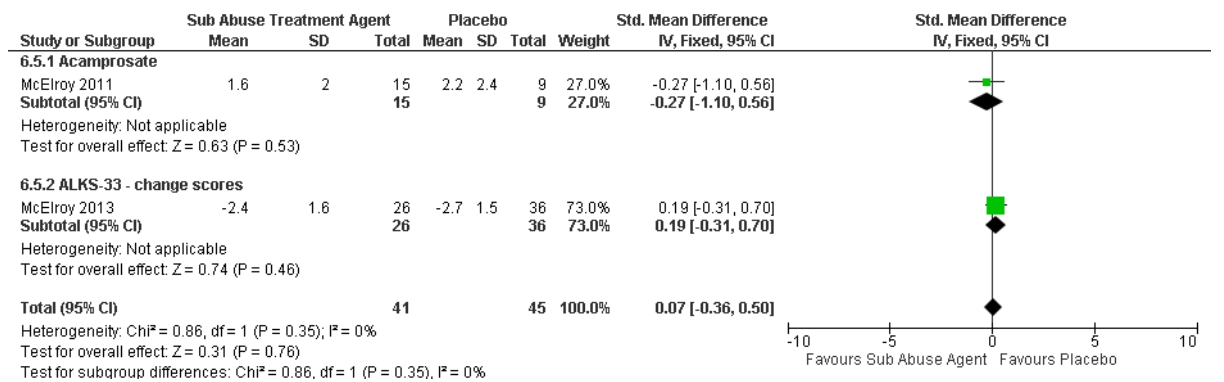
2

3 **Figure 1472: Binge episodes/week**



4

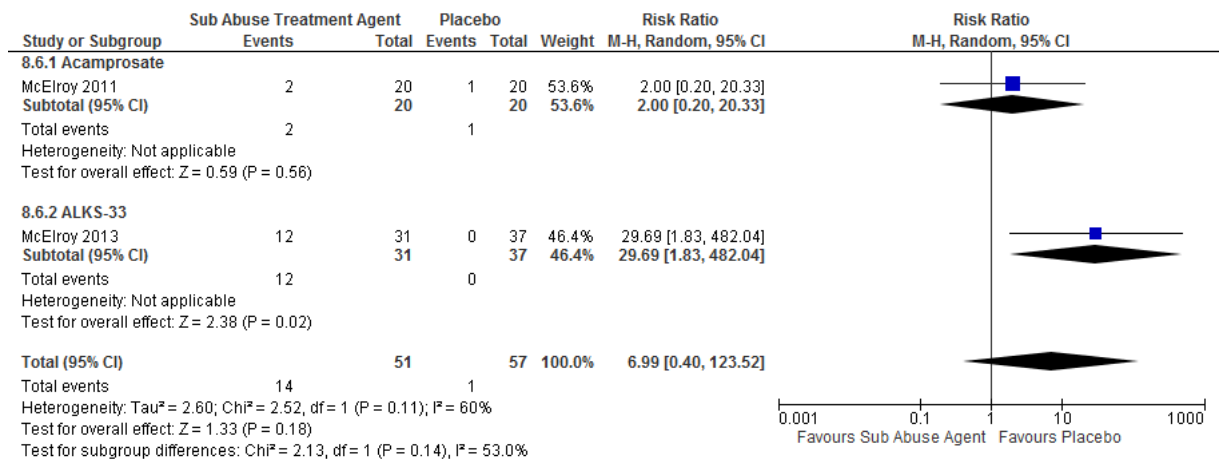
5 **Figure 1473: Binge days/week**



6

7 **Figure 1474: Withdrawn due to adverse events**

1

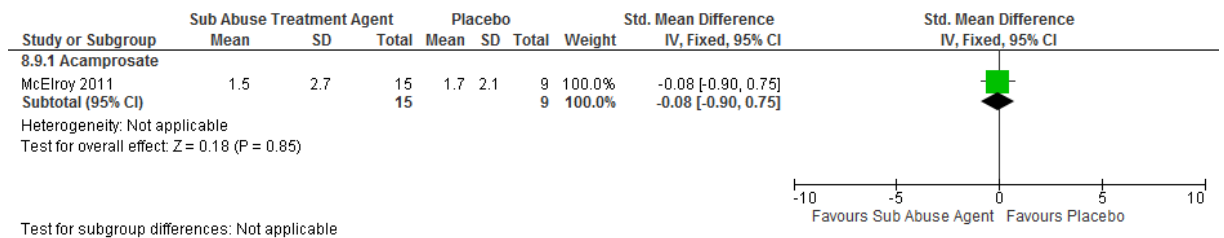


2

3 Heterogeneity was detected at $i^2=60\%$. McElroy 2013 carried a high risk of bias as the
4 participants in the ALKS-33 group (unlike the acamprosate group) were significantly younger
5 than the relevant placebo group suggesting a failure of randomisation. . However, removing it
6 would not explain the heterogeneity with only 2 studies, hence a random effects analysis was
7 presented. Duration of illness and comorbidities other than depression were not reported in
8 the two studies. In addition over 20% of the participants in ALKS-33 group reported several
9 side effects, including nausea, dizziness, headaches and insomnia, which may explain the
10 variability. By contrast, these side effects were relatively uncommon in the acamprosate
11 study.

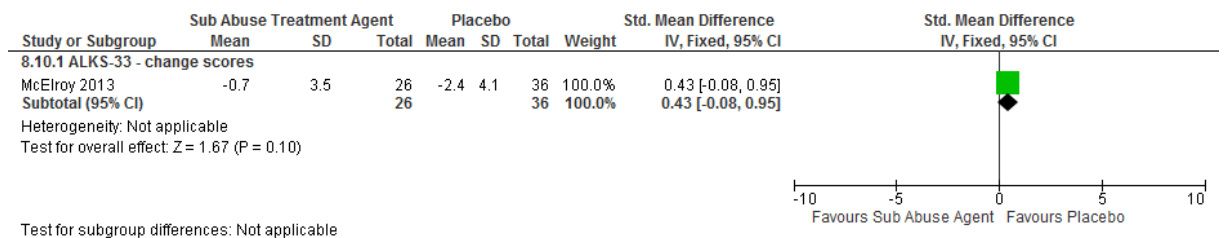
12

13 **Figure 1475: Depression**



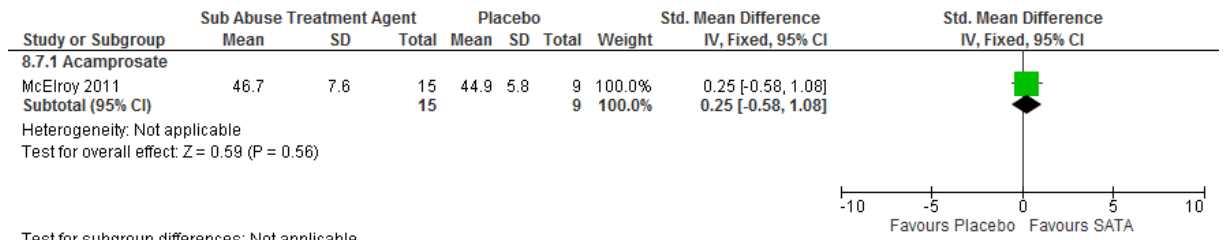
14

15 **Figure 1476: Depression - change scores**



16

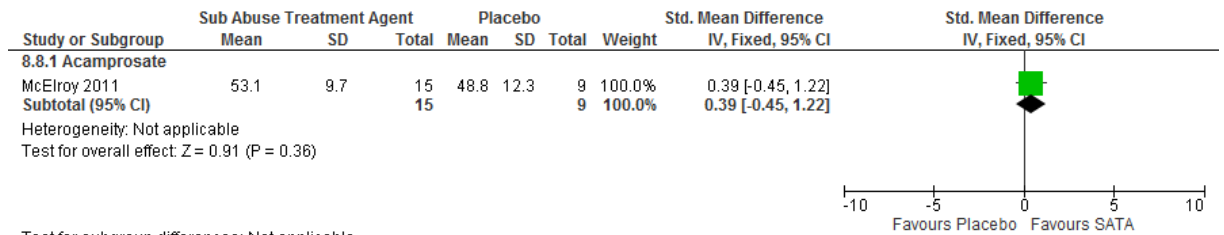
17 **Figure 1477: General physical functioning**



Test for subgroup differences: Not applicable

1

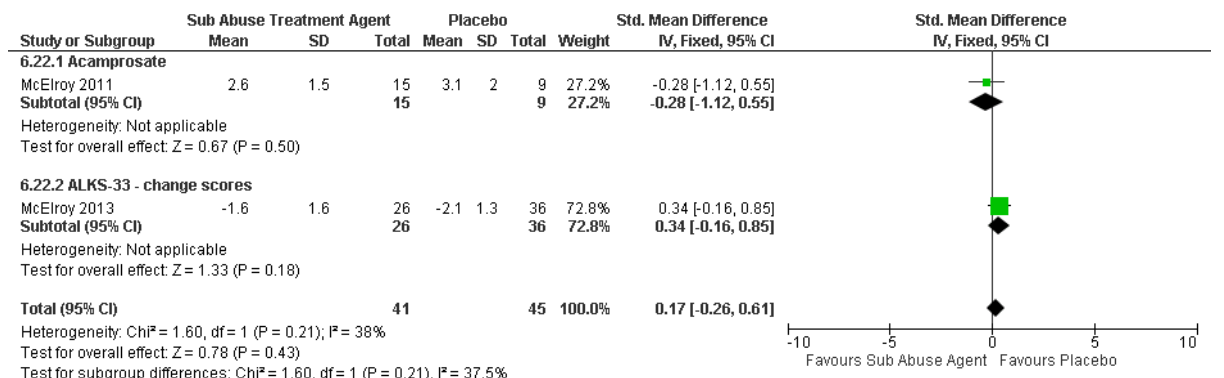
2 **Figure 1478: General mental functioning**



Test for subgroup differences: Not applicable

3

4 **Figure 1479: Clinical Global Impressions-severity**



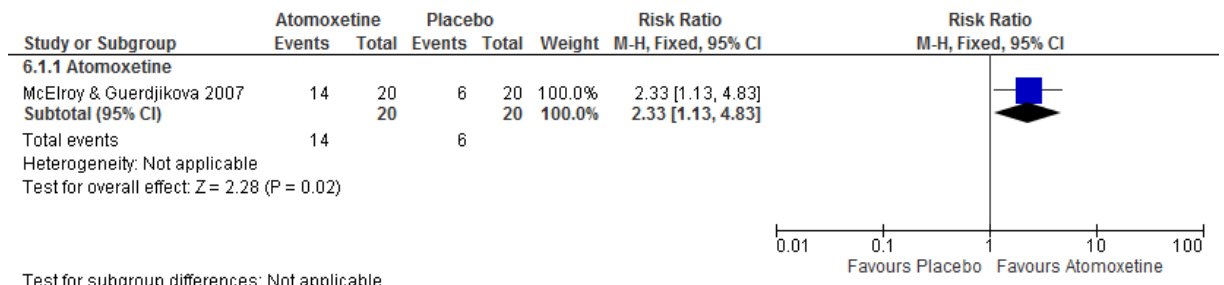
5

M.5.5.26 **Other pharmacological interventions versus placebo in adults with binge eating disorder**

- 8 • Atomoxetine versus placebo

9 **Figure 1480: Remission (ITT)**

10

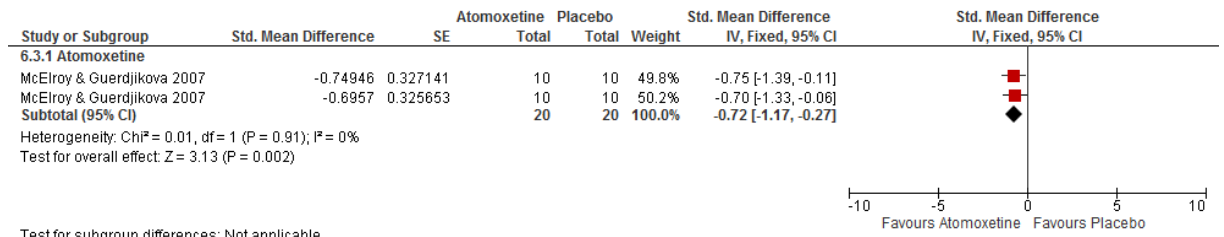


Test for subgroup differences: Not applicable

11

12 **Figure 1481: Binge frequency**

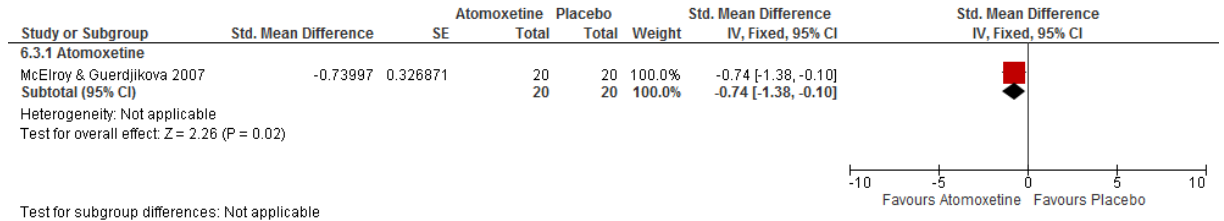
1



2

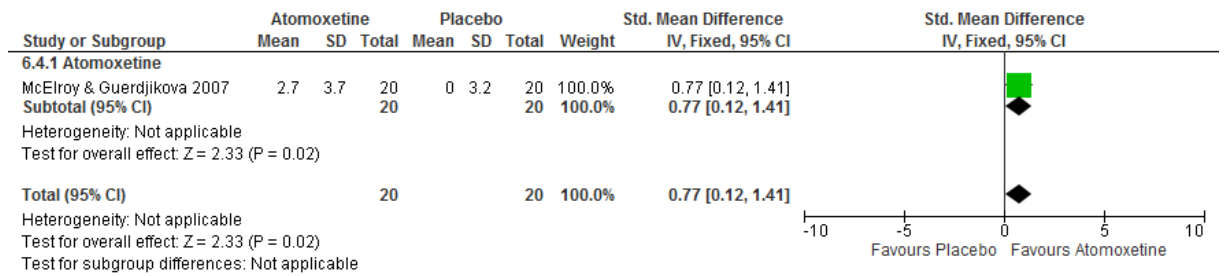
3 **Figure 1482: BMI**

4



5

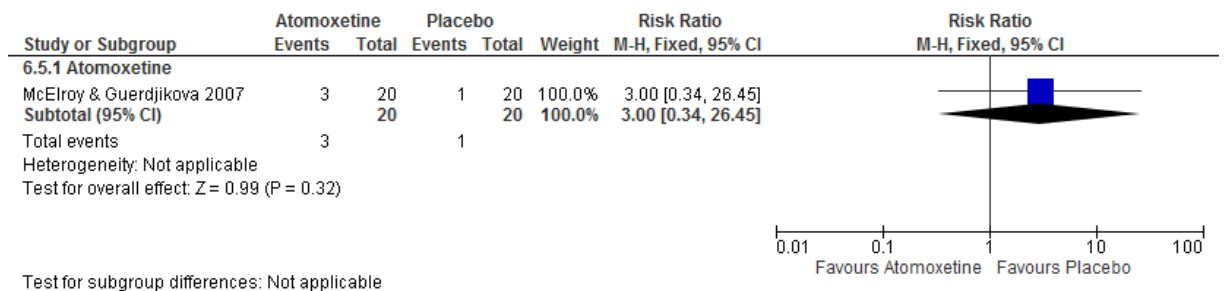
6 **Figure 1483: Weight loss (kg)**



7

8 **Figure 1484: Withdrawn due to adverse events**

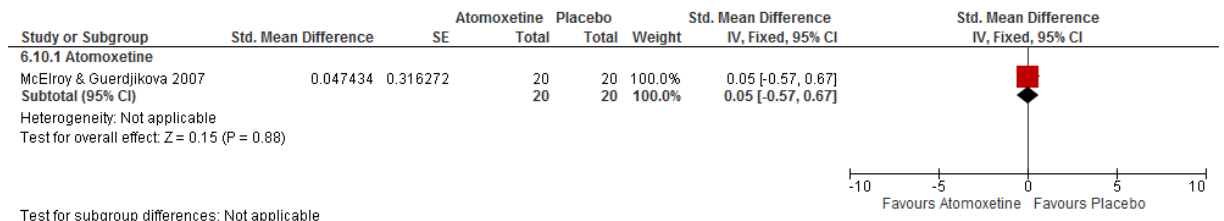
9



10

11 **Figure 1485: Depression**

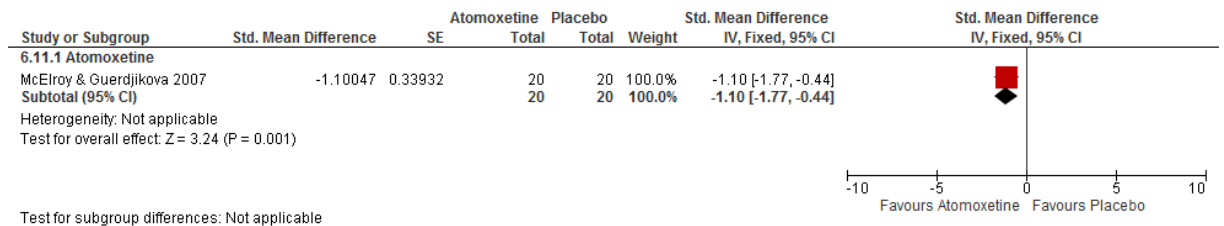
12



13

1 **Figure 1486: Clinical Global Impressions-severity of illness**

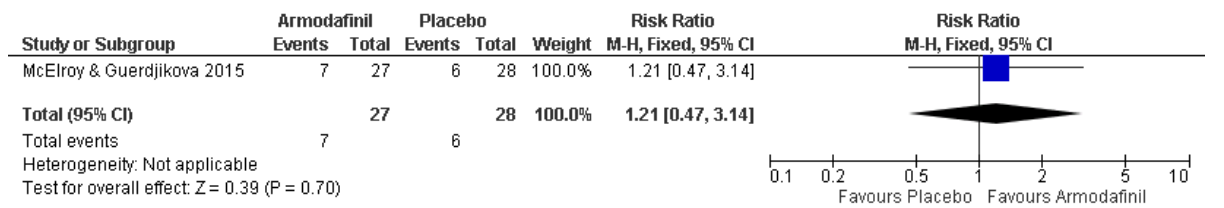
2



3

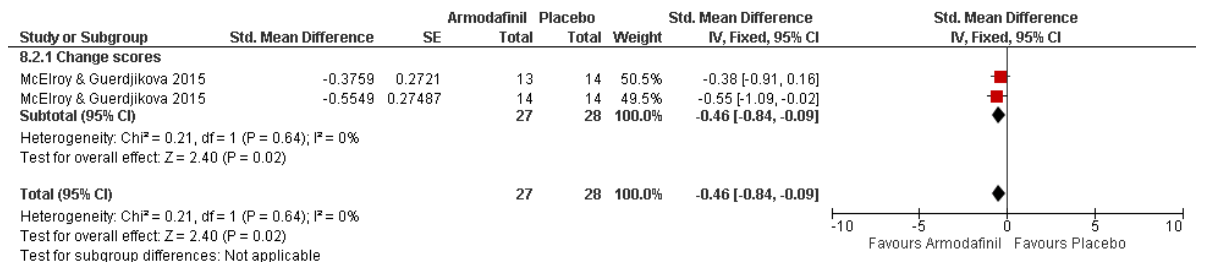
4 • **Armodafinil versus placebo**

5 **Figure 1487: Remission (ITT)**



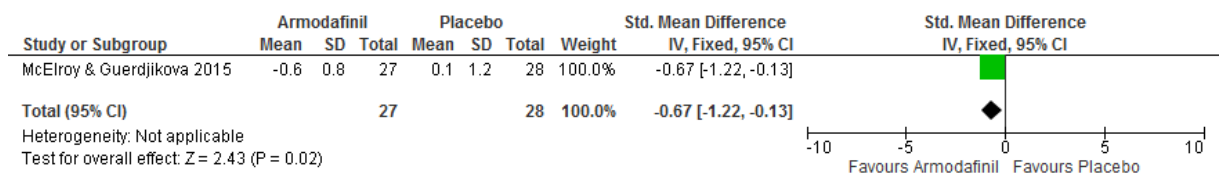
6

7 **Figure 1488: Binge frequency**



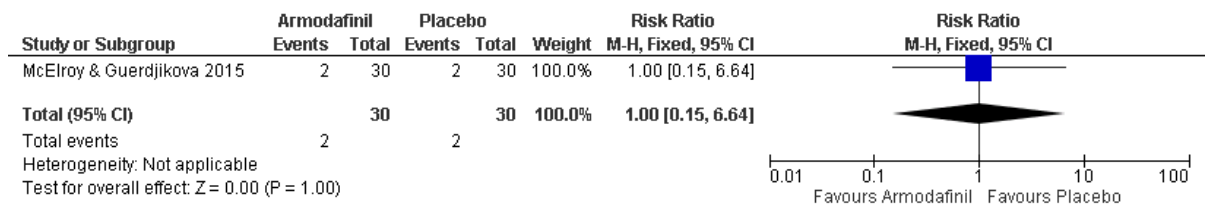
8

9 **Figure 1489: BMI – change scores**



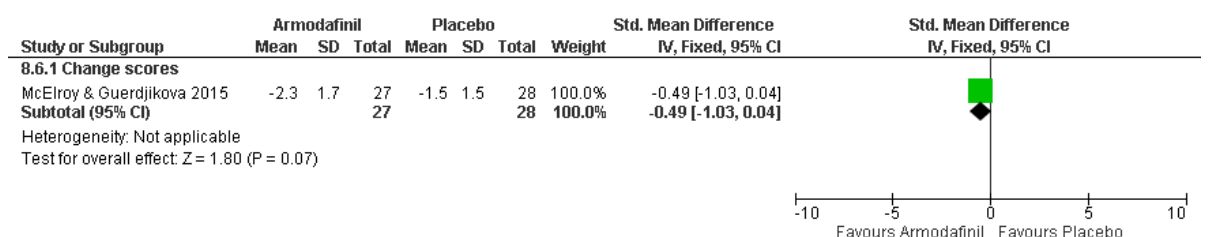
10

11 **Figure 1490: Withdrawn due to adverse events**



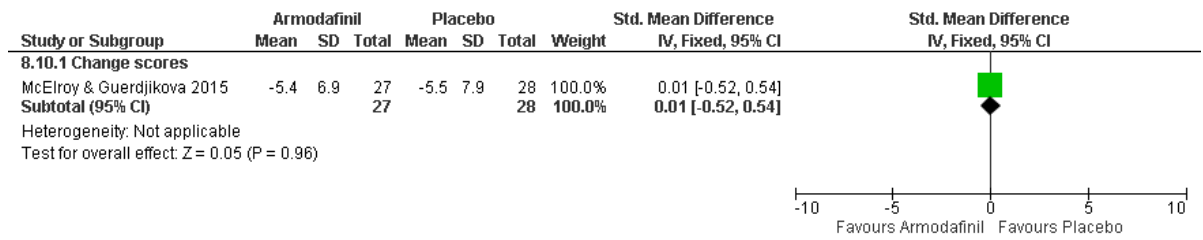
12

13 **Figure 1491: Clinical Global Impressions-severity**



14

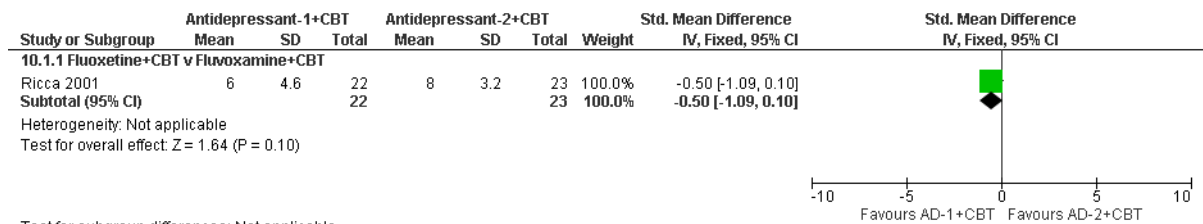
1 **Figure 1492: Depression**



2

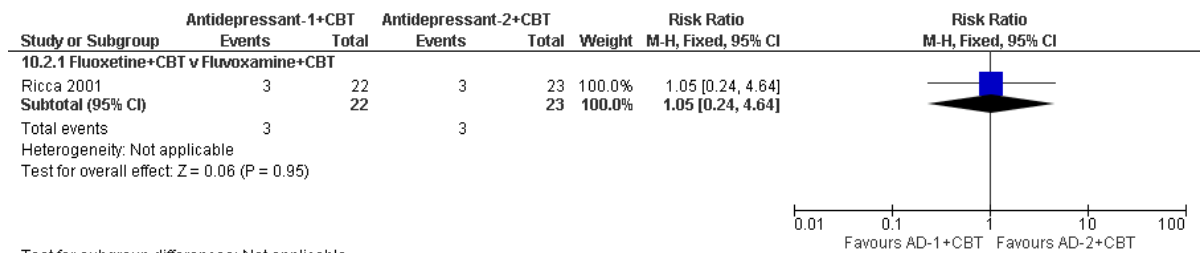
M.5.5.33 **Any antidepressant-1 and CBT-ED versus any antidepressant-2 and CBT-ED in adults with binge eating disorder at end of treatment**

5 **Figure 1493: Binge frequency**



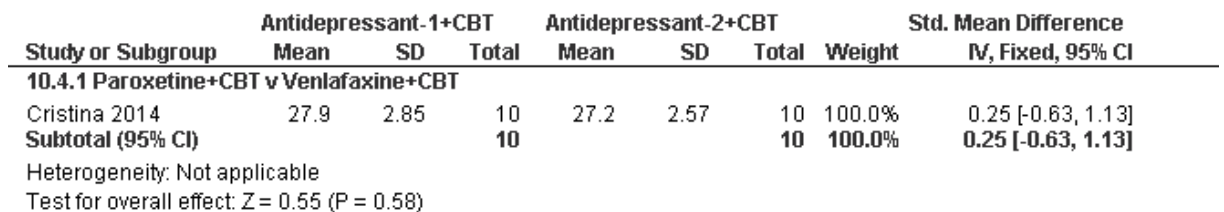
6 Test for subgroup differences: Not applicable

7 **Figure 1494: Withdrawn due to adverse events**



8 Test for subgroup differences: Not applicable

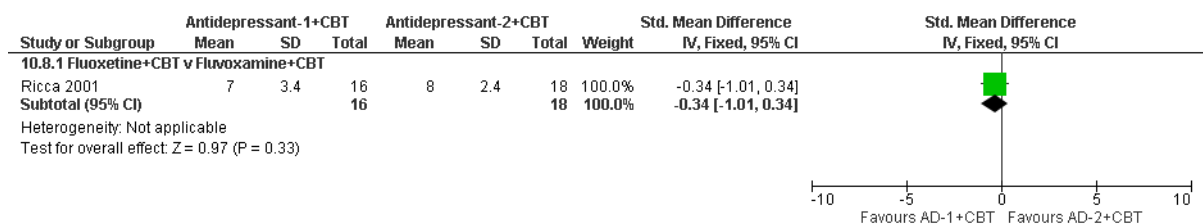
9 **Figure 1495: Binge Eating Scale**



10

M.5.5.41 **Any antidepressant-1 and CBT-ED versus any antidepressant-2 and CBT-ED in adults with binge eating disorder at follow up**

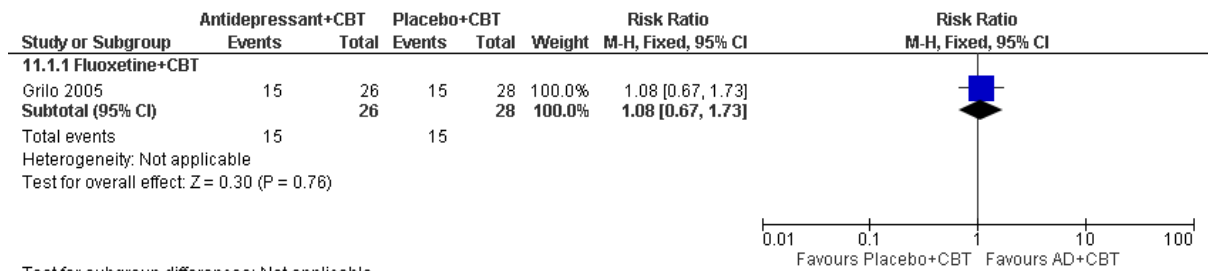
13 **Figure 1496: Binge frequency**



14 Test for subgroup differences: Not applicable

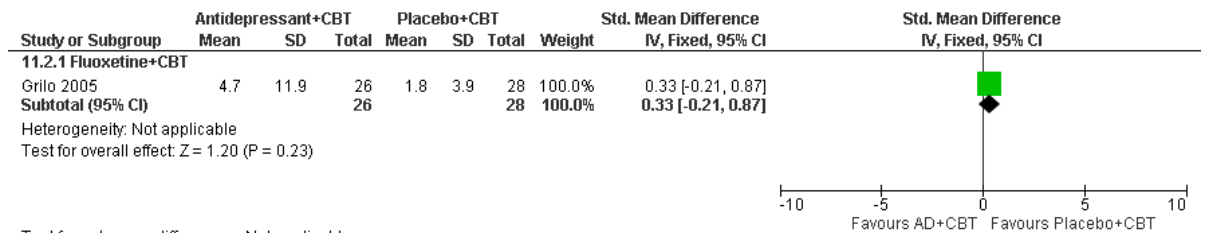
M.5.5.51 Any antidepressant and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at end of treatment

3 Figure 1497: Remission (ITT)



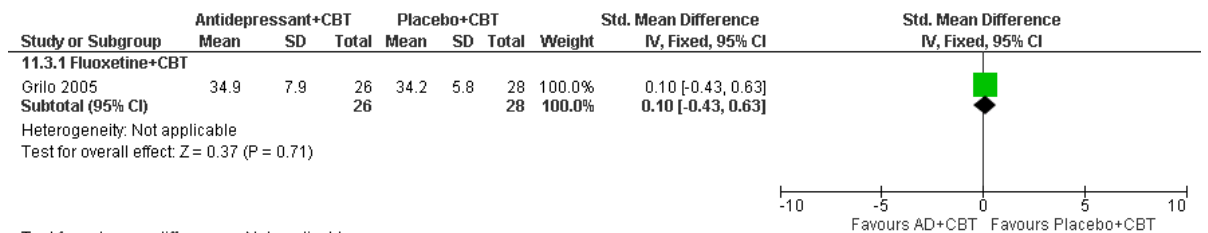
4 Test for subgroup differences: Not applicable

5 Figure 1498: Binge frequency



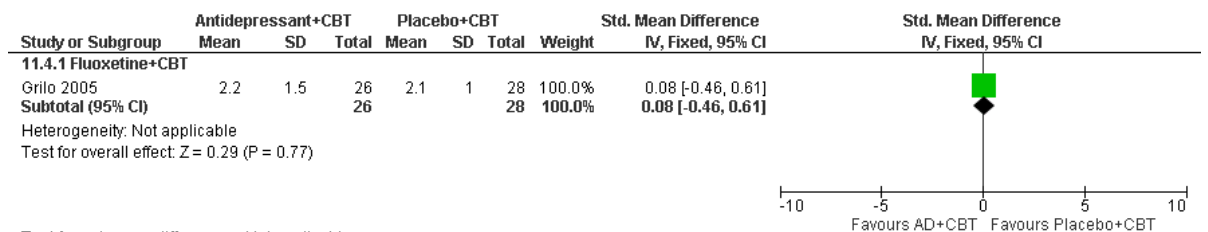
6 Test for subgroup differences: Not applicable

7 Figure 1499: BMI



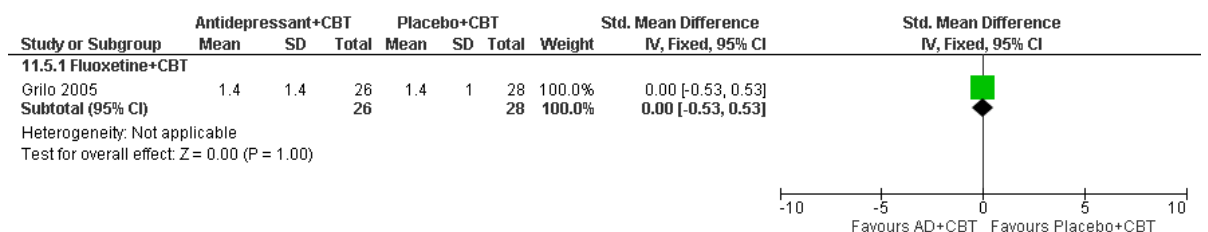
8 Test for subgroup differences: Not applicable

9 Figure 1500: EDE-Q-global



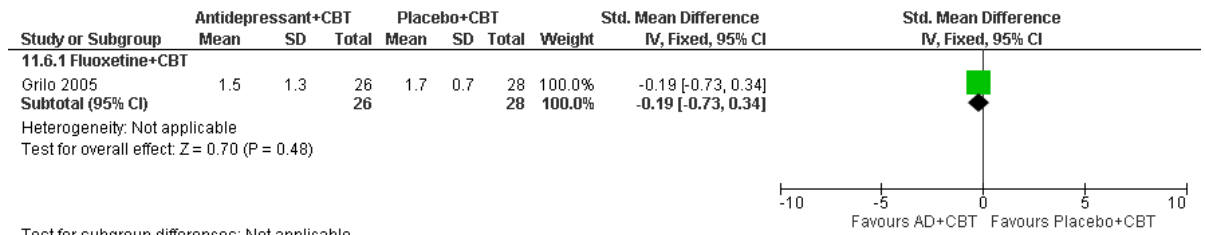
10 Test for subgroup differences: Not applicable

11 Figure 1501: EDE-Q-dietary restraint



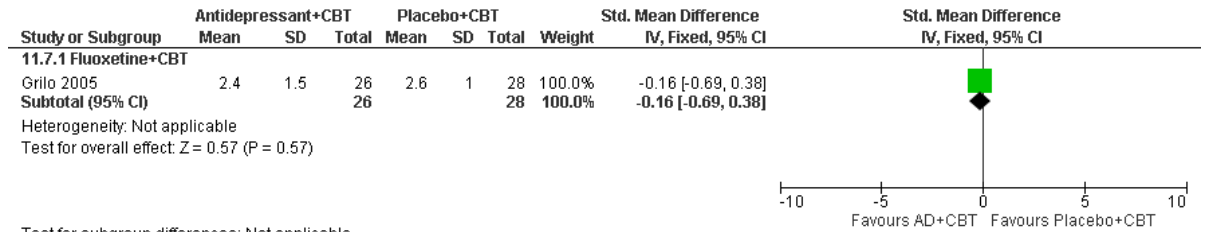
12 Test for subgroup differences: Not applicable

13 Figure 1502: EDE-Q-eating concern



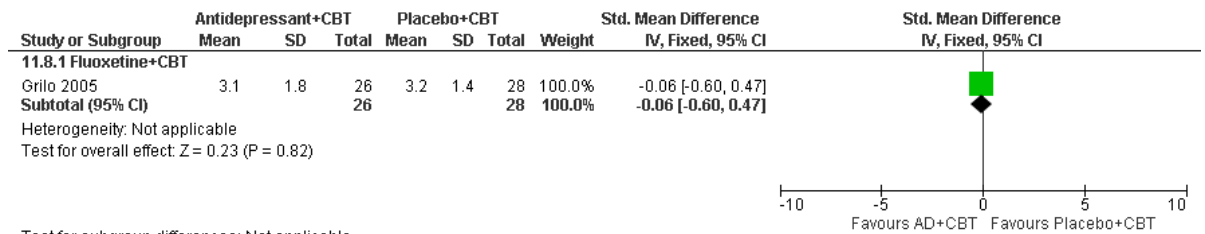
1 Test for subgroup differences: Not applicable

2 **Figure 1503: EDE-Q-weight concern**



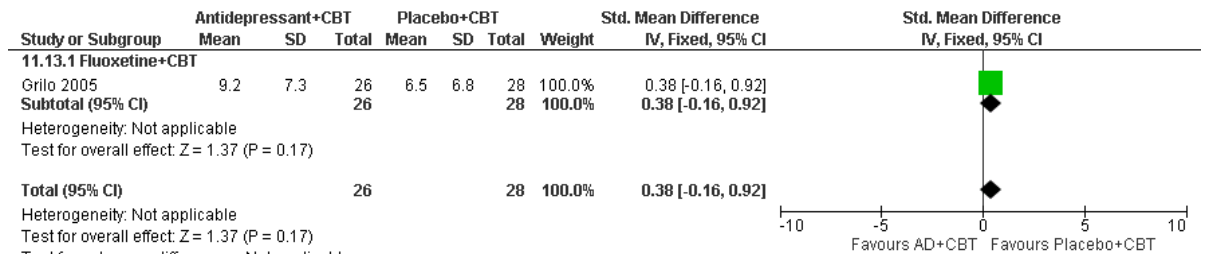
3 Test for subgroup differences: Not applicable

4 **Figure 1504: EDE-Q-shape concern**



5 Test for subgroup differences: Not applicable

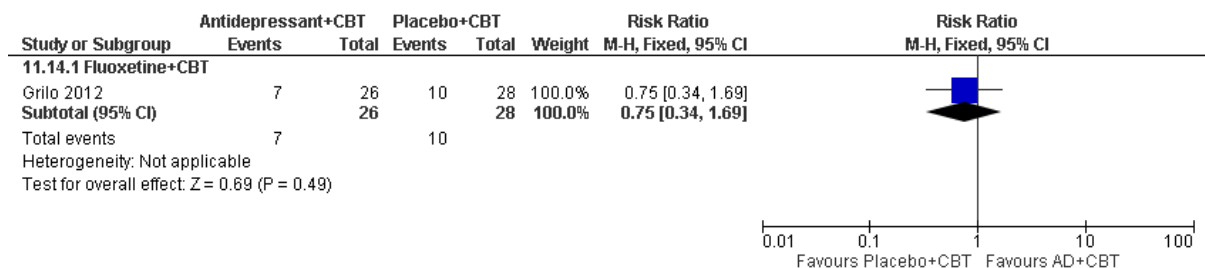
6 **Figure 1505: Depression**



7 Test for subgroup differences: Not applicable

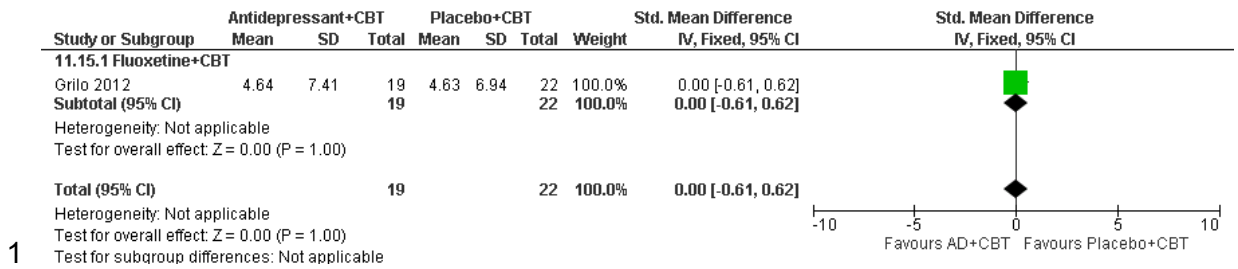
M.5.5.68 **Any antidepressant and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at follow up**

10 **Figure 1506: Remission (ITT)**

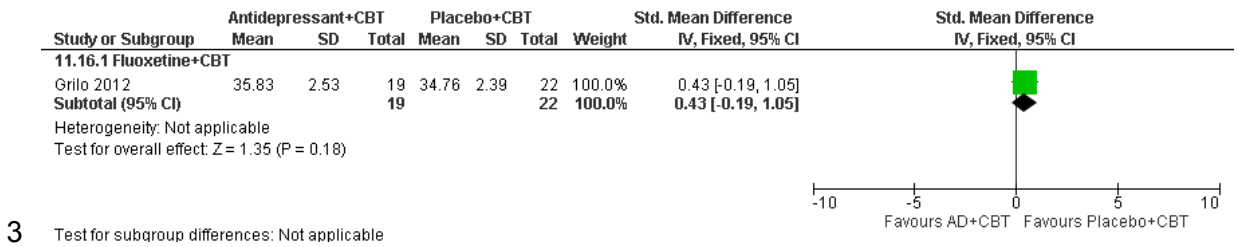


11 Test for subgroup differences: Not applicable

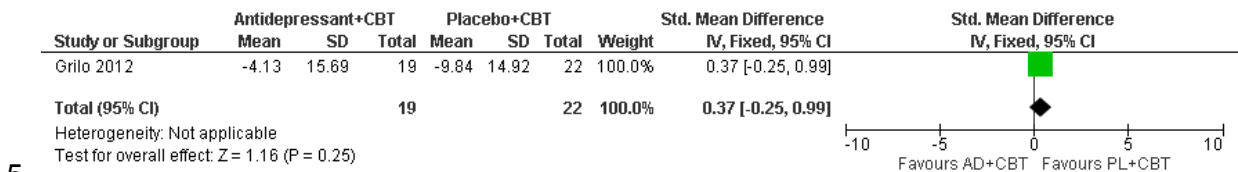
12 **Figure 1507: Binge frequency**



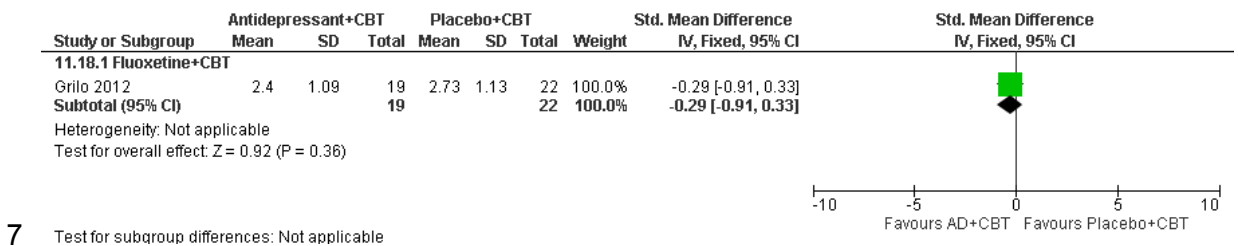
2 **Figure 1508: BMI**



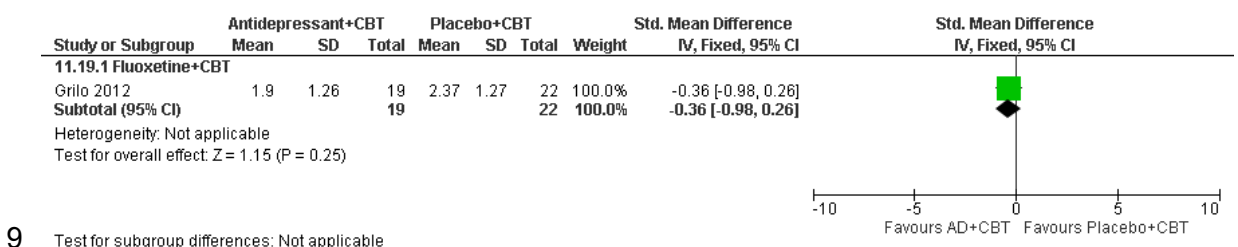
4 **Figure 1509: Percentage weight loss**



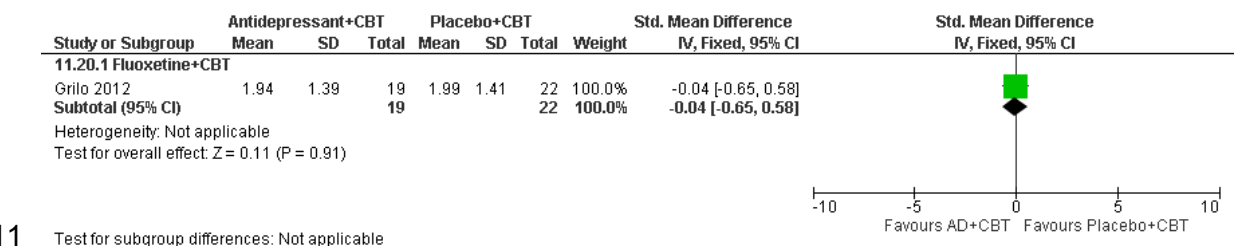
6 **Figure 1510: EDE-Q-global**



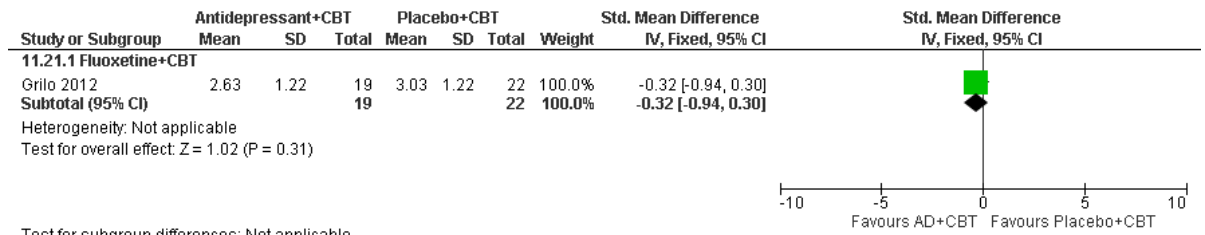
8 **Figure 1511: EDE-Q-dietary restraint**



10 **Figure 1512: EDE-Q-eating concern**

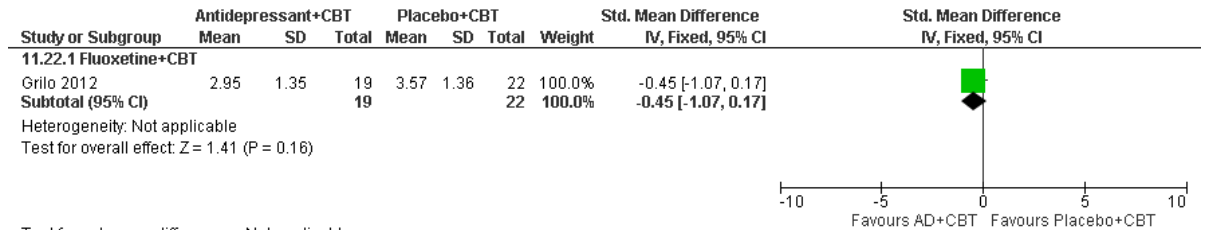


12 **Figure 1513: EDE-Q-weight concern**



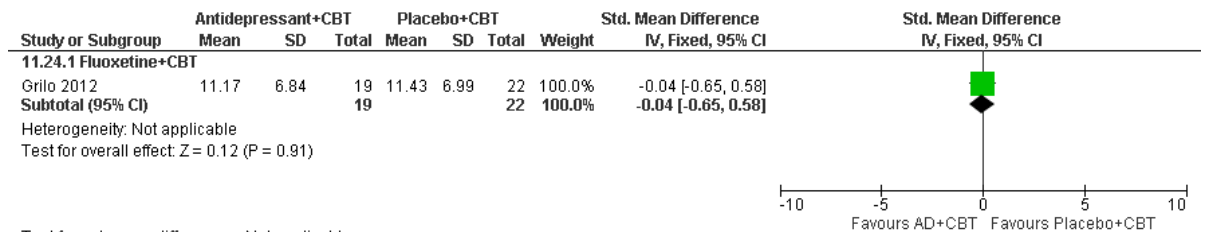
1 Test for subgroup differences: Not applicable

2 **Figure 1514: EDE-Q-shape concern**



3 Test for subgroup differences: Not applicable

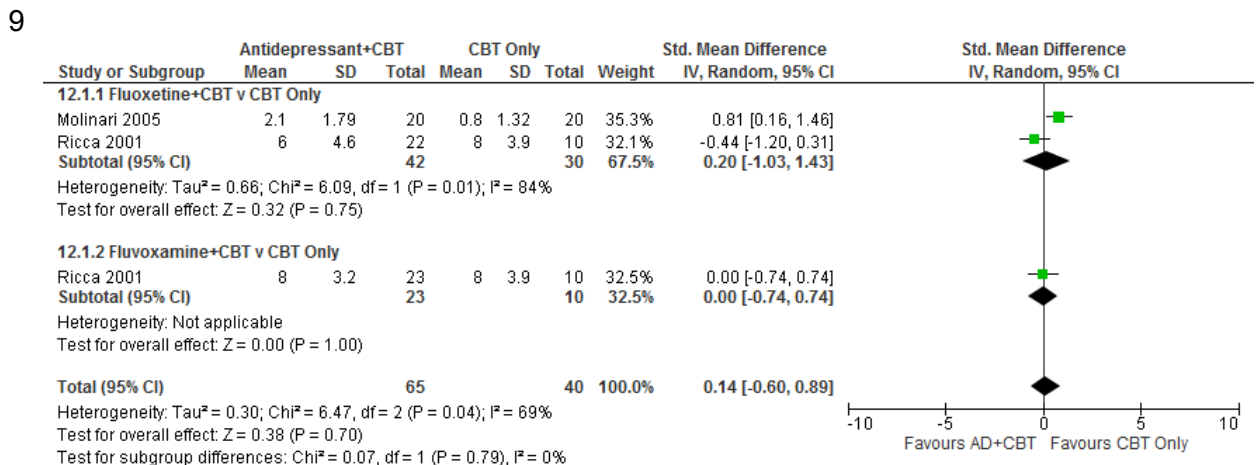
4 **Figure 1515: Depression**



5 Test for subgroup differences: Not applicable

M.5.5.76 **Any antidepressant and CBT-ED versus CBT-ED in adults with binge eating disorder at end of treatment**

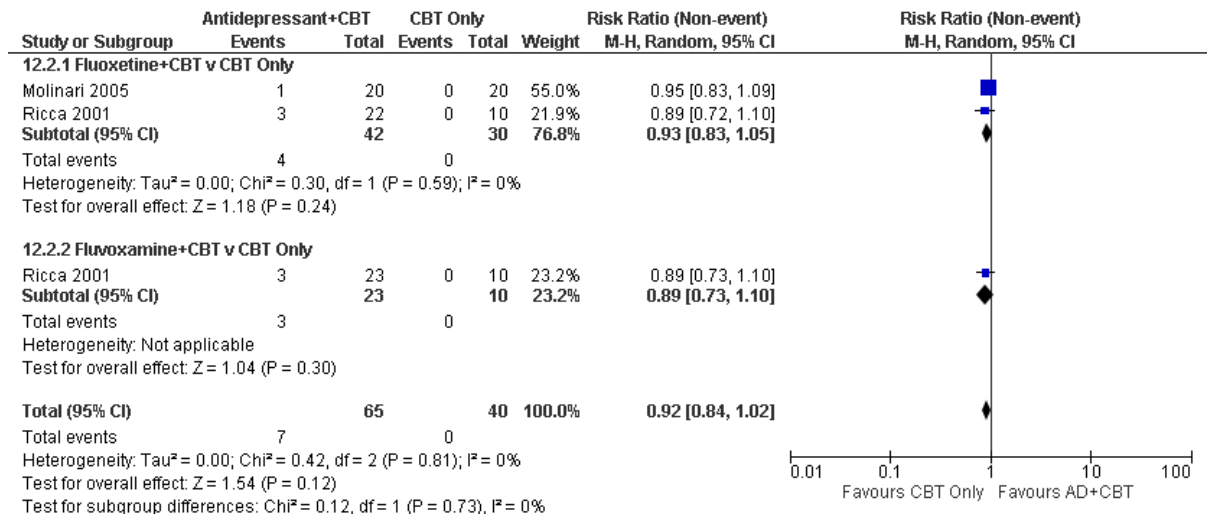
8 **Figure 1516: Binge frequency**



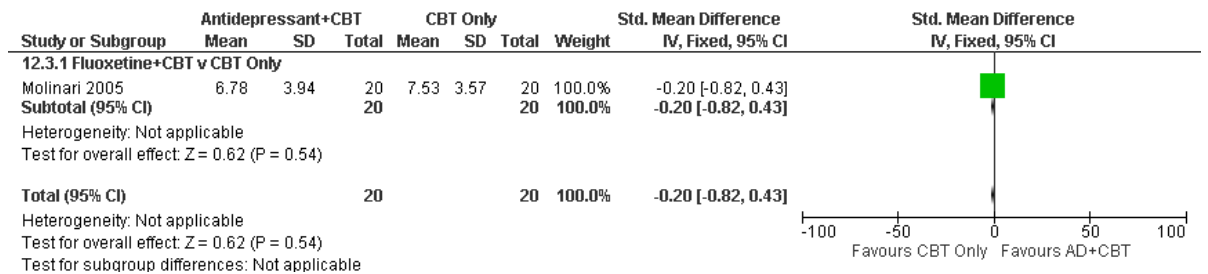
10

11 Heterogeneity was detected at $i^2=84\%$ for the fluoxetine and CBT-ED subgroup. One study
 12 by Molinari 2005 appeared to be an outlier. Molinari 2005 carried a high risk of bias given
 13 that part of the study was conducted in an inpatient setting (4 of the 52 weeks), the duration
 14 of the treatment was twice that of Ricca 2001 (12 months vs 6 months), participants were on
 15 a diet and also received group nutritional counselling. Hence, it is difficult to compare the
 16 efficacy of the combined treatments and a random effects analysis was presented.

17 **Figure 1517: Withdrawn due to adverse events**

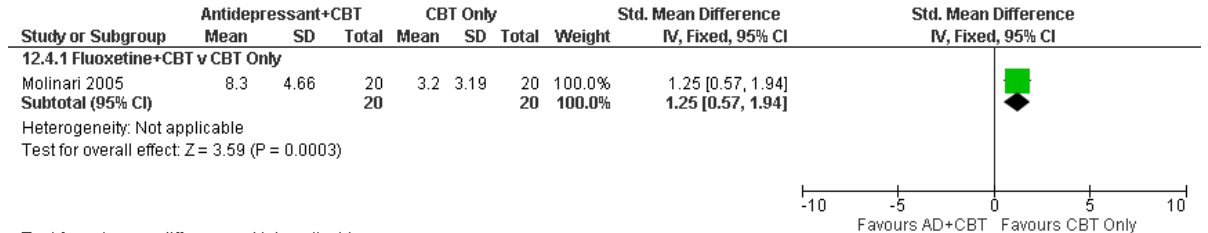


2 **Figure 1518: Percentage weight loss**



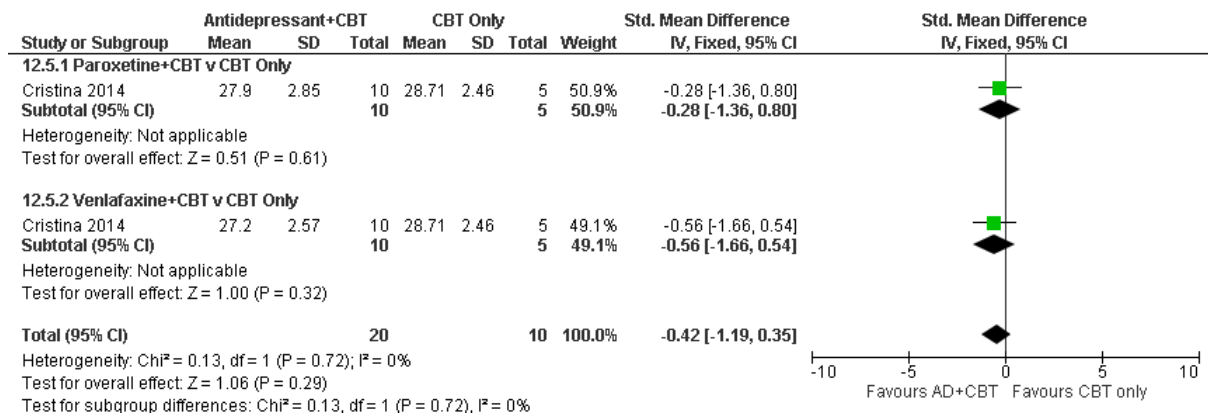
3 Test for subgroup differences: Not applicable

4 **Figure 1519: EDI-2-bulimia**



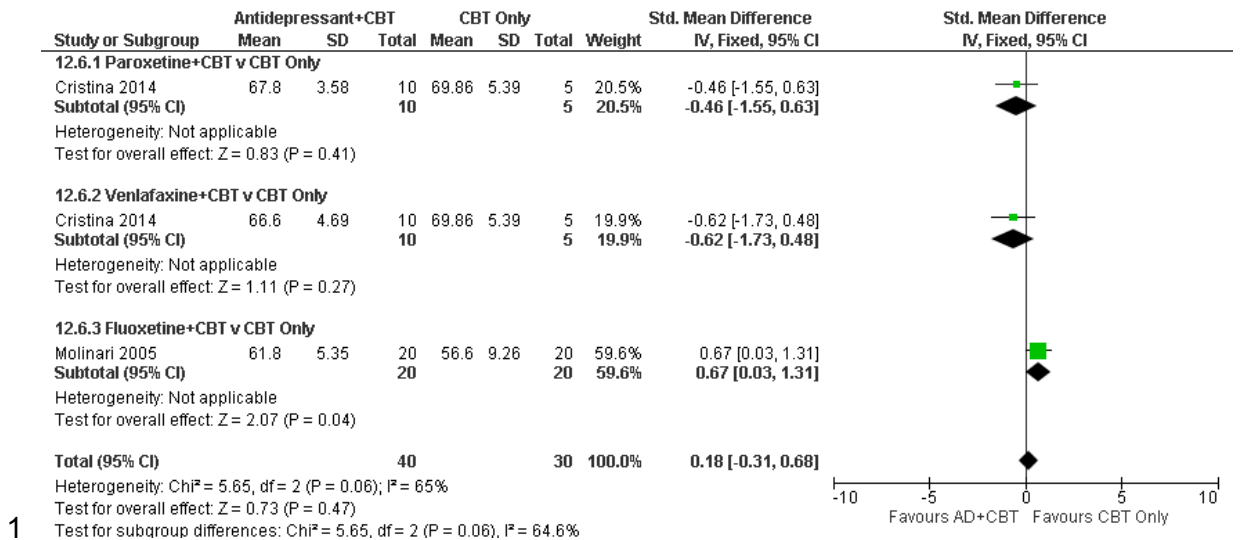
5 Test for subgroup differences: Not applicable

6 **Figure 1520: Binge Eating Scale**

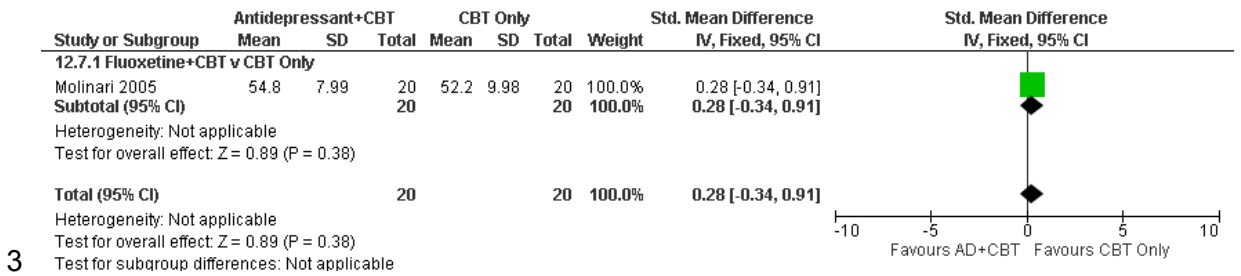


7 Test for subgroup differences: Chi² = 0.13, df = 1 (P = 0.72), I² = 0%

8 **Figure 1521: Depression**



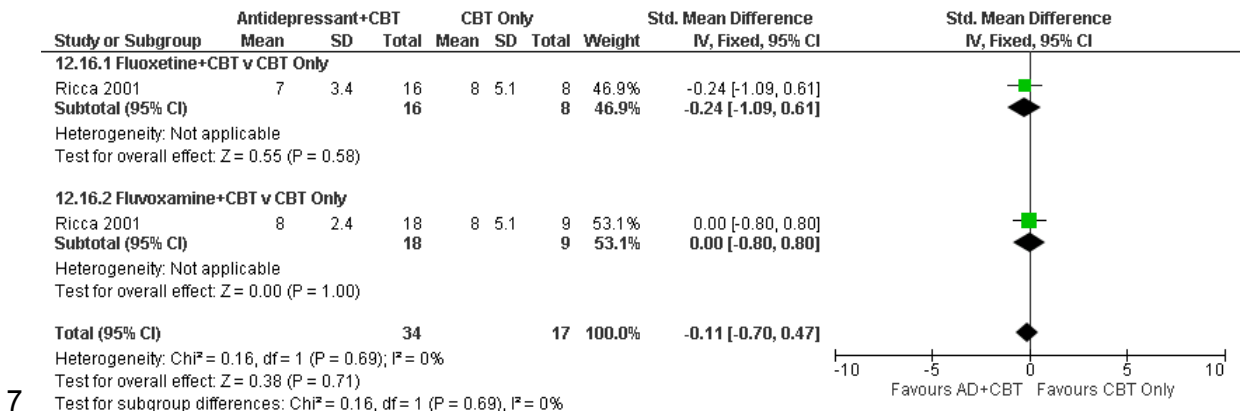
2 **Figure 1522: Family functioning**



3 Test for subgroup differences: Not applicable

M.5.5.84 **Any antidepressant and CBT-ED versus CBT-ED in adults with binge eating disorder at follow up**

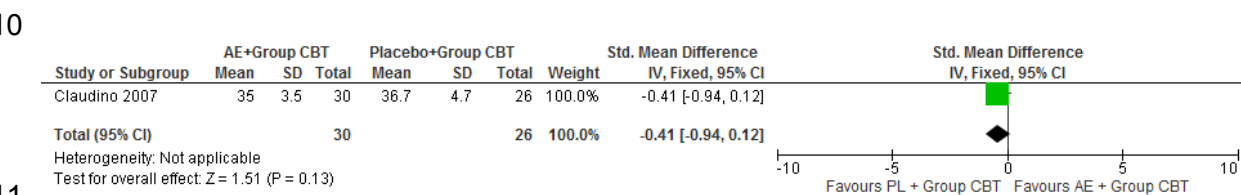
6 **Figure 1523: Binge frequency**



7 Test for subgroup differences: Chi² = 0.16, df = 1 (P = 0.69), I² = 0%

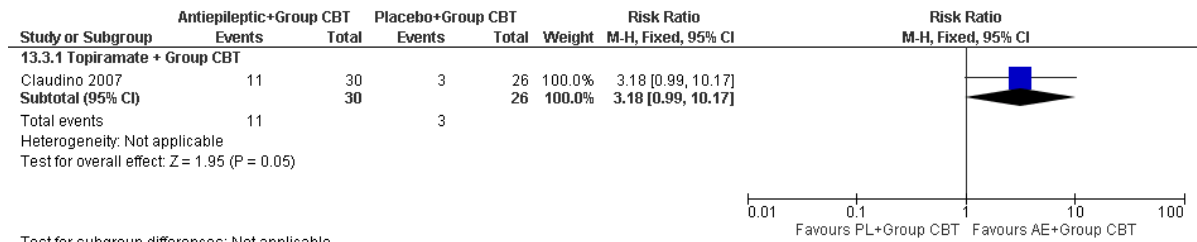
M.5.5.98 **Any antiepileptic and group CBT-ED versus placebo and group CBT-ED**

9 **Figure 1524: BMI**



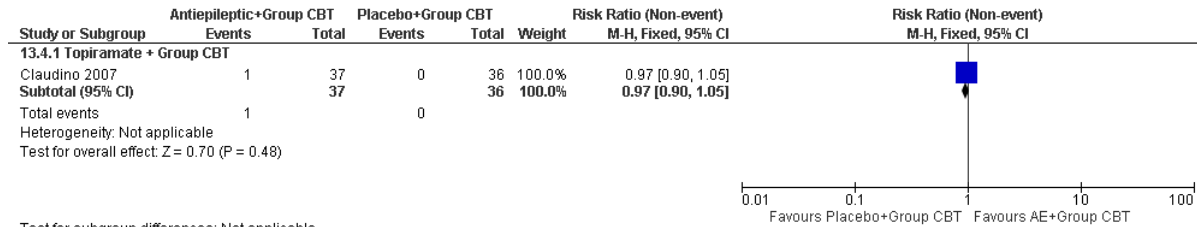
11

12 **Figure 1525: Number of people achieving weight loss of 10% or more**



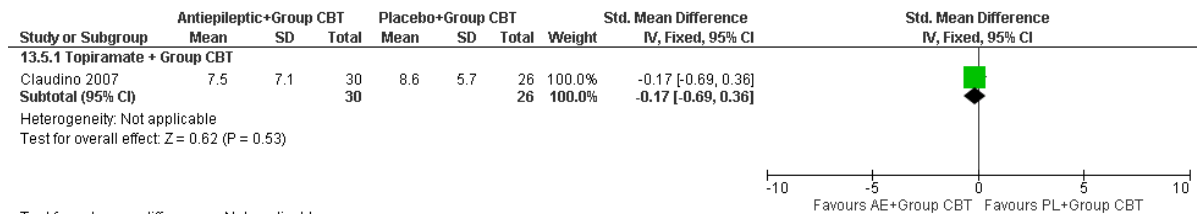
1 Test for subgroup differences: Not applicable

2 Figure 1526: Withdrawn due to adverse events



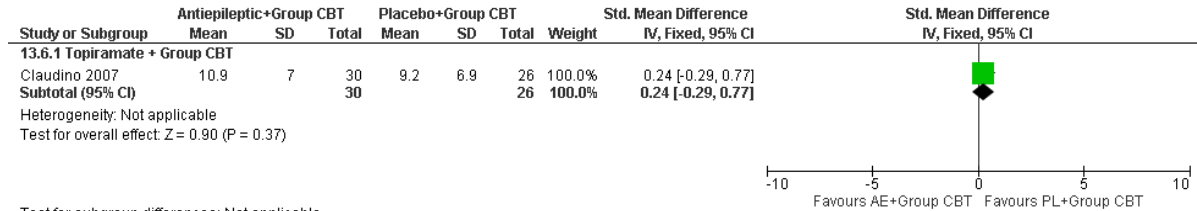
3 Test for subgroup differences: Not applicable

4 Figure 1527: Binge Eating Scale



5 Test for subgroup differences: Not applicable

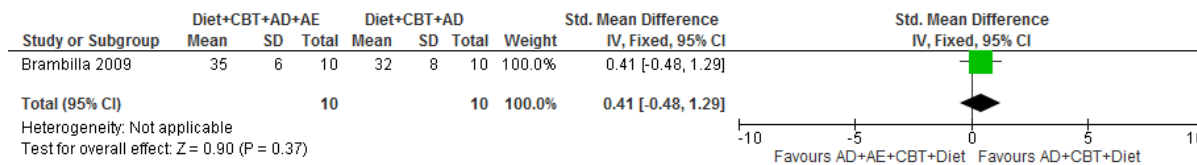
6 Figure 1528: Depression



7 Test for subgroup differences: Not applicable

M.5.5.108 Any antidepressant, antiepileptic, CBT-ED and group behavioural weight loss therapy versus antidepressant, CBT-ED and group behavioural weight loss therapy

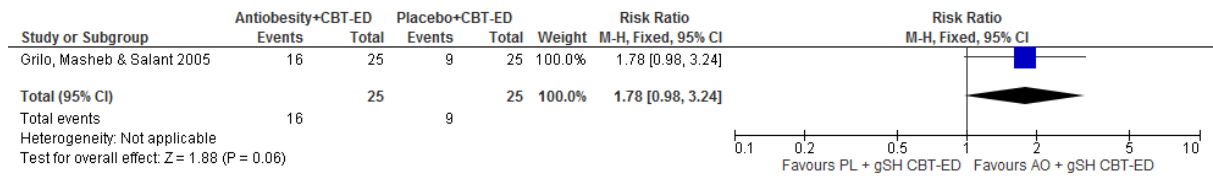
10 Figure 1529: BMI



11

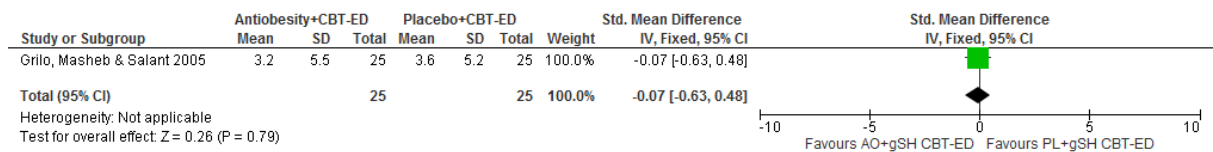
M.5.5.111 Any antiobesity agent and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at end of treatment

3 Figure 1530: Remission (ITT)



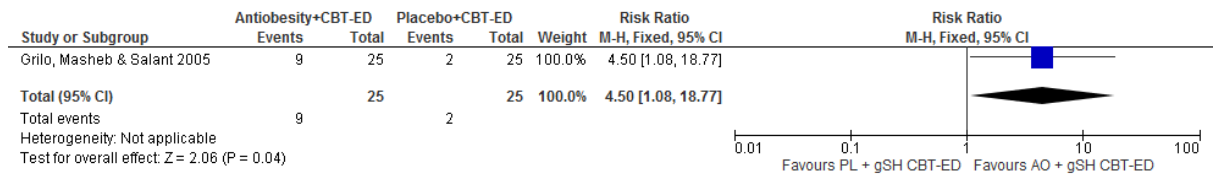
4

5 Figure 1531: Binge frequency



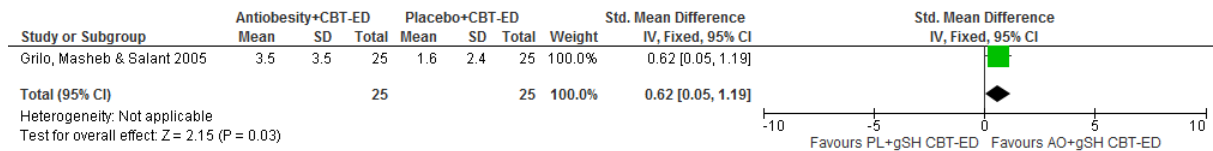
6

7 Figure 1532: Weight loss >=5% (ITT)



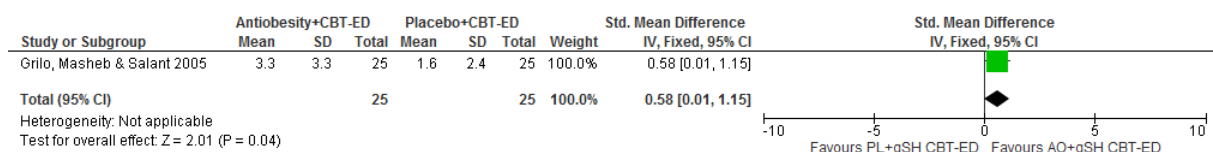
8

9 Figure 1533: Weight loss (kg)



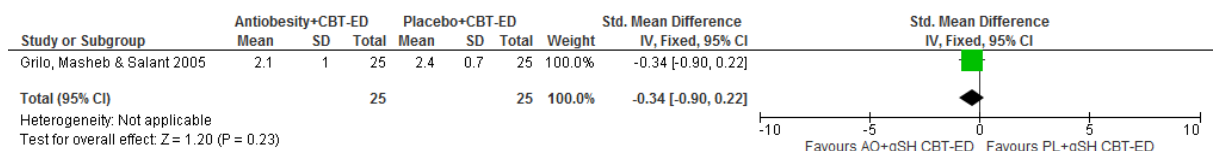
10

11 Figure 1534: Mean % weight loss



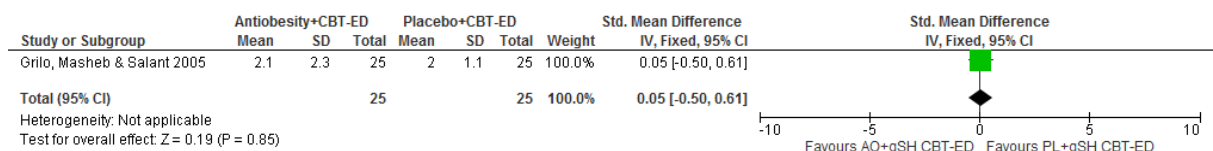
12

13 Figure 1535: EDE Global



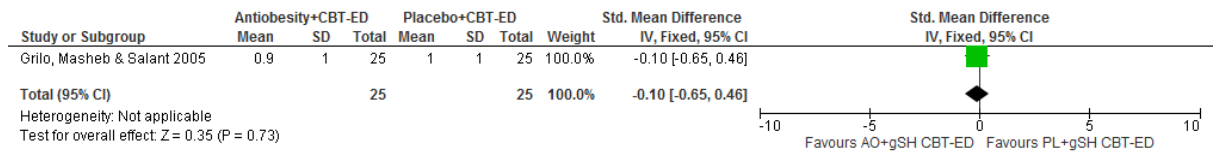
14

15 Figure 1536: EDE Dietary Restraint



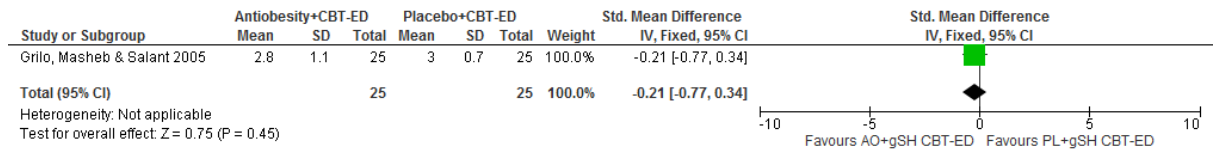
16

1 **Figure 1537: EDE Eating Concern**



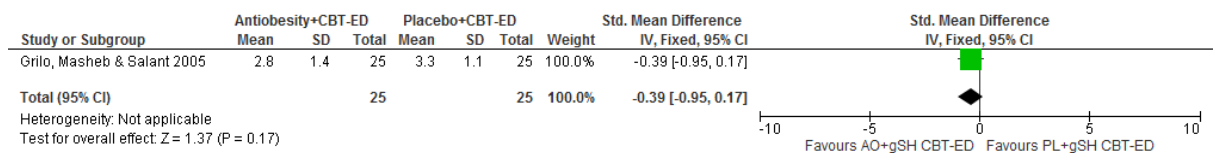
2

3 **Figure 1538: EDE Weight Concern**



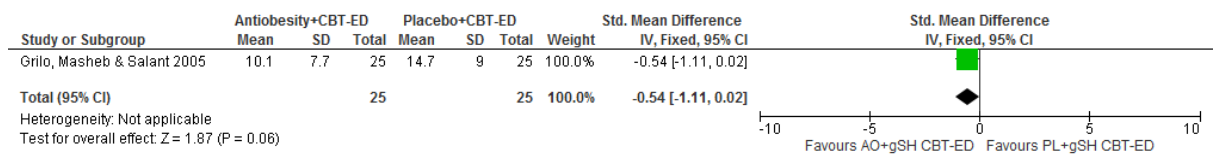
4

5 **Figure 1539: EDE Shape Concern**



6

7 **Figure 1540: Depression**



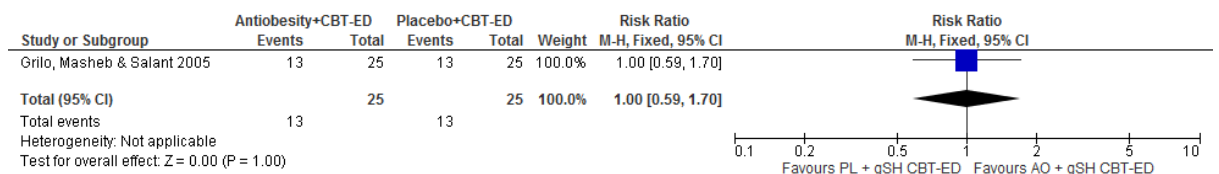
8

9

M.5.5.120 **Any antiobesity agent and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at follow up**

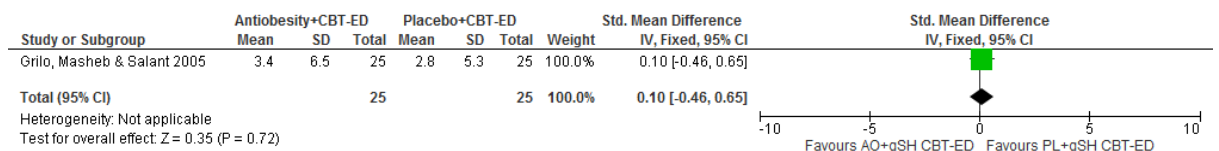
11

12 **Figure 1541: Remission (ITT)**



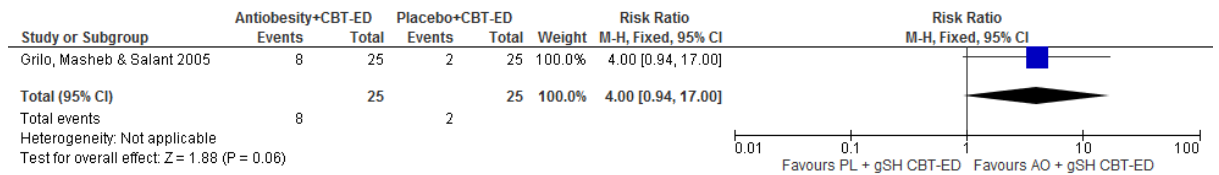
13

14 **Figure 1542: Binge frequency**



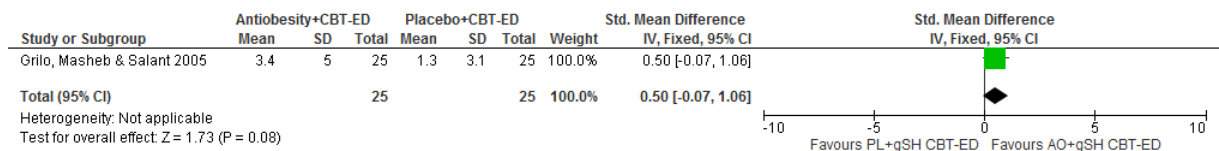
15

1 **Figure 1543: Weight loss >=5% (ITT)**



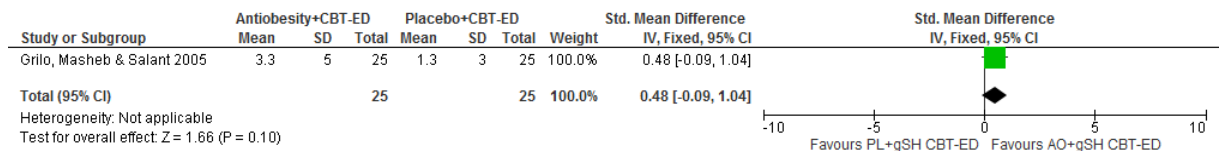
2

3 **Figure 1544: Weight loss (kg)**



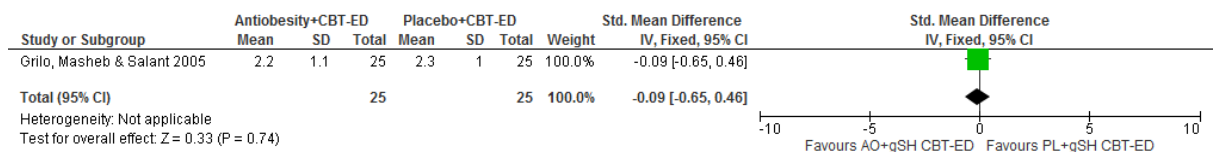
4

5 **Figure 1545: Mean % weight loss**



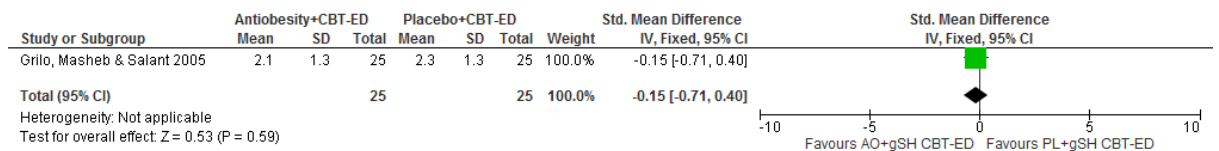
6

7 **Figure 1546: EDE Global**



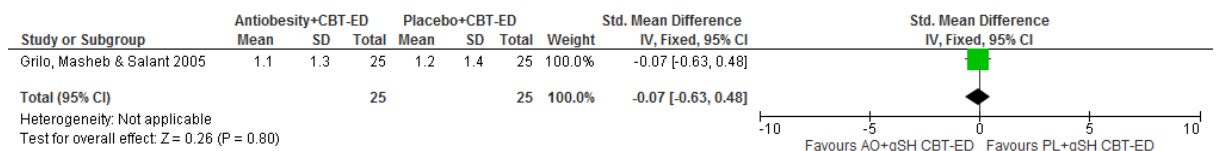
8

9 **Figure 1547: EDE Dietary Restraint**



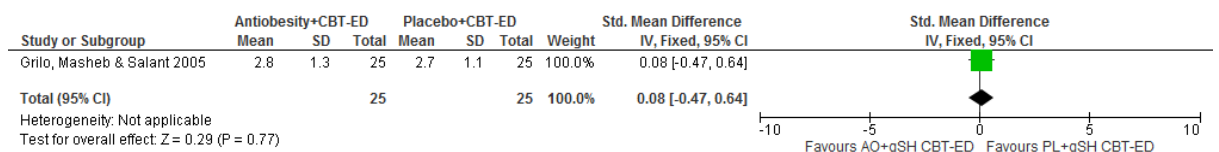
10

11 **Figure 1548: EDE Eating Concern**



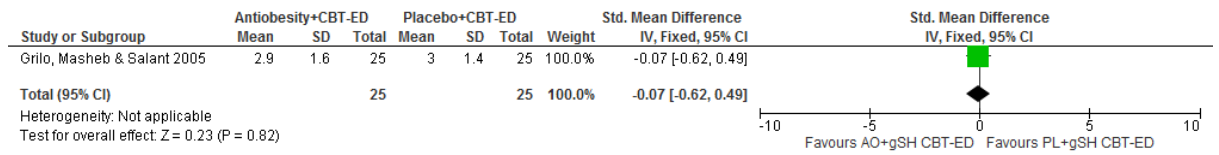
12

13 **Figure 1549: EDE Weight Concern**



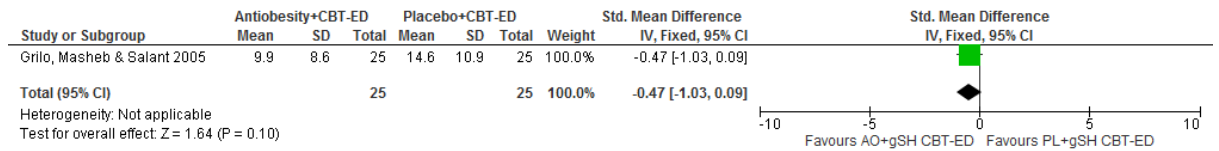
14

1 **Figure 1550: EDE Shape Concern**



2

3 **Figure 1551: Depression**



4

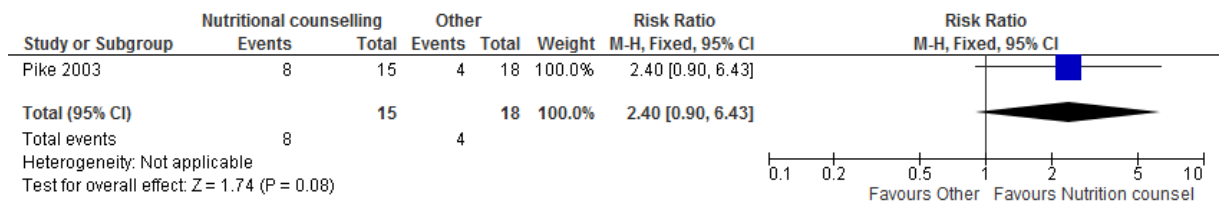
5

M.6.6 Clinical question: Does any nutritional intervention produce benefits/harms on specified outcomes in people with eating disorders?

M.6.19 Nutritional interventions for people with anorexia nervosa

M.6.1.10 Nutritional counselling compared with any other intervention in adults with anorexia nervosa at end of treatment

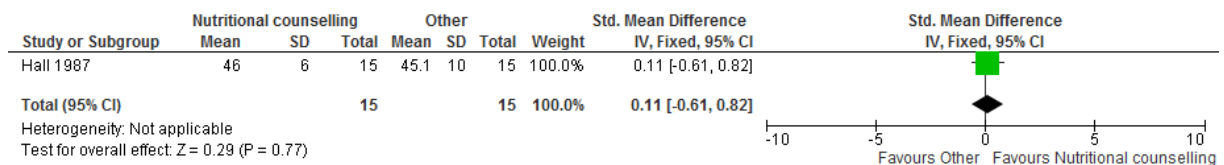
12 **Figure 1552: Relapse**



13

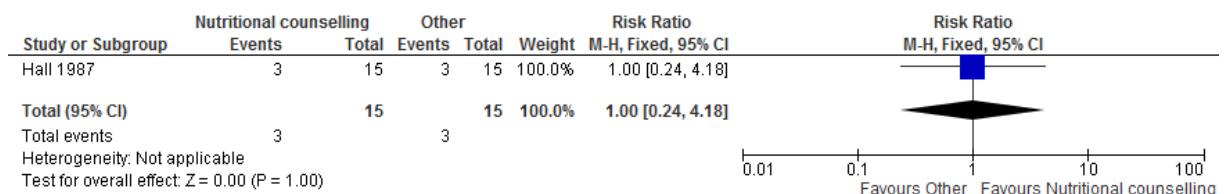
M.6.1.24 Nutritional counselling compared with any other intervention in adults with anorexia nervosa at follow-up

16 **Figure 1553: Weight**



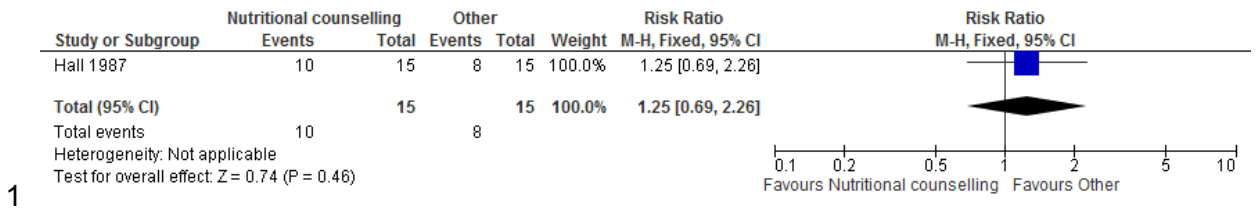
17

18 **Figure 1554: Menstruation regular**

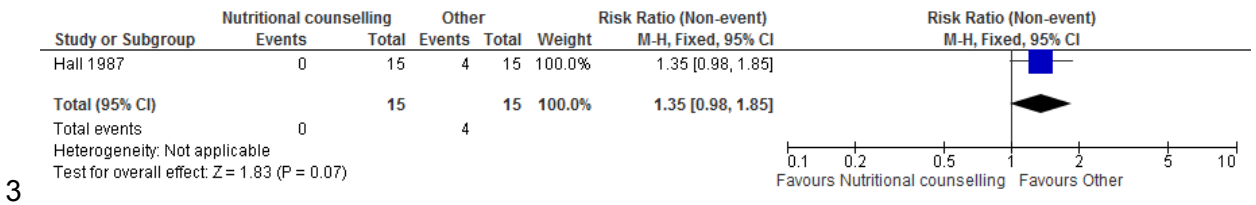


19

20 **Figure 1555: Menstruation absent**

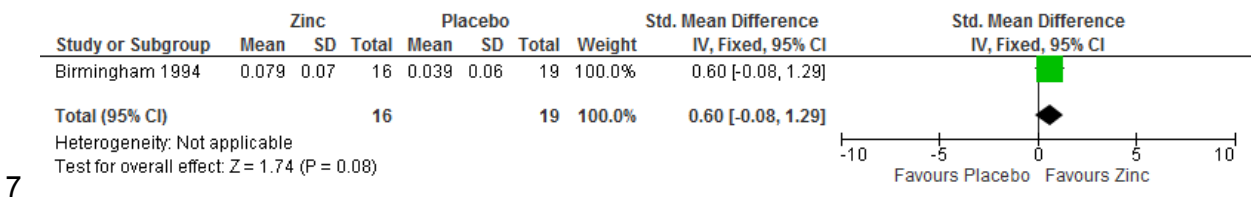


2 **Figure 1556: Remission**

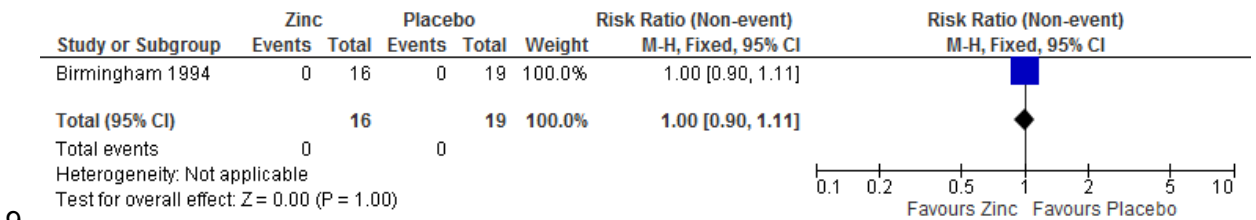


M.6.1.34 **Zinc supplementation compared with placebo in adults with anorexia nervosa at end of treatment**

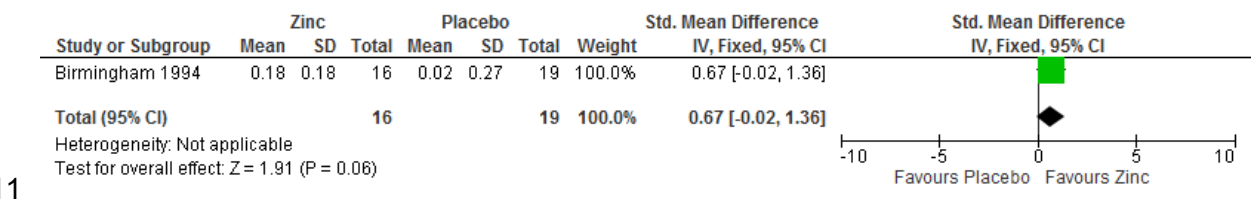
6 **Figure 1557: BMI gain/day**



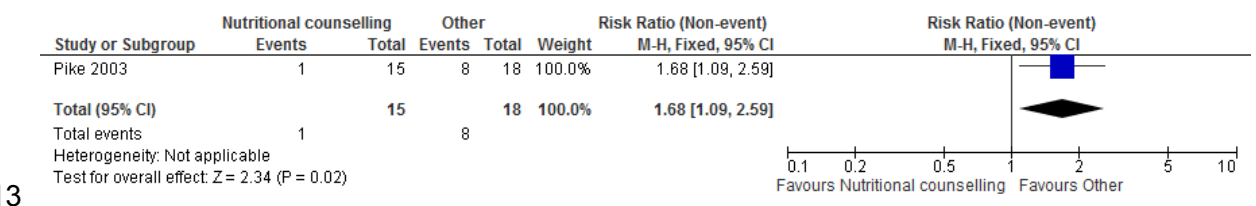
8 **Figure 1558: Side-effects**



10 **Figure 1559: Percent body fat gain/day**



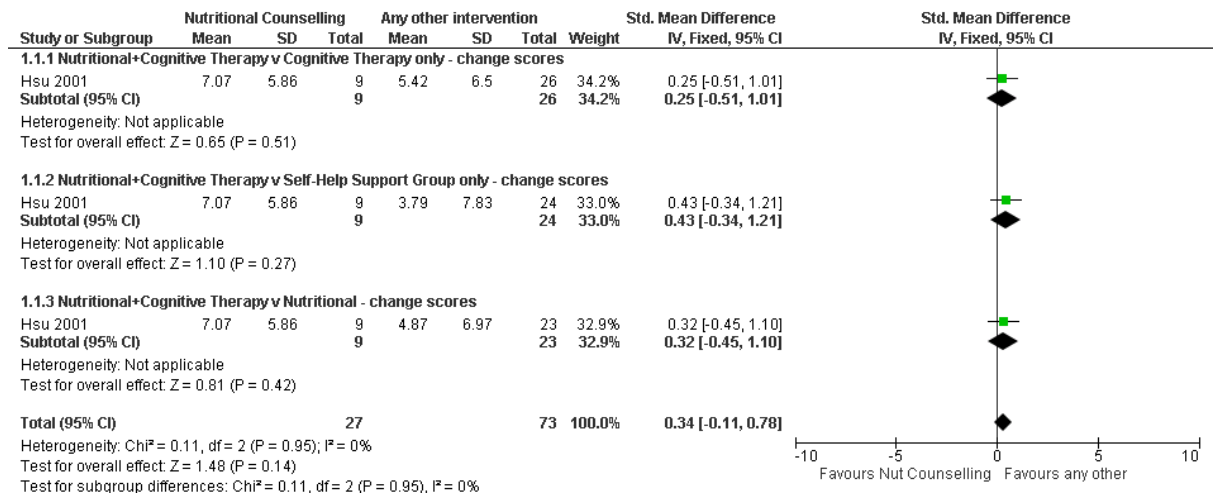
12 **Figure 1560: Remission**



M.6.21 Nutritional interventions for bulimia nervosa

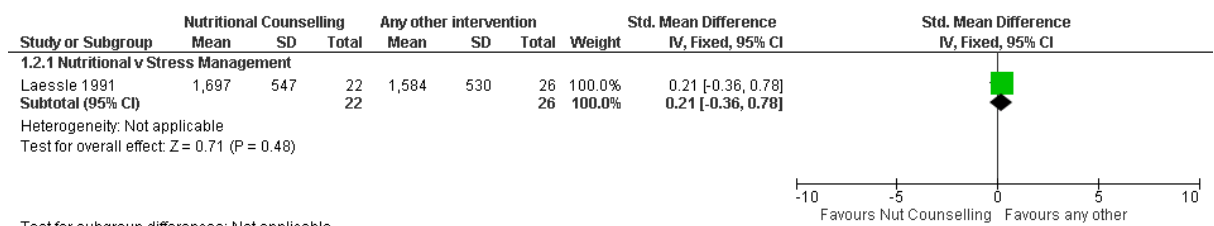
M.6.2.12 Nutritional counselling versus any other intervention in adults with bulimia nervosa at end of treatment

4 Figure 1561: Meal frequency



5

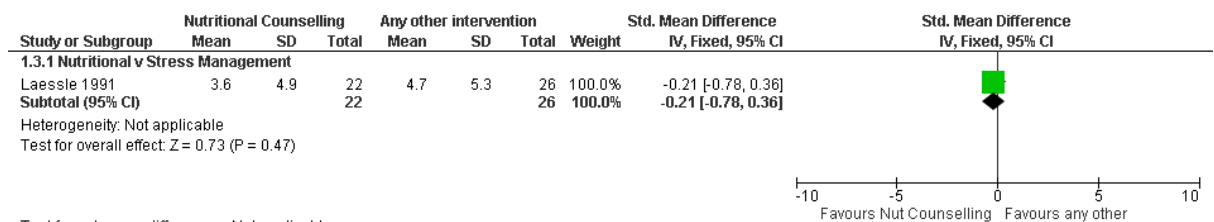
6 Figure 1562: Calories/day



7

Test for subgroup differences: Not applicable

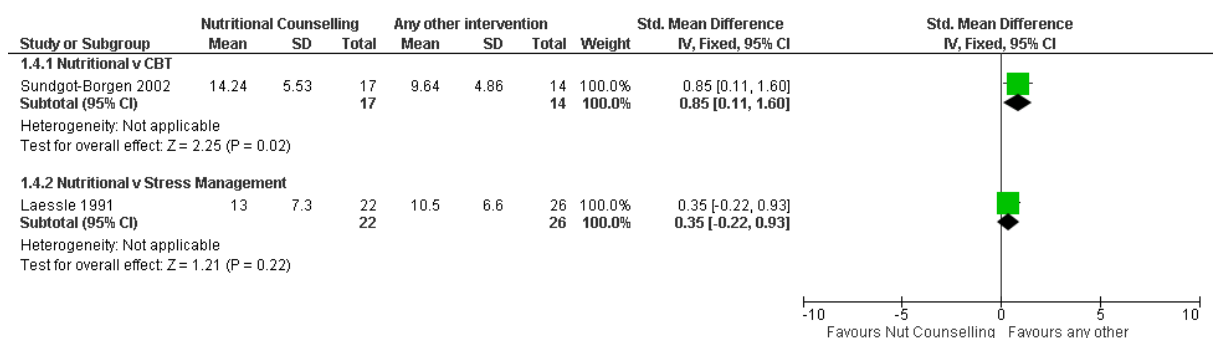
8 Figure 1563: EDI-bulimia



9

Test for subgroup differences: Not applicable

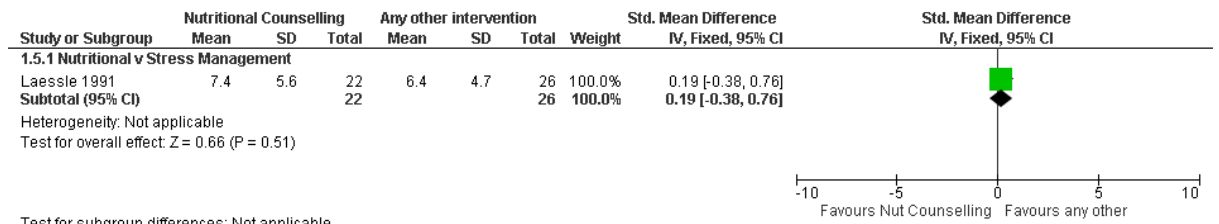
10 Figure 1564: EDI-body dissatisfaction



11

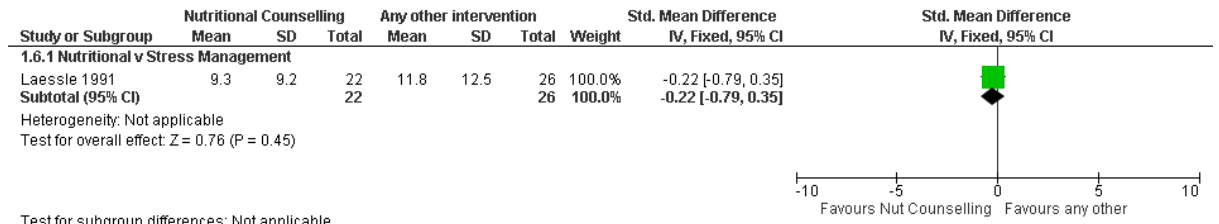
Test for subgroup differences: Chi² = 1.09, df = 1 (P = 0.30), I² = 8.4%

1 **Figure 1565: EDI-drive for thinness**



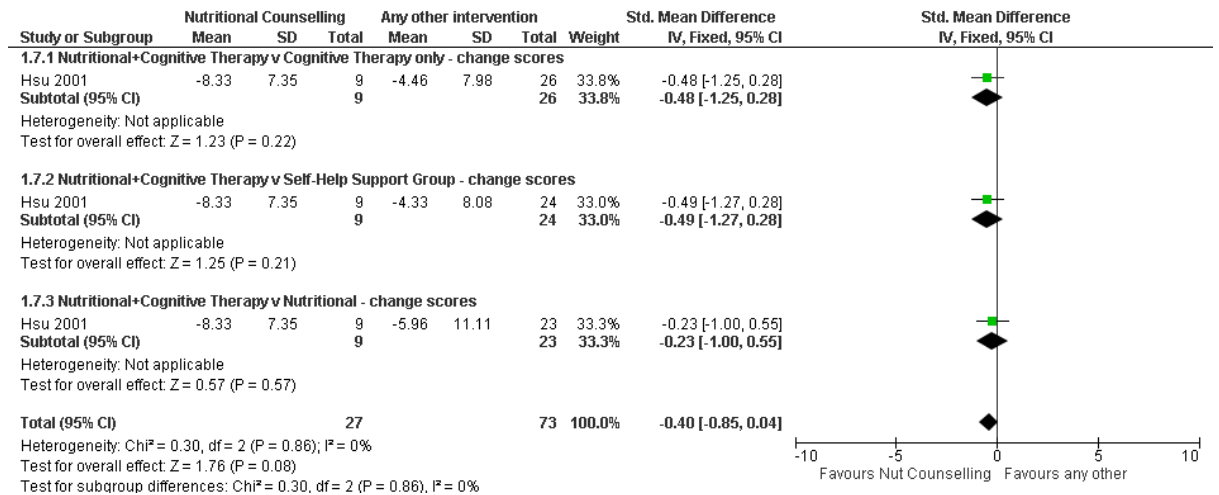
2 Test for subgroup differences: Not applicable

3 **Figure 1566: Depression – raw scores**



4 Test for subgroup differences: Not applicable

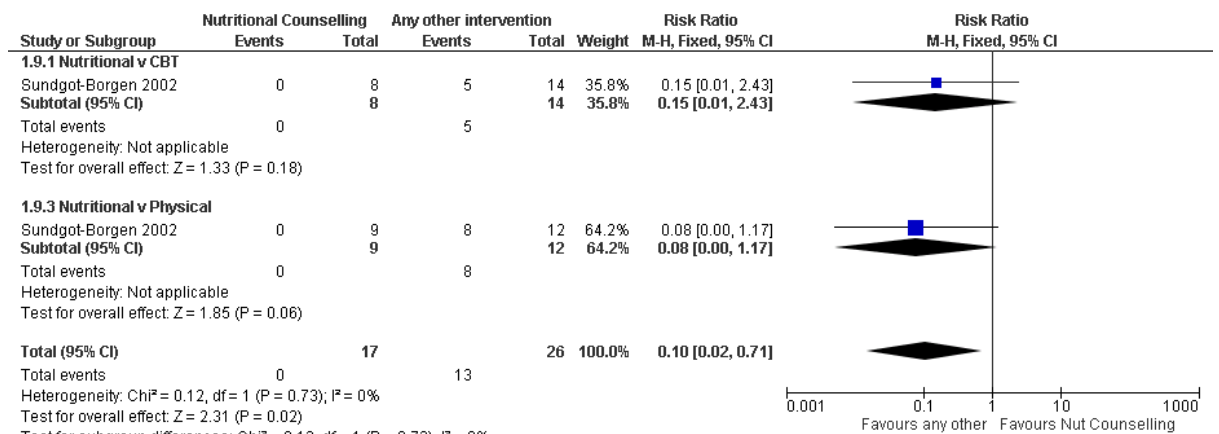
5 **Figure 1567: Depression – change scores**



6 Test for subgroup differences: Chi² = 0.30, df = 2 (P = 0.86), I² = 0%

M.6.2.27 **Nutritional counselling versus any other intervention in adults with bulimia nervosa at follow up**

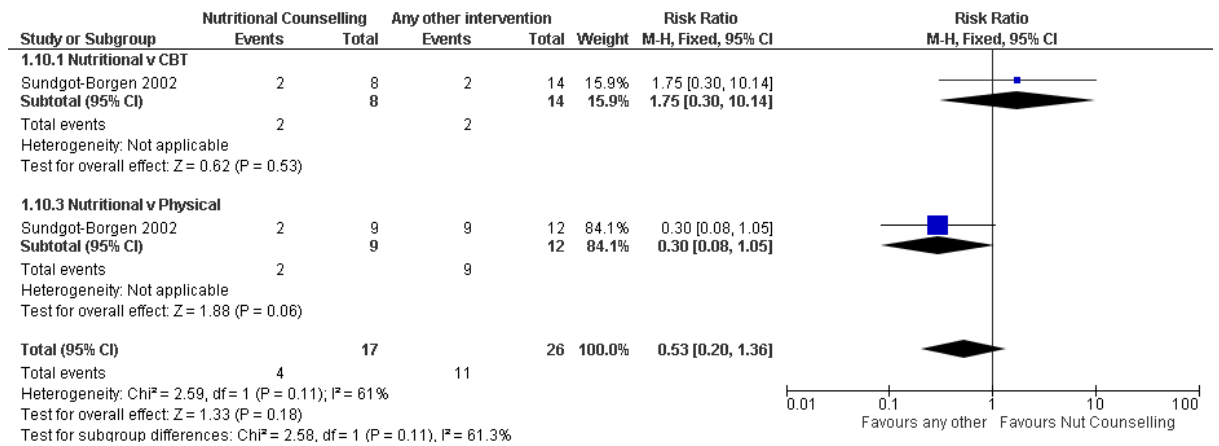
9 **Figure 1568: Recovery from bulimia**



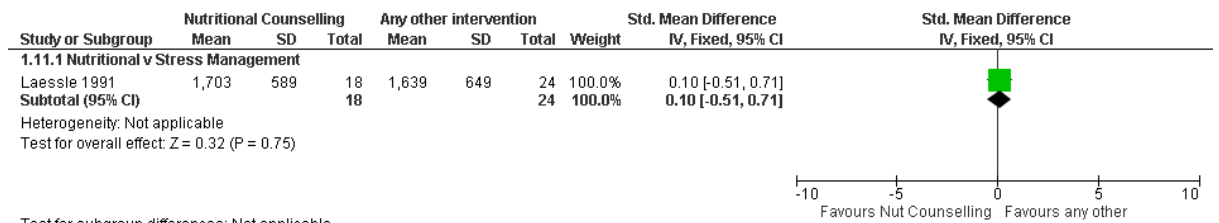
10

11

1 **Figure 1569: Satisfies EDNOS criteria**



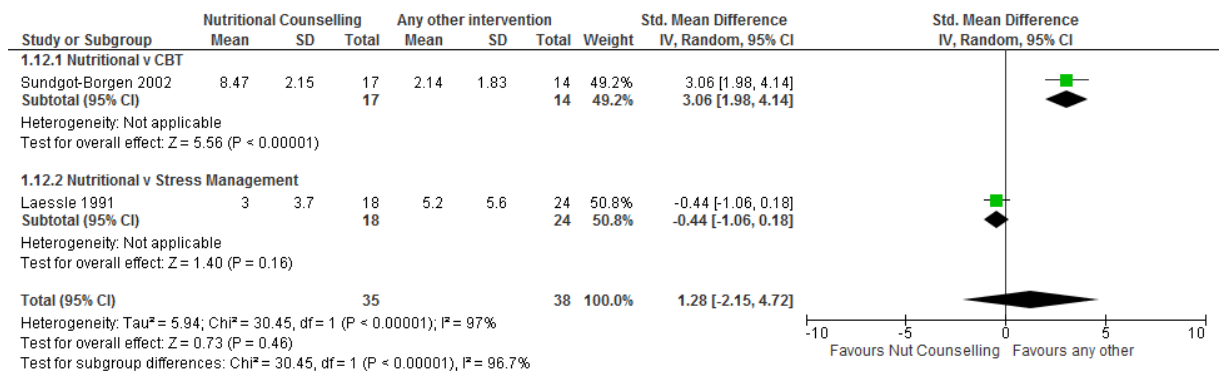
3 **Figure 1570: Calories/day**



5

6 **Figure 1571: EDI-bulimia**

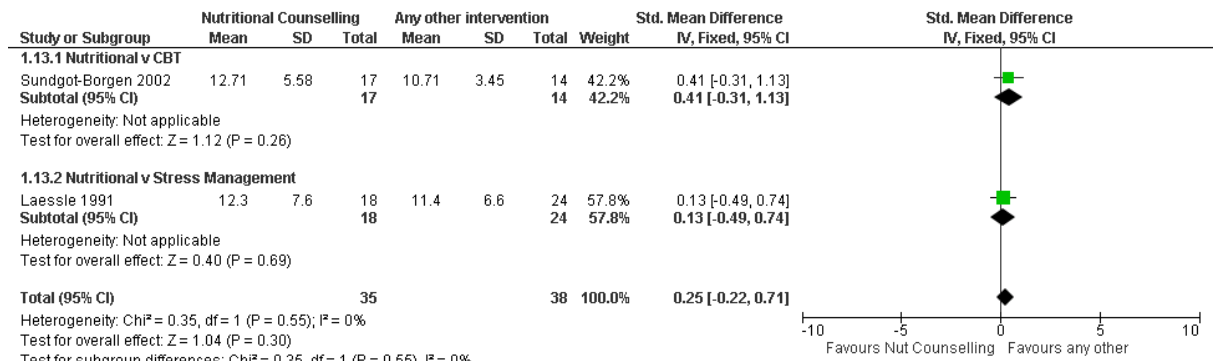
7



8

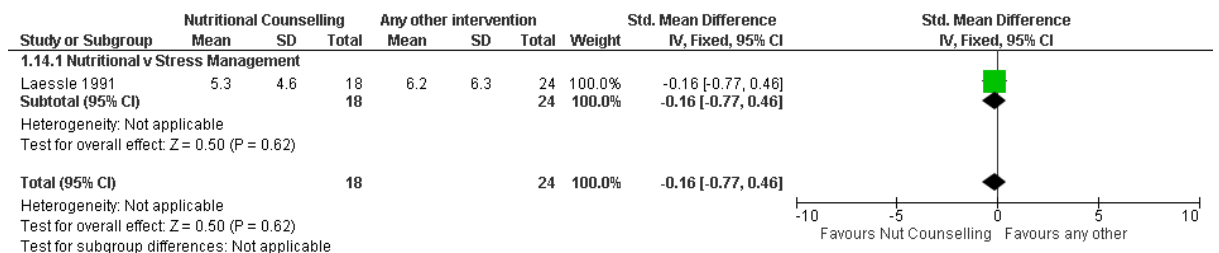
9 Heterogeneity was detected at $i^2=97\%$. Laessle 1991 carried a high risk of bias given that the
 10 participants in the stress management group had significantly lower BMI than the nutritional
 11 management group suggesting a failure of randomisation. Moreover, the participants in this
 12 study were severely ill experiencing over 40 bulimic episodes per month. Duration of illness
 13 in both studies was relatively similar, whilst comorbidities and severity of illness were not
 14 reported in Sundgot-Borgen 2002. In the absence of an explanation, a random effects
 15 analysis was presented.

