

Eating Disorders: recognition and treatment

Appendix O - HE evidence checklists

NICE Guideline

Methods, evidence and recommendations

May 2017

Final

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

Contents

Appendices	4
Appendix O: Health economic evidence – completed health economic checklists.....	4
O.1 Coordinating care of eating disorders	5
O.1.1 Coordination of care.....	5
O.1.2 Stepped care	10
O.2 Treatment and management of anorexia nervosa.....	13
O.2.1 Psychological interventions.....	13
O.2.2 Interventions to help parents or carers of children or young people	14
O.3 Treatment and management of bulimia nervosa	15
O.3.1 Psychological interventions.....	15
O.3.2 Interventions for parents or carers of children or young people	17
O.4 Treatment and management of binge eating disorder.....	18
O.4.1 Psychological interventions.....	18
O.4.2 Pharmacological interventions	22

1

2

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 O: Health economic evidence –** 3 **completed health economic checklists**

4 **Abbreviations**

AN	anorexia nervosa
BMI	body mass index
BN	bulimia nervosa
CBT	cognitive behavioral therapy
CCA	cost-consequence analysis
DALY	disability adjusted life year
EBW	expected body weight
EDNoS	eating disorder not otherwise specified
FTF	face to face
HRQoL	health-related quality of life
IBW	ideal body weight
LYS	life years saved
MAEDS	Multiaxial Assessment of Eating Disorders Symptoms Scale
MRAOS	Morgan–Russell Average Outcome Scale
NA	not applicable
NHS	National Health Service
NMA	Network meta-analysis
PSA	probabilistic sensitivity analysis
PSS	personal social services
QALY	quality adjusted life year
QoL	quality of life
RCT	randomized controlled trial
SC	standard care
TAU	treatment as usual

5

6

O.1.1 Coordinating care of eating disorders

O.1.12 Coordination of care

Study identification		
Byford S, Barrett B, Roberts C, Clark A, Edwards V, Smethurst N, et al. Economic evaluation of a randomised controlled trial for anorexia nervosa in adolescents. British Journal of Psychiatry. 2007;191:436-40.		
AND		
Gowers SG, Clark AF, Roberts C, Byford S, Barrett B, Griffiths A, et al. A randomised controlled multicentre trial of treatments for adolescent anorexia nervosa including assessment of cost-effectiveness and patient acceptability - The TOuCAN trial. Health Technology Assessment. 2010;14:1-98.		
Guidance topic: The setting (inpatient, outpatient or other specific setting) and different ways of coordinating, transitioning and integrating care for treating eating disorders		Review question no: 10
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adolescents with AN
1.2 Are the interventions appropriate for the review question?	Yes	Inpatient psychiatric treatment; specialist outpatient treatment; general outpatient care
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (health, social care and education)
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	HRQoL not considered
1.6 Are all future costs and outcomes discounted appropriately?	Yes	Costs and outcomes at 3.5%
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure: MRAOS
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Directly applicable		
Other comments: even though QALYs were no estimated this was not a problem since the specialist outpatient treatment was found to be dominant.		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis alongside RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 2 and 5 years
2.3 Are all important and relevant outcomes included?	Partly	Health outcome measure: MRAOS
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT

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

of the topic under evaluation?		alongside RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon: 12 months
2.3 Are all important and relevant outcomes included?	Partly	Hasn't considered wider ED symptoms and QoL outcomes
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From RCT
2.8 Are the unit costs of resources from the best available source?	No	Local sources (hospital tariffs)
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses conducted
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Minor limitations		
Other comments:		
Study identification		
Williamson DA, Thaw JM, Varnado-Sullivan PJ. Cost-effectiveness analysis of a hospital-based cognitive-behavioral treatment program for eating disorders. Behavior Therapy. 2001;32:459-77.		
Guidance topic: The setting (inpatient, outpatient or other specific setting) and different ways of coordinating, transitioning and integrating care for treating eating disorders		Review question no: 10
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adults with AN or sub-threshold AN or BN or sub-threshold BN
1.2 Are the interventions appropriate for the review question?	Yes	Inpatient care, partial day hospital
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Narrow health care provider (treatment and admission costs only)
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	NA	Cost analysis
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 12 months
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	