1 **Figure 1572: EDI-body dissatisfaction**



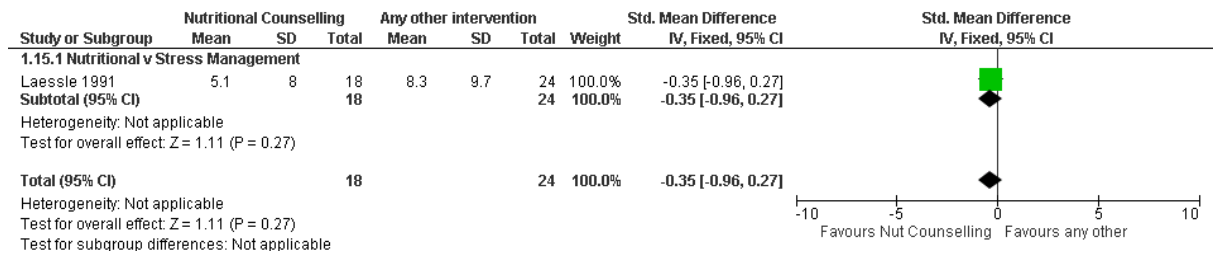
2

3 **Figure 1573: EDI-drive for thinness**



4

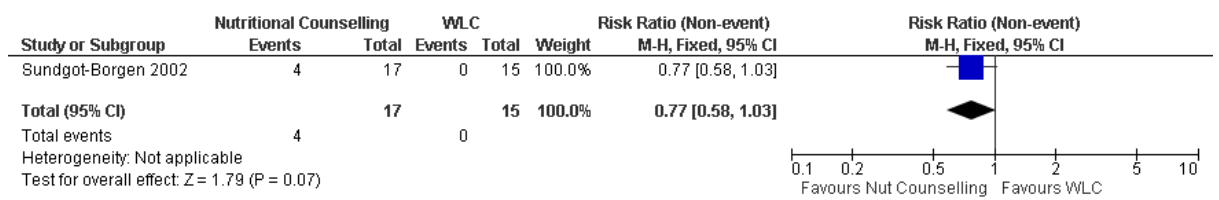
5 **Figure 1574: Depression**



6

M.6.2.37 **Nutritional counselling versus wait list control in adults with bulimia nervosa at follow up**

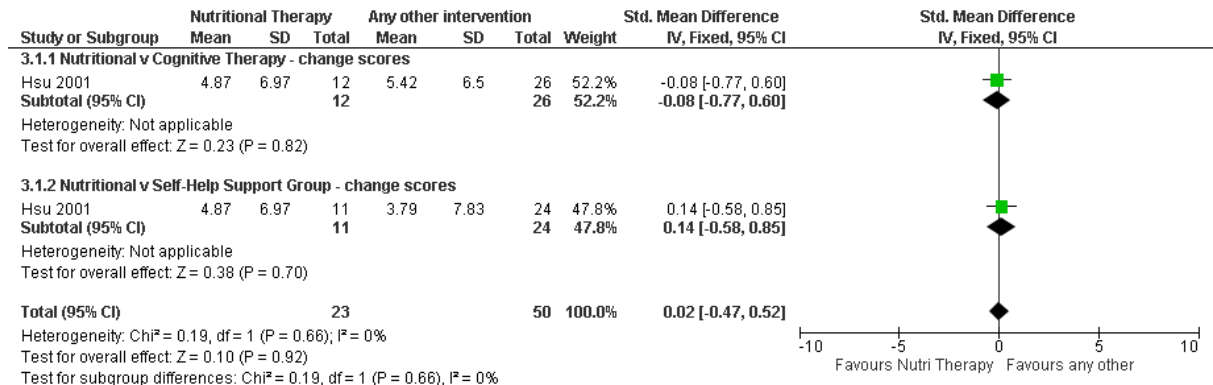
9 **Figure 1575: Satisfies EDNOS criteria**



10

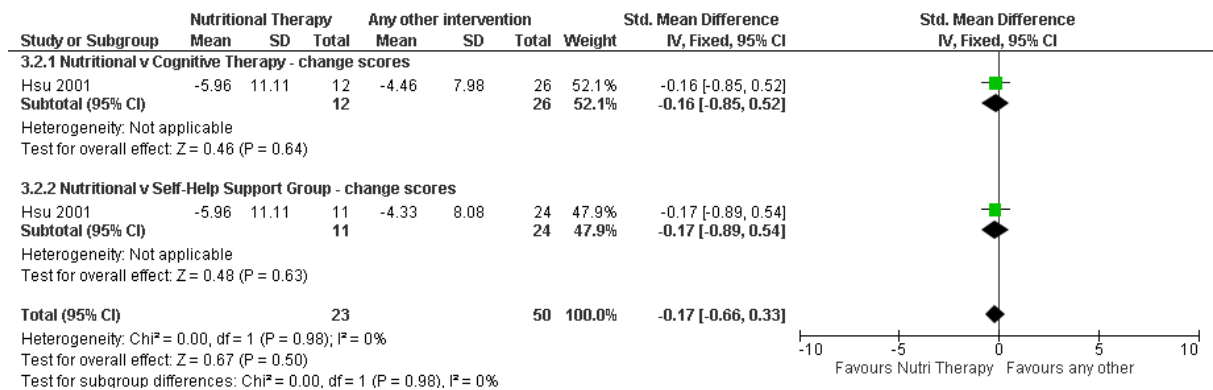
M.6.2.41 Nutritional therapy versus wait list control in adults with bulimia nervosa

2 Figure 1576: Meal frequency



3 Test for subgroup differences: Chi² = 0.19, df = 1 (P = 0.66), I² = 0%

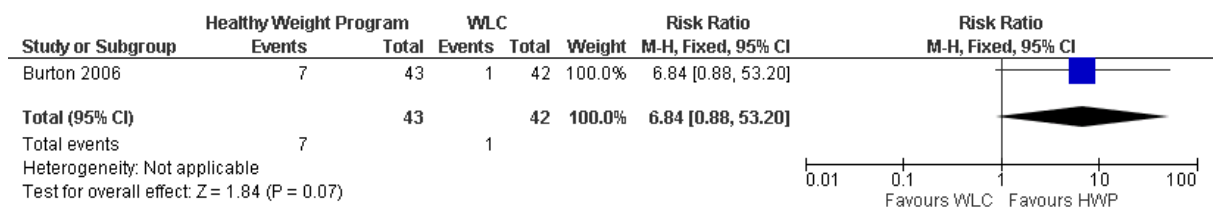
4 Figure 1577: Depression – change scores



5 Test for subgroup differences: Chi² = 0.00, df = 1 (P = 0.98), I² = 0%

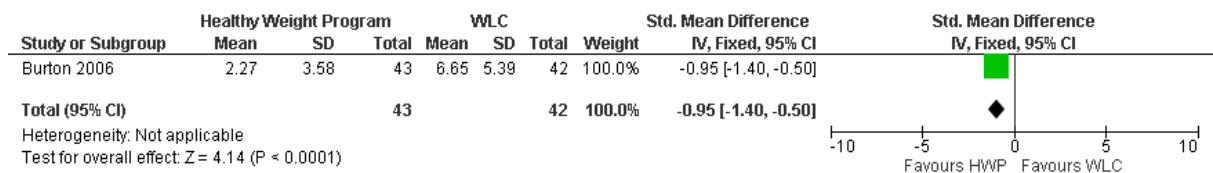
M.6.2.56 Healthy weight program versus wait list control in adults with bulimia nervosa at end of treatment

8 Figure 1578: Remission (ITT)



9

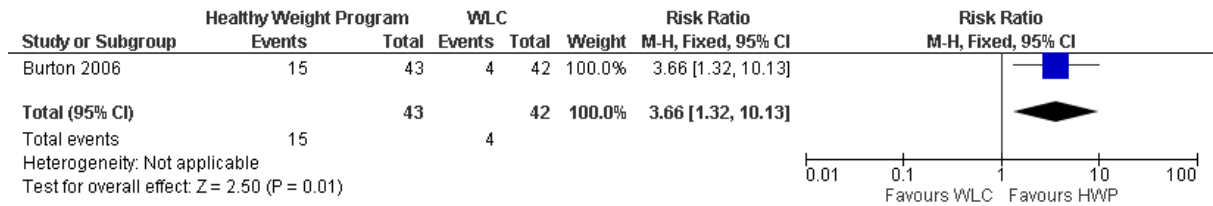
10 Figure 1579: Binge frequency



11

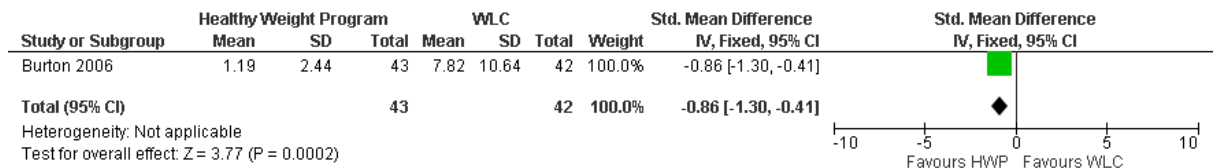
M.6.2.61 Healthy weight program versus wait list control in adults with bulimia nervosa at follow up

3 Figure 1580: Remission (ITT)



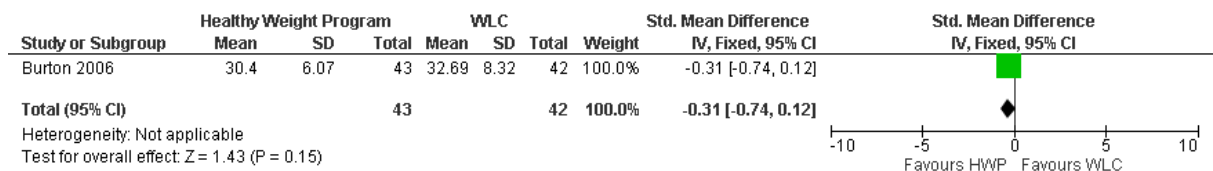
4

5 Figure 1581: Binge frequency



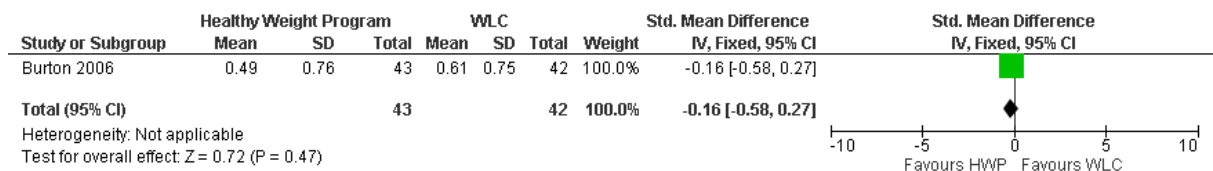
6

7 Figure 1582: General functioning



8

9 Figure 1583: Service use

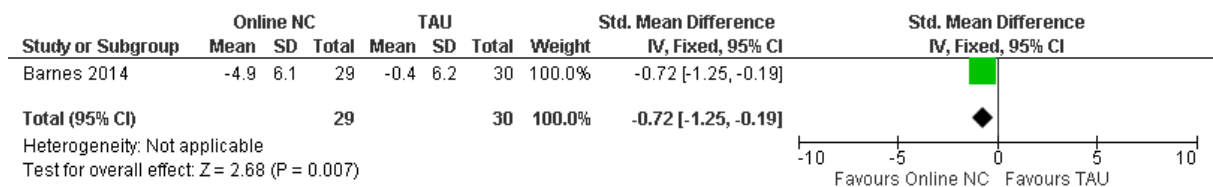


10

M.6.31 Nutritional interventions for binge eating disorder

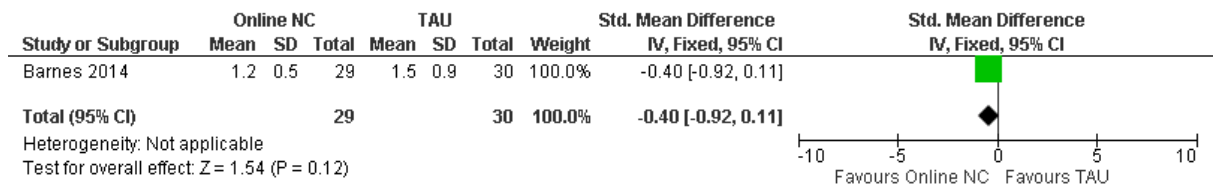
M.6.3.12 Online nutritional counselling versus treatment as usual in adults with BED at end of treatment

14 Figure 1584: Weight (lbs – change scores)



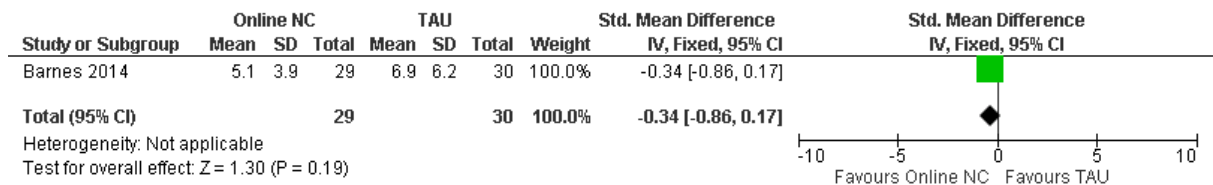
15

1 **Figure 1585: EDE-global**



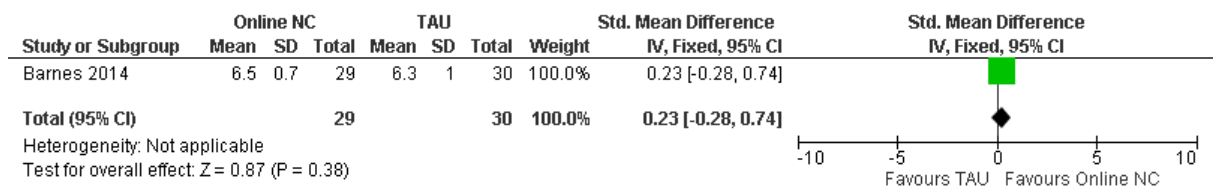
2

3 **Figure 1586: Depression**



4

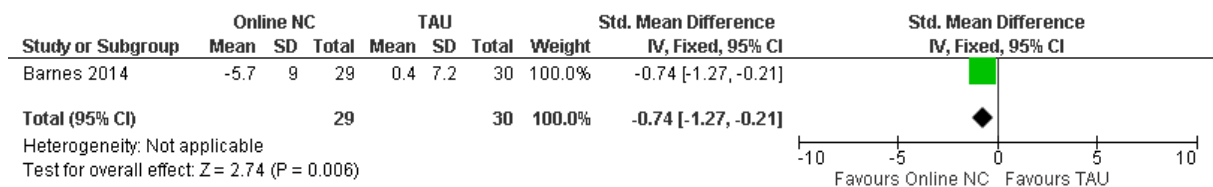
5 **Figure 1587: General functioning**



6

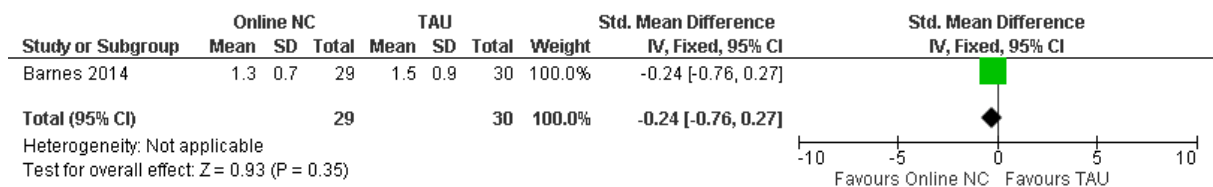
M.6.3.27 **Online nutritional counselling versus treatment as usual in adults with BED at follow up**

9 **Figure 1588: Weight (lbs – change scores)**



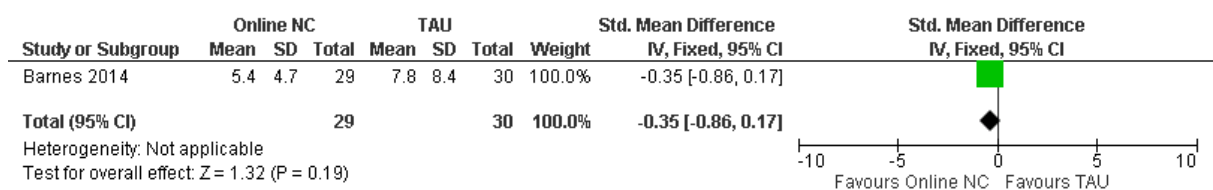
10

11 **Figure 1589: EDE-global**



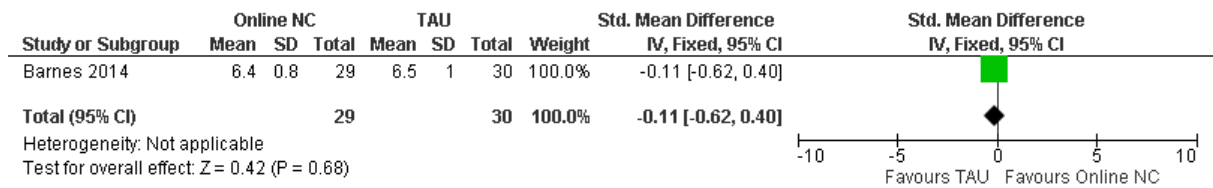
12

13 **Figure 1590: Depression**



14

1 **Figure 1591: General functioning**

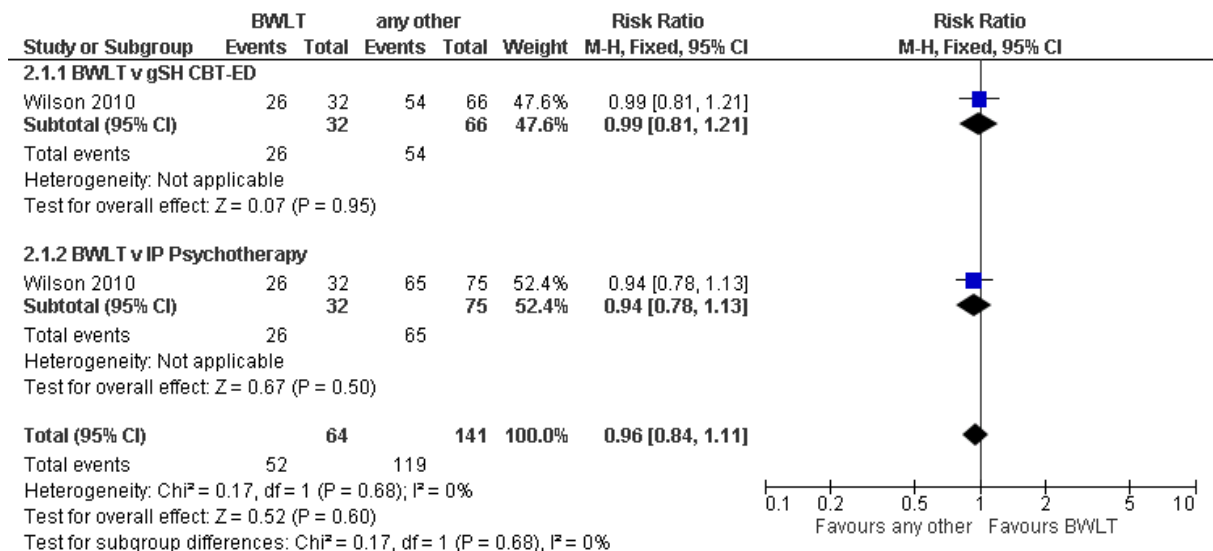


2

M.6.3.33 **Behavioural weight loss therapy versus any other intervention in adults with BED at end of treatment**

4

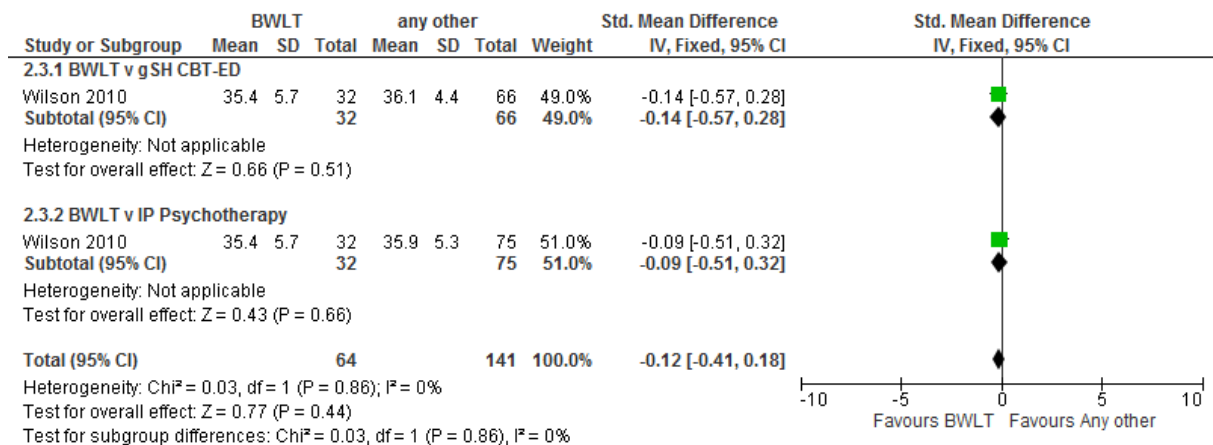
5 **Figure 1592: Remission**



6

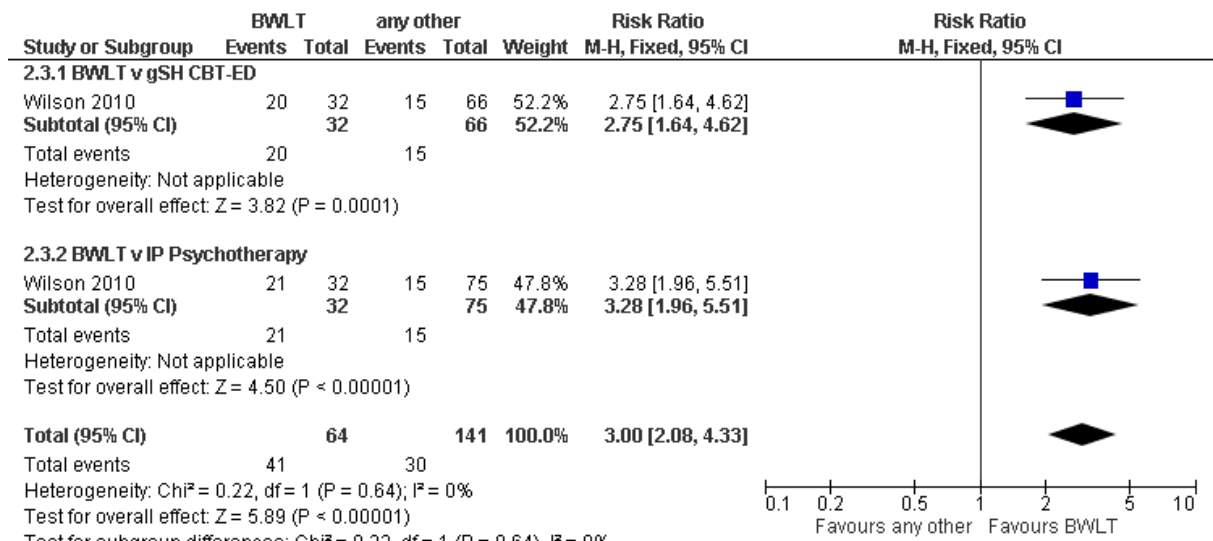
7 **Figure 1593: BMI**

8

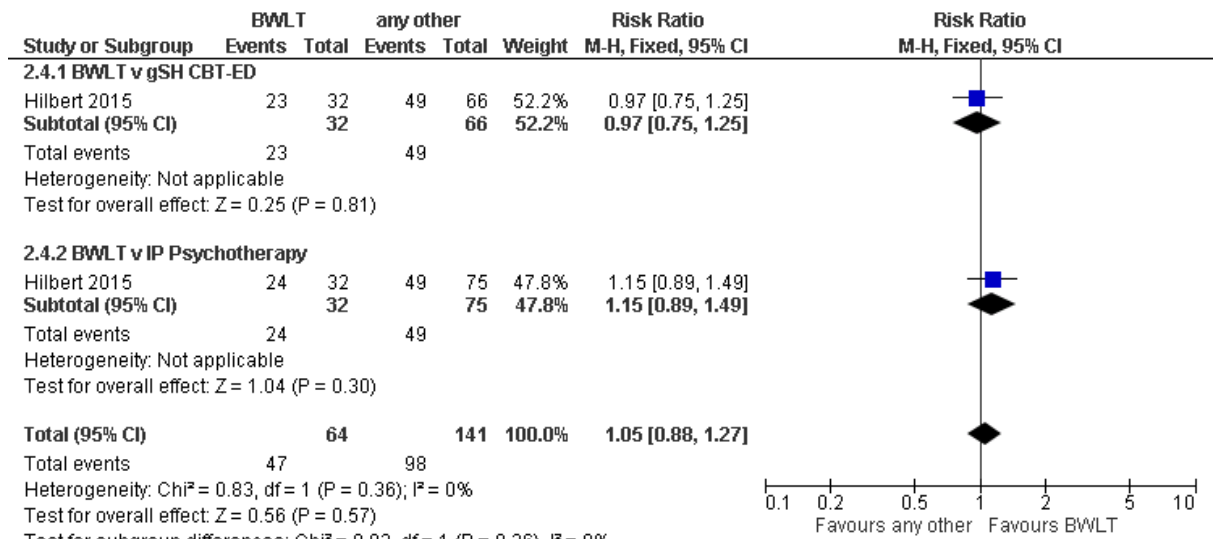


9

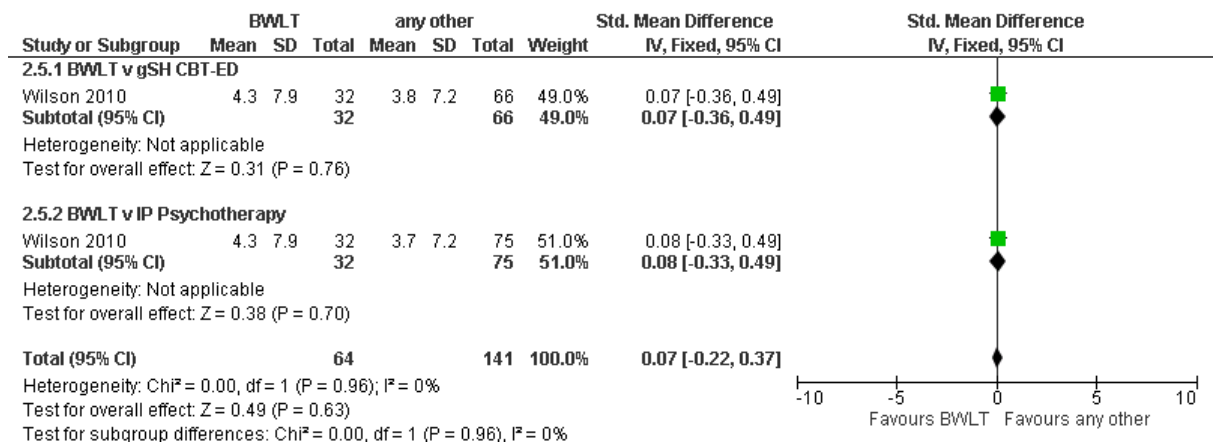
1 **Figure 1594: Number of people losing 5% or more weight**



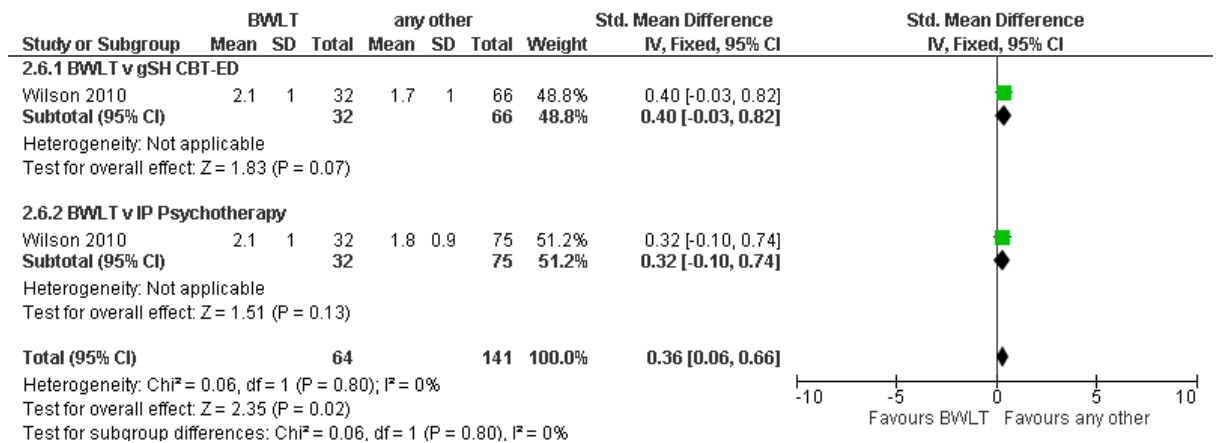
3 **Figure 1595: Rapid response**



5 **Figure 1596: Binge frequency**



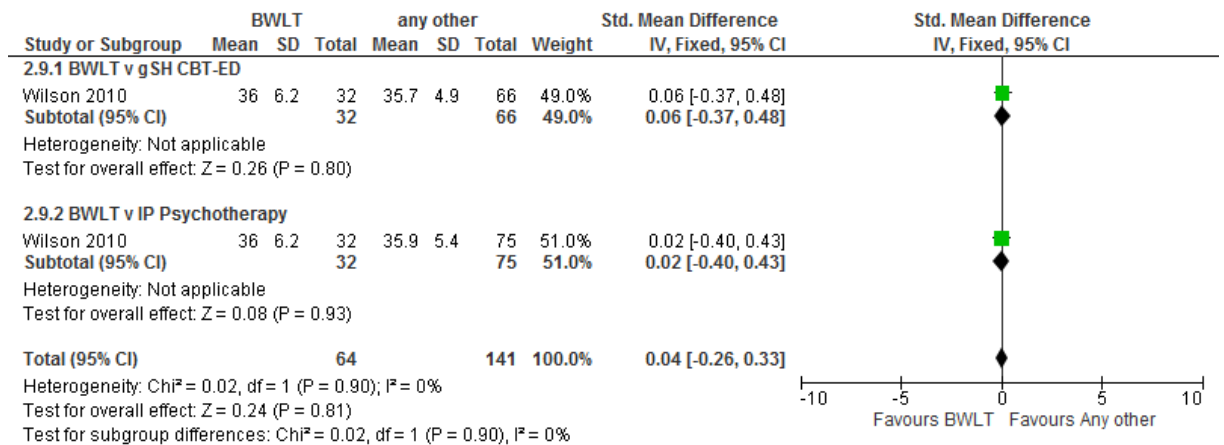
1 **Figure 1597: EDE-global**



M.6.3.43 **Behavioural weight loss therapy versus any other intervention in adults with BED at 1-4 year follow up**

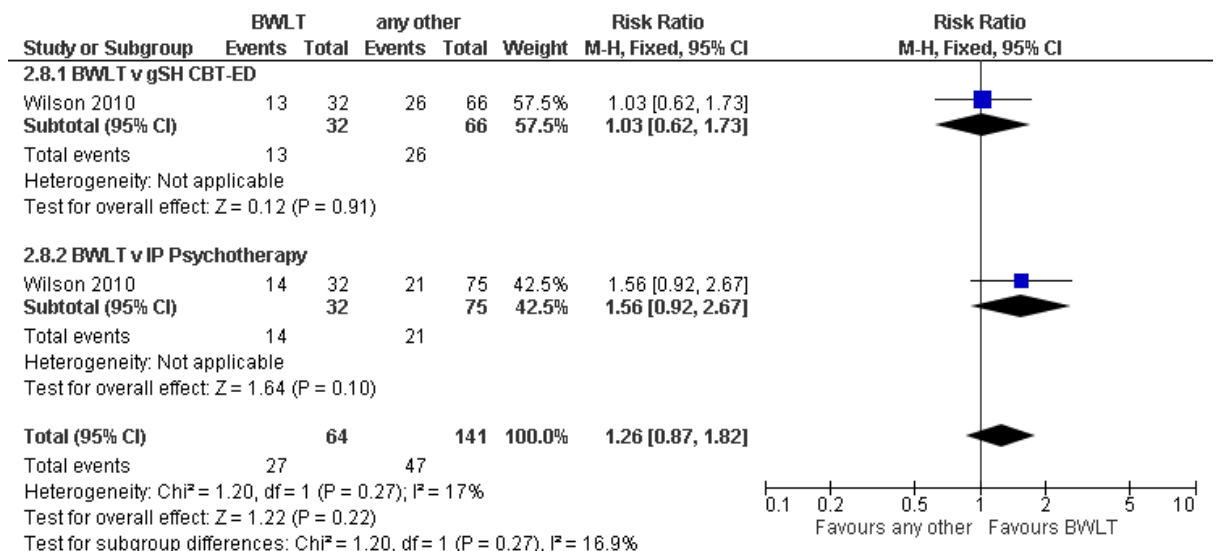
5 **Figure 1598: BMI**

6



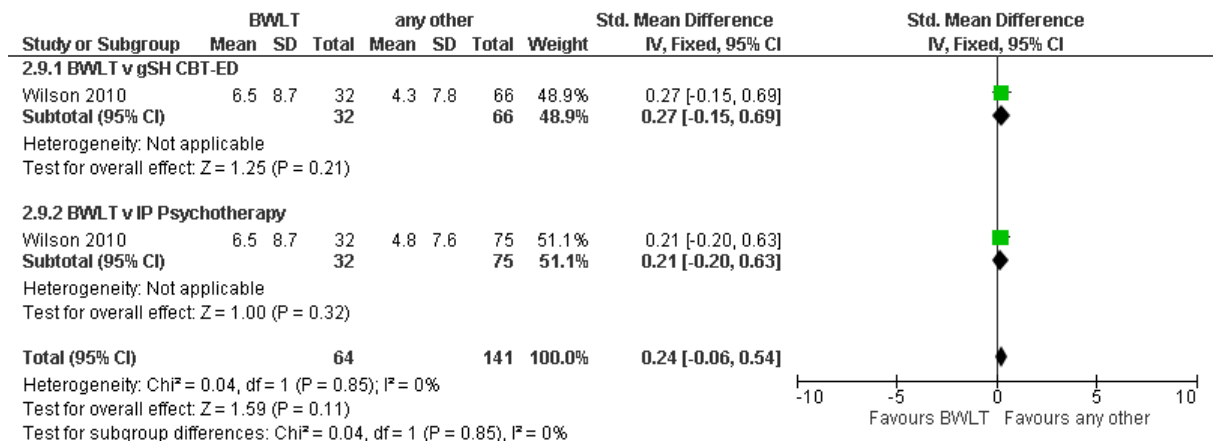
7

8 **Figure 1599: Number of people losing 5% or more weight**

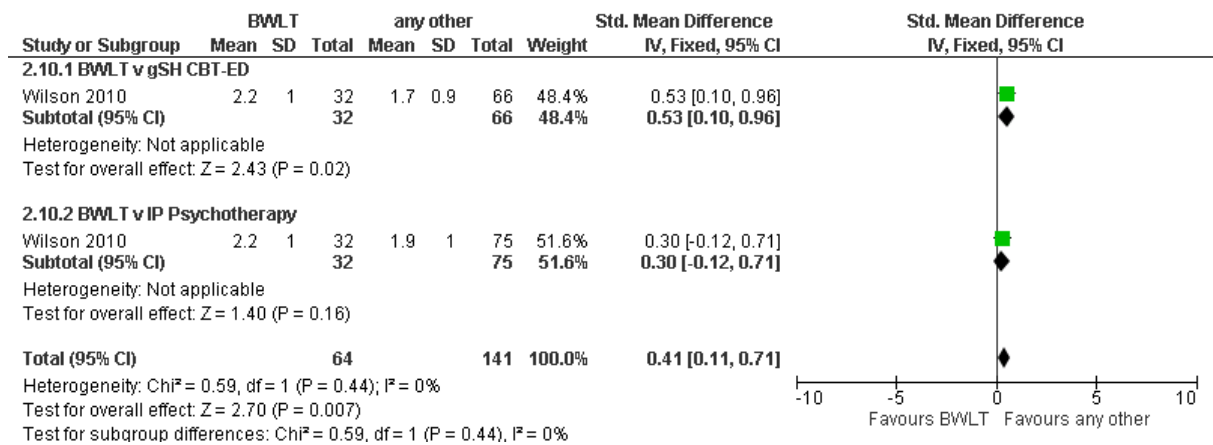


9

1 **Figure 1600: Binge frequency**

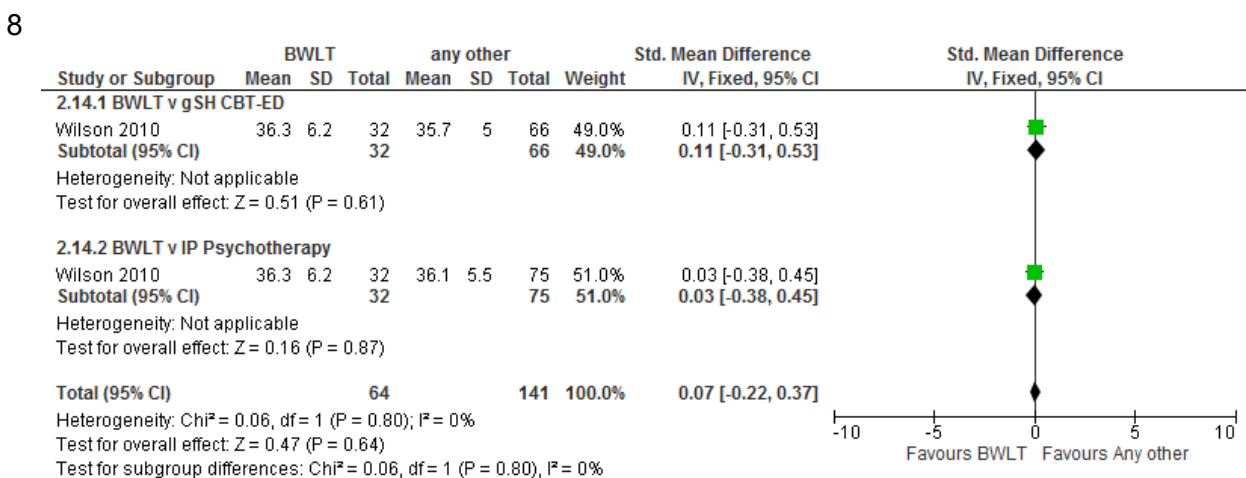


3 **Figure 1601: EDE-global**



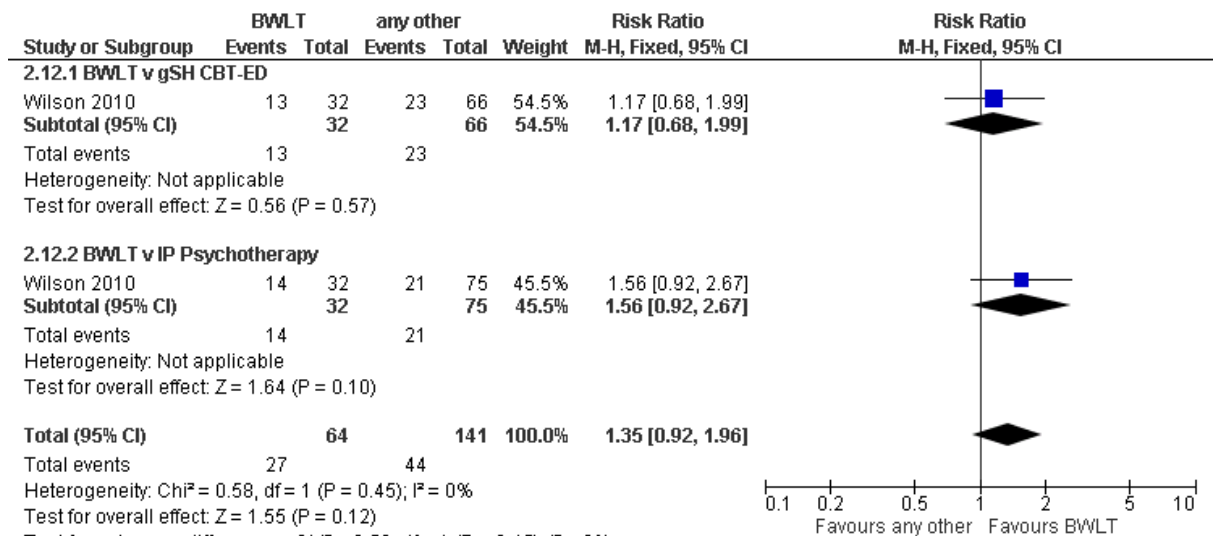
M.6.3.55 **Behavioural weight loss therapy versus any other intervention in adults with BED at 2-6 year follow up**

7 **Figure 1602: BMI**



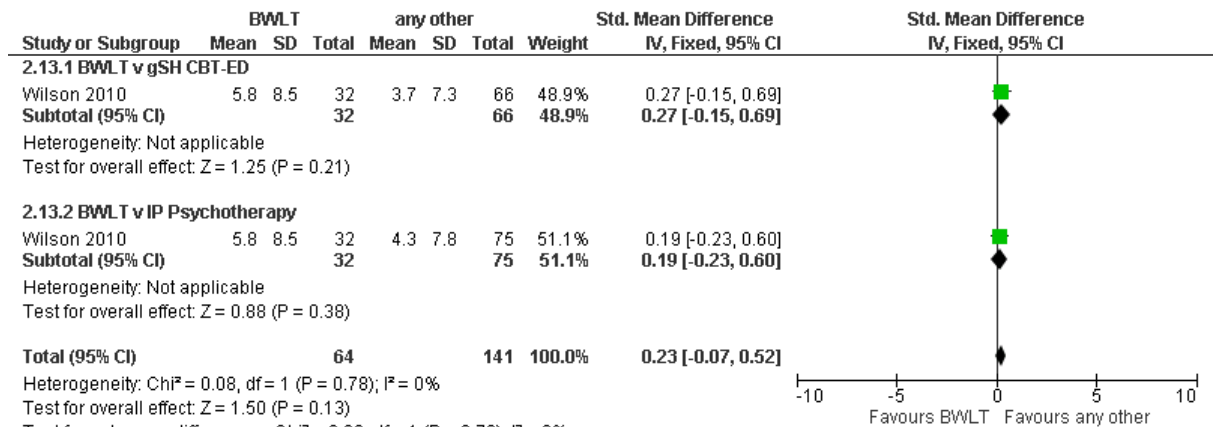
9

1 **Figure 1603: Number of people losing 5% or more weight**



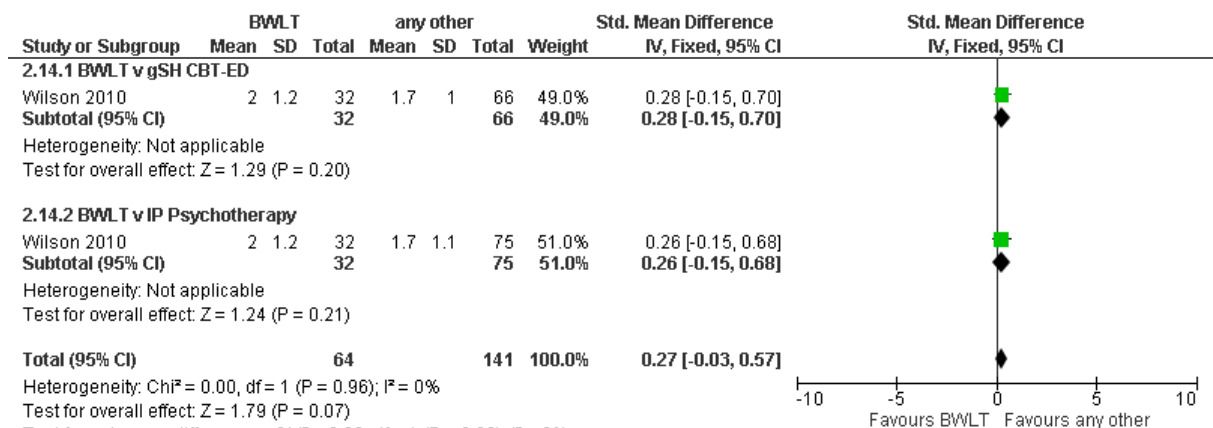
2 Test for subgroup differences: Chi² = 0.58, df = 1 (P = 0.45), I² = 0%

3 **Figure 1604: Binge frequency**



4 Test for subgroup differences: Chi² = 0.08, df = 1 (P = 0.78), I² = 0%

5 **Figure 1605: EDE-global**

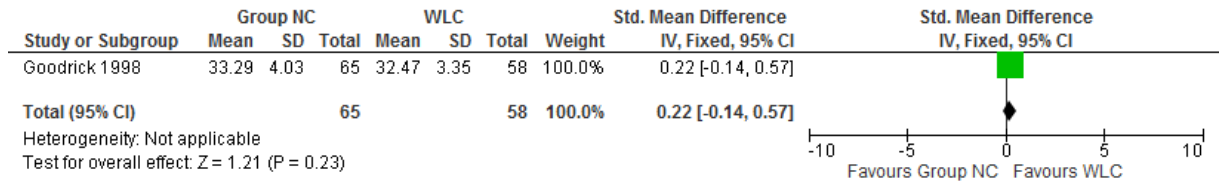


6 Test for subgroup differences: Chi² = 0.00, df = 1 (P = 0.96), I² = 0%

M.6.3.61 Group nutritional counselling versus wait list control in adults with BED at end of treatment

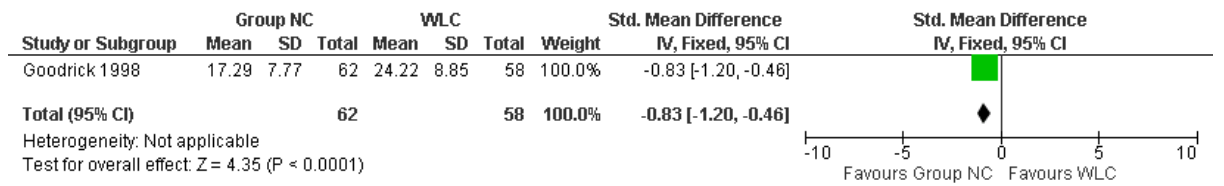
3 Figure 1606: BMI

4



5

6 Figure 1607: Binge Eating Scale

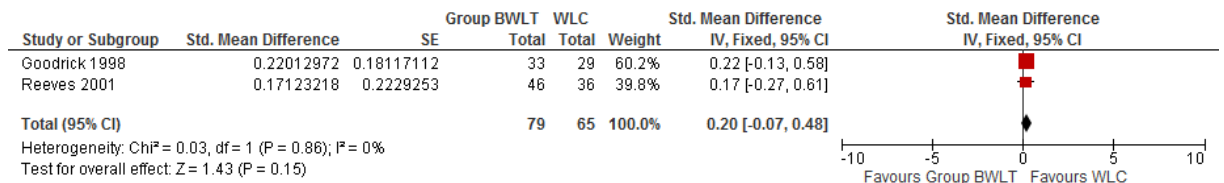


7

M.6.3.78 Group behavioural weight loss therapy versus wait list control in adults with BED at end of treatment

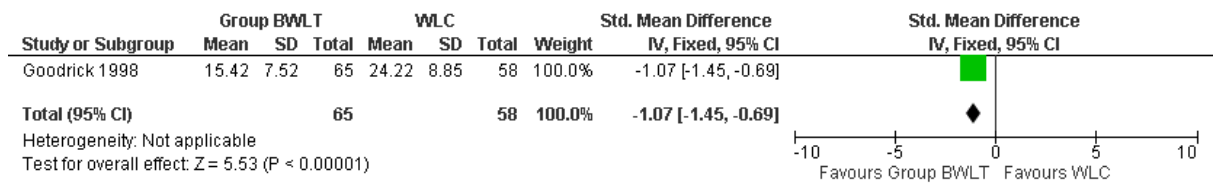
10 Figure 1608: BMI/Weight

11



12

13 Figure 1609: Binge Eating Scale

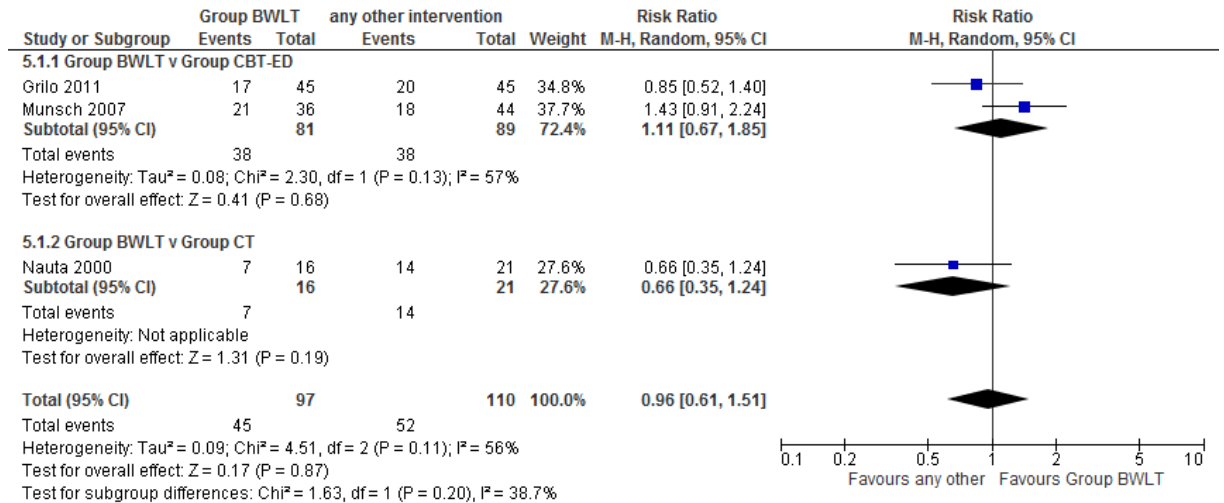


14

**M.6.3.81 Group behavioural weight loss therapy versus any other intervention in adults with
2 BED at end of treatment**

3 Figure 1610: Remission (ITT)

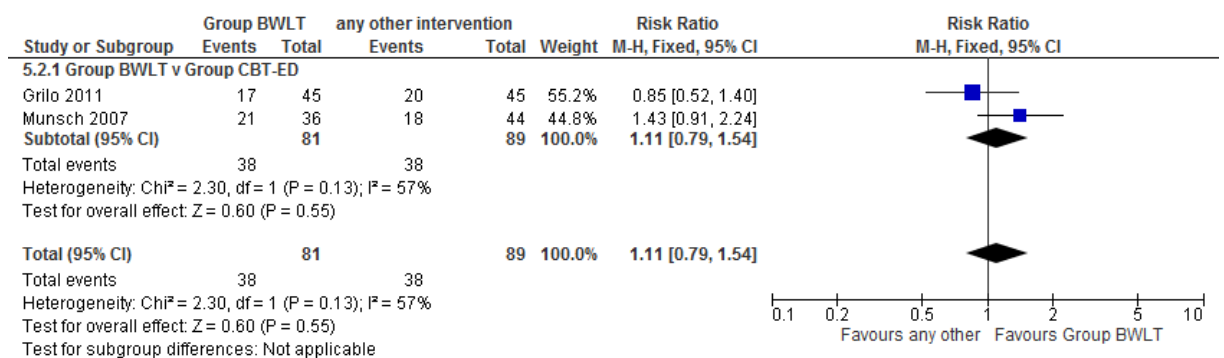
4



5

6 Heterogeneity was detected at $i^2=56\%$. There was no clear difference in the risk of bias
7 between these three studies. The study by Nauta 2000 was unclear if the participants had
8 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
9 illness, as indicated by the average number of binges per month were different, Nauta 2000
10 >18 per month versus both Grillo 2011 and Munsch 2007 <18 per month and this may
11 explain the heterogeneity. However, , the heterogeneity for the latter subgroup (group
12 behavioural weight loss therapy vs group CBT-ED), which excludes Nauta 2000, was 57%.
13 Hence, the observed heterogeneity remained unexplained.

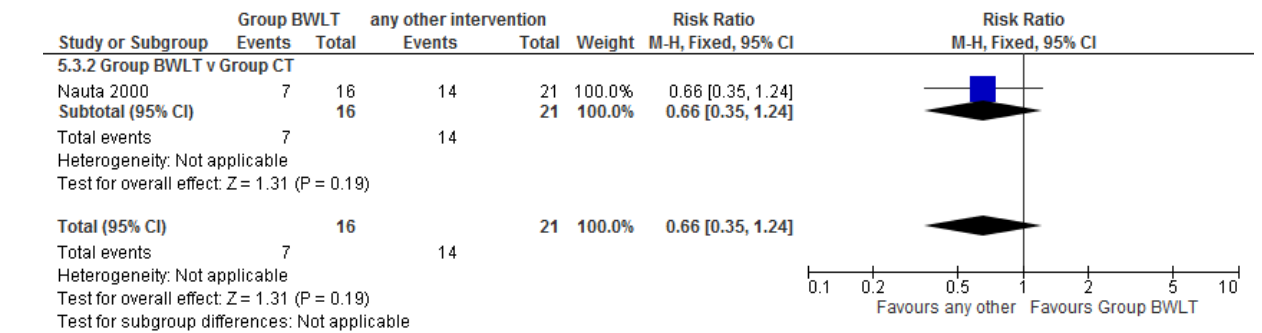
**14 Figure 1611: Remission (ITT) - subgroup analysis of severity of illness (<18 binges per
15 month)**



16

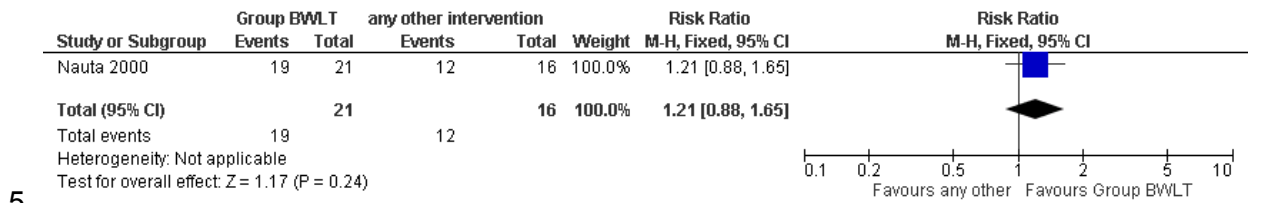
17

1 **Figure 1612: Remission (ITT) - subgroup analysis of severity of illness (>18 binges per month)**



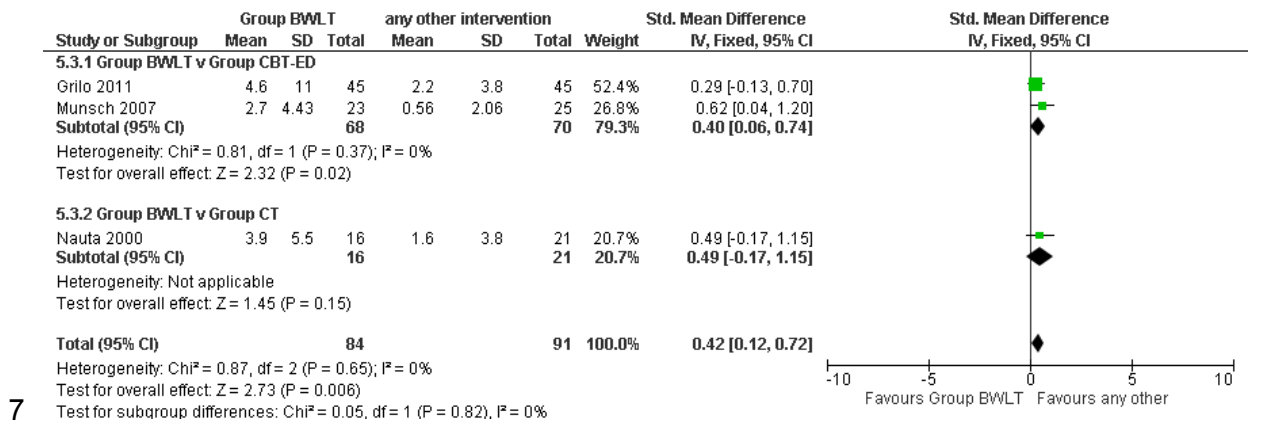
3

4 **Figure 1613: No longer meets all DSM-IV BED criteria**



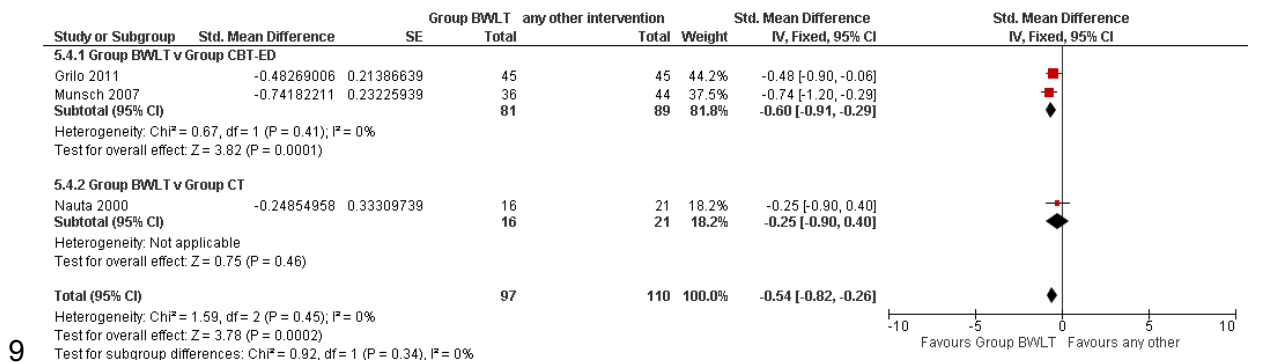
5

6 **Figure 1614: Binge frequency**



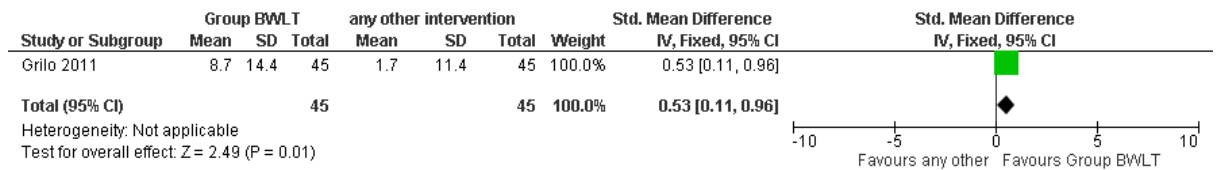
7

8 **Figure 1615: BMI/Weight**



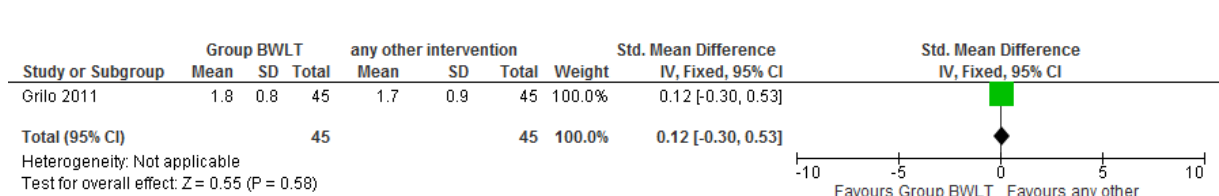
9

1 **Figure 1616: Weight loss (lbs)**



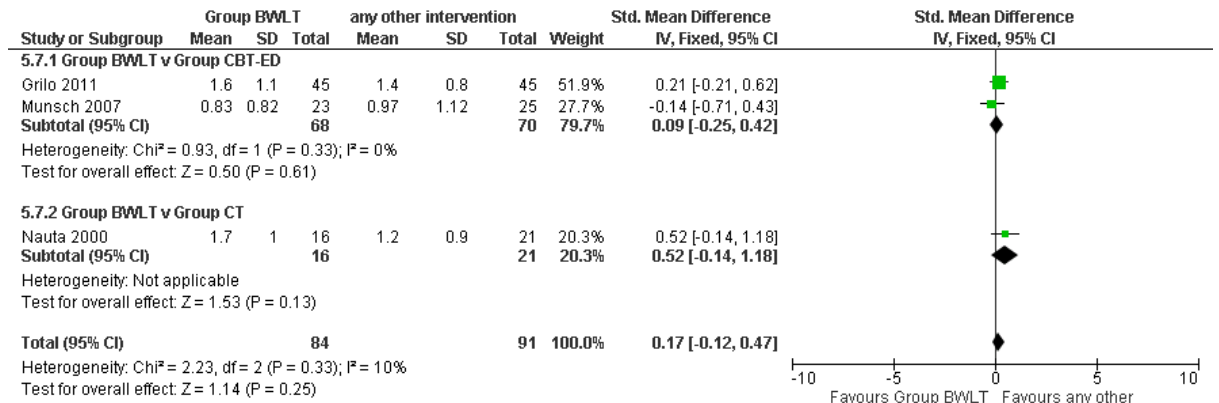
2

3 **Figure 1617: EDE-global**



5

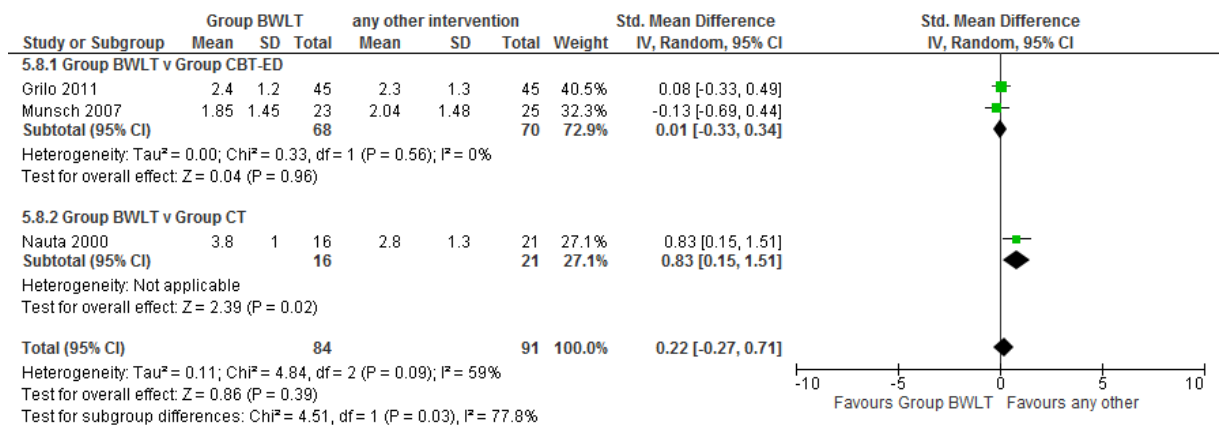
6 **Figure 1618: EDE-dietary restraint**



7

8

9 **Figure 1619: EDE-shape concern**

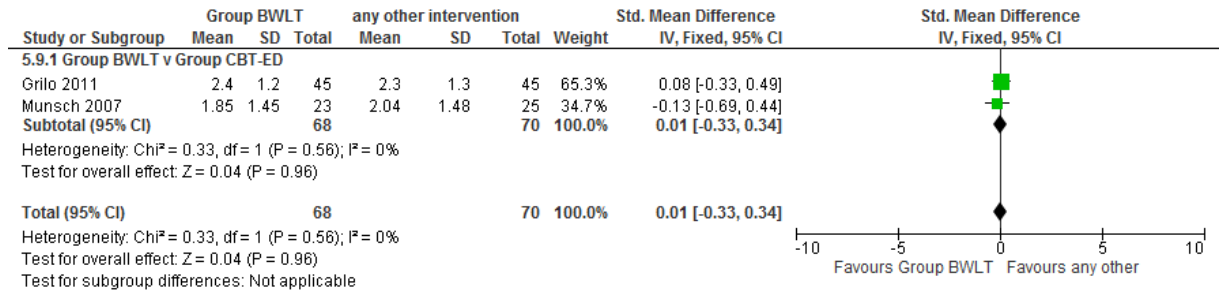


10

11 Heterogeneity was detected at $i^2 = 59\%$. There was no clear difference in the risk of bias
 12 between these three studies. The study by Nauta 2000 was unclear if the participants had
 13 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
 14 illness, as indicated by the average number of binges per month were different, Nauta 2000
 15 >18 per month versus both Grillo 2011 and Munsch 2007 <18 per month. As can be seen

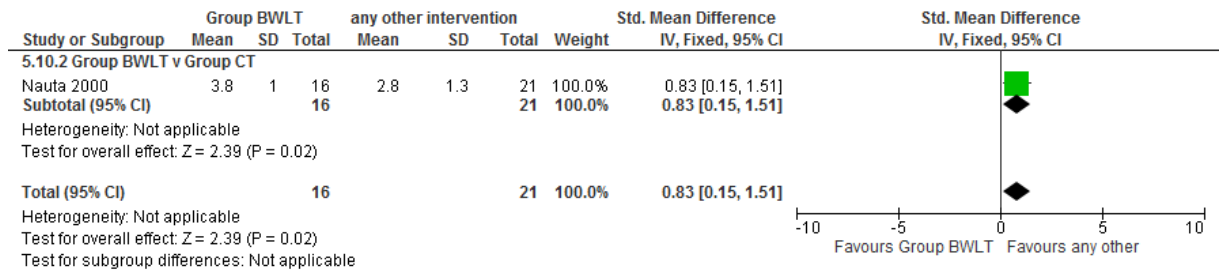
1 above, the heterogeneity for the latter subgroup (group behavioural weight loss therapy vs
2 group CBT-ED), which excludes Nauta 2000, was reduced to 0%. Hence severity of illness
3 may explain the observed heterogeneity.

4 **Figure 1620: EDE-shape concern - subgroup analysis for severity of illness (<18**
5 **binges/month)**



6

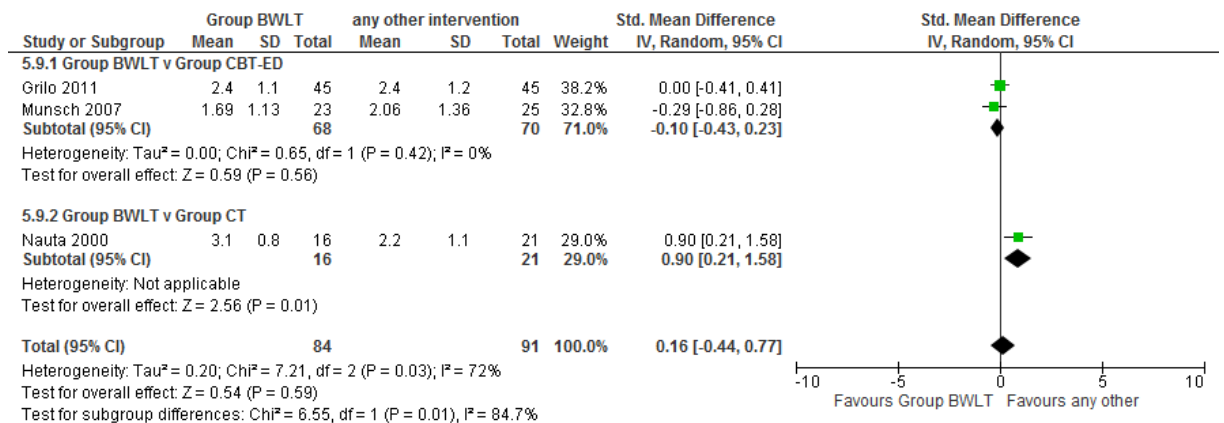
7 **Figure 1621: EDE-shape concern - subgroup analysis for severity of illness (>18**
8 **binges/month)**



9

10 **Figure 1622: EDE-weight concern**

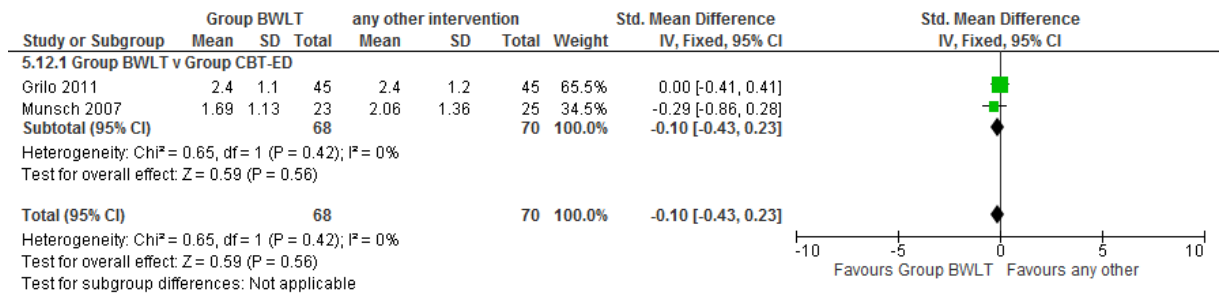
11



12

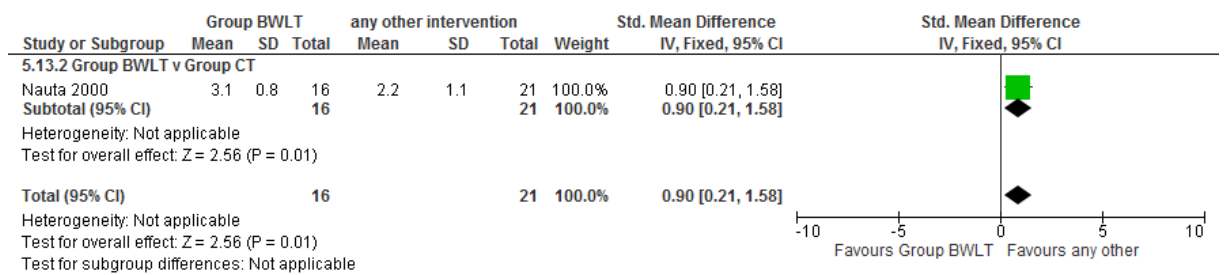
13 Heterogeneity was detected at $i^2=72\%$. There was no clear difference in the risk of bias
14 between these three studies. The study by Nauta 2000 was unclear if the participants had
15 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
16 illness, as indicated by the average number of binges per month were different, Nauta 2000
17 >18 per month versus both Grillo 2011 and Munsch 2007 <18 per month. As can be seen
18 above, the heterogeneity for the latter subgroup (group behavioural weight loss therapy vs
19 group CBT-ED), which excludes Nauta 2000, was reduced to 0%. Hence severity of illness
20 may explain the observed heterogeneity.

1 **Figure 1623: EDE-weight concern - subgroup analysis for severity of illness (<18**
2 **binges/month)**



3

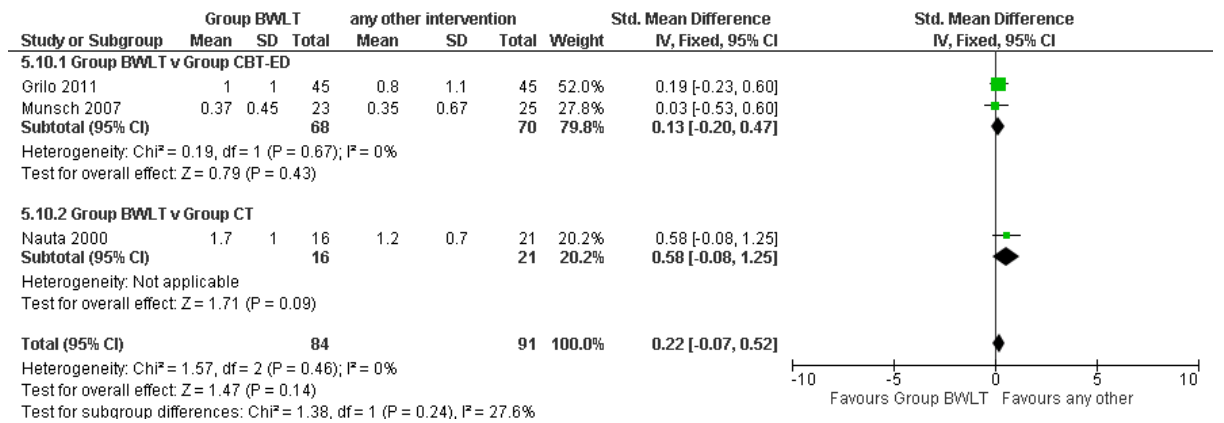
4 **Figure 1624: EDE-weight concern - subgroup analysis for severity of illness (>18**
5 **binges/month)**



6

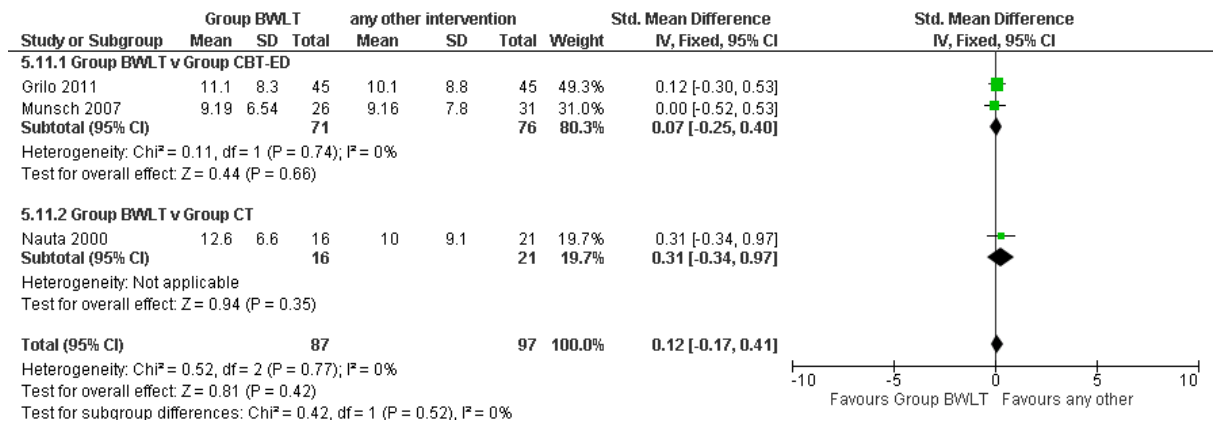
7

8 **Figure 1625: EDE-eating concern**



9

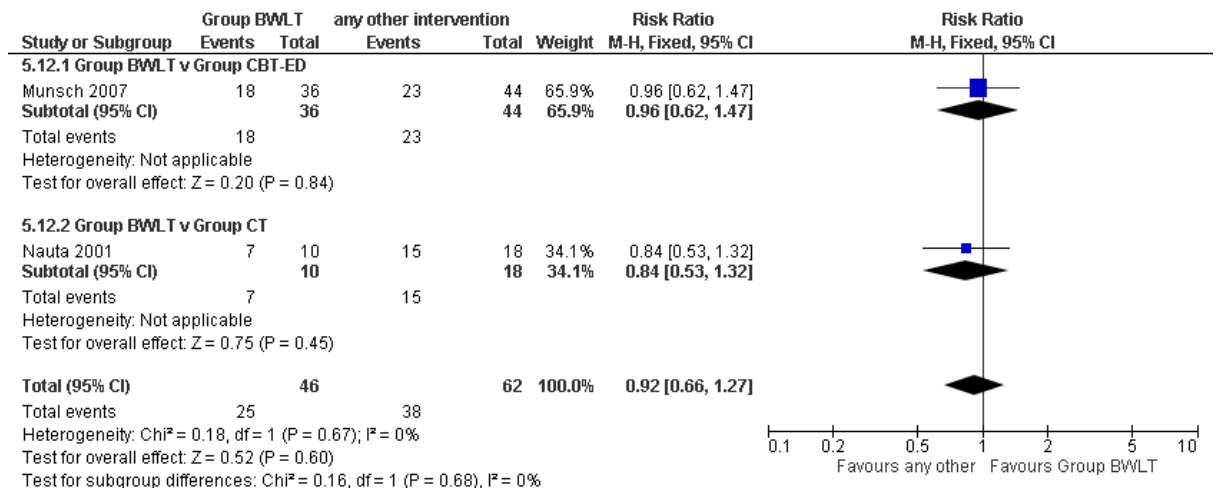
1 **Figure 1626: Depression**



2

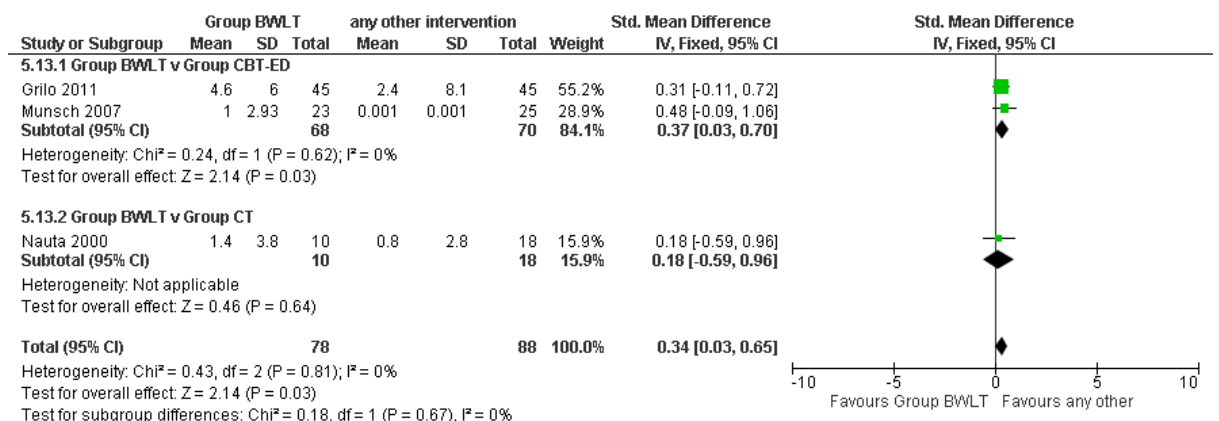
M.6.3.93 **Group behavioural weight loss therapy versus any other intervention in adults with BED at follow up**

5 **Figure 1627: Remission (ITT)**



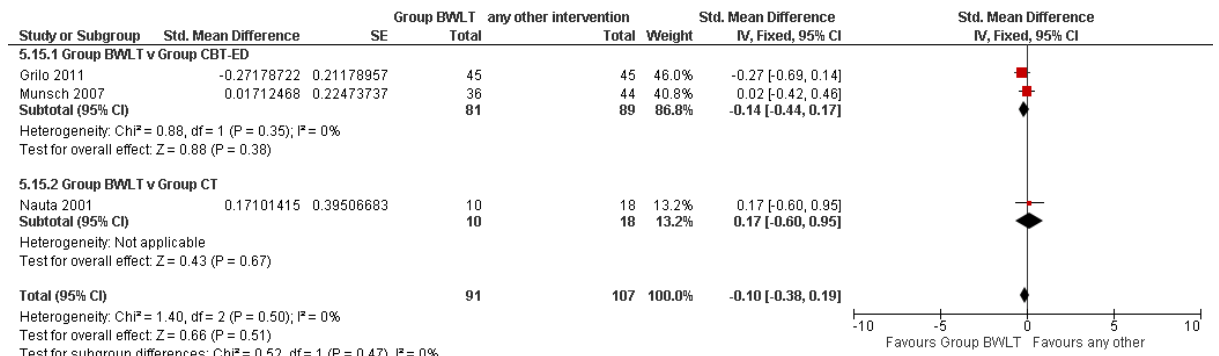
6

7 **Figure 1628: Binge frequency**



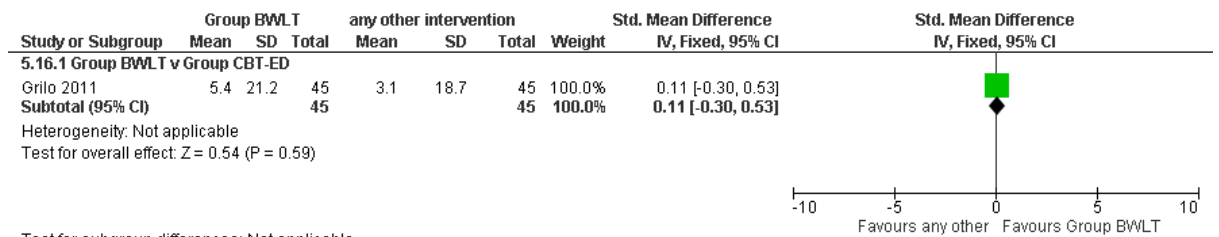
8

1 **Figure 1629: BMI/Weight**



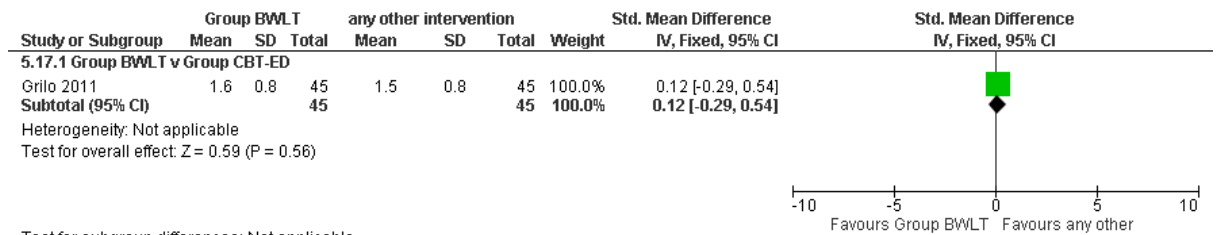
2 Test for subgroup differences: Chi² = 0.52, df = 1 (P = 0.47), I² = 0%

3 **Figure 1630: Weight loss (lbs)**



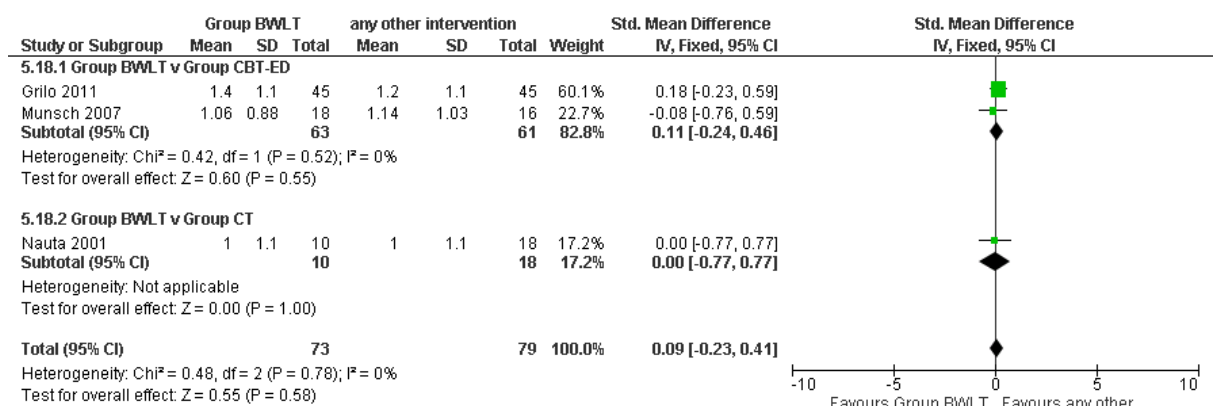
4 Test for subgroup differences: Not applicable

5 **Figure 1631: EDE-global**



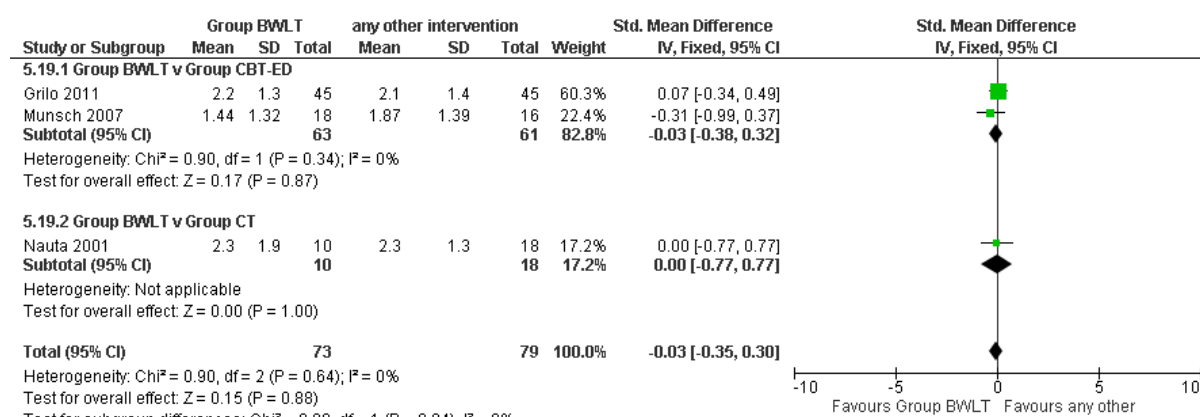
6 Test for subgroup differences: Not applicable

7 **Figure 1632: EDE-dietary restraint**



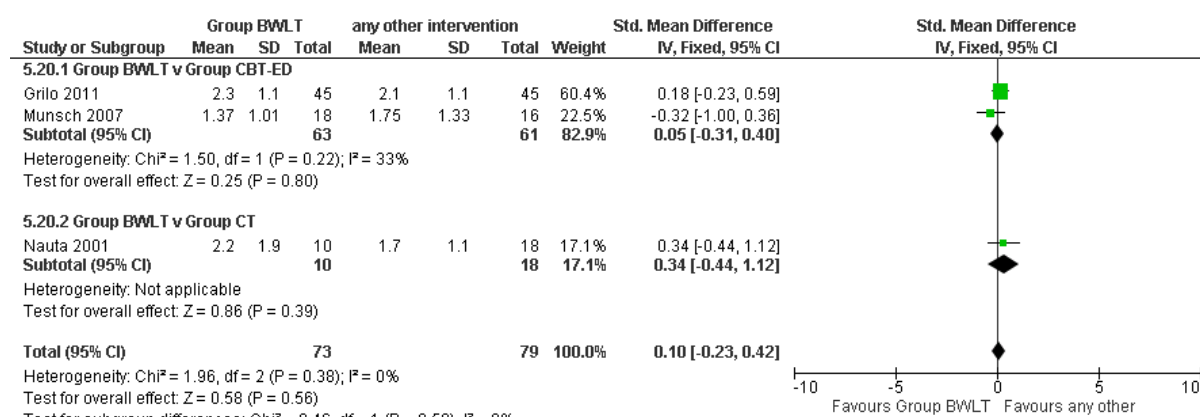
8 Test for subgroup differences: Chi² = 0.06, df = 1 (P = 0.80), I² = 0%

1 Figure 1633: EDE-shape concern



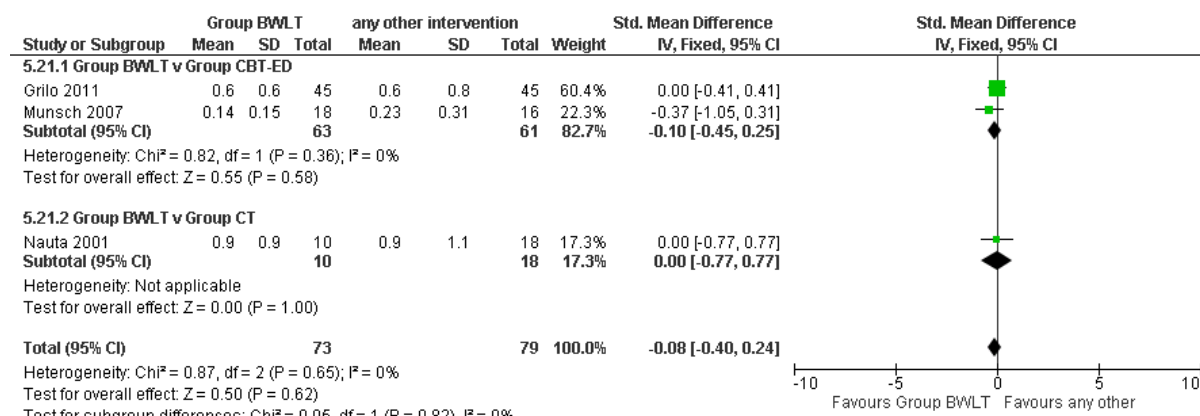
2 Test for subgroup differences: $\text{Chi}^2 = 0.00$, $\text{df} = 1$ ($P = 0.94$), $I^2 = 0\%$

3 Figure 1634: EDE-weight concern



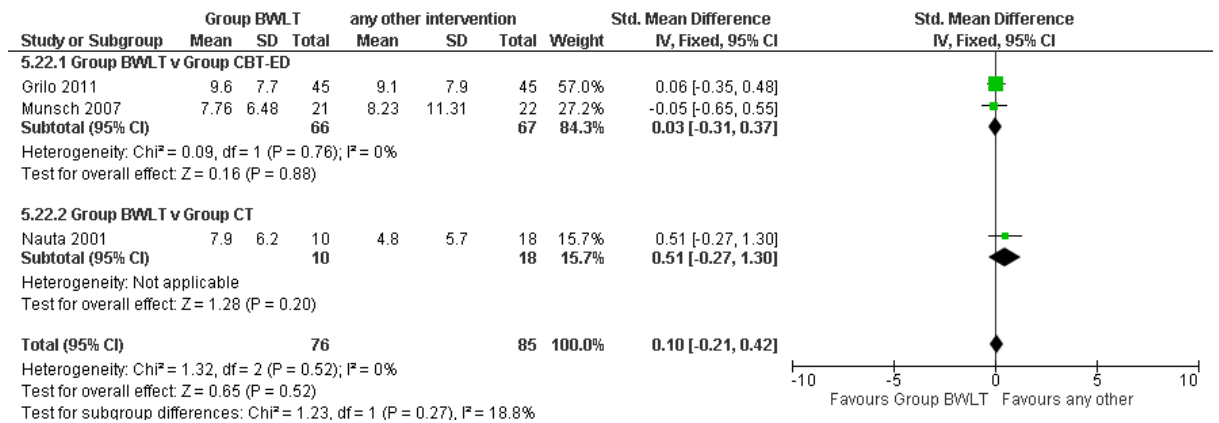
4 Test for subgroup differences: $\text{Chi}^2 = 0.46$, $\text{df} = 1$ ($P = 0.50$), $I^2 = 0\%$

5 Figure 1635: EDE-eating concern



6 Test for subgroup differences: $\text{Chi}^2 = 0.05$, $\text{df} = 1$ ($P = 0.82$), $I^2 = 0\%$

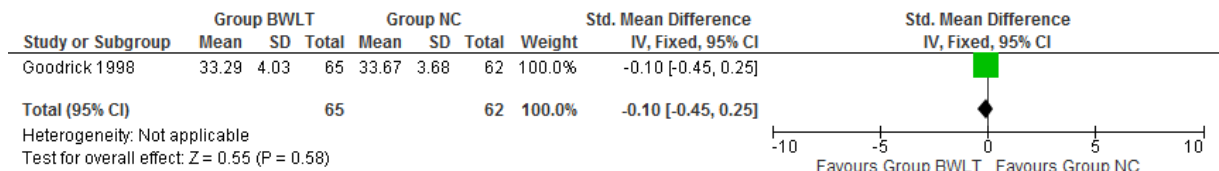
1 **Figure 1636: Depression**



2

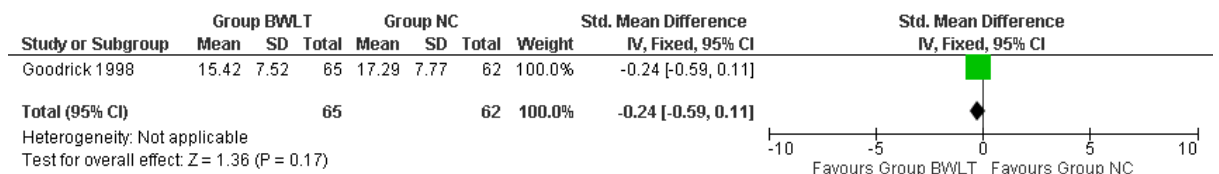
M.6.3.103 **Group behavioural weight loss therapy versus group nutritional counselling in adults with BED at end of treatment**

5 **Figure 1637: BMI**



7

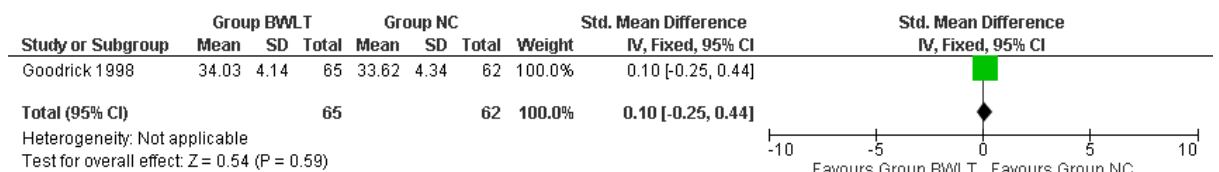
8 **Figure 1638: Binge Eating Scale**



9

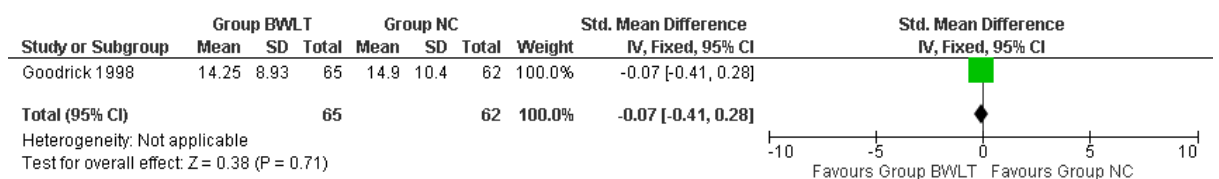
M.6.3.110 **Group behavioural weight loss therapy versus group nutritional counselling in adults with BED at follow up**

12 **Figure 1639: BMI**



13

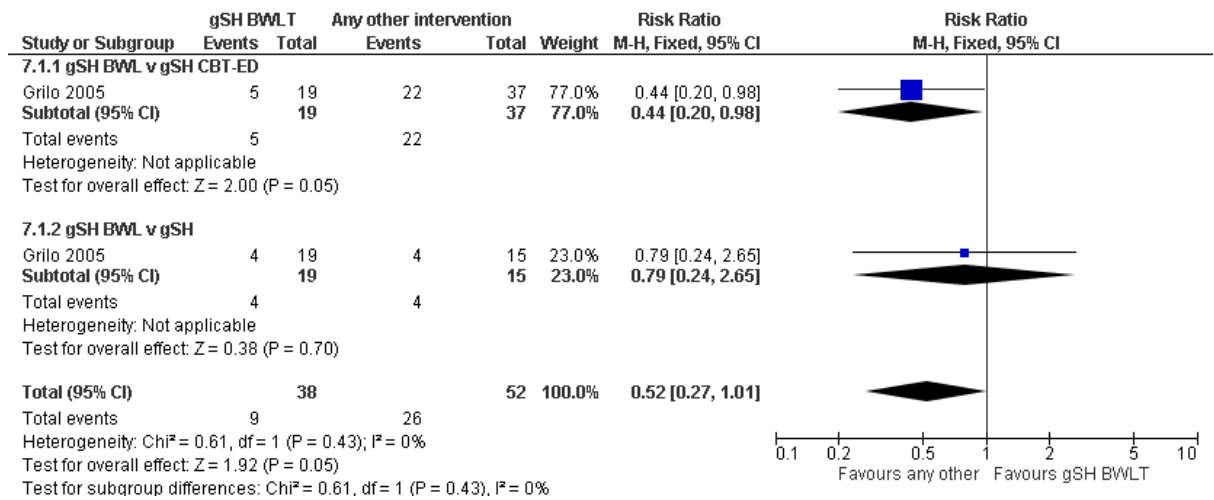
14 **Figure 1640: Binge Eating Scale**



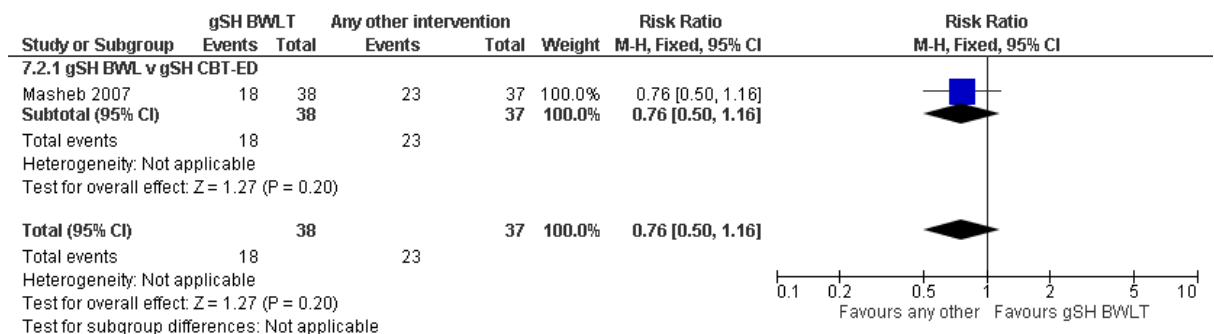
15

**M.6.3.121 Guided self-help behavioural weight loss versus any other intervention in adults with
2 BED at end of treatment**

3 Figure 1641: Remission

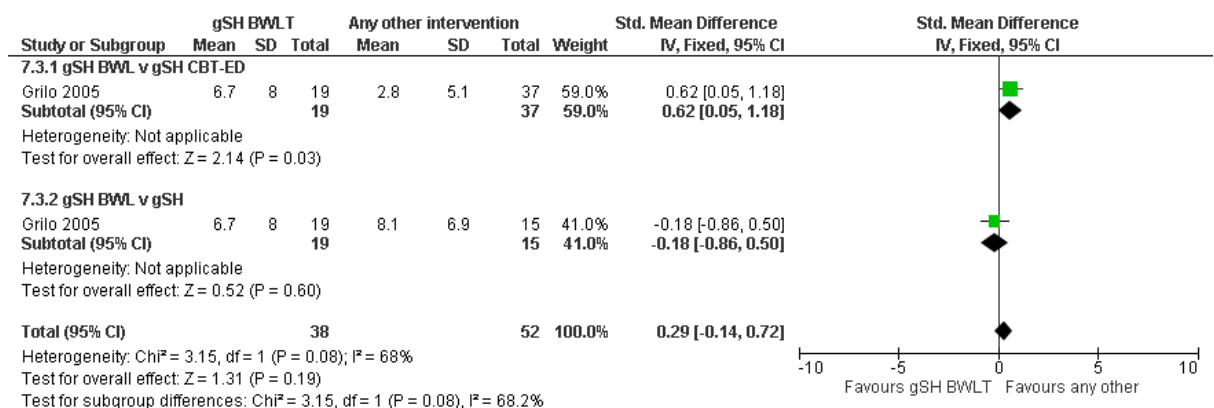


5 Figure 1642: Rapid response

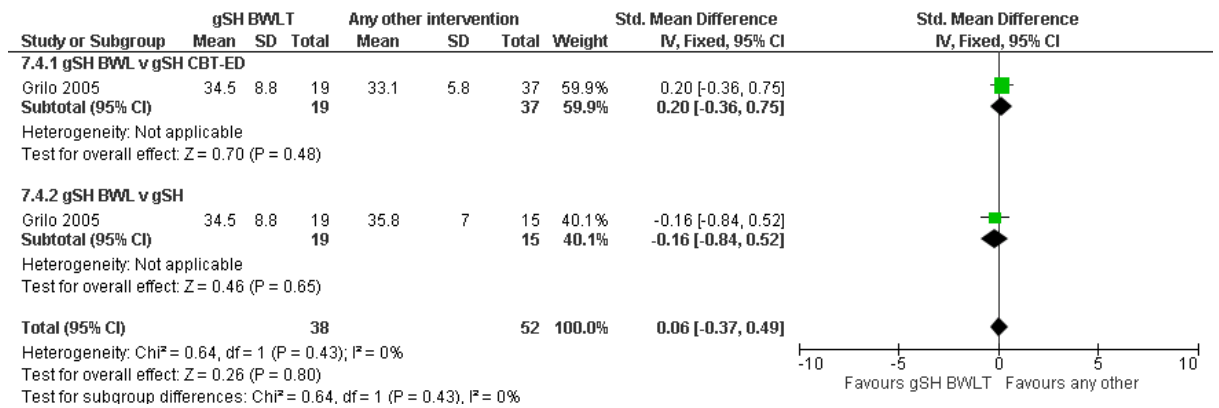


7

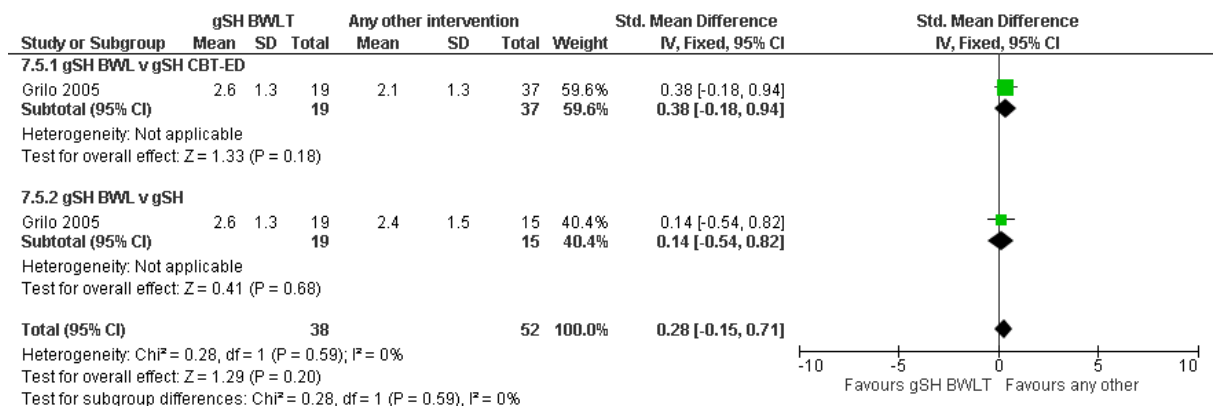
8 Figure 1643: Binge frequency



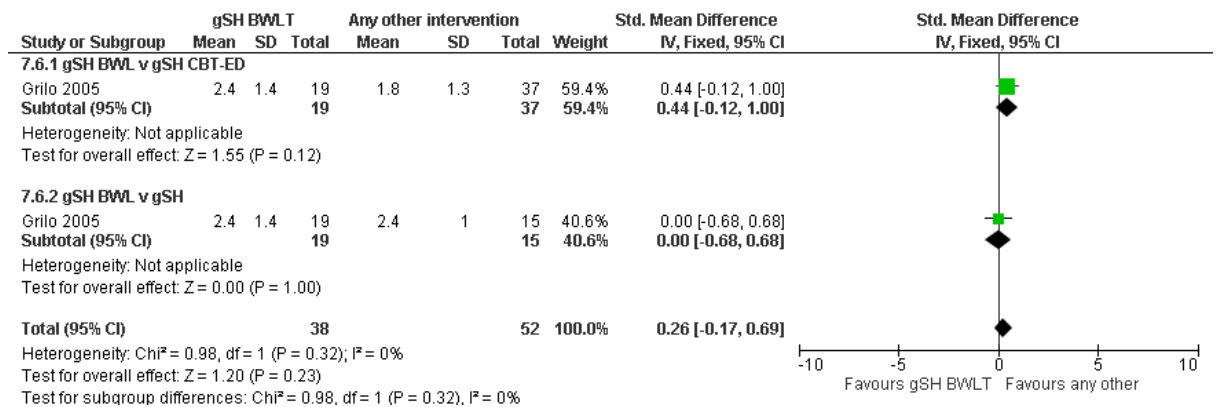
1 **Figure 1644: BMI**



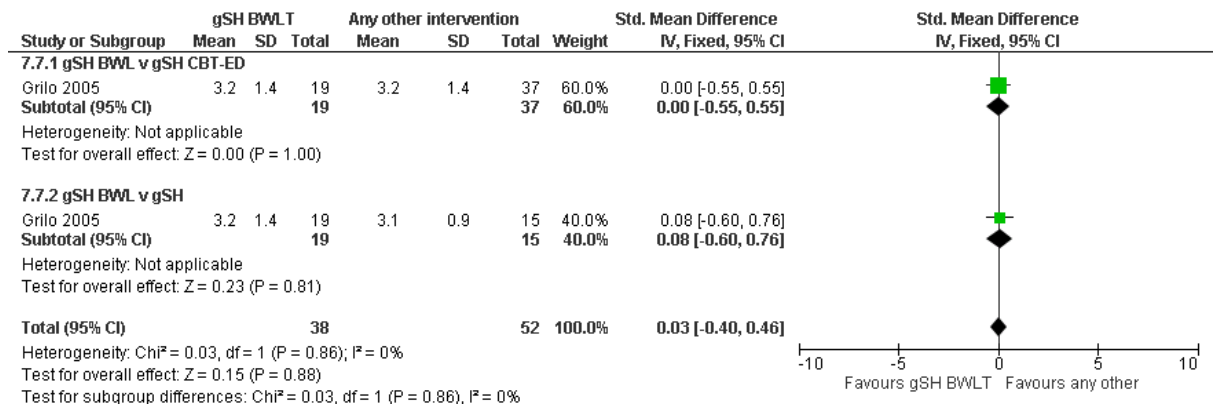
3 **Figure 1645: EDE-Q-dietary restraint**



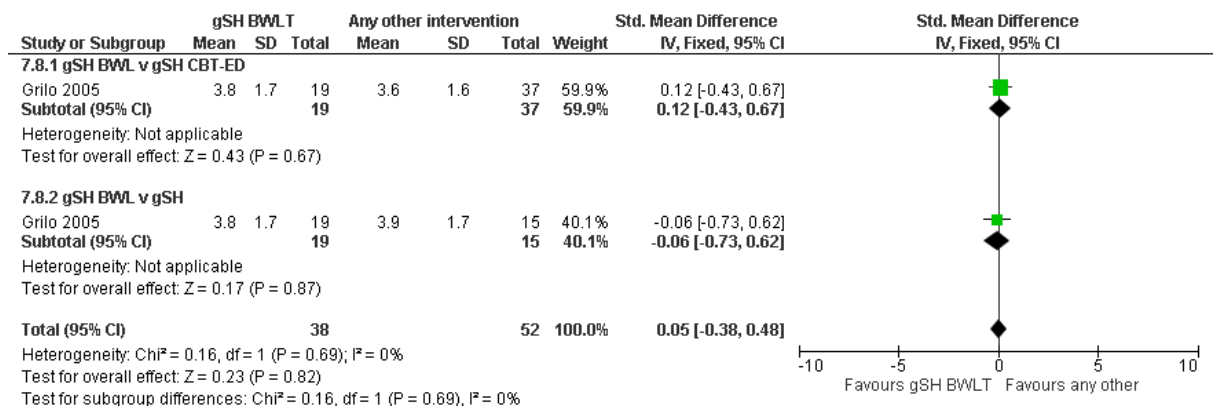
5 **Figure 1646: EDE-Q-eating concern**



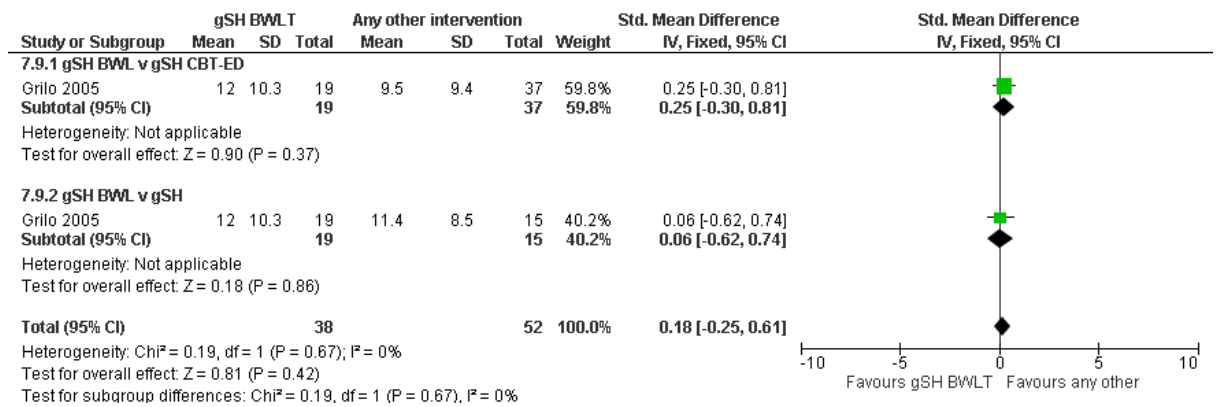
1 **Figure 1647: EDE-Q-weight concern**



3 **Figure 1648: EDE-Q-shape concern**

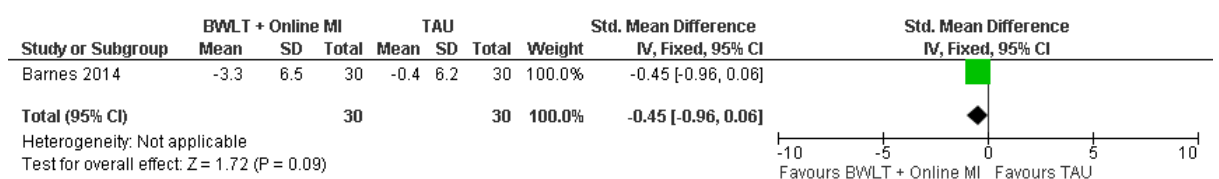


5 **Figure 1649: Depression**

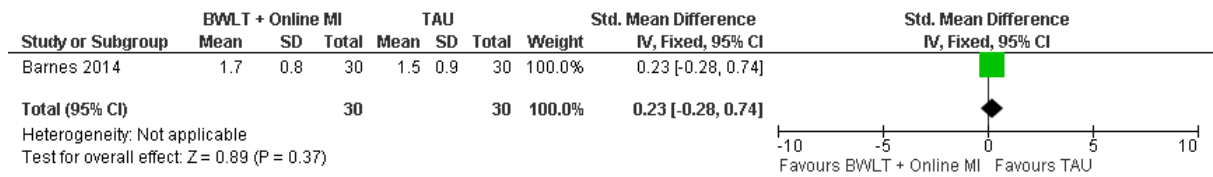


M.6.3.137 **Behavioural weight loss therapy and online motivational interviewing versus treatment as usual intervention in adults with BED at end of treatment**

9 **Figure 1650: Weight (lbs – change scores)**

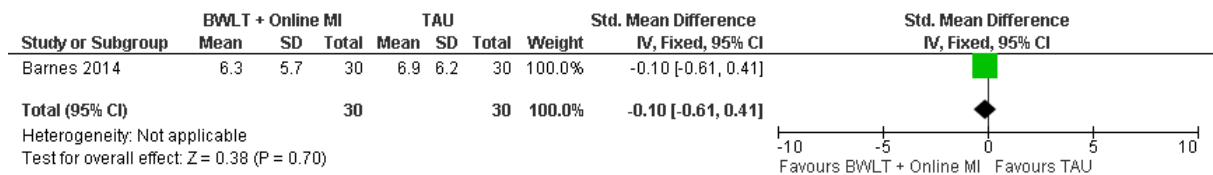


1 **Figure 1651: EDE-global**



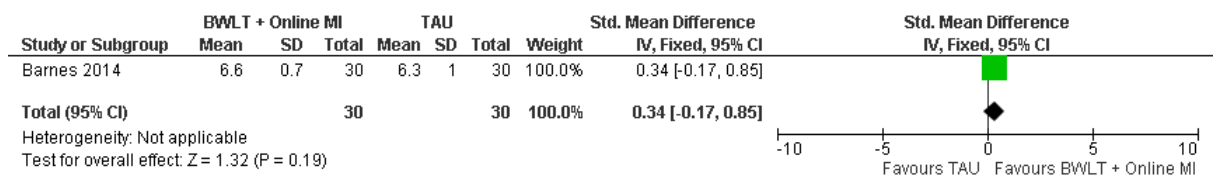
2

3 **Figure 1652: Depression**



4

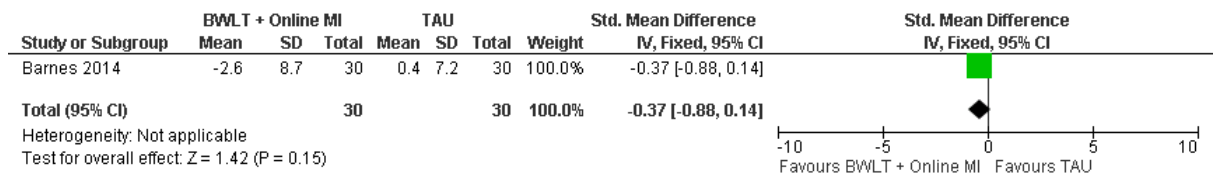
5 **Figure 1653: General functioning**



6

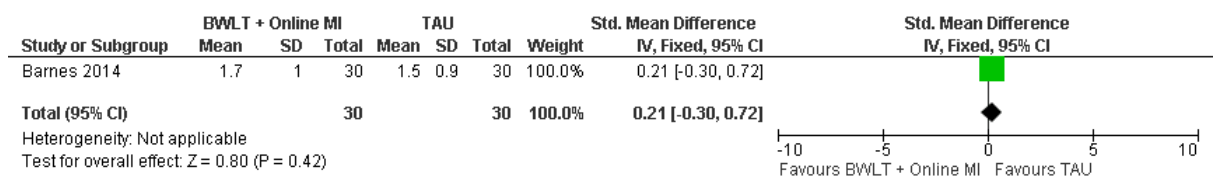
M.6.3.147 **Behavioural weight loss therapy and online motivational interviewing versus treatment as usual intervention in adults with BED at follow up**

9 **Figure 1654: Weight (lbs – change scores)**



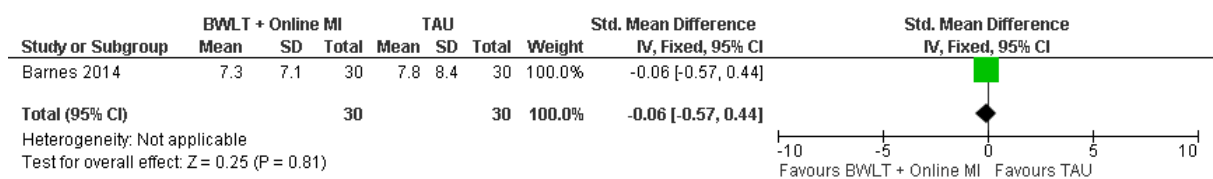
10

11 **Figure 1655: EDE-global**



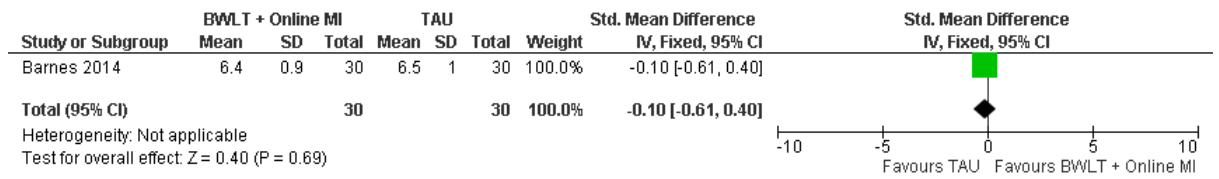
12

13 **Figure 1656: Depression**



14

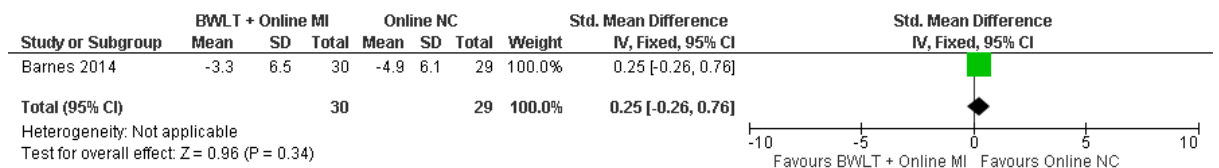
1 **Figure 1657: General functioning**



2

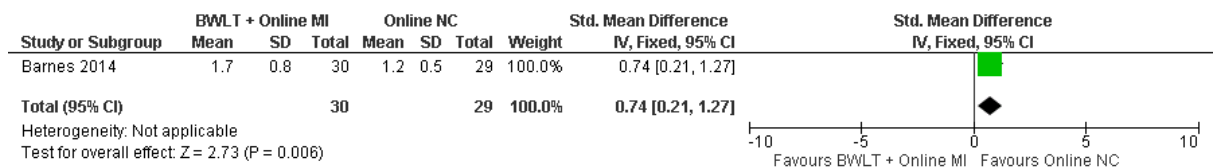
M.6.3.153 **Behavioural Weight Loss Therapy + Online Motivational Interviewing versus Online Nutritional Counselling in adults with BED at end of treatment**

5 **Figure 1658: Weight (lbs – change scores)**



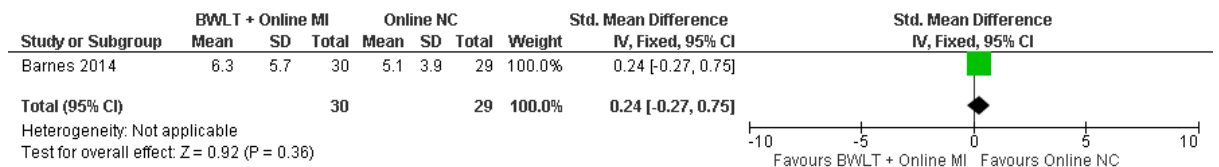
6

7 **Figure 1659: EDE-global**



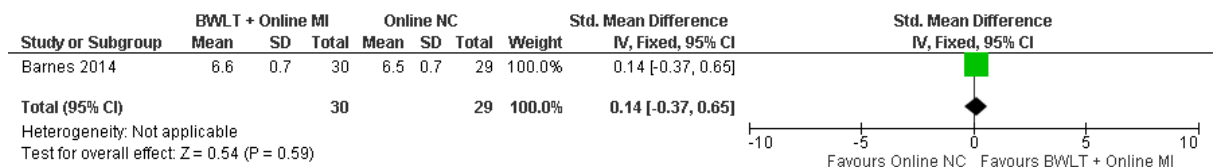
8

9 **Figure 1660: Depression**



10

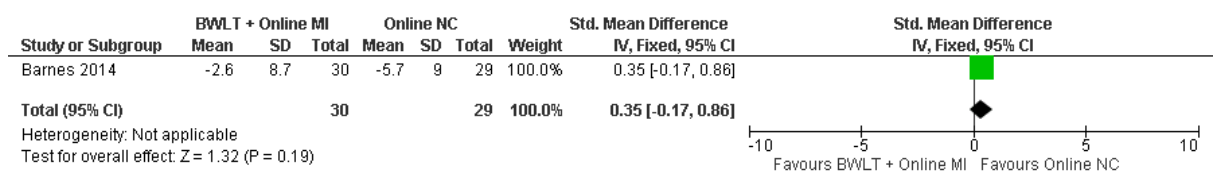
11 **Figure 1661: General functioning**



12

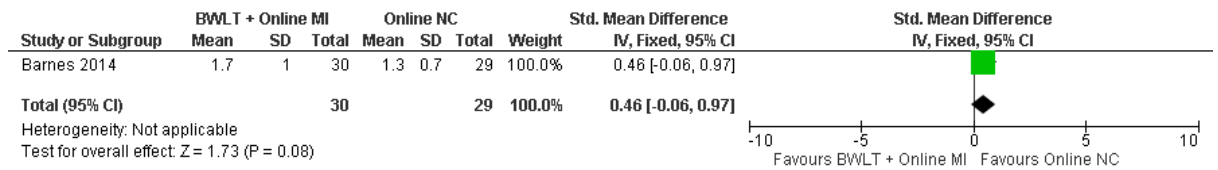
M.6.3.163 **Behavioural Weight Loss Therapy + Online Motivational Interviewing versus Online Nutritional Counselling in adults with BED at follow up**

15 **Figure 1662: Weight (lbs – change scores)**



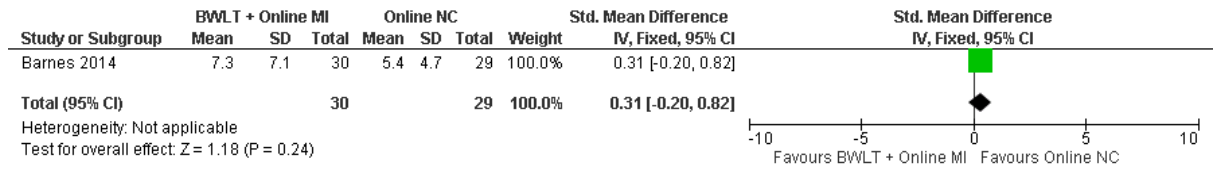
16

1 **Figure 1663: EDE-global**



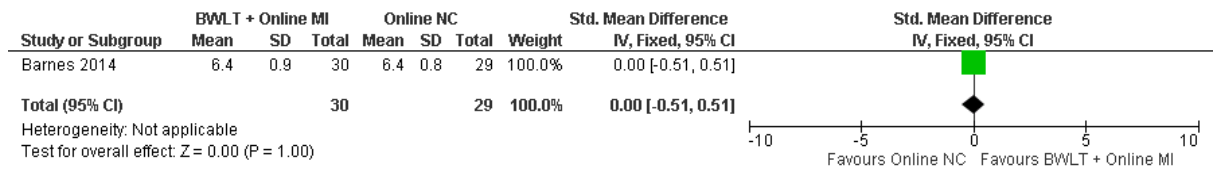
2

3 **Figure 1664: Depression**



4

5 **Figure 1665: General functioning**



6

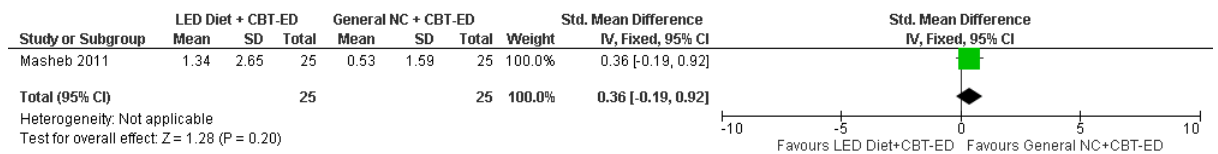
M.6.3.177 **Low-energy density diet and CBT-ED versus general nutritional counselling and CBT-ED in adults with BED at end of treatment**

9 **Figure 1666: Remission (ITT)**



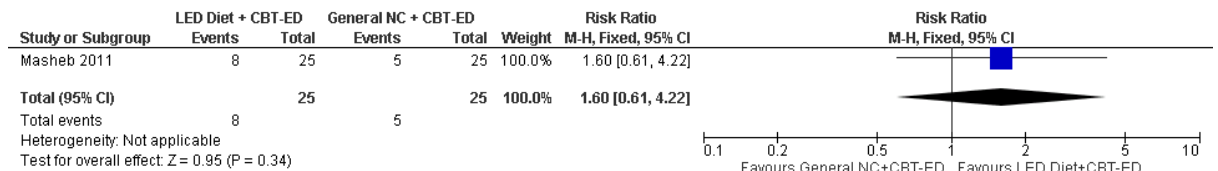
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11 **Figure 1667: BMI – change scores**



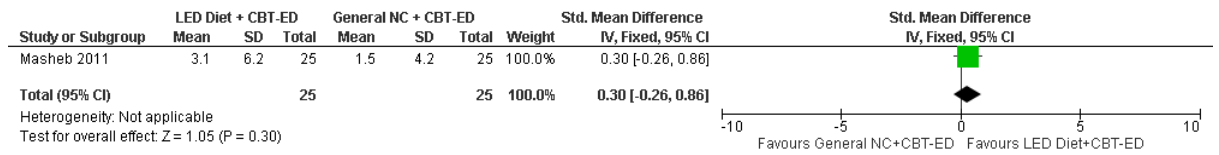
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13 **Figure 1668: Number of people achieving 5 % weight loss or more**



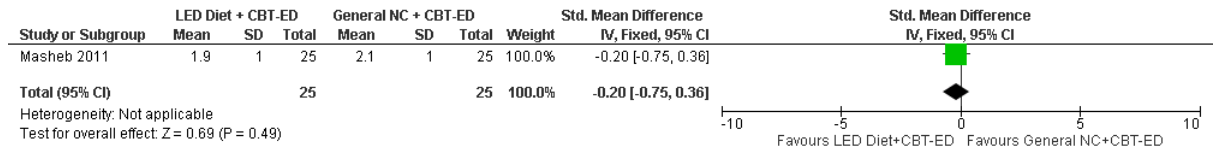
14

1 **Figure 1669: Mean % weight loss**



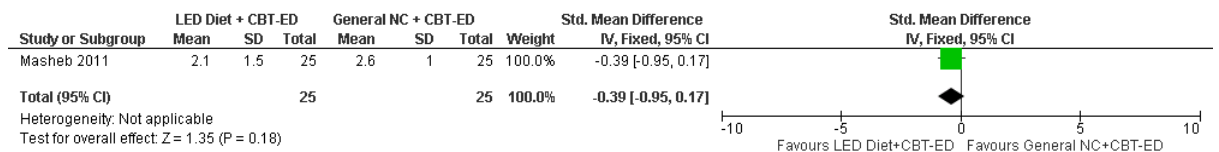
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3 **Figure 1670: EDE-global**



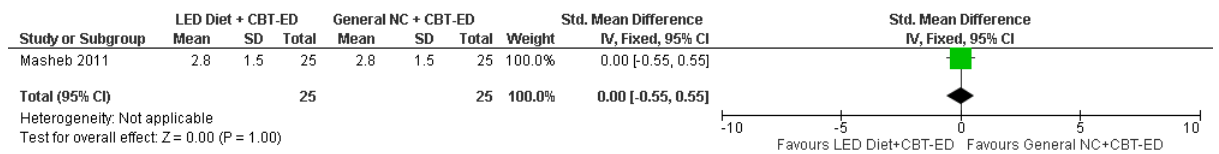
4

5 **Figure 1671: EDE-weight concern**



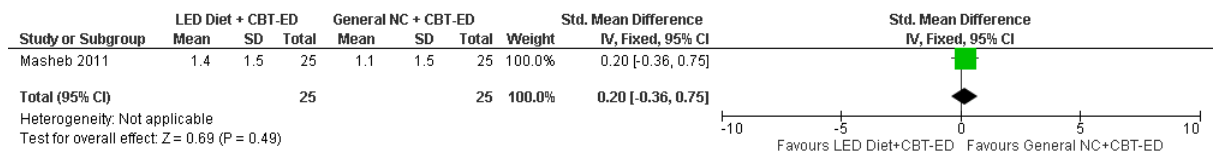
6

7 **Figure 1672: EDE-shape concern**



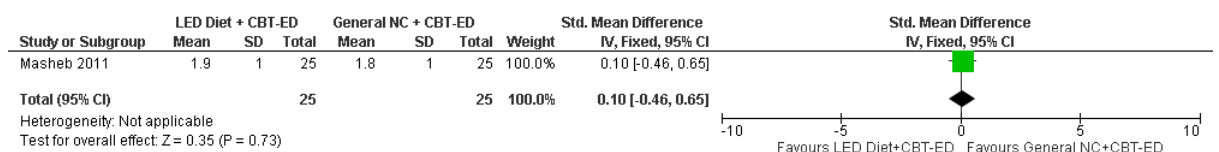
8

9 **Figure 1673: EDE-eating concern**



10

11 **Figure 1674: Depression**

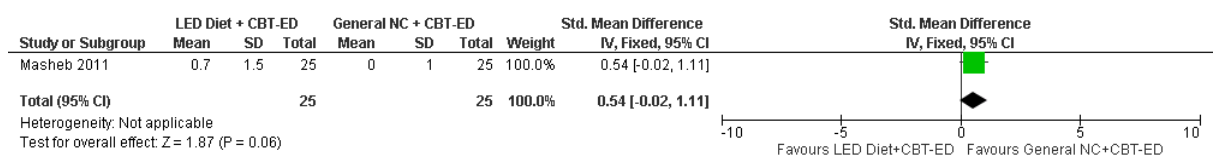


12

M.6.3.183 Low-energy density diet and CBT-ED versus general nutritional counselling and CBT-ED in adults with BED at follow up

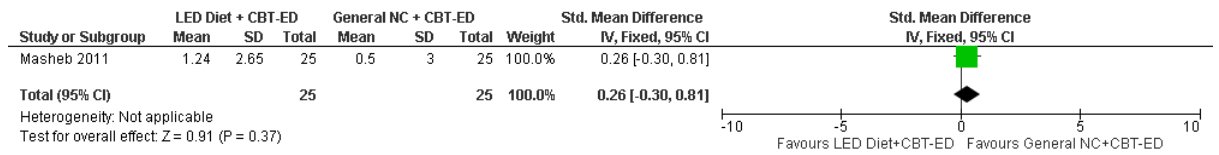
14

15 **Figure 1675: Binge frequency**



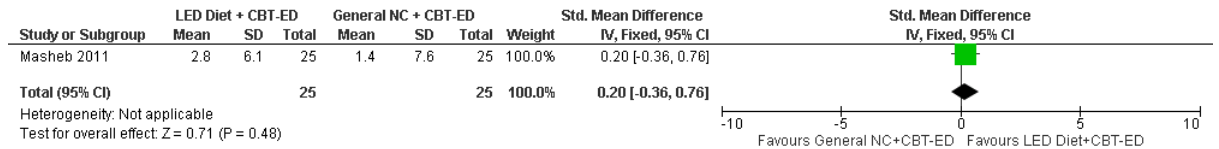
16

1 **Figure 1676: BMI – change scores**



2

3 **Figure 1677: Mean % weight loss**



4

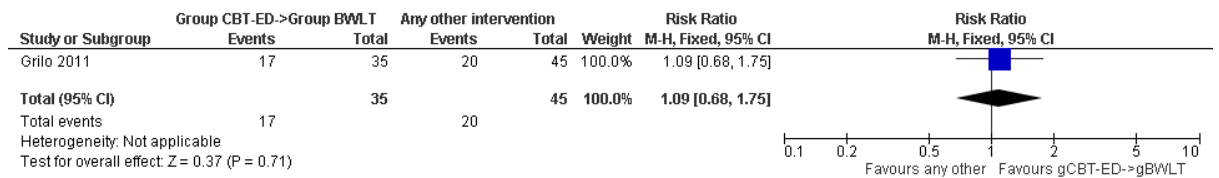
5 **Figure 1678: Number of people achieving 5 % weight loss or more**



6

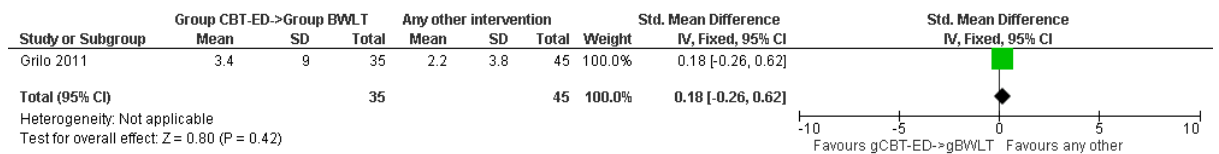
M.6.3.197 **Group CBT-ED then group behavioural weight loss therapy versus group CBT-ED in adults with BED at end of treatment**

9 **Figure 1679: Remission**



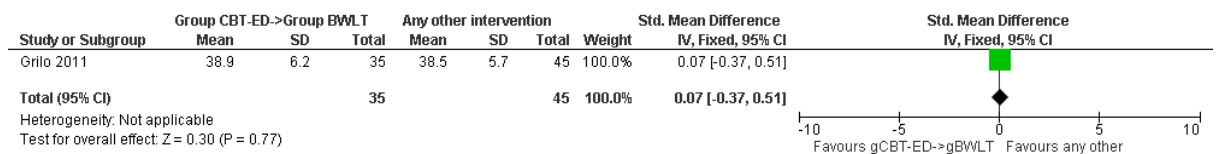
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11 **Figure 1680: Binge frequency**



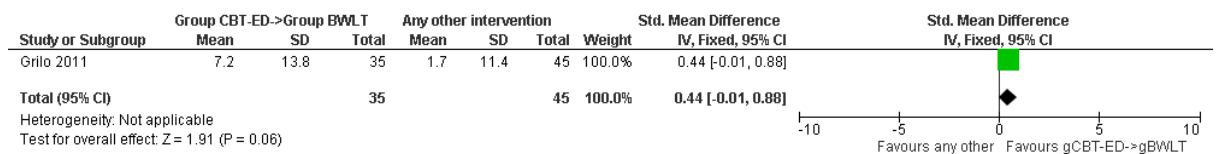
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13 **Figure 1681: BMI**



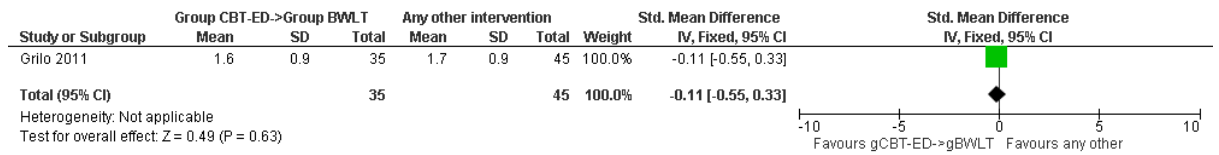
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15 **Figure 1682: Weight loss**



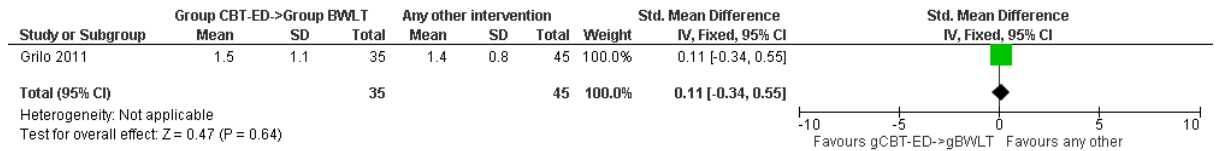
16

1 **Figure 1683: EDE-global**



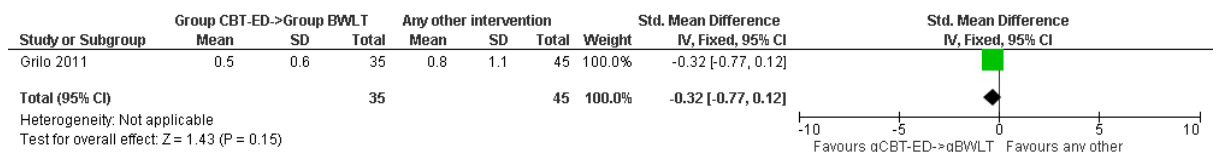
2

3 **Figure 1684: EDE-dietary restraint**



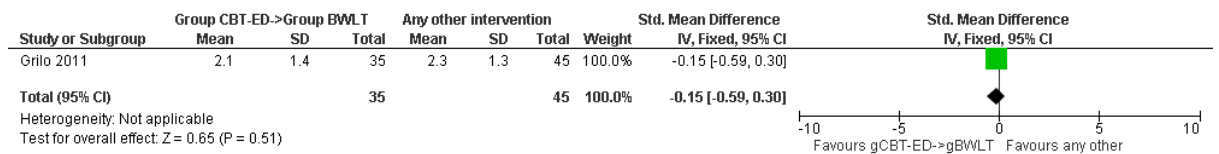
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5 **Figure 1685: EDE-eating concern**



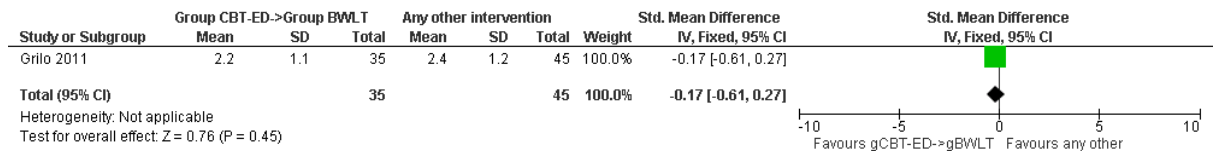
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7 **Figure 1686: EDE-shape concern**



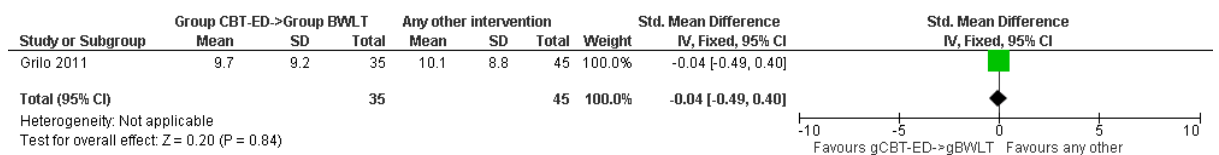
8

9 **Figure 1687: EDE-weight concern**



10

11 **Figure 1688: Depression**

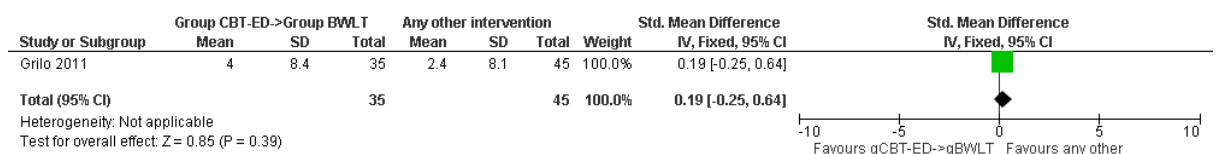


12

M.6.3.203 **Group CBT-ED then group behavioural weight loss therapy versus group CBT-ED in adults with BED at follow up**

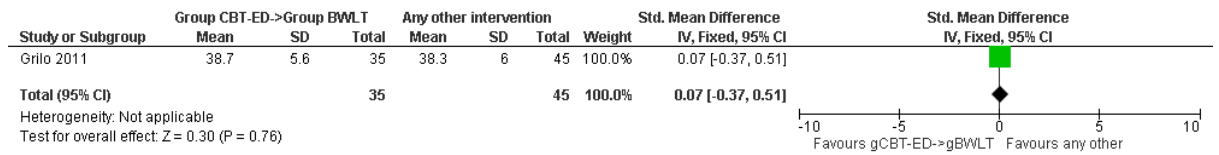
14

15 **Figure 1689: Binge frequency**



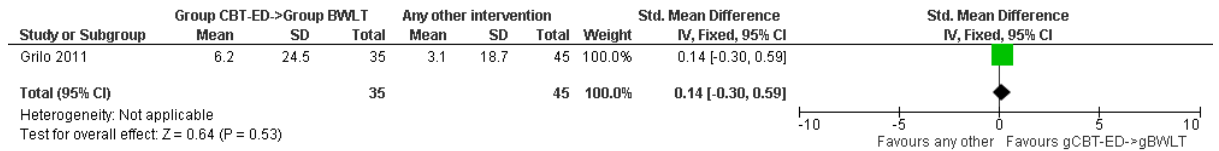
16

1 **Figure 1690: BMI**



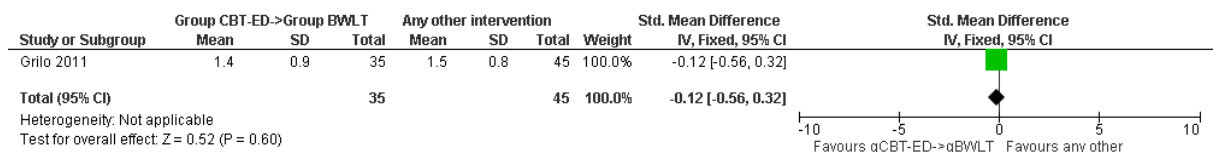
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3 **Figure 1691: Weight loss**



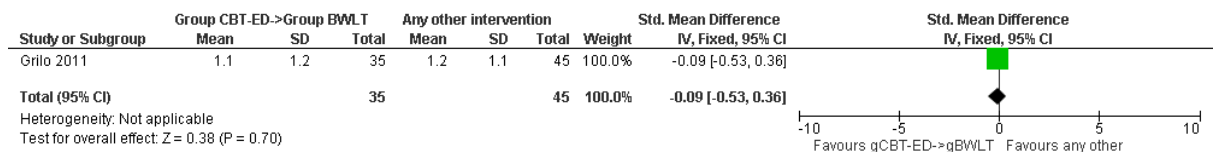
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5 **Figure 1692: EDE-global**



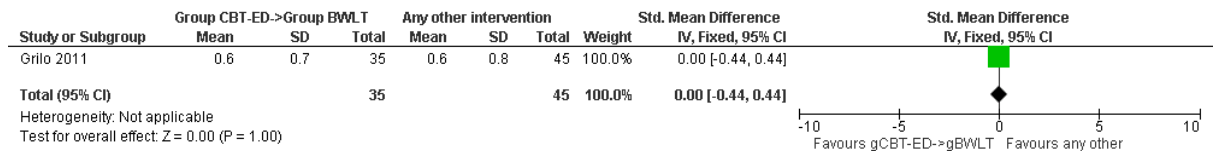
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7 **Figure 1693: EDE-dietary restraint**



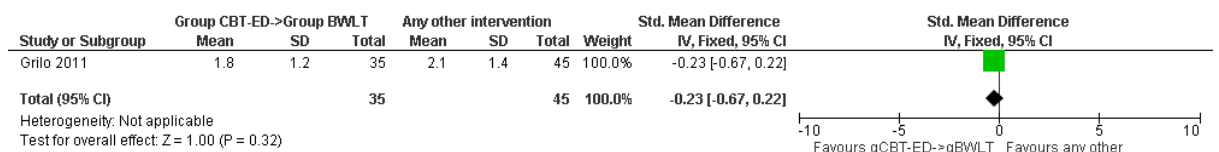
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9 **Figure 1694: EDE-eating concern**



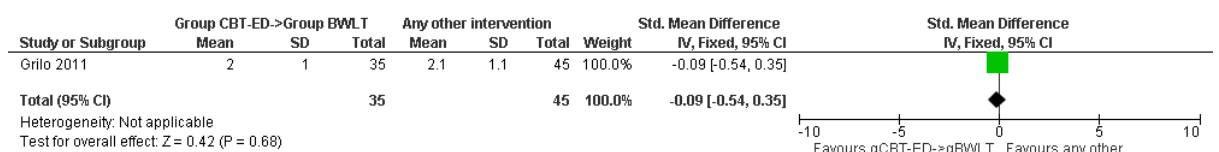
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11 **Figure 1695: EDE-shape concern**



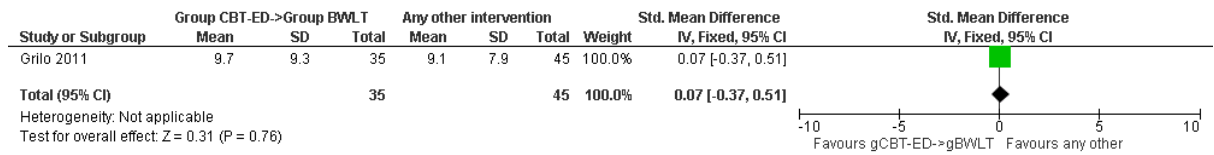
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13 **Figure 1696: EDE-weight concern**



14

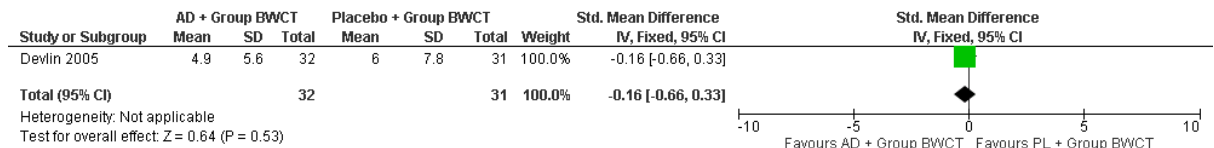
1 **Figure 1697: Depression**



2

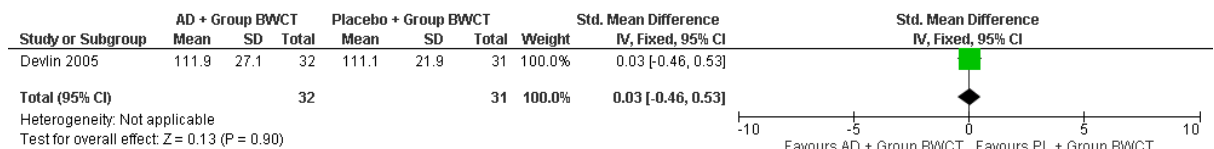
M.6.3.213 **Antidepressant and group behavioural weight control therapy versus placebo and group behavioural weight control therapy in adults with BED**

5 **Figure 1698: Binge frequency**



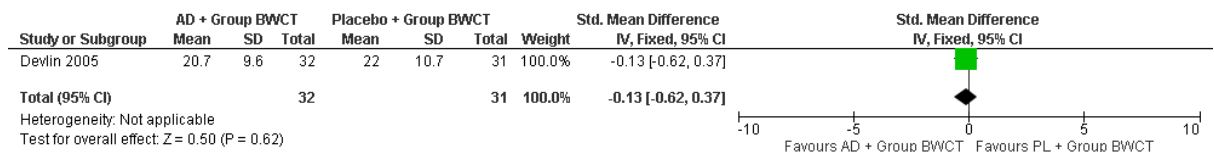
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7 **Figure 1699: Weight (kg)**



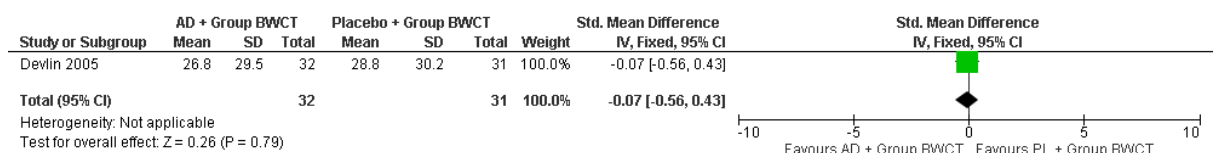
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9 **Figure 1700: Binge Eating Scale**



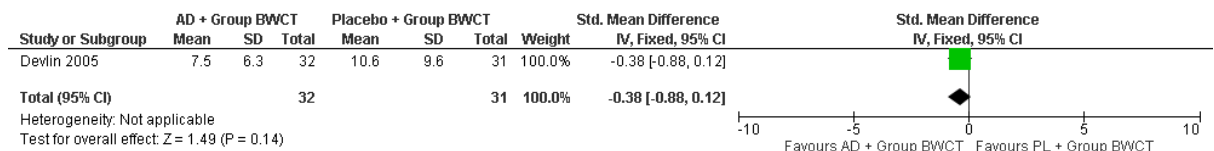
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11 **Figure 1701: General psychopathology**



12

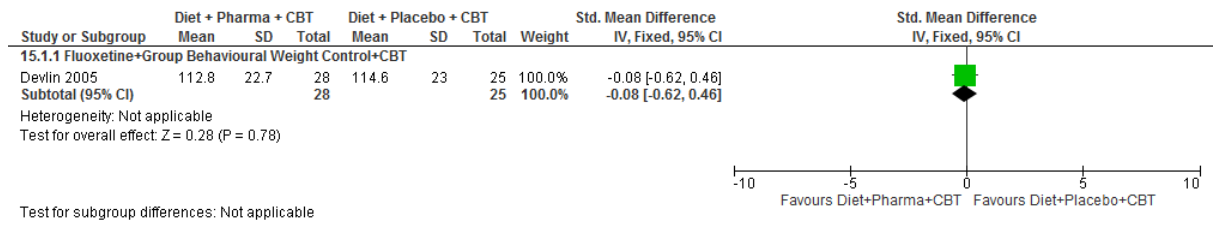
13 **Figure 1702: Depression**



14

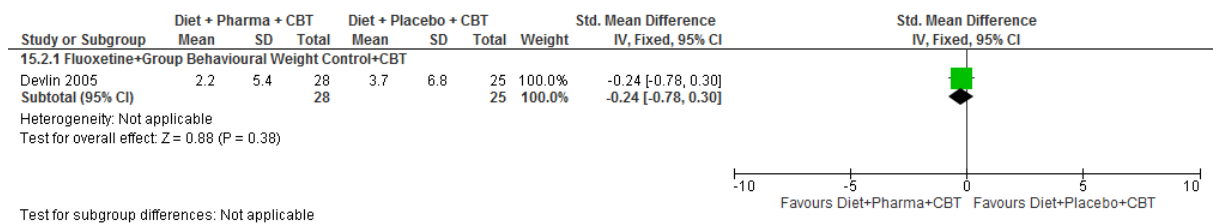
M.6.3.221 Antidepressant, CBT-ED and group behavioural weight control therapy versus placebo, CBT-ED and group behavioural weight control therapy in adults with BED

3 Figure 1703: Weight (kg)



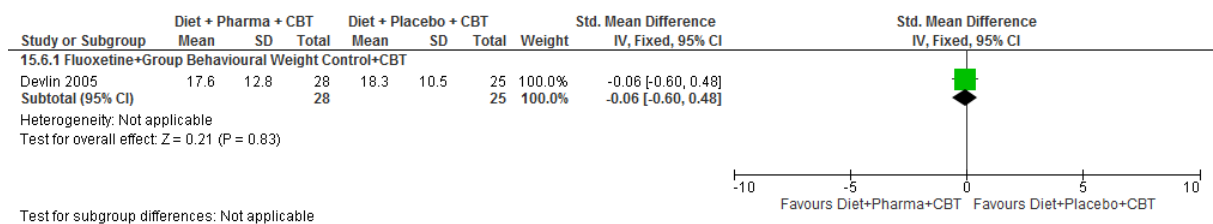
4

5 Figure 1704: Binge frequency



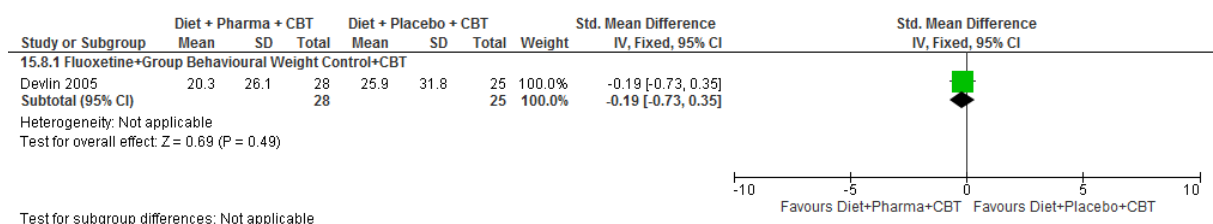
6

7 Figure 1705: Binge Eating Scale



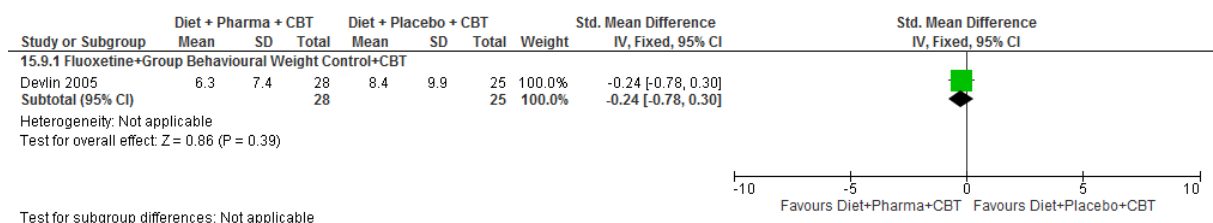
8

9 Figure 1706: General psychopathology



10

11 Figure 1707: Depression

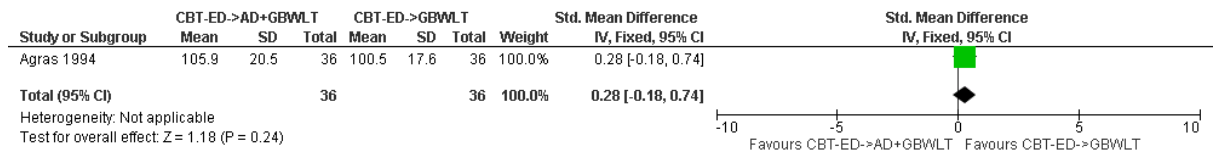


12

13

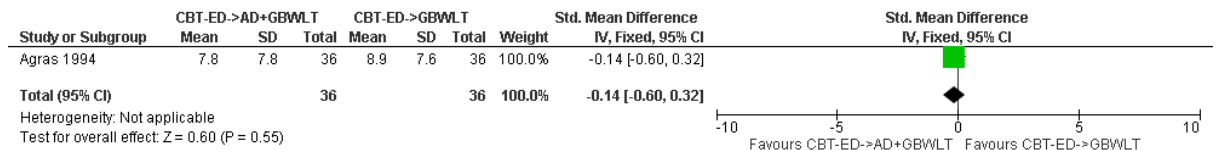
M.6.3.231 CBT-ED then antidepressant and group behavioural weight loss therapy versus CBT-ED then group behavioural weight loss therapy in adults with BED at end of treatment

3 Figure 1708: Weight



4

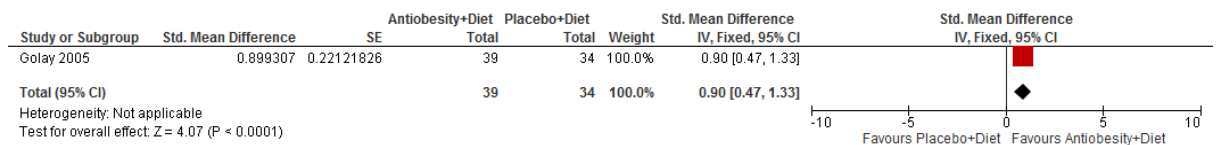
5 Figure 1709: Depression



6

M.6.3.247 Any antiobesity agent and diet versus placebo and diet in adults with binge eating disorder at end of treatment

9 Figure 1710: Weight loss from baseline



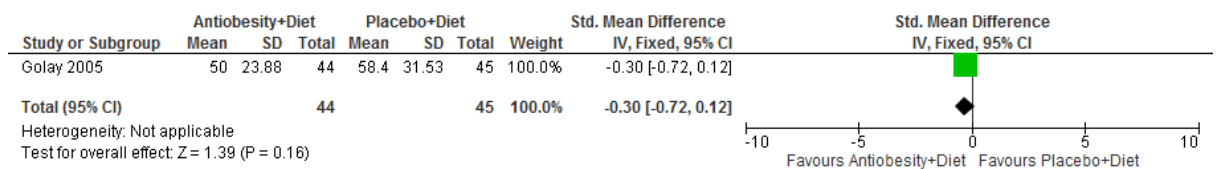
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11 Figure 1711: No longer meets BED DSM-IV criteria



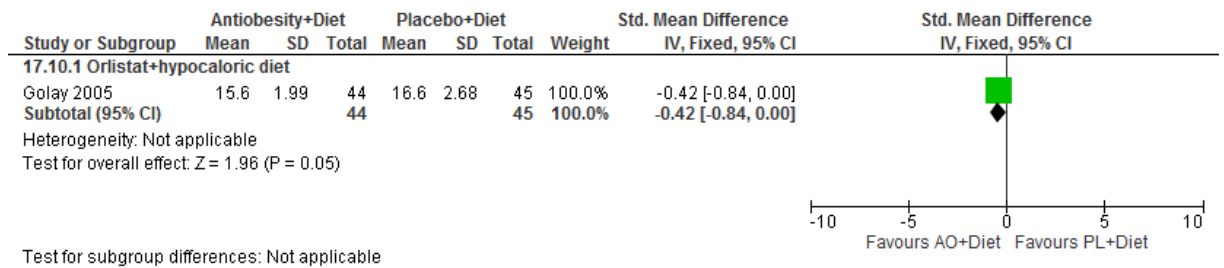
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13 Figure 1712: EDI Total



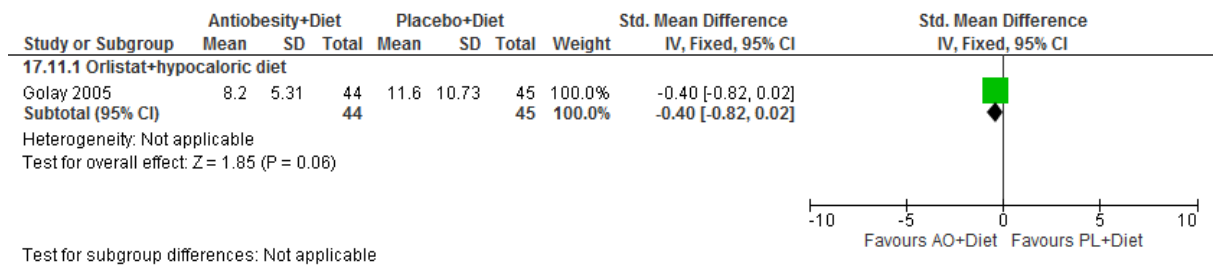
14

1 **Figure 1713: General psychopathology**



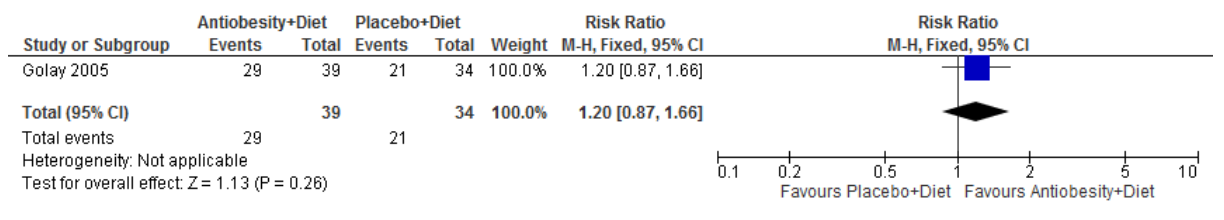
2

3 **Figure 1714: Depression**



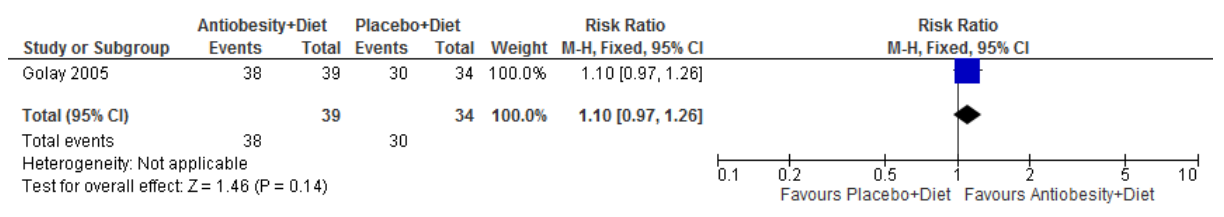
4

5 **Figure 1715: No longer meets generalized anxiety disorder DSM-IV criteria**



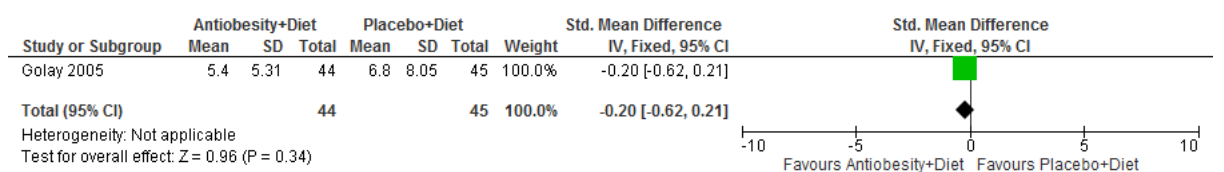
6

7 **Figure 1716: No longer meets major depressive disorder DSM-IV criteria**



8

9 **Figure 1717: Quality of Life**



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11

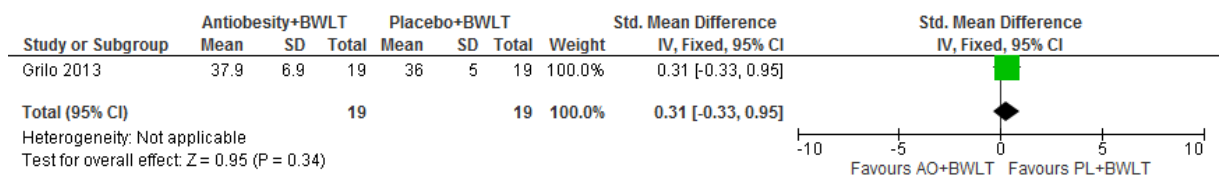
**M.6.3.25 1 Any antiobesity agent and behavioural weight loss therapy versus placebo and
2 behavioural weight loss therapy in adults with binge eating disorder at end of
3 treatment**

4 Figure 1718: Remission (ITT)



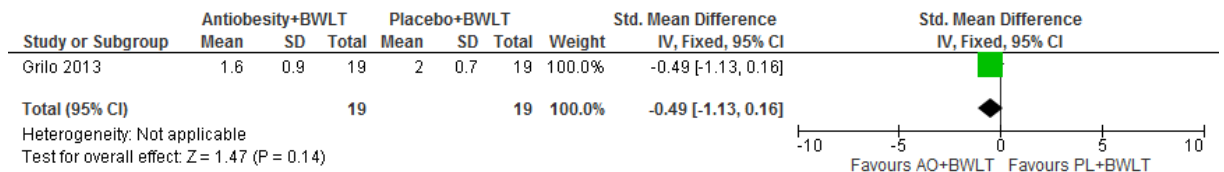
5

6 Figure 1719: BMI



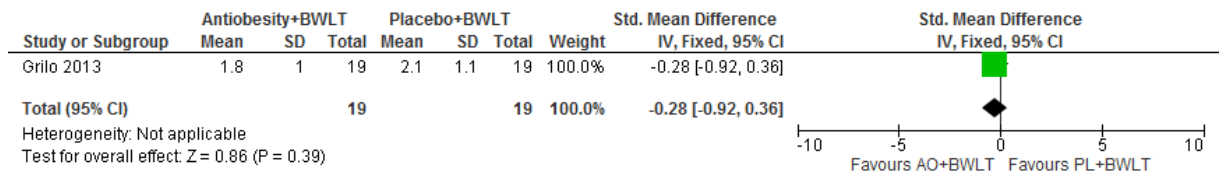
7

8 Figure 1720: EDE Global



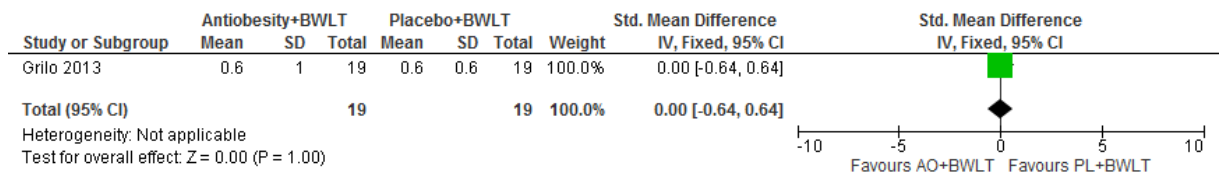
9

10 Figure 1721: EDE Dietary Restraint



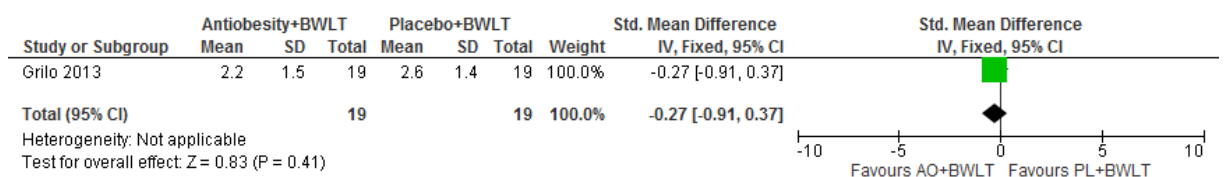
11

12 Figure 1722: EDE Eating Concern



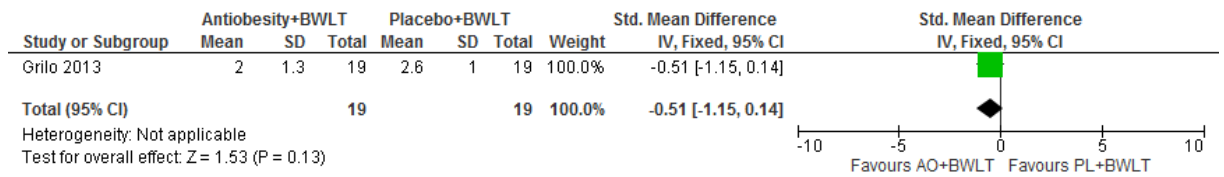
13

14 Figure 1723: EDE Shape Concern



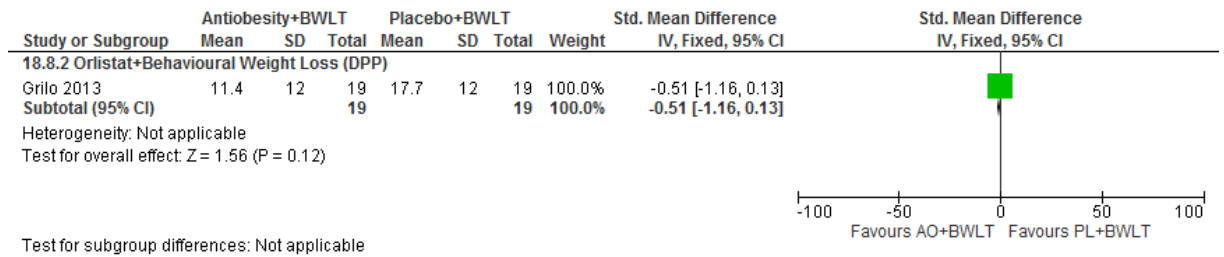
15

1 **Figure 1724: EDE Weight Concern**



2

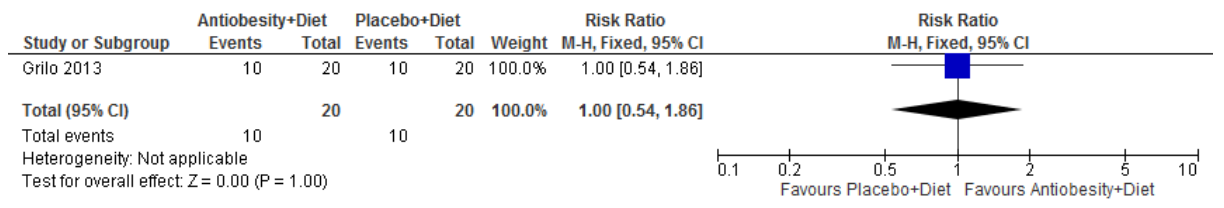
3 **Figure 1725: Depression**



4

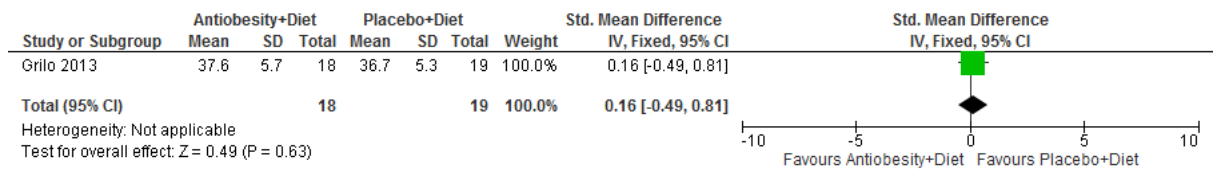
M.6.3.265 **Any antiobesity agent and behavioural weight loss therapy versus placebo and behavioural weight loss therapy in adults with binge eating disorder at follow up**

7 **Figure 1726: Remission**



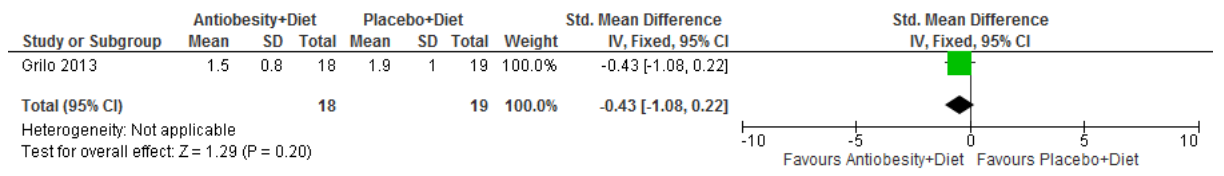
8

9 **Figure 1727: BMI**



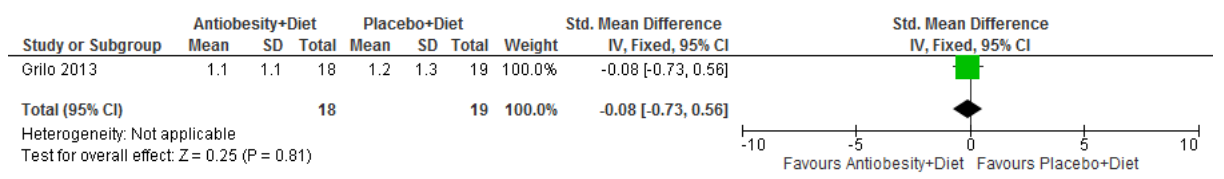
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11 **Figure 1728: EDE Global**



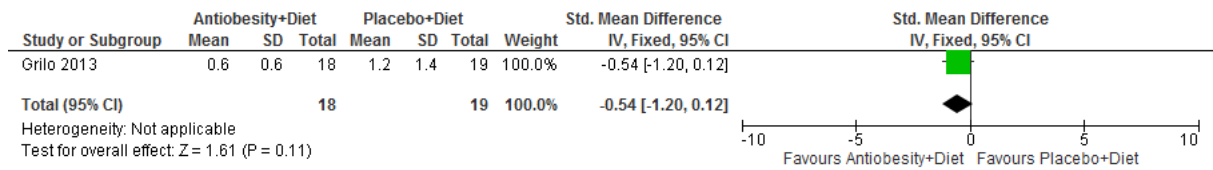
12

13 **Figure 1729: EDE Dietary Restraint**



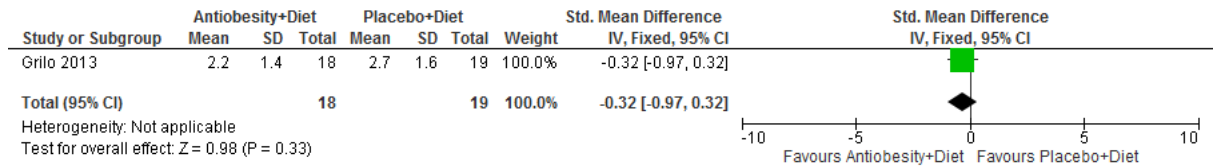
14

1 **Figure 1730: EDE Eating Concern**



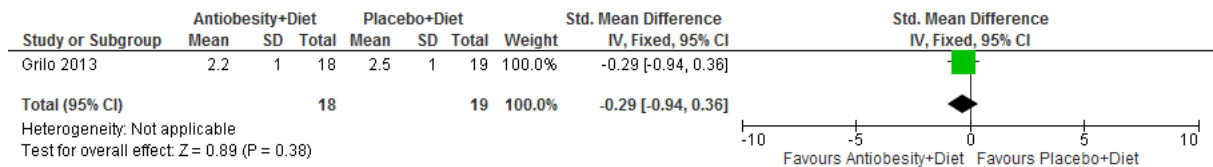
2

3 **Figure 1731: EDE Shape Concern**



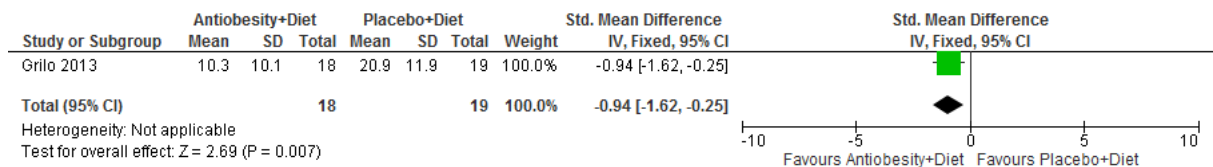
4

5 **Figure 1732: EDE Weight Concern**



6

7 **Figure 1733: Depression**



8

9

M.7.0 Clinical question: Do physical interventions, such as transcranial magnetic stimulation or physiotherapy, produce benefits/harms in people with eating disorders?

11

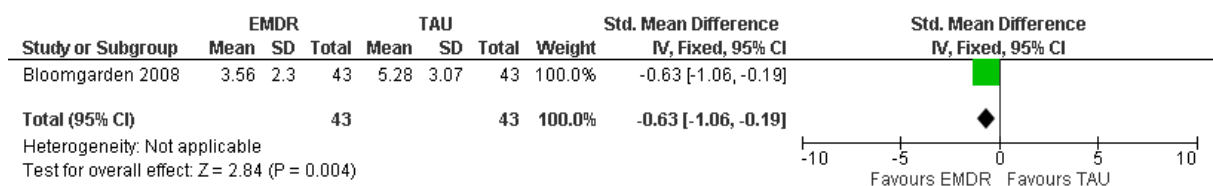
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M.7.13 Physical interventions for any eating disorder

M.7.1.14 Eye movement desensitization and reprocessing therapy versus TAU in adults with any eating disorder at end of treatment

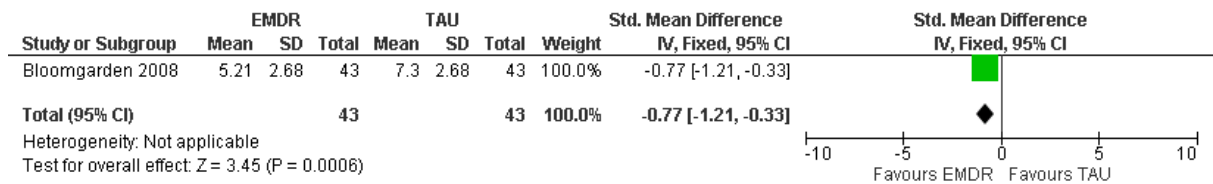
15

16 **Figure 1734: Body Image Memory Questionnaire –worst memory**



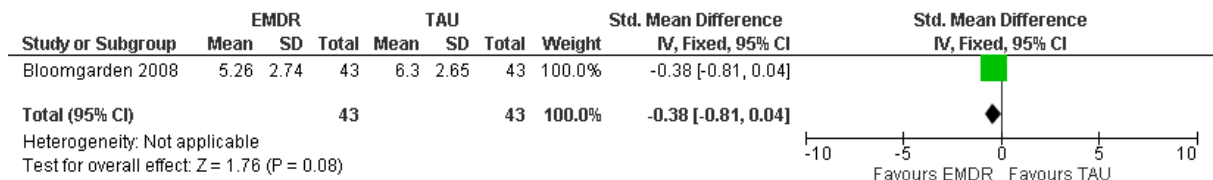
17

1 **Figure 1735: Body Image Memory Questionnaire-worst memory**



2

3 **Figure 1736: Body Image Memory Questionnaire-most recent memory**

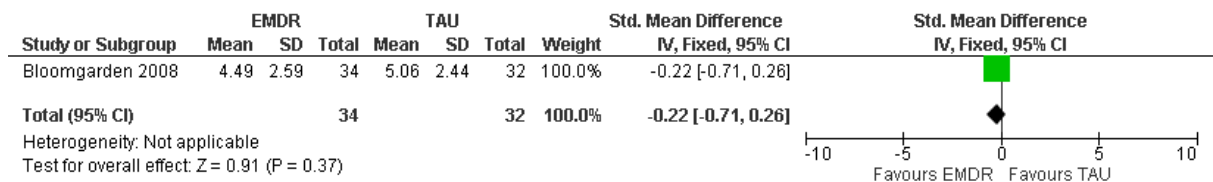


4

M.7.1.25 **Eye movement desensitization and reprocessing therapy versus TAU in adults with any eating disorder at follow up**

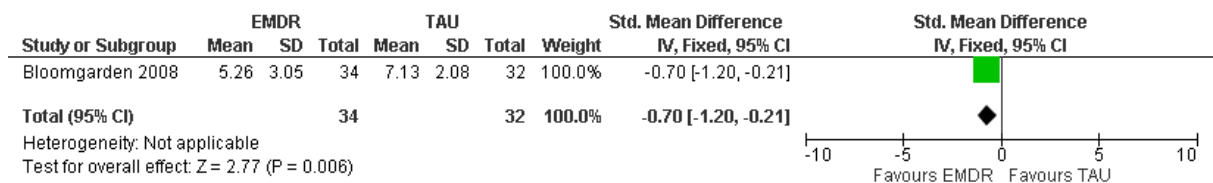
6

7 **Figure 1737: Body Image Memory Questionnaire-earliest memory**



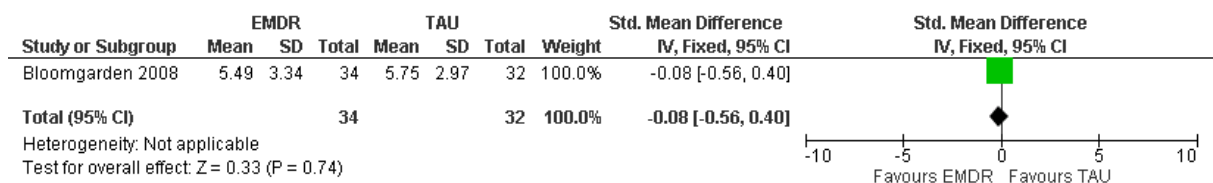
8

9 **Figure 1738: Body Image Memory Questionnaire-worst memory**



10

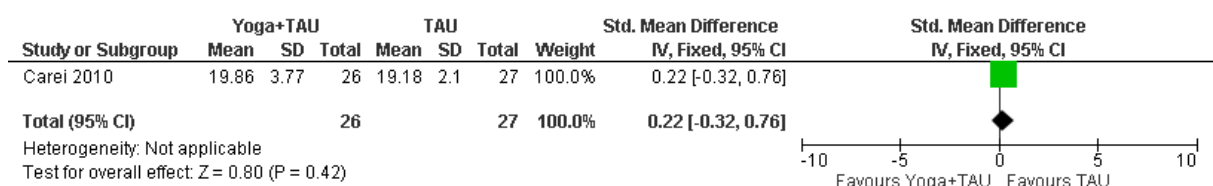
11 **Figure 1739: Body Image Memory Questionnaire-most recent memory**



12

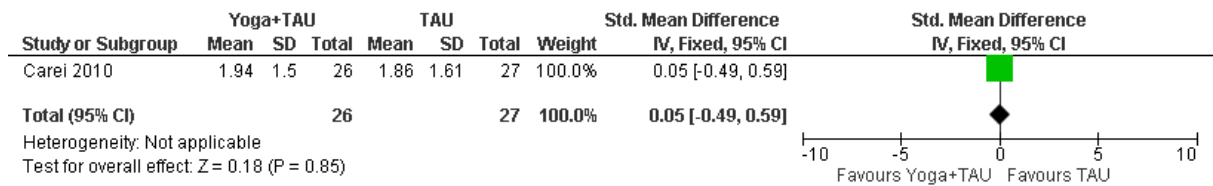
M.7.1.33 **Yoga and TAU vs TAU in young people with eating disorders at end of treatment**

14 **Figure 1740: BMI**



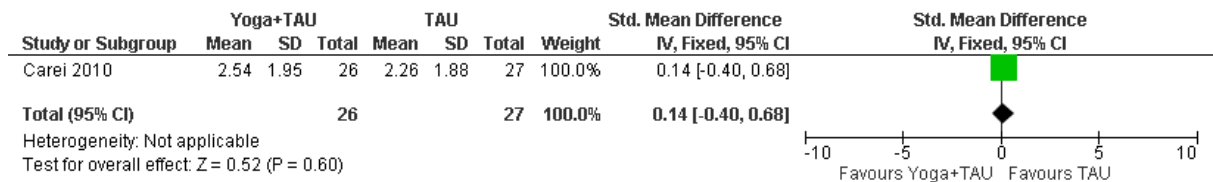
15

1 **Figure 1741: EDE-global**



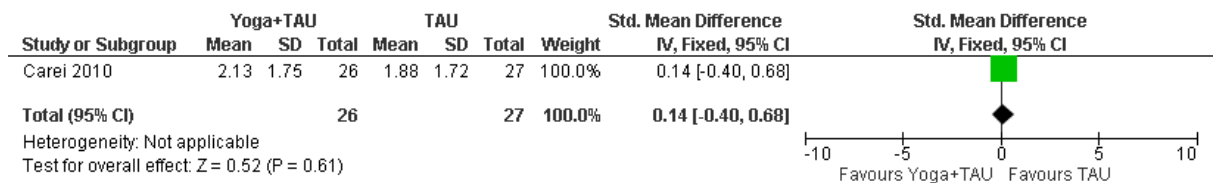
2

3 **Figure 1742: EDE-weight concern**



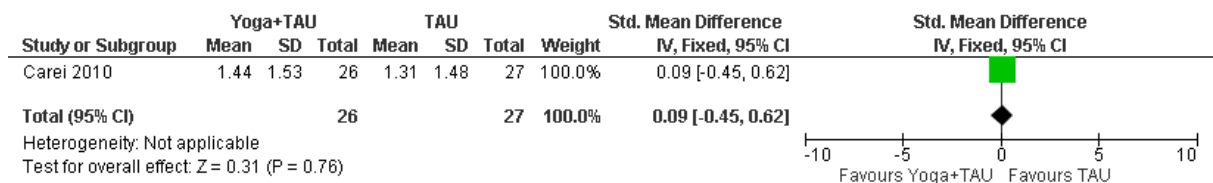
4

5 **Figure 1743: EDE-shape concern**



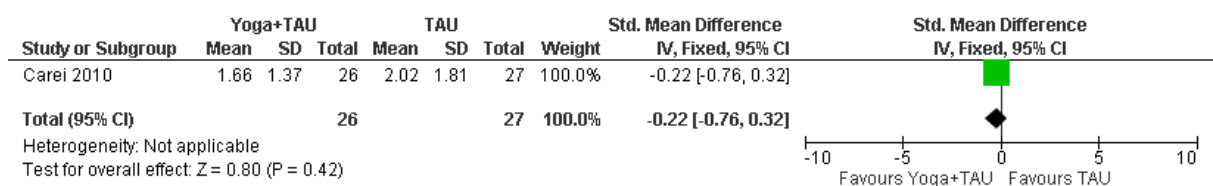
6

7 **Figure 1744: EDE-eating concern**



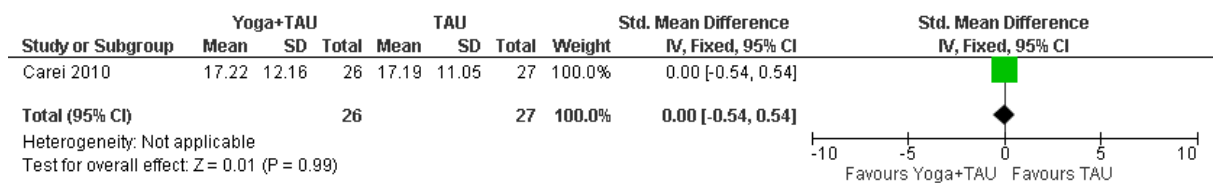
8

9 **Figure 1745: EDE-dietary restraint**



10

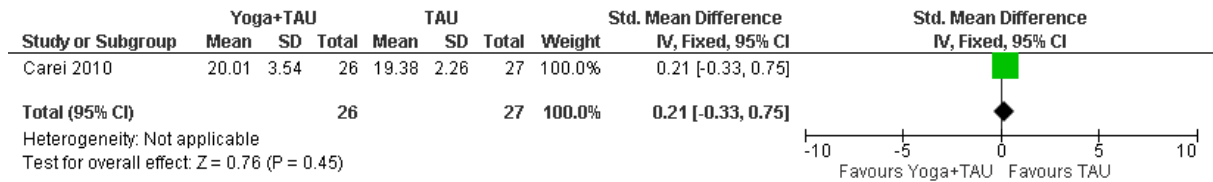
11 **Figure 1746: Depression**



12

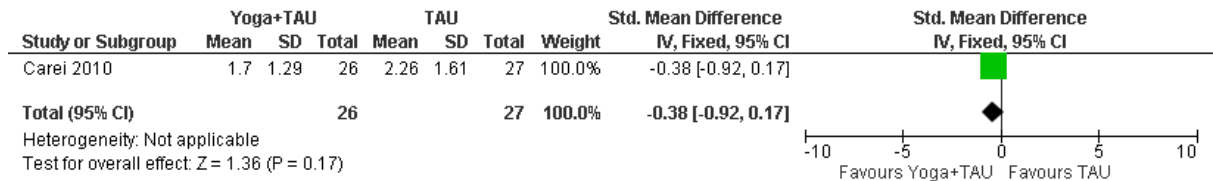
M.7.1.41 Yoga and TAU vs TAU in young people with eating disorders at follow up

2 Figure 1747: BMI



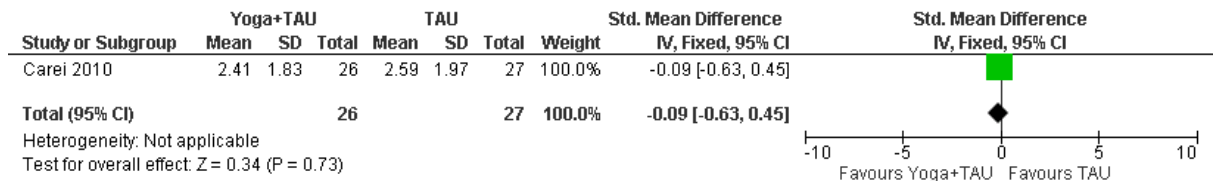
3

4 Figure 1748: EDE-global



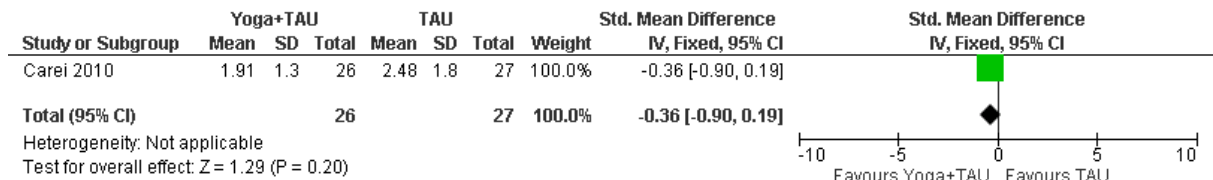
5

6 Figure 1749: EDE-weight concern



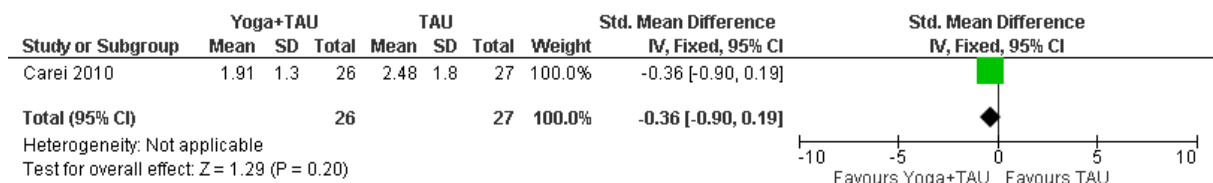
7

8 Figure 1750: EDE-shape concern



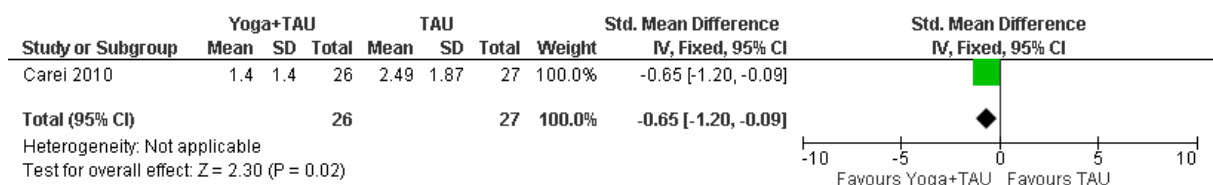
9

10 Figure 1751: EDE-eating concern



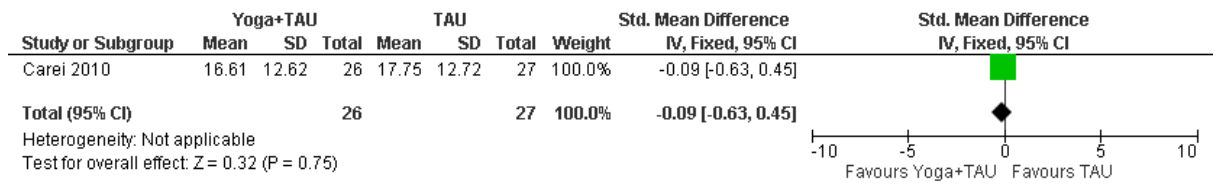
11

12 Figure 1752: EDE-dietary restraint



13

1 **Figure 1753: Depression**

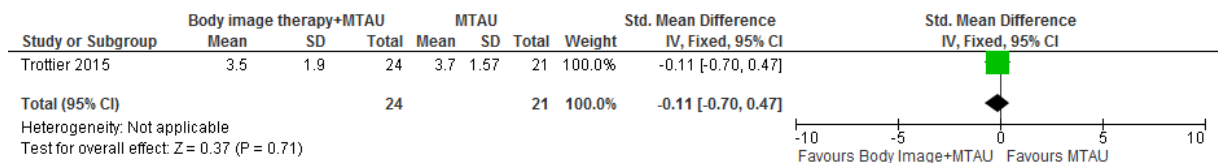


2

M.7.1.53 **Graded body image exposure therapy and maintenance TAU versus maintenance TAU in adults with any eating disorder at end of treatment**