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

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

other effects included where they are material?		
1.6 Are all future costs and outcomes discounted appropriately?	No	7% for both costs and DALYs
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure was DALYs and monetised DALYs
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable		
Other comments: Best practice model (focus on early intervention, a range of delivery options, from general practitioners and online self-help, through intensive outpatient and residential programs, to full inpatient hospitalisation; a "stepped care" approach, realising that service users might need to progress both up and down [sometimes repeatedly] through delivery levels; and long-term follow up, to prevent relapse).		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon: 10 years
2.3 Are all important and relevant outcomes included?	Yes	Outcome measure was DALYs
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	Published studies
2.5 Are the estimates of relative intervention effects from the best available source?	Yes	Published studies and authors' assumptions
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From published studies
2.8 Are the unit costs of resources from the best available source?	Unclear	
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations		
Other comments:		

O.1.21 Stepped care

Study identification		
Crow SJ, Agras WS, Halmi KA, Fairburn CG, Mitchell JE, Nyman JA. A cost effectiveness analysis of stepped care treatment for bulimia nervosa. <i>International Journal of Eating Disorders</i> . 2013;46:302-07.		
Guidance topic: Ways of coordinating care for people with eating disorders		Review question no: 11
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review	Yes	Adult women with

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

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

2.12 Overall assessment: Potentially serious limitations

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

1

O.2.2 Treatment and management of anorexia nervosa

O.2.13 Psychological interventions

Study identification

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

Guidance topic: Psychological interventions in people with eating disorders		Review question no: 3
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adults with AN
1.2 Are the interventions appropriate for the review question?	Yes	CBT-ED, psychodynamic, TAU
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	German study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Healthcare payer; societal
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 22 months
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	Yes	EQ-5D-3L
1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis alongside RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon: 22 months
2.3 Are all important and relevant outcomes included?	Yes	QALYs
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT

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

1

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

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

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

O.3.1 Treatment and management of bulimia nervosa

O.3.12 Psychological interventions

Study identification		
Crow SJ, Mitchell JE, Crosby RD, Swanson SA, Wonderlich S, Lancaster K. The cost effectiveness of cognitive behavioral therapy for bulimia nervosa delivered via telemedicine versus face-to-face. Behaviour Research and Therapy. 2009;47:451-53		
Guidance topic: Psychological interventions in people with eating disorders	Review question no: 3	
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no/unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adults with BN, EDNoS
1.2 Are the interventions appropriate for the review question?	Yes	CBT-ED individual and guided self-help ED
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Intervention provider plus travel costs
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	HRQoL not measured
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon 1 year
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure: abstinence from binge eating and purging

1.8 Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable		
Other comments:		
Section 2: Study limitations (the level of methodological quality)	Yes/partly/no /unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis alongside RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon: 1 year
2.3 Are all important and relevant outcomes included?	Yes	Hasn't considered HRQoL outcomes
2.4 Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5 Are the estimates of relative intervention effects from the best available source?	Partly	From a single RCT
2.6 Are all important and relevant costs included?	Yes	
2.7 Are the estimates of resource use from the best available source?	Partly	From RCT
2.8 Are the unit costs of resources from the best available source?	Yes	National sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analysis conducted
2.11 Is there any potential conflict of interest?	No	
2.12 Overall assessment: Minor limitations		
Other comments:		
Study identification		
Guideline economic analysis		
Guidance topic: Psychological interventions in people with eating disorders		Review question no: 3
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adults with BN
1.2 Are the interventions appropriate for the review question?	Yes	Psychological, pharmacological, and combination therapies
1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4 Are the perspectives clearly stated and are they appropriate for the review question?	Yes	NHS
1.5 Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	QALYs
1.6 Are all future costs and outcomes discounted appropriately?	NA	Time horizon: 1 year and 4 months
1.7 Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and	Yes	Outcome measures: QALYs. SF-36

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

1

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

Study identification		
Schmidt U, Lee S, Beecham J, Perkins S, Treasure J, Yi I, et al. A randomized controlled trial of family therapy and cognitive behavior therapy guided self-care for adolescents with bulimia nervosa and related disorders. <i>American Journal of Psychiatry</i> . 2007;164:591-98.		
Guidance topic: Psychological interventions for parents or carers		Review question no: 4
Checklist completed by: Eric Slade		
Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)	Yes/partly/no /unclear/NA	Comments
1.1 Is the study population appropriate for the review question?	Yes	Adolescents with BN or EDNOS
1.2 Are the interventions appropriate for the review question?	Yes	Family therapy, CBT-ED
1.3 Is the system in which the study was conducted	Yes	UK study

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

O.4.1 Treatment and management of binge eating disorder

O.4.1.2 Psychological interventions

Study identification

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

Guidance topic: Psychological interventions in people with eating disorders

Review question no: 3

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

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

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

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

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O.4.22 Pharmacological interventions

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

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

1