4

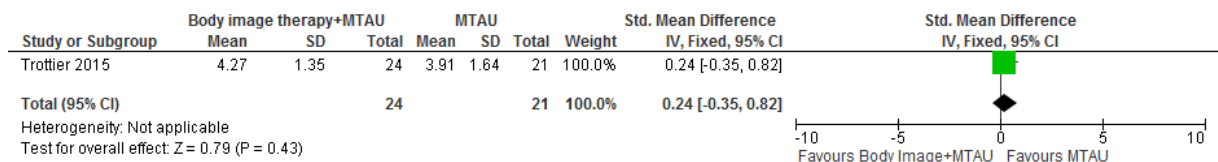
5 **Figure 1754: EDE-weight concern**



6

7

8 **Figure 1755: EDE-shape concern**

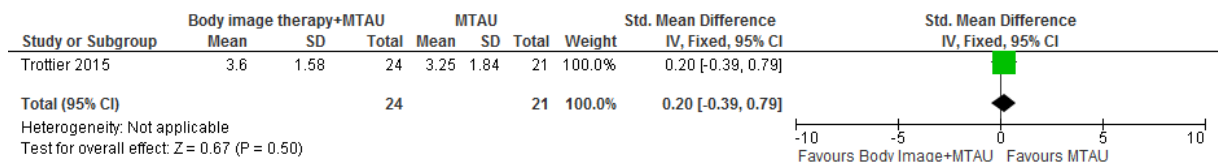


9

M.7.1.60 **Graded body image exposure therapy and maintenance TAU versus maintenance TAU in adults with any eating disorder at follow up**

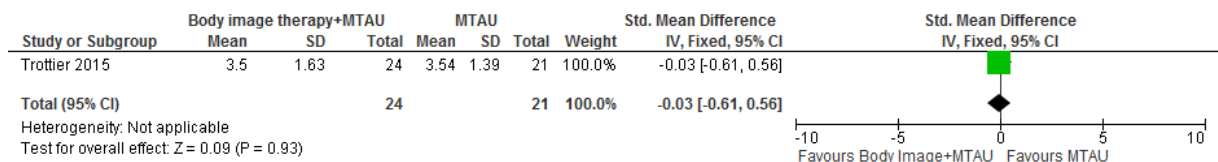
11

12 **Figure 1756: EDE-weight concern**



13

14 **Figure 1757: EDE-shape concerns**



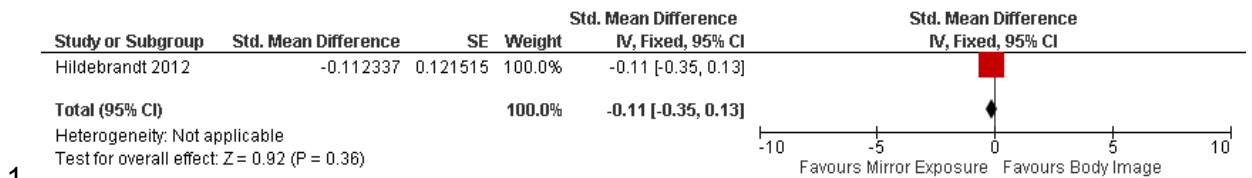
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16

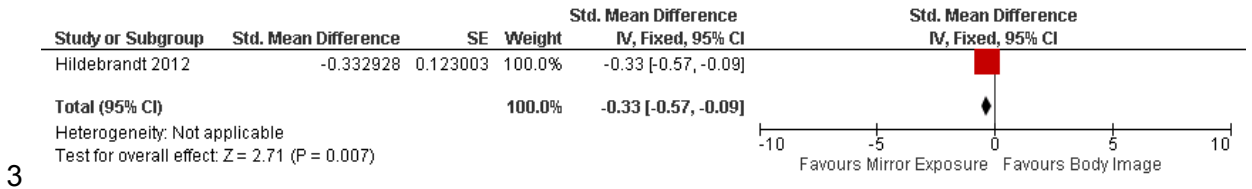
M.7.1.77 **Acceptance-based mirror exposure therapy and TAU versus non-directive body image therapy and TAU in adults with any eating disorder at end of treatment**

18

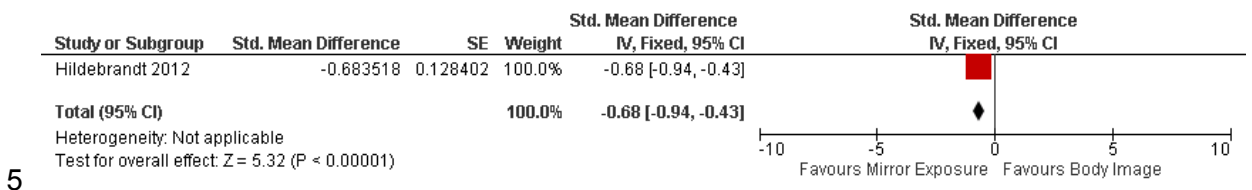
19 **Figure 1758: EDE-Q-dietary restraint**



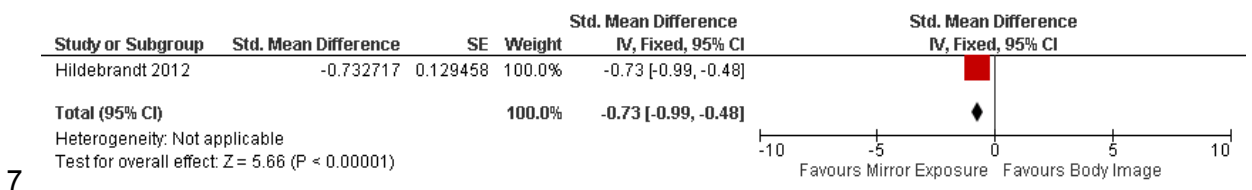
2 **Figure 1759: EDE-Q-eating concern**



4 **Figure 1760: EDE-Q-shape concern**

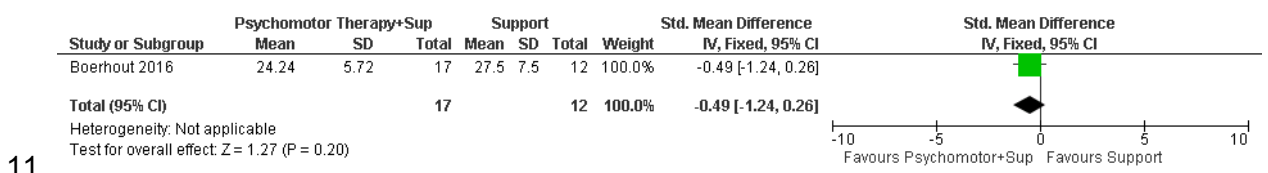


6 **Figure 1761: EDE-Q-weight concern**

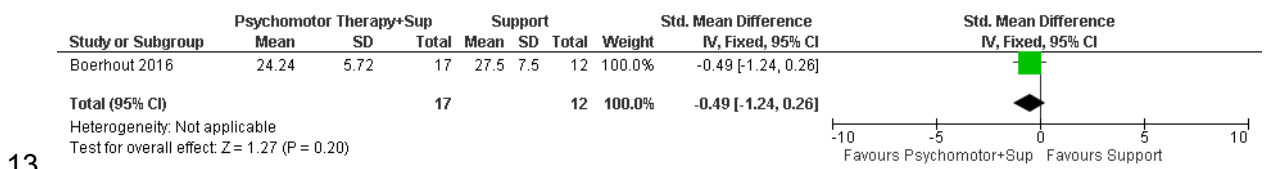


M.7.1.88 **Psychomotor therapy and supportive contact versus supportive contact in adults with any eating disorder at end of treatment**

10 **Figure 1762: Self-Expression and Control Scale-anger in**



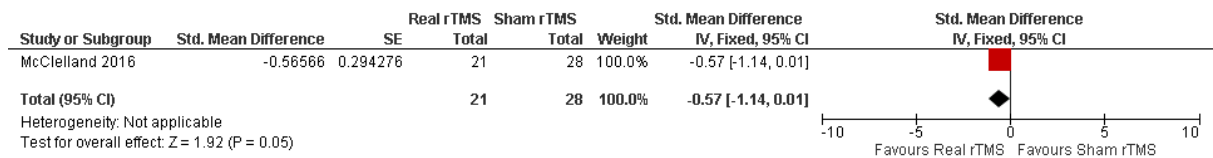
12 **Figure 1763: Self-Expression and Control Scale-anger out**



M.7.21 Physical interventions for anorexia nervosa

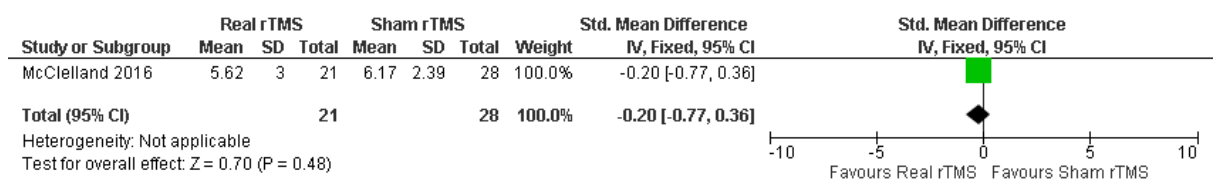
M.7.32 Real repetitive transcranial magnetic stimulation vs 'sham' repetitive transcranial magnetic stimulation in adults with anorexia nervosa at end of treatment

5 Figure 1764: VAS-core anorexia nervosa symptoms



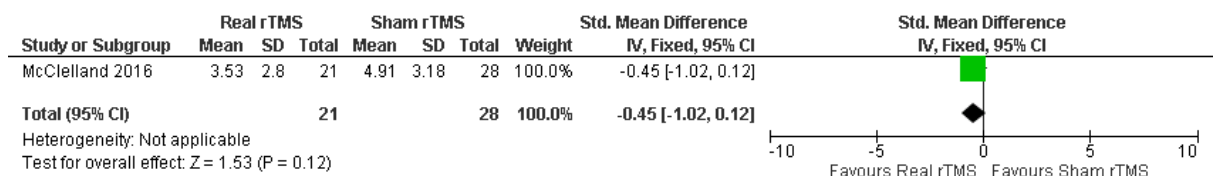
6

7 Figure 1765: VAS-restrict



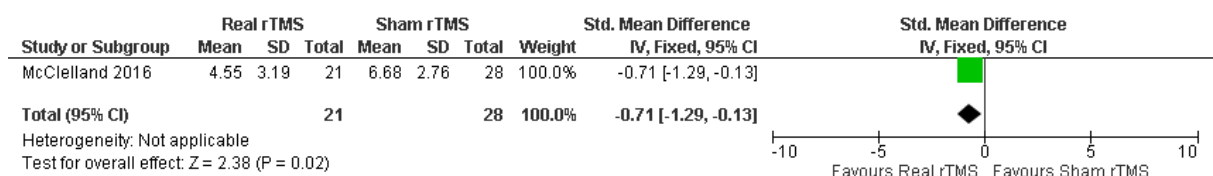
8

9 Figure 1766: VAS-feeling full



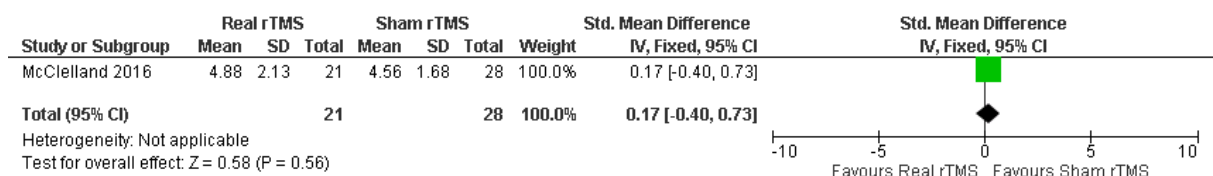
10

11 Figure 1767: VAS-feeling fat



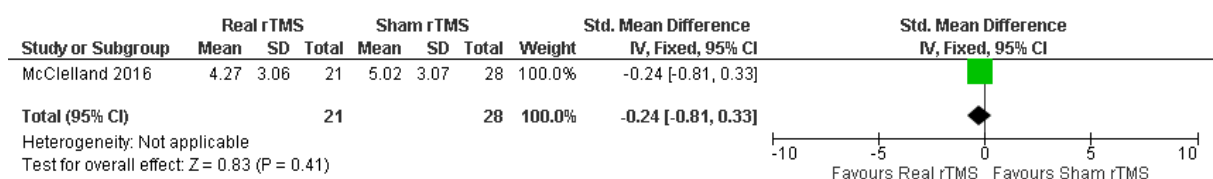
12

13 Figure 1768: VAS-mood



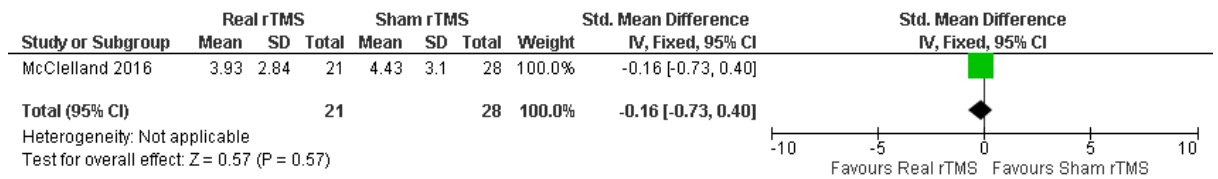
14

15 Figure 1769: VAS-hunger



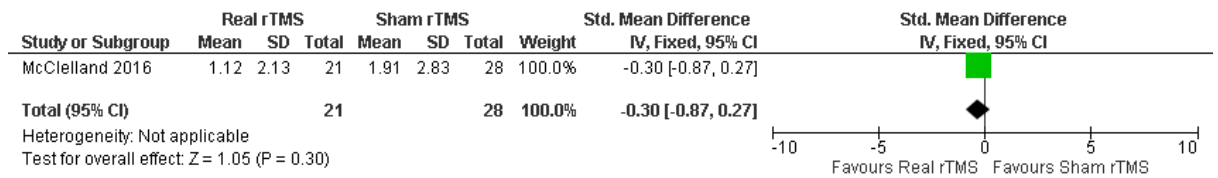
16

1 **Figure 1770: VAS-urge to eat**



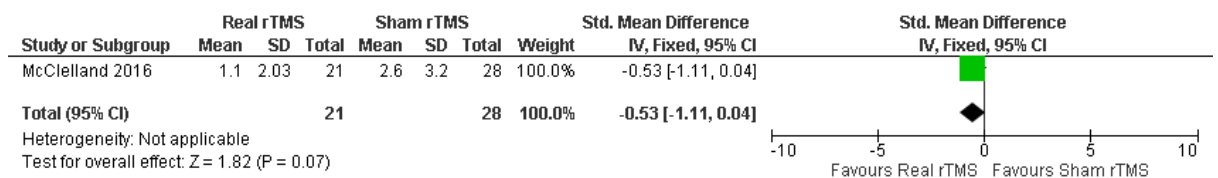
2

3 **Figure 1771: VAS-urge to binge eat**



4

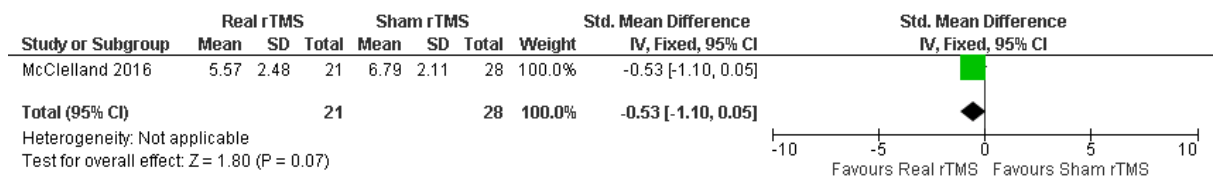
5 **Figure 1772: VAS-urge to be sick/purge**



6

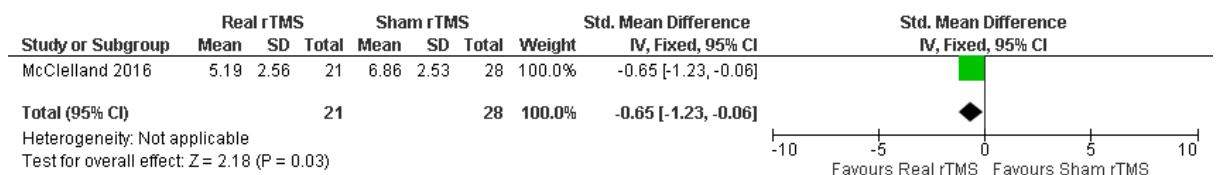
M.7.47 Real repetitive transcranial magnetic stimulation vs 'sham' repetitive transcranial magnetic stimulation in adults with anorexia nervosa at follow up

9 **Figure 1773: VAS-restrict**



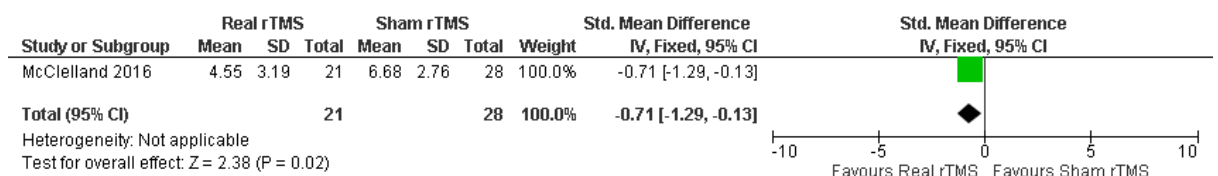
10

11 **Figure 1774: VAS-feeling full**



12

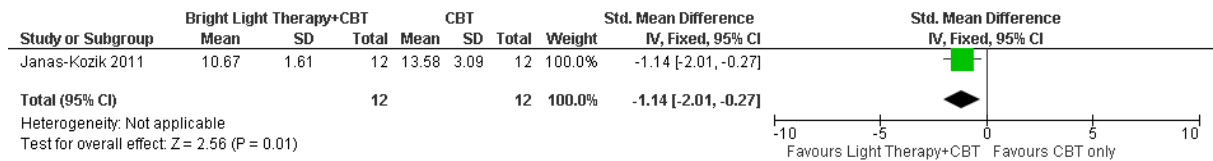
13 **Figure 1775: VAS-feeling fat**



14

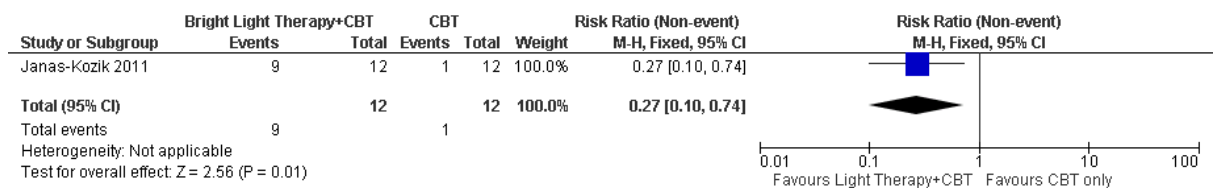
M.7.51 Bright light treatment and CBT versus CBT in young people with anorexia nervosa-restricting

3 Figure 1776: Depression



4

5 Figure 1777: Remission of depression

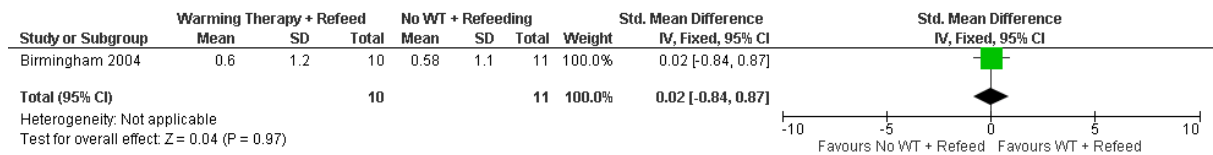


6

7

M.7.68 Warming therapy and refeeding versus refeeding in adult inpatients with anorexia nervosa

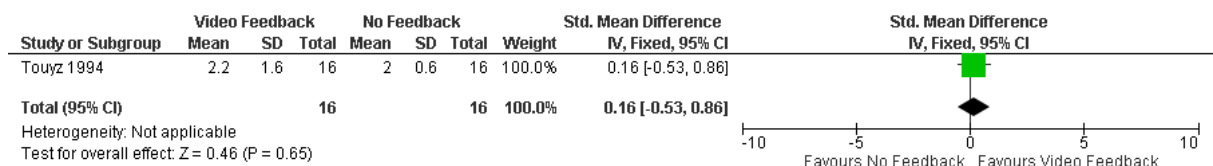
10 Figure 1778: BMI – change scores



11

M.7.72 Video feedback and TAU versus TAU in young people with anorexia nervosa at end of treatment

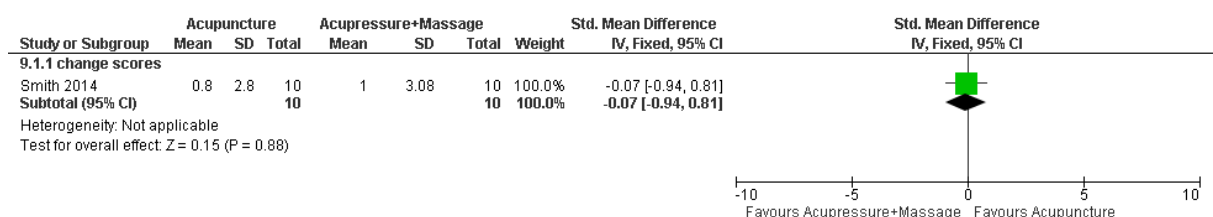
14 Figure 1779: BMI – change scores



15

M.7.86 Acupuncture and TAU versus acupressure, massage and TAU in adults with anorexia nervosa

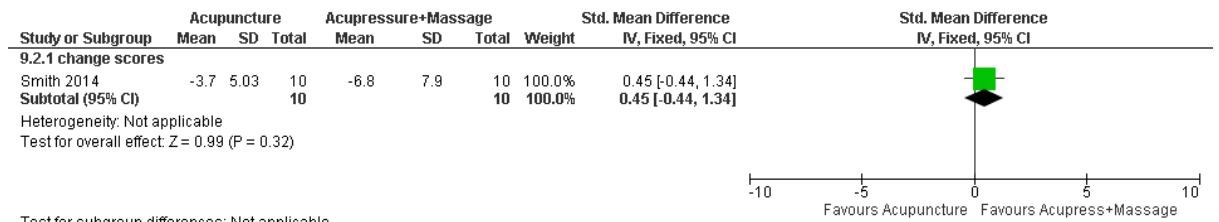
18 Figure 1780: BMI – change scores



19

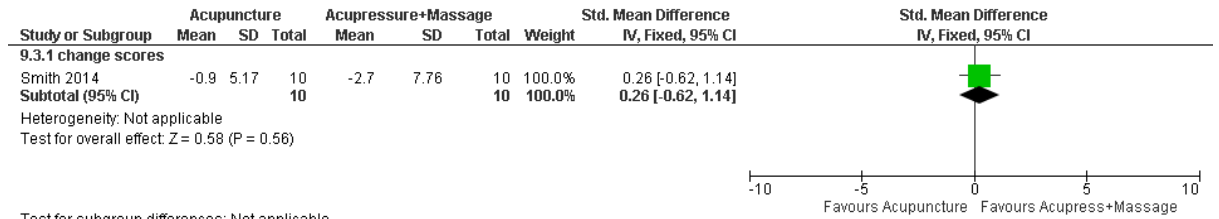
Test for subgroup differences: Not applicable

1 **Figure 1781: EDI-3-bulimia**



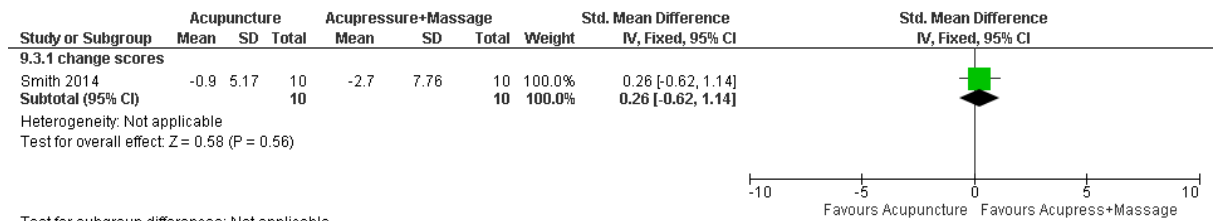
2 Test for subgroup differences: Not applicable

3 **Figure 1782: EDI-3-drive for thinness**



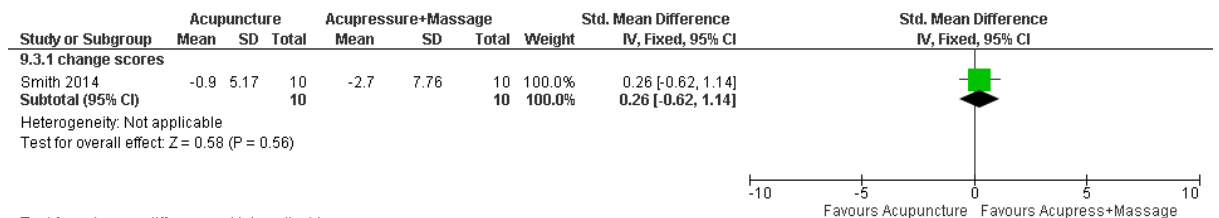
4 Test for subgroup differences: Not applicable

5 **Figure 1783: EDI-3-body dissatisfaction**



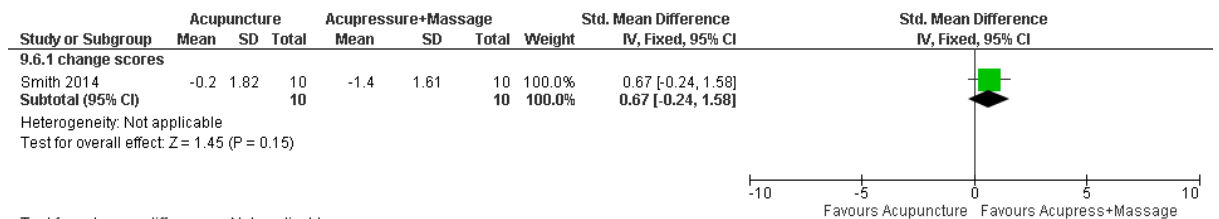
6 Test for subgroup differences: Not applicable

7 **Figure 1784: EDE-Q-global**



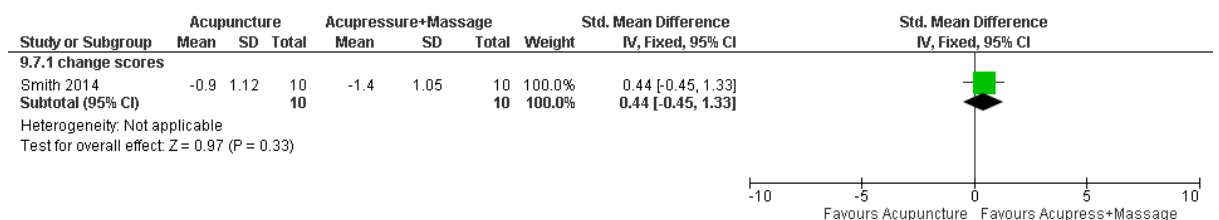
8 Test for subgroup differences: Not applicable

9 **Figure 1785: EDE-Q-dietary restraint**



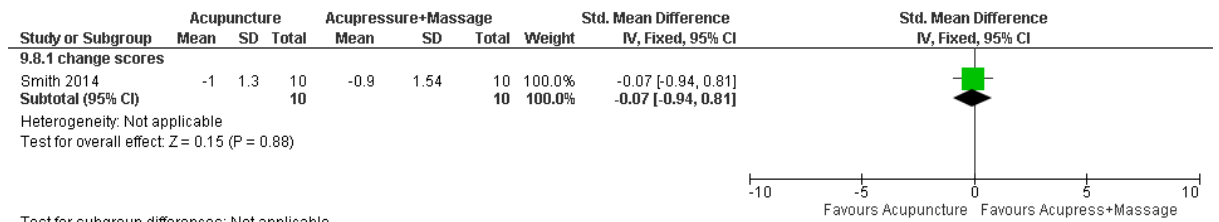
10 Test for subgroup differences: Not applicable

11 **Figure 1786: EDE-Q-eating concern**



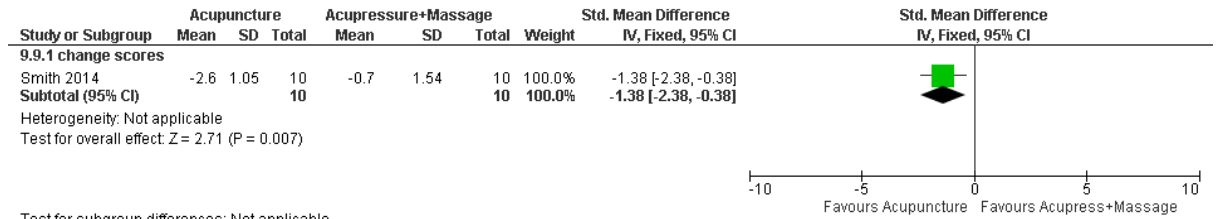
12 Test for subgroup differences: Not applicable

1 **Figure 1787: EDE-Q-weight concern**



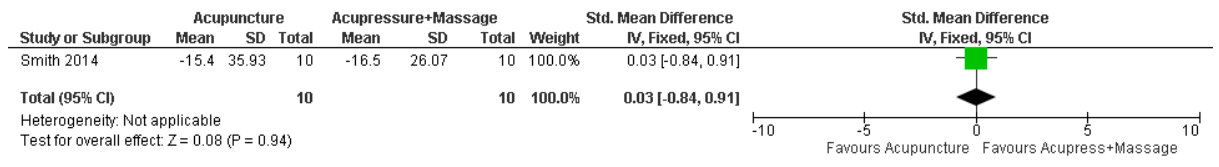
2 Test for subgroup differences: Not applicable

3 **Figure 1788: EDE-Q-shape concern**



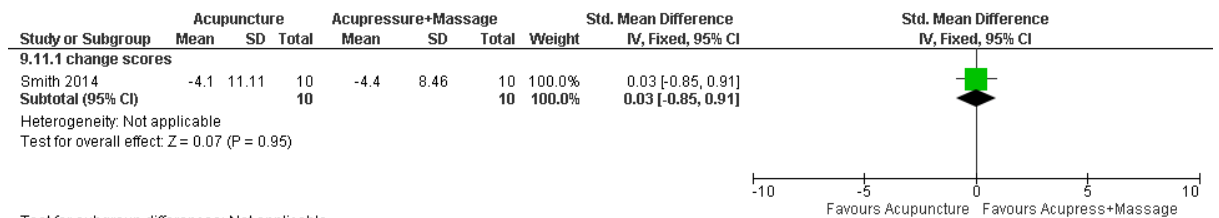
4 Test for subgroup differences: Not applicable

5 **Figure 1789: General psychopathology**



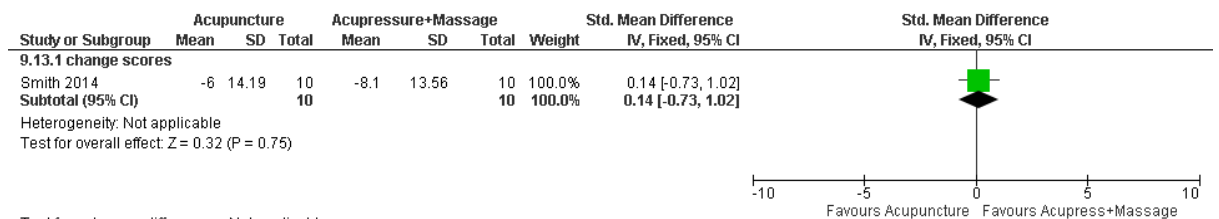
6

7 **Figure 1790: Depression**



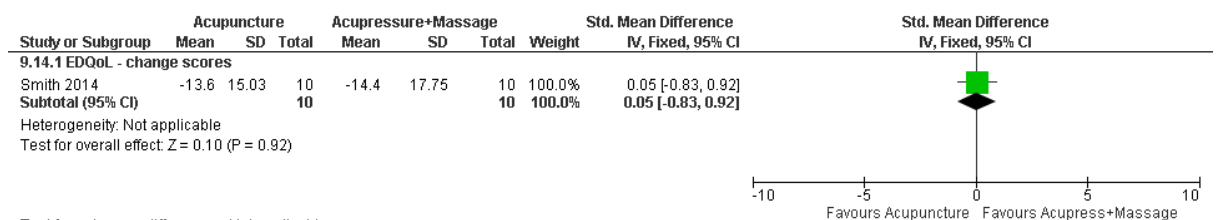
8 Test for subgroup differences: Not applicable

9 **Figure 1791: Stress**



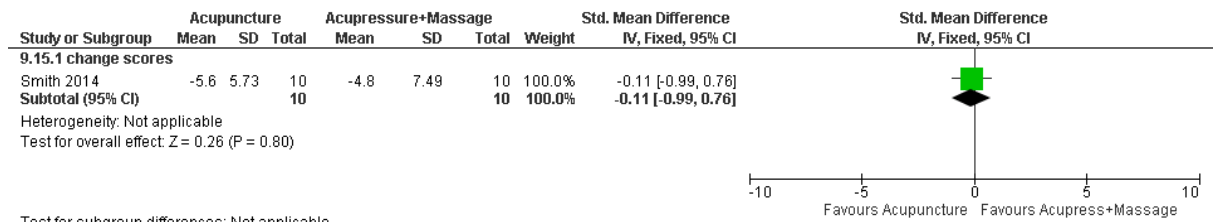
10 Test for subgroup differences: Not applicable

11 **Figure 1792: Quality of life**



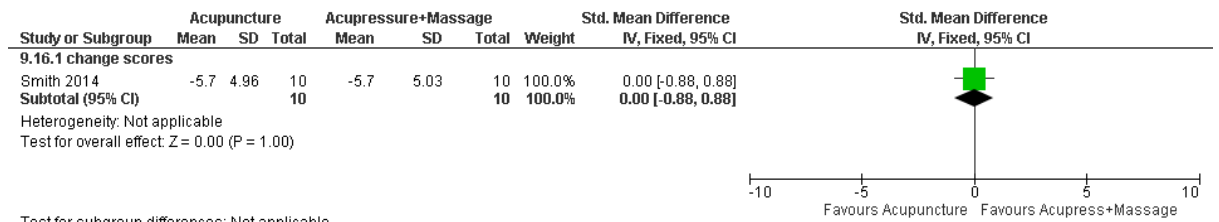
12 Test for subgroup differences: Not applicable

1 **Figure 1793: EDQoL-psychological**



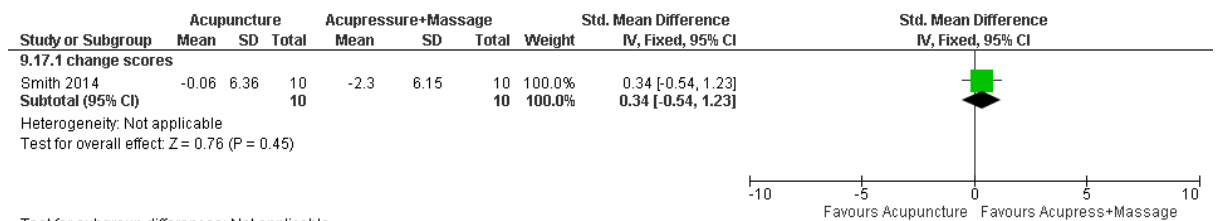
2 Test for subgroup differences: Not applicable

3 **Figure 1794: EDQoL-physical/cognitive**



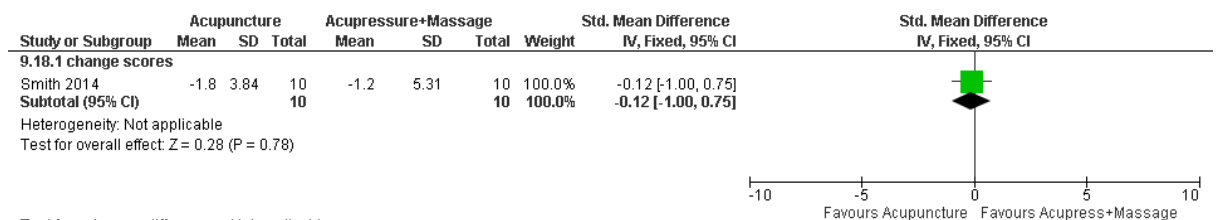
4 Test for subgroup differences: Not applicable

5 **Figure 1795: EDQoL-financial**



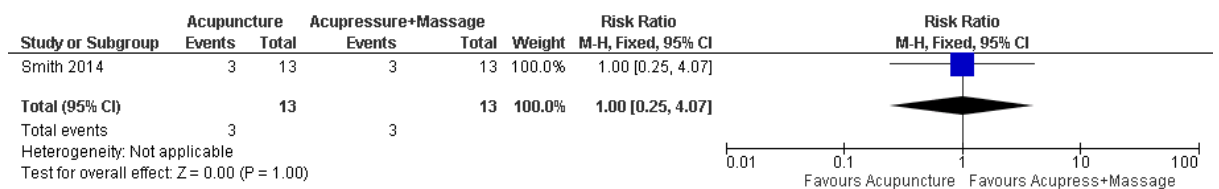
6 Test for subgroup differences: Not applicable

7 **Figure 1796: EDQoL-work/school**



8 Test for subgroup differences: Not applicable

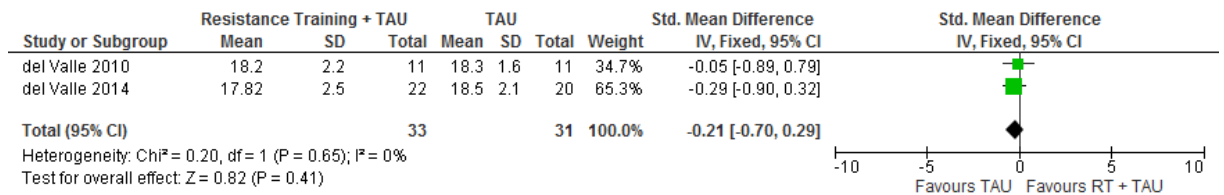
9 **Figure 1797: Withdrawn due to adverse events**



10

**M.7.91 Resistance training and TAU vs TAU in young people with anorexia nervosa-
2 restricting at end of treatment**

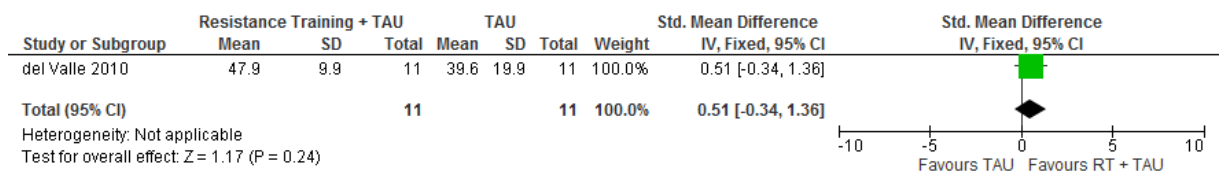
3 Figure 1798: BMI



4

5 Figure 1799: General physical functioning

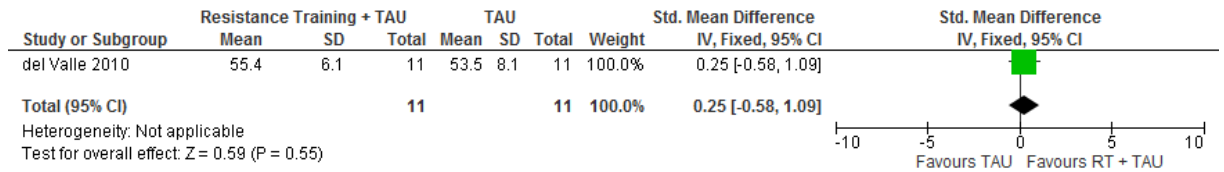
6



7

8 Figure 1800: General mental functioning

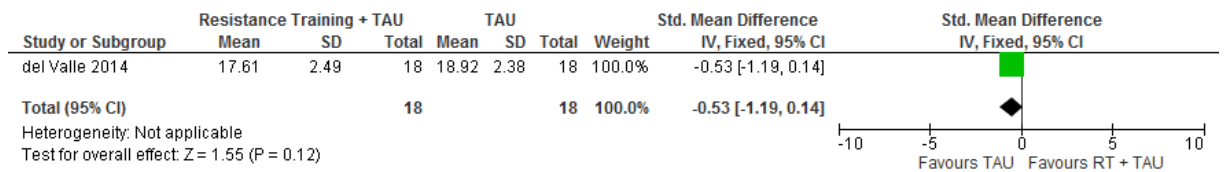
9



**M.7.100 Resistance training and TAU vs TAU in young people with anorexia nervosa-
11 restricting at follow up**

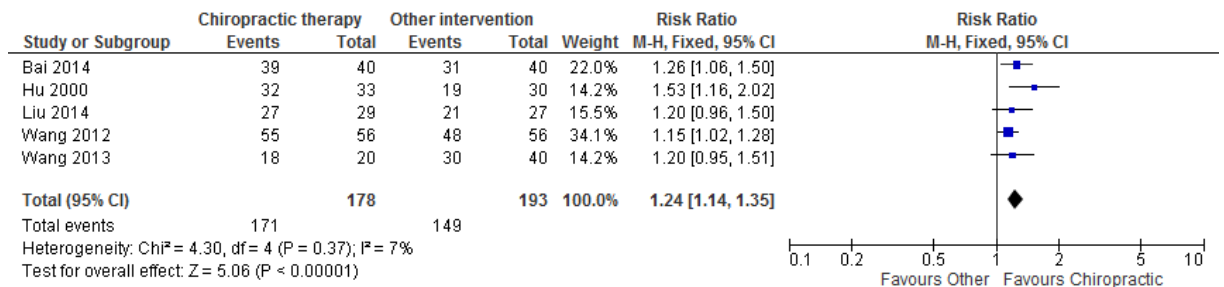
12 Figure 1801: BMI

13



M.7.111 Chiropractic therapy versus any other intervention in children and young people with anorexia nervosa

3 Figure 1802: Efficacy (Recovered or significantly improved)

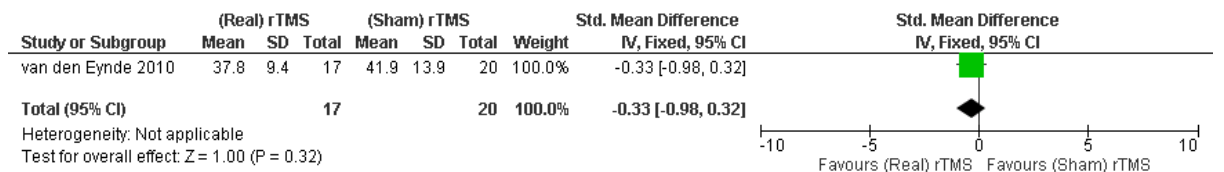


4

M.7.125 Physical interventions for bulimia nervosa

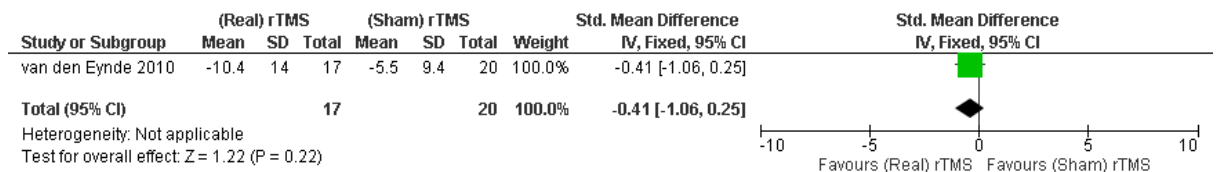
M.7.12.16 Repetitive transcranial magnetic stimulation versus placebo in adults with bulimia nervosa at end of treatment

8 Figure 1803: Food Craving Questionnaire – raw scores



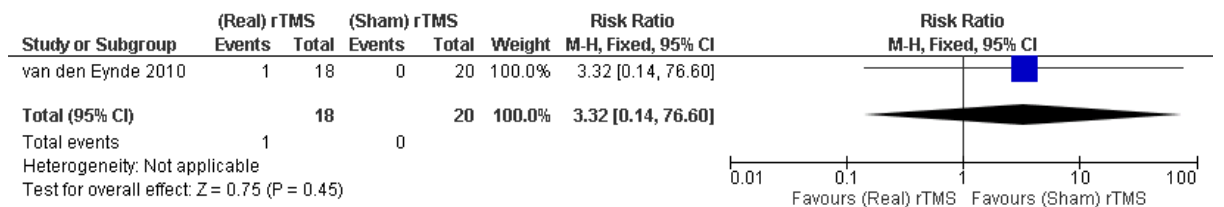
9

10 Figure 1804: Food Craving Questionnaire – change scores



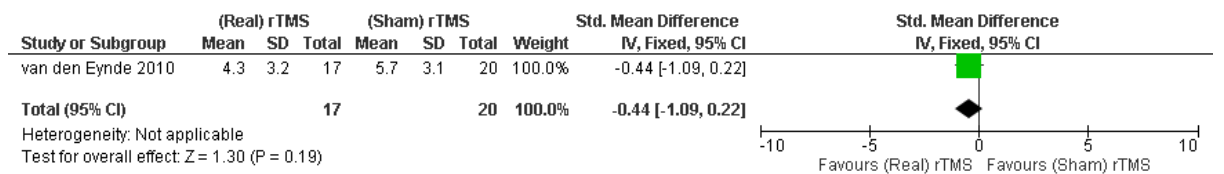
11

12 Figure 1805: Withdrawn due to adverse events



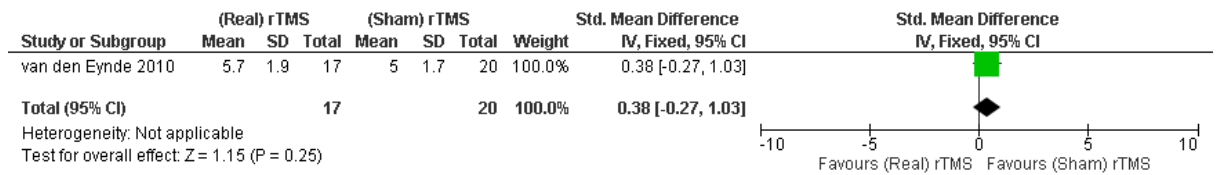
13

14 Figure 1806: VAS-urge to eat



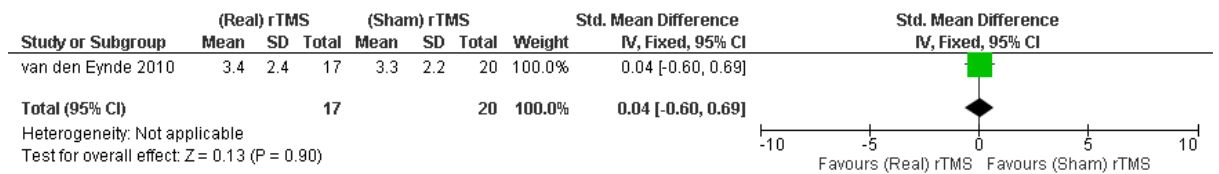
15

1 **Figure 1807: VAS-mood**



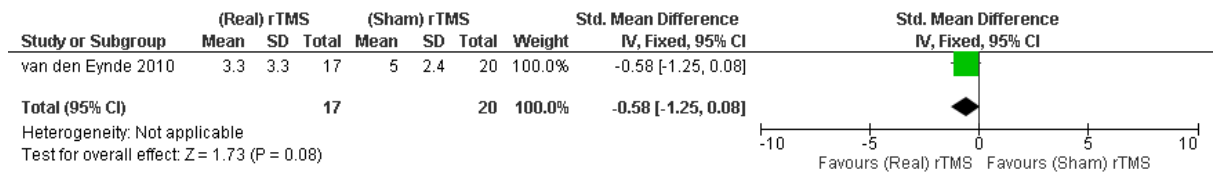
2

3 **Figure 1808: VAS-tension**



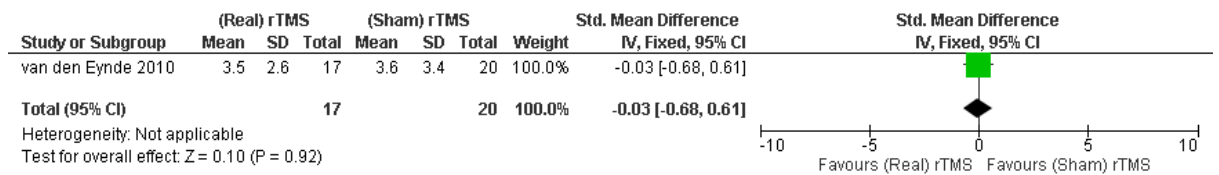
4

5 **Figure 1809: VAS-hunger**



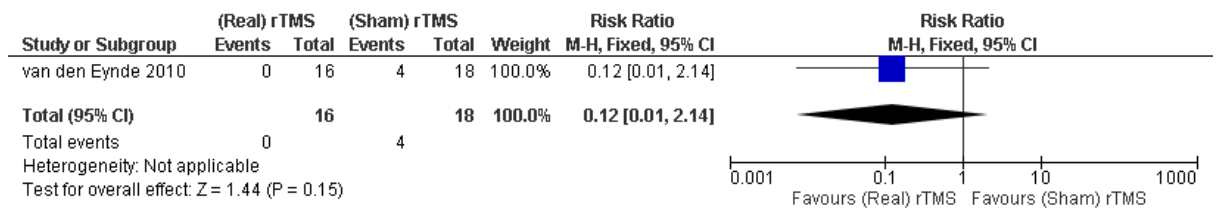
6

7 **Figure 1810: VAS-urge to binge eat**



8

9 **Figure 1811: Number of people who binged 24 hours after treatment**

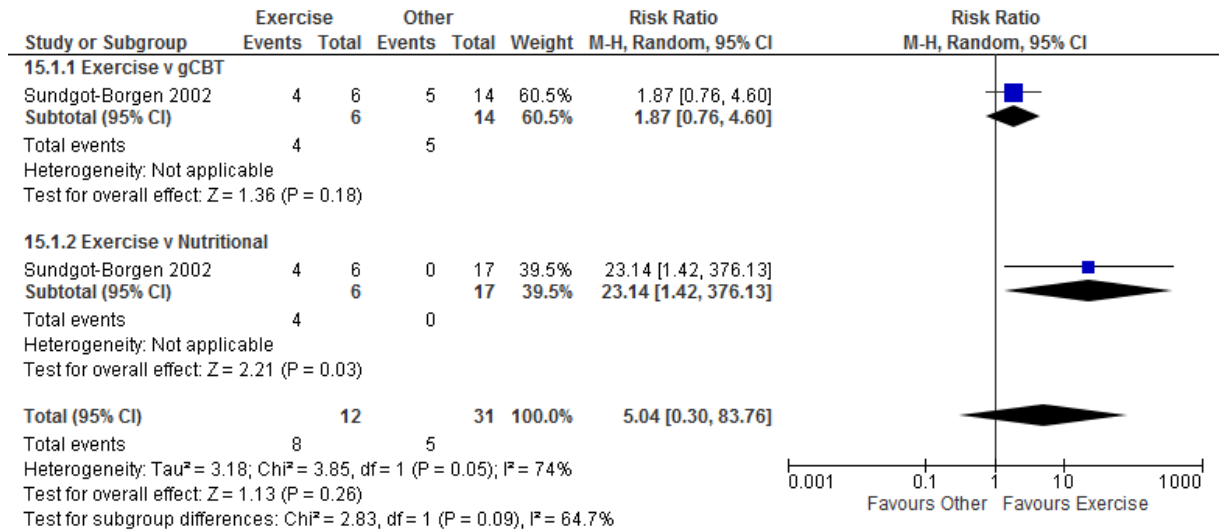


10

M.7.12.21 Aerobic exercise versus any other intervention in adults with bulimia nervosa at follow up

3 Figure 1812: Recovery from bulimia

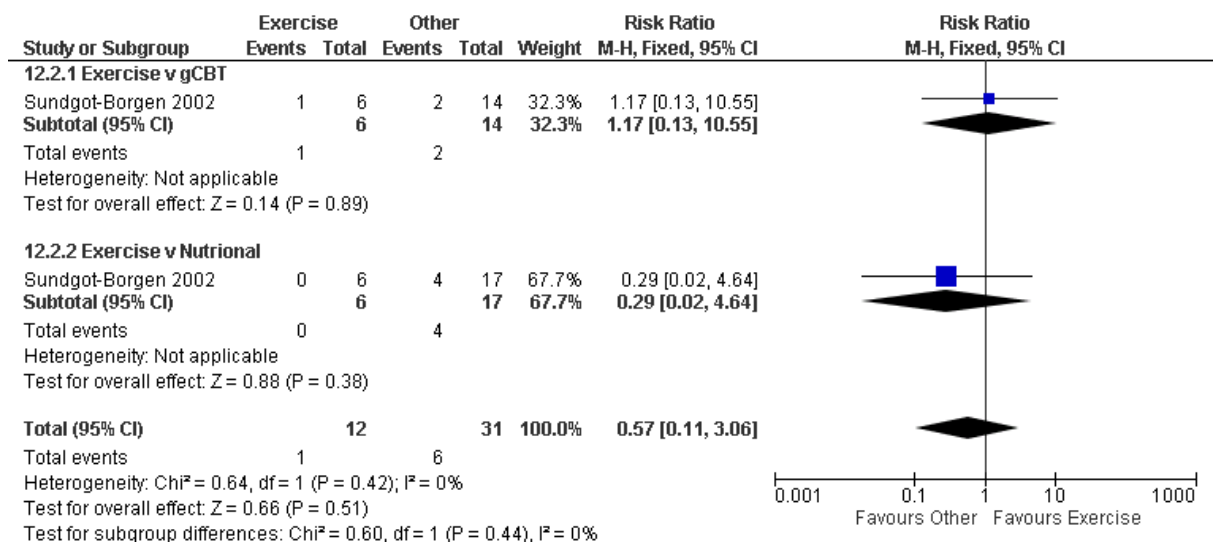
4



5

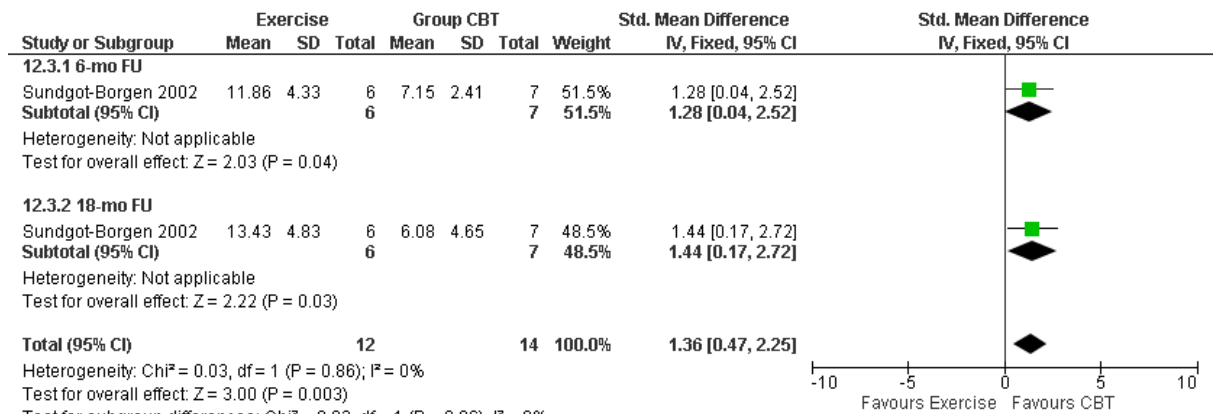
6 Heterogeneity detected at $i^2=74\%$. Sundgot-Borgen 2002 did not provide data on severity of
7 illness nor comorbidities. However the mean age of the participants in the physical exercise
8 group was slightly higher than those in the other groups. Heterogeneity might also be
9 explained by the differences between group CBT-ED and a nutritional intervention. In the
10 absence of a clear explanation a random effects analysis was presented.

11 Figure 1813: Satisfied EDNOS criteria



12

1 **Figure 1814: EDI-drive for thinness**



2

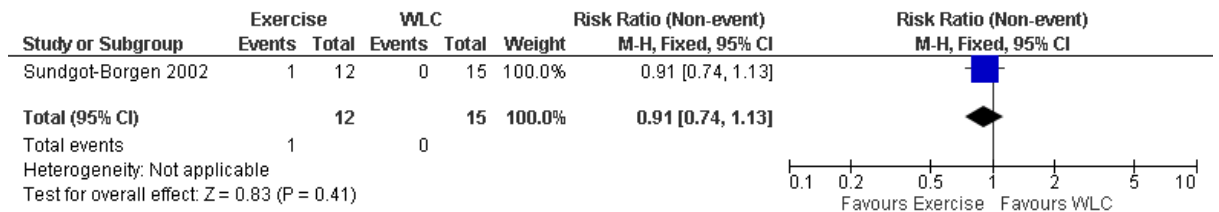
M.7.12.33 **Aerobic exercise versus wait list control in adults with bulimia nervosa at follow up**

4 **Figure 1815: Recovery from bulimia**



5

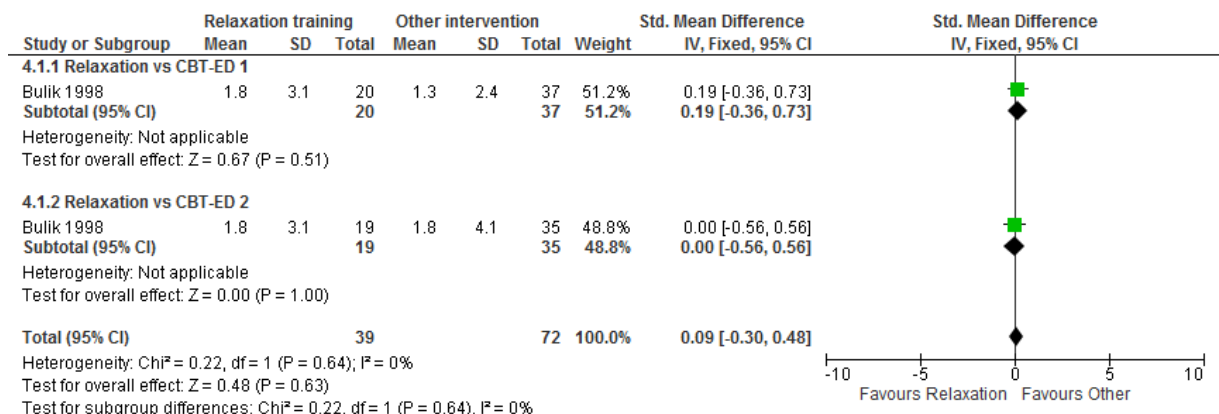
6 **Figure 1816: Satisfied EDNOS criteria**



7

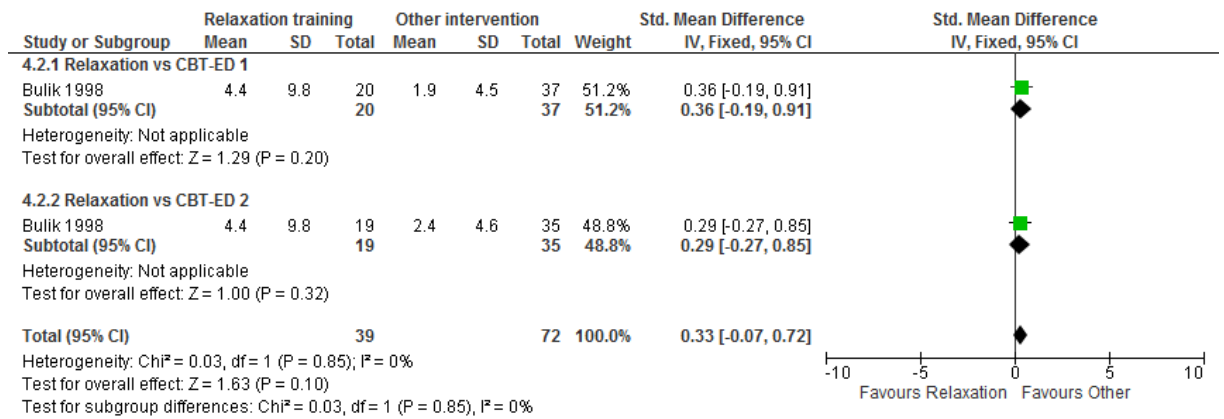
M.7.12.48 **Relaxation training versus any other intervention in adults with bulimia nervosa at end of treatment**

10 **Figure 1817: Binge frequency**



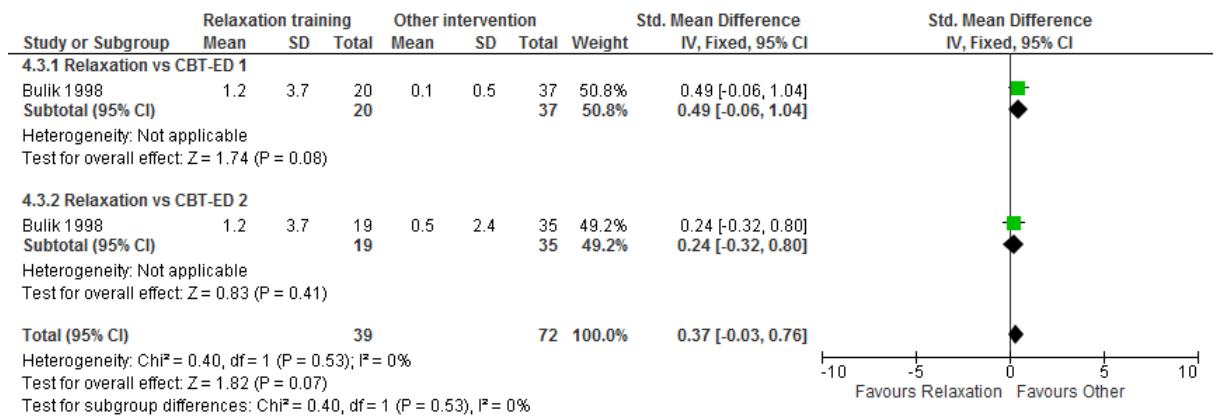
11

1 **Figure 1818: Vomit frequency**



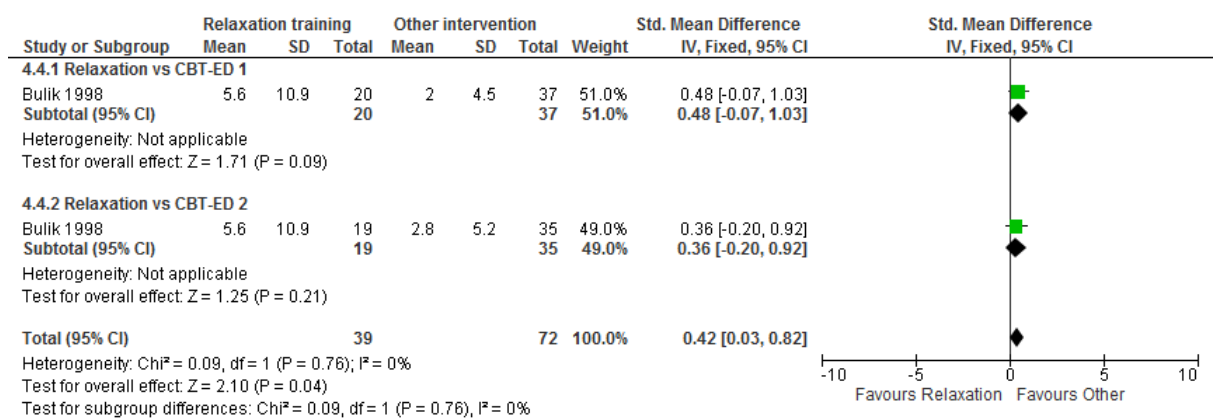
2

3 **Figure 1819: Laxative use frequency**



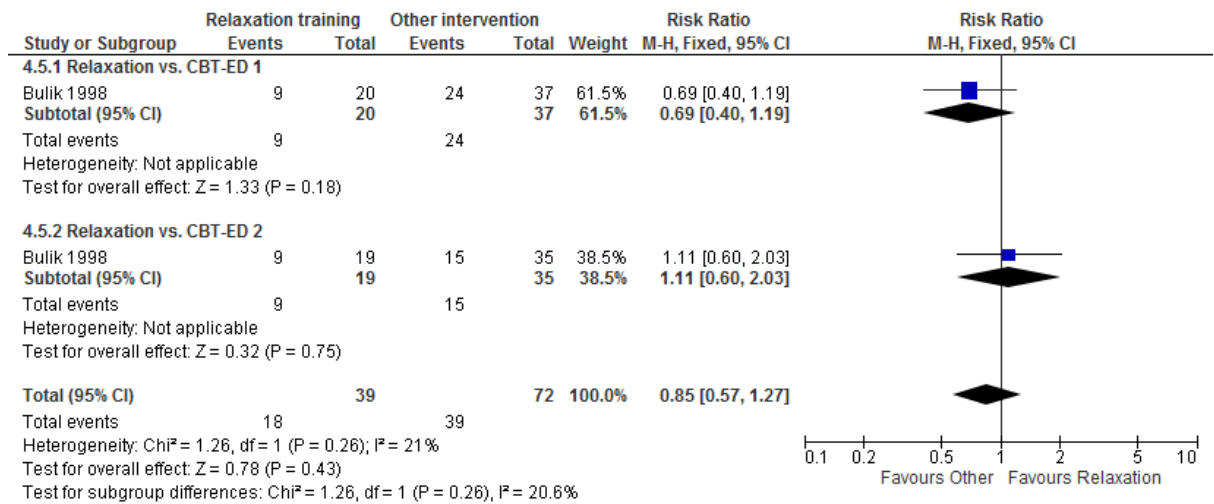
4

5 **Figure 1820: Purge frequency**



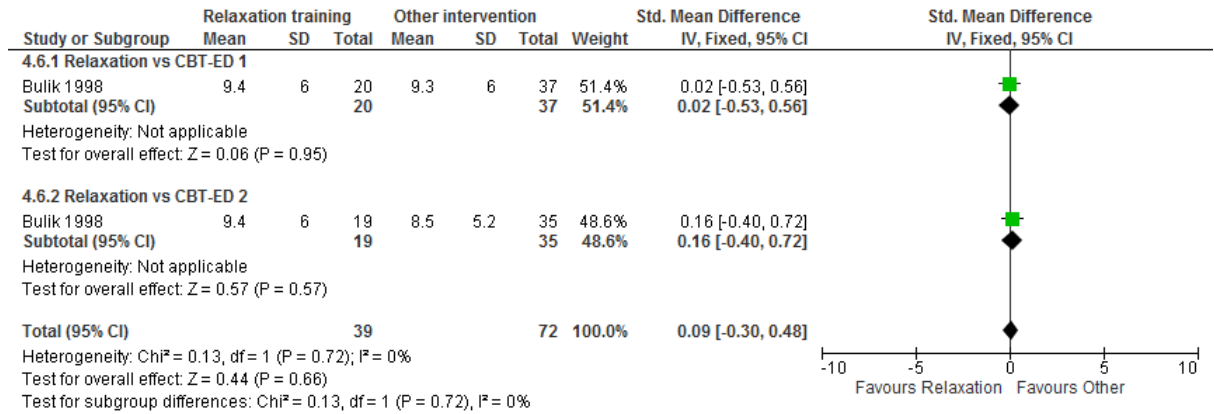
6

1 **Figure 1821: No binge or purge episodes for 2 weeks**



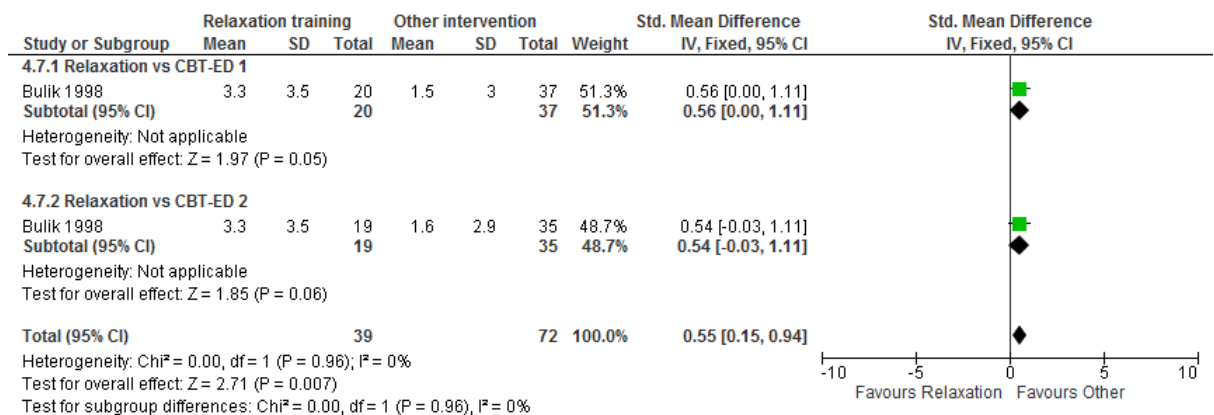
2

3 **Figure 1822: EDI-drive for thinness**



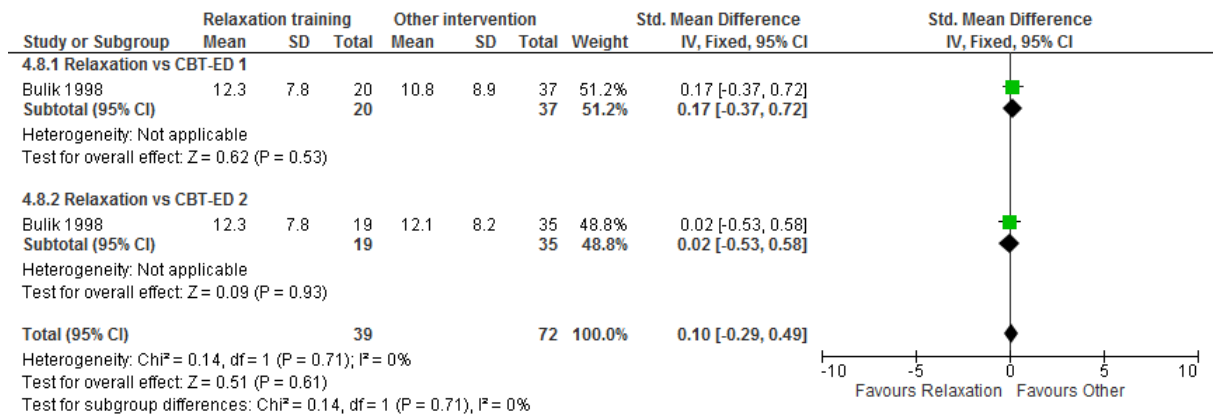
4

5 **Figure 1823: EDI-bulimia**



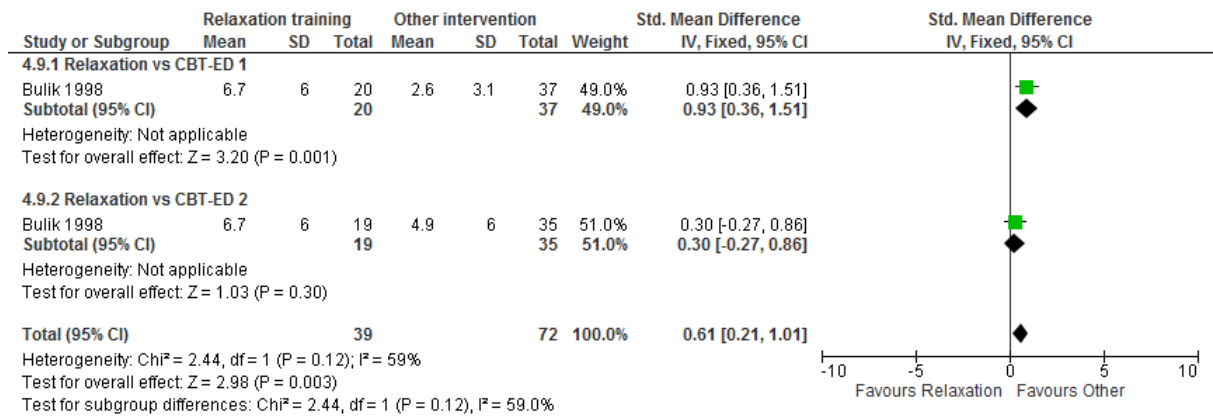
6

1 **Figure 1824: EDI-body dissatisfaction**



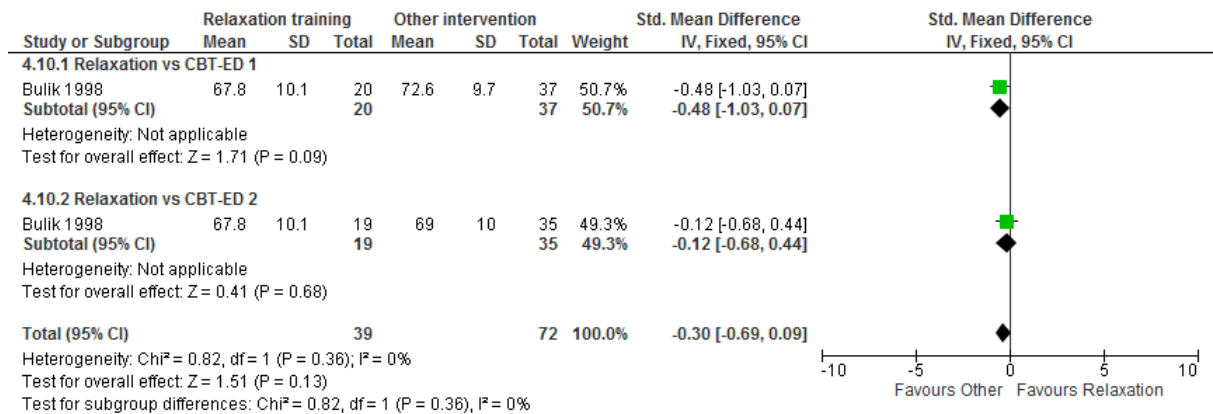
2

3 **Figure 1825: Depression**



4

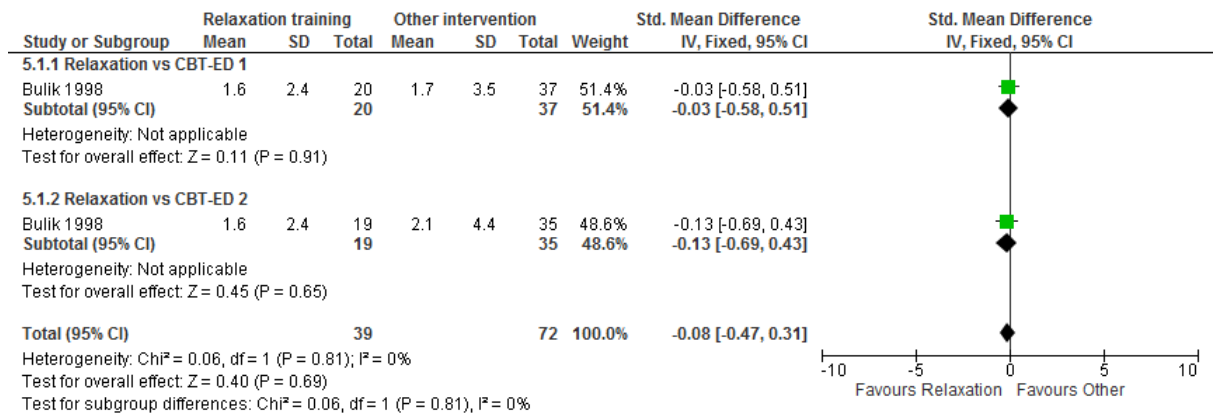
5 **Figure 1826: Global functioning**



6

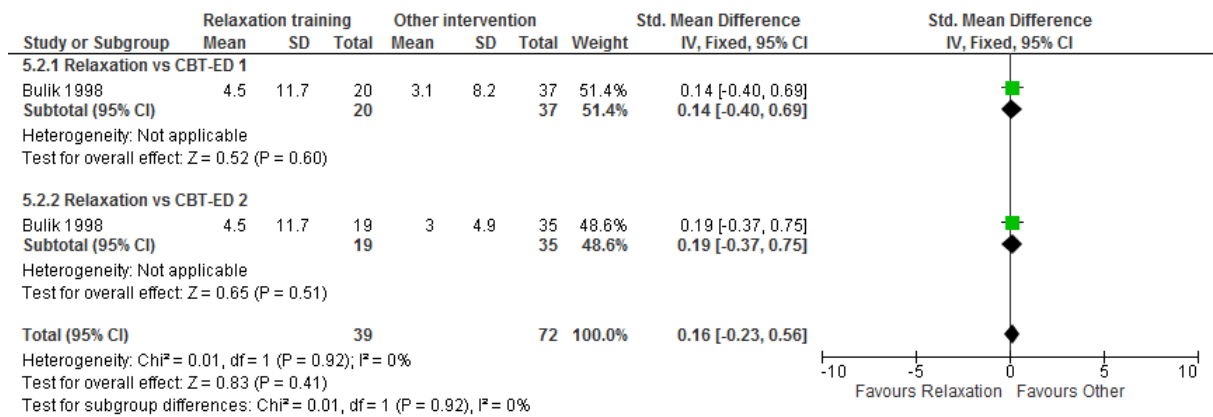
M.7.12.51 Relaxation training versus any other intervention in adults with bulimia nervosa at 2 follow up

3 Figure 1827: Binge frequency



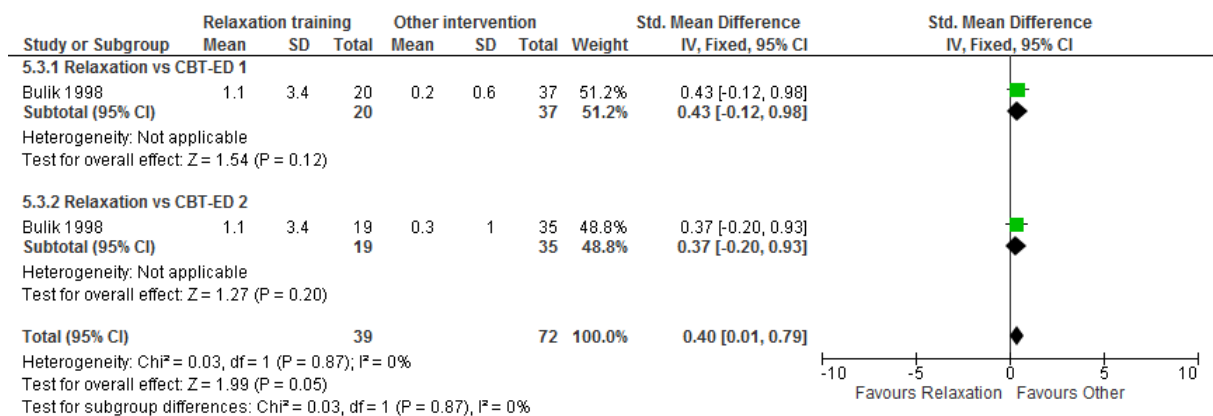
4

5 Figure 1828: Vomit frequency



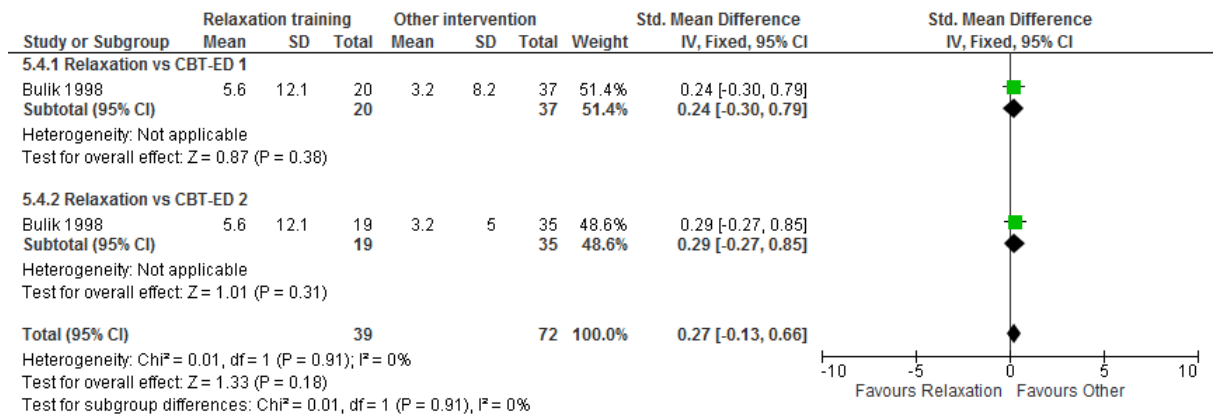
6

7 Figure 1829: Laxative use frequency



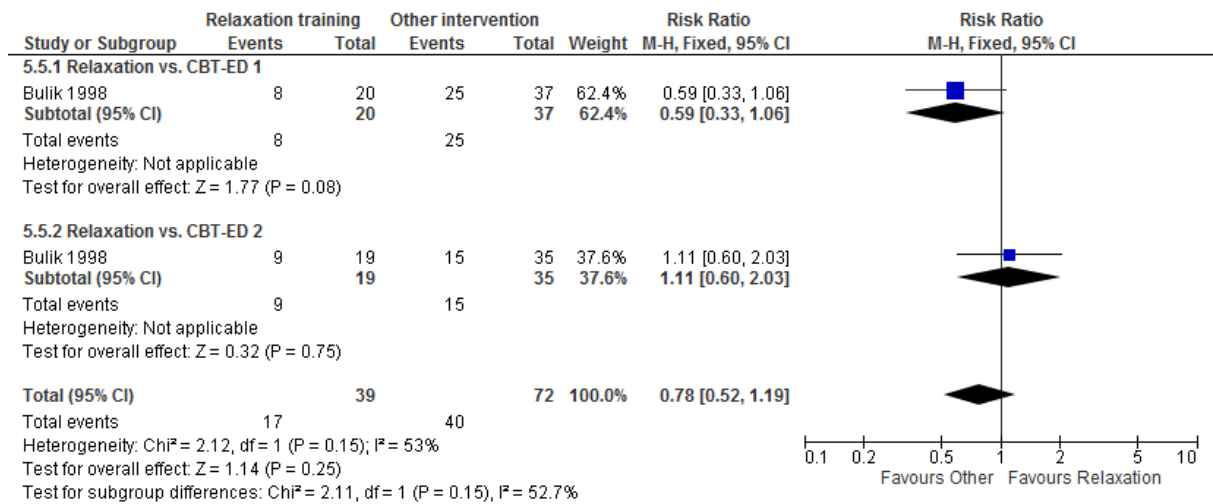
8

1 **Figure 1830: Purge frequency**



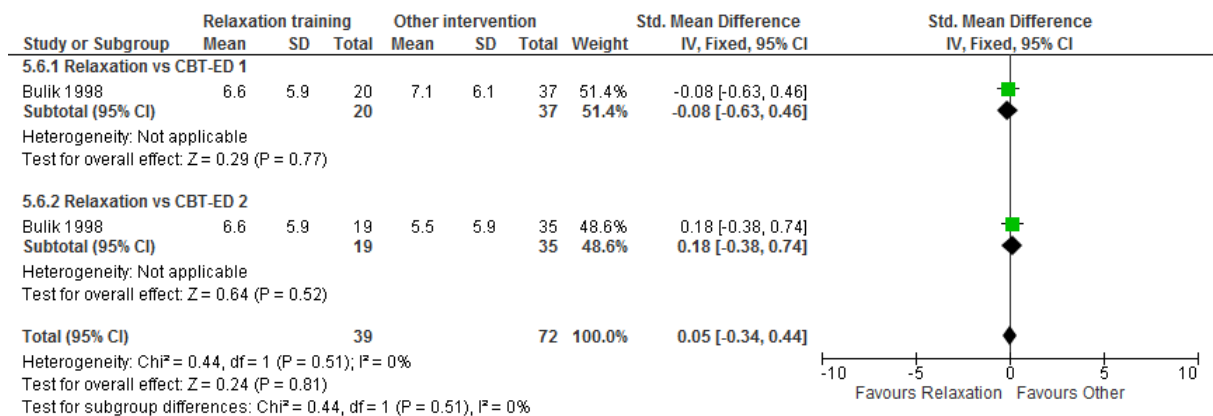
2

3 **Figure 1831: No binge or purge episodes for 2 weeks**



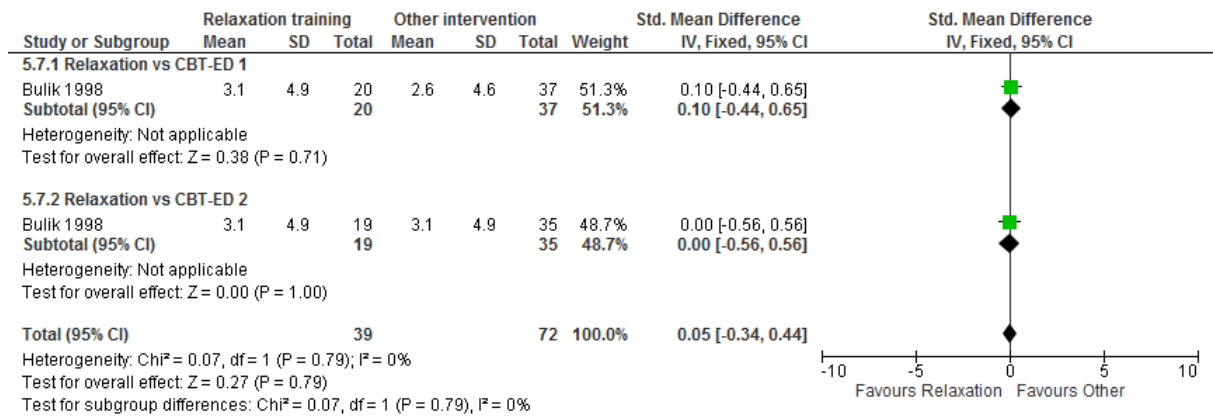
4

5 **Figure 1832: EDI-drive for thinness**



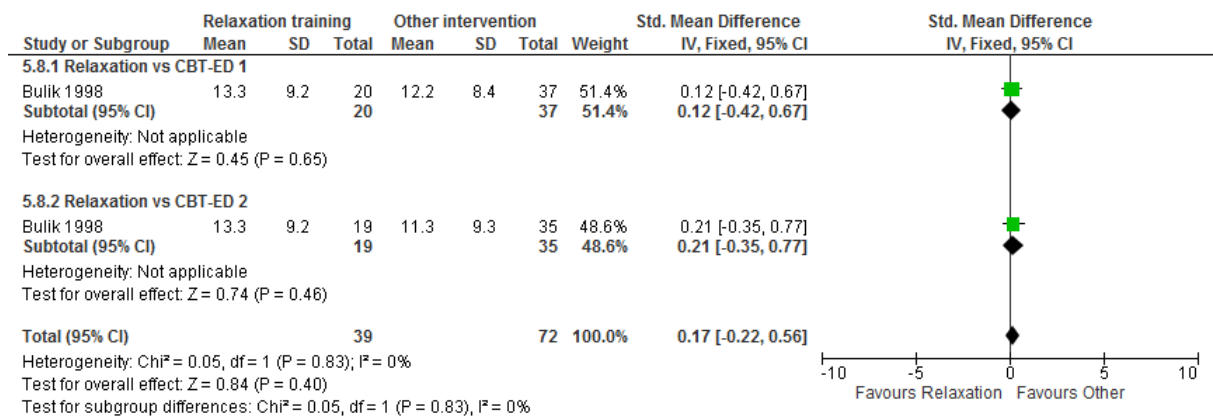
6

1 **Figure 1833: EDI-bulimia**



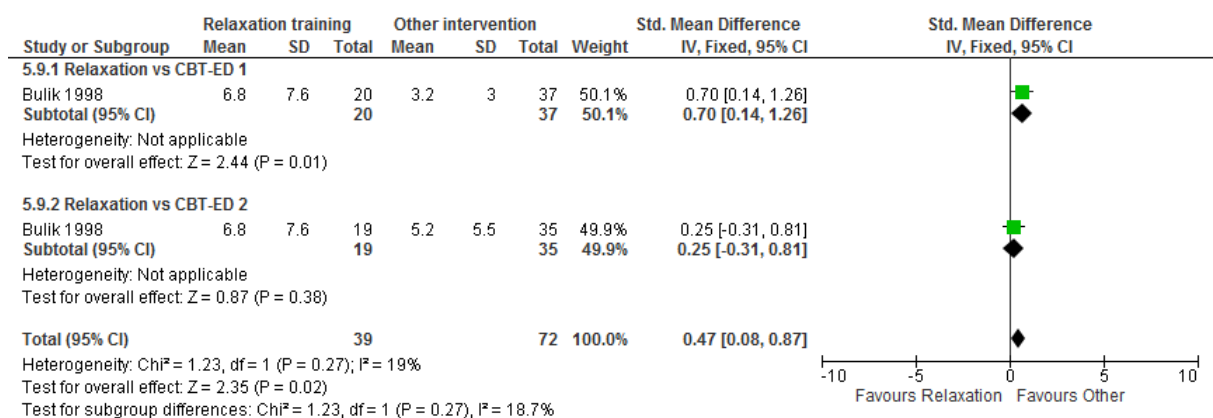
2

3 **Figure 1834: EDI-body dissatisfaction**



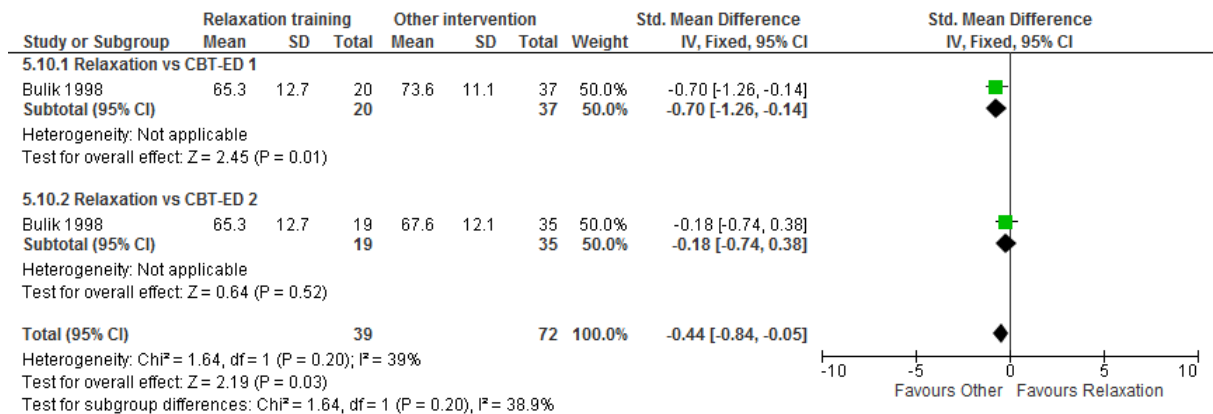
4

5 **Figure 1835: Depression**



6

1 **Figure 1836: Global functioning**



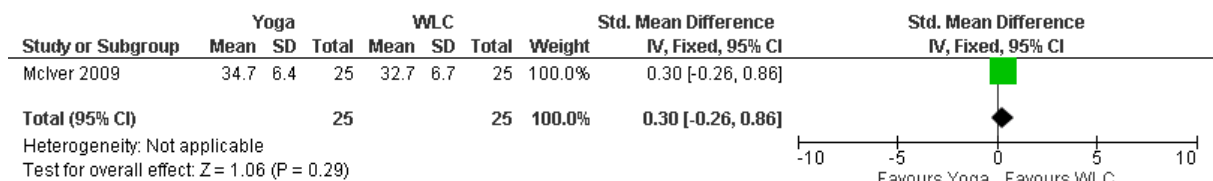
2

3

M.7.134 Physical interventions for binge eating disorder

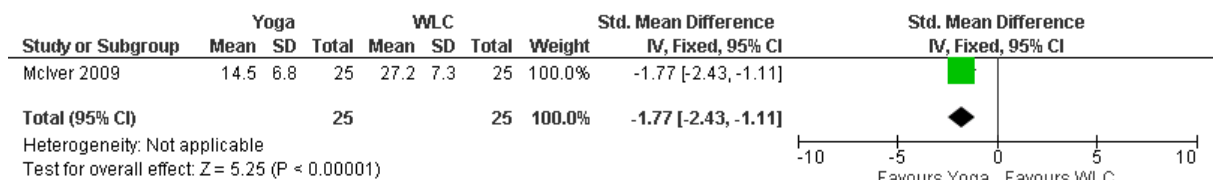
M.7.13.15 Yoga versus wait list control in adults with binge eating disorder

6 **Figure 1837: BMI**



7

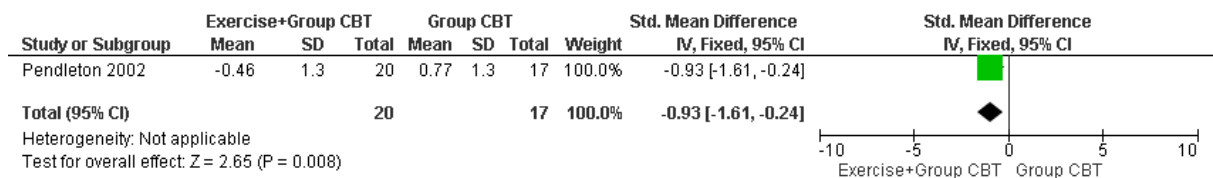
8 **Figure 1838: Binge Eating Scale**



9

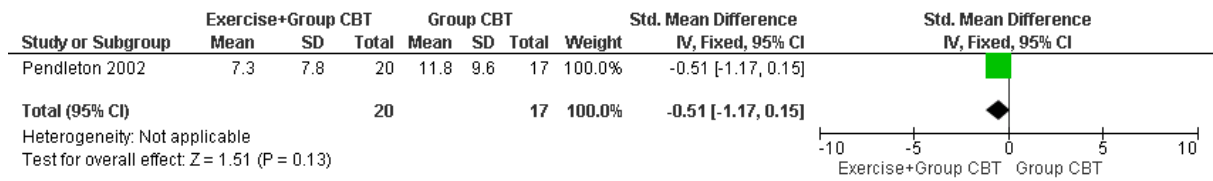
M.7.13.20 Aerobic exercise and group CBT-ED versus group CBT-ED in adults with binge eating disorder at end of treatment

12 **Figure 1839: BMI –change scores**



13

1 **Figure 1840: Depression**

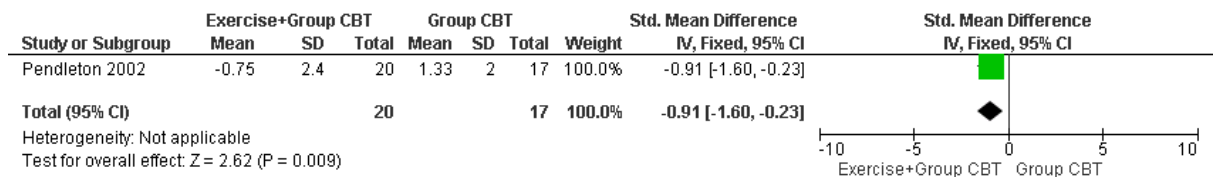


2

M.7.13.33 **Aerobic exercise and group CBT-ED versus group CBT-ED in adults with binge eating disorder at follow up**

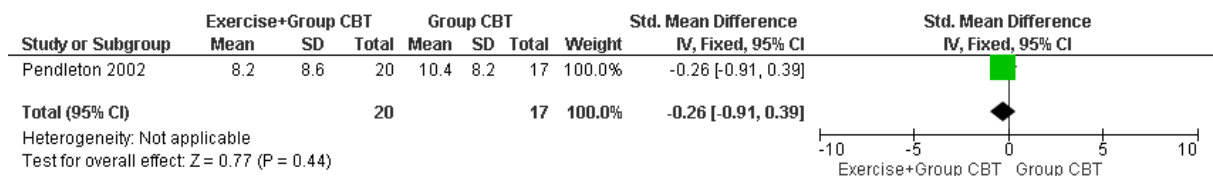
4

5 **Figure 1841: BMI –change scores**



6

7 **Figure 1842: Depression**

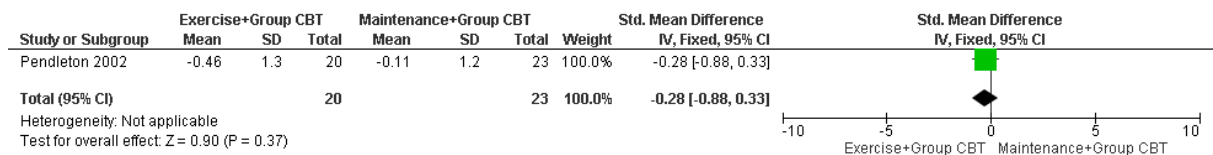


8

M.7.13.49 **Aerobic exercise and group CBT-ED versus group CBT-ED and maintenance in adults with binge eating disorder at end of treatment**

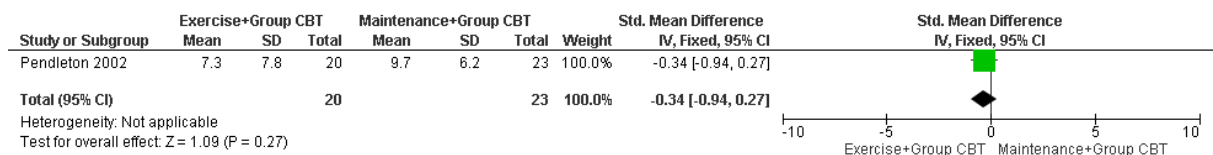
10

11 **Figure 1843: BMI –change scores**



12

13 **Figure 1844: Depression**

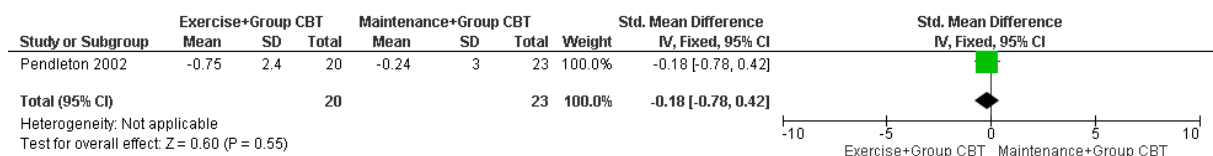


14

M.7.13.55 **Aerobic exercise and group CBT-ED versus group CBT-ED and maintenance in adults with binge eating disorder at follow up**

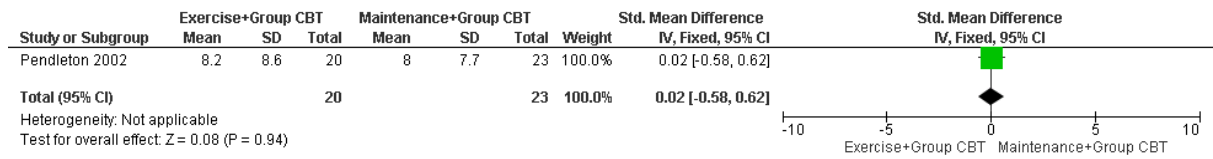
16

17 **Figure 1845: BMI –change scores**



18

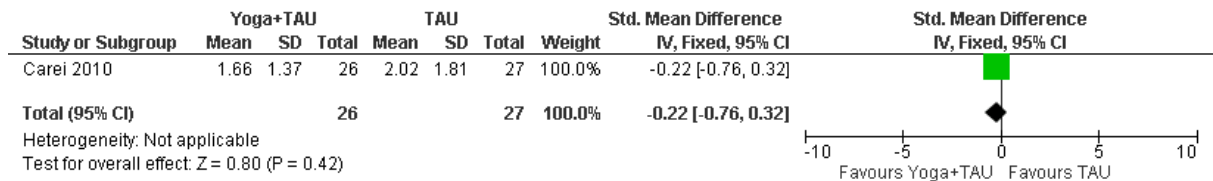
1 **Figure 1846: Depression**



2

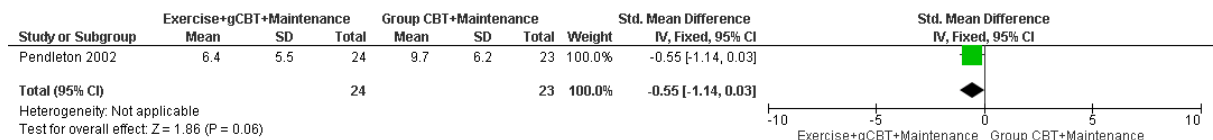
M.7.13.63 **Aerobic exercise, group CBT-ED and maintenance versus group CBT-ED and maintenance in adults with binge eating disorder at end of treatment**

5 **Figure 1847: BMI –change scores**



6

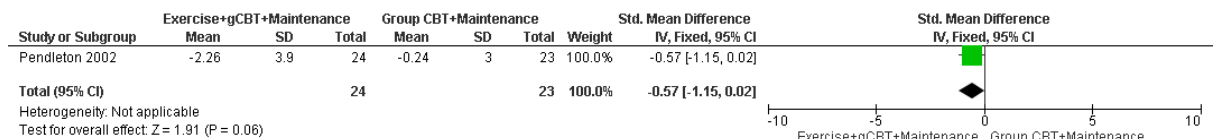
7 **Figure 1848: Depression**



8

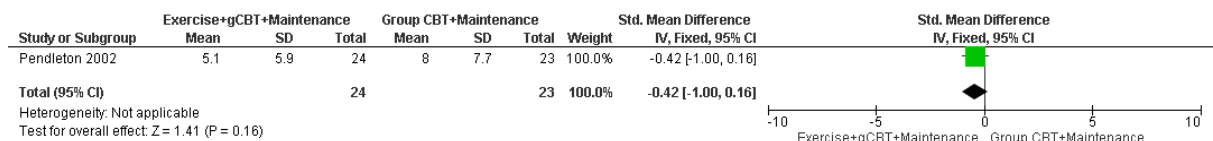
M.7.13.79 **Aerobic exercise, group CBT-ED and maintenance versus group CBT-ED and maintenance in adults with binge eating disorder at follow up**

11 **Figure 1849: BMI –change scores**



12

13 **Figure 1850: Depression**



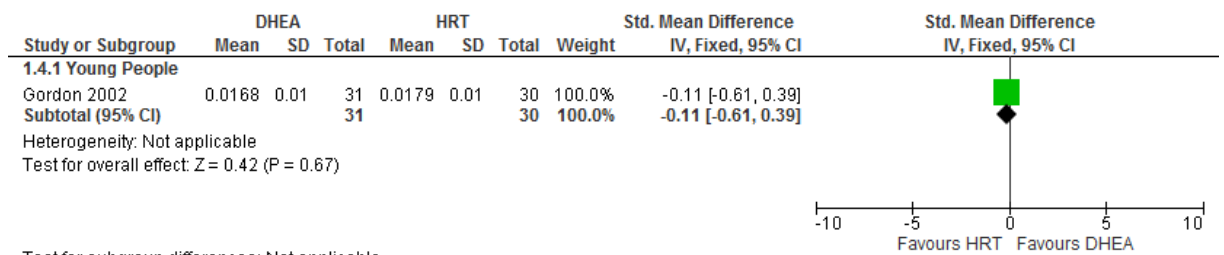
14

**M.8.1 Clinical question: What interventions are effective at
2 managing or reducing short and long-term physical
3 complications of eating disorders?**

**M.8.14 Medication for treating low bone mineral density in people with anorexia
5 nervosa**

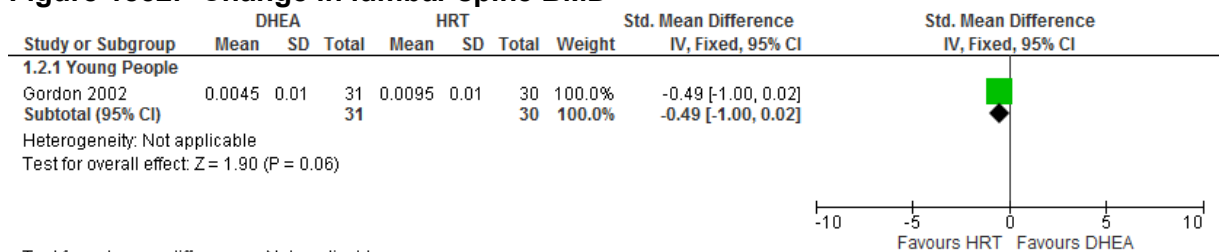
**M.8.1.16 Dehydroepiandrosterone (DHEA) compared with hormone replacement therapy (HRT)
7 in young people with anorexia nervosa at end of treatment**

8 Figure 1851: Change in total hip BMD (higher better)



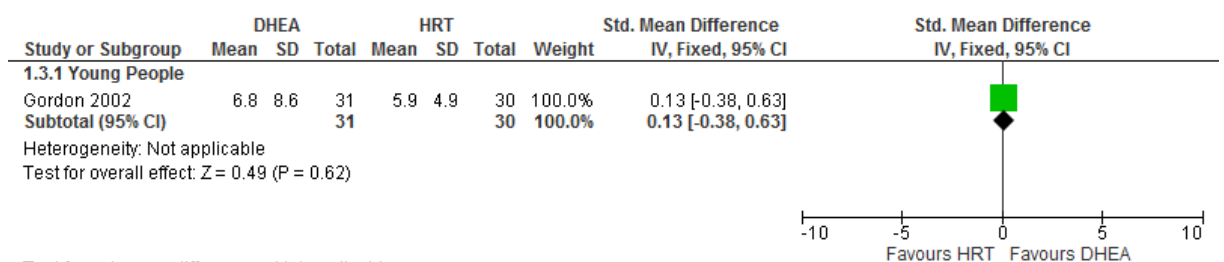
9 Test for subgroup differences: Not applicable

10 Figure 1852: Change in lumbar spine BMD



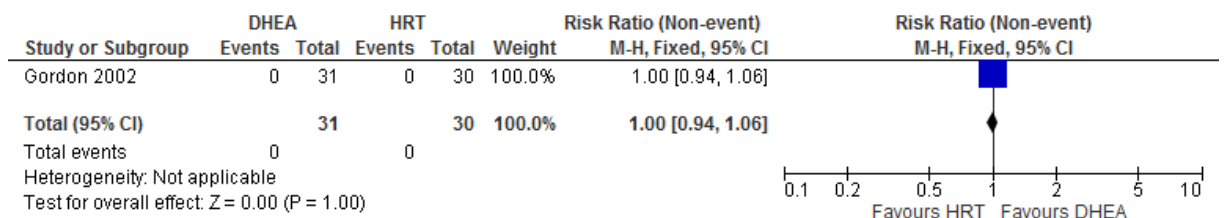
11 Test for subgroup differences: Not applicable

12 Figure 1853: Change in weight



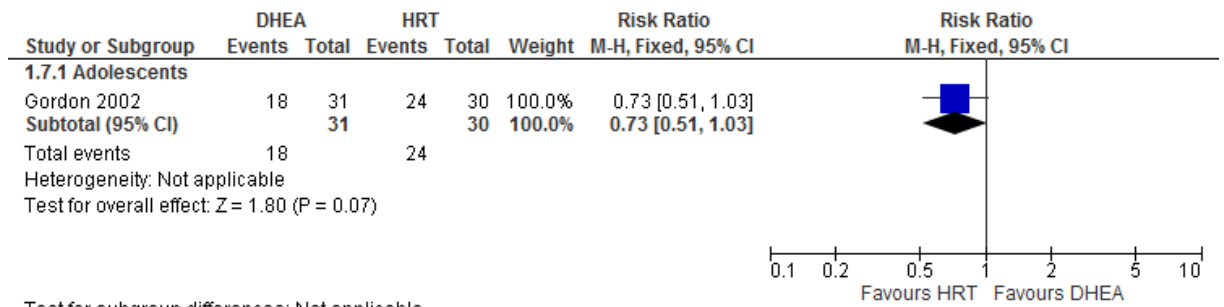
13 Test for subgroup differences: Not applicable

14 Figure 1854: Dropout due to side-effects



15

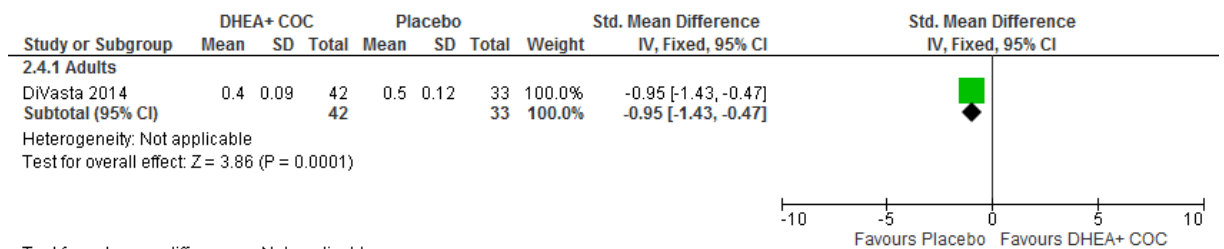
16 Figure 1855: Regular menstruation



1 Test for subgroup differences: Not applicable

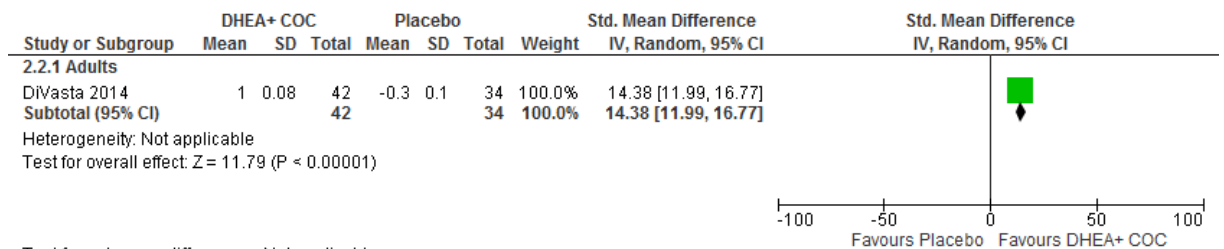
M.8.1.22 Dehydroepiandrosterone (DHEA) and combined oral contraceptive pill (COC) compared with placebo in adults with anorexia nervosa at end of treatment

3 Figure 1856: Change in femoral neck bone strength index



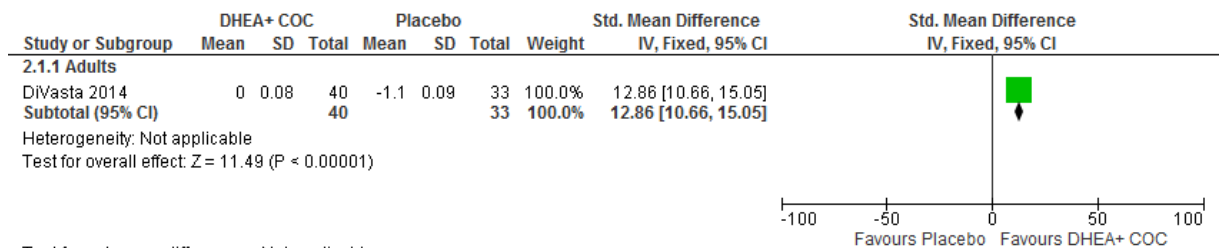
5 Test for subgroup differences: Not applicable

6 Figure 1857: Change in femoral neck BMD



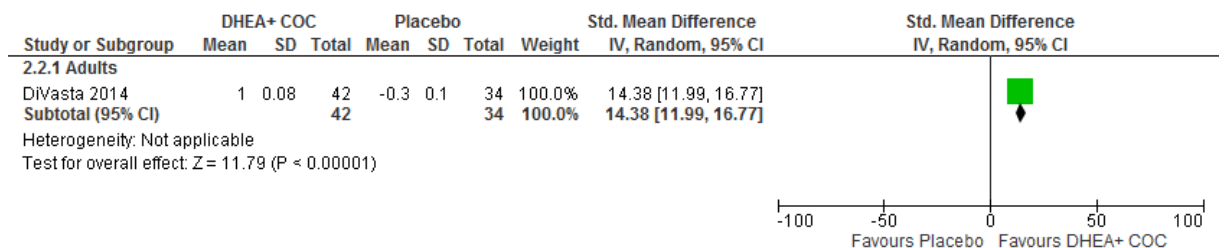
7 Test for subgroup differences: Not applicable

8 Figure 1858: Change in femoral shaft BMD



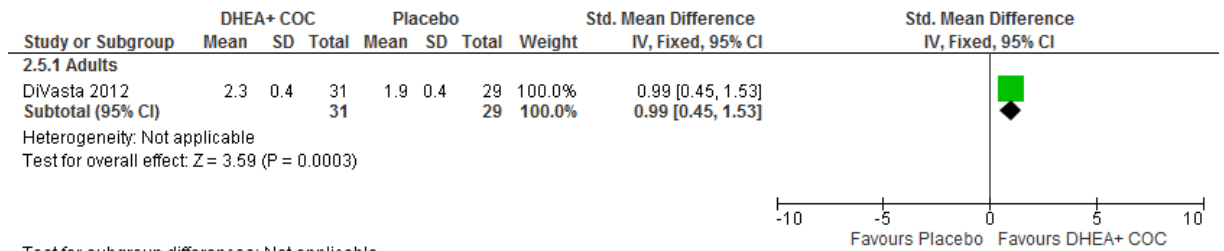
9 Test for subgroup differences: Not applicable

10 Figure 1859: Change in femoral shaft bone strength BMD



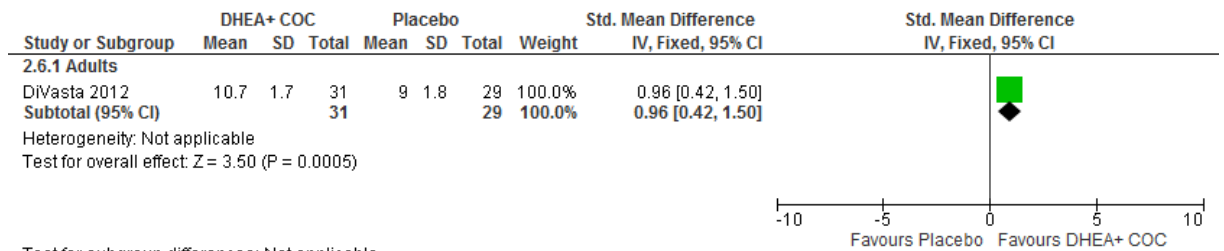
11 Test for subgroup differences: Not applicable

12 Figure 1860: Change in weight



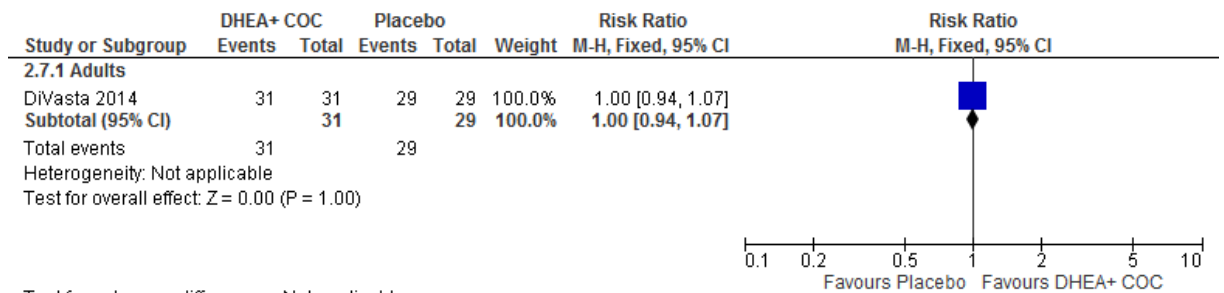
1 Test for subgroup differences: Not applicable

2 Figure 1861: Change in BMI



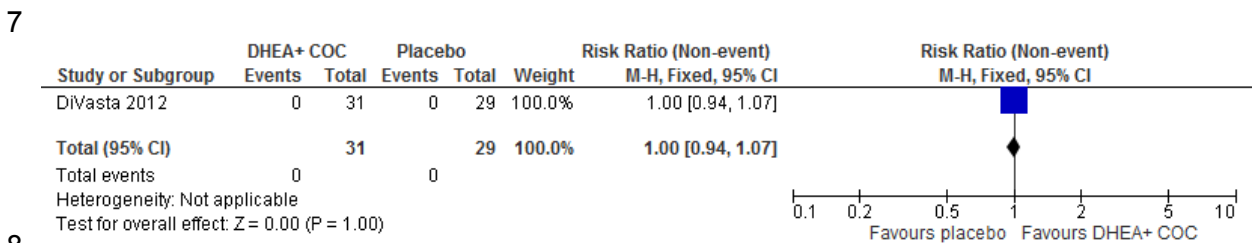
3 Test for subgroup differences: Not applicable

4 Figure 1862: Amenorrhoeic



5 Test for subgroup differences: Not applicable

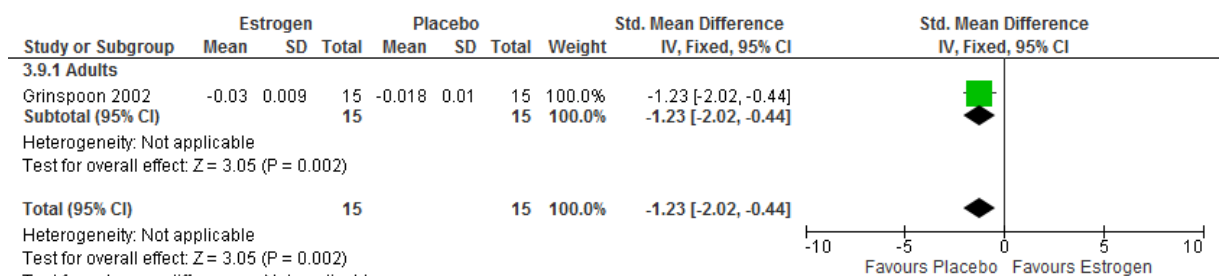
6 Figure 1863: Dropout due to side-effects



8

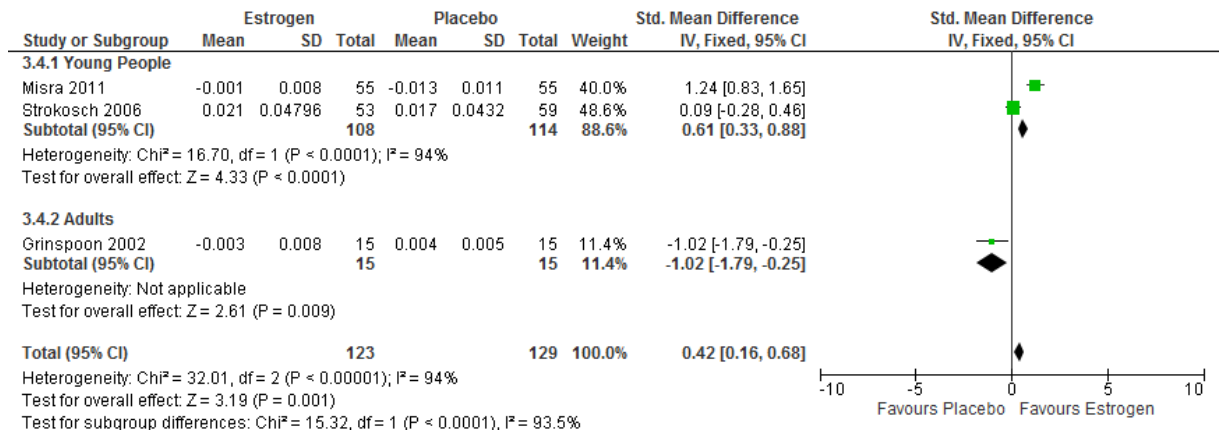
M.8.1.39 Estrogen compared with placebo in young people or adults with anorexia nervosa at end of treatment

11 Figure 1864: Change in total body BMD in adults



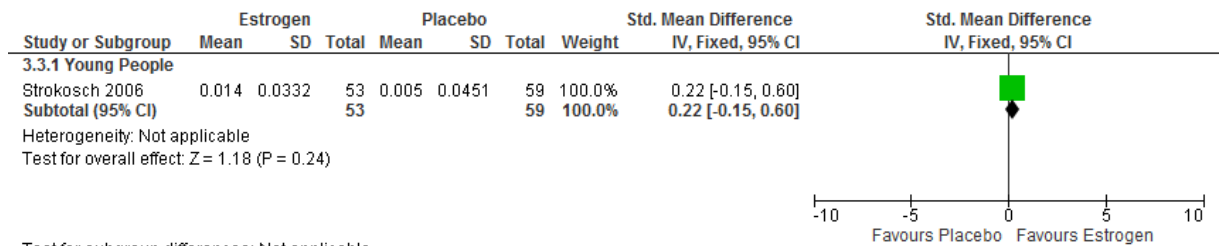
12 Test for subgroup differences: Not applicable

13 Figure 1865: Change in total hip BMD in young people and adults



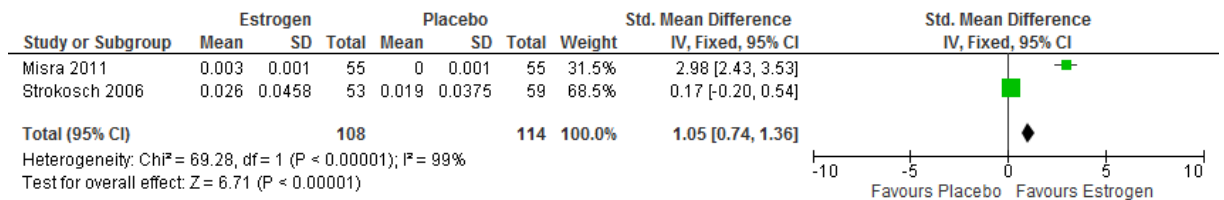
1

2 **Figure 1866: Change in femoral neck BMD in young people**



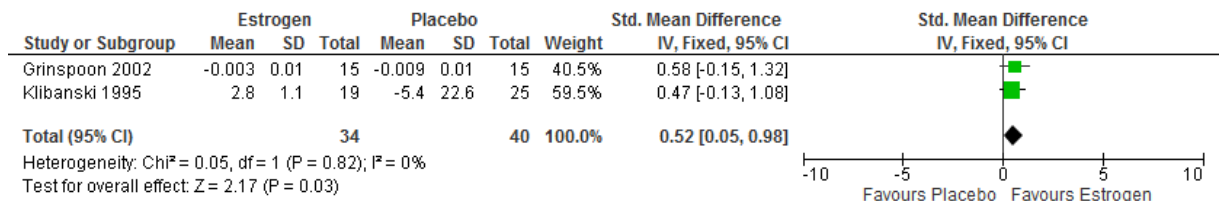
3 Test for subgroup differences: Not applicable

4 **Figure 1867: Change in lumbar spine BMD in young people**



5

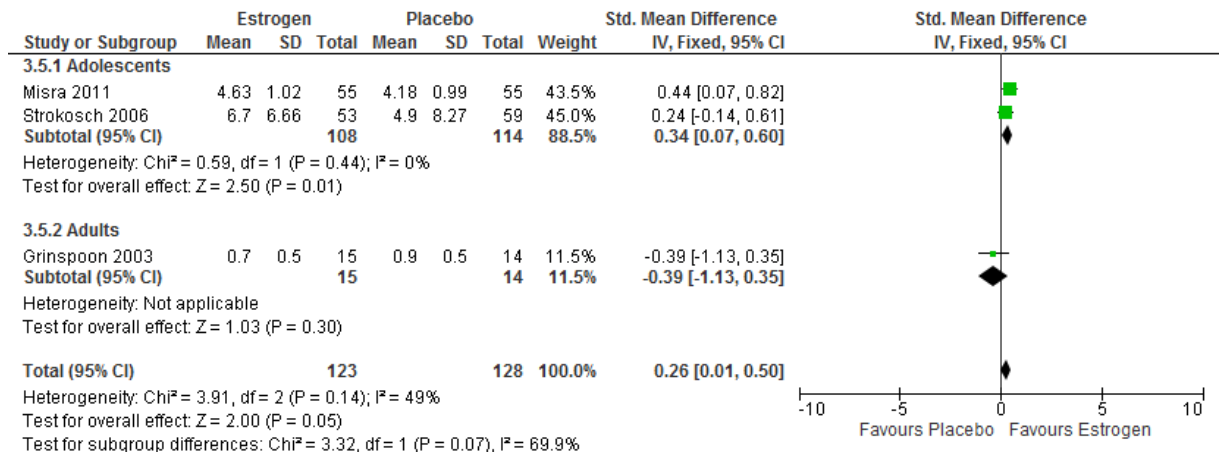
6 **Figure 1868: Change in lumbar spine BMD in adults**



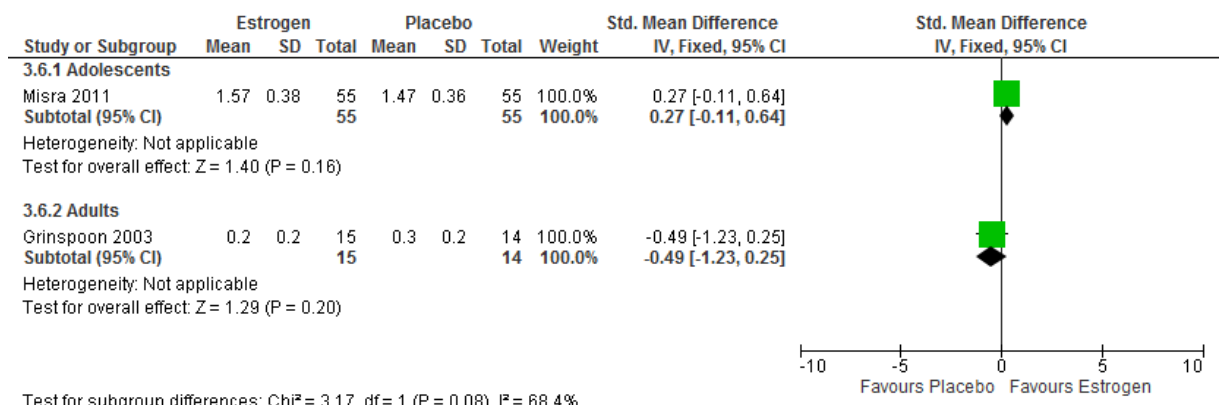
7

8

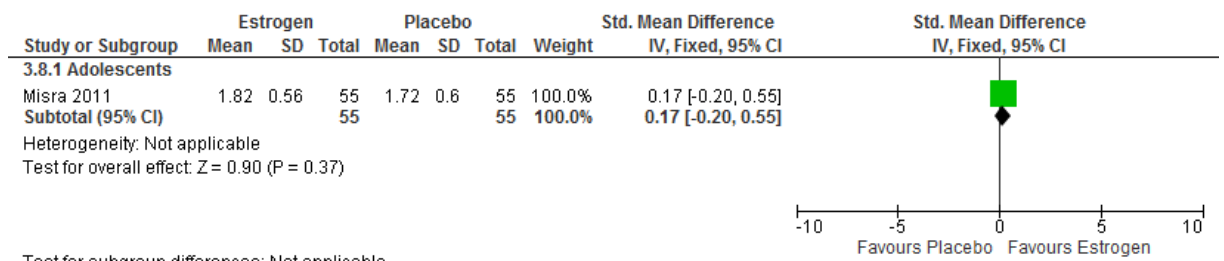
9 **Figure 1869: Change in weight in young people and adults**



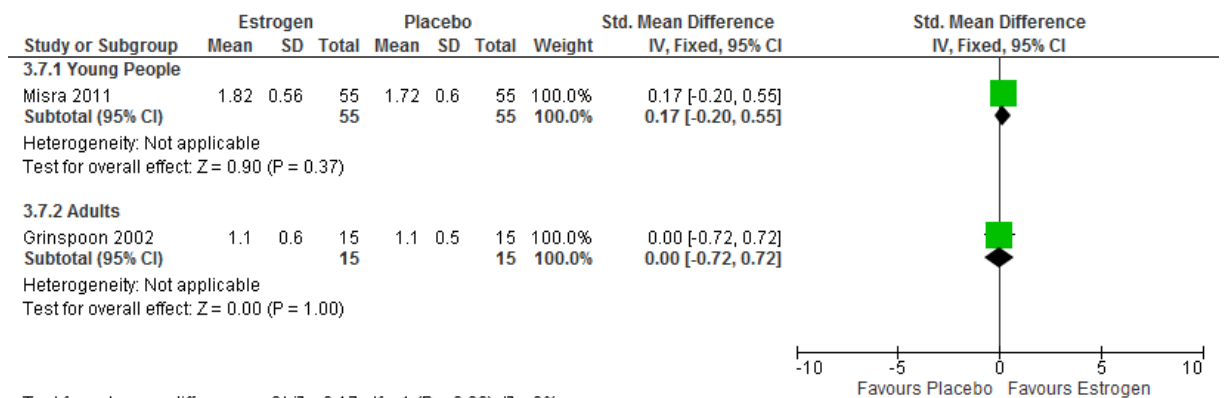
2 **Figure 1870: Change in BMI in young people and adults**



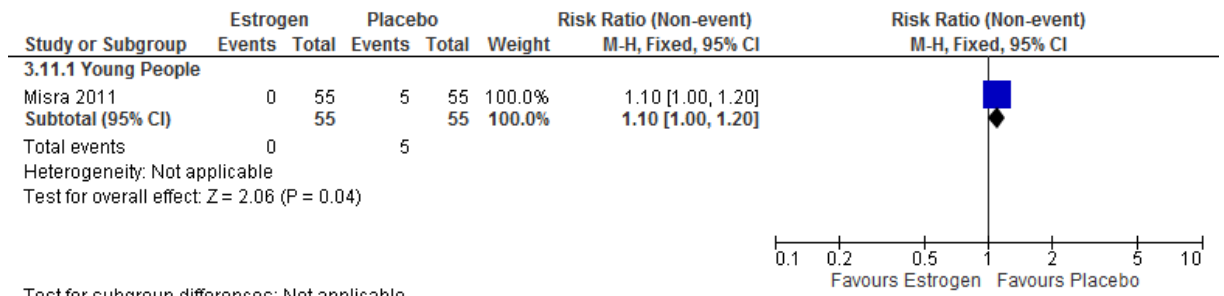
4 **Figure 1871: Change in fat mass in young people**



6 **Figure 1872: Change in lean mass in young people and adults**

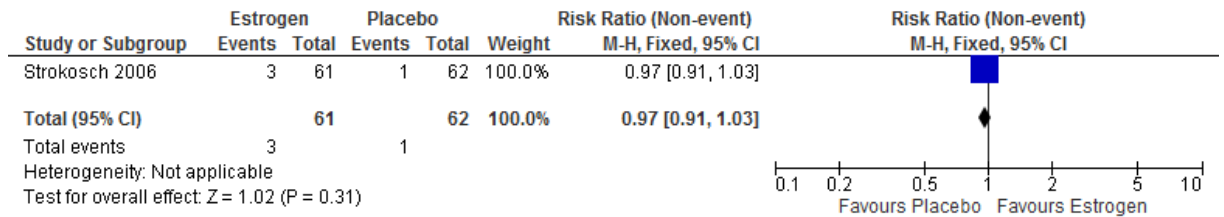


8 **Figure 1873: Regular menstruation in young people**



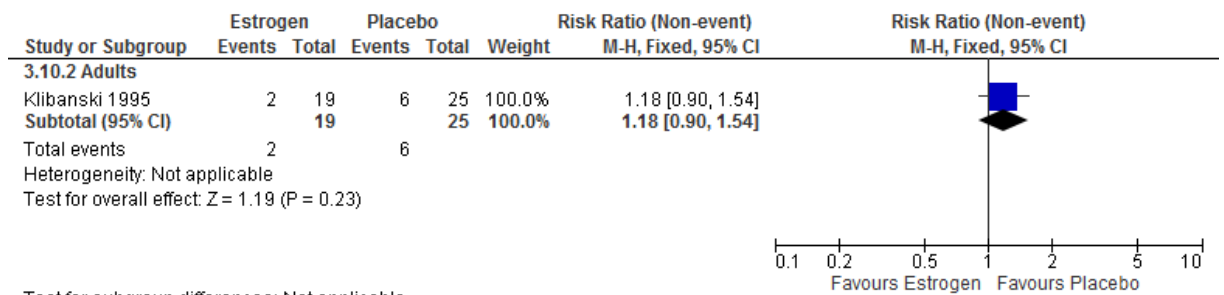
1 Test for subgroup differences: Not applicable

2 Figure 1874: Dropout due to side-effects in young people



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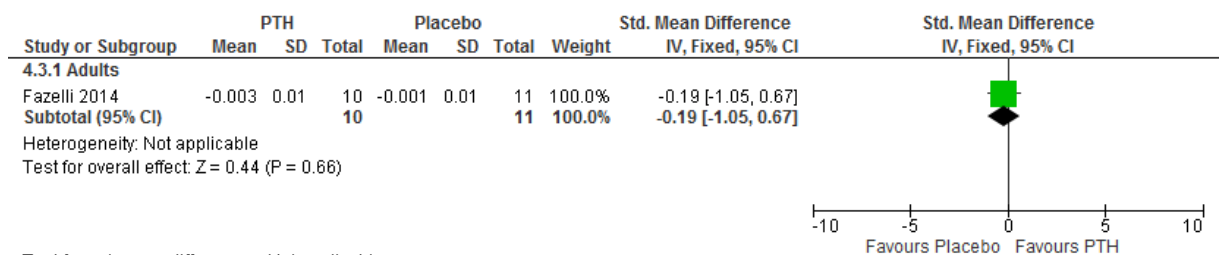
5 Figure 1875: Remission in adults



6 Test for subgroup differences: Not applicable

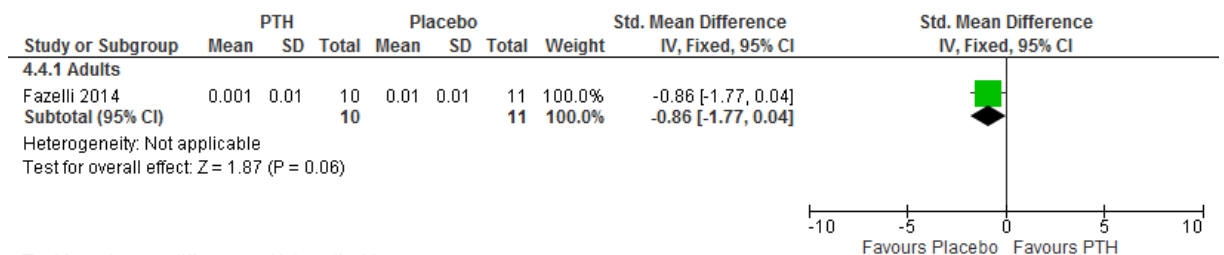
M.8.1.47 Parathyroid hormone therapy (PTH) compared with placebo in adults with anorexia nervosa at end of treatment

9 Figure 1876: Change in total hip BMD



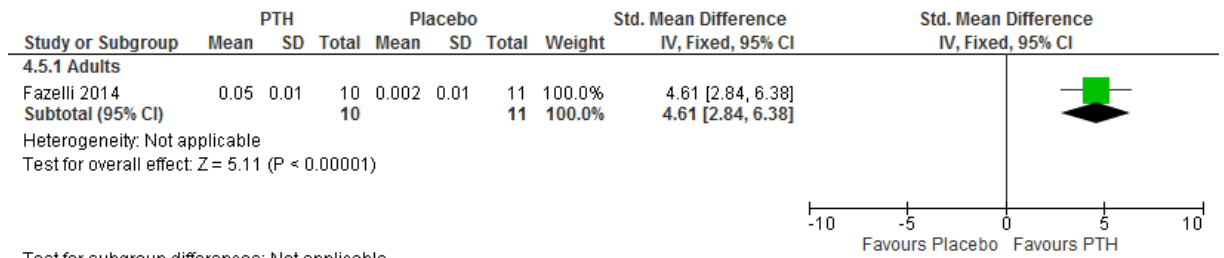
10 Test for subgroup differences: Not applicable

11 Figure 1877: Change in femoral neck BMD



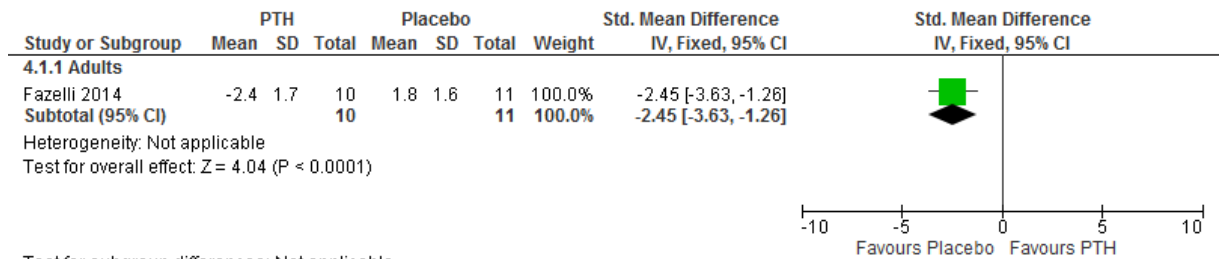
12 Test for subgroup differences: Not applicable

13 Figure 1878: Change in anteroposterior spine BMD



1 Test for subgroup differences: Not applicable

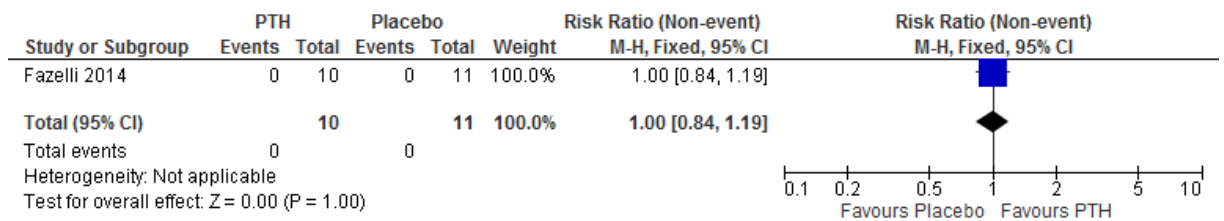
2 Figure 1879: Change in weight



3 Test for subgroup differences: Not applicable

4

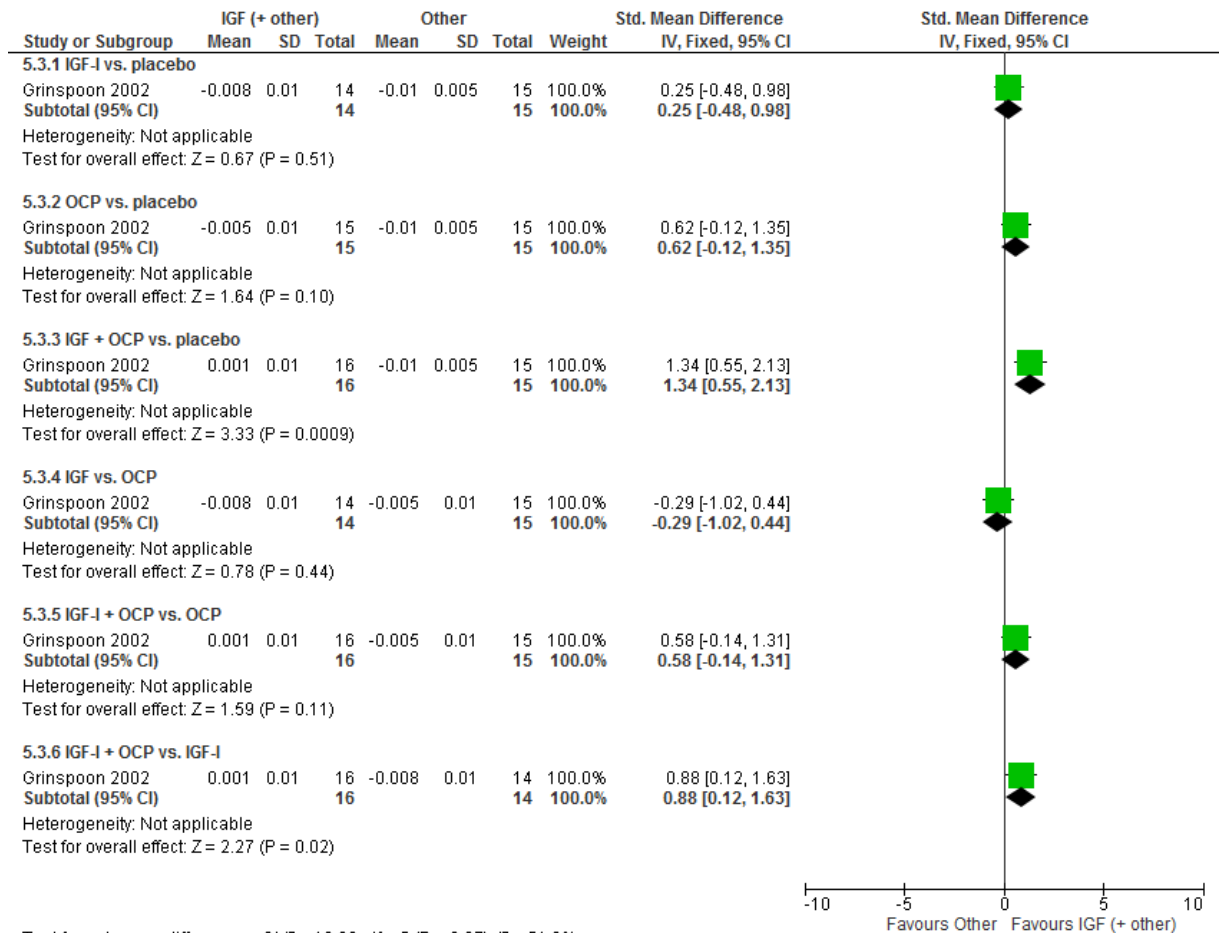
5 Figure 1880: Dropout due to side-effects



6
7

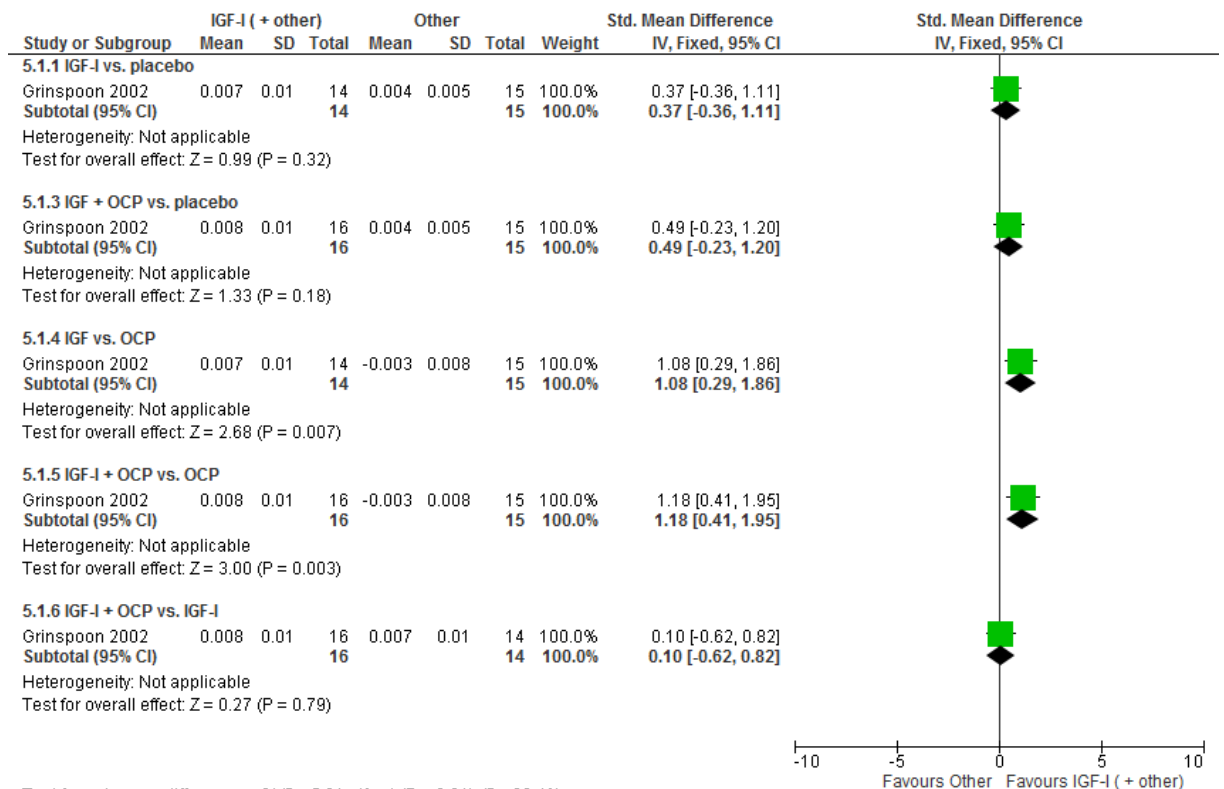
M.8.1.58 Insulin-like growth factor (IGF-I) compared with another treatment in adults with anorexia nervosa at end of treatment

10 Figure 1881: Change in radial BMD



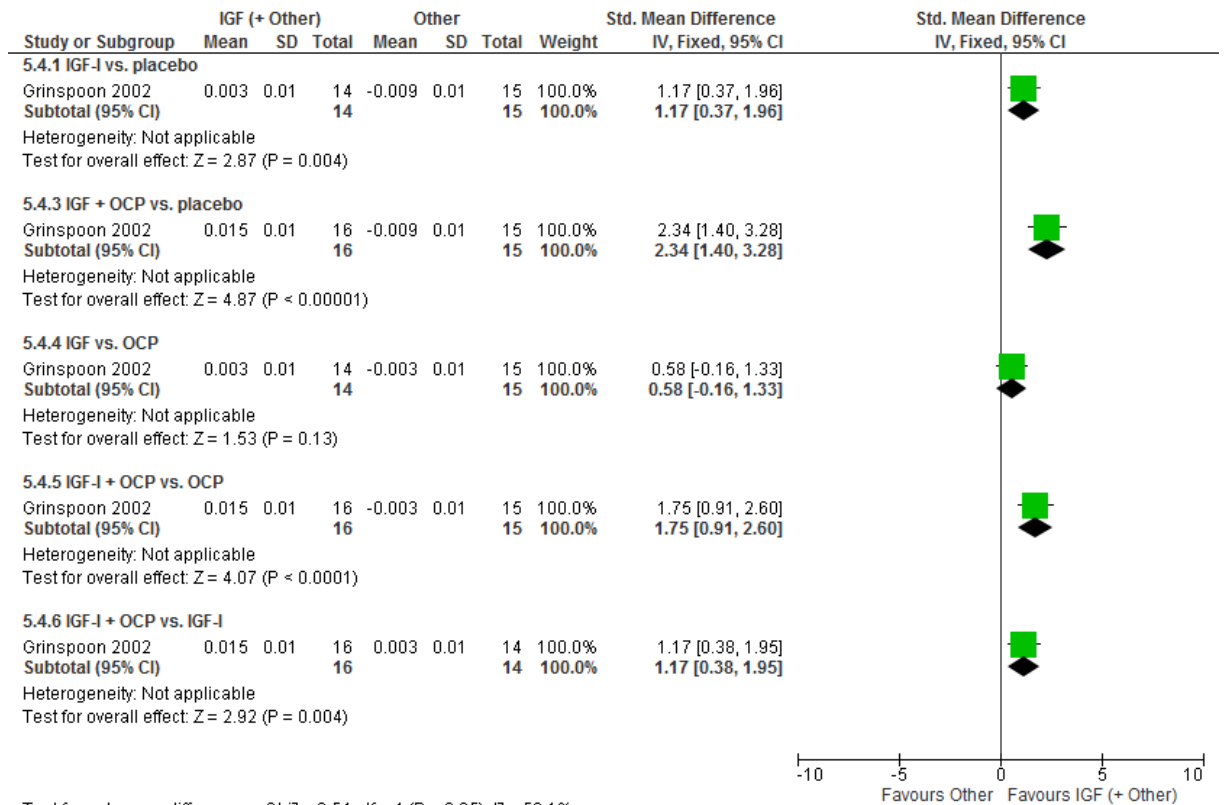
1 Test for subgroup differences: $\text{Chi}^2 = 10.32$, $\text{df} = 5$ (P = 0.07), $I^2 = 51.6\%$

2 Figure 1882: Change in total hip BMD



3 Test for subgroup differences: $\text{Chi}^2 = 5.91$, $\text{df} = 4$ (P = 0.21), $I^2 = 32.4\%$

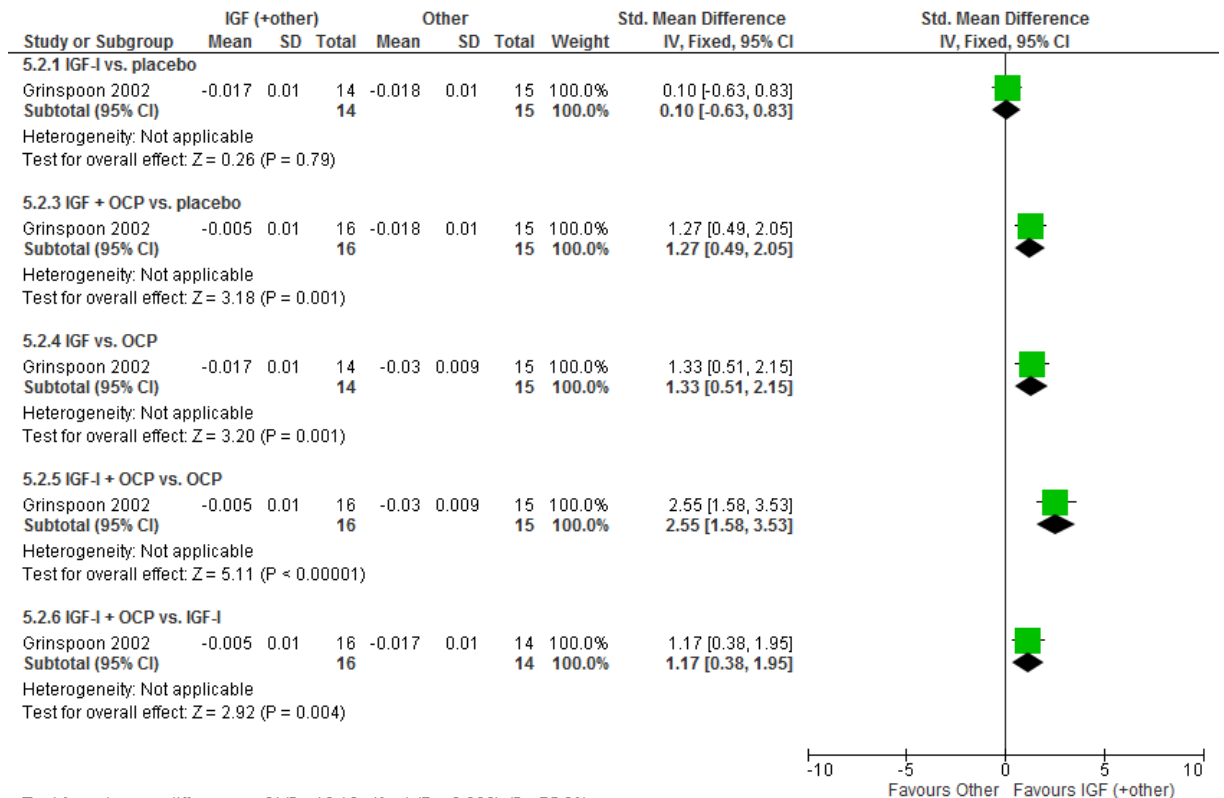
4 Figure 1883: Change in anteroposterior spine BMD



1 Test for subgroup differences: Chi² = 9.54, df = 4 (P = 0.05), I² = 58.1%

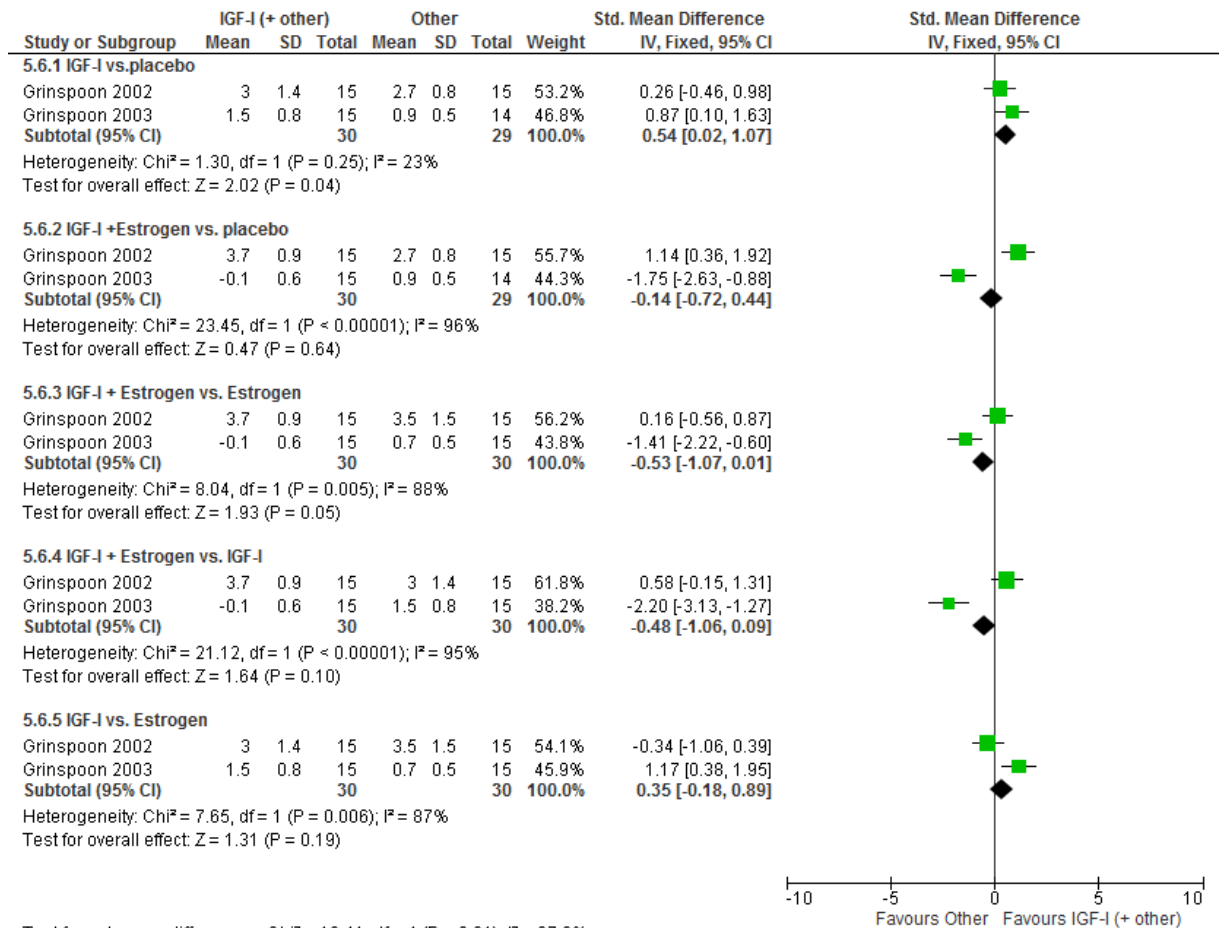
2

3 Figure 1884: Change in total body BMD



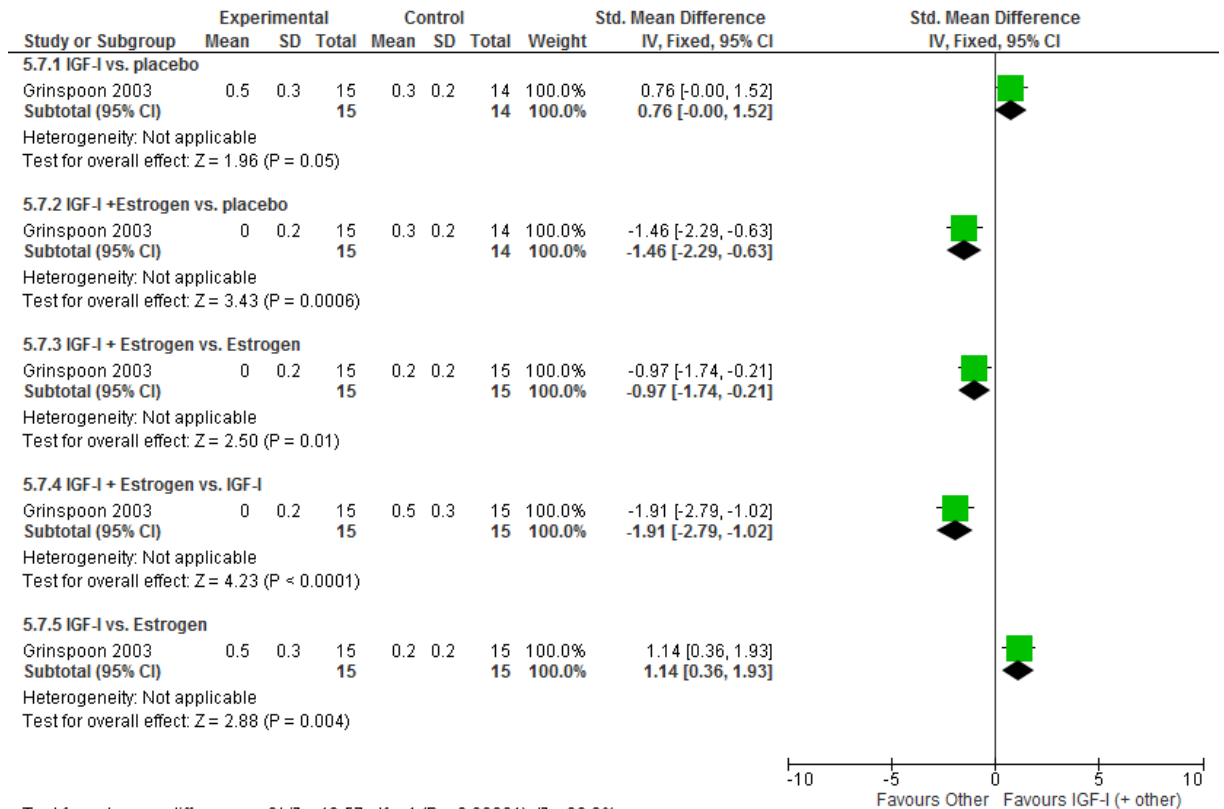
4 Test for subgroup differences: Chi² = 16.19, df = 4 (P = 0.003), I² = 75.3%

5 Figure 1885: Change in weight



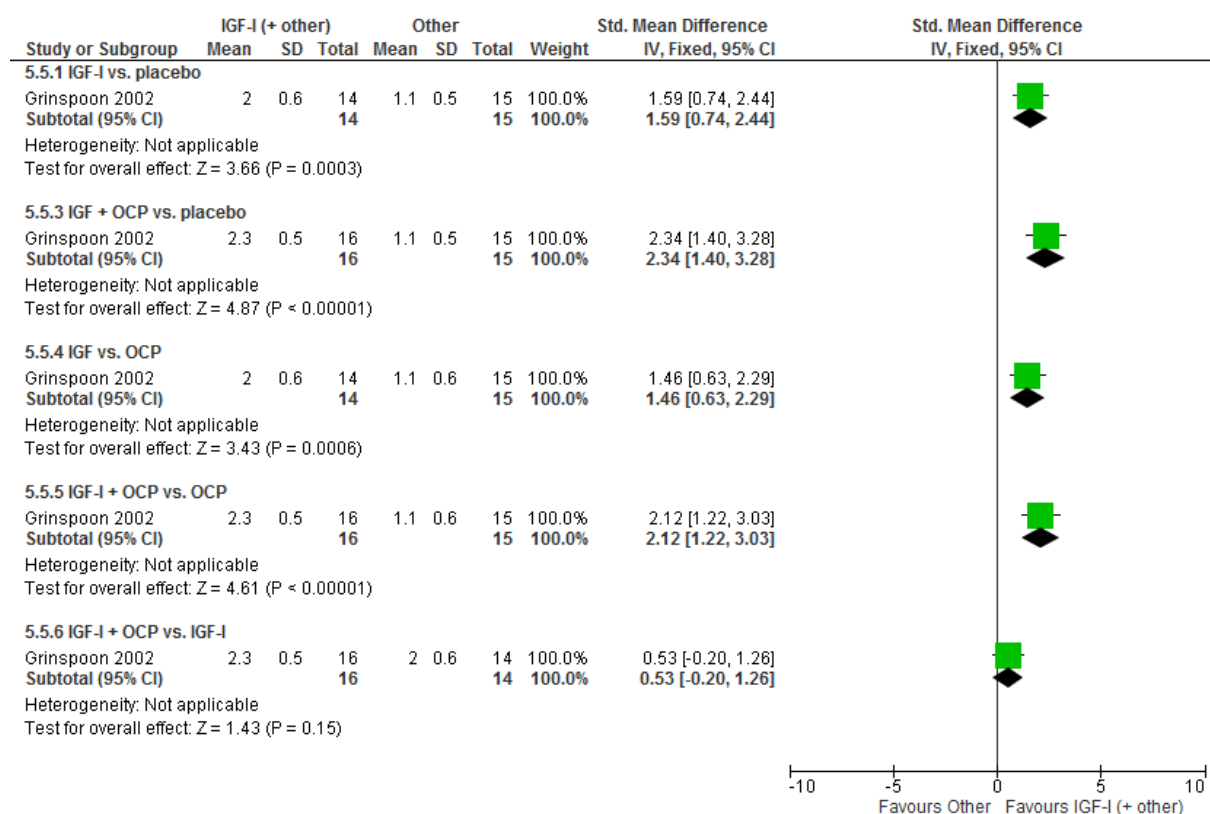
1 Test for subgroup differences: Chi² = 12.41, df = 4 (P = 0.01), I² = 67.8%

2 Figure 1886: Change in BMI



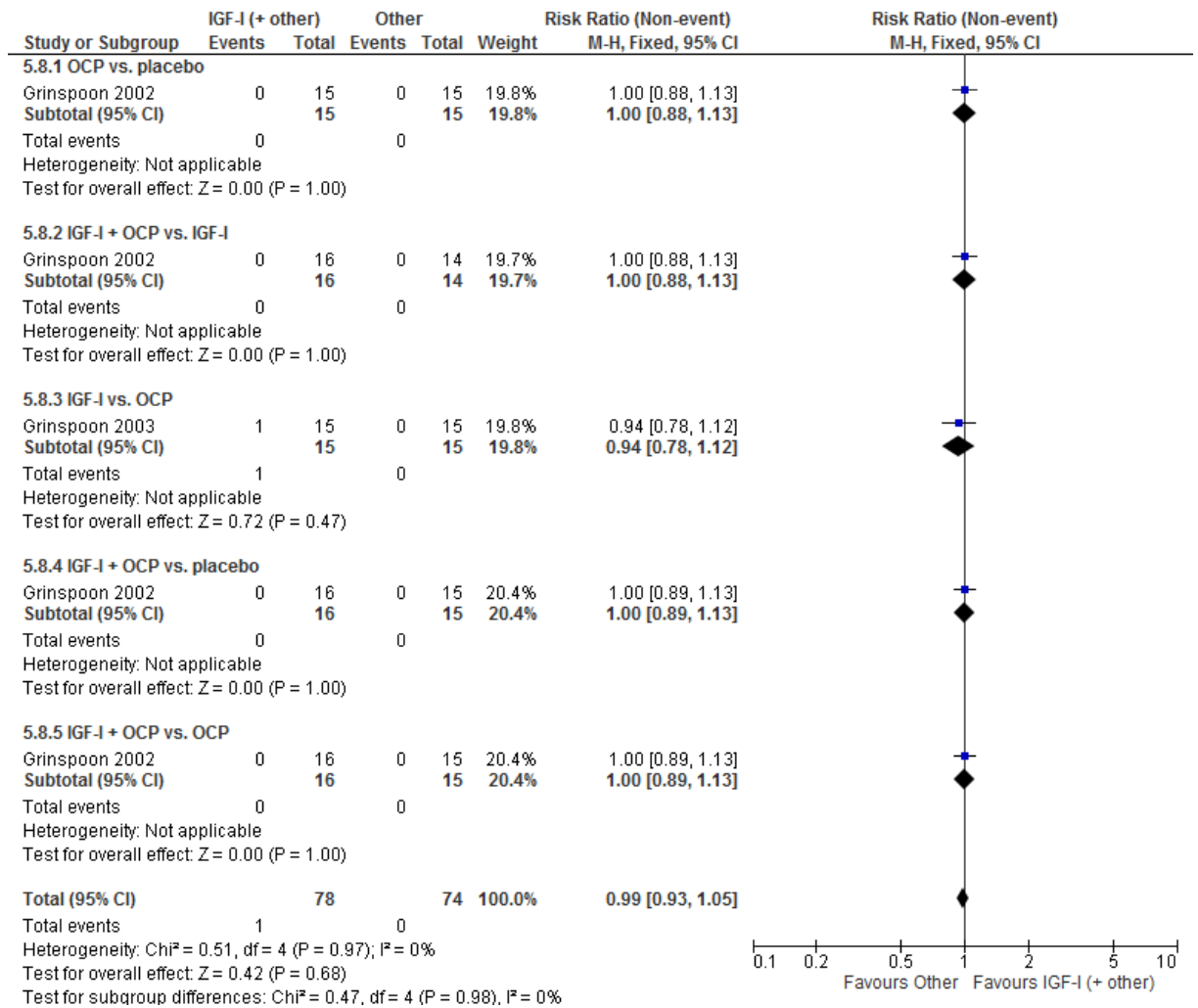
3 Test for subgroup differences: Chi² = 43.57, df = 4 (P < 0.00001), I² = 90.8%

4 Figure 1887: Change in lean mass



1 Test for subgroup differences: $\text{Chi}^2 = 11.65$, $\text{df} = 4$ ($P = 0.02$), $I^2 = 65.7\%$

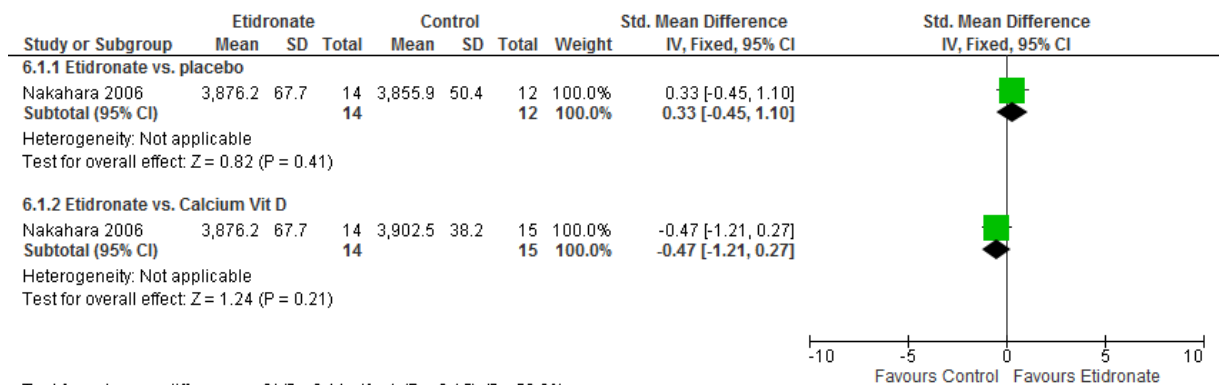
2 Figure 1888: Dropout due to side-effects



1
2

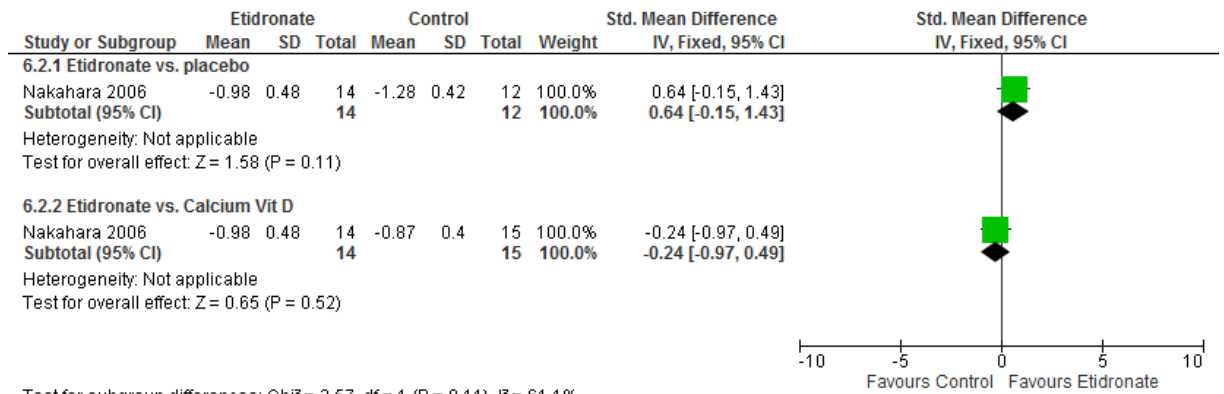
M.8.1.63 Bisphosphonate compared with another treatment in young people or adults with anorexia nervosa at end of treatment

5 Figure 1889: Tibia SOS (speed of sound) in adults



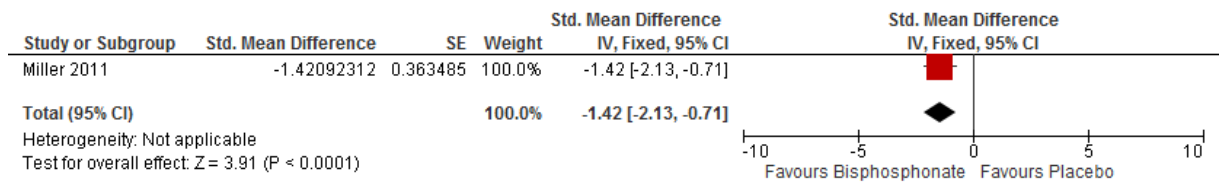
6 Test for subgroup differences: Chi² = 2.11, df = 1 (P = 0.15), I² = 52.6%

7 Figure 1890: Change in tibia Z score in adults



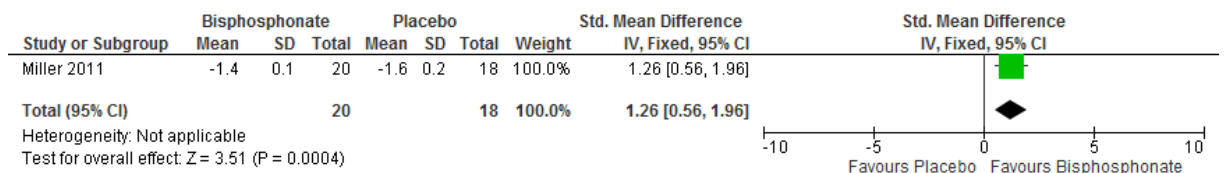
1 Test for subgroup differences: Chi² = 2.57, df = 1 (P = 0.11), I² = 61.1%

2 **Figure 1891: Change in total hip BMD in adults**



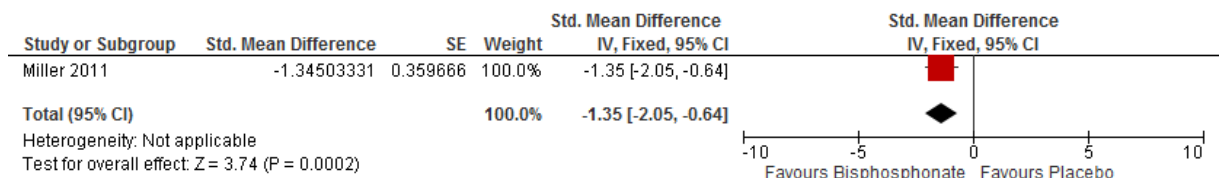
3

4 **Figure 1892: Change in anteroposterior lumbar spine Z BMD in adults**



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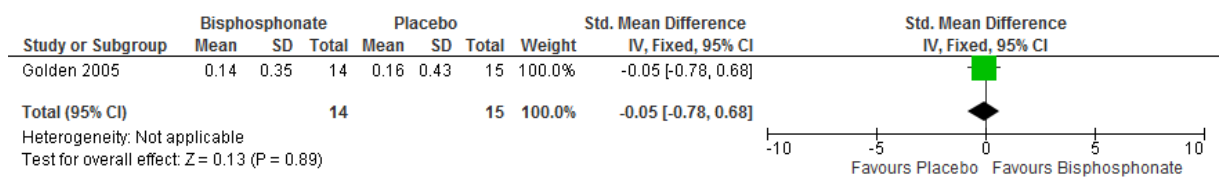
6 **Figure 1893: Change in lateral spine BMD in adults**



7

8 **Figure 1894: Change in lumbar spine BMD Z score in young people**

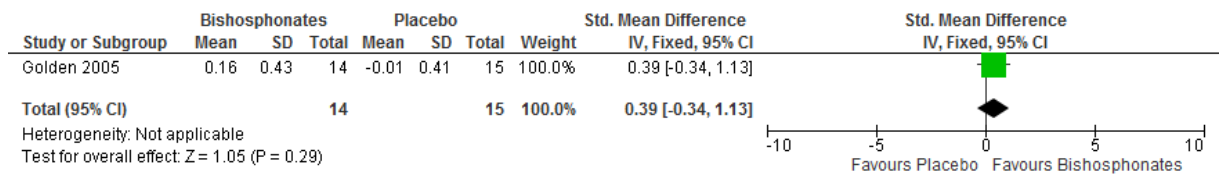
9



10

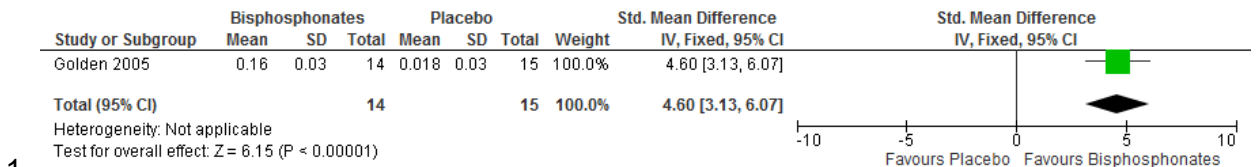
11 **Figure 1895: Change in femoral neck BMD Z score in young people**

12

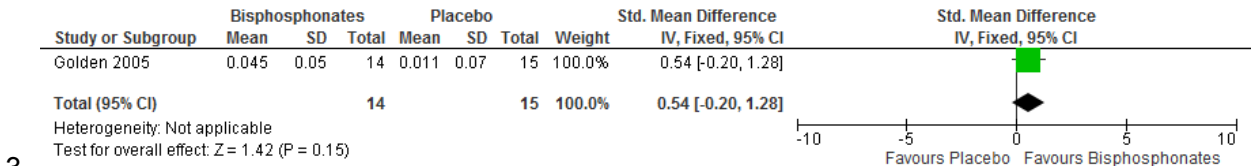


13

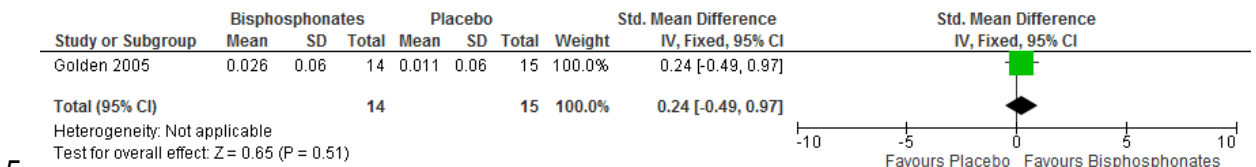
14 **Figure 1896: Change in trochanter BMD Z score in young people**



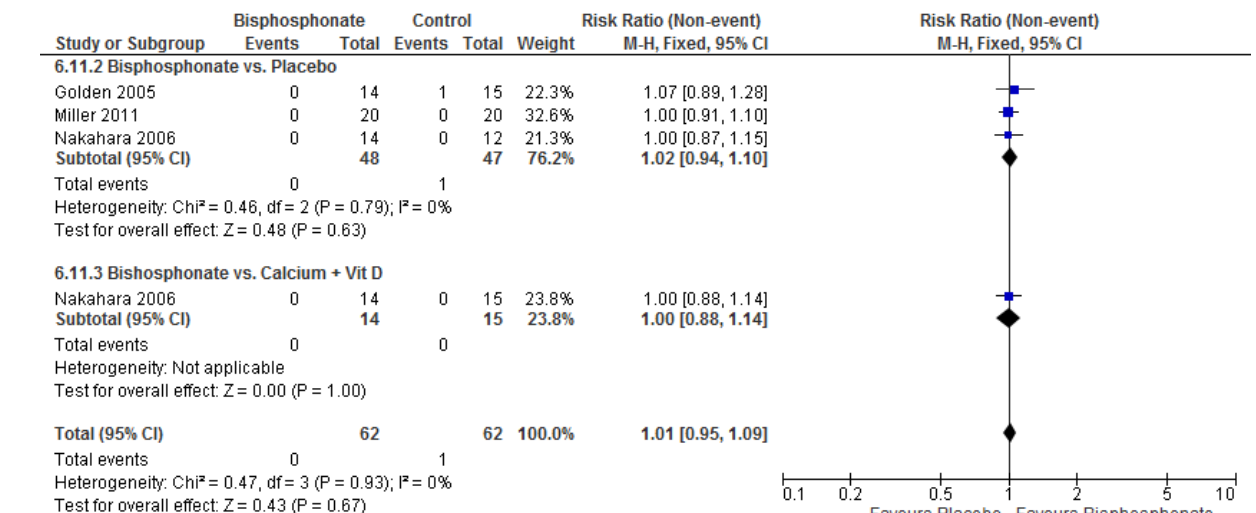
2 **Figure 1897: Change in wards triangle BMD Z score in young people**



4 **Figure 1898: Change in total hip BMD Z score in young people**



6 **Figure 1899: Dropout due to side-effects**

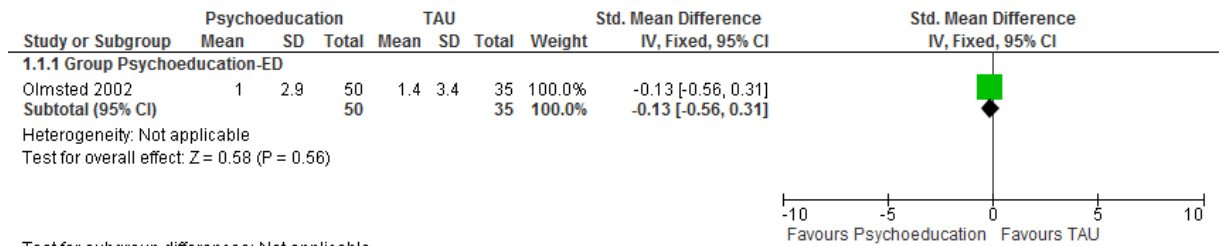


10 **Clinical question: Does any intervention for an eating disorder need to be modified in**
11 **the presence of common long-term health conditions?**

M.8.22 Diabetes and eating disorders

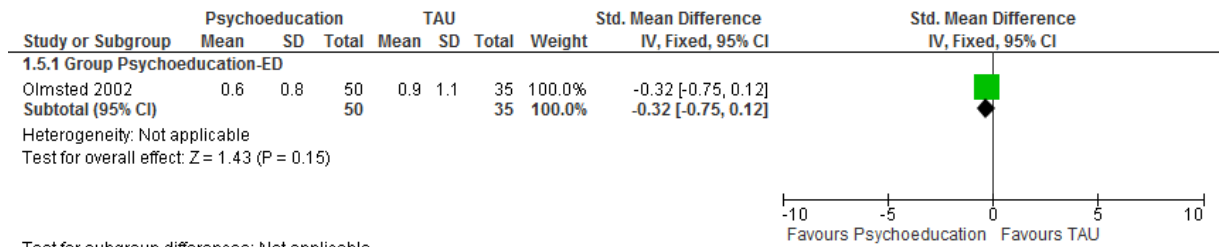
M.8.2.13 **Group psychoeducation compared with treatment as usual (TAU) for young people**
14 **with type I diabetes and disturbed eating at the end of treatment**

15 **Figure 1900: Bingeing**



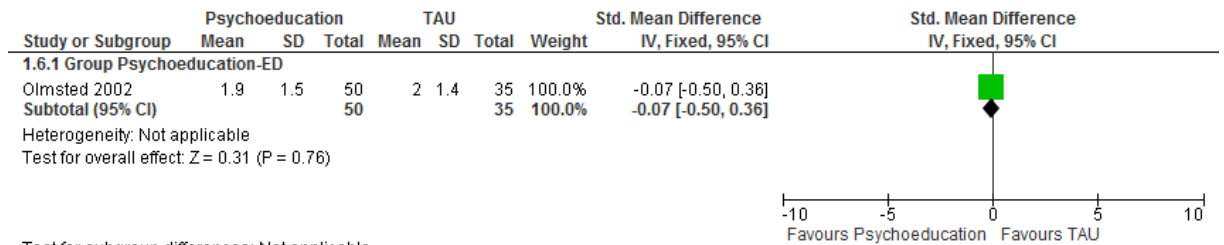
1 Test for subgroup differences: Not applicable

2 Figure 1901: EDE-eating concern



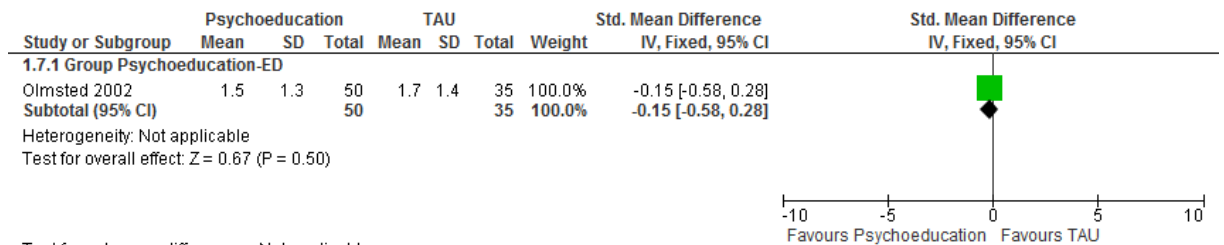
3 Test for subgroup differences: Not applicable

4 Figure 1902: EDE-shape concern



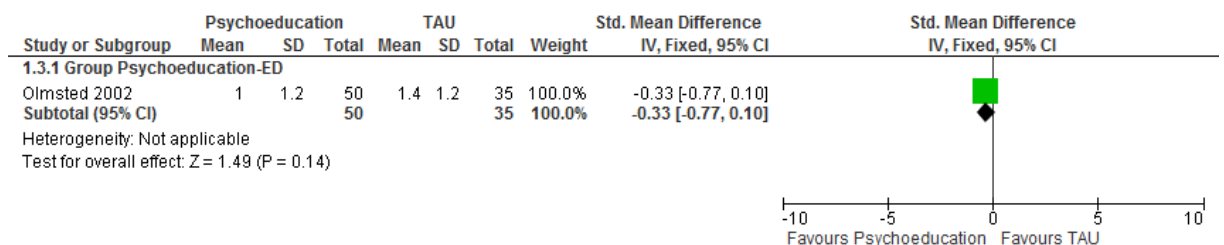
5 Test for subgroup differences: Not applicable

6 Figure 1903: EDE-weight concern



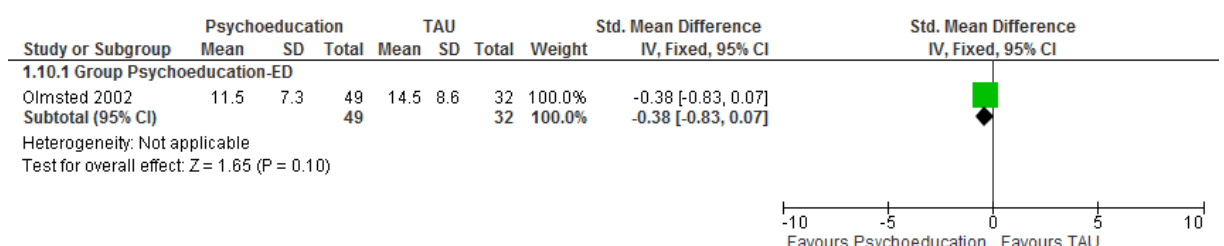
7 Test for subgroup differences: Not applicable

8 Figure 1904: EDE-restraint



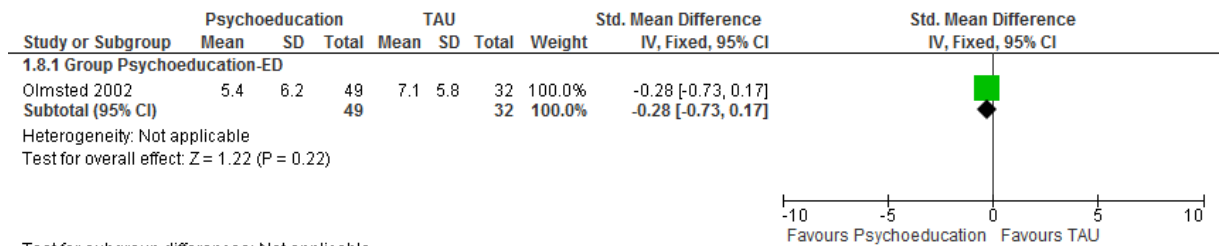
9 Test for subgroup differences: Not applicable

10 Figure 1905: EDI-body dissatisfaction



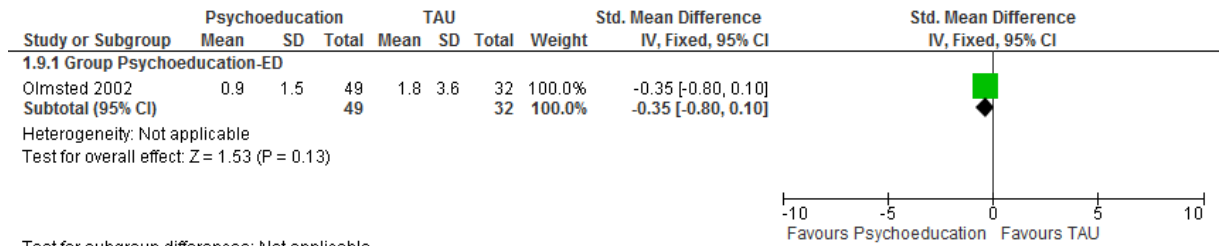
11 Test for subgroup differences: Not applicable

1 **Figure 1906: EDI-drive for thinness**



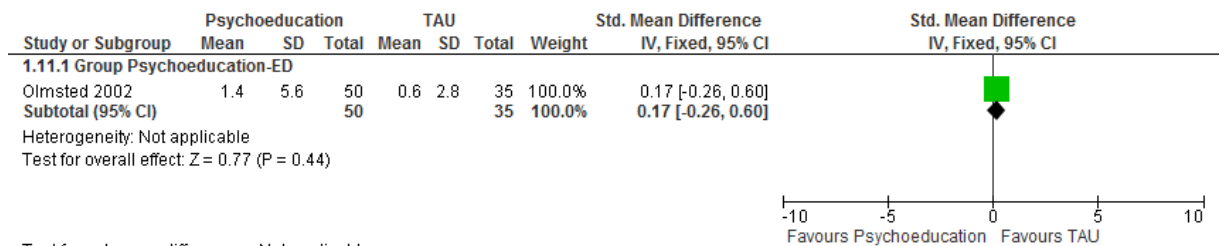
2 Test for subgroup differences: Not applicable

3 **Figure 1907: EDI-bulimia**



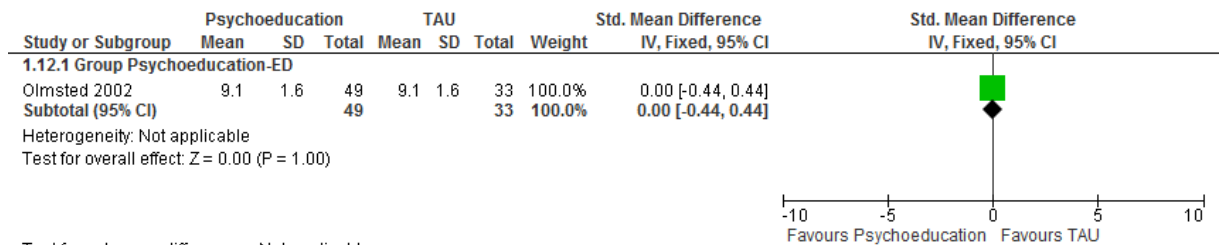
4 Test for subgroup differences: Not applicable

5 **Figure 1908: Insulin omission days**



6 Test for subgroup differences: Not applicable

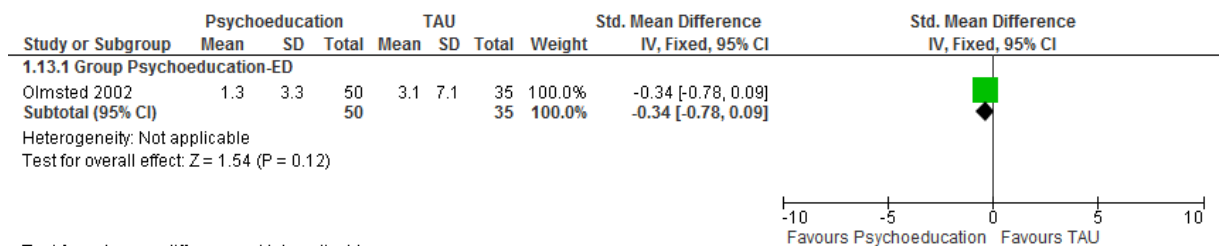
7 **Figure 1909: HbA1c level (%)**



8 Test for subgroup differences: Not applicable

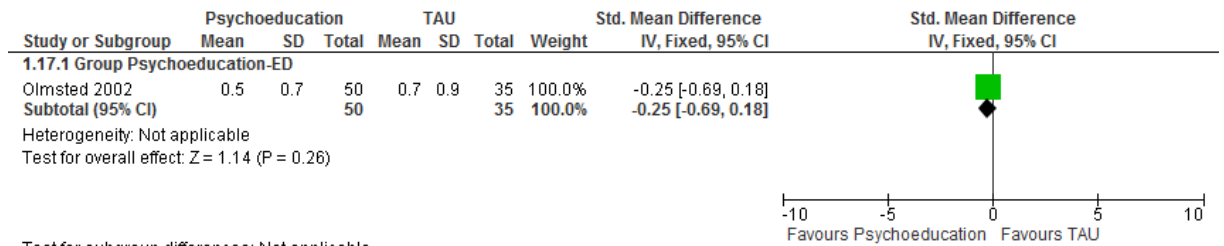
M.8.2.29 Group psychoeducation compared with treatment as usual for young people with type 1 diabetes and disturbed eating at follow-up

11 **Figure 1910: Bingeing**



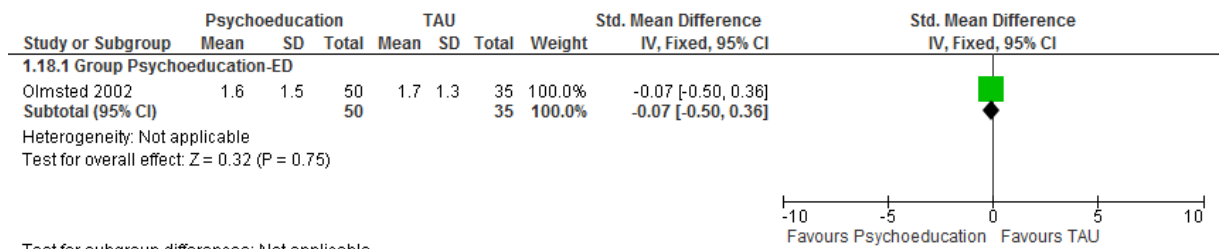
12 Test for subgroup differences: Not applicable

13 **Figure 1911: EDE-eating concern**



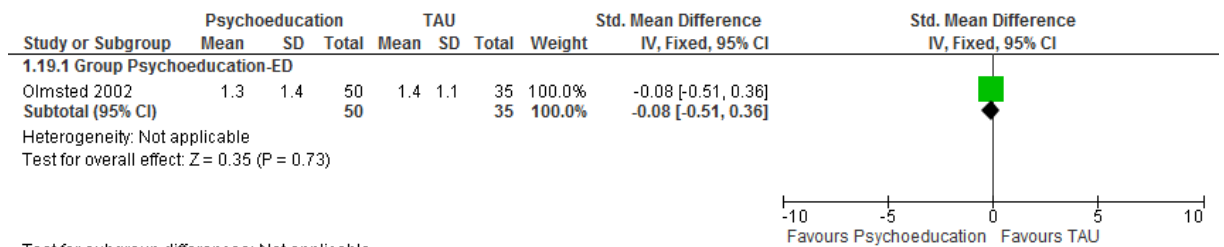
1 Test for subgroup differences: Not applicable

2 Figure 1912: EDE-shape concern



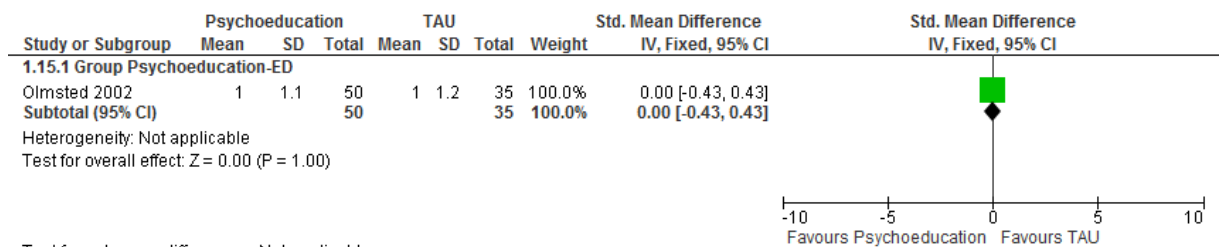
3 Test for subgroup differences: Not applicable

4 Figure 1913: EDE-weight concern



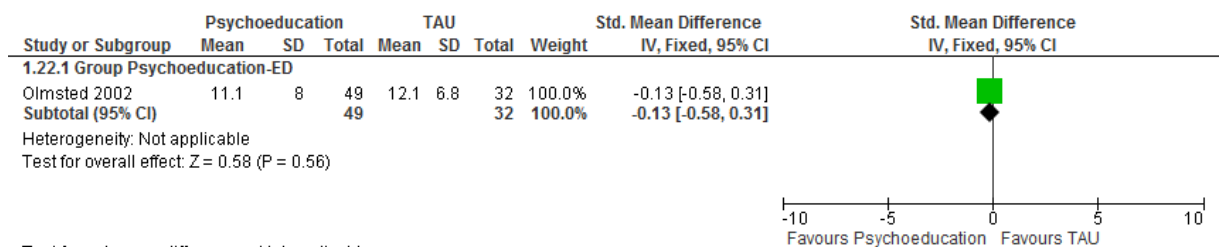
5 Test for subgroup differences: Not applicable

6 Figure 1914: EDE-restraint



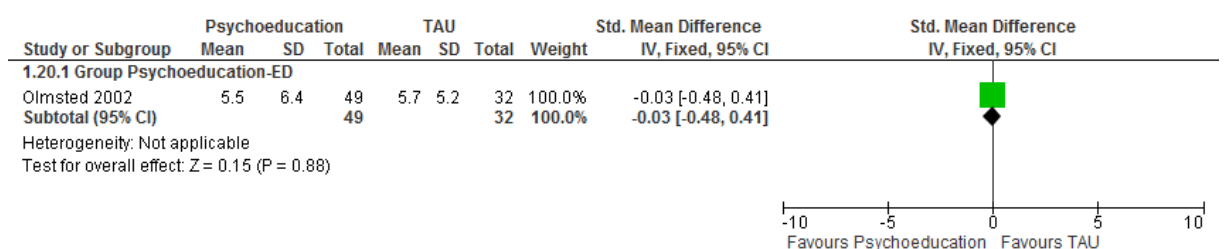
7 Test for subgroup differences: Not applicable

8 Figure 1915: EDI-body dissatisfaction



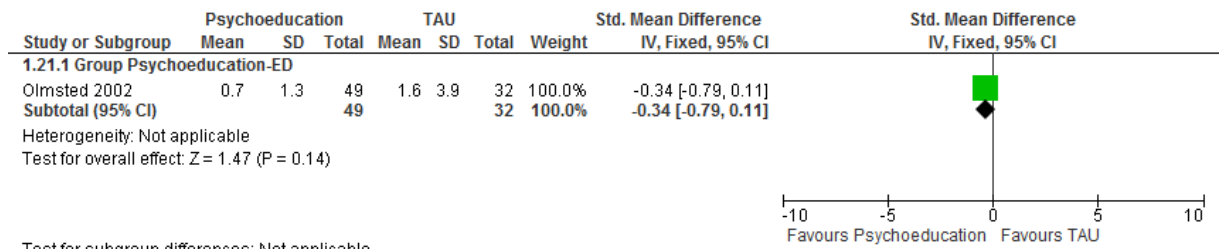
9 Test for subgroup differences: Not applicable

10 Figure 1916: EDI-drive for thinness



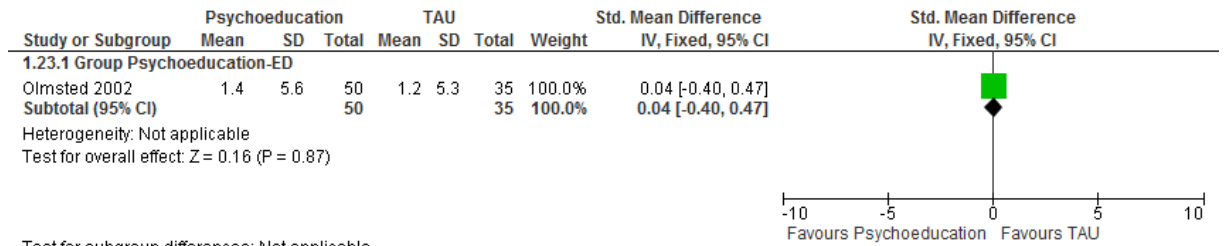
11 Test for subgroup differences: Not applicable

1 **Figure 1917: EDI-bulimia**



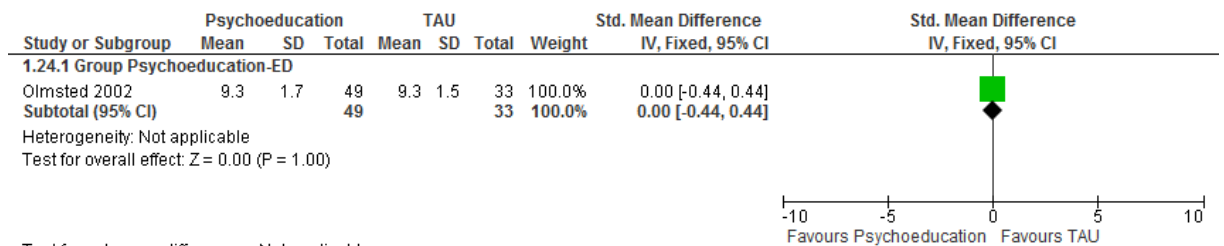
2 Test for subgroup differences: Not applicable

3 **Figure 1918: Insulin omission days**



4 Test for subgroup differences: Not applicable

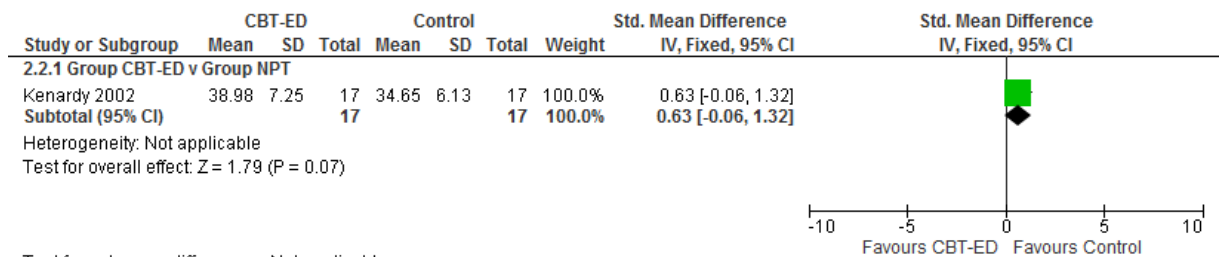
5 **Figure 1919: HbA1c (%)**



6 Test for subgroup differences: Not applicable

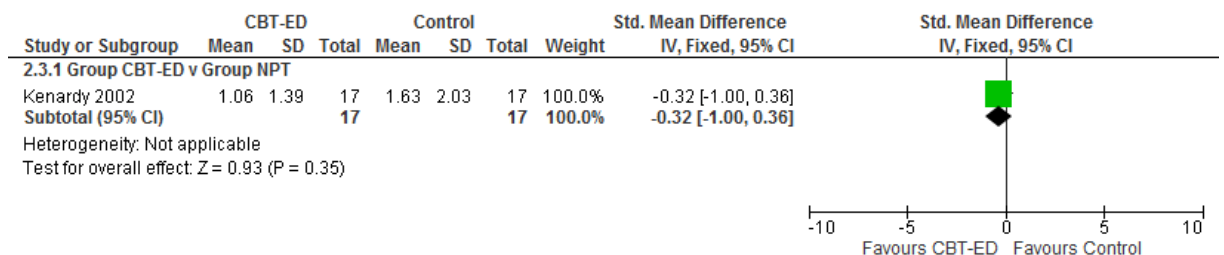
M.8.2.37 **Group CBT-ED compared with another treatment for adults with type II diabetes and 8 disturbed eating at end of treatment**

9 **Figure 1920: BMI**



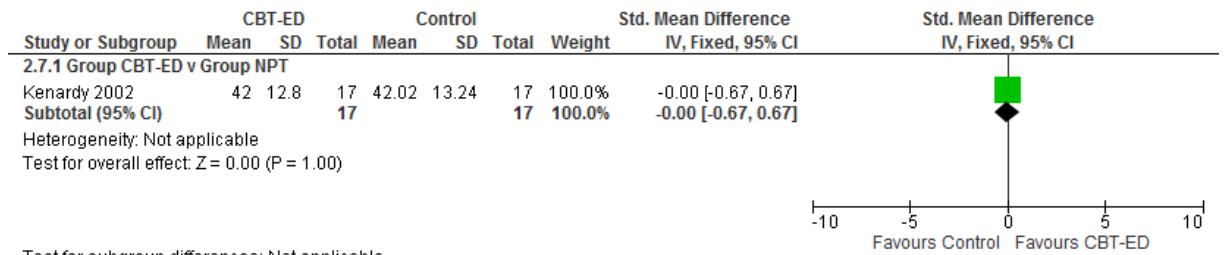
10 Test for subgroup differences: Not applicable

11 **Figure 1921: Bingeing**



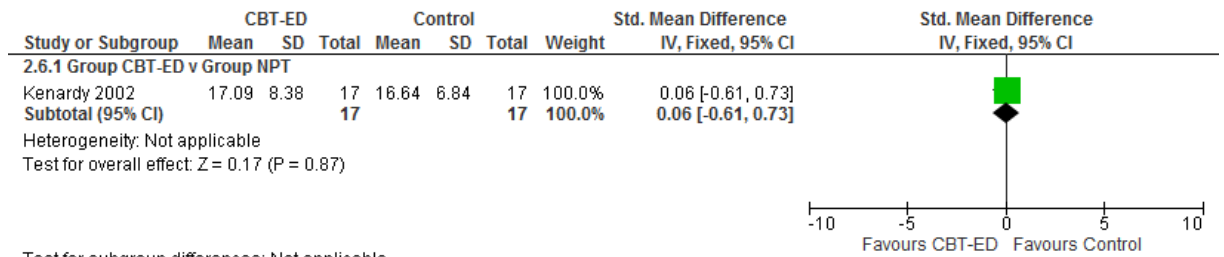
12 Test for subgroup differences: Not applicable

13 **Figure 1922: Quality of life**



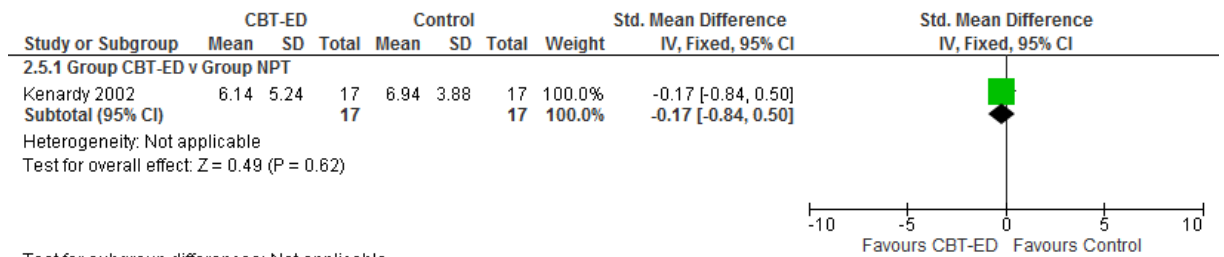
1 Test for subgroup differences: Not applicable

2 Figure 1923: EDI-body dissatisfaction



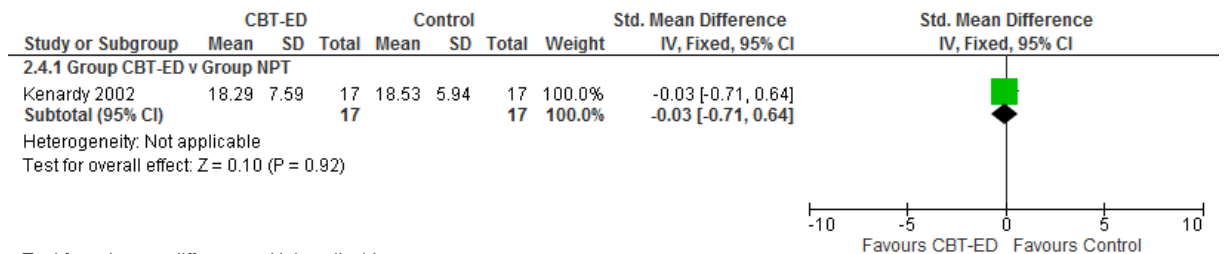
3 Test for subgroup differences: Not applicable

4 Figure 1924: EDI-drive for thinness



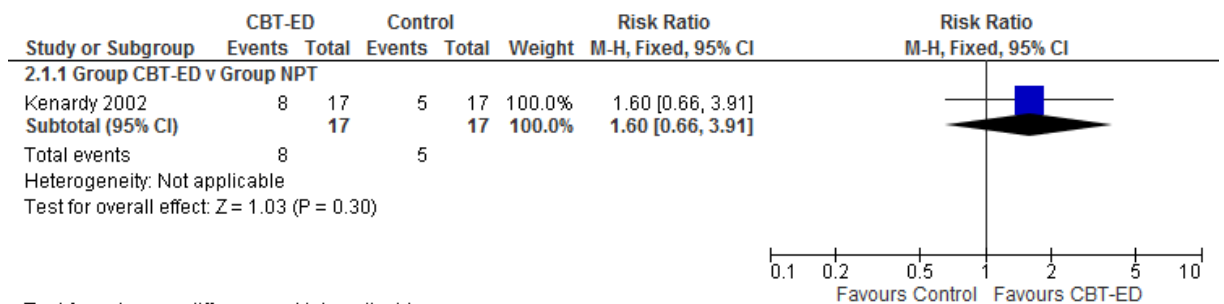
5 Test for subgroup differences: Not applicable

6 Figure 1925: EDI-bulimia



7 Test for subgroup differences: Not applicable

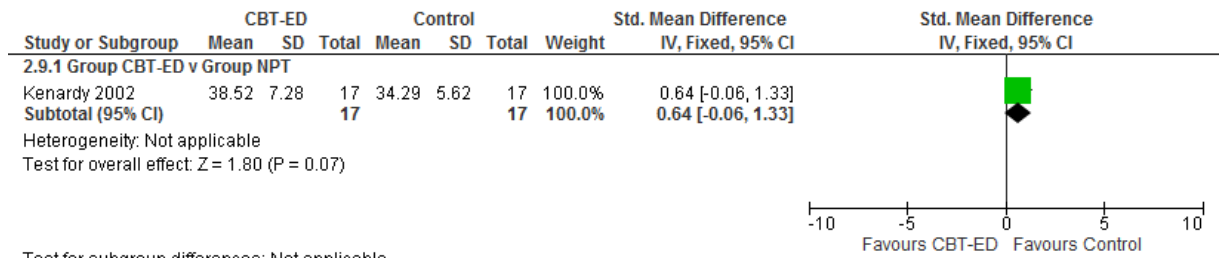
8 Figure 1926: Remission



9 Test for subgroup differences: Not applicable

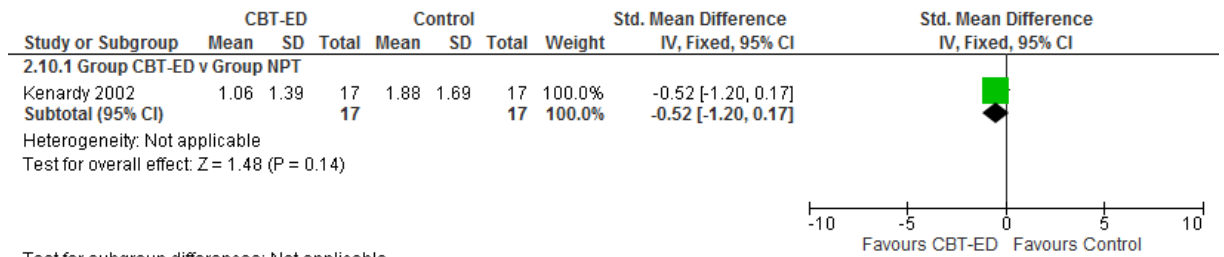
M.8.2.40 Group CBT-ED compared with another treatment for adults with type II diabetes and disturbed eating at follow-up

12 Figure 1927: BMI



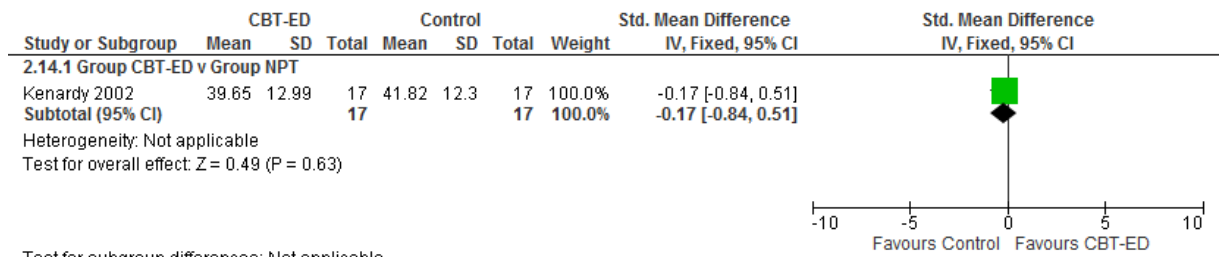
1 Test for subgroup differences: Not applicable

2 Figure 1928: Bingeing



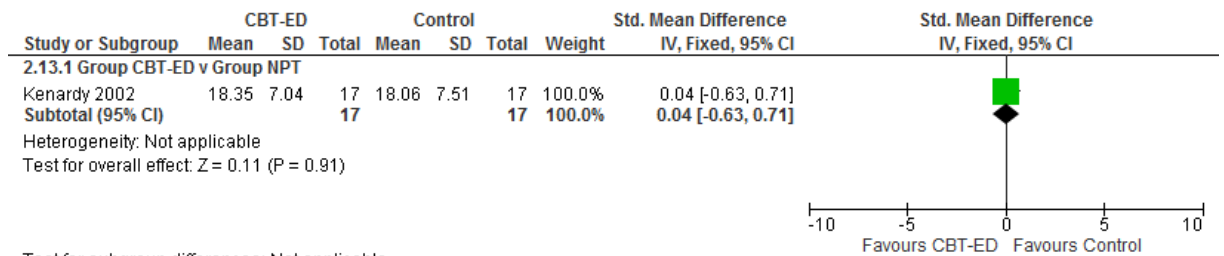
3 Test for subgroup differences: Not applicable

4 Figure 1929: Quality of life



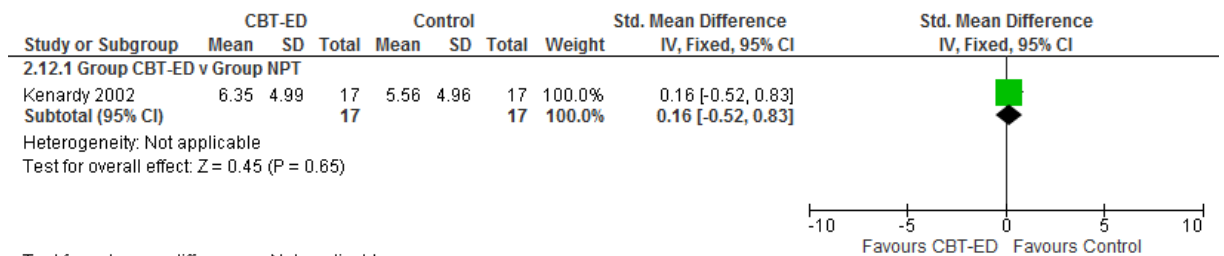
5 Test for subgroup differences: Not applicable

6 Figure 1930: EDI-body dissatisfaction



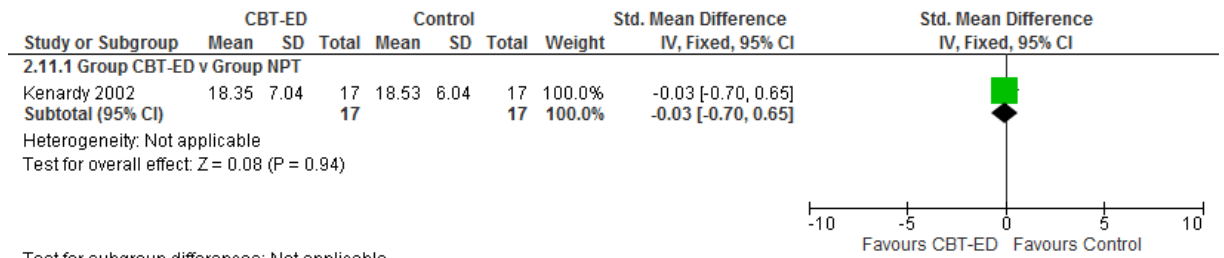
7 Test for subgroup differences: Not applicable

8 Figure 1931: EDI-drive for thinness



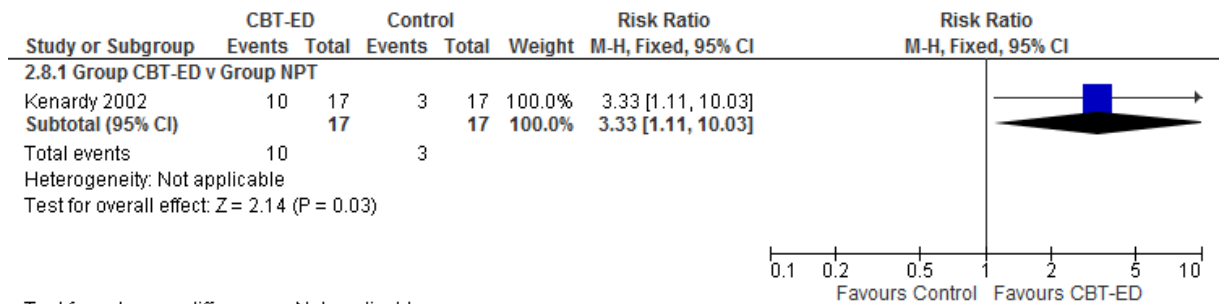
9 Test for subgroup differences: Not applicable

10 Figure 1932: EDI-bulimia



1 Test for subgroup differences: Not applicable

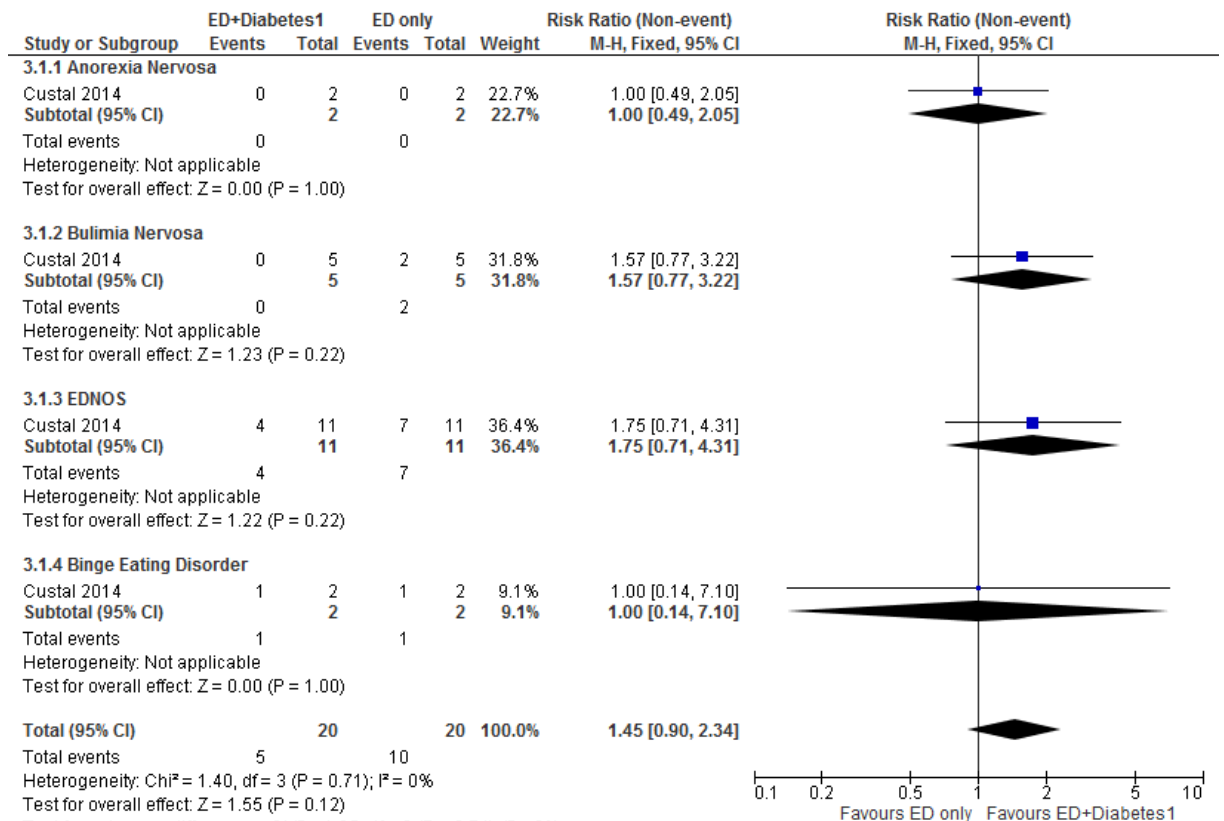
2 Figure 1933: Remission



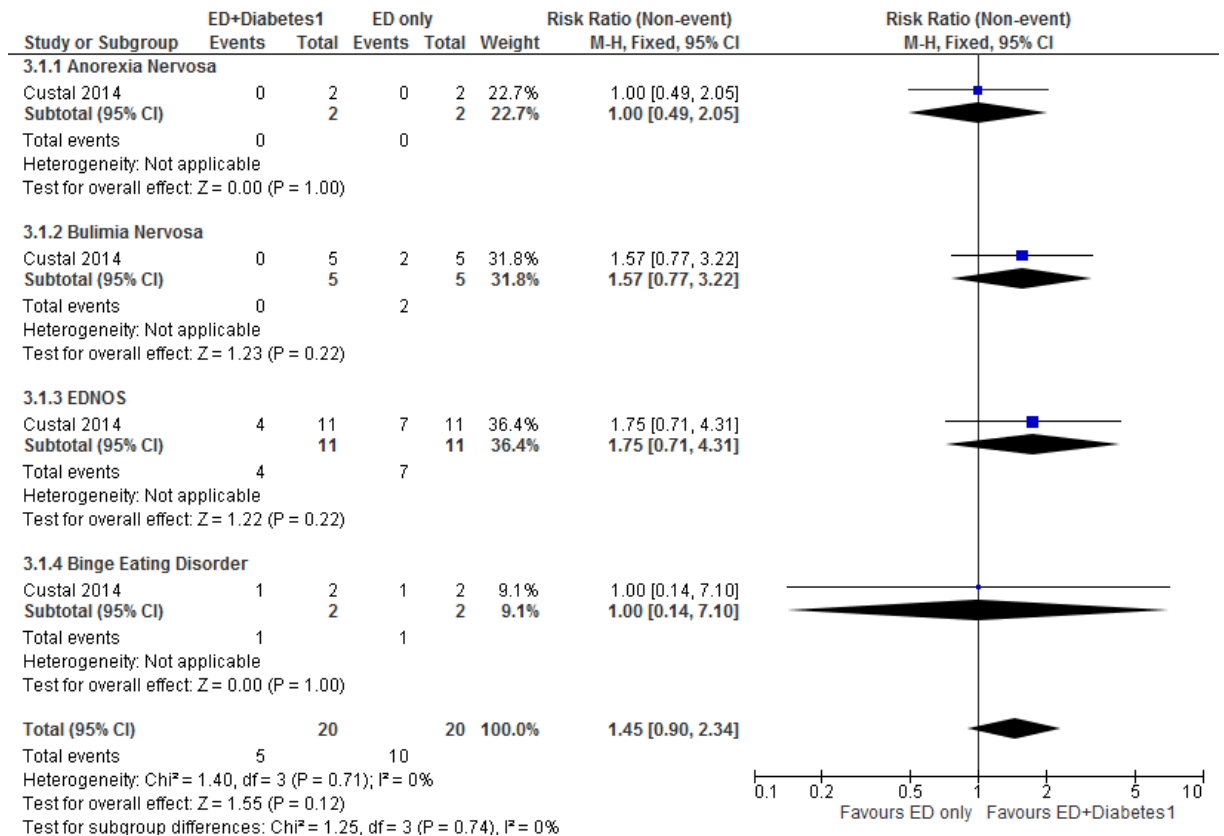
3 Test for subgroup differences: Not applicable

M.8.2.54 CBT-ED in those with an eating disorder and type I diabetes compared with those an eating disorder alone at end of treatment

6 Figure 1934: Dropouts

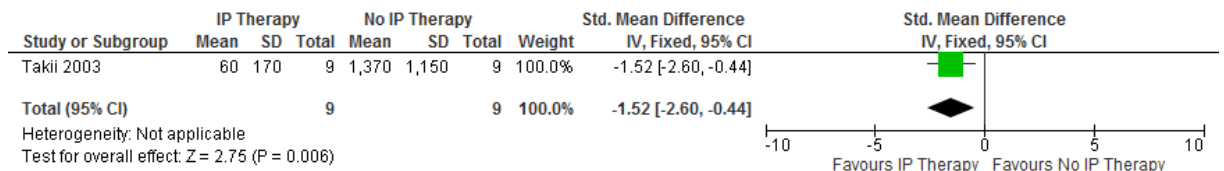


8 Figure 1935: Remission (partial or full)

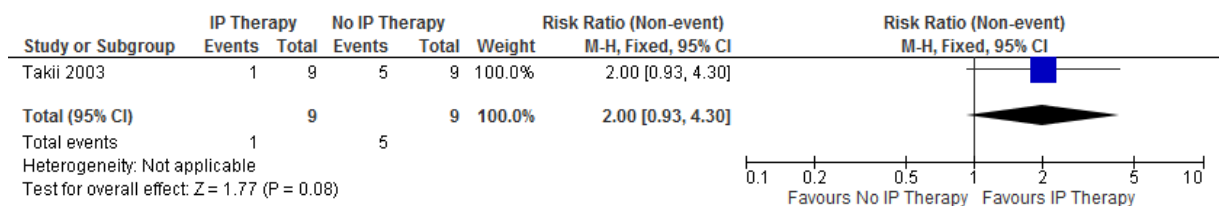


M.8.2.62 Integrated inpatient therapy compared with no integrated inpatient therapy in those with bulimia nervosa and type I diabetes at end of treatment

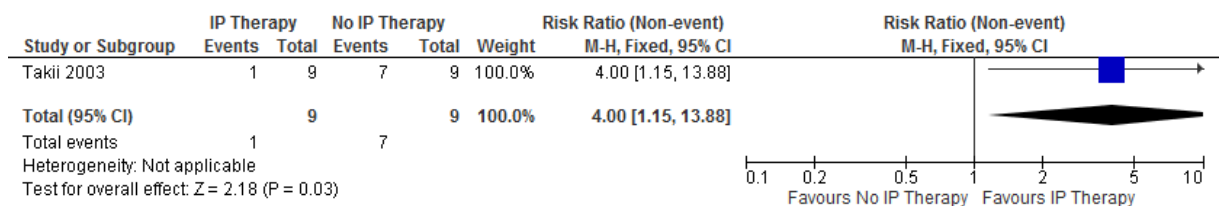
4 Figure 1936: Caloric value of bingeing



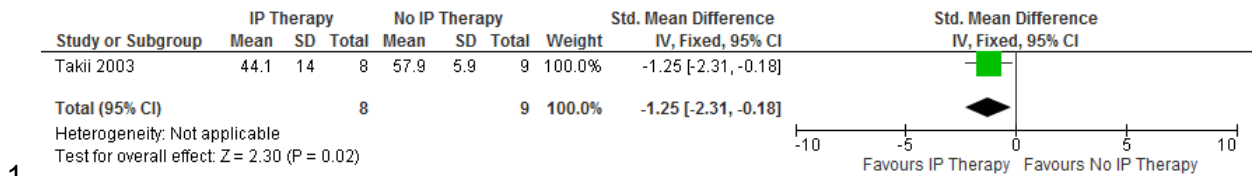
6 Figure 1937: Insulin omission



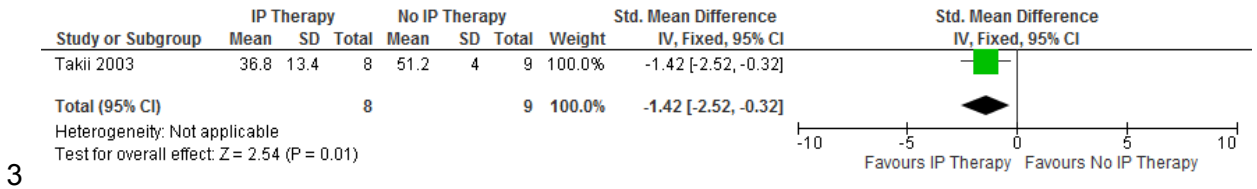
8 Figure 1938: Inappropriate compensatory behaviours to prevent weight gain



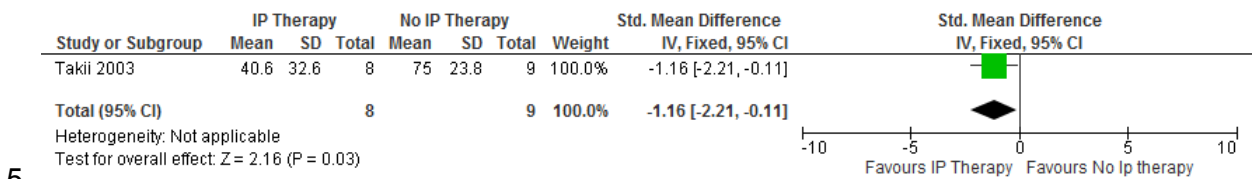
10 Figure 1939: General psychopathology



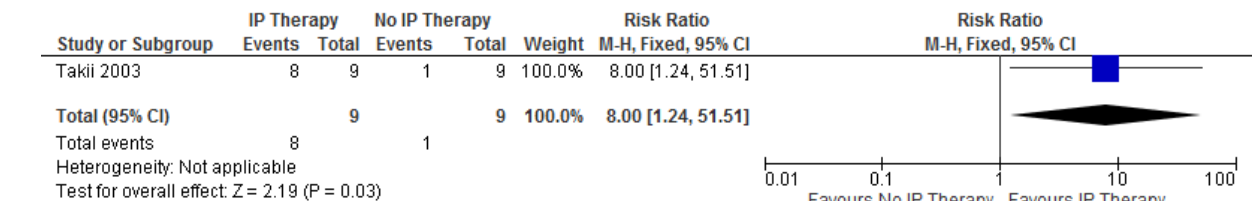
2 **Figure 1940: Depression**



4 **Figure 1941: EDI-total**



6 **Figure 1942: Remission**

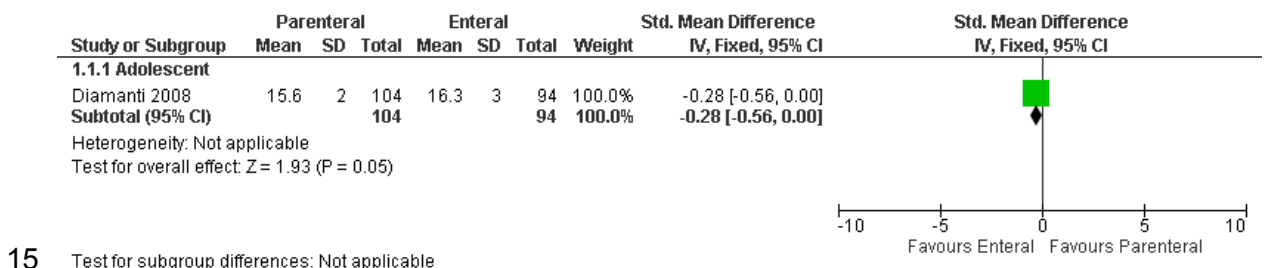


8 **Clinical question: Does the setting (inpatient, outpatient or other specific setting) and**
 9 **different ways of coordinating, transitioning and integrating care for treating eating**
 10 **disorders produce benefits/harms in people with eating disorders?**

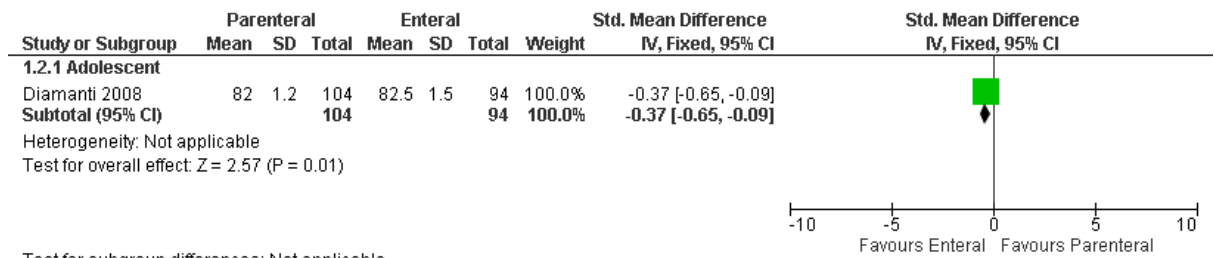
M.8.31 Low body weight and malnutrition

M.8.3.12 Parenteral and enteral nutrition versus enteral nutrition in young people with anorexia
 13 **nervosa at end of treatment**

14 **Figure 1943: BMI**

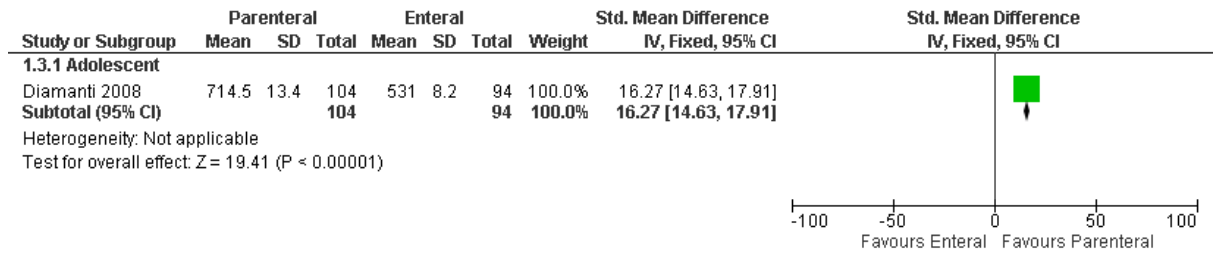


1 **Figure 1944: Percentage of ideal body weight**



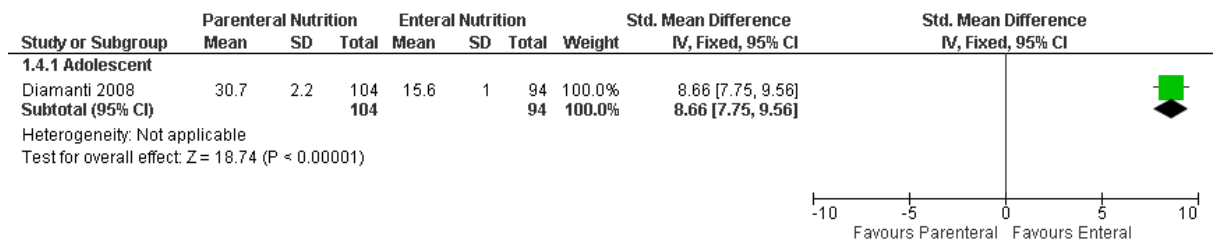
2 Test for subgroup differences: Not applicable

3 **Figure 1945: Weight gain (g/week)**



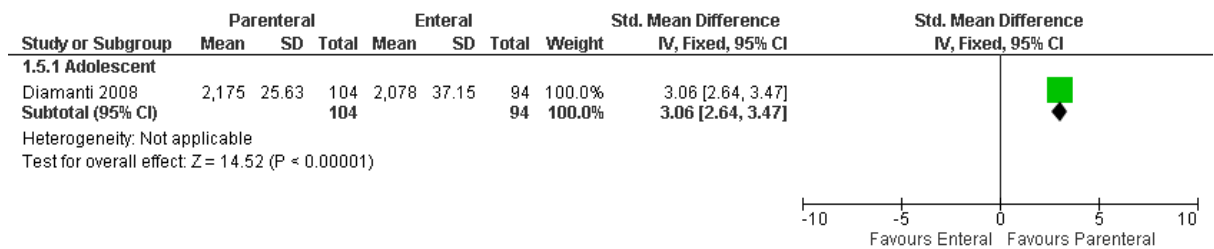
4

5 **Figure 1946: Length of treatment (days)**



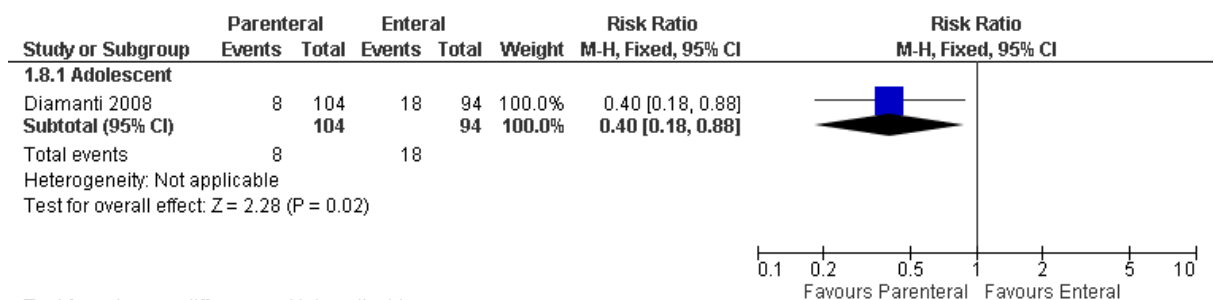
6

7 **Figure 1947: Maximum energy intake (kcal/day)**



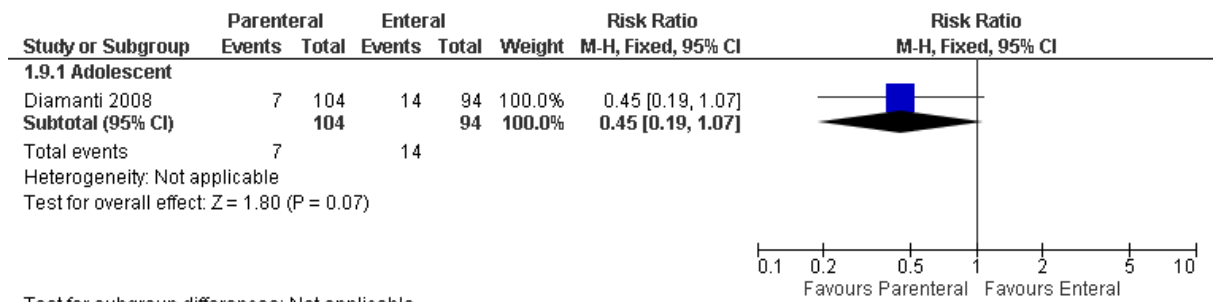
8

9 **Figure 1948: Number of people experiencing abdominal pain**



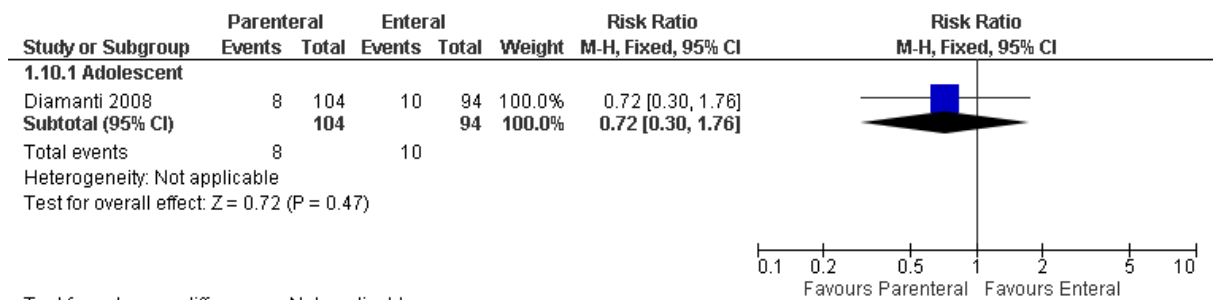
10 Test for subgroup differences: Not applicable

1 **Figure 1949: Number of people experiencing bloating**



2 Test for subgroup differences: Not applicable

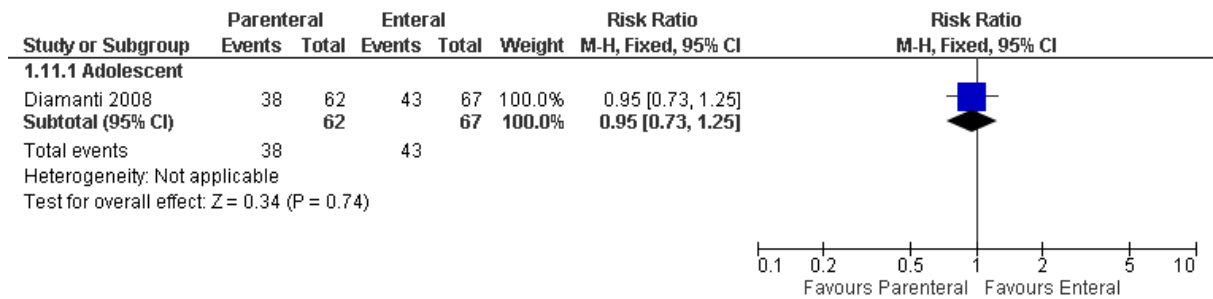
3 **Figure 1950: Number of people experiencing constipation**



4 Test for subgroup differences: Not applicable

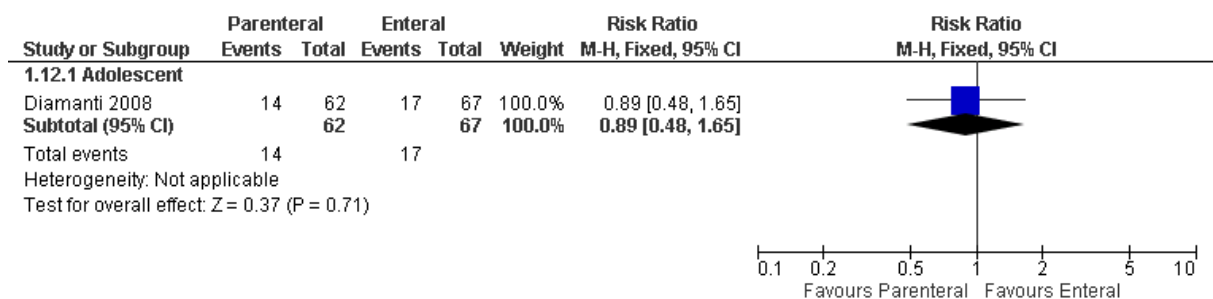
M.8.3.25 **Parenteral and enteral nutrition versus enteral nutrition in young people with anorexia nervosa at follow up**

7 **Figure 1951: Number of people recovered after nutritional rehabilitation**



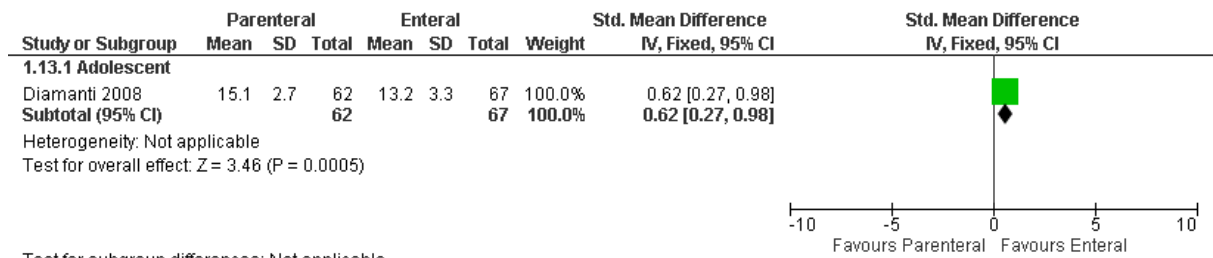
8

9 **Figure 1952: Number of people rehospitalized**



10

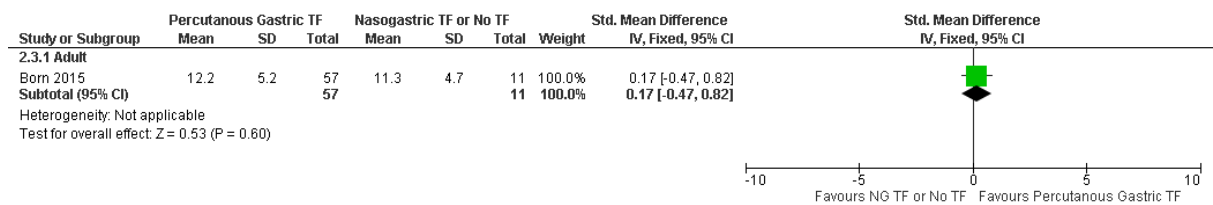
1 **Figure 1953: Length of second rehospitalization**



2 Test for subgroup differences: Not applicable

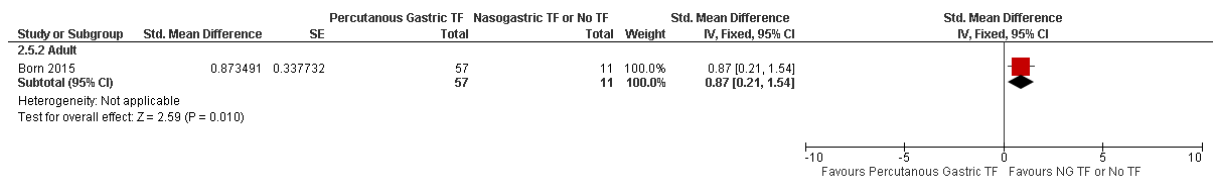
M.8.3.33 **Percutaneous gastric tube feeding and meals versus meals with or without nasogastric tube feeding for underweight adults with anorexia nervosa**

5 **Figure 1954: Weight gain (kg)**



6

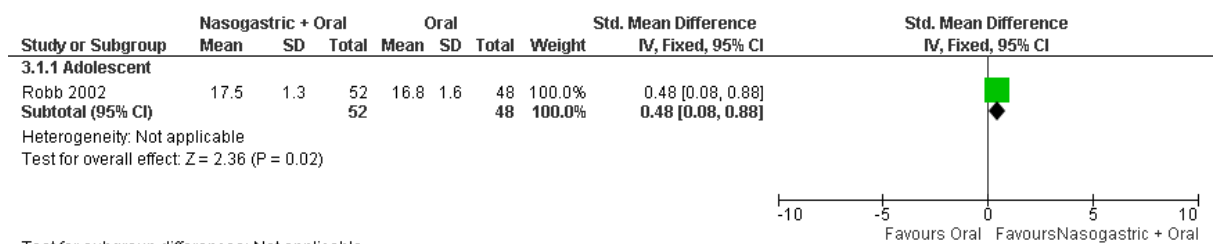
7 **Figure 1955: Length of treatment (days)**



8

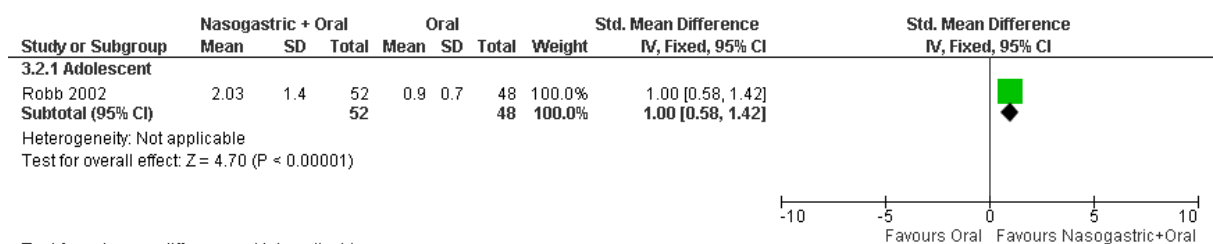
M.8.3.49 **Nasogastric tube and oral refeeding diet versus oral refeeding diet for malnourished young people with anorexia nervosa**

11 **Figure 1956: BMI**



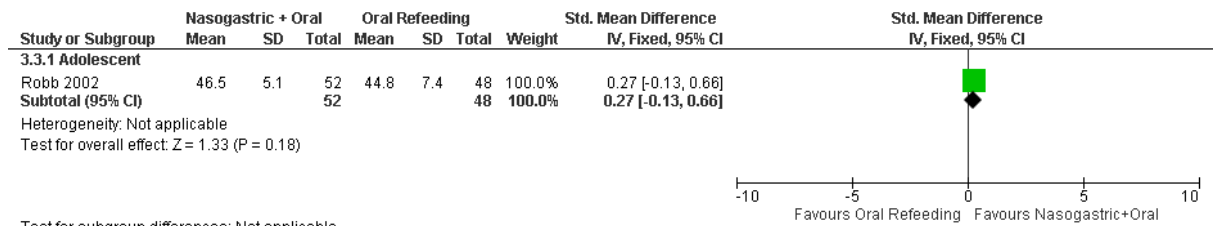
12 Test for subgroup differences: Not applicable

13 **Figure 1957: BMI – change scores**



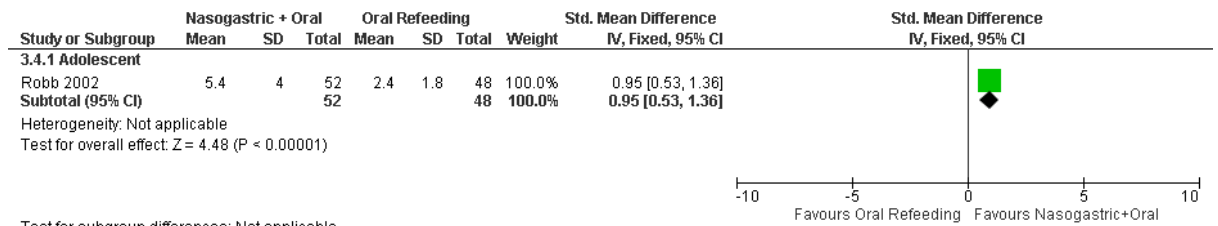
14 Test for subgroup differences: Not applicable

1 **Figure 1958: Weight (kg)**



2 Test for subgroup differences: Not applicable

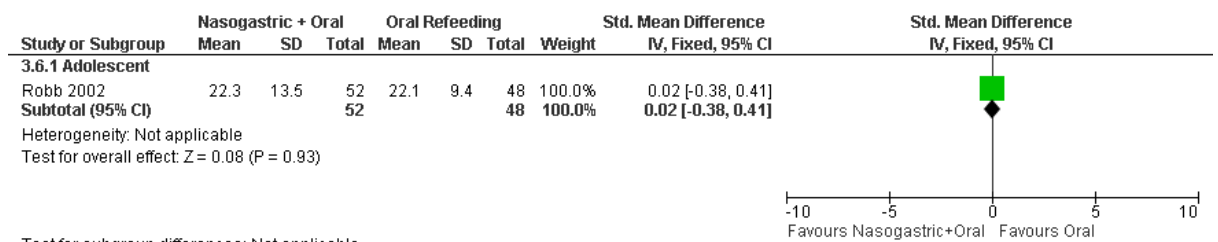
3 **Figure 1959: Weight gain (kg)**



4 Test for subgroup differences: Not applicable

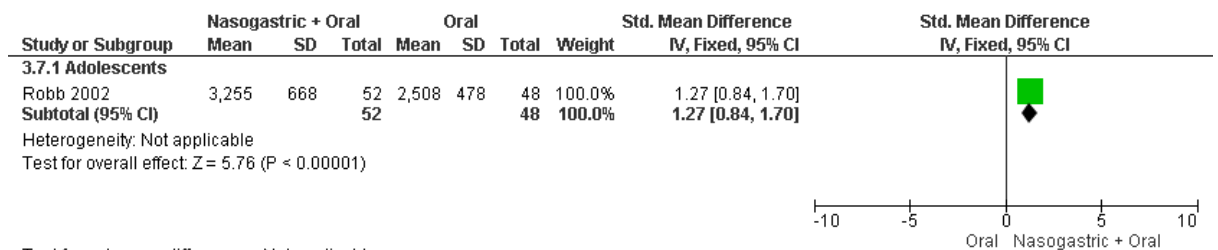
5

6 **Figure 1960: Length of hospitalization (days)**



7 Test for subgroup differences: Not applicable

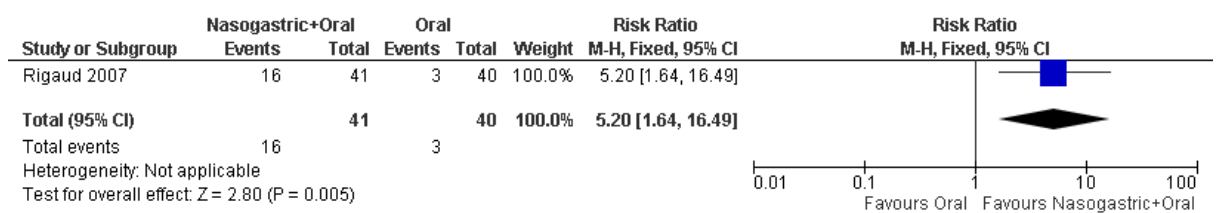
8 **Figure 1961: Maximum caloric intake (kcal/day)**



9 Test for subgroup differences: Not applicable

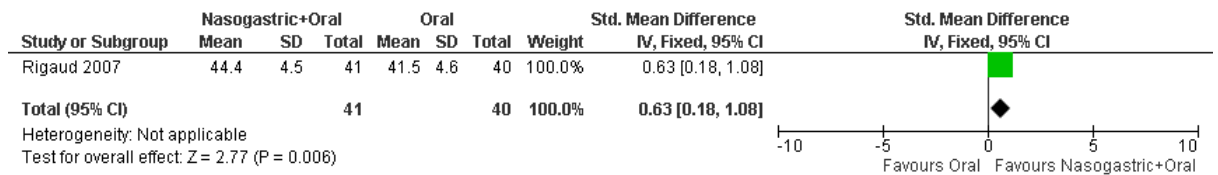
M.8.3.50 Nasogastric and oral refeeding diet versus oral refeeding diet for malnourished adults with anorexia nervosa at end of treatment

12 **Figure 1962: Number of people achieving BMI of 18.5 kg/m2 or more**



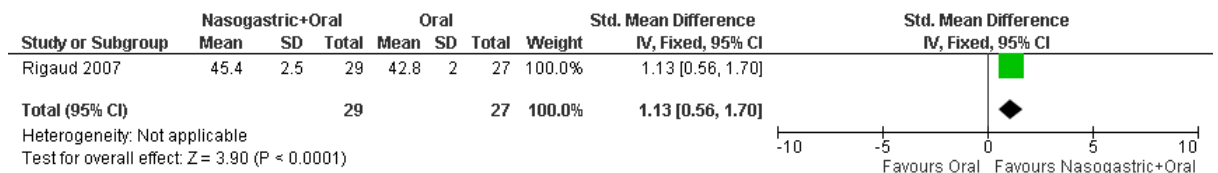
13

1 **Figure 1963: Weight (kg)**



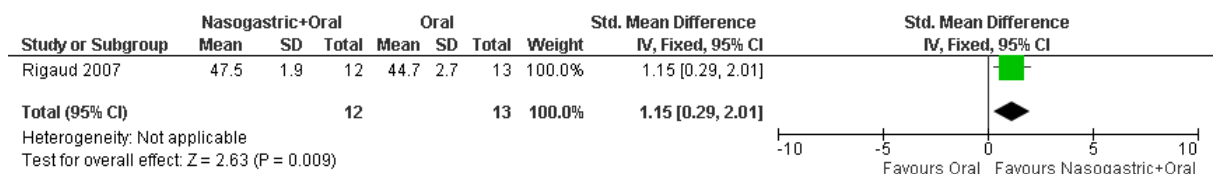
2

3 **Figure 1964: Weight (kg) – anorexia nervosa-restricting subtype**



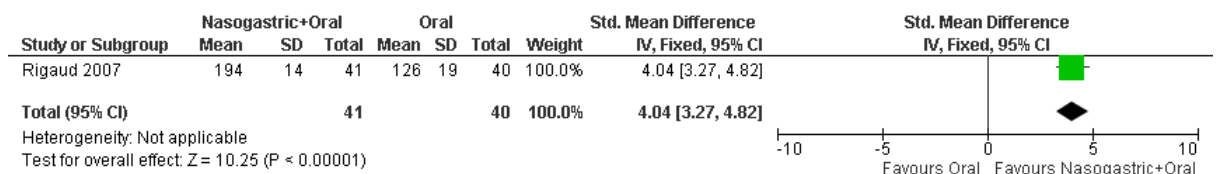
4

5 **Figure 1965: Weight (kg) – anorexia nervosa-binge purge subtype**



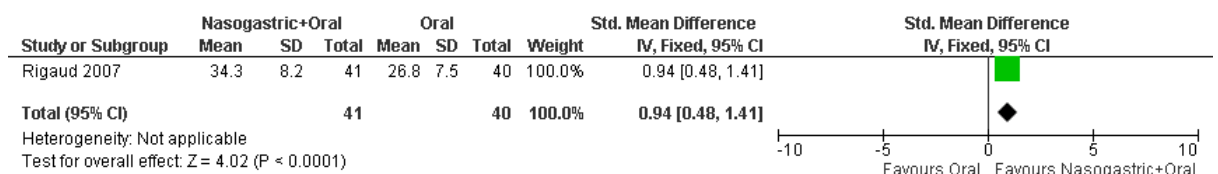
6

7 **Figure 1966: Weight gain (g/day)**



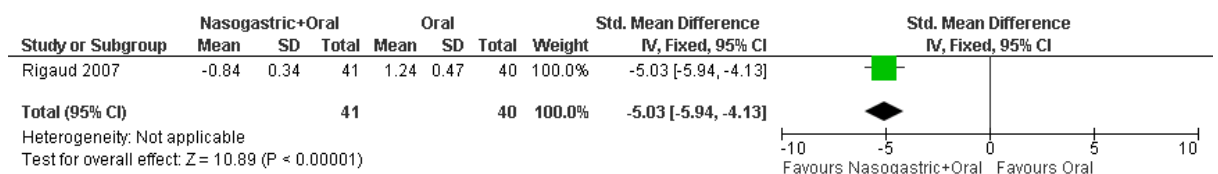
8

9 **Figure 1967: Length of relapse-free period**



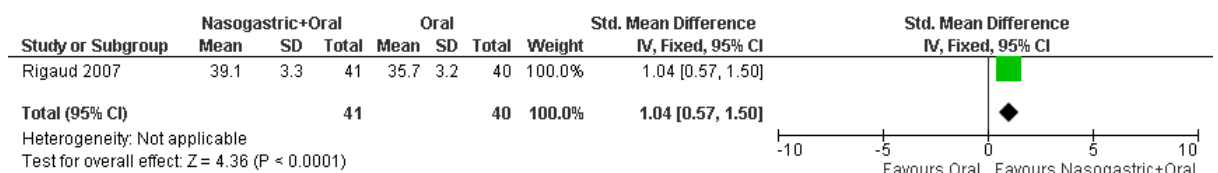
10

11 **Figure 1968: Change in extracellular fluids (kg)**



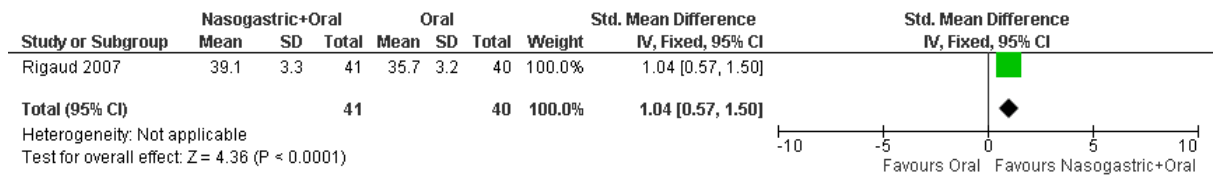
12

13 **Figure 1969: Creatinine urinary output (mg/day)**



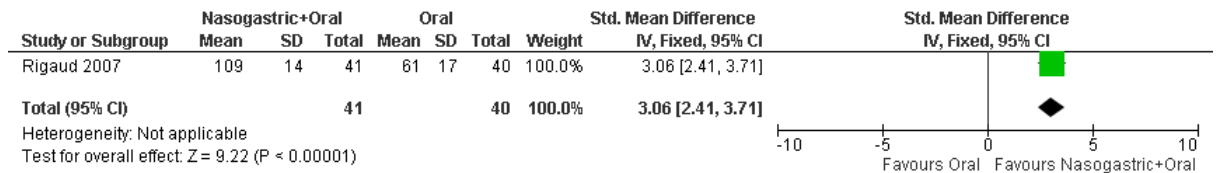
14

1 **Figure 1970: Fat free mass (kg)**



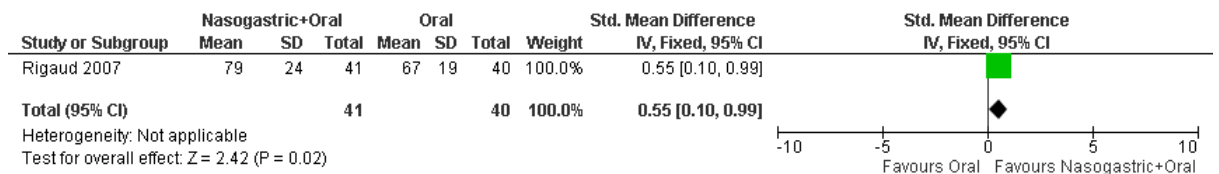
2

3 **Figure 1971: Fat free mass gain (g/day)**



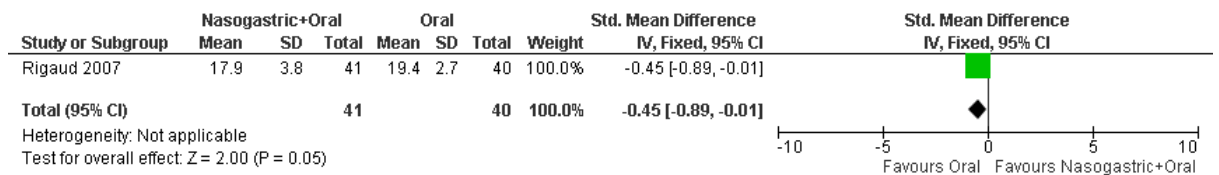
4

5 **Figure 1972: Fat mass gain (g/day)**



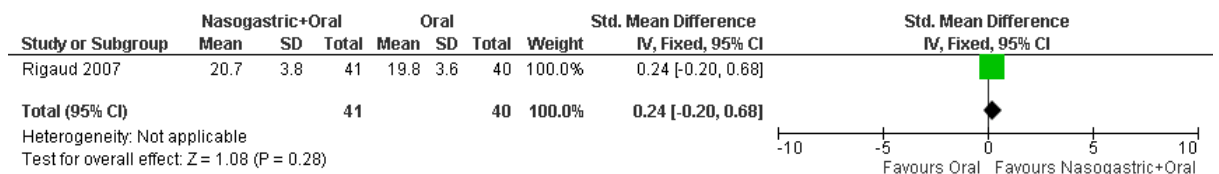
6

7 **Figure 1973: Added sugar (g/day)**



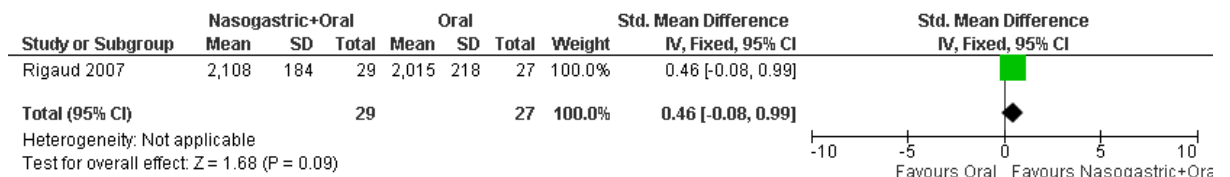
8

9 **Figure 1974: Added fat (g/day)**



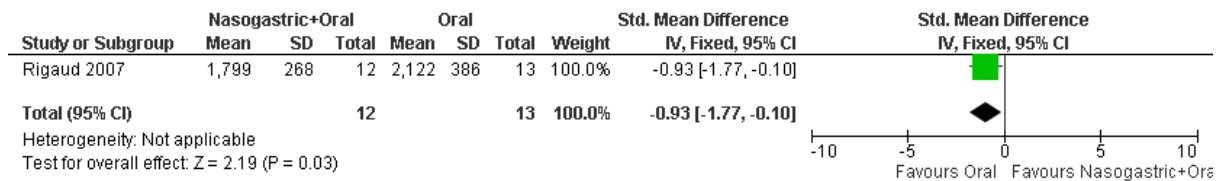
10

11 **Figure 1975: Energy intake – anorexia nervosa-restricting subtype**



12

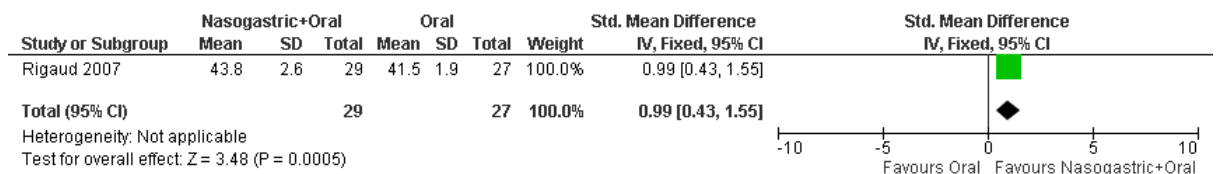
1 **Figure 1976: Energy intake – anorexia nervosa- binge purge subtype**



2

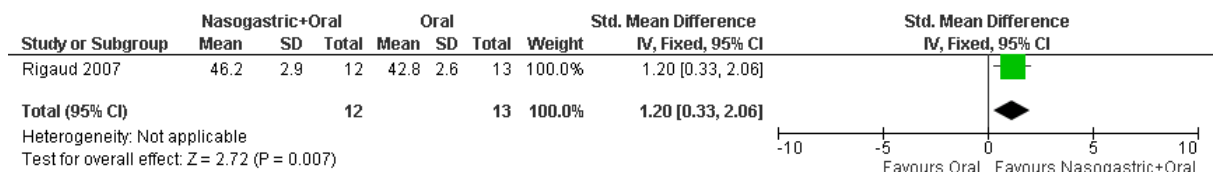
M.8.3.63 **Nasogastric and oral refeeding diet versus oral refeeding diet for malnourished adults with anorexia nervosa at follow up**

5 **Figure 1977: Weight (kg) – anorexia nervosa-restricting subtype**



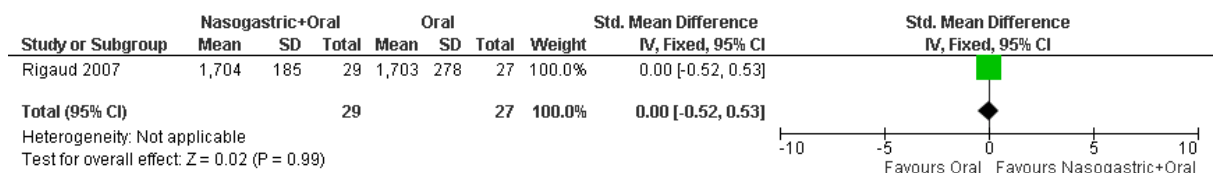
6

7 **Figure 1978: Weight (kg) – anorexia nervosa-binge purge subtype**



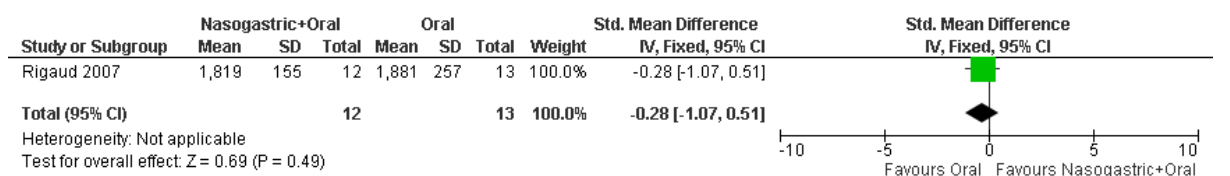
8

9 **Figure 1979: Energy intake (kcal/day) - anorexia nervosa-restricting subtype**



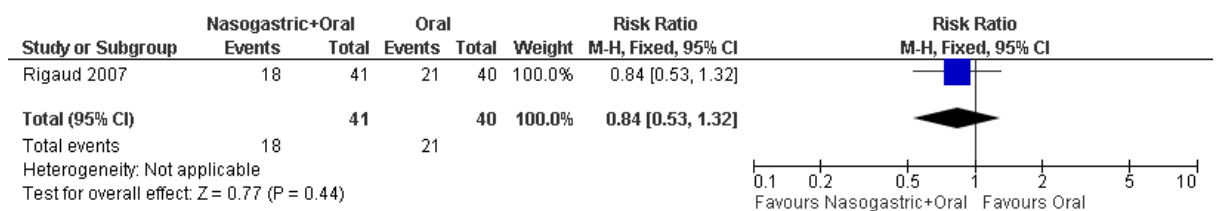
10

11 **Figure 1980: Energy intake (kcal/day) - anorexia nervosa-binge purge subtype**



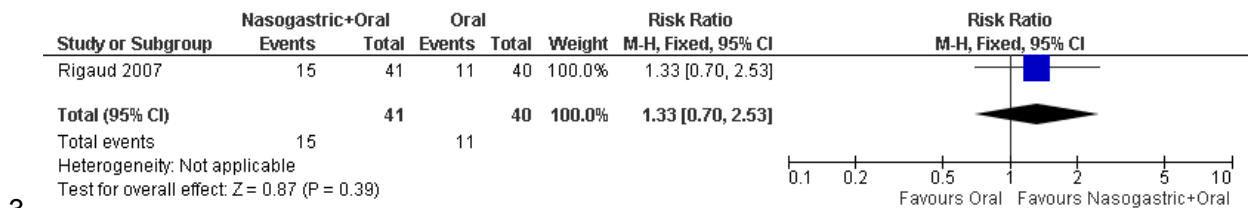
12

13 **Figure 1981: Number of people relapsed**

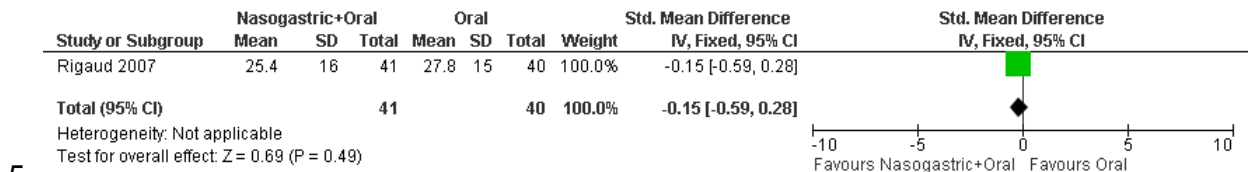


14

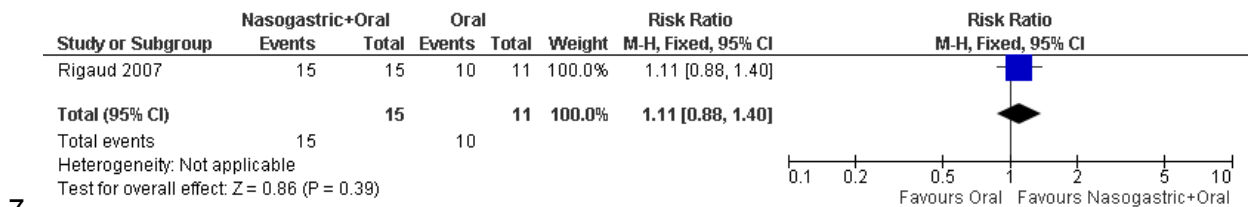
1 **Figure 1982: Number of people achieving BMI of 18.5 kg/m2 and adequate energy intake**



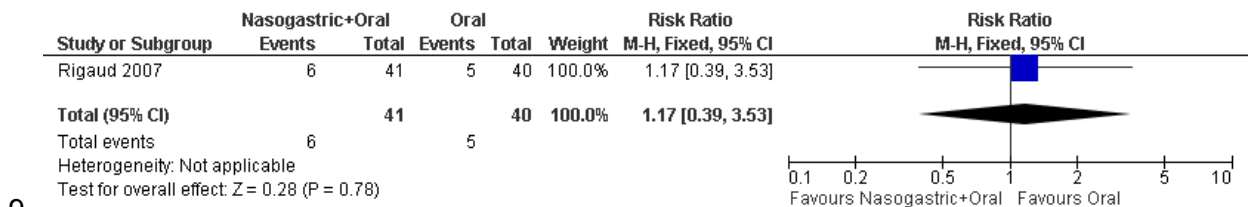
4 **Figure 1983: EDI-total**



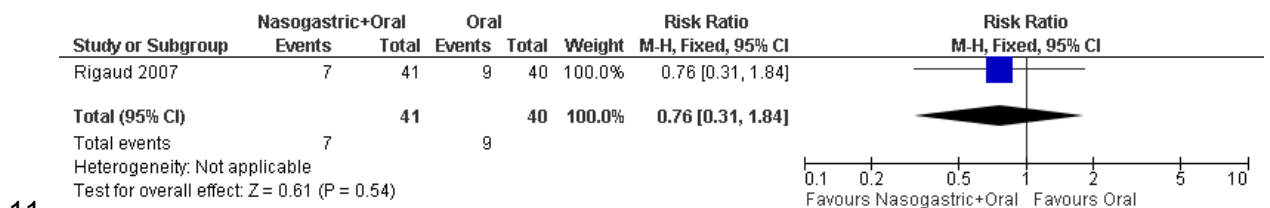
6 **Figure 1984: Number of people resumed menses**



8 **Figure 1985 : Number of people taking antidepressants**

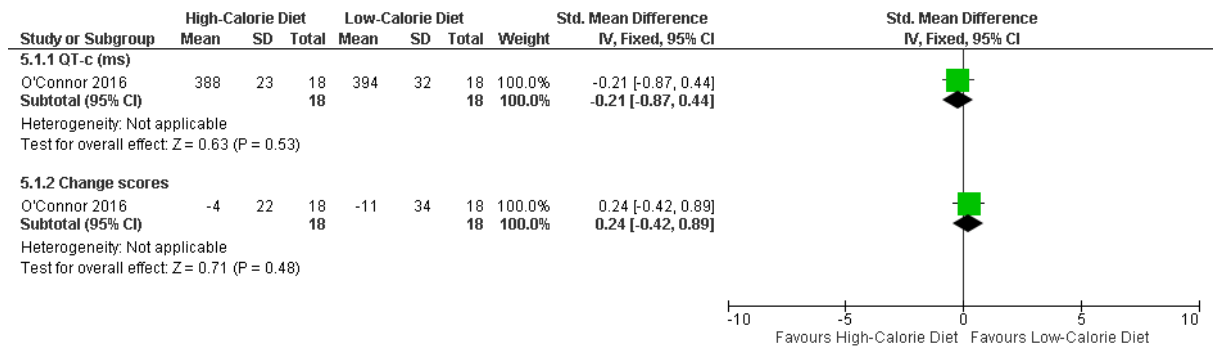


10 **Figure 1986: Number of people taking antiemetics**



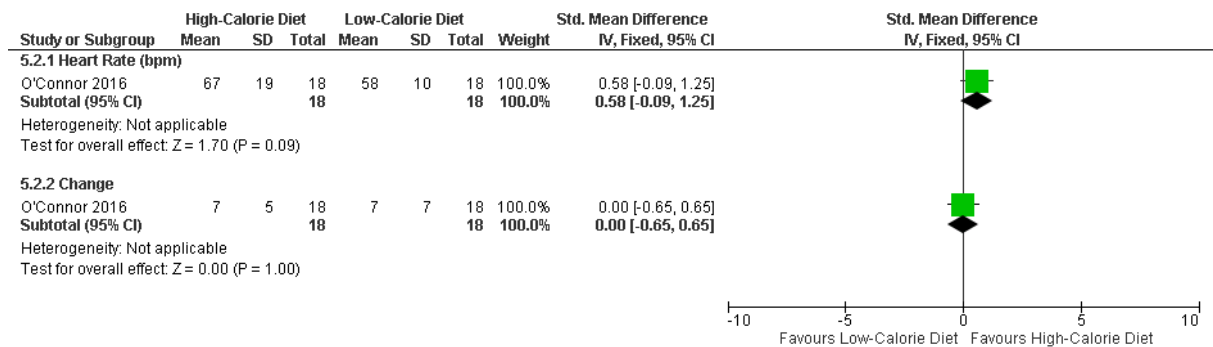
M.8.3.71 High-calorie refeeding diet versus low-calorie refeeding diet for malnourished young people with anorexia nervosa

3 Figure 1987: QT-corrected interval at 4 days



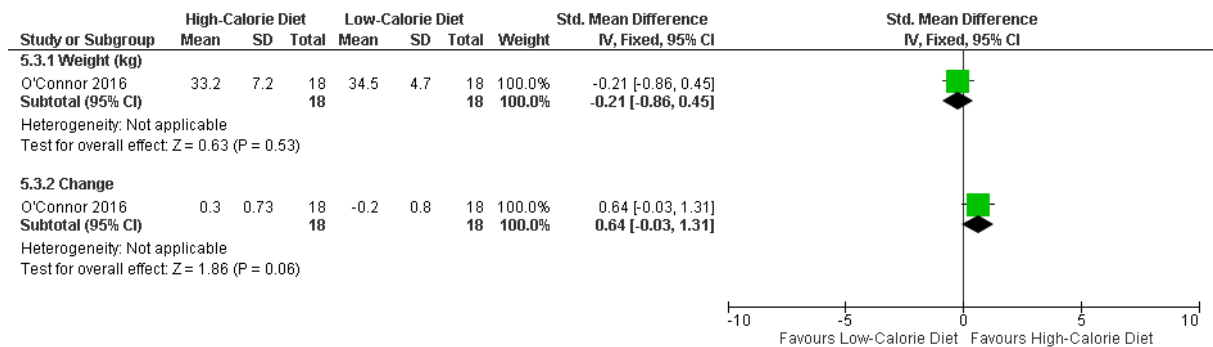
4

5 Figure 1988: Heart rate at 4 days



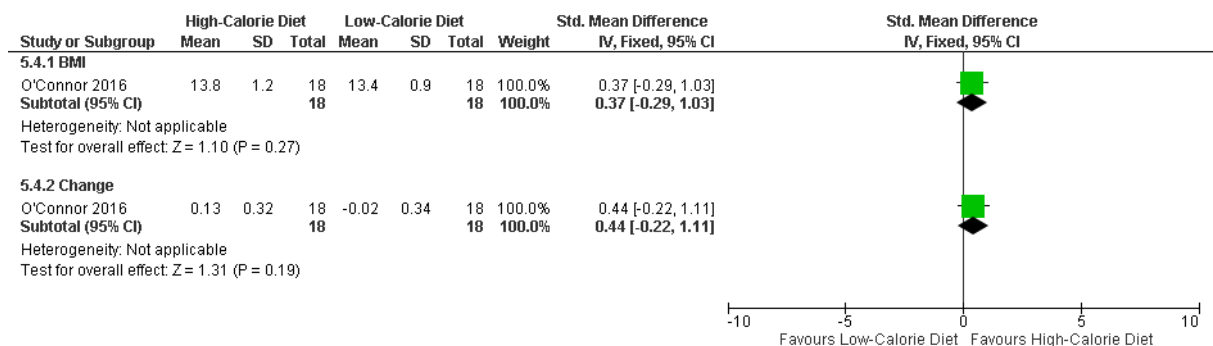
6

7 Figure 1989: Weight (kg) at 4 days



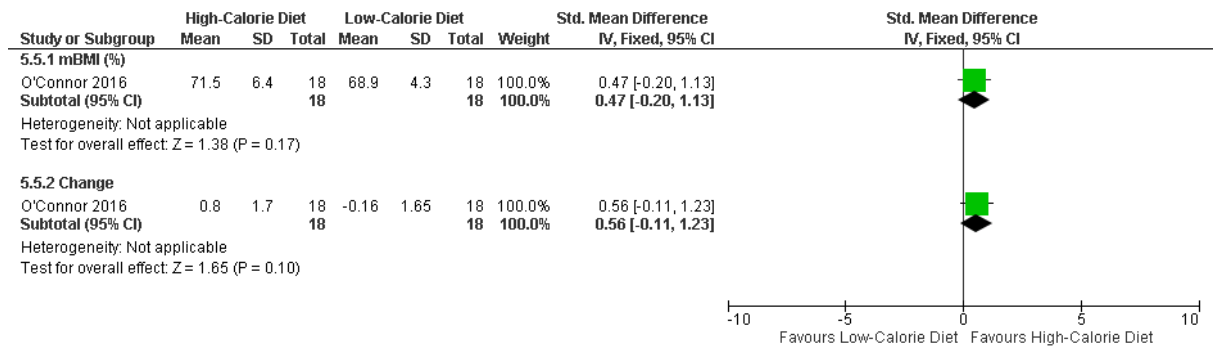
8

9 Figure 1990: BMI at 4 days



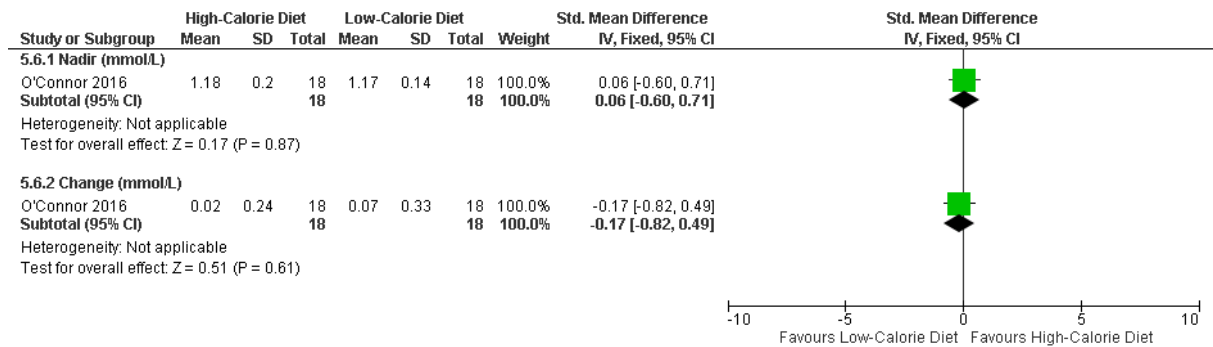
10

1 **Figure 1991: mBMI (%) at 4 days**



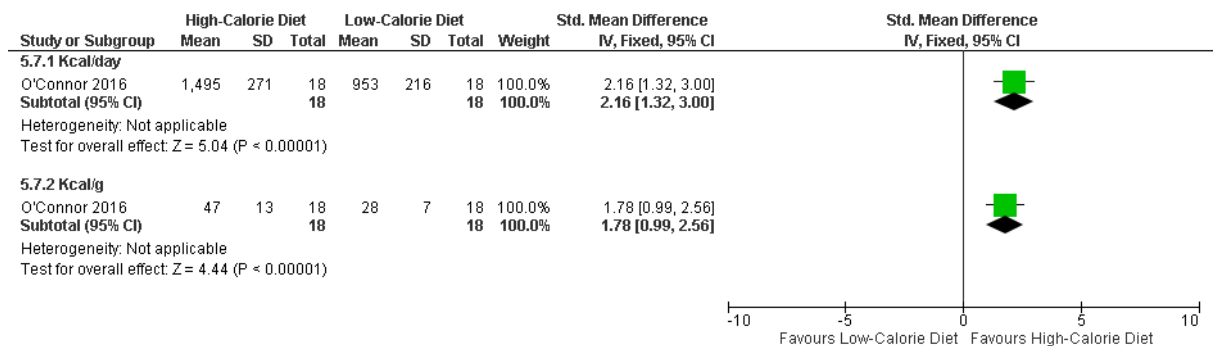
2

3 **Figure 1992: Serum phosphate concentration at 4 days**



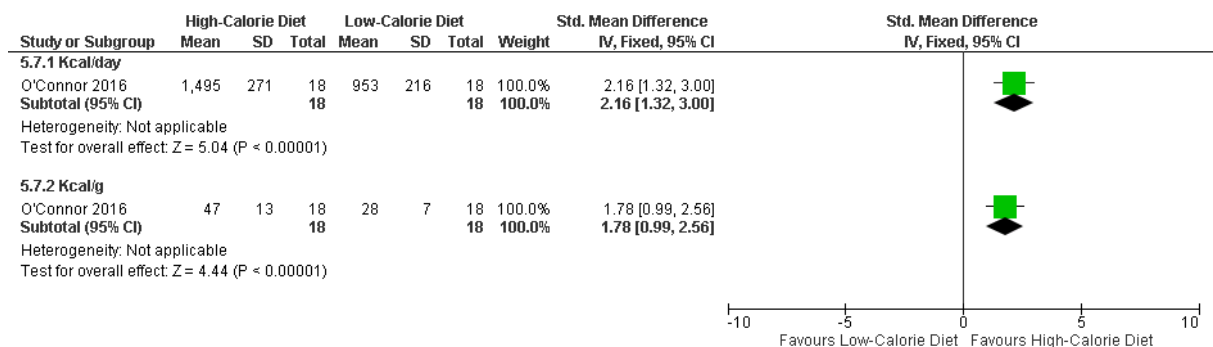
4

5 **Figure 1993: Energy Intake at 4 days**



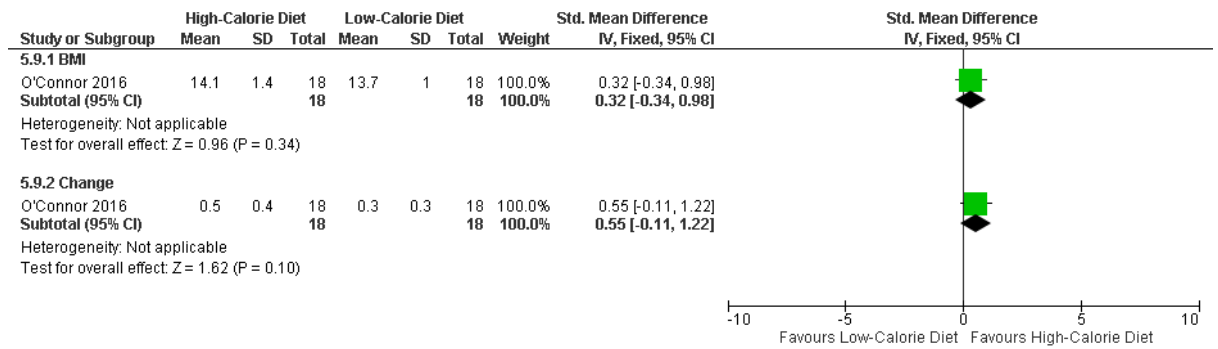
6

7 **Figure 1994: Weight (kg) at 10 days**



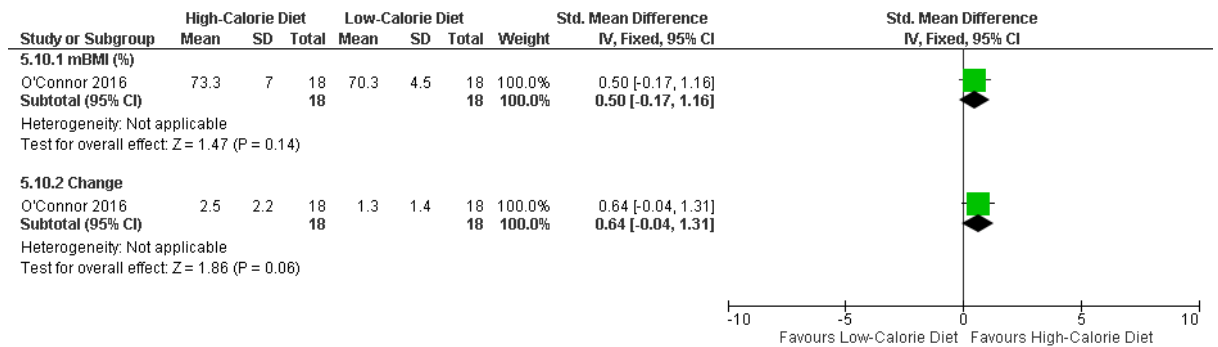
8

1 **Figure 1995: BMI at 10 days**



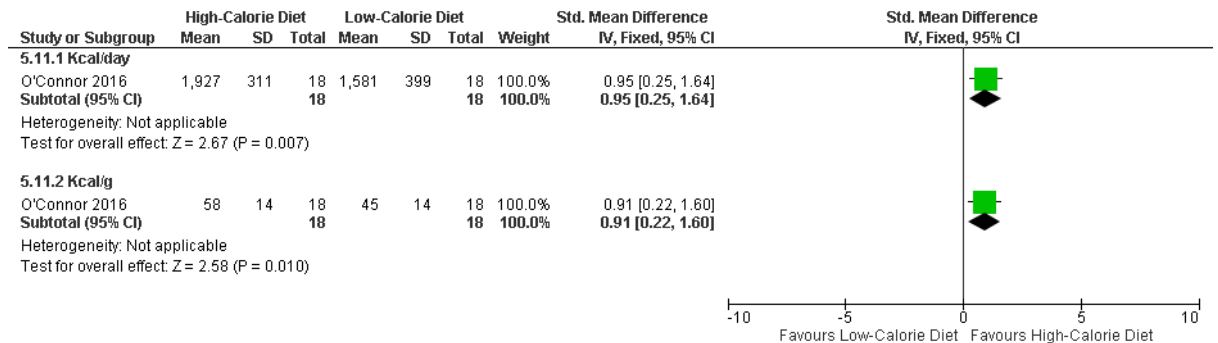
2

3 **Figure 1996: mBMI (%) at 10 days**



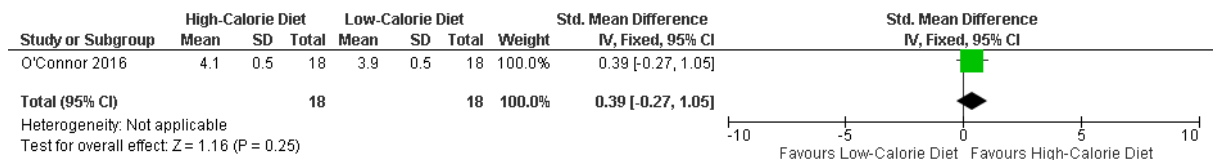
4

5 **Figure 1997: Energy intake at 10 days**



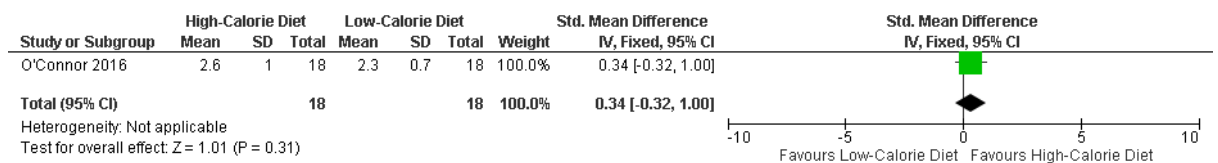
6

7 **Figure 1998: Glucose (mmol/L) at 10 days**



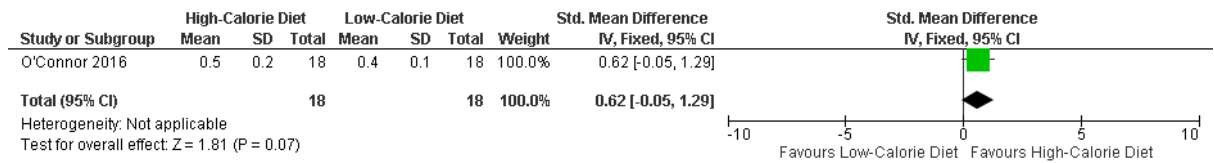
8

9 **Figure 1999: Insulin (mmol/L) at 10 days**



10

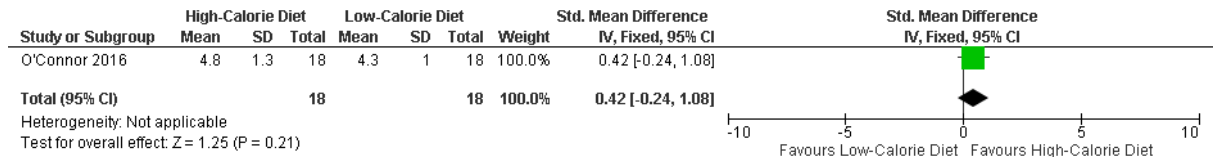
1 **Figure 2000: HOMA at 10 days**



2

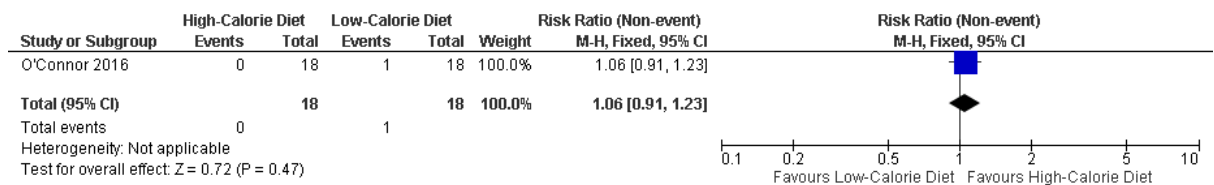
3

4 **Figure 2001: White blood cell count (x 10⁹/L)**



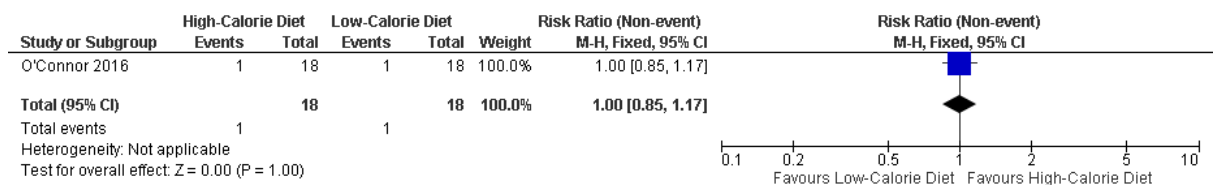
5

6 **Figure 2002: Adverse events in first 4 days**



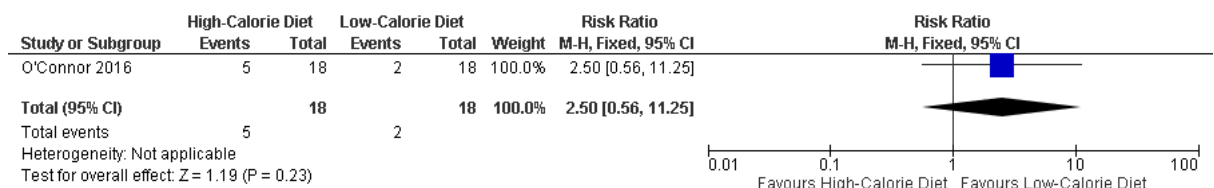
7

8 **Figure 2003: Oral phosphate supplementation due to low PO**



9

10 **Figure 2004: Number of people experiencing hypophosphatemia in first 2 days**

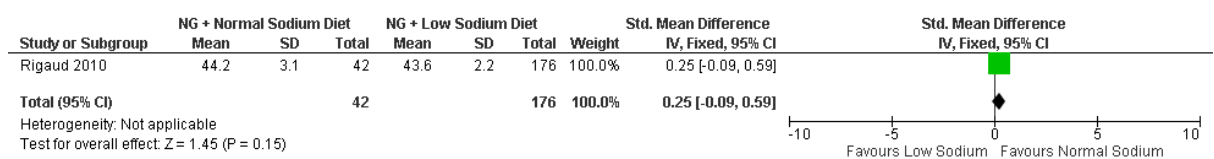


11

M.8.3.82 **Normal-sodium nasogastric and oral refeeding diet versus low-sodium diet for adult anorexia nervosa**

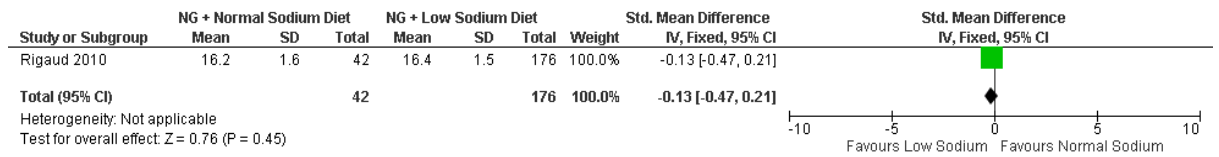
13

14 **Figure 2005: Weight (kg)**



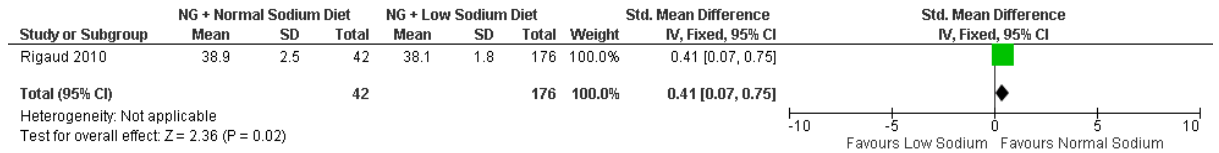
15

1 **Figure 2006: BMI**



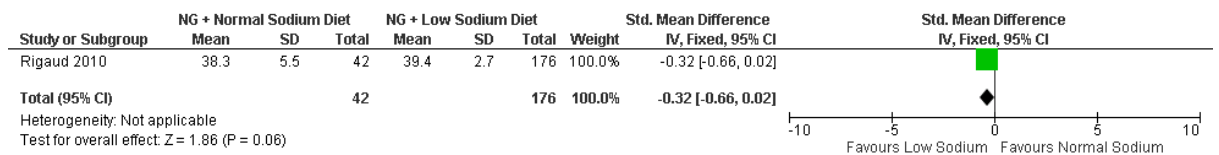
2

3 **Figure 2007: Fat Free Mass (kg; skinfold)**



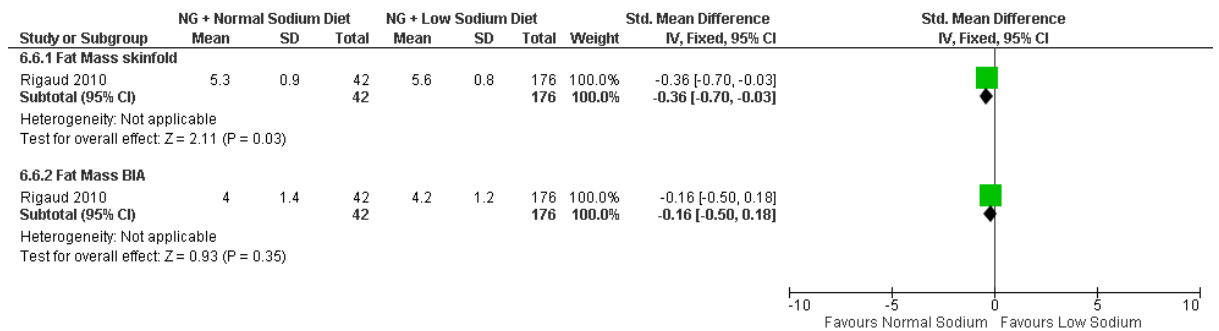
4

5 **Figure 2008: Active Fat Free Mass (kg)**



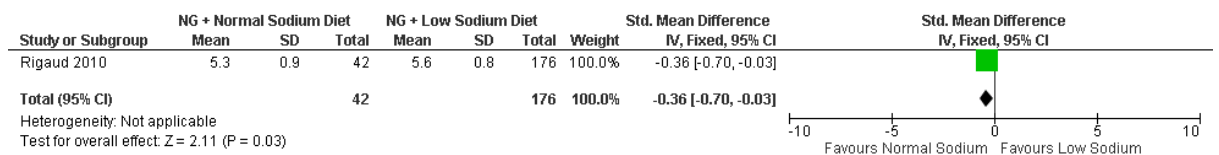
6

7 **Figure 2009: Fat Mass (kg; skinfold and BIA)**



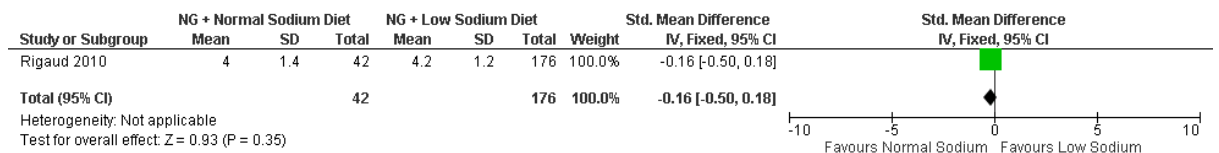
8

9 **Figure 2010: Fat Mass (kg; skinfold)**



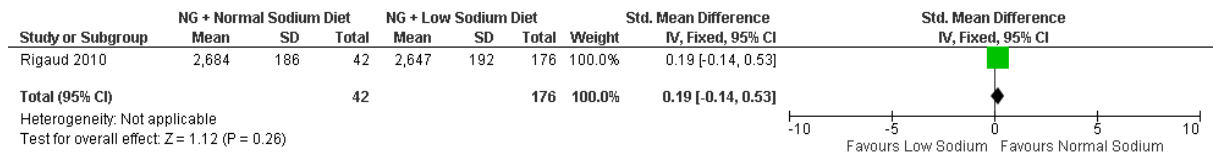
10

11 **Figure 2011: Fat Mass (kg; BIA)**



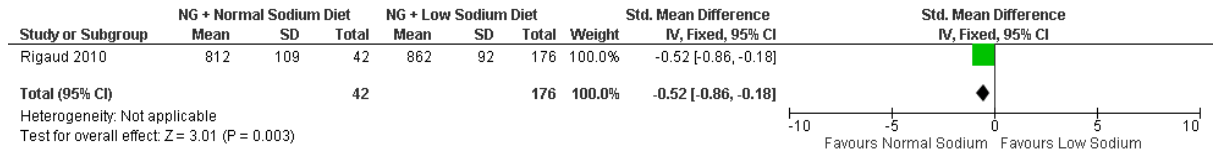
12

1 **Figure 2012: Energy Input (kcal/day)**



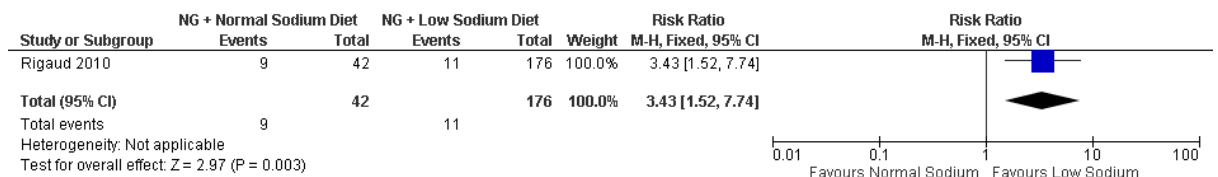
2

3 **Figure 2013: Energy input from tube feeding (kcal/day)**



4

5 **Figure 2014: Number of people experiencing edema of legs**

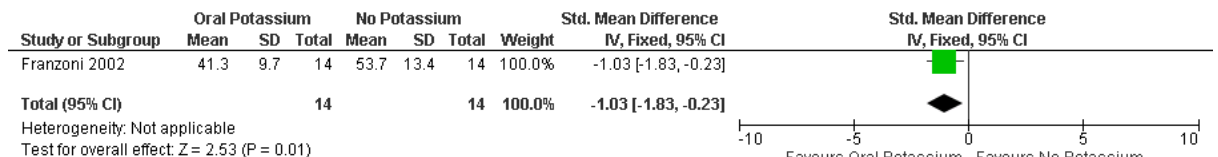


6

M.8.3.97 **Cardiac dysfunction**

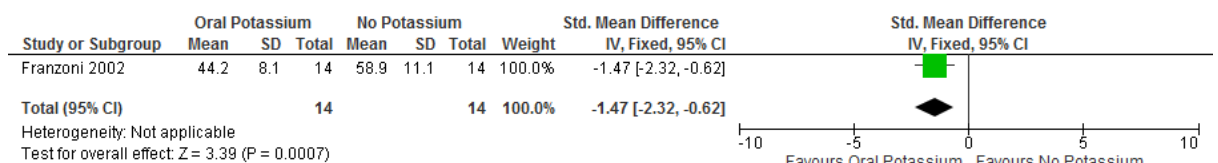
M.8.48 **Oral potassium supplementation versus no supplementation for cardiac dysfunction in female adult anorexia nervosa**

10 **Figure 2015: QT-c dispersion (ms)**



11

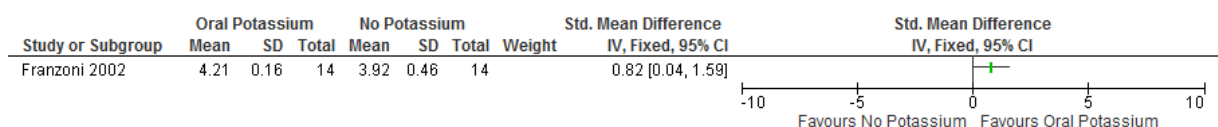
12 **Figure 2016: QT dispersion (ms)**



13

14

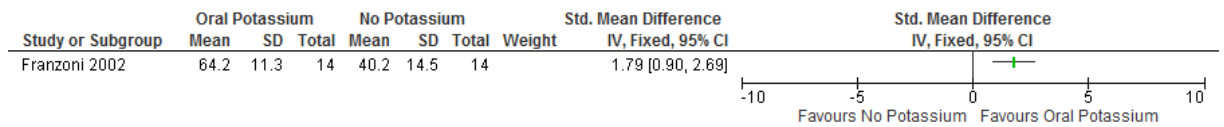
15 **Figure 2017: Serum potassium (mmol l-1)**



16

17

1 **Figure 2018: Urinary potassium excretion (mmol 24h-1)**

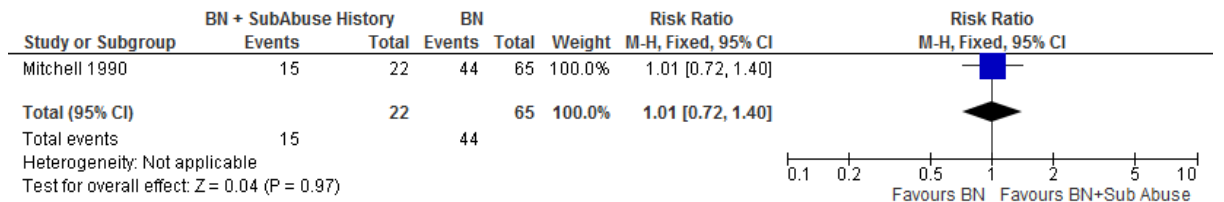


2

M.9.3 Clinical question: Does any intervention for an eating disorder need to be modified in the presence of common long-term health conditions?

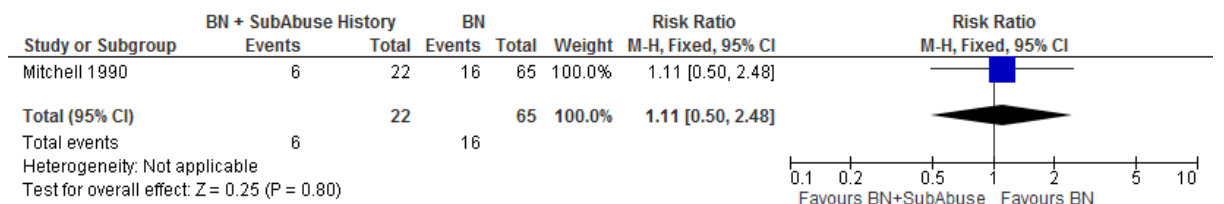
M.9.1.16 Group CBT for people with bulimia nervosa with history of substance abuse versus bulimia nervosa without history of substance abuse at follow up

8 **Figure 2019: Remission (ITT)**



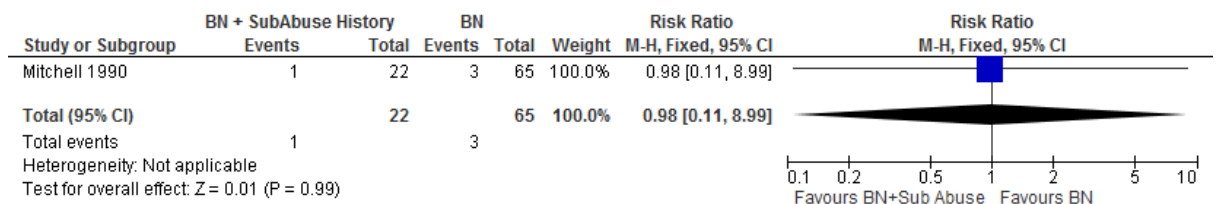
9

10 **Figure 2020: Treatment failures**



11

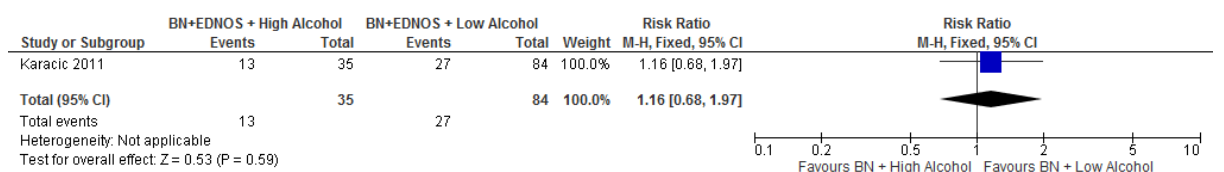
12 **Figure 2021: Hospitalised for substance dependency**



13

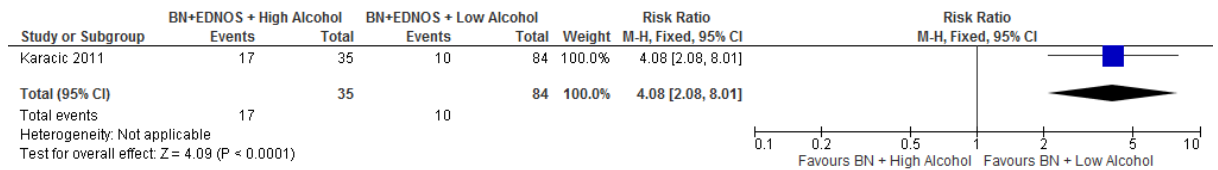
M.9.1.24 CBT-Enhanced for eating disorders for people with eating disorders with high alcohol use versus eating disorders with low alcohol use

16 **Figure 2022: EDE-global score >1 SD above community norm**



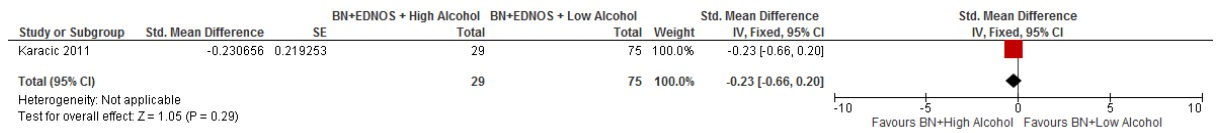
17

1 **Figure 2023: Number of people engaging in excessive drinking**



2

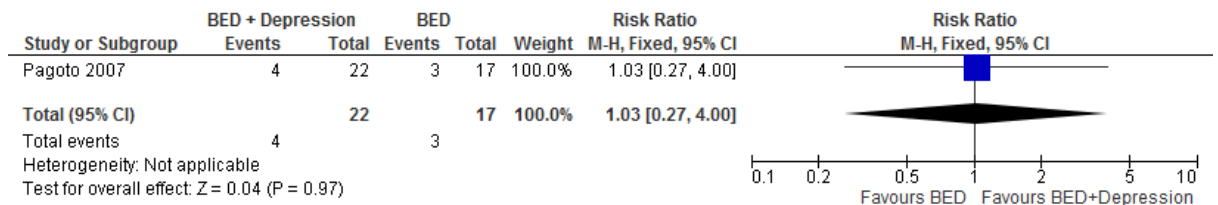
3 **Figure 2024: EDE-global score at 60 weeks follow up**



4

M.9.1.35 **Diabetes prevention program for people with binge eating disorder with major depressive disorder versus binge eating disorder only**

7 **Figure 2025: Number of people achieving goal of 7% or more weight loss**



8

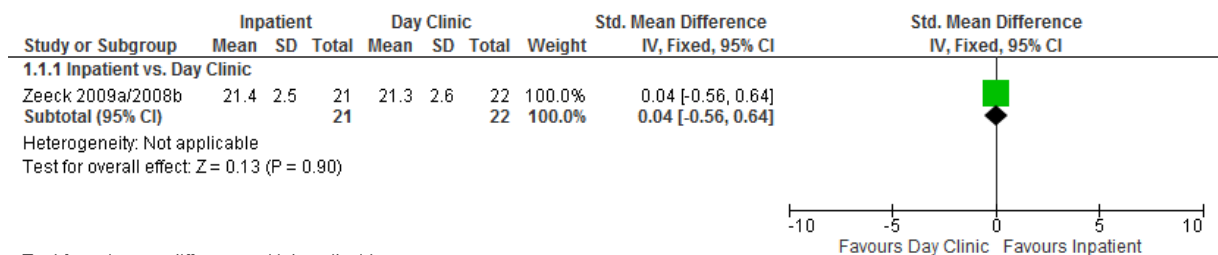
M.10 **Clinical question: Does the setting (inpatient, outpatient or other specific setting) and different ways of coordinating, transitioning and integrating care for treating eating disorders produce benefits/harms in people with eating disorders?**

M.10.14 **Randomised control trials for coordinating care**

M.10.1.15 **Inpatient care compared with another setting for adults with anorexia nervosa at the end of treatment**

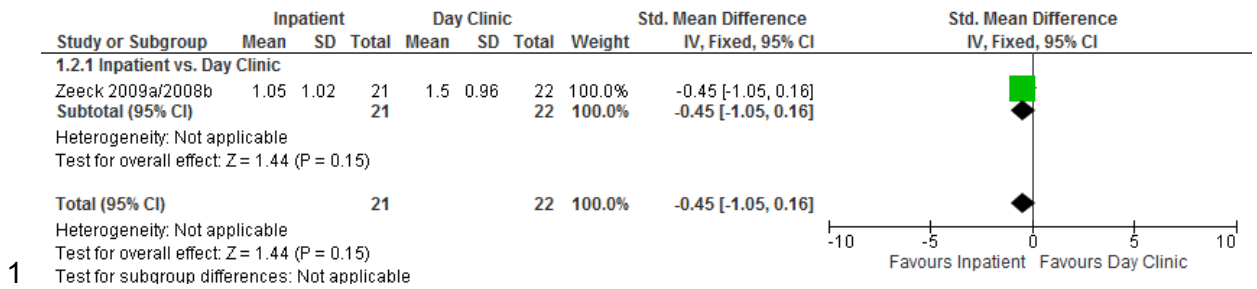
17 **Figure 2026: BMI**

18

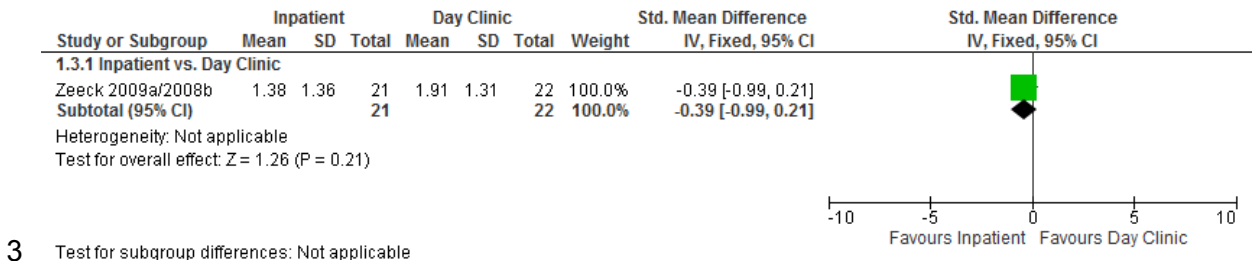


19

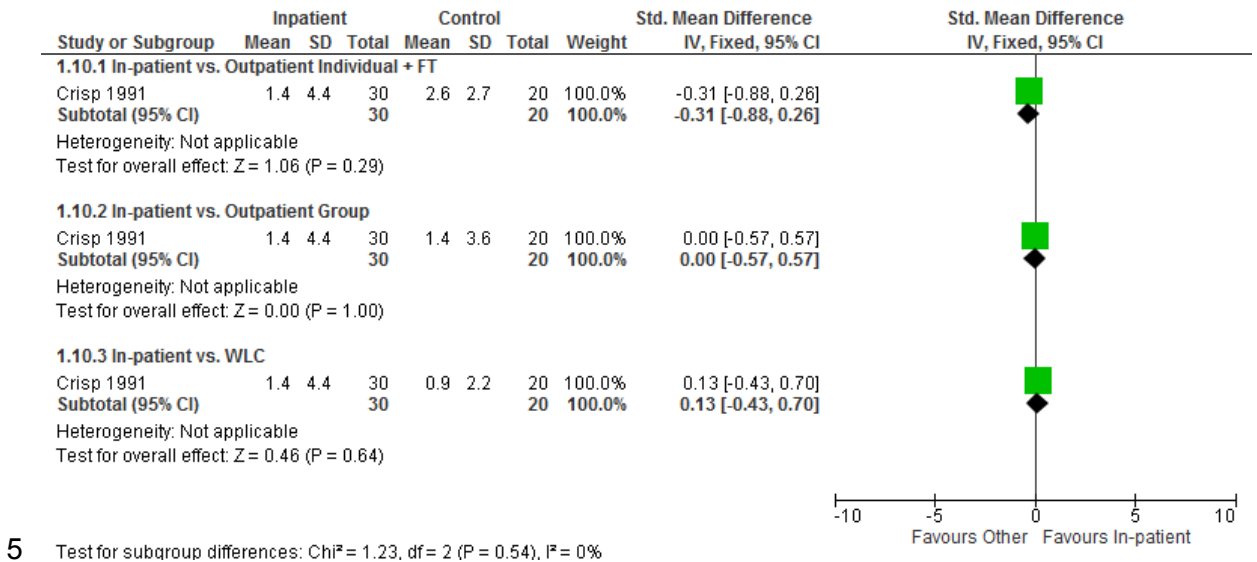
20 **Figure 2027: Bingeing**



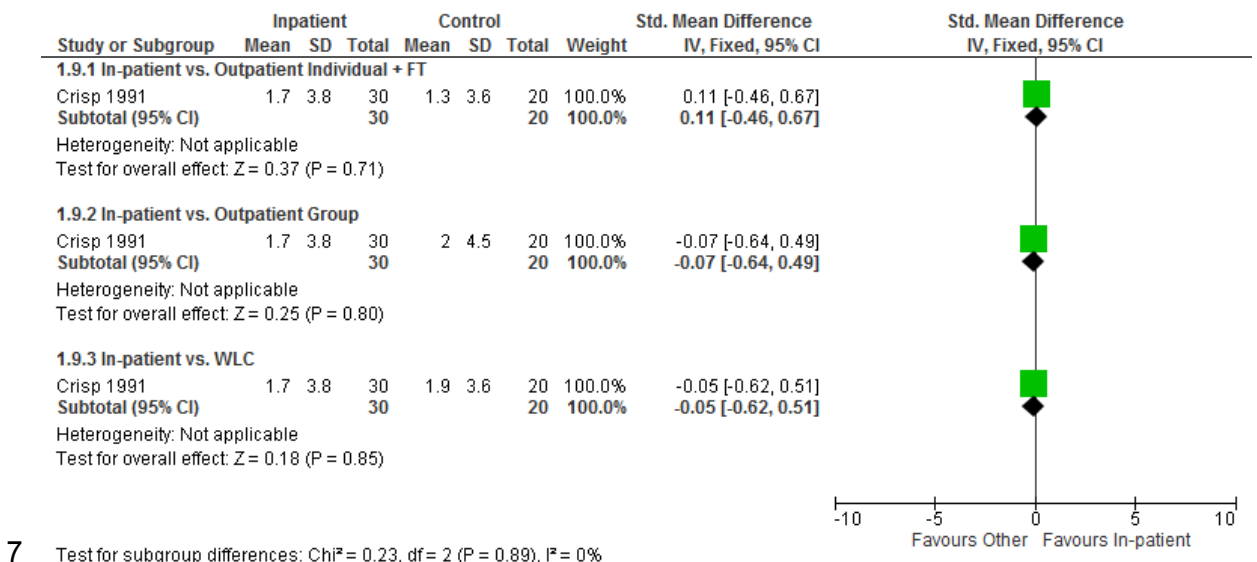
2 **Figure 2028: Vomiting**



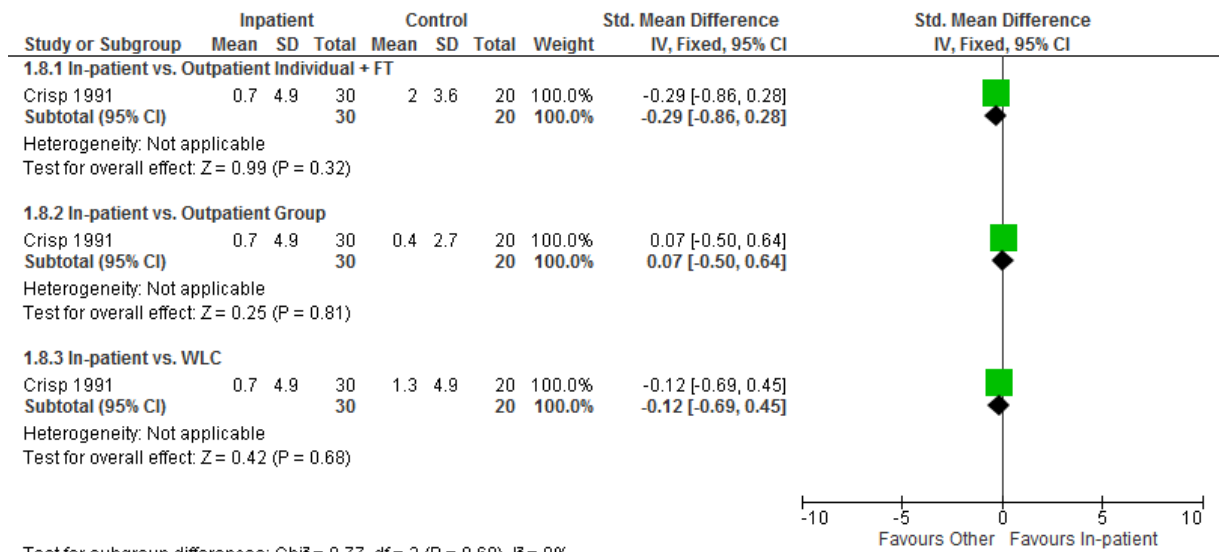
4 **Figure 2029: Change in Morgan-Russell social economic adjustment**



6 **Figure 2030: Change in Morgan-Russell sexual adjustment**

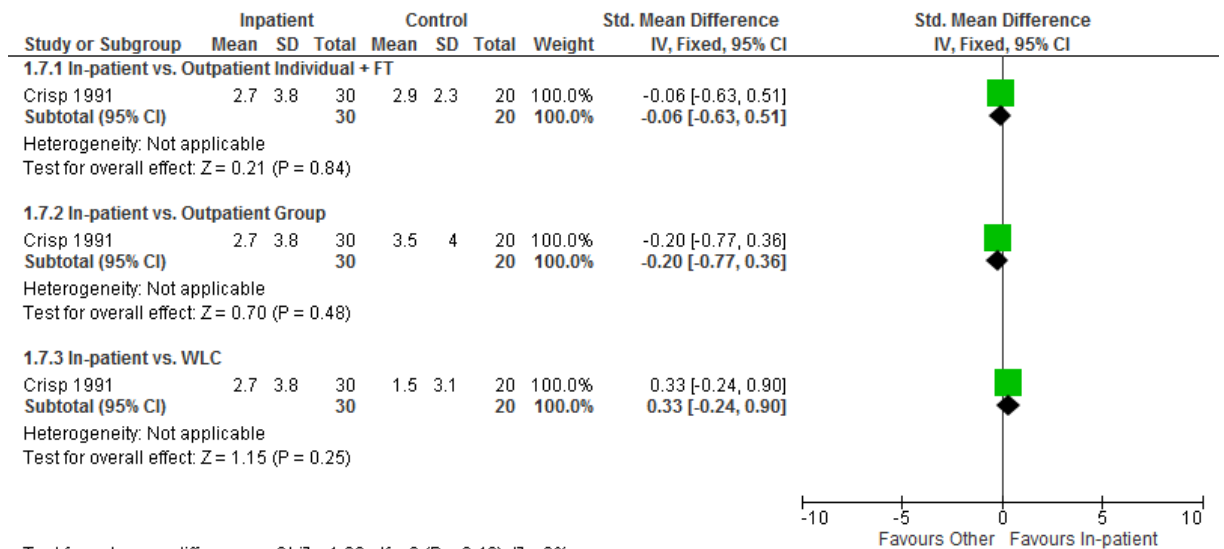


1 **Figure 2031: Change in Morgan-Russell mental state**



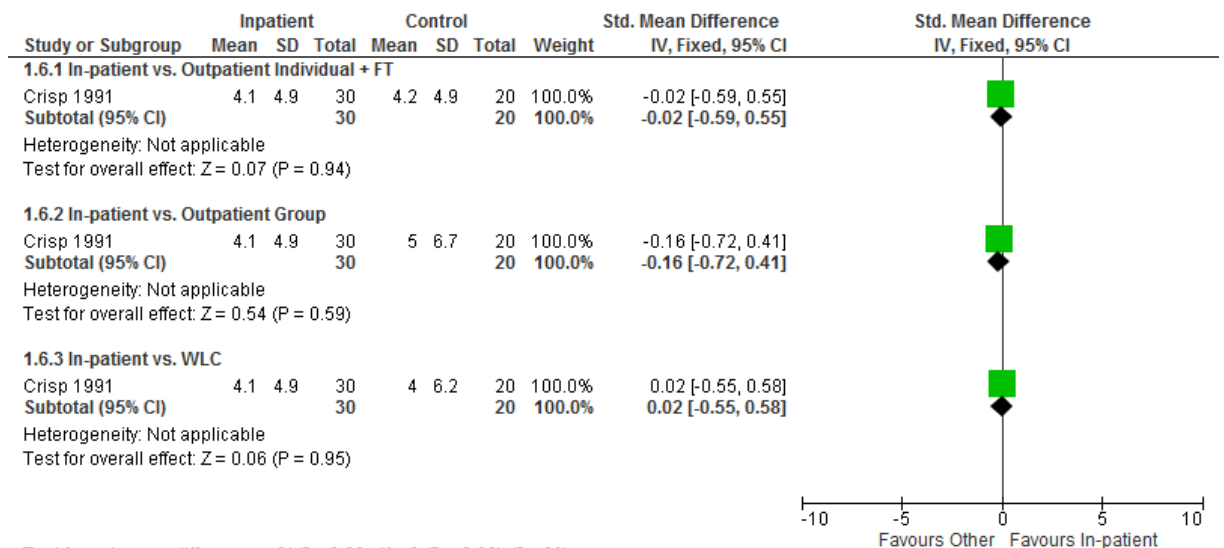
2 Test for subgroup differences: Chi² = 0.77, df = 2 (P = 0.68), I² = 0%

3 **Figure 2032: Change in Morgan-Russell nutrition score**



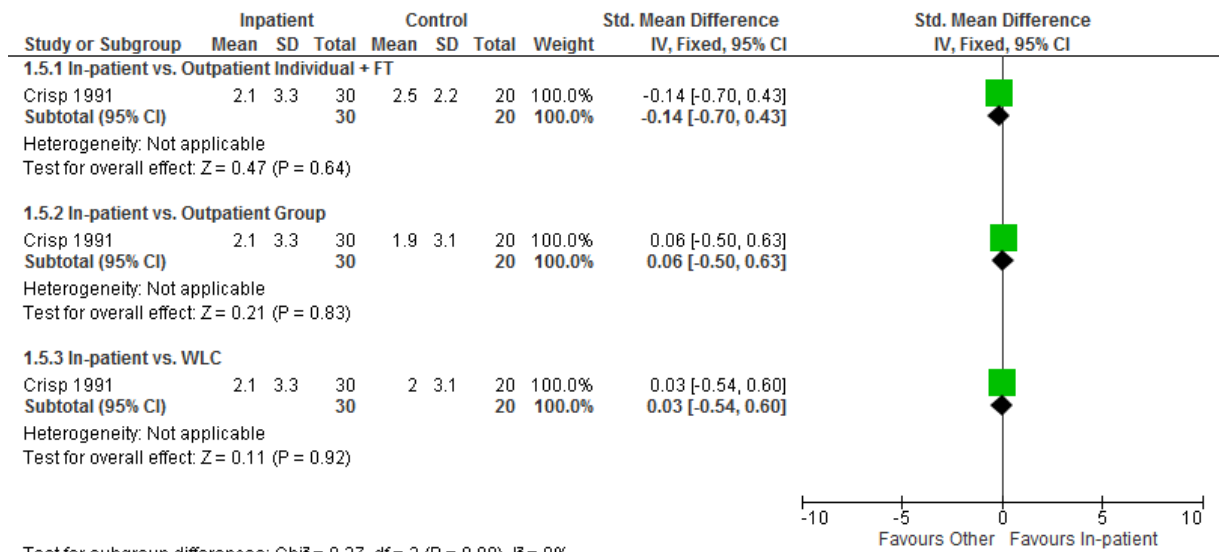
4 Test for subgroup differences: Chi² = 1.83, df = 2 (P = 0.40), I² = 0%

5 **Figure 2033: Change in Morgan-Russell menstruation score**



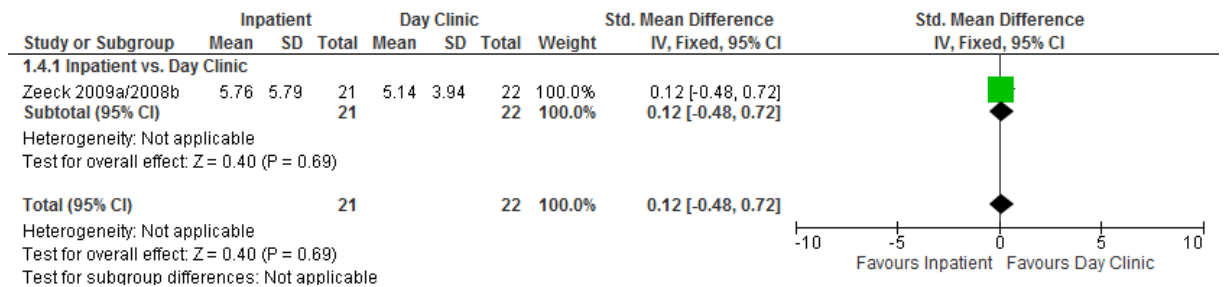
6 Test for subgroup differences: Chi² = 0.20, df = 2 (P = 0.90), I² = 0%

1 **Figure 2034: Change in global Morgan-Russell score**



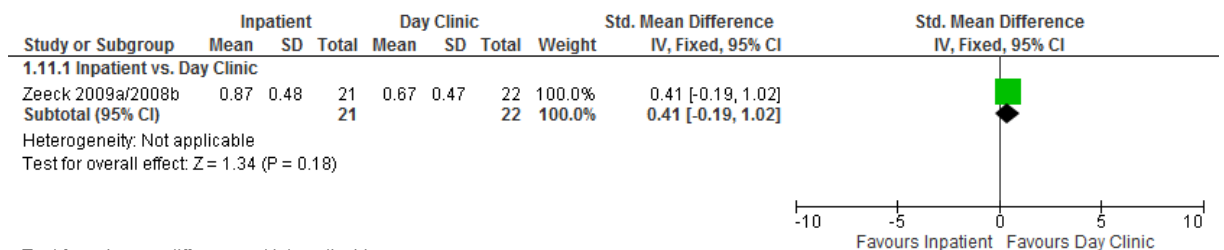
2 Test for subgroup differences: Chi² = 0.27, df = 2 (P = 0.88), I² = 0%

3 **Figure 2035: EDI-bulimia**



4 Test for subgroup differences: Not applicable

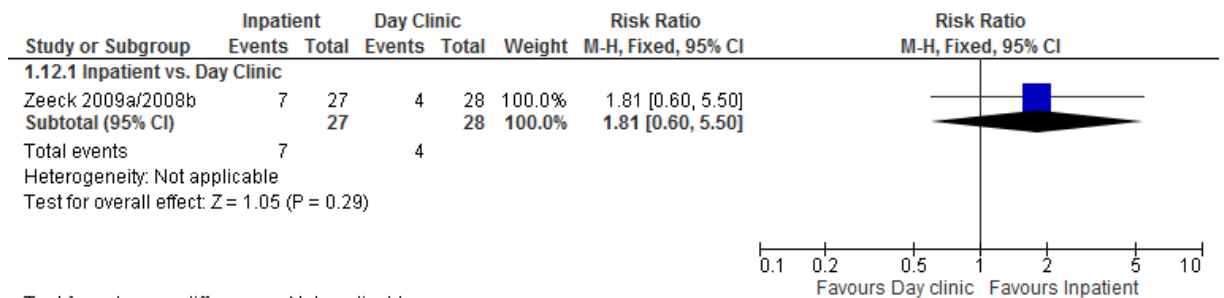
5 **Figure 2036: Global severity index**



6 Test for subgroup differences: Not applicable

7 **Figure 2037: Remission**

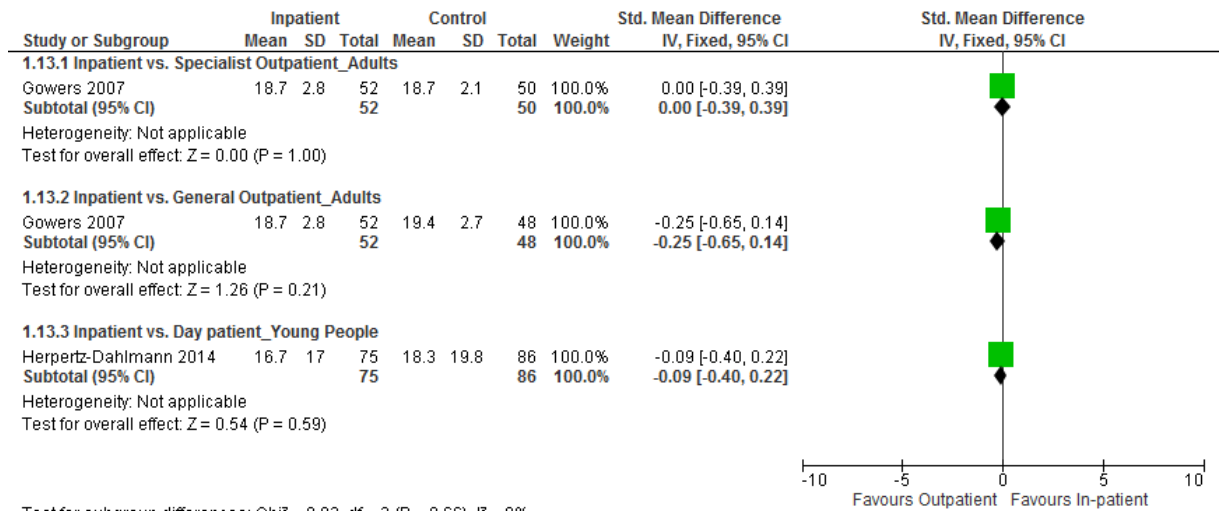
8



9 Test for subgroup differences: Not applicable

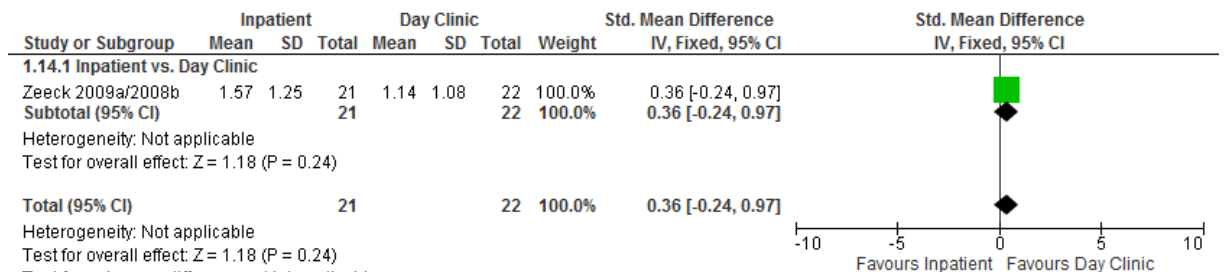
M.10.1.20 **Inpatient care compared with another setting for adults (unless otherwise stated) with anorexia nervosa at follow-up**

12 **Figure 2038: BMI in young people and adults**



1 Test for subgroup differences: Chi² = 0.83, df = 2 (P = 0.66), I² = 0%

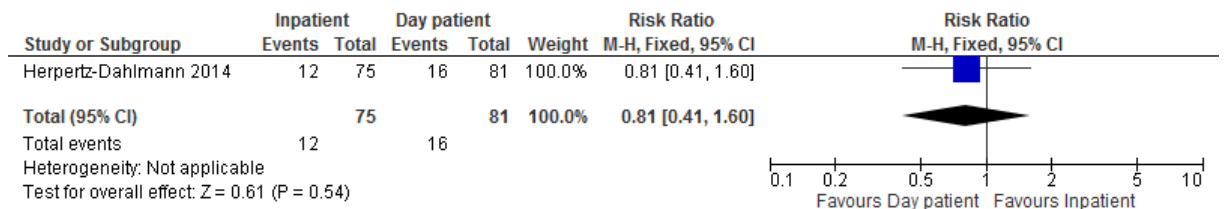
2 Figure 2039: Bingeing



3 Test for subgroup differences: Not applicable

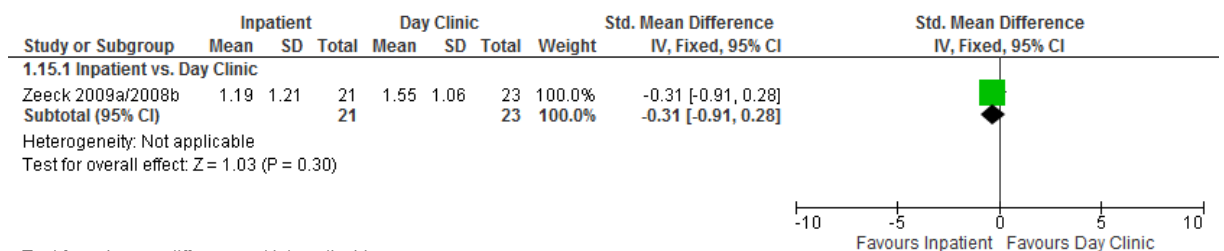
4 Figure 2040: Regular menstruation

5



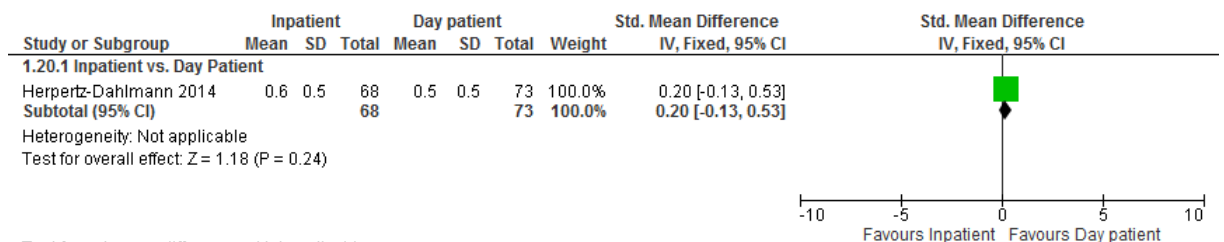
6

7 Figure 2041: Vomiting



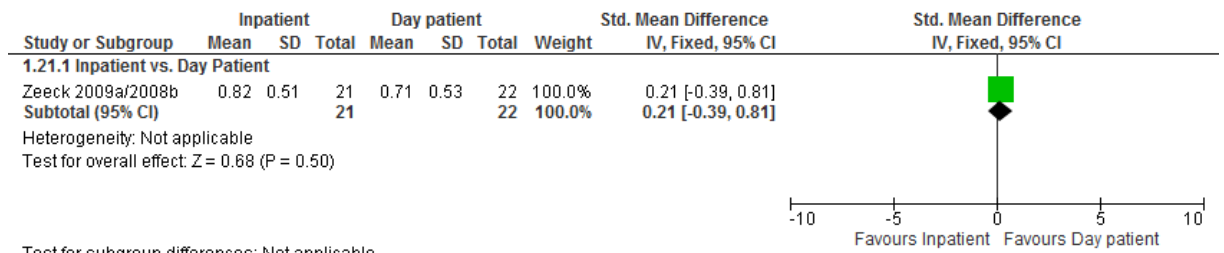
8 Test for subgroup differences: Not applicable

9 Figure 2042: Global severity index in young people



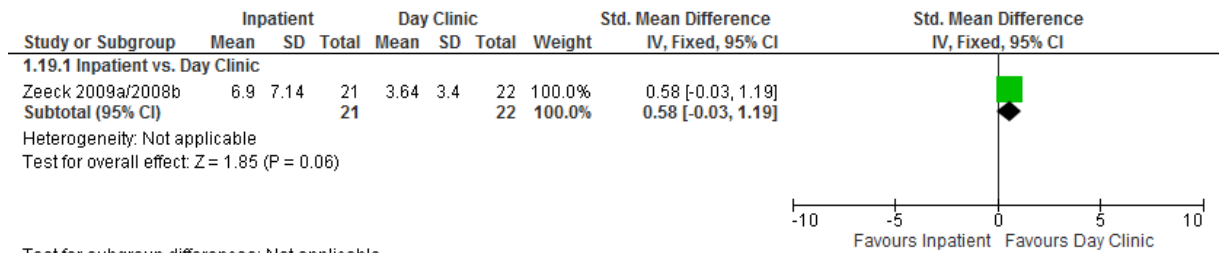
10 Test for subgroup differences: Not applicable

1 **Figure 2043: Global severity index in adults**



2 Test for subgroup differences: Not applicable

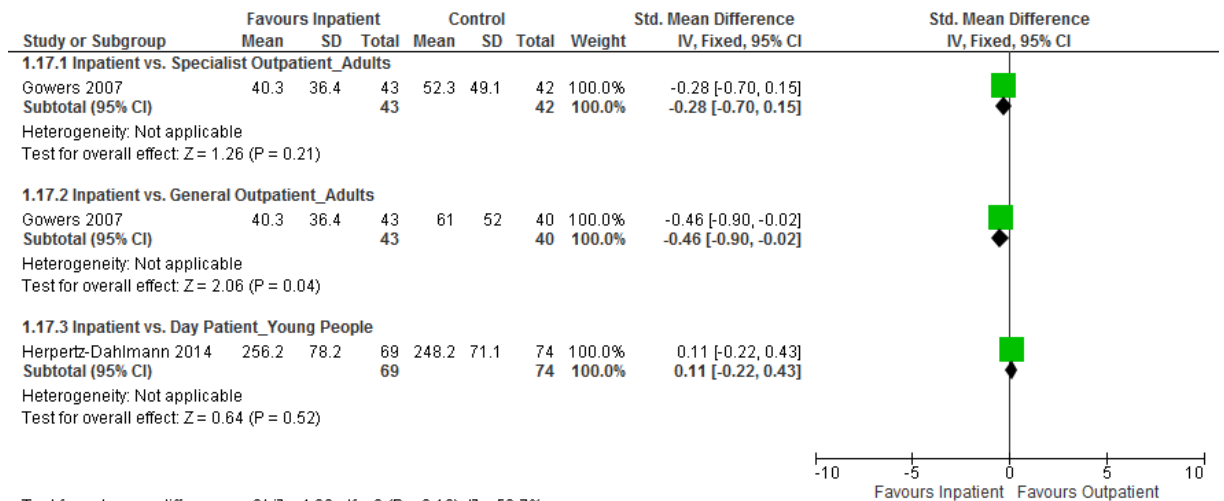
3 **Figure 2044: EDI-bulimia**



4 Test for subgroup differences: Not applicable

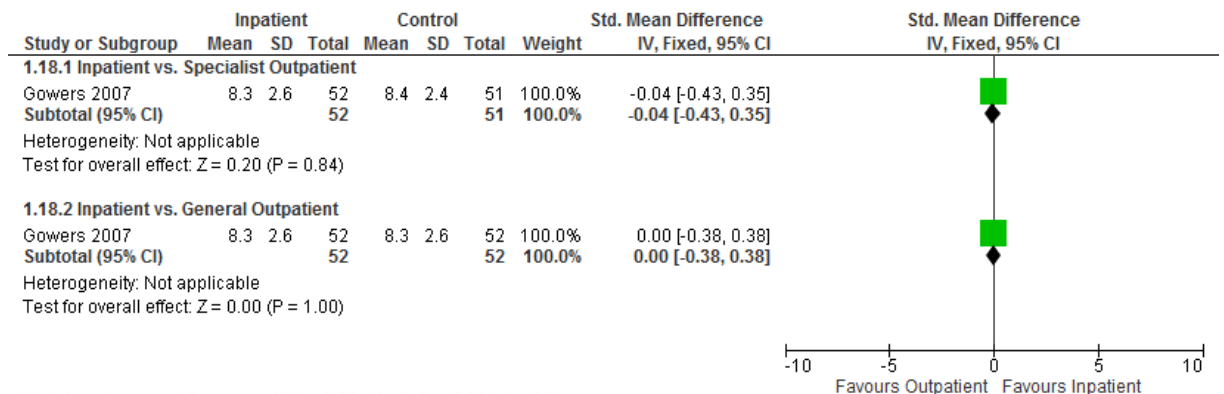
5 **Figure 2045: EDI-total in young people and adults**

6



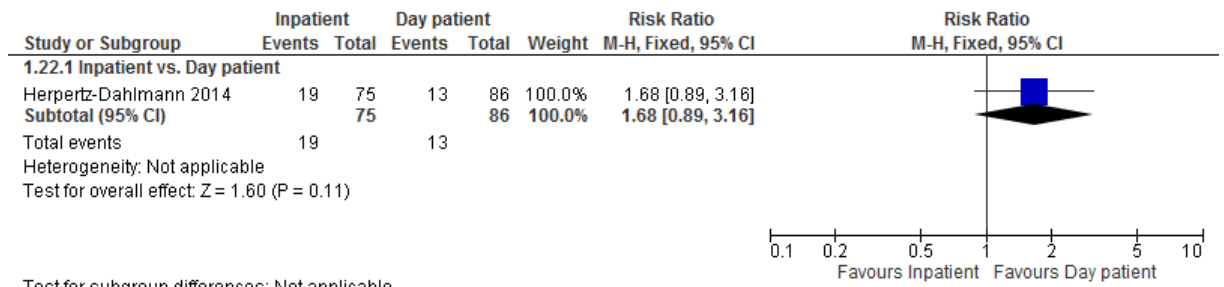
7 Test for subgroup differences: Chi² = 4.62, df = 2 (P = 0.10), I² = 56.7%

8 **Figure 2046: Morgan-Russell total outcome**

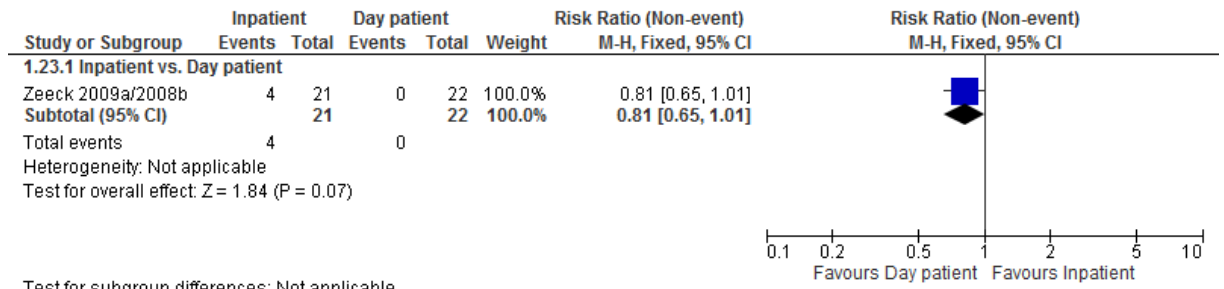


9 Test for subgroup differences: Chi² = 0.02, df = 1 (P = 0.89), I² = 0%

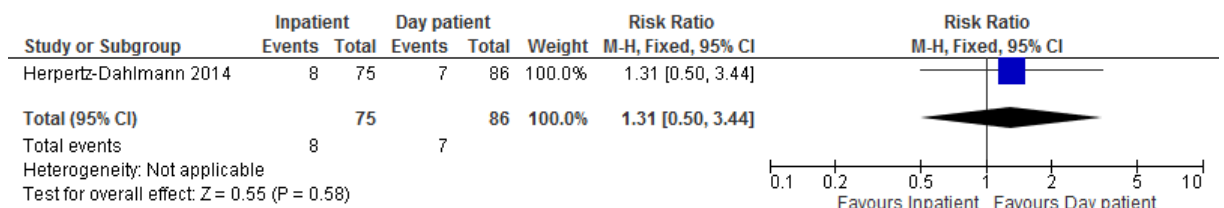
10 **Figure 2047: Readmission for young people**



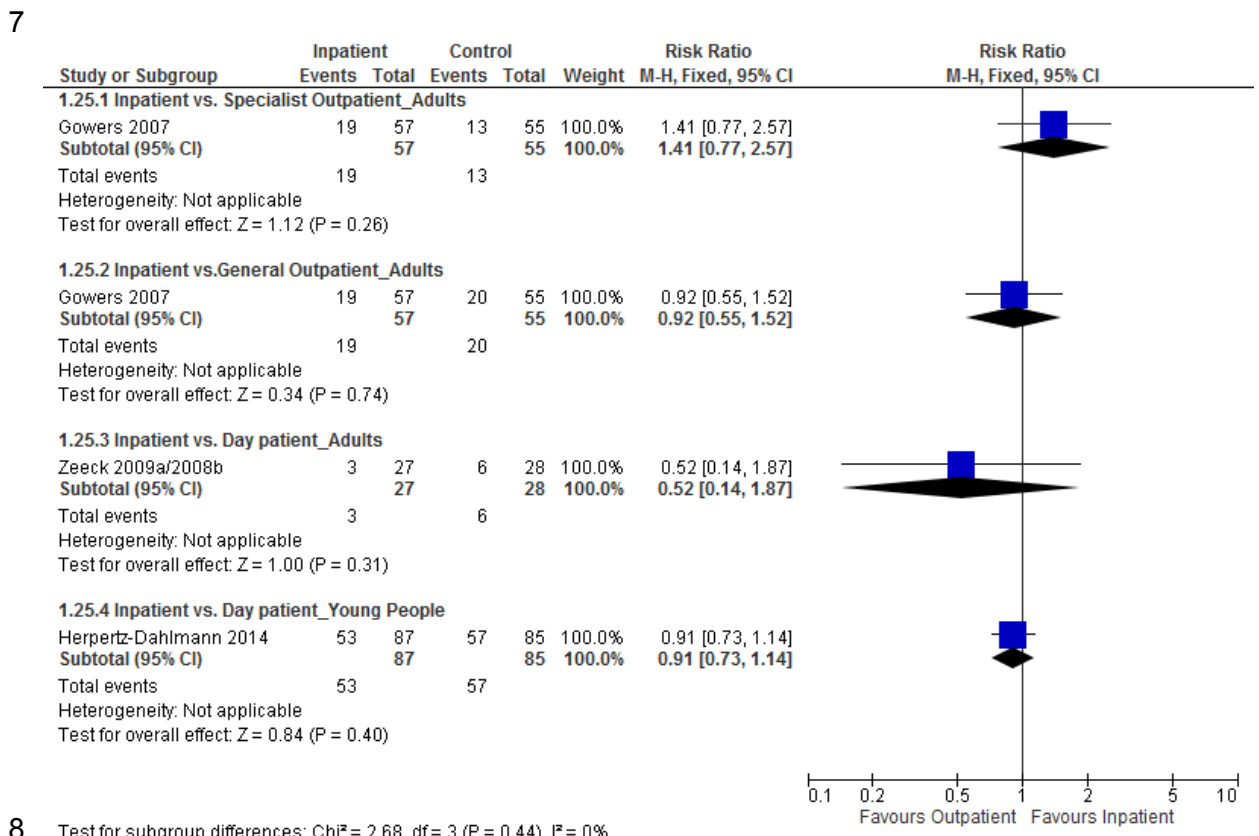
2 **Figure 2048: Readmission for adults**



4 **Figure 2049: Serious adverse events**



6 **Figure 2050: Remission in young people and adults**



M.10.1.31 Outpatient group therapy compared with inpatient care for young people with anorexia nervosa the end of treatment

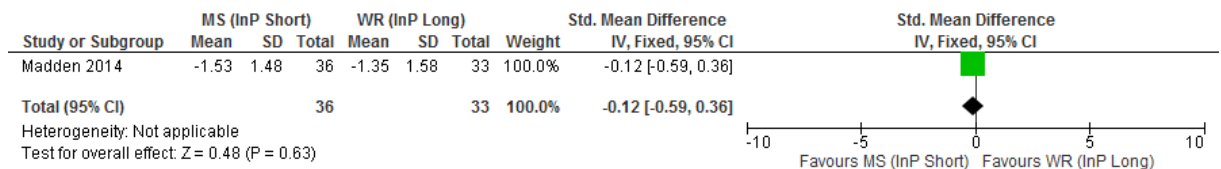
2 Figure 2051: Remission



4

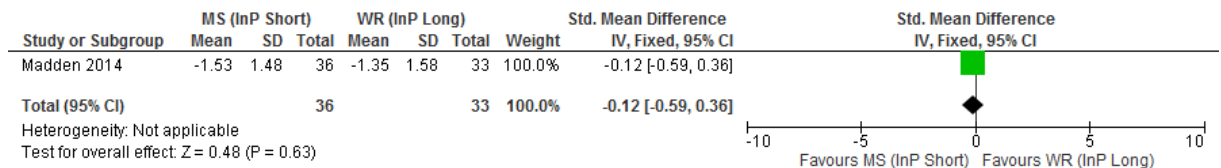
M.10.1.45 Inpatient medical stabilisation (InP MS) (short stay) compared with inpatient weight restoration (InP WR) (longer stay) for young people with anorexia nervosa the follow-up

8 Figure 2052: Change in EDE-global score



9

10 Figure 2053: Hospital readmission



11

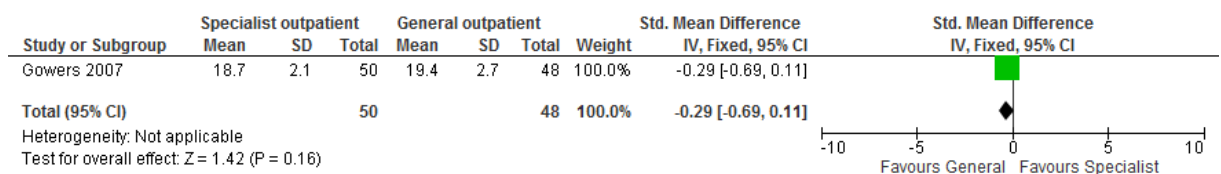
12 Figure 2054: Remission



13

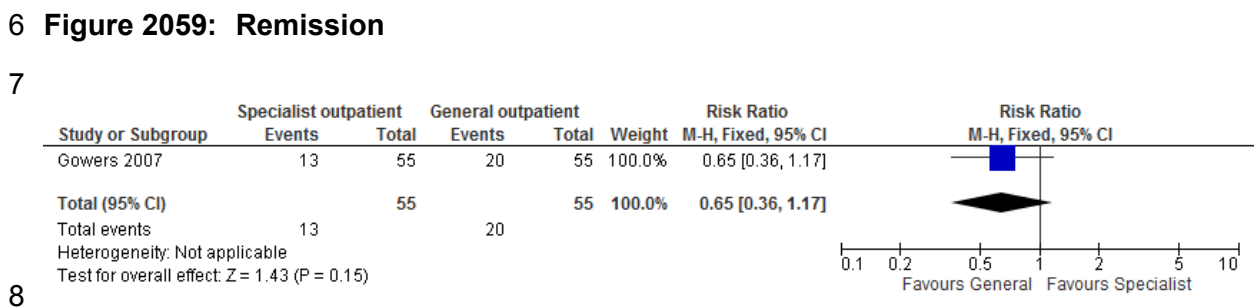
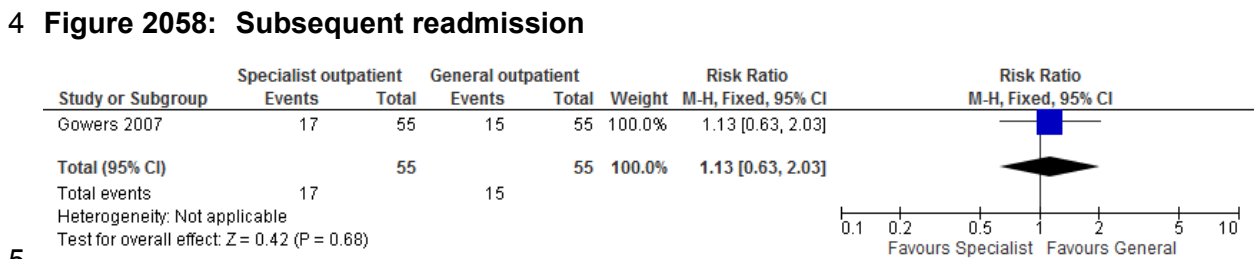
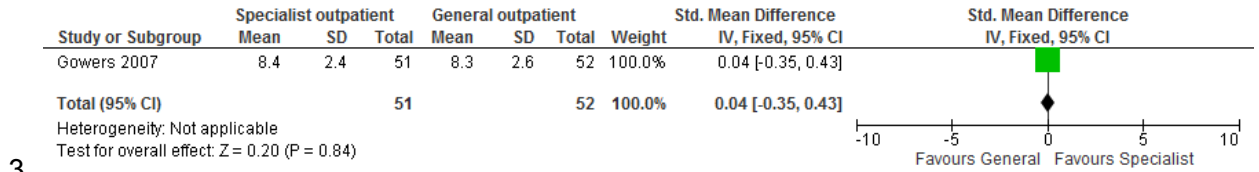
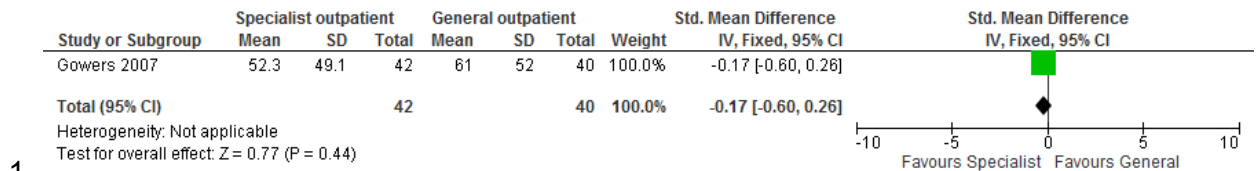
M.10.1.54 Specialist outpatient (CBT-ED) compared with general outpatient for adults with anorexia nervosa at follow-up

16 Figure 2055: BMI

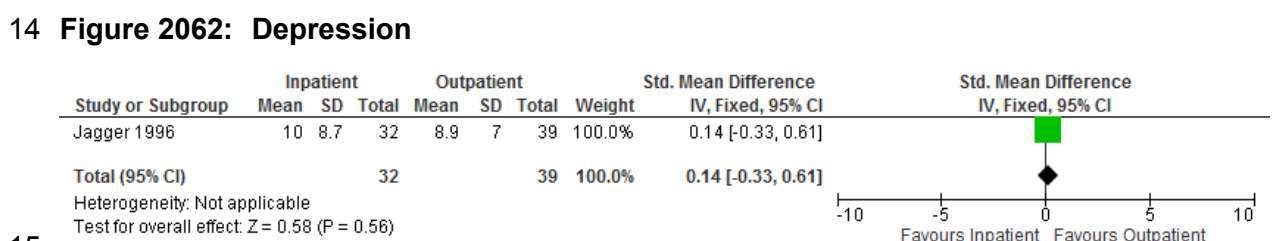
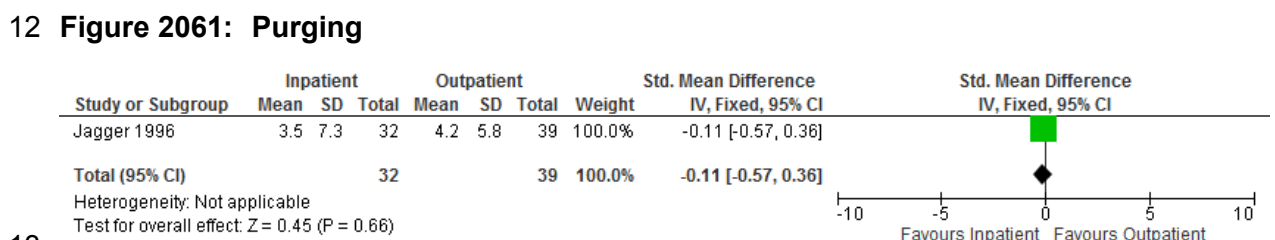
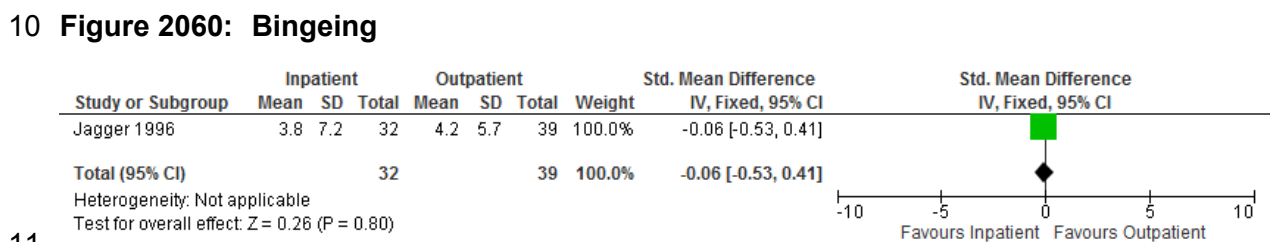


17

18 Figure 2056: EDI-total

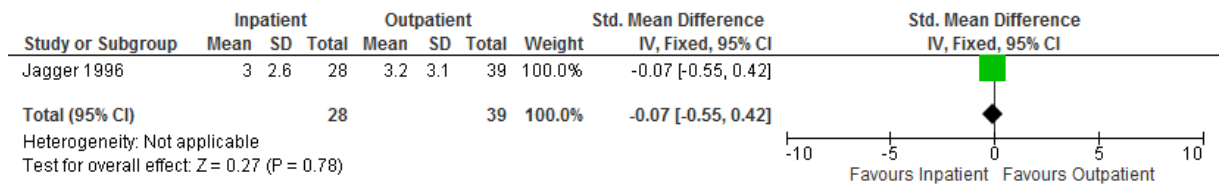


M.10.1.69 Inpatient group compared with outpatient for adults with bulimia nervosa at follow-up



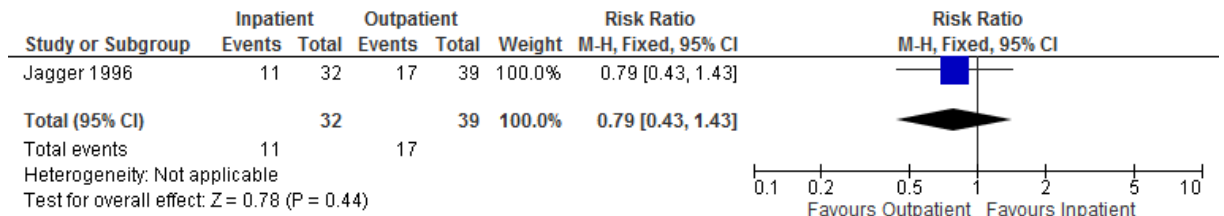
15

1 **Figure 2063: Bulimic severity score**



2

3 **Figure 2064: Remission**

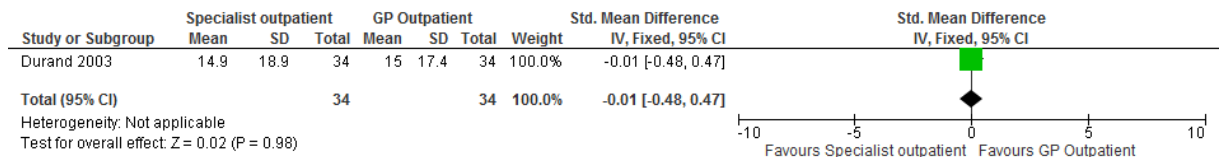


4

M.10.1.75 **Specialist outpatient compared with group outpatient for adults with bulimia nervosa at end of treatment**

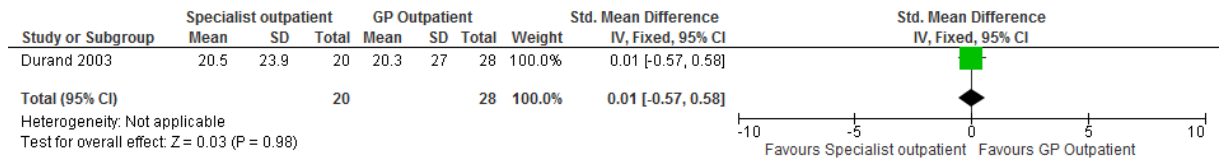
6

7 **Figure 2065: Bingeing**



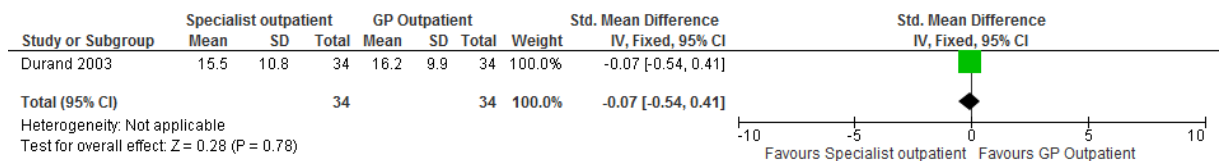
8

9 **Figure 2066: Vomiting**



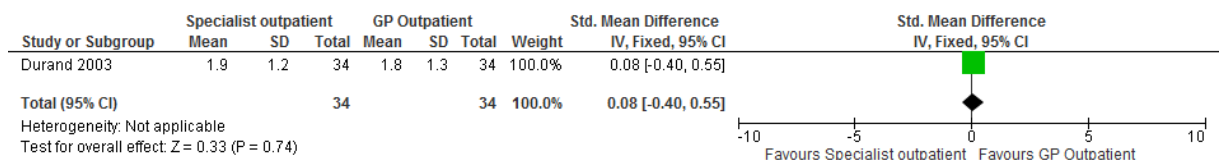
10

11 **Figure 2067: Depression**



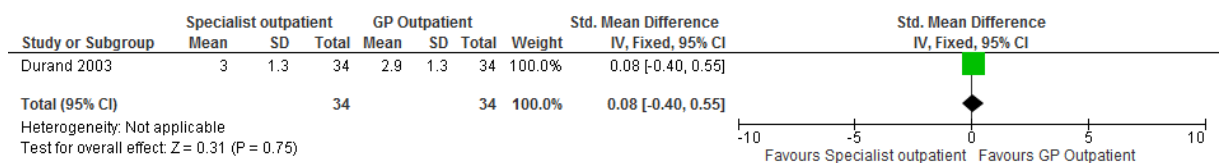
12

13 **Figure 2068: EDE-eating concern**



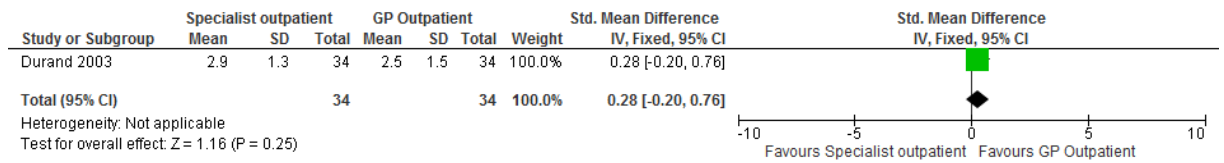
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15 **Figure 2069: EDE-shape concern**



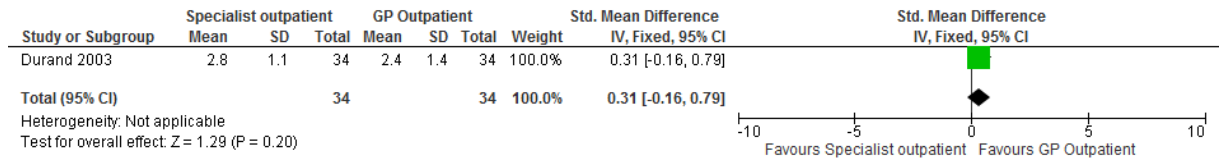
16

1 **Figure 2070: EDE-weight concern**



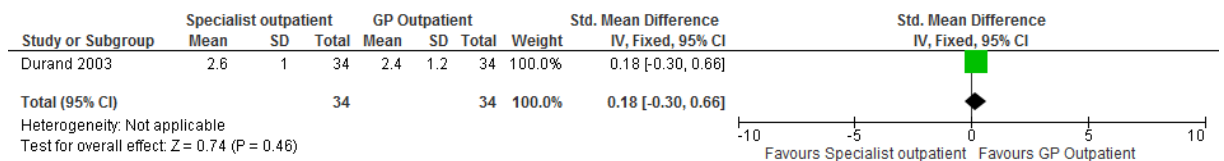
2

3 **Figure 2071: EDE-restraint**



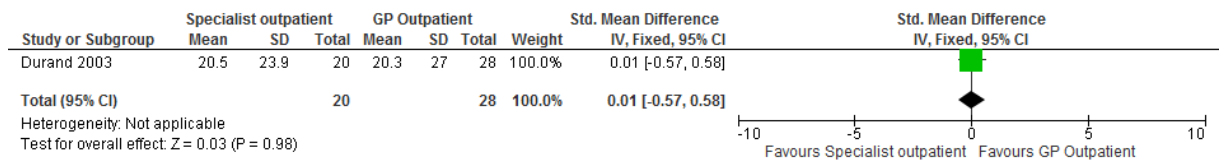
4

5 **Figure 2072: EDE-total**



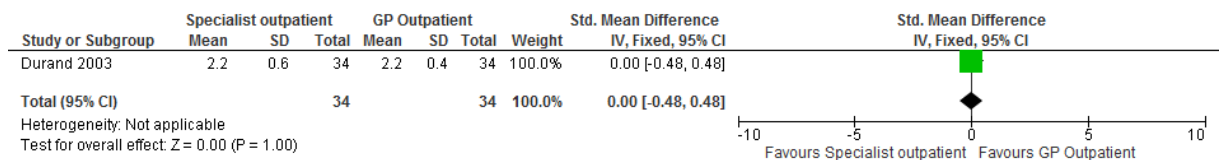
6

7 **Figure 2073: Bulimic investigatory test**



8

9 **Figure 2074: Work leisure life questionnaire**

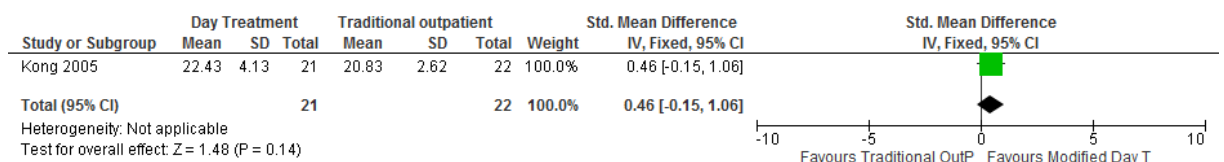


10

M.10.1.81 **Modified day treatment compared with traditional outpatient for adults with any eating disorder at end of treatment**

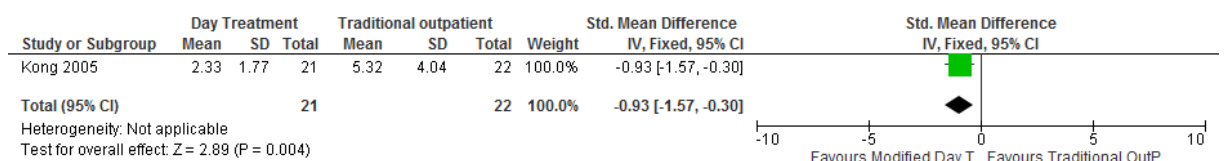
12

13 **Figure 2075: BMI**



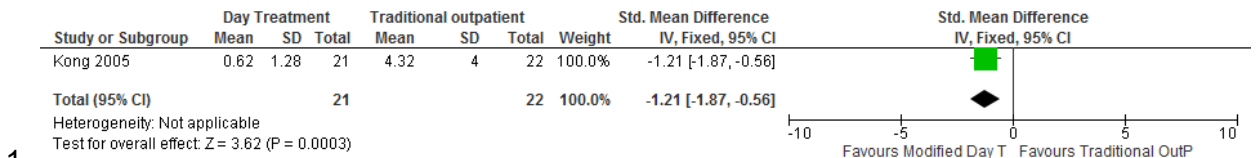
14

15 **Figure 2076: Bingeing**

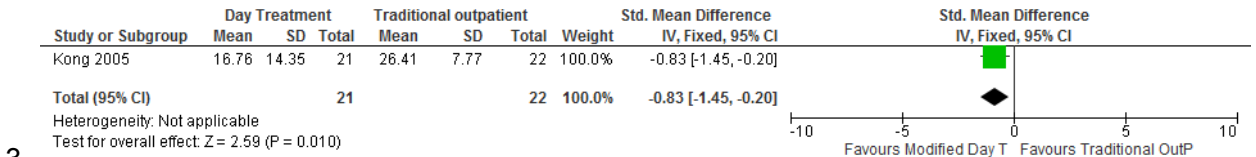


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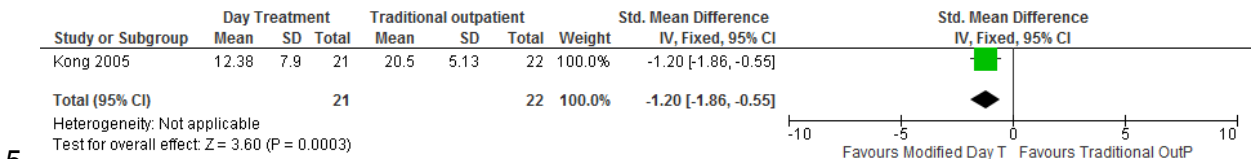
17 **Figure 2077: Purging**



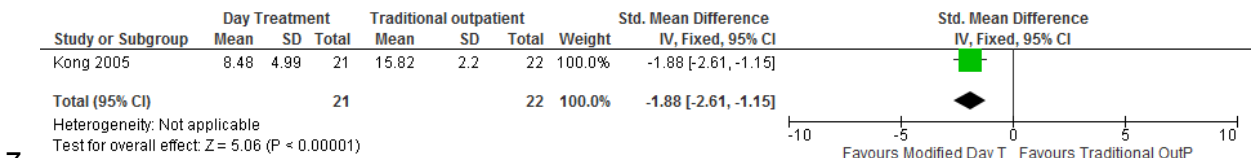
2 **Figure 2078: Depression**



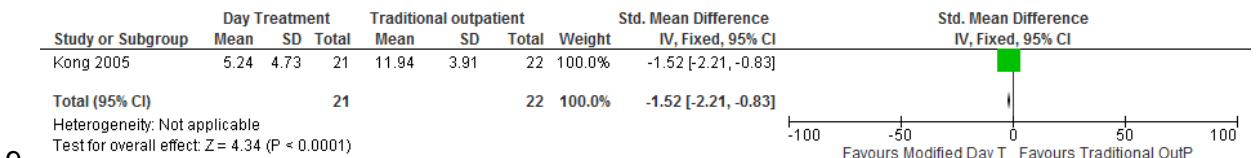
4 **Figure 2079: EDI-body dissatisfaction**



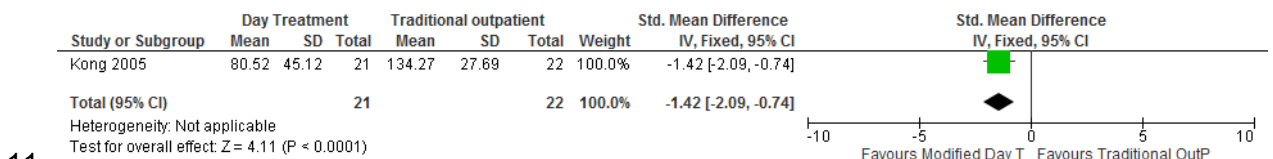
6 **Figure 2080: EDI-drive for thinness**



8 **Figure 2081: EDI-bulimia**



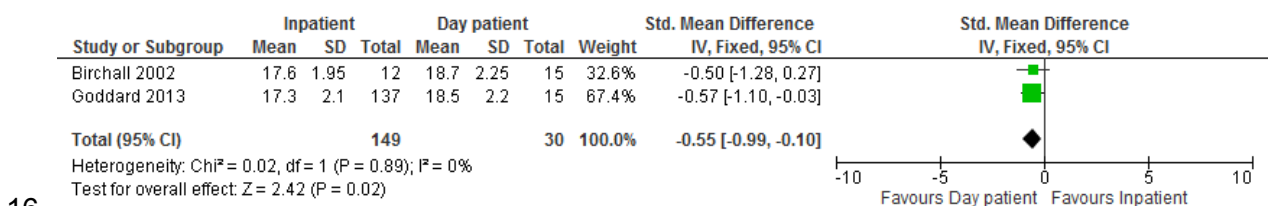
10 **Figure 2082: EDI-total**



M.10.22 Observational studies for coordinating care

M.10.2.13 Inpatient care compared day patient for adults with anorexia nervosa at end of treatment

15 **Figure 2083: BMI**



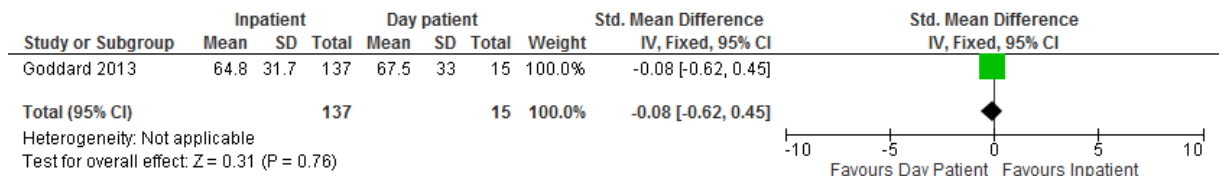
1 **Figure 2084: Bingeing**

2



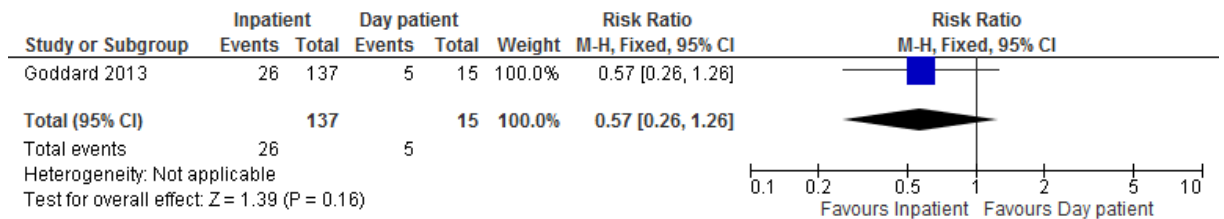
3

4 **Figure 2085: Quality of life**



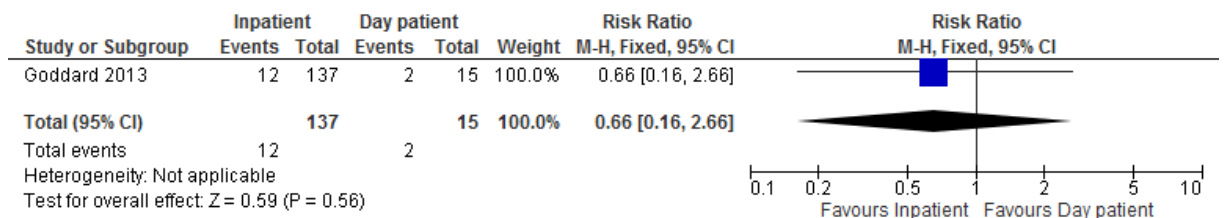
5

6 **Figure 2086: Vomiting**



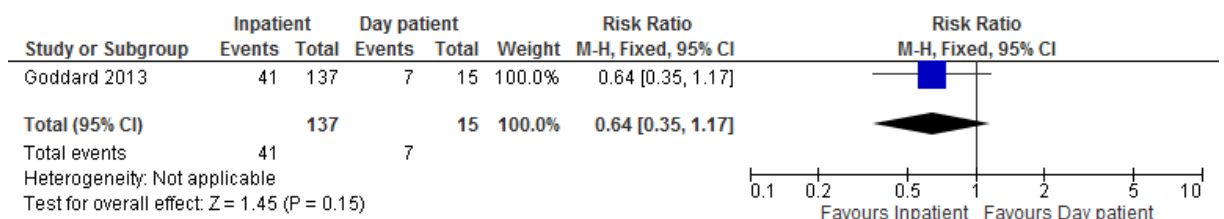
7

8 **Figure 2087: Laxative use**



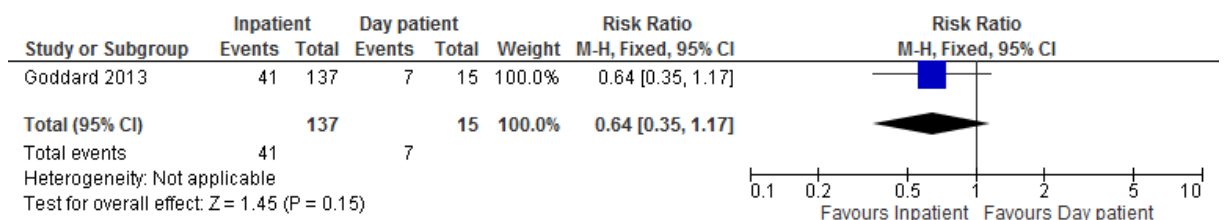
9

10 **Figure 2088: Excessive exercise**



11

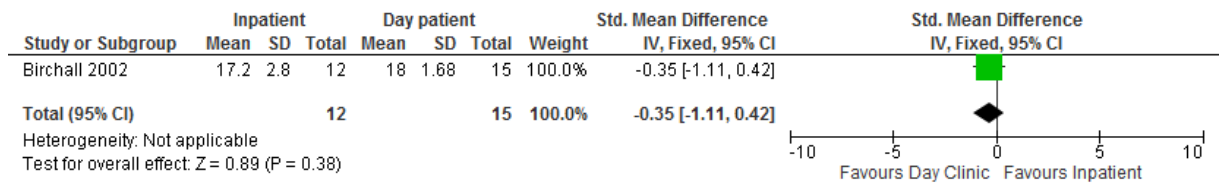
12 **Figure 2089: EDE-total**



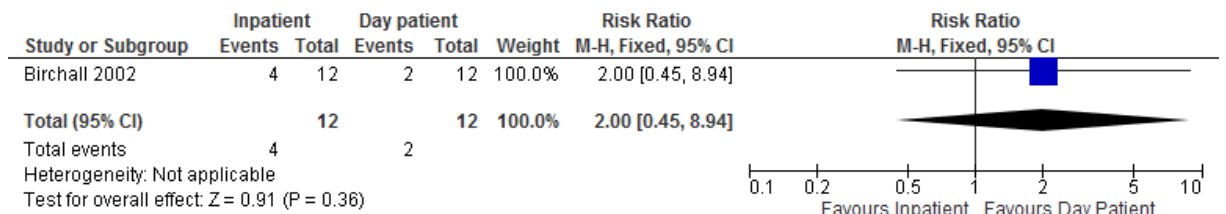
13

M.10.2.21 Inpatient care compared with day patient for adults with anorexia nervosa at follow-up

2 Figure 2090: BMI



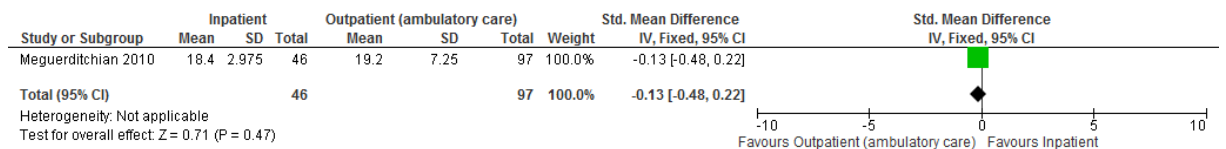
3
4 Figure 2091: Readmission



5

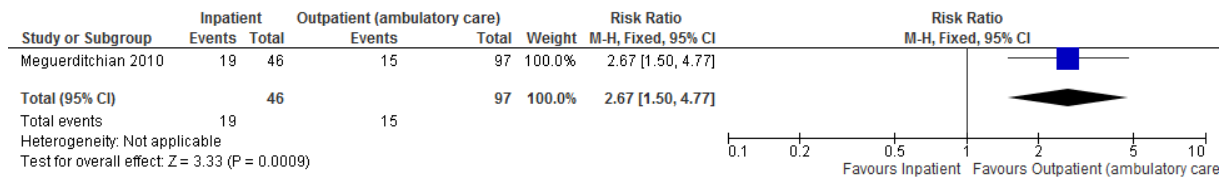
M.10.2.36 Inpatient care compared outpatient for adults with anorexia nervosa at follow-up

7 Figure 2092: BMI



8

9 Figure 2093: Readmission



10

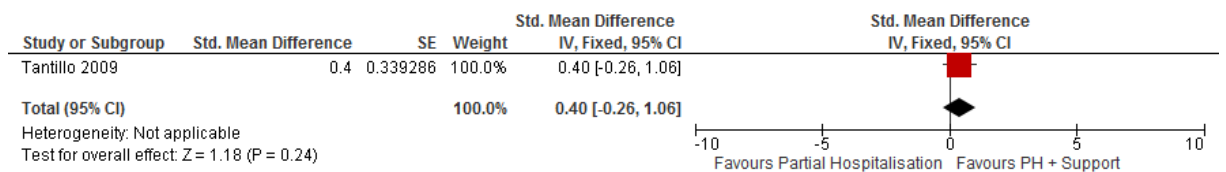
11 Figure 2094: Remission



13

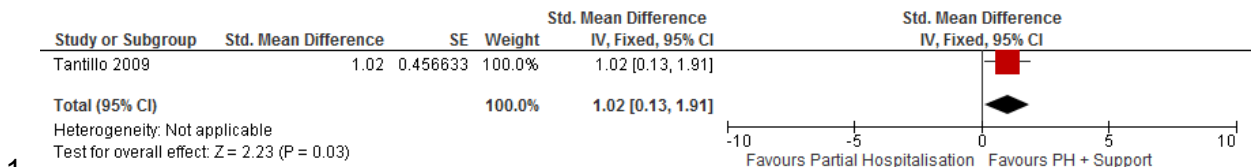
M.10.2.44 Inpatient care compared outpatient for adults with anorexia nervosa at follow-up

15 Figure 2095: Difference in body mass index

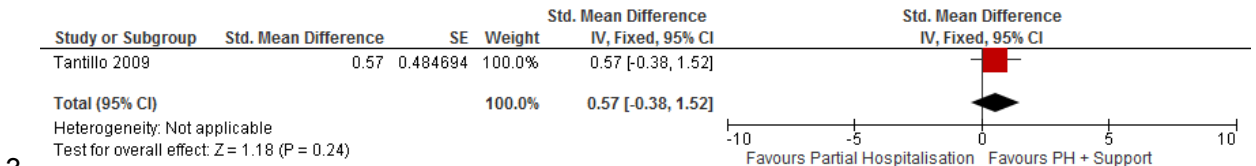


16

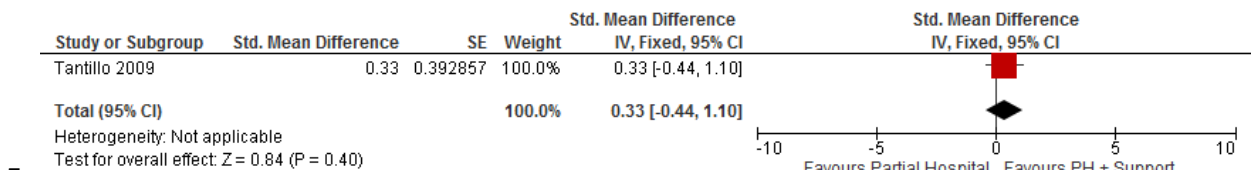
17 Figure 2096: Difference in weight gain



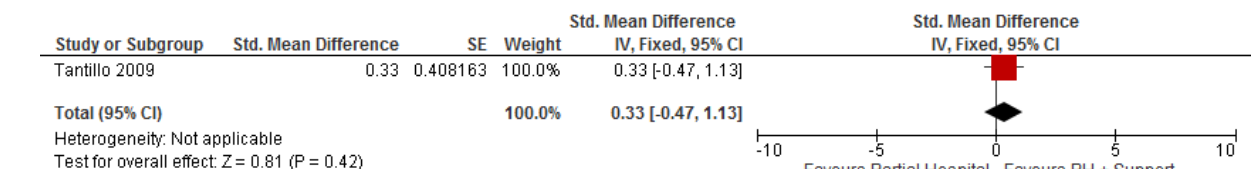
2 **Figure 2097: Difference in purging**



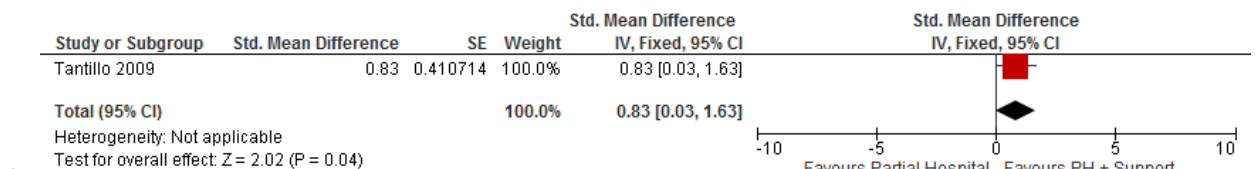
4 **Figure 2098: Difference in EDE-eating concern**



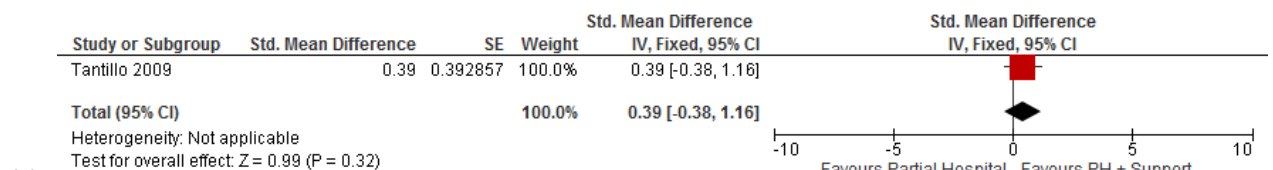
6 **Figure 2099: Difference in EDE-shape concern**



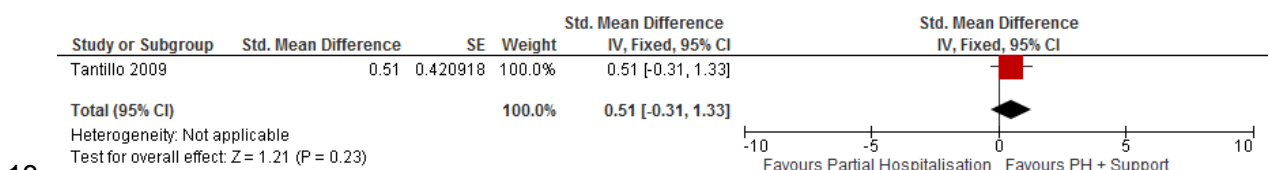
8 **Figure 2100: Difference in EDE-weight concern**



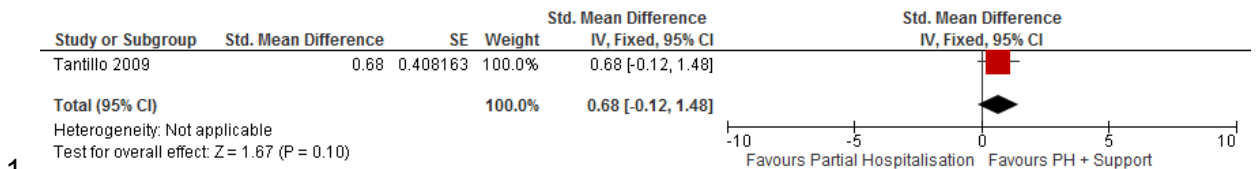
10 **Figure 2101: Difference in EDE-restraint**



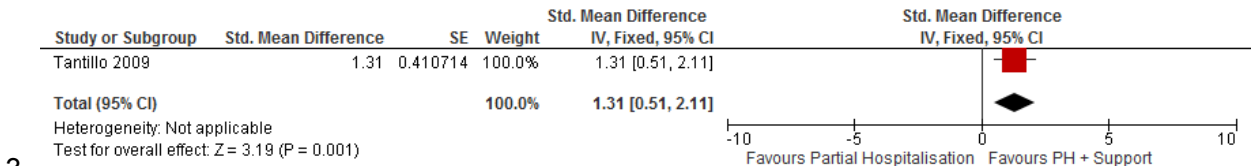
12 **Figure 2102: Difference in EDI-body dissatisfaction**



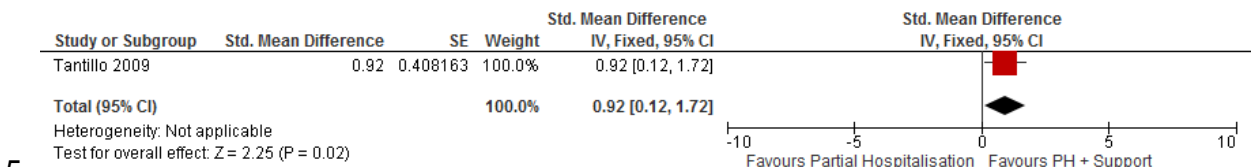
14 **Figure 2103: Difference in EDI-drive for thinness**



2 **Figure 2104: Difference in EDI-bulimia**



4 **Figure 2105: Difference in EDI-total**



7 **M.10.2.56 Family therapy (FT) compared with inpatient care for adults with anorexia nervosa at end of treatment**

8 **Figure 2106: Readmission**

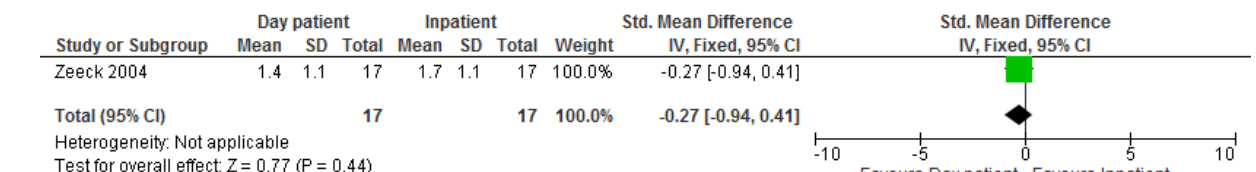


10 **Figure 2107: Readmission >3 times**

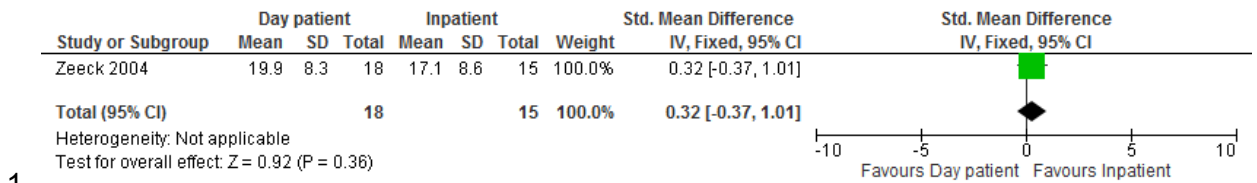


13 **M.10.2.62 Day patient compared with inpatient care for adults with bulimia nervosa at end of treatment**

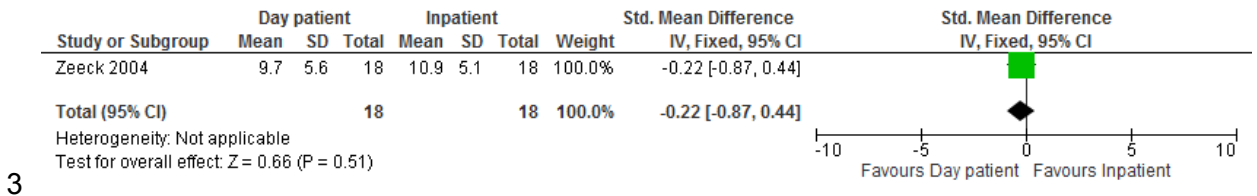
14 **Figure 2108: Depression**



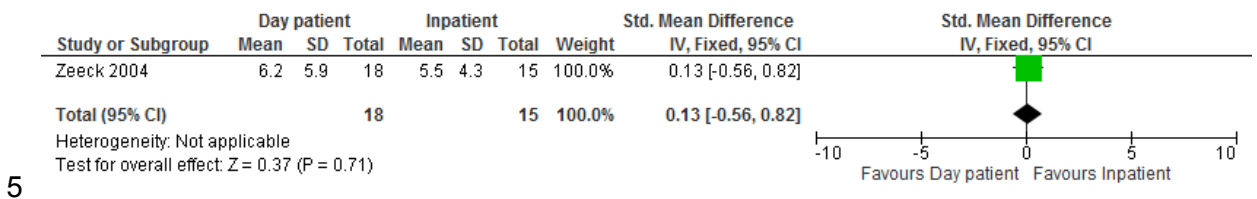
16 **Figure 2109: EDI-body dissatisfaction**



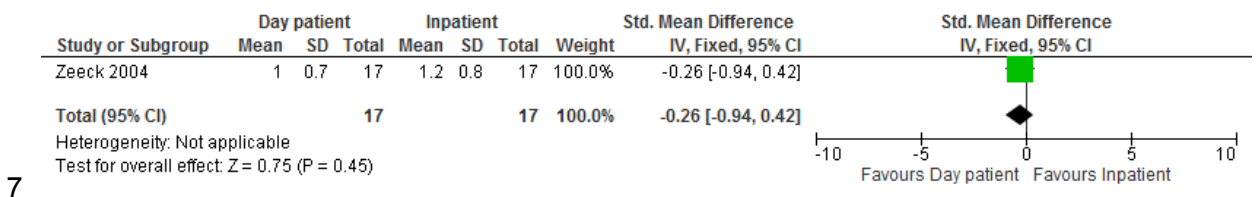
2 **Figure 2110: EDI-drive for thinness**



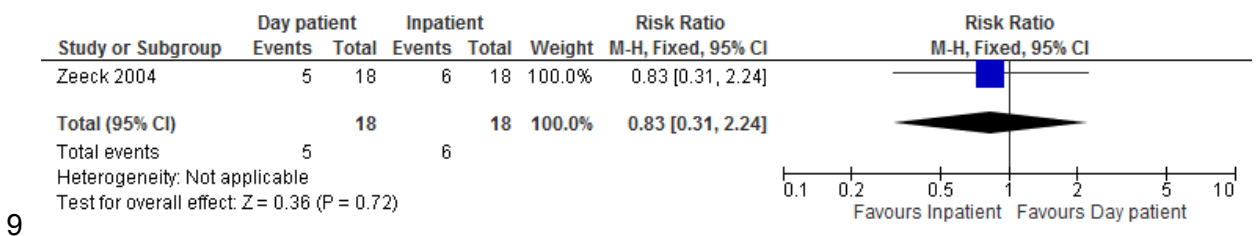
4 **Figure 2111: EDI-bulimia**



6 **Figure 2112: Symptom checklist**

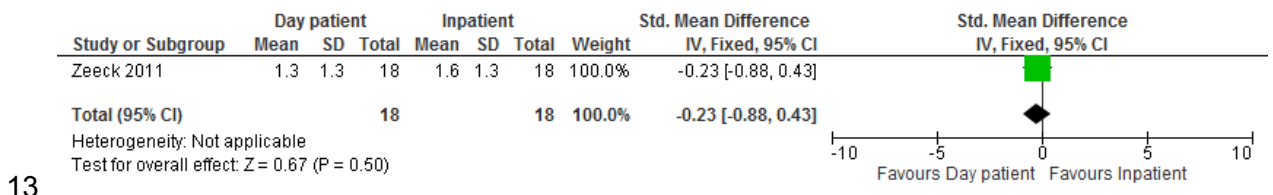


8 **Figure 2113: Remission**

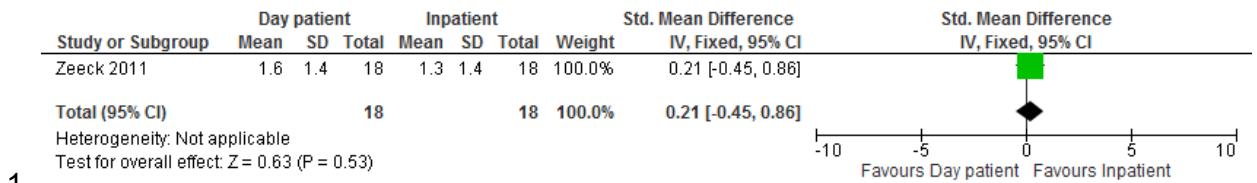


M.10.2.70 **Day patient compared with inpatient care for adults with bulimia nervosa at end of treatment**

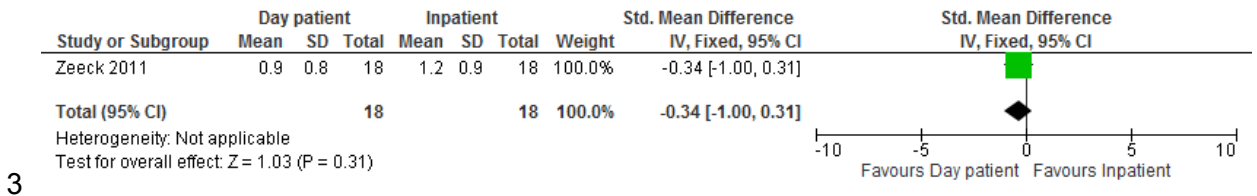
12 **Figure 2114: Bingeing**



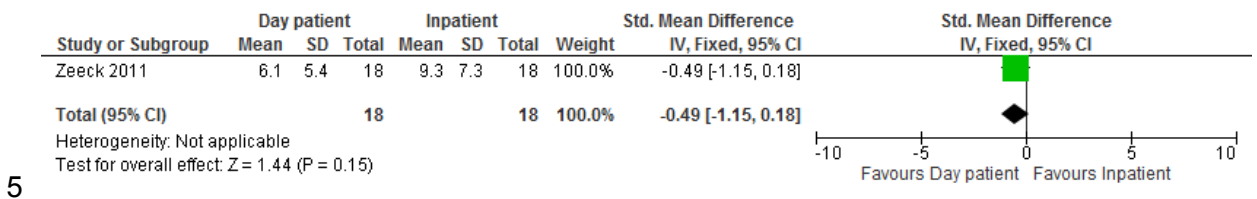
14 **Figure 2115: Vomiting**



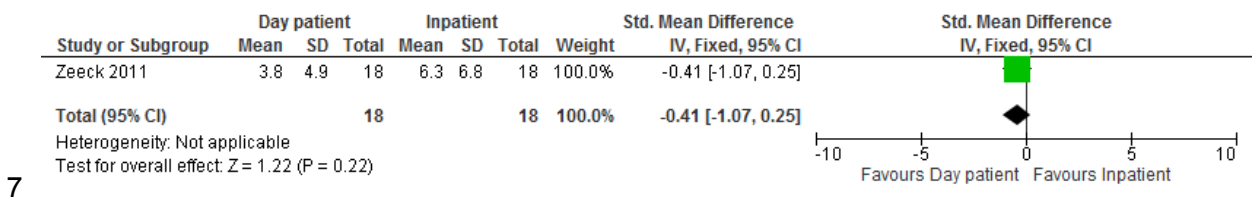
2 **Figure 2116: Depression**



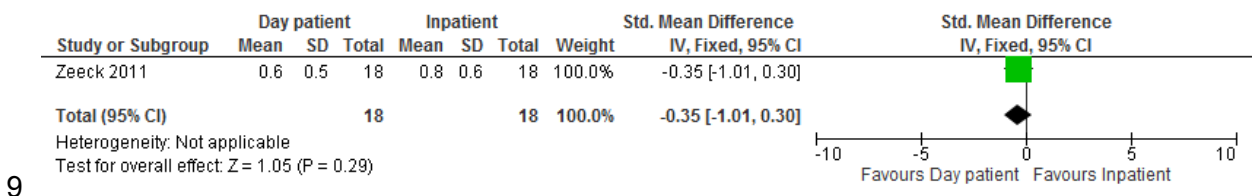
4 **Figure 2117: EDI-drive for thinness**



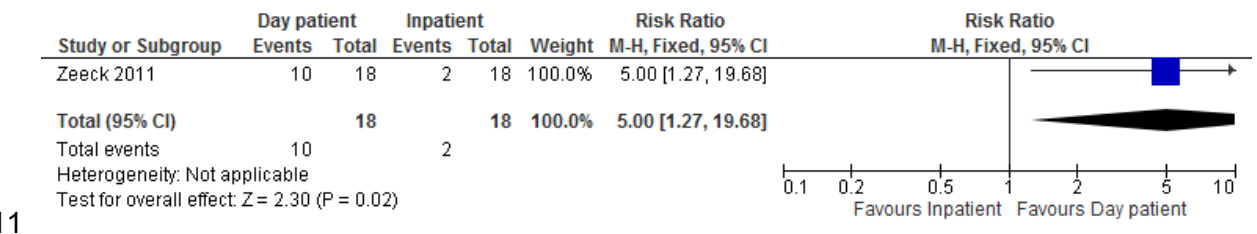
6 **Figure 2118: EDI-bulimia**



8 **Figure 2119: Global severity index SCL-90R**

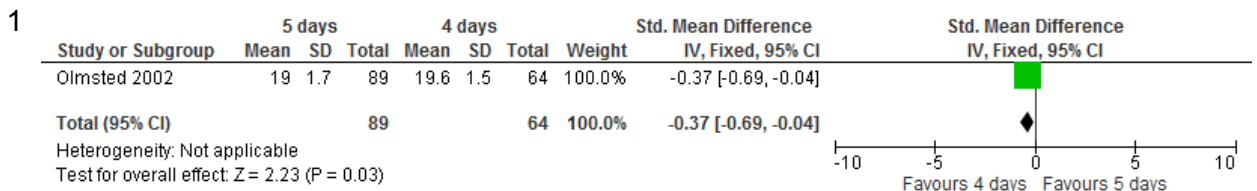


10 **Figure 2120: Remission**



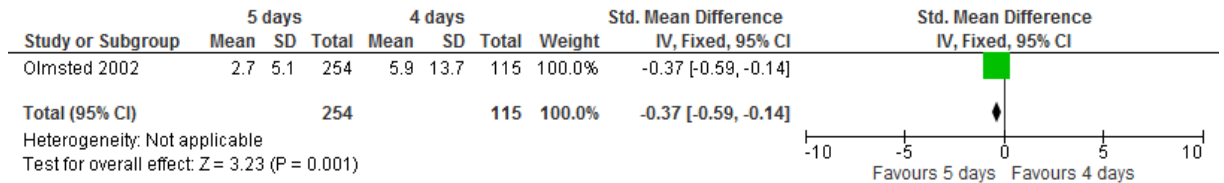
M.10.2.82 **Five-day compared with 4-day inpatient care for adults with anorexia nervosa or bulimia nervosa at end of treatment**

14 **Figure 2121: BMI**



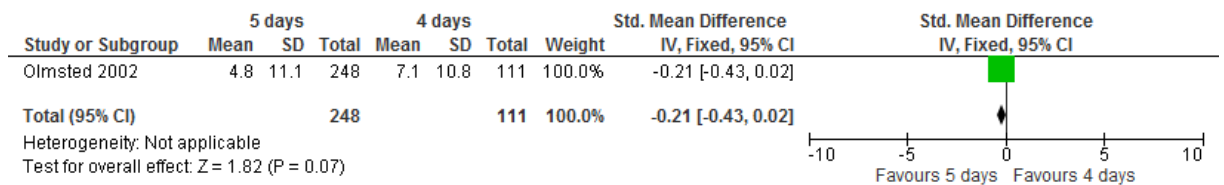
2

3 **Figure 2122: Bingeing**



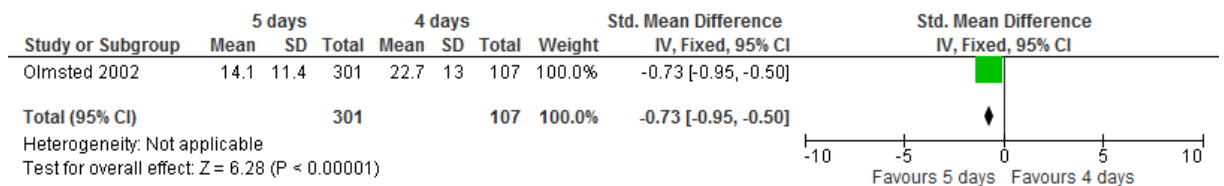
4

5 **Figure 2123: Vomiting**



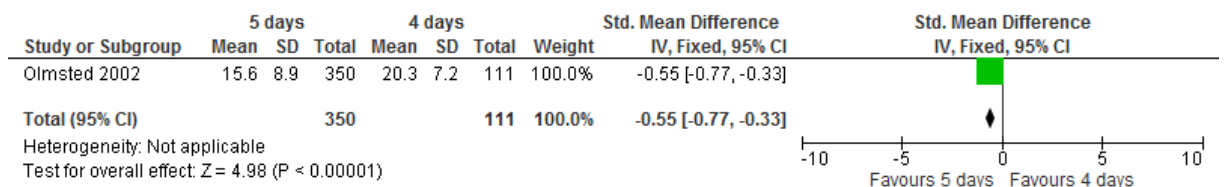
6

7 **Figure 2124: Depression**



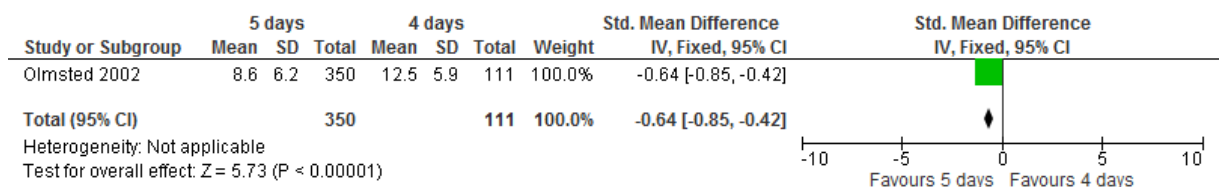
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9 **Figure 2125: EDI-body dissatisfaction**



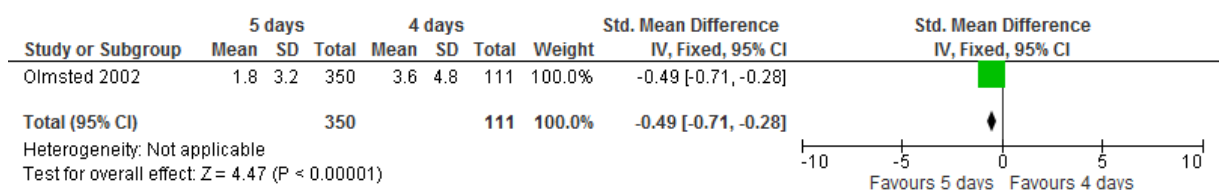
10

11 **Figure 2126: EDI-drive for thinness**



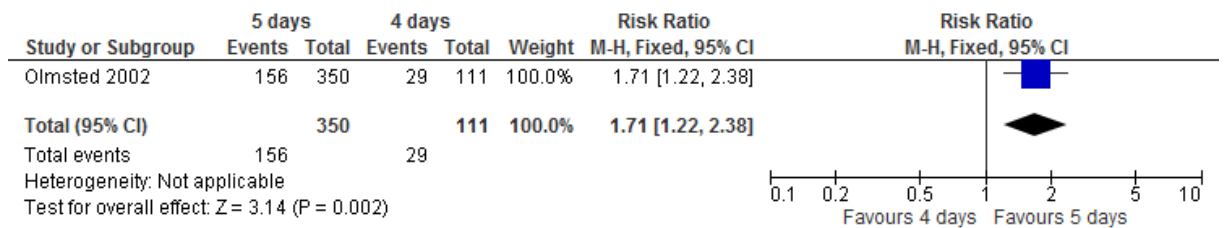
12

13 **Figure 2127: EDI-bulimia**



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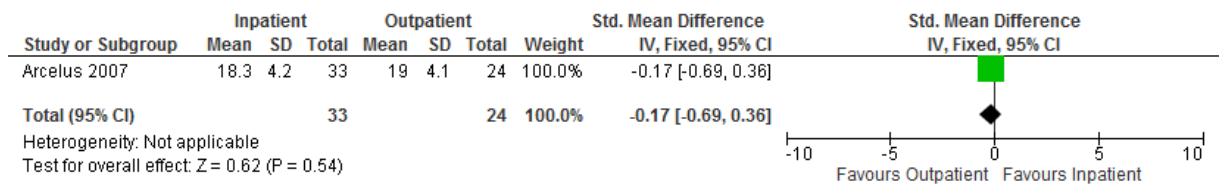
1 **Figure 2128: Remission**



2

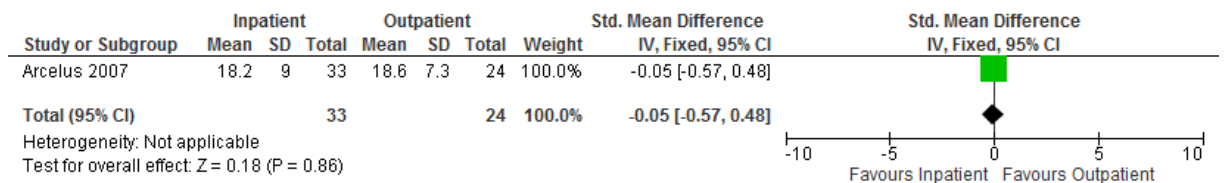
M.10.2.93 **Individual CHAMS compared with outpatient CAMHS for adults with any eating disorder at follow-up**

4 **Figure 2129: BMI**



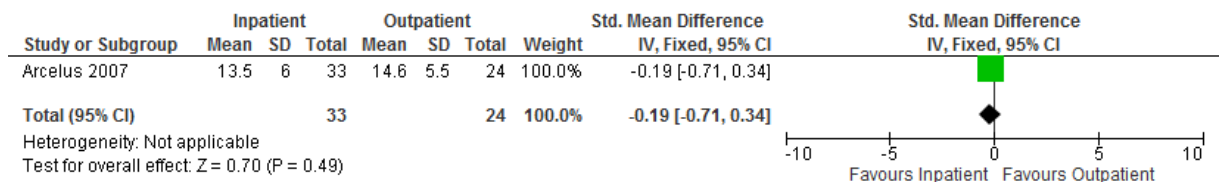
6

7 **Figure 2130: EDI-body dissatisfaction**



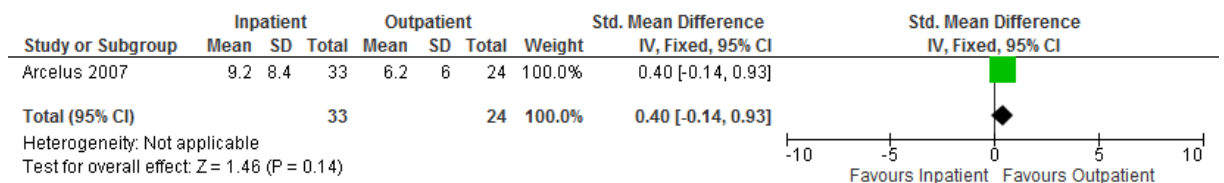
8

9 **Figure 2131: EDI-drive for thinness**



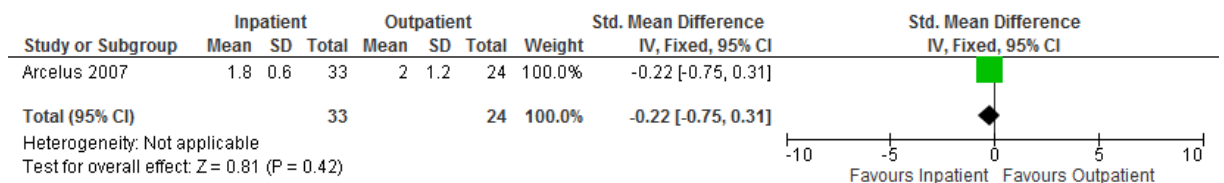
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11 **Figure 2132: EDI-bulimia**



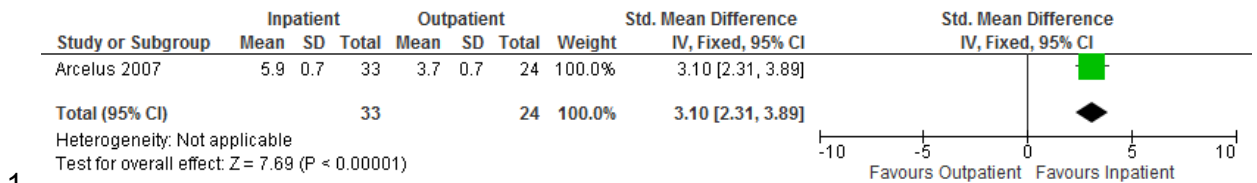
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13 **Figure 2133: Global severity checklist**



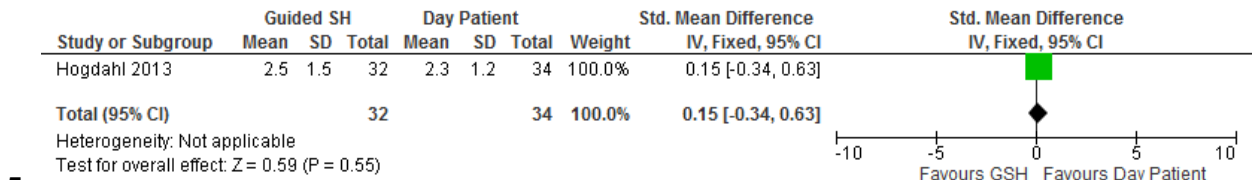
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15 **Figure 2134: Self-esteem**

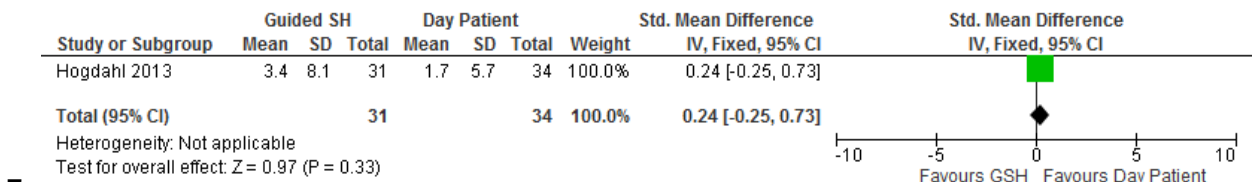


M.10.2.102 Guided self-help (GSH) compared with day patient for adults with bulimia nervosa or EDNOS at end of treatment

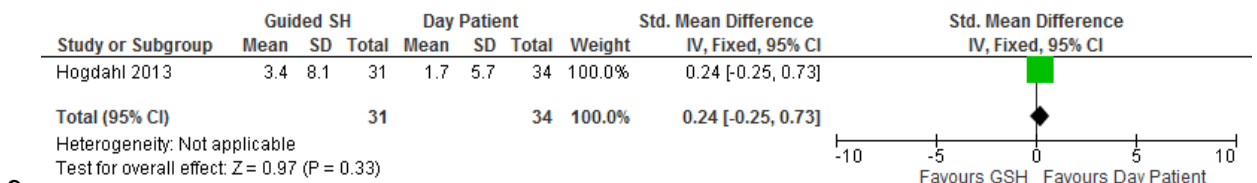
4 Figure 2135: Bingeing



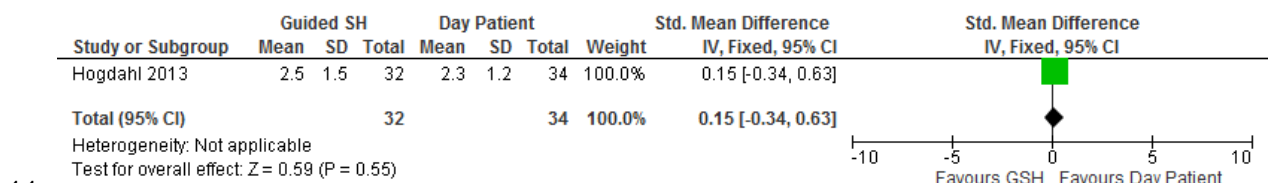
6 Figure 2136: Exercise



8 Figure 2137: Vomiting

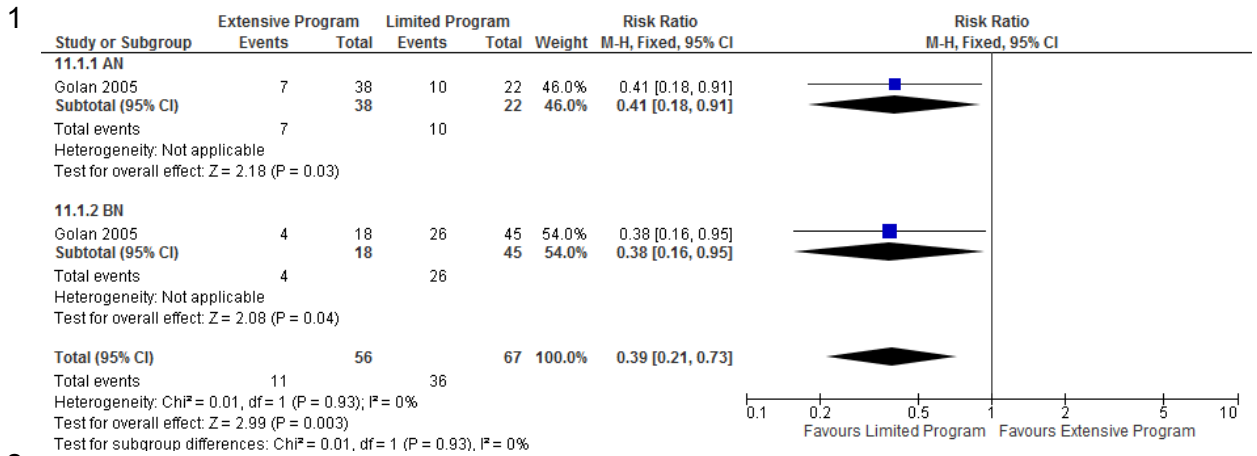


10 Figure 2138: EDE-total



M.10.2.112 Extensive programme compared with a limited programme for adults with anorexia nervosa or bulimia nervosa at end of treatment and follow-up

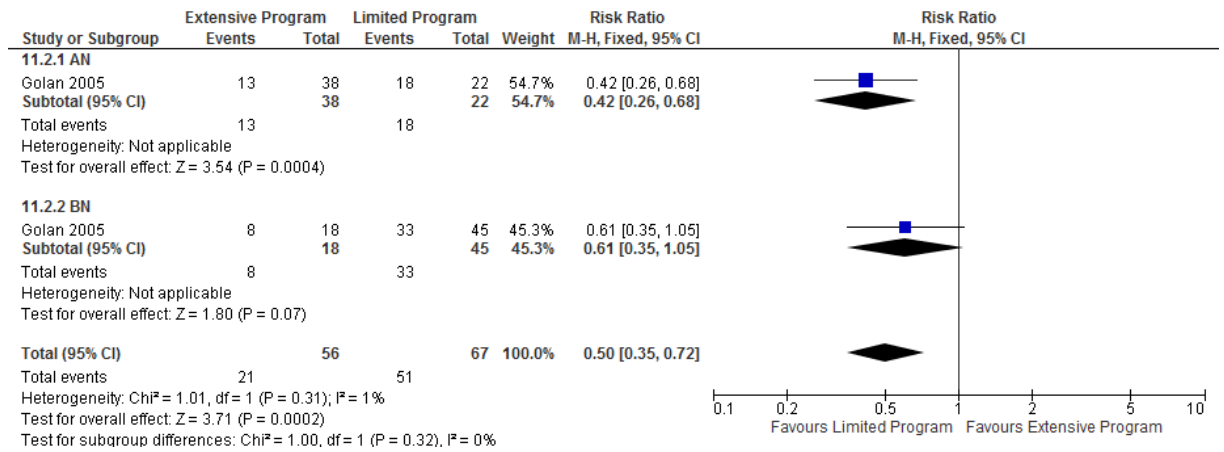
14 Figure 2139: Remission



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3 **Figure 2140: Remission follow-up**

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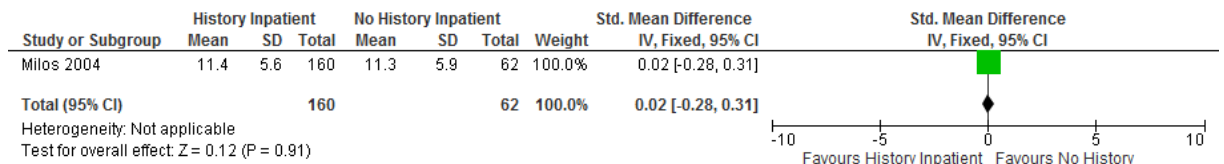


5

M.10.2.126 **History of inpatient care compared no history for adults with any eating disorder at end of treatment**

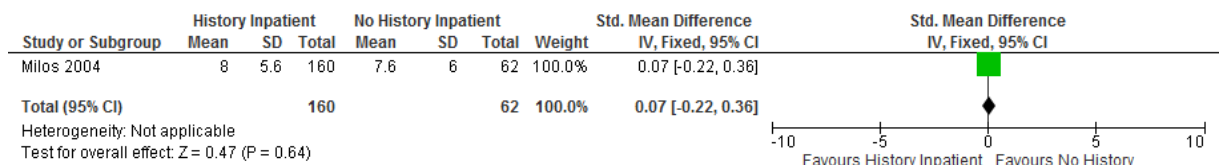
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8 **Figure 2141: EDI-body dissatisfaction**



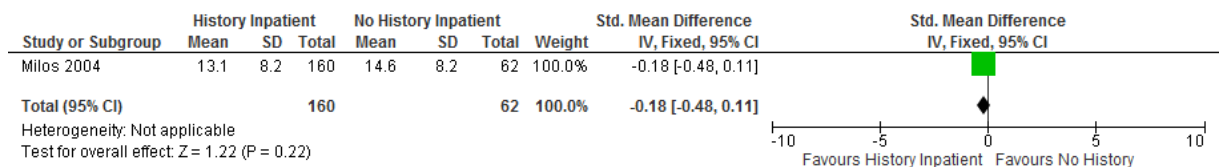
9

10 **Figure 2142: EDI-drive for thinness**



11

12 **Figure 2143: EDI-bulimia**

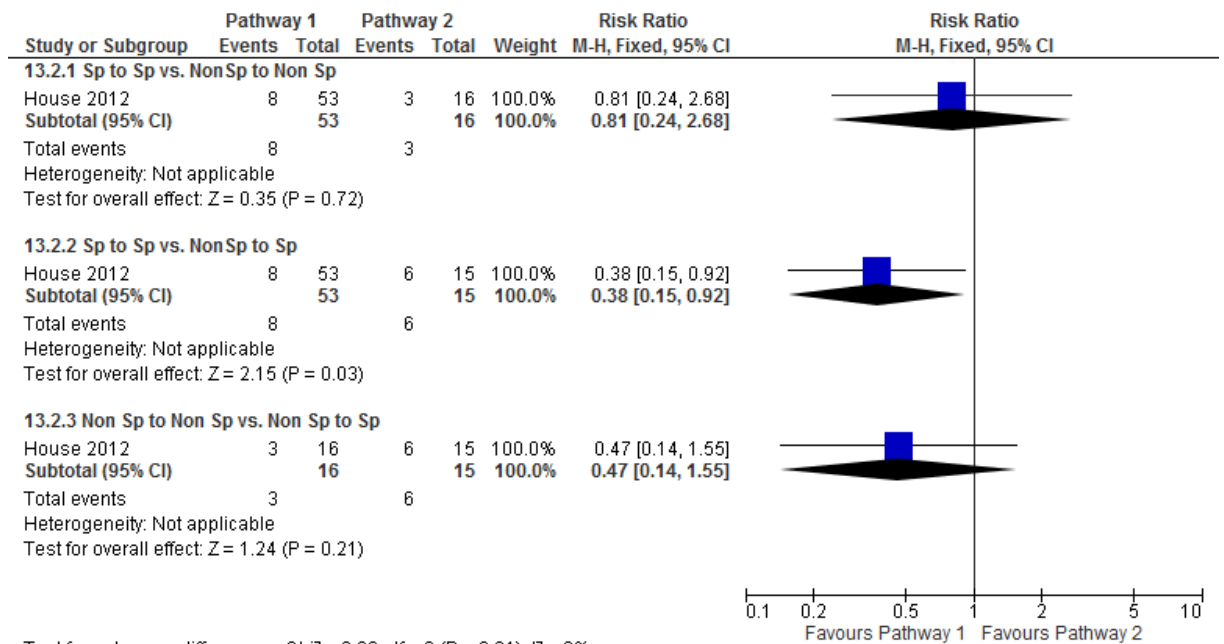


13

M.10.2.131 Specialist (Sp) compared with non-specialist (Non-Sp) assessment and treatment

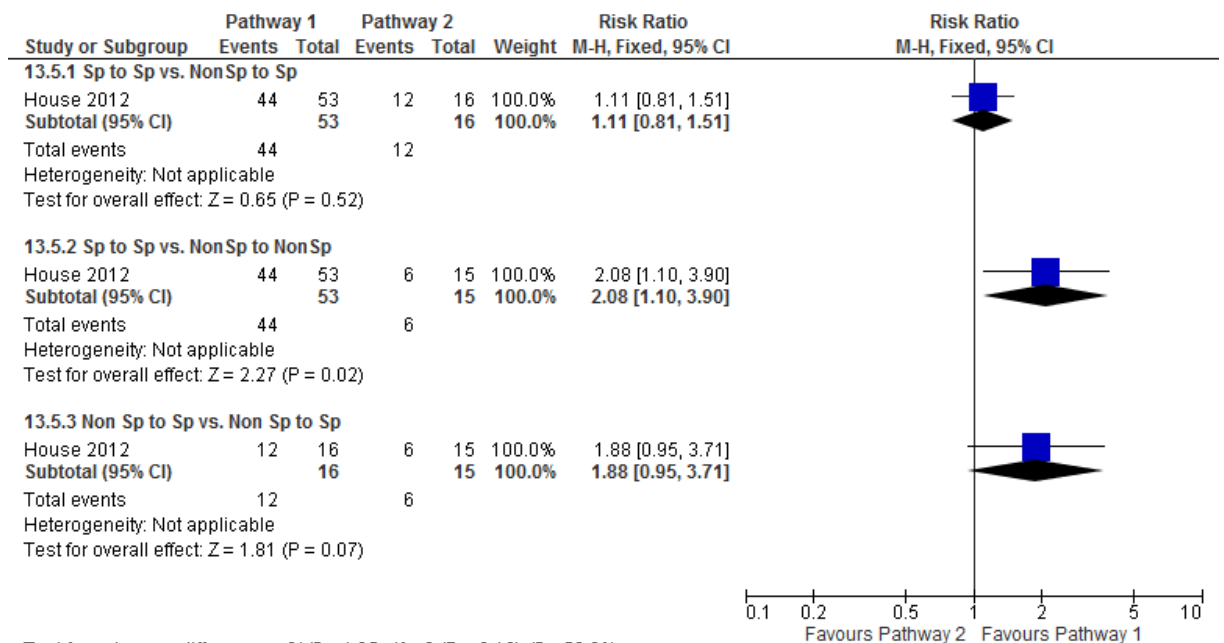
2 Figure 2144: Admitted to inpatient treatment

3



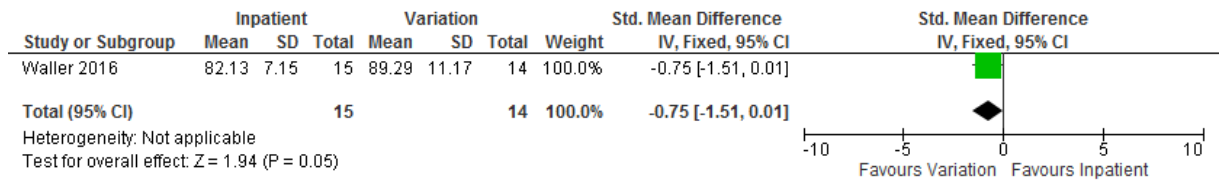
5 Figure 2145: Continuity of care

6



M.10.2.148 Inpatient compared with a variation in outpatient (day, hospital, outpatient) in adults with anorexia nervosa at the end of treatment

10 Figure 2146: Percentage of average body weight

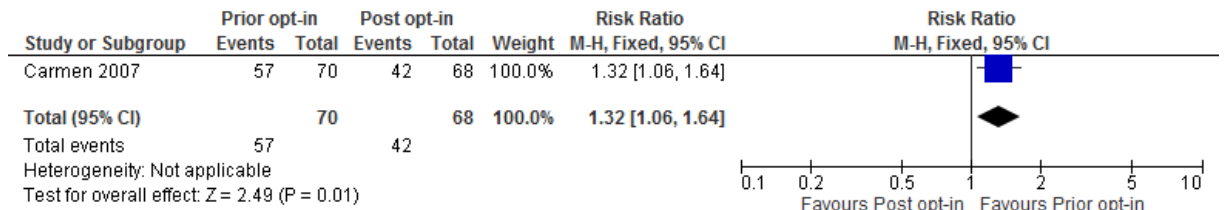


1

M.10.2.152 Prior to opt-in compared with opt-in for adults with any eating disorder at the end of treatment

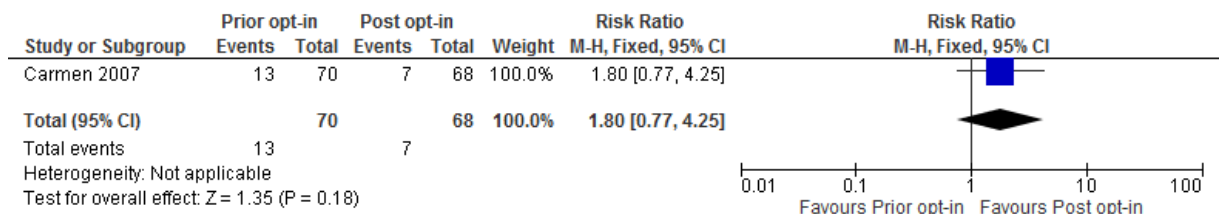
4 Figure 2147: Percentage attended first appointment

5



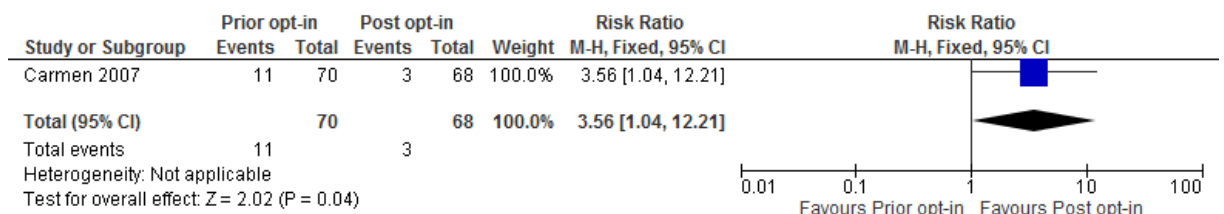
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7 Figure 2148: Overall attrition rate



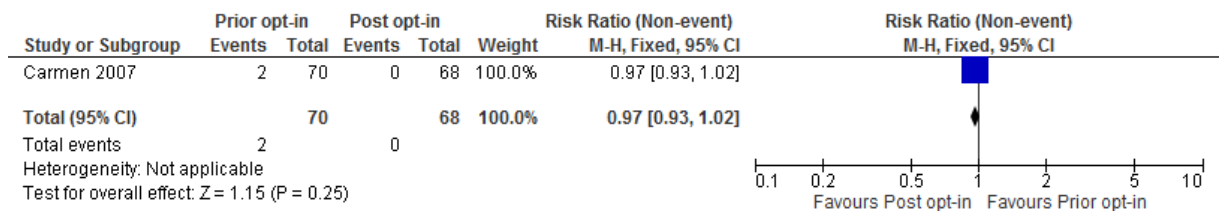
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9 Figure 2149: Did not attend first appointment



10

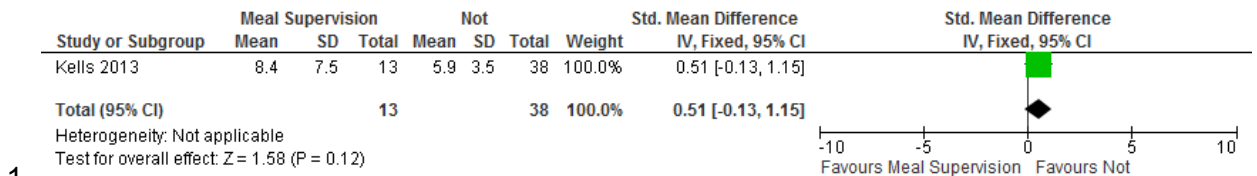
11 Figure 2150: Cancellations



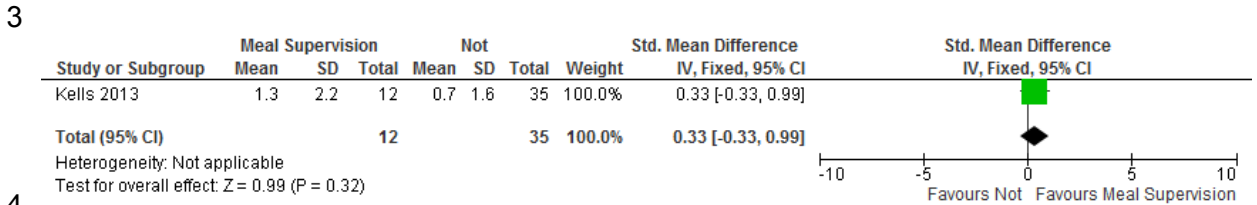
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M.10.2.163 Meal supervision compared with no supervision (not) for adults with any eating disorder at the end of treatment

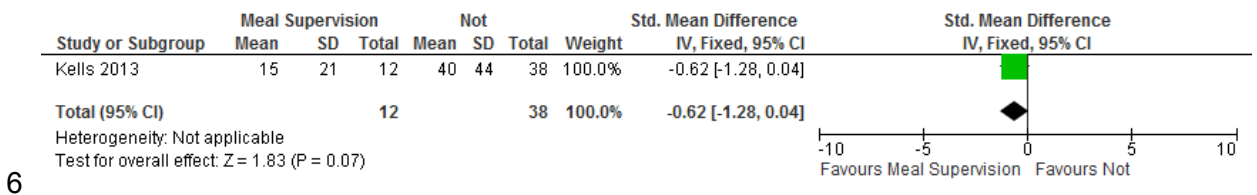
15 Figure 2151: Length of hospital stay



2 **Figure 2152: Weight gain**



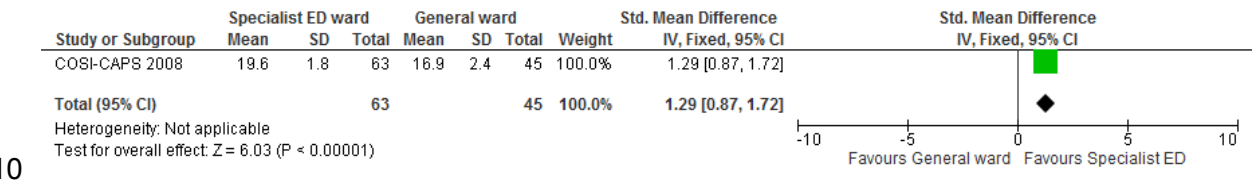
4 **Figure 2153: Bradycardia**



6

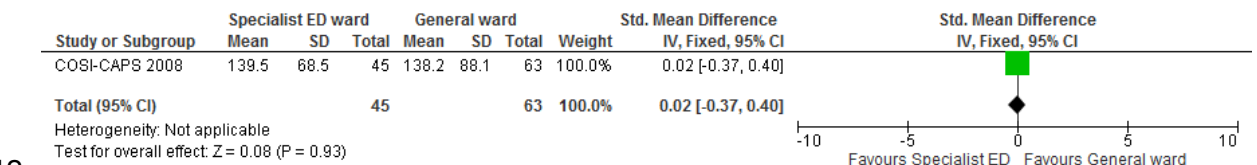
M.10.2.177 Eating disorder specialist inpatient care compared with general inpatient care for adults with anorexia nervosa at the end of treatment

8 **Figure 2154: BMI**



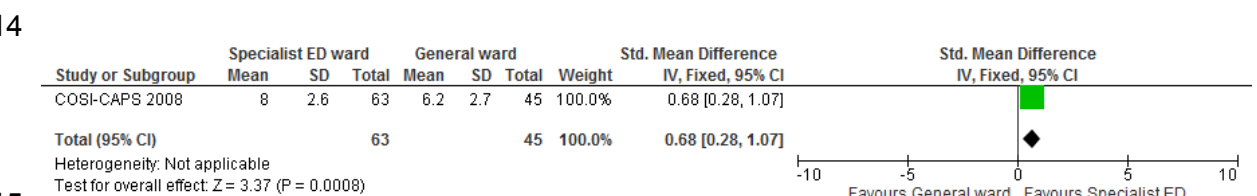
10

11 **Figure 2155: Length of hospital stay**



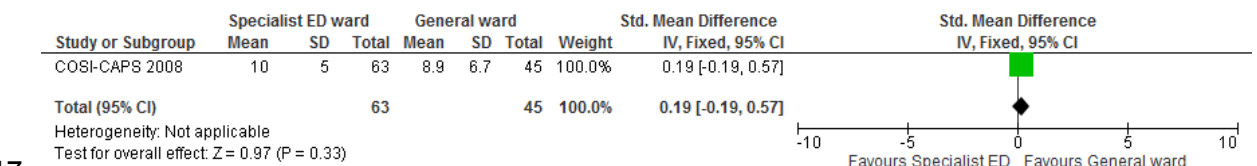
12

13 **Figure 2156: Morgan-Russell assessment**



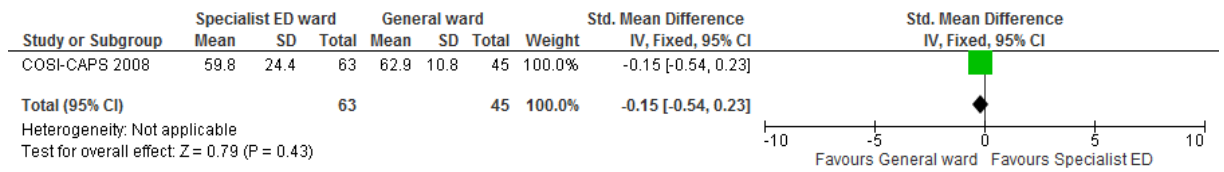
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16 **Figure 2157: General health**



17

1 **Figure 2158: Children's global assessment**



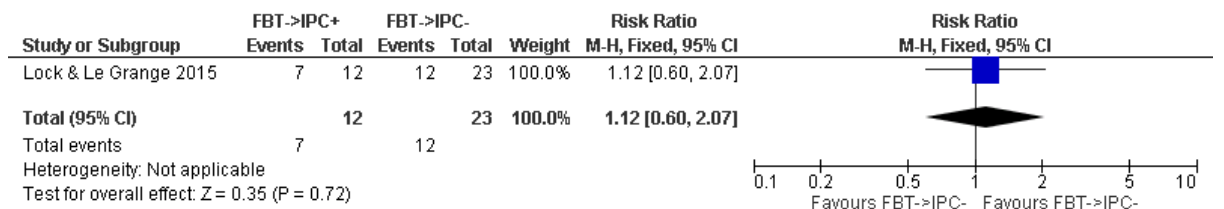
2

M.11.3 Clinical question: Do different ways of coordinating care produce benefits/harms for people with eating disorders?

M.11.15 Anorexia nervosa

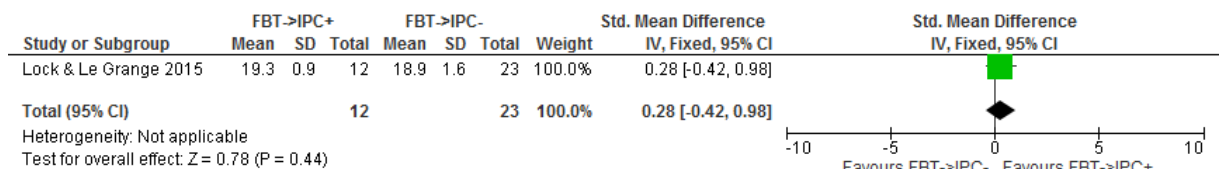
M.11.1.16 Family-based treatment and intensive parental coaching versus family-based treatment only in young people with anorexia nervosa

8 **Figure 2159: Recovery (Number of people achieving 95% or more expected body weight)**



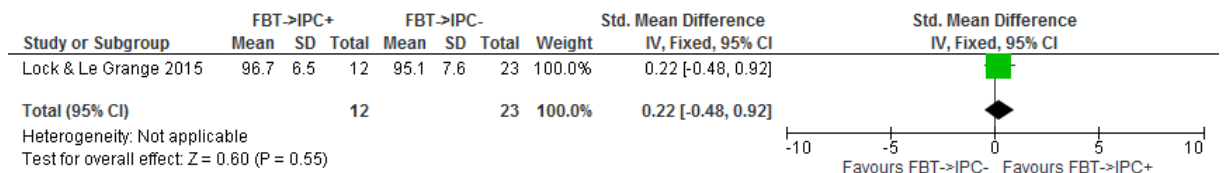
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11 **Figure 2160: BMI**



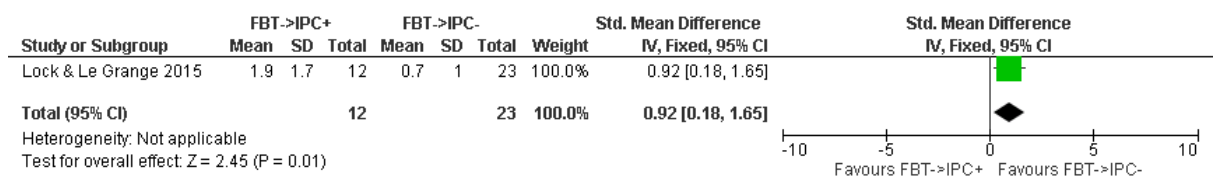
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14 **Figure 2161: Percentage of expected body weight**



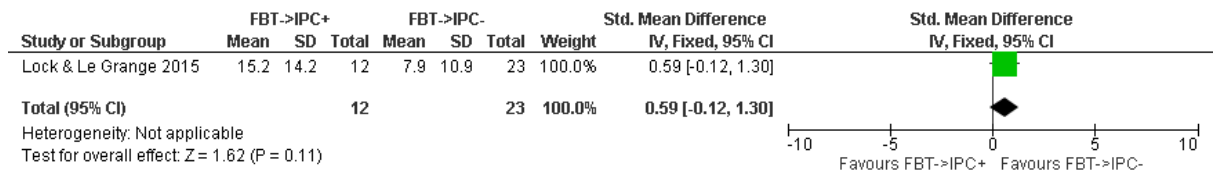
16

17 **Figure 2162: EDE-global**



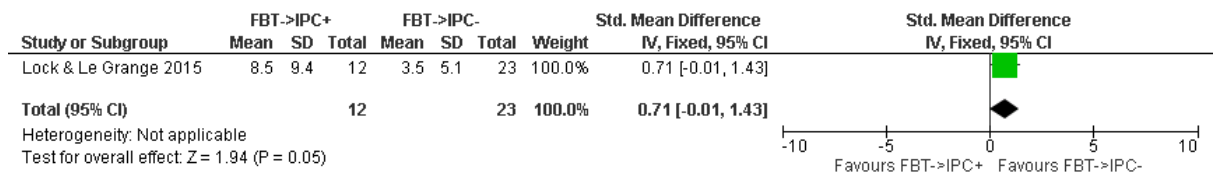
18

1 **Figure 2163: Depression**



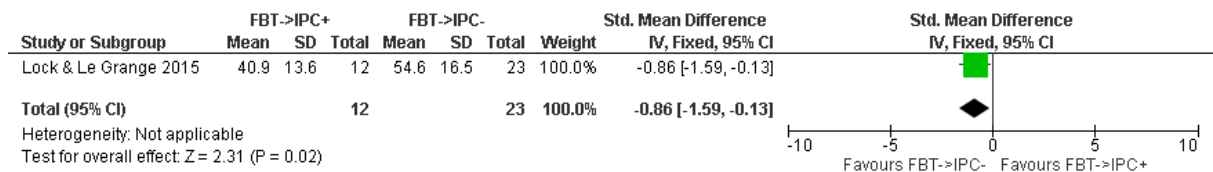
2

3 **Figure 2164: Yale-Brown-Cornell Eating Disorder Scale**



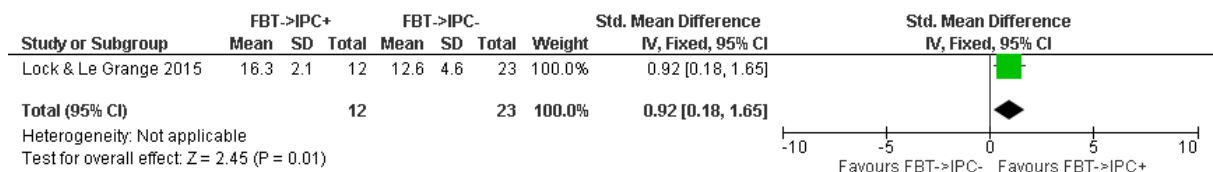
4

5 **Figure 2165: Service user experience**



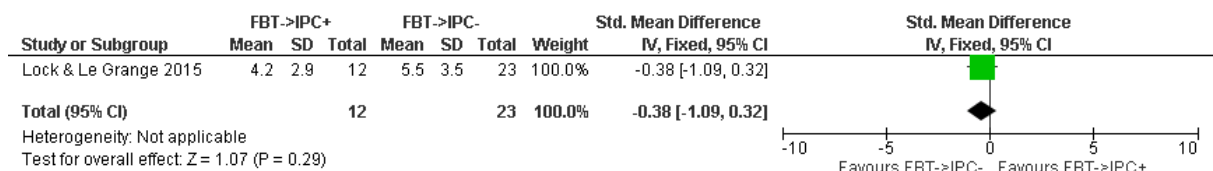
6

7 **Figure 2166 : Number of family-based treatment sessions attended**



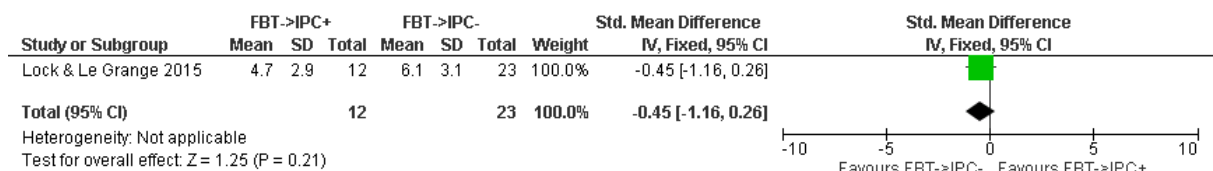
8

9 **Figure 2167: Treatment Suitability and Patient Expectancy-child suitability**



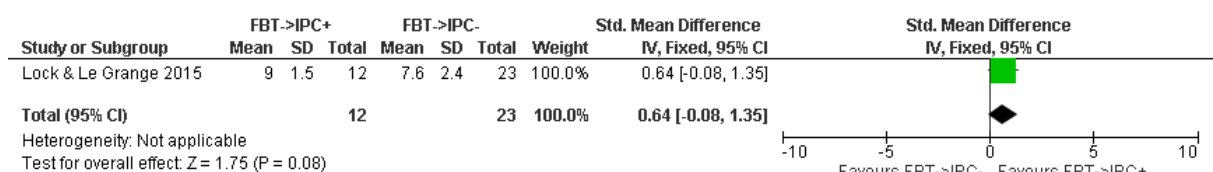
10

11 **Figure 2168: Treatment Suitability and Patient Expectancy-child expectancy**



12

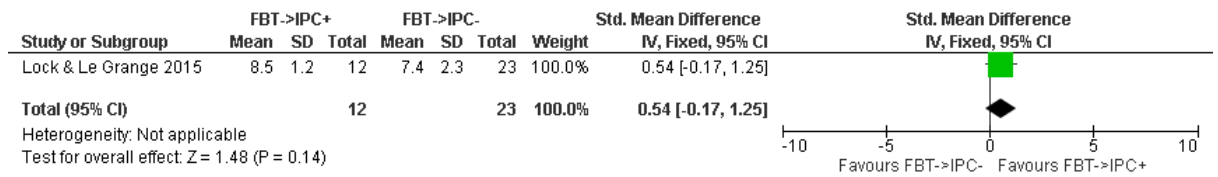
13 **Figure 2169: Treatment Suitability and Patient Expectancy-mother suitability**



14

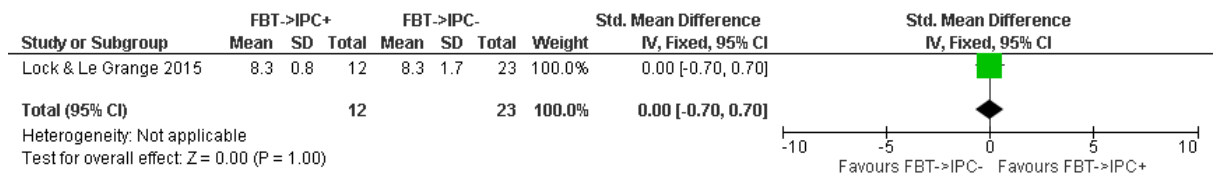
15

1 **Figure 2170: Treatment Suitability and Patient Expectancy-mother expectancy**



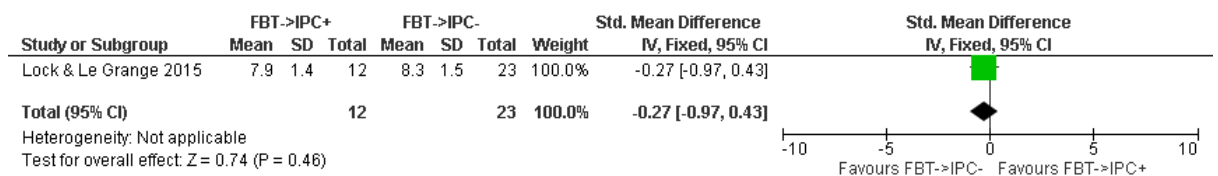
2

3 **Figure 2171: Treatment Suitability and Patient Expectancy-father suitability**



4

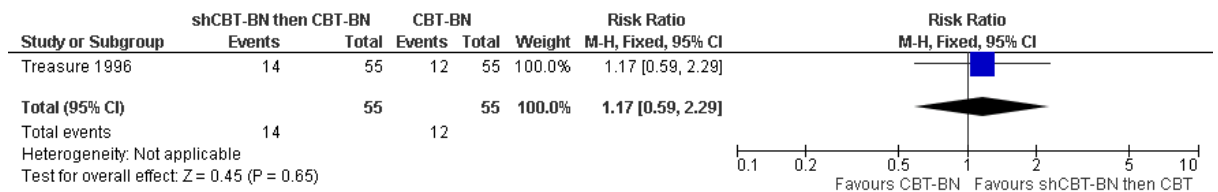
5 **Figure 2172: Treatment Suitability and Patient Expectancy-father expectancy**



6

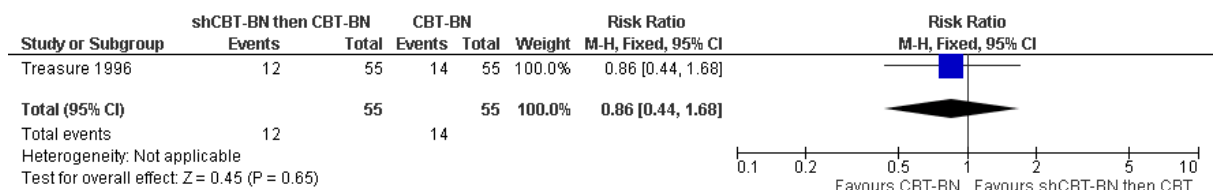
M.11.27 Bulimia nervosa

M.11.2.18 Self-help manual then CBT-ED versus CBT-ED in adults with bulimia nervosa



9

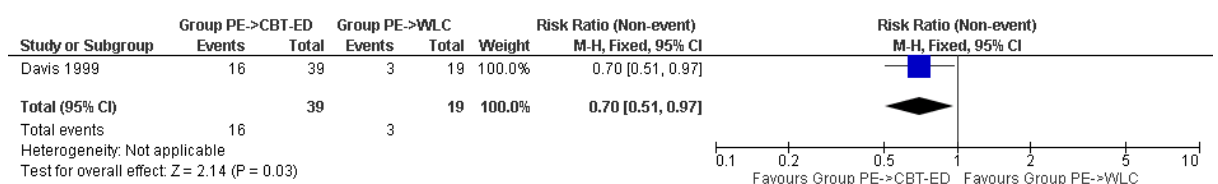
10 **Figure 2173: Remission at follow up (ITT)**



11

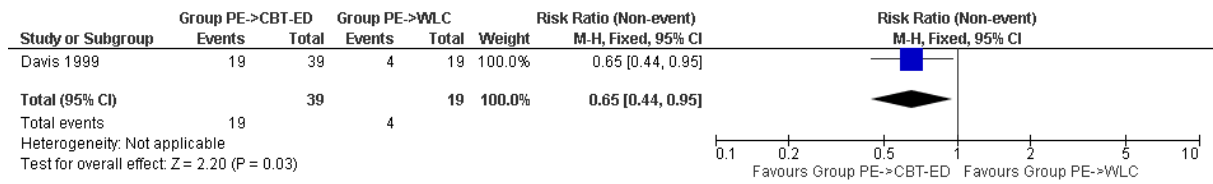
M.11.2.22 Group psychoeducation then CBT-ED versus group psychoeducation in adults with bulimia nervosa

14 **Figure 2174: Remission (ITT)**



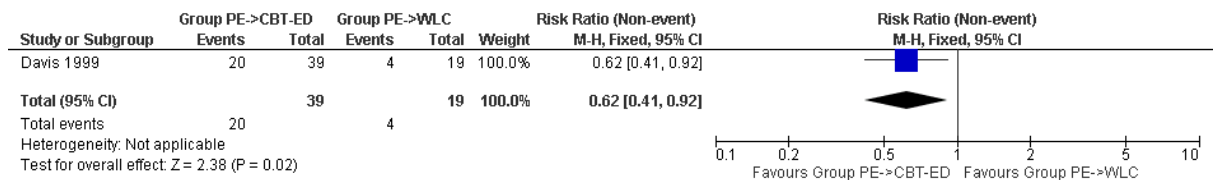
15

1 **Figure 2175: Remission from bingeing (ITT)**



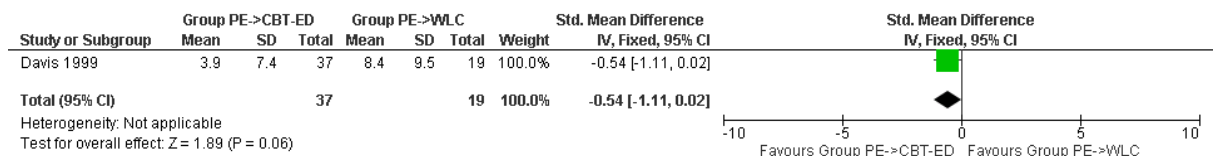
2

3 **Figure 2176: Remission from purging (ITT)**



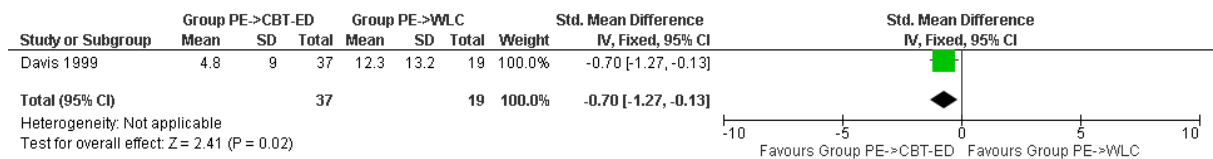
4

5 **Figure 2177: Binge frequency**



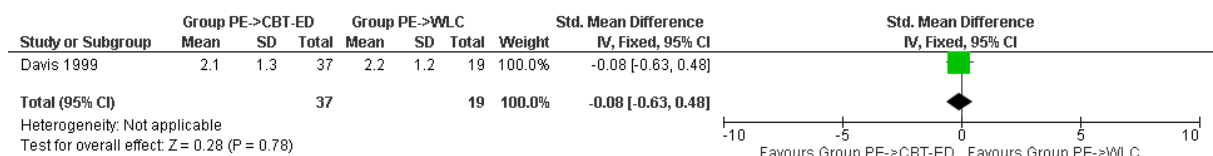
6

7 **Figure 2178: Purge frequency**



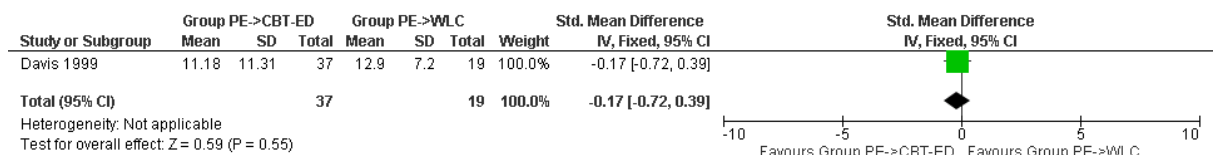
8

9 **Figure 2179: EDE-global**



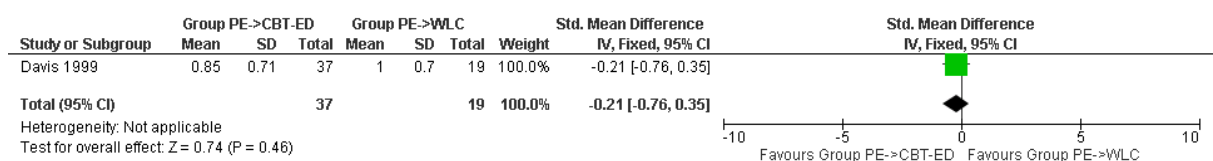
10

11 **Figure 2180: Depression**



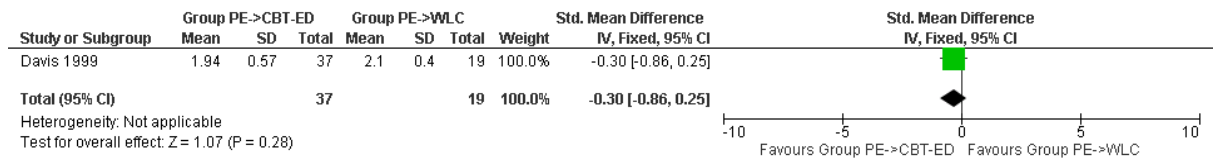
12

13 **Figure 2181: General psychopathology**



14

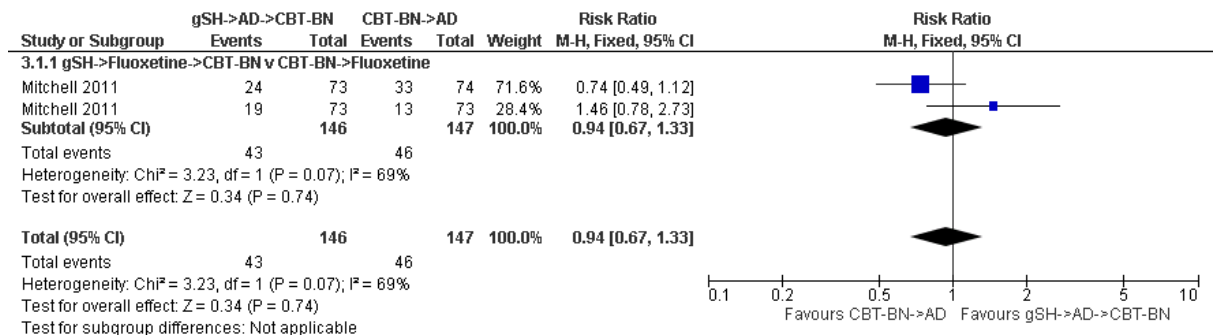
1 **Figure 2182: General functioning**



2

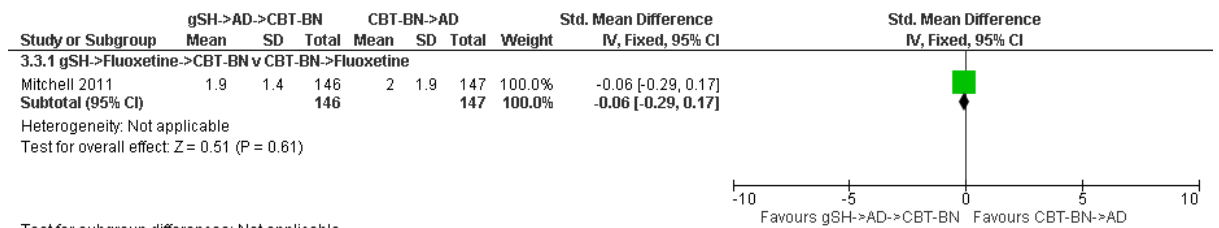
M.11.2.33 **Guided self-help then antidepressant then CBT-ED versus CBT-ED then antidepressant in adults with bulimia nervosa**

5 **Figure 2183: Remission (ITT)**



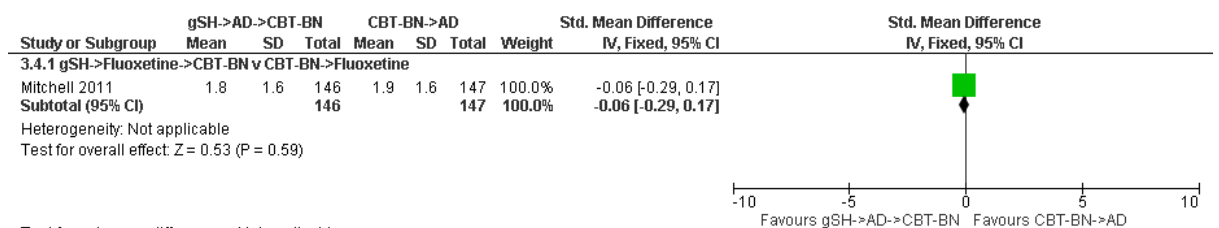
6

7 **Figure 2184: EDE-global**



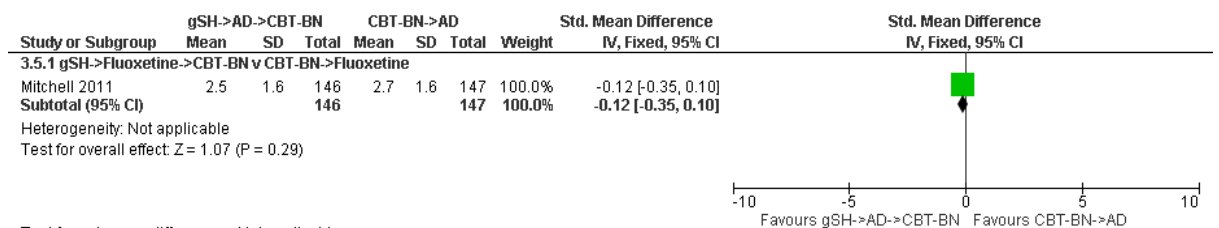
8

9 **Figure 2185: EDE-dietary restraint**



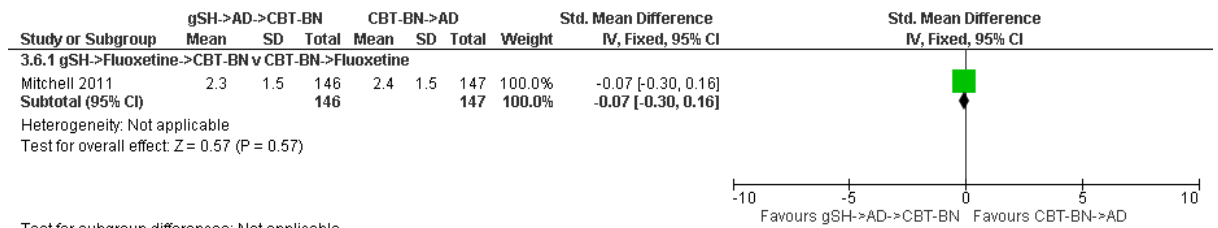
10

11 **Figure 2186: EDE-shape concern**



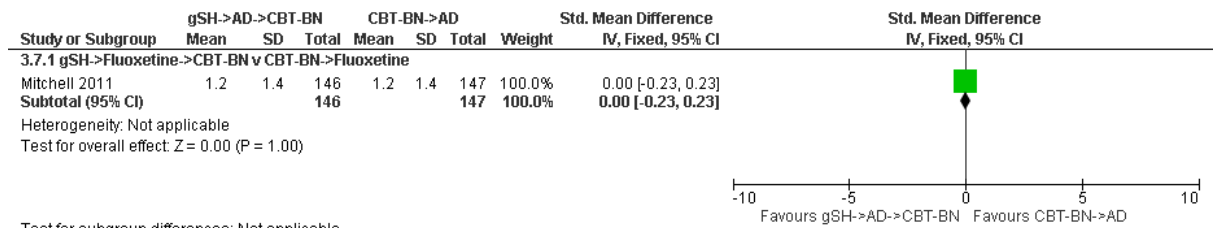
12

1 **Figure 2187: EDE-weight concern**



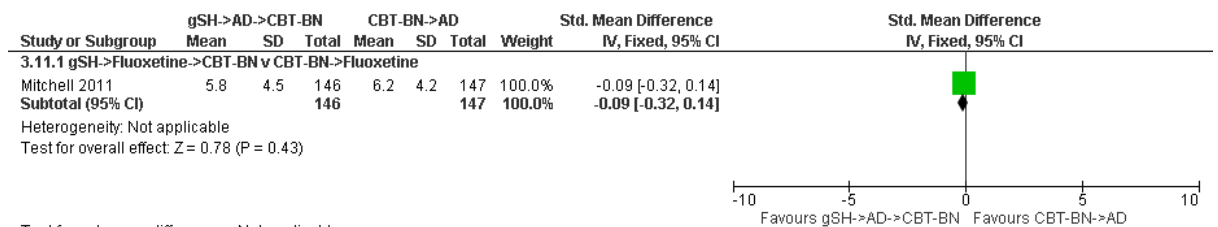
2 Test for subgroup differences: Not applicable

3 **Figure 2188: EDE-eating concern**



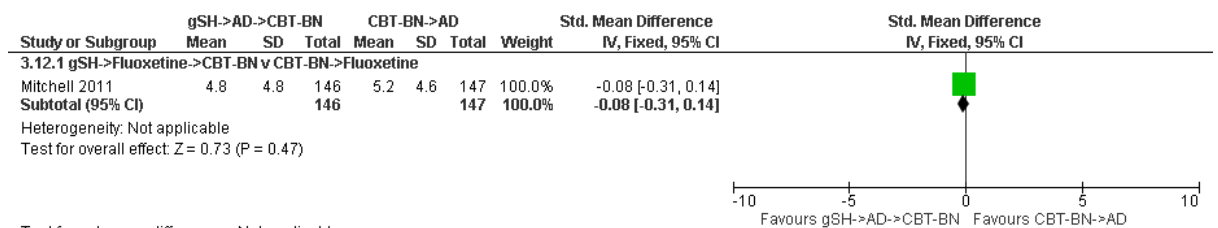
4 Test for subgroup differences: Not applicable

5 **Figure 2189: Yale-Brown-Cornell Eating Disorder Scale-preoccupation**



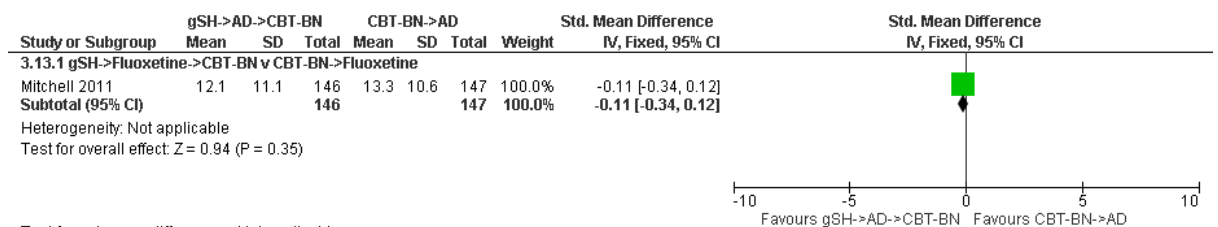
6 Test for subgroup differences: Not applicable

7 **Figure 2190: Yale-Brown-Cornell Eating Disorder Scale-ritual**



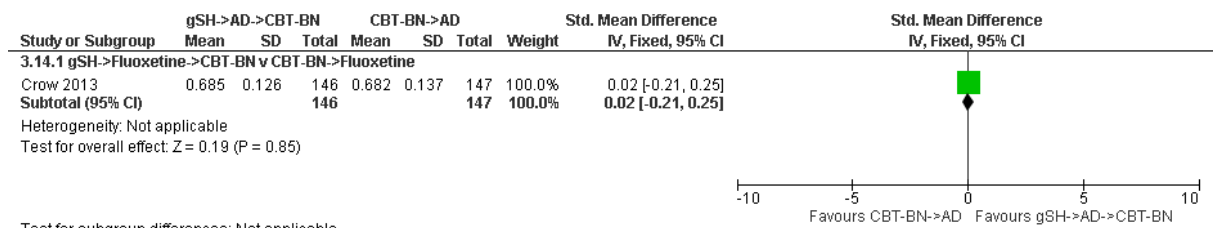
8 Test for subgroup differences: Not applicable

9 **Figure 2191: Depression**



10 Test for subgroup differences: Not applicable

1 **Figure 2192: Quality of Well Being Scale**

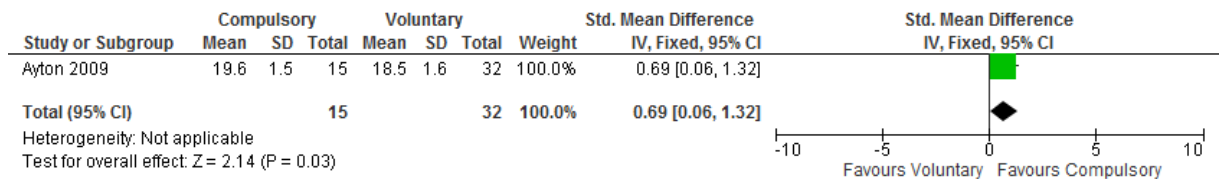


2 Test for subgroup differences: Not applicable

M.12.3 Clinical question: What factors/indicators should be considered when assessing whether a person with an eating disorder should be admitted for compulsory treatment (including any form of restrictive interventions usually implemented in refeeding)?

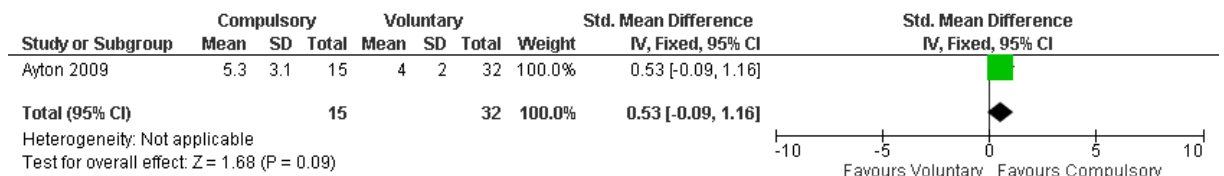
M.12.1.18 Compulsory treatment versus voluntary treatment in young people with any eating disorder at discharge from hospital

10 **Figure 2193: BMI at discharge**



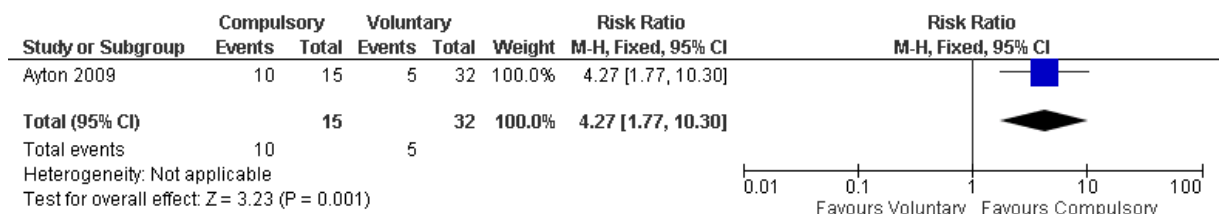
11

12 **Figure 2194: Morgan-Russell Outcome-average (change scores)**



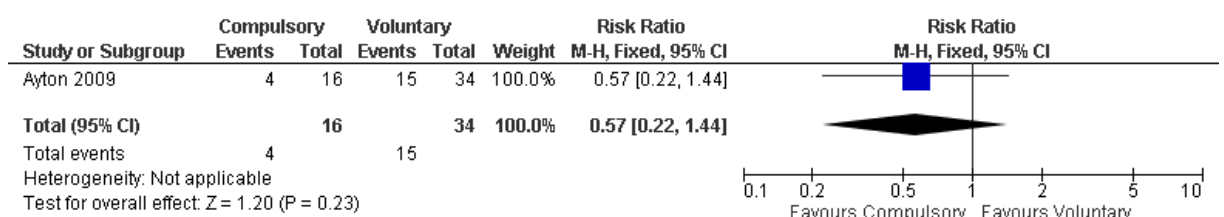
13

14 **Figure 2195: Regular menstruation**



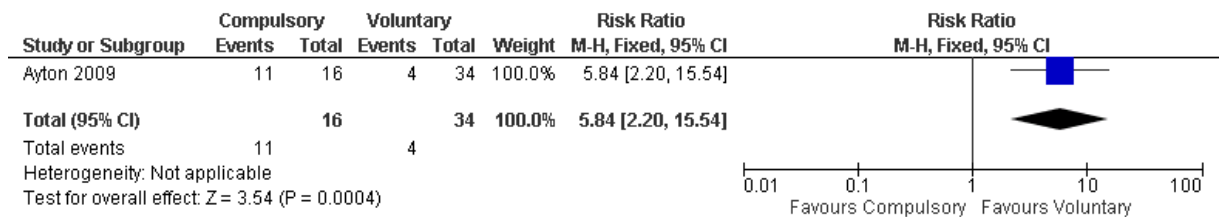
15

16 **Figure 2196: Disengaged from family therapy**



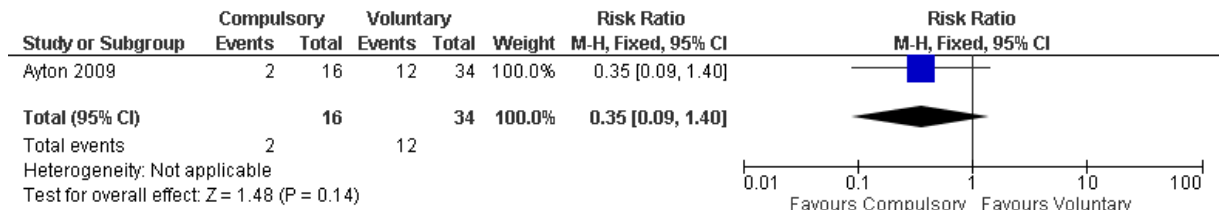
17

1 **Figure 2197: Required nasogastric feeding**



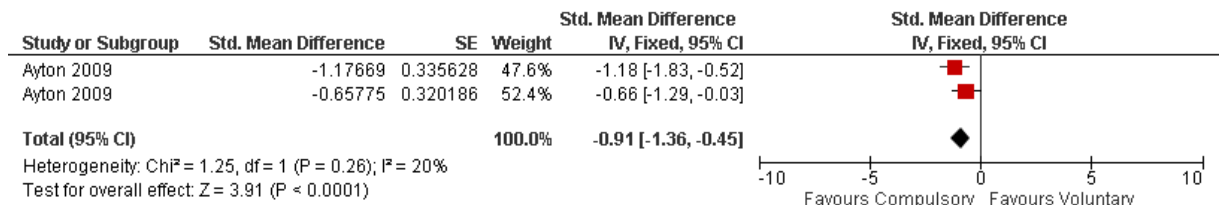
2

3 **Figure 2198: Prematurely discharged**



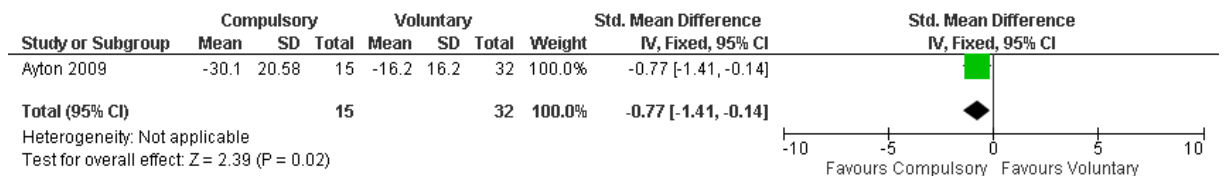
4

5 **Figure 2199: General functioning (change scores)**



6

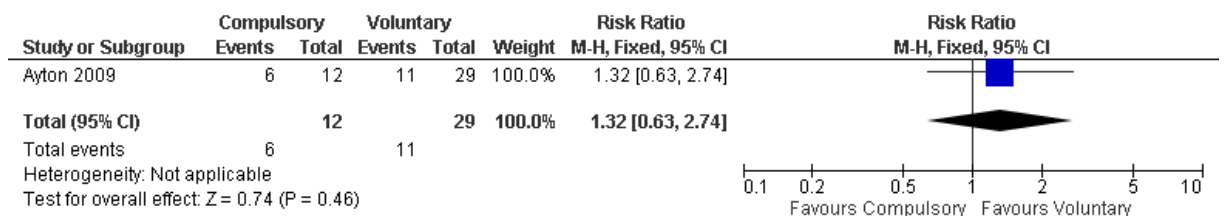
7 **Figure 2200: Depression (change scores)**



8

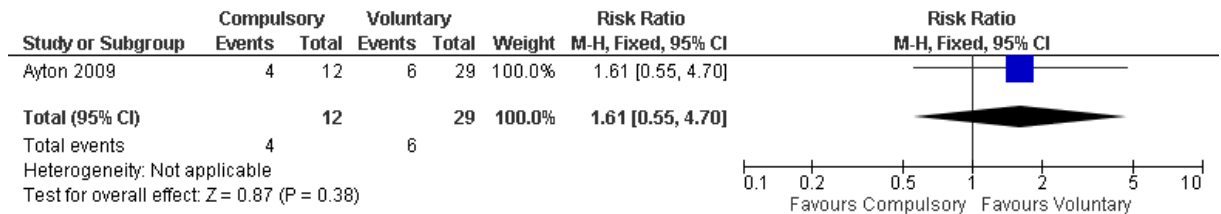
M.12.1.29 **Compulsory treatment versus voluntary treatment in young people with any eating disorder at follow up**

11 **Figure 2201: >90% weight for height ratio 12-mo after discharge - young people**



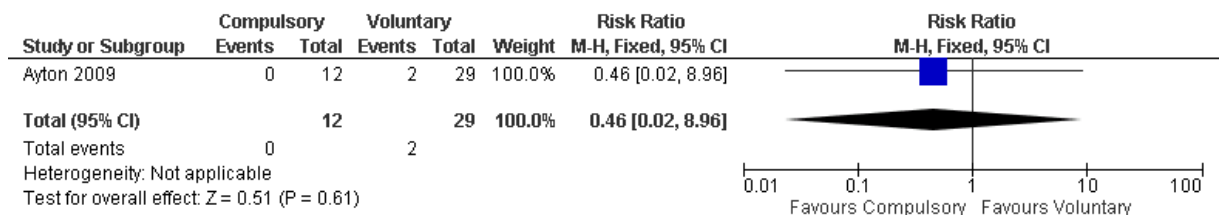
12

1 **Figure 2202: Intermediate outcome (Clinically underweight and either receiving**
 2 **ongoing OP treatment or prematurely disengaged with services) 12-mo after**
 3 **discharge**



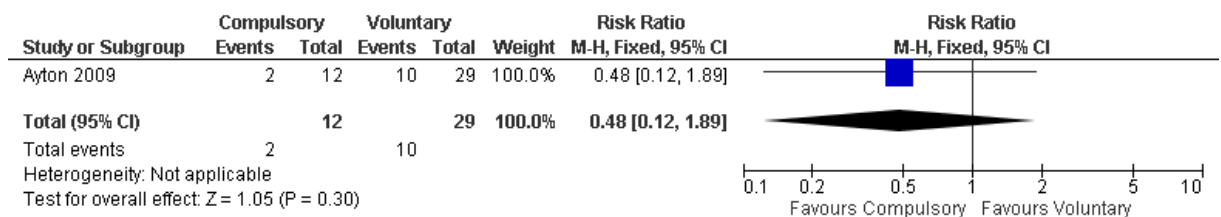
4

5 **Figure 2203: Patient deaths 12-mo after discharge**



6

7 **Figure 2204: Readmitted to hospital 12-mo after discharge**

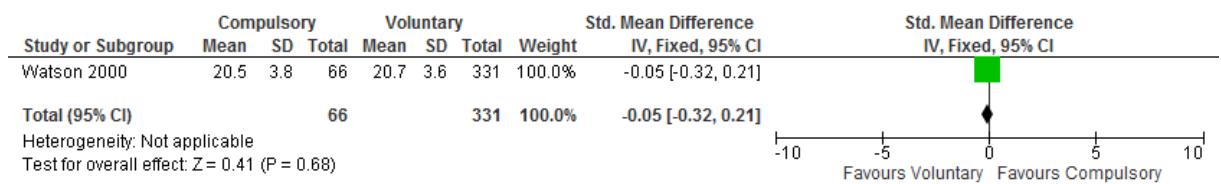


8

M.12.1.39 **Compulsory treatment versus voluntary treatment in adults with any eating disorder at**
 10 **discharge from hospital**

11 **Figure 2205: BMI**

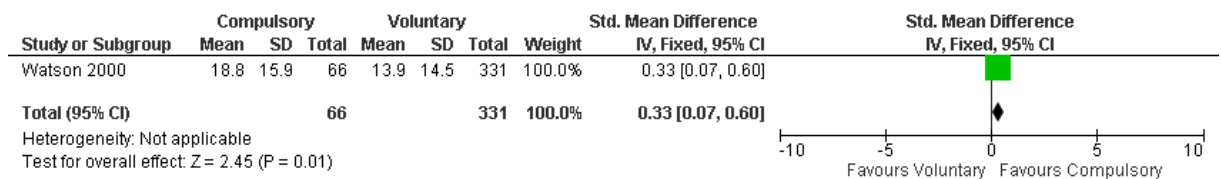
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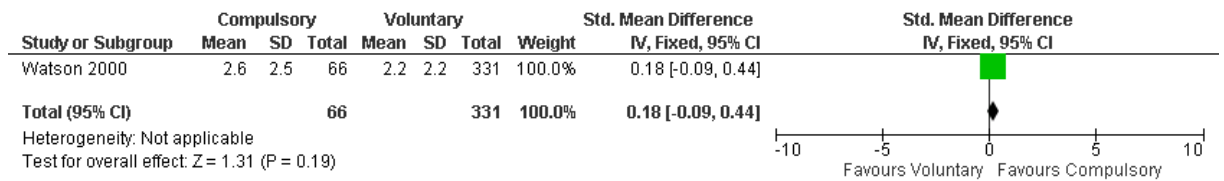
13

14 **Figure 2206: Weight gain (lbs)**

15

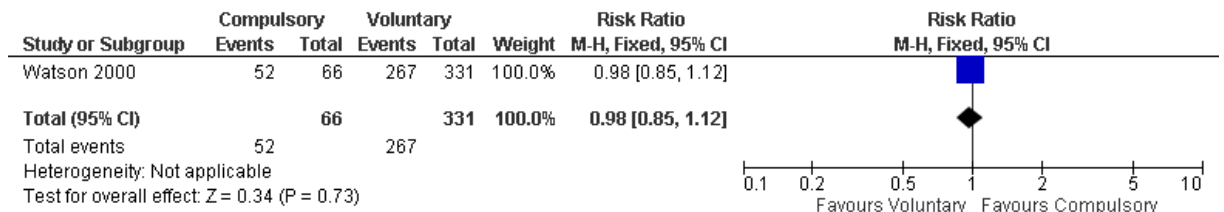


1 **Figure 2207: Rate of weight gain (lbs/week)**



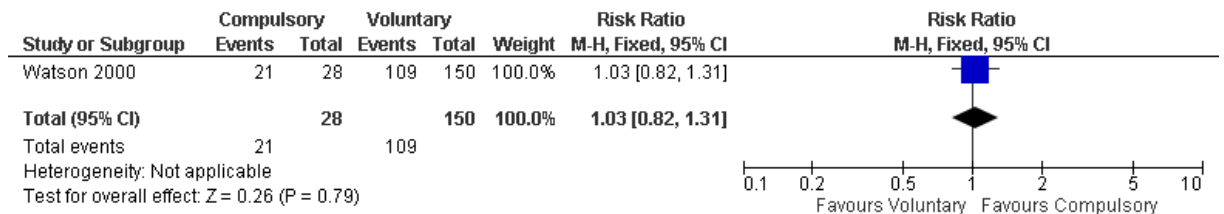
2

3 **Figure 2208: Number of people achieving >85% average body weight or BMI >18 kg/m²**



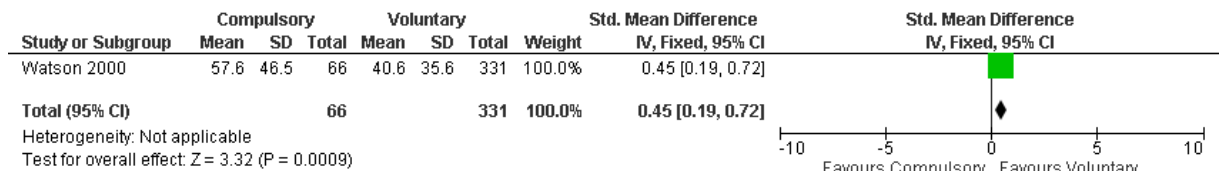
4

5 **Figure 2209: Number of people achieving >85% average body weight**



6

7 **Figure 2210: Length of hospital stay (days)**

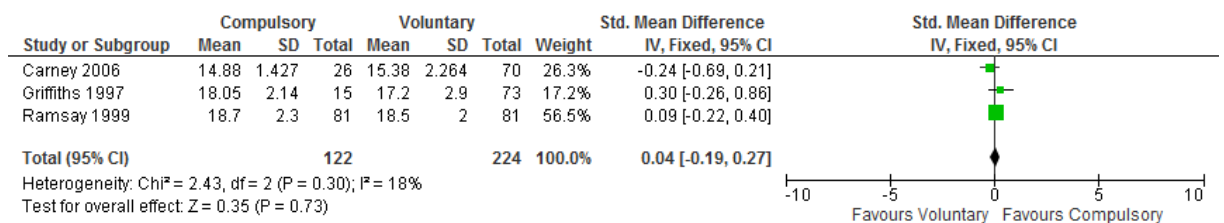


8

M.12.1.49 **Compulsory treatment versus voluntary treatment in adults with anorexia nervosa at discharge**

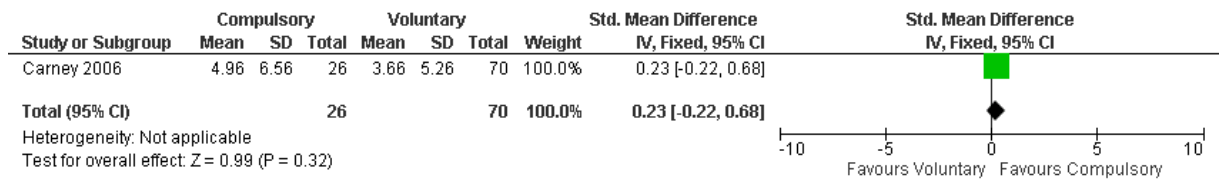
10

11 **Figure 2211: BMI**



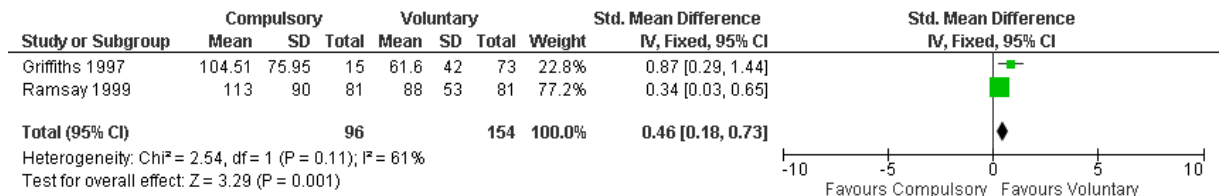
12

1 **Figure 2212: Weight gain**



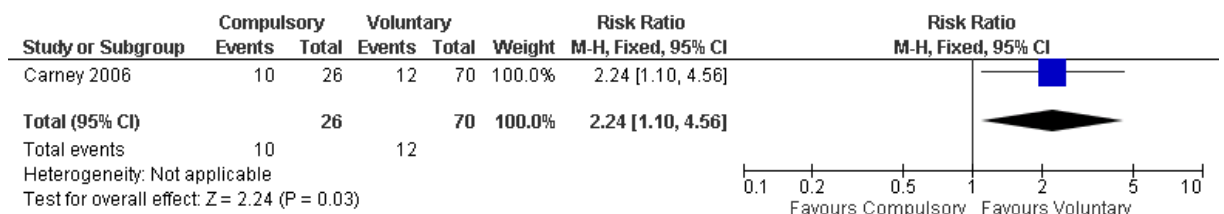
2

3 **Figure 2213: Length of hospital stay (days)**



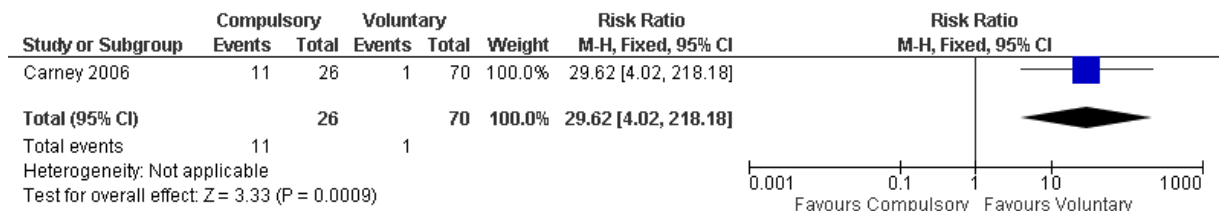
4

5 **Figure 2214: Number of people experiencing refeeding syndrome**



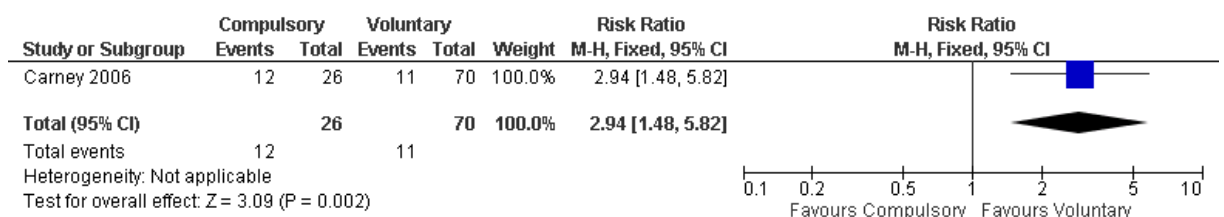
6

7 **Figure 2215: Number of people on locked ward**



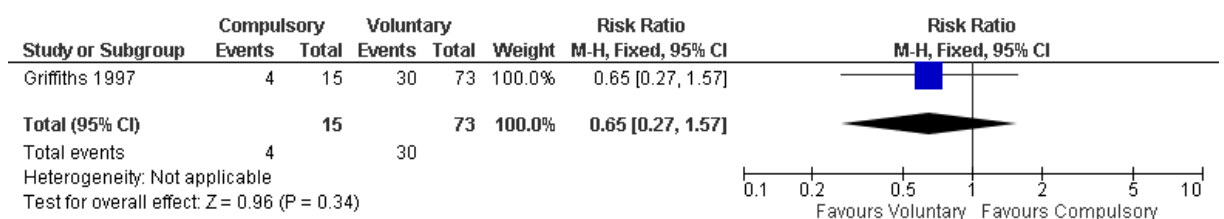
8

9 **Figure 2216: Number of people requiring tube feeding**



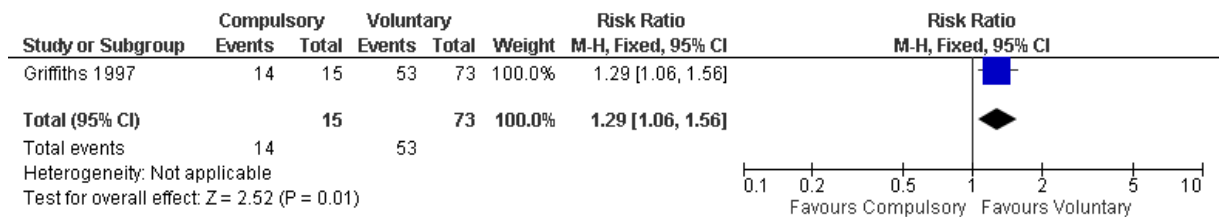
10

11 **Figure 2217: Number of people achieving target weight**



12

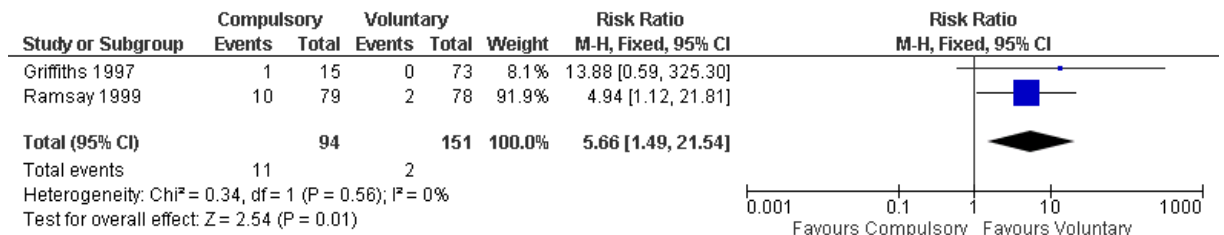
1 **Figure 2218: Number of people requiring >1 specialist medical consultation**



2

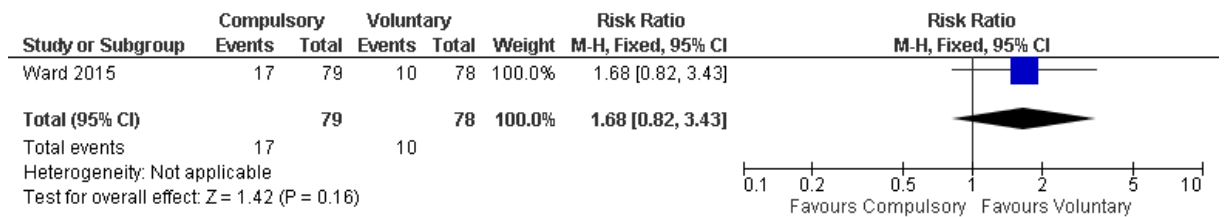
M.12.1.53 **Compulsory treatment versus voluntary treatment in adults with anorexia nervosa at follow up**

5 **Figure 2219: Patient deaths**



6

7 **Figure 2220: Patient deaths at 20 years follow up**



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9

10